Smart Justice System Mapping, Documentation, & Evaluation Effort – The 8 Principles at work

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Objectives:

Identify the collaborative efforts between the justice system and community agencies in Maricopa County and how to refer people for these programs.

Develop an understanding of the newly released “SAMHSA 8 Principles of Community–Based Behavioral Health Services for Justice-Involved Individuals” and how these apply to the work of both criminal justice professionals and community providers.

Gain knowledge about lessons learned through the experience of the ongoing Smart Justice Collaboration in order to develop or refine programs targeting justice involved people in your community.
Maricopa County Smart Justice Committee

Launched in 2011 - officially became a sub-committee of McJustice

Collaboration among county criminal justice partners to improve public safety and reduce recidivism into jail system by using cost effective and evidenced-based strategies

Smart Justice Goals

- Divert Low Risk offenders from incarceration and keep them connected to social supports
- Target interventions for Moderate to High Risk offenders that address their needs and reduce risk to reoffend

https://www.maricopa.gov/4289/Smart-Justice
Maricopa Sequential Intercept Map

INTERCETP 1
LAW ENFORCEMENT
EMERGENCY SERVICES

911

INTERCETP 2
INITIAL DETENTION
INITIAL COURT HEARING

ARREST

Central Intake (4th Avenue)
- Classification for all bookings
- Initial Screen (RN)
- MH Unit
- Infirmary
- Data Linkage
- RRS (Proxy Score)
- Daily Exchange w/ AHCCHS database

MMIC Jail Diversion co-located
Pre-Trial Assessment PIA

ARREST

INTERCETP 3
JAILS
COURTS

Courts
Superior Courts
Mental Health Court
(flagged at data linkage
integrate 2)
Drug Court
Veterans Court
DUI Court
Juvenile Transfer Court
Regional Courts
Homeless
Veterans
Domestic Violence

Sentencing

MCAPD Prisons
Reentry Programs
Specialized & Standard
PSOs
Terros Bridging the
Gap Off - 3 Prisons
(Grant Funded)

INTERCETP 4
RE-ENTRY
COURTS

INTERCETP 5
COMMUNITY CORRECTIONS
COMMUNITY SUPPORT

Max Outs
Arizona Department of
Corrections Community
Corrections Reentry Division

Grant Funding
for re-entry,
female, reentry, inmates
AWE

Maricopa County Adult Probation

Community Reintegration Unit

Linkage to Community Services

- SMI Evaluations
  - In-reach into the jails from
    recovery clinics
  - Peer Support
  - Terros Bridging the Gap
    (State and MA funded)
  - Daily exchange with
    AHCCHS database upon
    release
  - Reach out

Mercy Maricopa Integrated Care
(Regional Behavioral Health Authority)
SMI Recovery Clinics
(0 - 3 FACTs and 20 ACTs)

SMI/Drug & Alcohol Services

SMI Evaluation
Peer Run
Employment Services
Housing Supports
Community Resources

Cross-Systems Collaborations:
Smart Justice Initiative (Data Linkage - County Data Analysis Team)
Stepping Up Coalition
AHCCCS Statewide Plan for Reentry
RHBAS Portal
Arizona DOC Reentry Efforts - Reentry Summit
Fair Justice Bail and Bonds
Arizona MH-CJ Coalition/David's Hope
ASU Grant (Robert Wood Johnson Foundation)

COMMUNITY

CRN Crisis
- 24/7 Phone
- 24/7 Peer Warmline

3 involuntary MH
Drop-off
(Central, East, & West)

1 Voluntary Drop-off

No Wrong Door
(Detox vs. MH)

Mobile Team Impact or Terros

2 Detox Drop-offs
(Central & East)

Maricopa Superior Court
Phoenix City Court
Health Assessment

HOR Bail
24 hr bonds/fines
Pre-trial supervision

Link to Community Providers
-CJET

Preliminary Hearing

Maricopa County Sheriff’s Office
4th Avenue Jail
Durango Jail
Estrella Jail
First Avenue Jail
Lowder-Reyes Jail
Madinod Street Jail
Tent City Jail
Towers Jail

Maricopa County Correctional Integrated Health
Programs
New Freedom
Guided Self Change
Start Now
MOSAIC
ALPHA (sentenced)
Recidivism defined: rebooking within 365 days of release

Risk – Need – Responsivity Model (RNR)
(Bonta & Andrews, 2006)

- Criminogenic Needs:
  - criminal history
  - anti-social personality
  - antisocial attitudes/values
  - anti-social associates
  - family dysfunction
  - poor self-control and/or problem solving skills
  - substance abuse
  - lack of employment

Maricopa County Justice-Involved Population Trends

- Bookings and ADP
- SMI population
Justice System Mapping: Background

Purpose: provide foundation for documentation, demonstrating collaboration between programs, and promoting information for future evaluation.

Smart Justice interventions defined: efforts, strategies, or programs delivered for the purpose of reducing likelihood of recidivism.

Identifying Smart Justice priority interventions
  • Ensure shared knowledge among system partners
  • Provide access to information and connections to maximize effectiveness
  • Promote evidence-based practices
Criminal Justice System Partners

- County Attorney’s Office
- Sheriff’s Office
- Correctional Health Services
- Superior Court
- Adult Probation Department
- Human Services Department
- Public Health
- Mercy Care
- Public Defender’s Office

Point of Contacts provided by Smart Justice Executive Leadership
Justice System Mapping: Project Goals

**Identify**
- Identify programs across justice system to facilitate collaboration across agencies and community partners

**Encourage**
- Encourage programs to maintain documentation and data tracking

**Map**
- Map interventions providing services to Smart Justice targeted populations:
  - Women
  - Homeless
  - SMI
  - Substance Abuse
  - Veterans
  - Extreme chronic offenders
Justice System Mapping: Inventory Questionnaire Goals

1) Describe interventions contents (i.e., what is the intervention)
   -identify the populations served, eligibility criteria for participants and criminogenic risks addressed
   -identify collaborations established for delivery of the intervention

2) Identify available documentation

3) Identify data and evaluation strategies in place to ensure fidelity and measure effectiveness
Justice System Mapping: Inventory Questionnaire

Questionnaire Sections:
I.  Identifying the Intervention
   ➢ Description, population served, eligibility criteria
   ➢ Start of intervention, goals and objectives, documentation
II. Sequential Intercept Points
   ➢ Points in which intervention begins or ends in the context of SIM model
III. Evaluation Readiness
IV. Collaborations and Contact
   ➢ Delivery of service (County, Vendor, Community Partnership)
V.  Cost-Benefit Strategy (Y/N)
VI. Other Questions (Optional)
Justice System Mapping: Challenges

Documentation available

Inventory Questionnaire → type of Smart Justice intervention

Recidivism as a outcome measure
Justice System Mapping: Start Year for Interventions

- 2013 or earlier: 31%
- 2014: 6%
- 2015: 6%
- 2016: 3%
- 2017: 41%
- 2018 (in progress): 16%
Justice System Mapping: Types of Interventions

Diversion & Specialty Courts:
- Diversion, Specialty Courts

Programs:
- Independent, Incorporated within Other Programs

Resource Connection & Engagement Strategies:
- Supportive Services,
  Continuation of Treatment,
  Employment
Justice System Mapping

Justice System Map contextualized using SIM

Interventions are categorized into groups

Connections between interventions and system partners are mapped
Justice System Mapping: Demonstration
The 8 Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals

Principle 1

“Community Providers are knowledgeable about the criminal justice system. This includes the sequence of events, terminology, and processes of the criminal justice system, as well as the practices of criminal justice professionals.”

KEY POINT: Understanding the criminal justice system helps community providers recognize where opportunities exist to divert clients into treatment and service, both before and after entry into the criminal justice system.
Principle 1

“Boundary spanners” requires a basic understanding of the system

- Mercy-CHS early “failure analysis” regarding hand offs
- SWBH CJET (multiagency) early release for individuals/SMI-25% recidivism reduction (Enholm, 2018)
- No Wrong Door Crisis - 22,541 times in 2018 law enforcement handed off to Maricopa County Crisis System.

2012 BJA Grant: Developing shared language to better serve and expand opportunities

- Mapping the system
- Cross sector training (1,000+)-TIC, criminogenic risk, RNR, justice system
Principle 2

“Community providers collaborate with criminal justice professionals to improve public health, public safety, and individual behavioral health outcomes.”

**KEY POINT:** For individuals under the supervision of community corrections, partnering with parole and probation professionals can facilitate coordinated care and adherence to supervision requirements.
Principle 2

Reach Out (APD)

Outcomes:
- 61% successfully complete treatment;
- Graduates - 25% Revocation; Non-graduates – 53% Revocation

Lessons Learned: Requires regular meetings and communication with partners to keep referrals moving forward.

MOSAIC (CHS)

• Outcomes: Compared to control groups with SUD recidivism reduction ranged from 20-26%
• Lessons Learned: Upon release after graduation, connect with APO within 7 days
Principle 3

“Evidence-based and promising programs and practices in behavioral health treatment services are used to provide high quality clinical care for justice-involved individuals.”

**KEY POINT:** Evidence-based programs should be used or all individuals with adaptations specific to justice involvement when appropriate.
Principle 3

**Employment**

- Baseline
- FACT Outcomes

**FACT Outcomes**

- Increase

**Emergency Room Utilization**

- Baseline
- FACT Outcomes

- Reduction

*Institute for Medicaid Innovation*
Principle 4

“Community providers understand and address criminogenic risk and need factors as part of a comprehensive treatment plan for justice-involved individuals.”

KEY POINT: Not all risk factors are equally predictive of criminal behavior. The most influential factors are: Antisocial thinking, Antisocial personality, Antisocial peers, Antisocial behavior (prior criminal history).
Principle 4

Thinking for A Change (T4C) is an evidenced-based cognitive restructuring program that addresses pro-criminal thinking and attitudes (risk factor). Program is 3 phases: Cognitive restructuring, social skills training, problem solving

Smart Supervision Grant: Expanding T4C Capacity through Collaboration

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Referred to T4C</th>
<th>Entered T4C</th>
<th>Completed T4C</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revoke to Prison</td>
<td>13%</td>
<td>8.8%</td>
<td>2.7%</td>
<td>25.6%</td>
</tr>
</tbody>
</table>
Principle 5

“Integrated physical and behavioral health care is part of a comprehensive treatment plan for justice-involved individuals.”

KEY POINT: The strengths of health and justice can help to reduce recidivism and improve health by keeping individuals engaged in health services.
Principle 5: Integrated Justice Care Centers

Co-location = “One Stop Shop”

Variety of same-day or ongoing medical services

Standardized assessment, Physical exams, mental health, chronic disease management, nutritional coaching, immunizations, lab work processing, and pharmacy services, Peer support, SOD

4 co-located Justice-Health sites in Maricopa County

- Total Unique Patients served: 596
- Behavioral Health Services: 540
- PCP or Preventive Care: 144
- Peer Encounters: 469 (not unique patients)
- Terros Health Home: 133
Principle 6

“Services and workplaces are trauma-informed to support the health and safety of both justice-involved individuals and community providers.

KEY POINT: Justice-involved populations have high rates of exposure to traumatic events both before and during incarceration.
TIC (like CIT!) is more than training

- From ACES to organizational assessments
- Training staff, changing environments, organizational support (leadership, policies)

Safety, Voice and Choice

- Jails: direct supervision
- “Consumer choice” (e.g. STR) and meeting people where they are
- TI Clinics versus Probation Offices

We have a long way to go!
Principle 7

“Case management for justice-involved individuals incorporates treatment, social services, and social supports that address prior and current involvement with the criminal justice system and reduce the likelihood of recidivism.”

**KEY POINT:** Case managers play a key role in helping justice involved individuals overcome unique obstacles in finding housing, employment, and coordinating health and behavioral health care.
Principle 7

**Mission:**
To work hand in hand with supportive services, housing providers, physical and mental health services, jails, and policy makers to serve justice-involved homeless individuals and families; by connecting them with necessary supports and housing.
Principle 8

“Community providers recognize and address issues that may contribute to disparities in both behavioral health and the criminal justice system.”
Principle 8

“We have not ended racial caste in America, we have merely redesigned it.”
(Alexander, 2018)

We must go beyond “diversity training” to understand structural roots of economic and racial discrimination.

A threat to health and social equity:

Of 2.2 million incarcerated in US: pre-incarcerated income 41% lower
60% are of racial/ethnic minority status (compared to 39% of US population)
10 million children have experienced one or more parent incarcerations
LGBTQ and disconnected youth (human trafficking as an increased phenomena)

Racism and/or lack of economic opportunity → discriminatory policing, arrest, treatment → incarceration → worse physical and mental health ← social exclusion, decreasing earning potential and housing access → increased poverty, powerlessness, homelessness

RWJF, 2019
Principle 8

What must be done?

• Post Ferguson AZ Supreme Court Chief Justice Scott Bales convened the Fair Justice Task Force
  o Fair Justice for Persons with Mental Illness: Improving the Court’s Response (NCSC, 2018)

Call to action:

• Agency analysis of practices to promote racial, economic, gender and sexual orientation equity—practices (staff and those being served)
• Utilization of demographic data to further justice reform
• Informing policy makers and participating in social change making
Moving forward in Maricopa County and Your Community
Thank you

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