ADHS/DBHS and RBHA Plans Focused on Justice-Involved Individuals

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System Overview

State Medicaid Authority
AHCCCS

State of Arizona
Public Funds

Other State Agencies
DD-ALTCS & DCS

Arizona Department Health Services/
Division of Behavioral Health Services (ADHS/DBHS)

Regional Behavioral Health Authorities (RBHA)
Mercy Maricopa
NARBHA
CPSA
Cenpatico

Tribal Regional Behavioral Health Authorities (T/RBHA)
Gila River
Pascua Yaqui
White Mountain Apache
Navajo Nation

Providers
ADHS/DBHS contracts with the T/RBHA’s to administer services. Contracts outline the divisions expectations. These contracts can be found at:

http://www.azdhs.gov/bhs/contracts/

ADHS/DBHS maintains a Policy & Procedures Manual. This manual serves as a guide (minimum standards) for the T/RBHA’s policies and procedures. These can be found at:

http://www.azdhs.gov/bhs/policy/
Each RBHA is contractually obligated to have a **Court Liaison**, who serves as the single point of contact to communicate with the court and justice systems, including interaction with Mental Health Courts, Drug Courts, and other jail diversion programs. The Court Liaison serves as the interagency liaison with Arizona Department of Juvenile Corrections (ADJC), Arizona Department of Corrections (ADOC), and Administrative Office of the Courts (AOC).

Each RBHA is also required to **Collaborate** with other agencies that have an interest in the behavioral health service delivery system. The T/RBHA’s must meet, agree upon, and reduce to writing collaborative protocols with each County, District, or Regional Office of the Administrative Office of the Courts (Juvenile Probation and Adult Probation), Arizona Department of Corrections, and the Arizona Department of Juvenile Corrections.

The RBHA’s **collaborative protocol** must contain, at a minimum, the following components:

- Procedures for each entity to coordinate the delivery of behavioral health services to persons served by both entities;
- Mechanisms for resolving problems;
- Information sharing;
- Resources each entity commits for the care and support of persons mutually served;
- Arrangement for co-located staff, if applicable; and
- Procedures to identify and address joint training needs.
The ADHS/DBHS Policy & Procedures Manual also addresses the criminal justice system. 

**SECTION: 3, CHAPTER: 900, POLICY: 903, Coordination of Care With Other Government Entities**, reads in part:

**e. Courts and Corrections**

i. T/RBHAs and behavioral health providers are expected to collaborate and coordinate care for behavioral health recipients involved with:

(1) The Arizona Department of Corrections (ADC),

(2) Arizona Department of Juvenile Corrections (ADJC), or

(3) Administrative Offices of the Court (AOC).

ii. When a recipient receiving behavioral health services is also involved with a court or correctional agency, behavioral health providers work towards effective coordination of services by:

(1) Working in collaboration with the appropriate staff involved with the recipient;

(2) Inviting probation or parole recipients to participate in the development of the ISP and all subsequent planning meetings as members of the recipient’s clinical team with recipient’s approval;

(3) Actively considering information and recommendations contained in probation or parole case plans when developing the ISP; and

(4) Ensuring that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible recipients and arranges and coordinates care upon the person’s release (see Policy 103, Referral and Intake Process).
f. Arizona County Jails

i. In Maricopa County, when a recipient receiving behavioral health services has been determined to have, or is perceived to have, a Serious Mental Illness (see Policy 106, SMI Eligibility Determination) and is detained in a Maricopa County jail, the behavioral health provider must assist the recipient by:

1. Working in collaboration with the appropriate staff involved with the recipient;
2. Ensuring that screening and assessment services, medications and other behavioral health needs are provided to jailed recipients upon request;
3. Ensuring that the recipient has a viable discharge plan, that there is continuity of care if the recipient is discharged or incarcerated in another correctional institution, and that pertinent information is shared with all staff involved with the recipient’s care or incarceration with recipient approval and in accordance with Policy 1401, Confidentiality; and
4. Determining whether the recipient is eligible for the Jail Diversion Program.

ii. For all other recipients receiving behavioral health services in Maricopa County and all other Arizona counties, behavioral health providers must ensure that appropriate coordination also occurs for behavioral health recipients with jail personnel at other county jails.

ADHS/DBHS Vision Statement

Health and Wellness for all Arizonans

*This is a priority population in the Greater AZ RFP
Where to Start When Developing Collaborative Protocols

http://nicic.gov/library/021657
http://nicic.gov/t4c
http://www.urban.org/projects/tjc/Toolkit/
Understanding of the Shared Population

Behavioral Health Assessment

• SMI Determination Criteria
• ASAM Criteria
• Medical Necessity
• Physical Assessment (SMI population – integrated care)

Community Supervision Assessment

• Offender Screening Tool (OST)
• Field Re-Assessment
• Offender Screening Tool (FROST)
• Pre-Trial Services recommendation for release conditions.
Risk – Needs - Responsivity

- Risk – How likely is a person to commit another crime while on community supervision?
- Need – Address Criminogenic Needs in order to reduce likelihood of recidivism.
- Responsivity- Plans are individual and change with person’s needs.
### “Central eight” for criminal behavior
(Andrews, 2006)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of criminal behavior</td>
<td>Build alternative behaviors</td>
</tr>
<tr>
<td><strong>Antisocial personality pattern</strong>*</td>
<td>Problem solving skills, anger management</td>
</tr>
<tr>
<td>Antisocial cognition*</td>
<td>Develop less risky thinking</td>
</tr>
<tr>
<td>Antisocial peers</td>
<td>Reduce association with criminal others</td>
</tr>
<tr>
<td>Family and/or marital discord**</td>
<td>Reduce conflict, build positive relationships</td>
</tr>
<tr>
<td>Poor school and/or work performance*</td>
<td>Enhance performance, rewards</td>
</tr>
<tr>
<td>Few leisure or recreation activities</td>
<td>Enhance outside involvement</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Reduce use</td>
</tr>
</tbody>
</table>

*p < .001, *p < .01, *p < .05, PMI > Non PMI. Sleem, Nicholson, & Kegg (2006)
Targeting Criminogenic Need: Results from Meta-Analyses

Reasons for Incarceration of Persons with Serious Mental Illness are Complex.

- 8% of offences linked to symptoms of mental illness.
- 26% of offences linked to substance abuse.
- 66% of offences linked to other factors.

Persons with Mental Illness exhibit more Central 8 Criminogenic Needs than those without mental illness. Skeem, Nicholson, & Kregg (2009)

This supports the need for collaboration between mental health and justice system partners.
Shared Framework

[Diagram of Shared Framework]

Fred Osher, MD; David A. D’Amora, MS; Martha Plotkin, JD;
Nicole Jarrett, PhD; Alexa Eggleston, JD 2012
Examples of How Framework Fits Into Our System

**Behavioral Health**
- GMH/SA
- SMI Supportive
- SMI ACT
- SMI FACT
- Thinking for a Change

**Probation**
- Specialized SMI Caseload
- Standard Caseload
- Unsupervised

![Diagram showing groups and levels](image-url)
Collaborative Protocol Between Mercy Maricopa and Maricopa County Adult Probation

- Procedures for each entity to coordinate the delivery of behavioral health services to persons served by both entities;
- Mechanisms for resolving problems;
- Information sharing; (Admin Order 2014-092 & Jail Data Link AGR2014-022)
- Resources each entity commits for the care and support of persons mutually served;
- Arrangement for co-located staff, if applicable; and
- Procedures to identify and address joint training needs.
Questions & Answers