

Episode 96 - Dr. Amy Watson and Brian Kelly: Forensic Assertive Community Treatment: Preliminary Outcomes and the Role of Environmental Influences

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to address you our regular listeners. We know you have enjoyed our podcast as evidenced by the more than 200000 downloads to date thanks to you all. We'd like to know what value you may have found in the podcast. We'd like to hear from all of you practitioners researchers students but especially our listeners who are social work educators. How are you using the podcast in your classrooms. Just go to our website at www.socialwork.buffalo.edu/podcast and click on the contact us tab. Again thanks for listening. And we look forward to hearing from you. I'll bet you didn't know that Buffalo is an ornithologist hotspot. One of the joys of spring in Buffalo is the return of migratory birds. So with a big lake to cross many tired birds including warblers other songbirds and many hawks land on our shores including downtown Buffalo ready for a rest some good eating and a chance for us to enjoy them. I'm Peter Sobota. This podcast focuses on a different transition that have previously incarcerated persons with mental illness re-entering the community.

[00:02:00] Dr. Amy Watson and Brian Kelly describe their work with Forensic Assertive Community Treatment and adaptation on traditional Act programs that responds to persons who experience not only mental illness but significant involvement in the criminal justice system. Our guests describe how they came to this work. The structure of the study itself and the results trends that they noticed related to recidivism and rearrest. Dr. Watson and Mr. Kelly describe the challenges encountered by their participants and advocate for expanding the traditional intervention paradigm from simple focus on mental illness to other and more broad environmental challenges. Amy Watson Ph.D. is associate professor at the Jane Addams College of Social Work University of Illinois at Chicago. Her research focuses on the interface of mental health and the criminal justice systems and factors influencing how individuals with mental illness are processed by and experience these systems. In addition to studying Forensic Assertive Community Treatment for Persons returning to the community from prison. Her work has included examining police officer attitudes about persons with mental illnesses. The experience of persons with mental illness in police encounters and the Crisis Intervention Team model of police response to mental health crisis. Brian Kelly is a doctoral candidate at the Jane Addams College of Social Work University of Illinois Chicago. His research explores a music studio space in a transitional living program for young people experiencing homelessness as a site for strength's based practice. He is interested in the current and historical uses of recreational art and music based activities and social work and related fields as sites and opportunities for strength based social work practice.

[00:03:57] Brian has several years of practice experience with persons experiencing unstable housing and homelessness including adults living with HIV AIDS and other chronic medical conditions Dr. Watson and Mr. Kelly were interviewed by telephone by Dr. Patricia Logan-Greene assistant professor here at the School of Social Work. Hello my name is Patricia Logan-Greene and I am an assistant professor here at the University at Buffalo School of Social Work joining me today to talk about their work on the Forensic Assertive Community Treatment Program is Dr. Amy Watson and doctoral student she collaborates with named Brian Kelly thank you for joining us today. Thank you. Thank you. Can you tell me a little about how you both became interested in services for persons with mental illnesses and the criminal justice system. Sure they undergraduate with criminal justice and I started out as a probation officer working on a team that worked primarily with people with serious mental illness. There I got a lot of really good experience of that

type of work. But then also the different types of barriers and strength for actually helping people access the services they need and getting through the process of probation successfully while the probation after that I went to school and got my MSW and then sort of stayed in academia and went on to get my Ph.D.. I've always been very interested in people with serious mental illness involved in the criminal justice system. So the study really provided an opportunity to continue with that work. I actually started working on HIV and AIDS services as a bachelors. Social workers student with an agency in Chicagoland area by the name of Howard Brown Health Center. And from there I moved into more macro based services for people living with HIV and AIDS with the Aid Foundation of Chicago which is another macro level services provider in the Chicagoland area.

[00:05:56] But in my work with people living with HIV and AIDS there was always a component of mental health. And so I've I've always worked in mental health in some capacity and through my work with the AIDS Foundation in particular. I became very interested in the issues of housing and homelessness specifically for people living with HIV and AIDS but also more broadly people with chronic medical conditions through my work on a couple different research projects with the Foundation of Chicago. And so when Amy offered me an opportunity to work with her on the FACT project the Forensic Assertive Community Treatment Evaluation that we did. We focused not out of the gate specifically on housing and homelessness but it became something that we became very interested in as the evaluation progressed and in my Ph.D. coursework and eventually my dissertation I've also focused on housing and homelessness issues so not a specific interest in the criminal justice per se but I think that we could all agree that when we're thinking about criminal justice housing and homelessness is something that we definitely need to be thinking about with that particular population. Absolutely. So can you tell me a little about the FACT. The Forensic Assertive Community Treatment Program and your role from the outset sure the projects that we worked and it was looking at a model modification of the assertive community treatment model which is an evidence based service delivery model that combines treatment rehabilitation and support services and uses a team a multidisciplinary team approach units for people with serious mental illness who have repeated hospitalizations. So the idea is sort of a hospital without walls.

[00:07:36] So it's this team approach to help provide the services for people in the community to support them and staying out of the hospital and living more successfully in the community. And we have some research that shows that the assertive community treatment model has been effective in helping people stay out of the hospital improving the quality of life and really improving some of their outcomes in the community. But there's really limited evidence in terms of sort of community treatments effectiveness for people with significant criminal justice involvement. So forensic ACTE is a modification to the assertive community treatment model designed to focus and this population of people with serious mental illness that also have significant criminal justice involvement in these types of programs can be used in a variety of things that need the Forensic Assertive Community Treatment model for jail diversion program within the criminal justice system or for prison re-entry programs such as the one that we've looked at. But the idea is that it's modified from the original Assertive Community Treatment model to focus and resources and reduction in keeping people out of the jail in addition to keeping them out of the hospital and helping support them to be more successful in the community. So it's a bit of a modification of the focus in some of these in fact teams develop from criminal justice initiatives. Some of them actually include within the team itself probation or parole officer. And there's a little bit more use of that legal leverage in helping people adhere to treatment plans and to keep them out of jail and away from criminal recidivism. So there's basically a modification in focus and sometimes modification in team structure and some of the specific services that they may focus on in order to help people also stay out of jail.

[00:09:27] Because what we're finding in the research looking at a sort of new treatment but also other types of programs to provide mental health services to people that are criminal justice. And Bob that is the outcome of interest is recidivism we need to do something more than just provide

treatment for their mental illness. We need to look at some of the other factors that may be involved in their criminal behavior so the project that we became involved and started in the summer of 2007. And it was a program being developed by thresholds which is one of the largest community treatment providers in the city of Chicago. And historically they've had several different what they call justice programs or programs providing services for people with mental illness within the criminal justice system. And they received funding from the Chicago Community Trust to develop a FACT team to work specifically with people with serious mental illness re-entering the community from state prison. So the funder wanted an external evaluator and that's when they contacted us to help put together an evaluation and a study to really look at kind of what they're doing and how the team evolved its approach to working with this population. But then also looking at the outcomes for the people that they served in one of the things because we knew just the size of the population and the number of people they'd be serving.

[00:10:41] We didn't have the resources or the luxury to design a randomized controlled trial to really do an effectiveness study but we did have the opportunity to really look at what services the team was providing and what the challenges were that the individuals they were serving face and they were leaving prison and trying to maintain in the community and start to look at whether this modification of the assertive community treatment model could offer an appropriate vehicle for addressing the challenges that this group faced though they put together a team. It was actually comprised of a team leader a nurse and two additional case managers and they used the team approach with 24/7 availability and they provided a lot of services to the people they served with in the team but they also referred to some dual diagnosis as substance abuse treatment programs to some housing programs so they did some referring outside of the team as well but they really worked closely with people and they actually met the person before they were released from prison. Got to know them. Find out if the person was interested in the services and then the date of release. A team member would go pick that person up from the prison and take them to someplace where they could stay so they had immediate housing and immediate support in the community to address our original questions. What we were able to do was designed a study where we could use both qualitative and quantitative methods to really look at how people did within the program but then also how they experienced just community re-entry but then also the services that they received from the program. So we were able once people were released from prison receiving the services that they agreed to meet with us meet with them get initial base by interview and then interview the 1 3 6 9 and 18 months.

[00:12:22] We also worked with Beth Angel a co investigator on the study who met with people at the one month point and invited them to participate in an additional full qualitative interviews and some participatory observation. So we have quite a bit of really rich qualitative data. Well Brian do you have anything you want to add to that discussion of the program and the development of the occasion. Yeah we had a battery of measures that we used in terms of the quantitative design again because this is kind of a mixed multiple methods kind of evaluation. We looked at a variety of things including criminal activity and recidivism. We looked at hospitalization and housing. We also looked at symptoms severity but then in addition to that we often took a look at drug and alcohol use. We took a look at quality of life. We looked at social support. We also used a connect measure to take a look at relationships between the participants and their service providers. And then we also used in attitudes towards psychiatric medication scale to get a sense of what the participants experiences were and taking their medication and how they felt about that and then I'll just add to that I think Amy mentioned that the qualitative component we use participant observation that it was actually both Angel and her team of qualitative research assistants but they also did interviews and in addition to that they also did a kind of an interesting method of participant observation where they would spend close to two days with each study participant you know four to six hours at a time.

[00:13:58] During those days and try and really get a sense of what it was like to be engaged in the study participants environment and so you know we had quite a bit of data the quality that team also had in and that team meetings several times a week just to attend and get an idea of the discussions they were having the issues that were coming up and how they were kind of modifying their approach to really meet the needs of the participants and a number of things came out from that. Brian can you describe the population program and the characteristics of the sample. Sure. So we actually approached 22 clients to participate in the study and we had 22 enrolled. However one individual withdrew from the study prior to completing the baseline interview. And in terms of kind of describing the 21 participants the median age was 44 and 95 percent of the sample was African-American which was 21 participants 71 percent of the sample was male which is 15 participants 67 percent had less than a high school education. So 14 participants had less than a high school education and 95 percent had some work history and seven Of those individuals had actually worked at least part of the year prior to incarceration. Just a little bit about the baseline psychiatric history we were able to obtain diagnostic information from the thresholds chart and 10 of the participants were diagnosed with schizophrenia. Six were diagnosed with schizoaffective disorder four with bipolar disorder and one with major depression. Two other participants also had been diagnosed with a co-occurring substance use disorder. And based on our work with the participants and the number of arrests for possession that we'll talk about a little later when we get to the actual results.

[00:15:51] It became clear that participants were under-report in their use of baseline and actually most likely throughout the evaluation they were underreporting their abuse. If we would ask them during follow up interviews about their substance use they are most likely under reporting and the per the chart records as well. Participants had a mean of about 18 prior psychiatric hospitalizations. And we also found that participants self reporting regarding prior psychiatric hospitalization suggested a level of consistency with the charted data in terms of a baseline criminal history. Participants were re-entering the community after serving between two to 84 months. We had a mean of about 20 21 months served prior to re-entering the community. And the charges that people were serving included aggravated battery aggravated robbery and gravamen burglary auto burglary parole violation possession of controlled substance prostitution residential burglary attempted burglary retail theft and the ocular invasion the criminal history information that we gathered from the baseline was gathered from client interviews and prison records. We found the participants had between four and 63 prior arrests with a mean of about 19 arrests per participant and 12 participants had prior arrest for violent offenses. Participants had between 1 to 34 prior incarcerations in their lifetime with a mean of about seven and seven participants had a history of parole violations. In terms of a baseline kind of homelessness and housing history we found that 71 percent of the participants which is 15 participants were homeless prior to their last incarceration and that 86 percent of the participants which is 18 participants had two or more prior episodes of homelessness. And in terms of kind of a lifetime measure of episodes of homelessness we found that participants on average experienced 22 episodes of homelessness with a median of about five. And that's a pretty high number.

[00:17:56] And so I think we just want to highlight that this population experienced quite a bit of homelessness as well as had experienced quite a bit of incarceration and also had some significant challenges around their mental health as well. Do you know anything about psychiatric treatment they might have received while incarcerated. Most of the clients were actually referred from the mental health units at the prison. So they did receive psychiatric care while they were in prison. We don't have much information to assess the quality of the services they get but they at least receive medication and perhaps some groups. So at least minimally adequate would publicly characterize what they were escaping out there when they came out. Some of them really needed to change medications and some major adjustments. And whatever the treatment plan was given their different context some of them may have attended substance abuse treatment while they were incarcerated as

well. So how does the client fare during the program. Well the analysis that we're going to report on the status of participants at the nine month follow up again due to the small sample size we weren't really able to conduct any elaborate statistical analyses. But we are able to report on some trends in the data and I'd like to kind of start the actual reporting of the results with a participant quote but I'll share. And it says that there's just so much I'm grateful for grateful for a place to stay grateful for food on my table.

[00:19:29] Grateful for thresholds the thresholds program is me being a member of the program it's got its benefits and they've been really really good to me very supportive physically and mentally always concerned about my mental health my mental well-being my physical health they've just been real good to me. It's almost like an extended family. And so the reason you know Amy and I have presented this to the conference and now are talking about it here with you Patricia the reason that we like this quote and it was given to us by the investigator Beth Angel is that it really kind of again grounds the entire study and the experience of the participants as they experienced the fact team the fact team was a really essential role for this project and participants often experience the welcoming into the program from the team members once they were released as kind of a pretty significant experience for them. And so as I start talking about rearrest and hospitalization and housing outcomes I just wanted to kind of make sure that I gave the team a shot out because they did some really amazing work in working with these clients. So in terms of recidivism and rearrest over half the sample did experience re arrest and jail during the nine month period 11 participants which is 52 percent of the sample were rearrested. There were a total of 18 arrests with an average of about one and a half arrests per arrestee and an average of about 54 days spent in jail. We had three participants that actually returned to prison during the evaluation and of the 11 participants arrested seven were rearrested within their first three months out. And we found that this suggests that this is a critical period this three month period where it's really important to engage clients and services as quickly as possible.

[00:21:19] I'll just give you some idea of what the rearrests were for. We had five rearrest for possession of a controlled substance three for retail theft two for trespassing and two for prostitution. There were several others but those were the most significant ones. And again with this five arrests for possession of controlled substance that kind of indicates that participants might have been underreporting their substance use and some of the other ones like retail theft and prostitution. We just want to highlight I think that these are survival crimes in many ways. And so participants weren't necessarily engaging in violent or dangerous crimes. They were really just trying to kind of exist and get a little income or get some food in their stomach or a beverage of some kind. In terms of hospitalization 10 participants were hospitalized for psychiatric reasons. During the nine month period following release from prison other was hospitalized the average number of hospitalizations was about three with an average of about 23 days spent in the hospital for psychiatric reasons. And there were a total of 33 psychiatric hospitalizations during the study period. We had six participants that were hospitalized for substance use related reasons since release from prison. And of those hospitalized for substance use related reasons. The average number of hospitalizations was about 1 with an average of about eight days spent in the hospital and there was a total of eight substance abuse related hospitalizations during the study period.

[00:22:51] In terms of taking a look at symptom severity we used the BSI which is the brief symptom inventory and as I mentioned earlier given the small sample we weren't able to conduct any really elaborate statistical tests but we were able to run some T tests and we we took a look at the subscale of depression anxiety and psychoticism. And although we didn't see a significant relationship between baseline a nine month outcome data on the sub skills we did see some trends where depression decreased between baseline and the 9 month anxiety did decrease between baseline and the 9 month and psychoticism also decreased between baseline and more. But again I want to stress that's not statistically significant. It was more just a trend in terms of housing status

42 percent of our sample 9 participants were housed in single room occupancies at the nine month period single room occupancies are known as SRO's are kind of residential hotels that are often populated in the Chicagoland area with people living on fixed incomes. There's a fixed rent and at times there are services attached to the building such as case management or other types of services and there's usually some kind of meal plan involved with them as well. There are not facilities where people may have a lease per se they pay month to month and they're not the warmest and most welcoming spaces. I would say the residents tend to be sort of the high risk groups. There's often a lot of drug use going on within the facility. There may be other things going on so there wouldn't be your ideal safe and affordable housing alternative. But in Chicago given the price of housing that's one of the few alternatives that's available based on what people have to spend as well as for people with a criminal record coming right out of prison it's basically one of the few actions that they have besides shelters.

[00:24:49] And I know that the fact team actually worked hard to build relationships with the SRO's because when clients were initially coming out of prison they were often going to shelters initially. And that worked even less than going into SRO's initially particularly at the beginning of the study. They had some of the Chicago Community Trust funding to immediately provide for it with some rent in an SRO or other type of hotel disability for people later and in the end of the study for the people coming out of prison later there was less of that fundinh that some people towards the end of the enrollment period actually did end up leaving prison and going directly to a homeless shelter before then being placed in an SRO or some other type of housing setting. But in Chicago housing is so expensive there's very few options for people with limited resources and also a criminal record. So while the SRO's were ideal settings because oftentimes there was a lot of drug activity so it's very difficult for someone who's trying to remain clean. They're a step up from the shelter. And one of the few options for the group that the team was working for the hospitalization rate Can you tell me how the results compare to that population without intervention. We've done some looking around and it's difficult because oftentimes looking for just general recidivism rates from people leaving prison. They're posted in three year increments. And we're talking about a 9 and 18 months increment. But just sort of the general is looking at this particular pretty high risk group but certainly not worse than what you see in other studies.

[00:26:25] And they may be a little bit better than a group that didn't get the level of service that participants in this program got. But it's very difficult to find equivalent comparisons. So that's the best that we've been able to figure. It's a pretty high recidivism rate but it recent the some rate in general for people returning from prison are quite high. I've been like you know 60 percent for people at the three year mark but for a group with this many risk factors it's generally even higher. I don't have much information in terms of the hospitalization rates really to use for comparison. There were a couple more housing outcomes 70 percent about 16 participants changed housing at least once during the evaluation period. Thirty percent of participants which 8 participants experience homelessness at least once during the evaluation. And overall we had 24 incidents of homelessness during the evaluation period for those who did experience homeless they experienced an average of three episodes of homelessness during the evaluation period. What were the challenges faced while in the program. I think it's very interesting. A lot of the challenges had to do with maintaining stable housing maintaining housing in that felt safe and comfortable for them. Some of the participants actually think we had one or two stayed in the same place for most of them. All of the study period where other people moved around quite a bit to try to find some place that was a better fit for them that they were safe with and several people of course doing housing because they may have been arrested and then lost that housing and then a new placement had to be found.

[00:28:03] And that was a challenge for the team to really continue to make sure they could find a new place for someone to stay and they worked very hard around that. Also listening to the

participants if they were dissatisfied with a particular housing situation and trying to move them around. Another big challenge I think that the team realized pretty quickly was that those people were really struggling with pretty significant substance abuse issues. They were living in areas with quite a bit of drug and alcohol use and trafficking. So it was very difficult to support people in there there's a priority and that was an issue and the team worked pretty hard to try to hook people with substance abuse services. They also brought in IDDP specialist at the integrated dual disorder treatment specialist to do some training with the team so that they could more effectively work with the client. And that was a big issue. The other issue too that people wanted to be working or be involved in something during the day and some of them had work histories many of them didn't have a high school education but a few of them had college degrees but many of them really did want to work or get involved in something. So the team struggled with supporting that when the big barriers they face is that everybody in the program had significant felony histories which made it very difficult to help find people jobs. And I think that's something they were struggling with through the entire study. There was some funding for a while they have a supported education specialist work with the team. But funding for that is always tenuous.

[00:29:28] So they didn't always have the access to that person as much as they would have liked to really support people in trying to find work. They worked very hard to kind of identify what the issues were and address them. But resources were always a problem. But it doesn't mean that people didn't work. It's something that really came out and some of the qualitative data that Beth Angel and her team collected is that people were finding places where they could earn money they could be bartered. They're very resourceful in sort of finding things to do but they're not the ways of earning money or getting things that they needed. So it was kind of interesting that people had a lot of strength and then just figuring out how to work with them so that if they needed that job turning those strengths into a job where they could get into sort of traditional work force. And I think something that's important to point out that I didn't point out earlier is that at the very beginning the threshold team decided they did not want to have a criminal justice Actor as part of the team so they didn't have a parole or probation agent. That was part of the team because they really didn't want they wanted it to be mental health services and support they wanted to be working for the client not the system. And they really worked very hard throughout the program to maintain that. And while they certainly did liaise with the parole agents when necessary to help him to work out problems that the client was having and successfully meeting the conditions of parole or probation.

[00:30:50] They worked very hard not to use that legal leverage on people to make it more relational and more problem solving approach. And I think that was part of may have been part of why clients really talked about feeling so supported and having a good relationship with the team because the team tried to maintain the stance of working for the client first always. Brian can talk a little bit about some of the additional challenges that they ran into related to housing as we have talked about clients are often placed in a SRO's and single room occupancy buildings and some clients were satisfied with that style of housing and some clients were not satisfied and given their history of criminal justice involvement and incarceration the team often struggled to find other options for them. What kind of building off what Amy was talking about in terms of strength's clients and purchasers are also very resourceful about finding other ways to feel safe around their housing. There were several clients who really tried to reconnect with family or had partners that were in the community. And so they would keep their room in their SRO it was kind of their home base but they would also use family members housing and significant others housing to kind of I guess somewhat ameliorate or support some of the stress that they might have felt in their own housing. And I think the team at times the fact team kind of struggled with what to do with this information but eventually came to a place of understanding that this was a good fit what was going on.

[00:32:19] And given the lack of affordable housing in the city kind of having these two different

places to be for clients was at times useful. I think another challenge that the team faced and therefore the clients and participants faced around housing was that a lot of the housing was based on the north side and just the Near West Side of Chicago and a lot about had to do with the logistics of the actual location of the fact team at thresholds which is located on the north side. But many of our clients weren't necessarily residents on the north side. They were more dispersed that were Sawford residents were swept aside residents and northside residents. And so when they would come into their housing situation they felt somewhat displaced at times. And so the team worked with the clients and the participants to have them feel more comfortable in the actual environment that they had moved into. And again I think we talked about this a couple of times and I just want to pull the plug again on the strengths of not only the participants but also the team in terms of making sure that people stayed housed. I mean we did report 24 episodes of homelessness overall of the nine month evaluation period but the team really did an amazing job at making sure that people stayed house because I think I'm not sure the team realized it at first. I think Amy and I might have had a hunch that this was the case but that housing was going to be key for these participants and it became much more clear to all of us over the nine month evaluation period how essential housing was and keeping people in their homes not hospitalized and keeping them out of the criminal justice system as well.

[00:33:58] And I think that team although while many people ended up being placed in some of the few available housing options that were on the north side of the city the team did work to develop some other options that people preferred to be closer to a community in the city perhaps where they came from or where they knew people. It's just again the housing options were so limited. They really struggled with trying to meet people's needs with what resources were available. And then of course sometimes clients wanted to stay with family that you know maybe it was family that was receiving some type of housing subsidy that excluded having anyone living there with a criminal history so they had to work around so that people could stay out of trouble but maintain some of the connections that they wanted to as well. But there was a lot of barriers in place that could make it very difficult for the fact clients to really successfully reintegrate and they really worked and problem solving those so that people could you know reconnect with family have a safe place to live and hopefully receive the services that they need. One of the things that I thought was really striking to me now that that first few months out of prison is a very very high risk time. Death rates are actually quite a bit higher for people at that time and the group that with the fact program was a group of people in addition to their mental health problems and their substance abuse history they also had some pretty significant general medical conditions as well.

[00:35:16] And you know the team worked hard making sure they got all of their medical services that they need and did quite a bit with that. And everybody lived to stay alive through the entire study period. And I think given what we know about this population and the specific high risk time of being released from prison that says something about the program and supports the clients received. Did you have anything else you wanted to say about sort of other subheading other challenges. I think in summary I think you know really it just seems sort of that mindset that the field has had for a while for people with serious mental illness in the criminal justice system if we just focus on making sure they get their meds and specific mental health treatment is really kind of expanding our look and looking at the factors that are bringing them in conflict with the criminal justice system and providing the support. And a lot of the risks that they had had to do with poverty really trying to do the best in addressing some of those things. It's really important and I think that's where some of our criminal justice mental health programs are really trying to move towards is really thinking a little bit differently to make sure that we take care of and give people access to high quality mental health services but then we also address some of those other issues that may be bringing them into conflict with the law. What are the implications of this that the professional workers I'll answer that in kind of two domains in terms of social work education.

[00:36:35] I think that this evaluation and the research at large has implications in terms of helping educators and students thinking about assessing the whole person and really bringing the whole person into the way that we think about doing social work and not just kind of labeling individuals as fact participants and everything that would come with that. I think if Amy and I had approached the research that way we would not have seen all the strengths that they were showing us constantly and consistently throughout the study. And so I think there's also an opportunity to trust the person in an environment context and social work education. When we look at this evaluation and I think that we can also help students kind of understand how we can help consumers navigate intersecting systems. We have the criminal justice system and we have mental health systems. We have community mental health systems. We have housing and homelessness systems there's all kinds of different systems intersecting for this population and so it can really help provide kind of a critical analysis of the way systems work within social work. And I'll let Amy talk about implications for social work practice. I think while even thinking about education too is that the importance of nature students are prepared to do sort of this advocacy for clients at the individual level but then also seeing the bigger picture there's a lot of policy advocacy that we need to do to make sure that people do have options for affordable housing that's safe that we do have services available for people. So I think it sort of highlights the importance advocacy for the place that we serve at several levels. And I think that's something that social work really brings in that maybe some other disciplines don't. And I think it's really important.

[00:38:21] And what was nice and what I think is really great with some of the qualitative data to it sort of really brings that alive how useful it was for the clients to feel like they had that advocate that they trusted that also trusted them in terms of really respected them and listened to them and really push board try to make sure that people did get their needs met and that they were able to navigate the systems that were there. But I think that's really important one for social work education but also for social work practice that we need to make sure we remember sort of that piece is really advocacy because I don't think there's too many social clients that aren't dealing with multiple systems that don't necessarily understand each other. So I think it's really important piece there and add to the practice piece to I would say that I think this allows us to kind of frame practice in the human rights framework. I think we definitely can think about how to discuss the right housing and the right to employment for individuals and that kind of ties in with the advocacy piece that Amy was talking about as well thinking about how the team advocated for housing and employment and how we can kind of think about allowing that kind of flow and other practice areas as well. So it just kind of really kind of thinking about the ways that we can think about human rights. What are the next steps for your work. I think well there's next steps for basically disseminating some of our findings from the study even though it was a small study and it's not in our city.

[00:39:48] I think there's a lot that could be useful to social workers into programs into policy. So we're working. And the first manuscript from it but then probably multiple manuscripts and then Beth Angel and the group that she worked with doing some of the qualitative work is really working through that data too and they may develop a book out of that which they think will be very interesting just because having been part of the study the people that the fact clients and the team they were just a neat group of people with really interesting stories and you know in the end pretty positive stories. So I think that will be very good in terms of our own work. Brian and I are both sort of working along slightly different lines but I think there's some connection. I've been doing a lot of work on the police and of the criminal justice system particularly looking at a program designed to teach police officers to better address situations involving people with mental illness. And we're hoping to be able to study what we look at whether the is called Crisis Intervention Team training whether they are trained officers actually can do a better job responding to these calls but then also following up to find out if that actually matters for the people with serious mental illness that have the kind of with the police. So do they actually get linked to

services. And does that process being handled a little bit different way actually impact their longer term outcome.

[00:41:09] So are they able to be linked to services that they need and do they experience it in a way that allows them maybe perhaps to engage at a different level and are their homes improved over time that some of the work that I'm doing and Brian's doing a little bit different type of work and he can tell you about that. I'm currently for my dissertation research exploring the music studio space in a transitional living program for young people who have experienced unstable housing and are homelessness. So I'm kind of continuing much directory of wanting to look at housing and homelessness. I'm kind of specifically focusing on young people and trying to think about how recreational are music based activities could be a way to foster young people strengths. And in this particular study homeless young peoples strengths. And so I'm kind of trying to draw on a long history of using recreational and art music based services and social work and I'm trying to locate it kind of in the current use and trying to provide some evidence for its use. I think a lot of social workers know that we use these kinds of activities but we don't have a strong empirical base for why they are used how they're used and what the impact of their use is. And so I'm currently in data collection and I'm having fun with it. Well do you have anything you would like to add about this project. I guess looking I just hope it helped build to what. Now more of an emerging body of literature looking at that perhaps one that people with mental illness aren't only involved in the criminal justice system because of something directly related to their symptoms that they may have many other things going and that increase their risk factors.

[00:42:51] Poverty being the big one though we're starting to see in the literature this acknowledgement that if we want to respond to improve the outcomes for this particular group that we need to continue to expand how we think about it. So making sure that if people need mental health services that they receive them but then also focusing on issues like housing employment and those other supports that we need to put in place it's for a subgroup of this population perhaps looking at some of the cognitive interventions around criminal thinking but we need to think about some approaches that are a little bit broader than just providing better mental health services. If we're really looking at also reducing people's involvement in the criminal justice system though I think the work that we did can kind of add to that literature that starting to grow and sort of a shift in sort of thinking about what the most effective approach might be for this group. And Brian I think you really hit on it when she talked about trying to think more broadly about how to engage with this population and potentially all the populations that we work with really trying to open up her perspective. You know not seen individual as their diagnosis or their history necessarily and try to look at who they were are and can be the really more broader perspective and good about services more broadly. I think you just Summers did really well with that comment. Well thank you very much for speaking to me today. Thank you. Pleasure thank you so much. You've been listening to Dr. Amy Watson and Brian Kelly discuss Forensic Assertive Community Treatment and living proof. Hi I'm Nancy Smyth Professor and dean the University at Buffalo School of Social Work.

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