Treatment Mapping: Using Collaboration to Maximize Community Based Treatment for Offenders

MARK STODOLA, Programs Manager
KRISTA FORSTER, Programs Specialist
SUSAN ALAMEDA, Treatment Specialist
ARIZONA SUPREME COURT
Adult Probation Services Division

and

JASON CARPENTER, Project Coordinator, Northern Arizona Behavioral Health Authority (NARBHA)
What are the characteristics of your town or community?

Decide if your community would be considered urban, rural or somewhere in between according to your understanding of the terms.
Highlighting differences between rural and urban life
Discussion Questions:

- What types of jobs are available to urban and rural people? Why?
- What types of services are available to urban and rural people?
- Do you think an urban or rural setting is healthier? Why?
- Do you think an urban or rural setting is safer? Why?
- Who funds treatment in your jurisdiction?
Rural Healthcare

- In many rural areas, low population is combined with a lack of health services, poverty, underserved areas and geographic isolation.
- Maintaining critical mass
- Transportation issues such as distance, topography, and lack of mass transit
Urban Healthcare

- In many urban areas, there are too many choices.
- Standard of Care
- “Favorites”
- Difficulty finding the most appropriate treatment
Regional Behavioral Health Authority

Arizona’s Behavioral Health Services Funding Stream for FY2011

Federal Government
- [Health and Human Services; HHS]
  - Center for Medicaid and Medicare Services (CMS)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)

Other Funding Sources
- (County, City, other State Agency funding)

Arizona State Government
- Non TXIX: $40.2M
- Crisis Services: $16.4M
- Supportive Housing: $5.3M

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

Tribal and Regional Behavioral Health Authorities (T/RBHAs)

Provider Networks or Direct Service Providers
AOC Treatment budget for probation departments-FY/12

CPP: 47%
DRUG COURT: 18%
JCEF: 13%
DTEF: 22%
The Administrative Office of the Courts and Regional Behavioral Health Authorities are working hard to bridge gaps in treatment services to improve lives in our communities.

- Communication and information sharing between probation departments and each behavioral health provider relies heavily on cultural belief, psychosocial and environmental factors on rural and urban systems.
- We are looking for innovative ways, like treatment mapping, to increase resource sharing, provide systems education and improve quality of care to our shared populations.
Collaboration equals innovation.

*Michael Dell*
Introduction

- Why we started looking at a need for treatment mapping:
  - Favoritism
  - Relationships
  - Communication
Why Treatment Mapping?

- What is our purpose:
  - What’s out there
  - Are services being provided that meet the needs of specific counties
  - Are they utilizing EBP
  - What are the Barriers to treatment
  - How can probation departments find the right provider
  - Appropriate funding sources
  - Assumptions
You can't stay in your corner of the Forest waiting for others to come to you. You have to go to them sometimes.

- Winnie-The-Pooh (A. A. Milne)
Where to Begin

• Initial Contacts
  ○ Probation Department
    ▪ Set up meetings, gather information regarding providers
  ○ RBHA
    ▪ Advises on providers available in each area
  ○ Local Providers
On the Road Again

- Travel to the counties
  - Meet with RHBA & Probation staff
    - Chiefs, Treatment Coordinators, Line Officers
    - See what the county physically looks like
  - Meet with Local Providers
    - Those who provide direct services to probationers and work with probation staff
The secret is to gang up on the problem, rather than each other.

Thomas Stallkamp
Life is Like a Box of Chocolates

What We Found

- Issues with transportation
- Cultural issues affecting treatment needs and responses to treatment options (language barriers, family involvement)
- Training for staff (emerging drug issues, new technology)
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- Communication gaps
  - Interagency
  - Coordination of Care
  - Other agencies (ie. jail, providers, DES)
  - Staffing of problem cases
  - Providing specific information (presentence reports, monthly progress reports)
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- **Service gaps**
  - Consistency (staff, funding, participants)
  - Funding (AHCCCS, Title 19 eligibility, SAPT)
  - Lack of treatment programs (IOP, residential, detox, in-patient acute care facility)
  - Access to treatment/Geographical challenges
  - Specialty services (ie. DV, DUI, Sex Offender)
  - Emergency Housing/Homeless Shelters
  - Sober Living, Transitional Housing
  - Sober Support/12 step meetings
Life is Like a Box of Chocolates

- **Service Gaps (con’t)**
  - CBT/Aftercare/Relapse Prevention
  - Veteran’s Services
  - Automation for data tracking and reporting
  - Mental Health (medication, transitional services, transportation)
  - Dental Care
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- Employment/Employment Services/Job Training
- Youth centered programs
- Reentry Services (obtaining necessary documentation – DL, birth certificate, etc)
- Wraparound services
If everyone is moving forward together, then success takes care of itself.

- Henry Ford
Solution Outcomes

• Better Communication
  o RBHA is advised of the concerns regarding providers
  o RBHA provides real time solutions
  o RBHA clarifies information relating to the funding dollars dispersed to various entities and related services
  o RBHA provides spreadsheet detailing contracted services provided in each community
  o RBHA clarifies providers obligations
  o RBHA helps bridge the gap between probation and providers
  o RBHA provides protocols and training
Solution Outcomes

- **Better Communication** *(con’t)*
  - Probation and providers understand why they should be talking
  - Administration works to bridge gaps in services
  - Administration understands need for further training
  - Administration gets a “big picture” understanding of the challenges faced in each community
Solutions Outcomes

- **Assessment Driven (ASUS-R, OST/FROST)**
  - “guts” are not evidence based
- **Partnerships**
  - Non-traditional resources
  - Community based alliances
  - Sister agencies
Knowing is not enough; we must apply. Willing is not enough; we must do.

Johann Wolfgang von Goethe
Where Do We Go From Here

- **Probation Departments Responsibilities:**
  - Participate in training regarding assessments
  - Foster relationships with local community driven groups (sober groups, churches, non-profits, reentry sites, employment agencies)
  - Provide PSI (if available) to providers, along with probation assessments in Referral Packet
  - Attend staffings with providers or invite providers to department staff meetings
  - Follow statute, ACJA and policies regarding placement of probationers in treatment, especially treatment sought in other counties.
  - Explore Non-traditional resources to help meet population needs
Where Do We Go From Here

**RBHA’s Responsibilities:**

- Make sure intake agencies follow protocols (“voice & choice”)
- Ensure providers responsibilities are not too spread out to inhibit necessary participant numbers for group programs
- Foster meetings with providers and probation department to ensure departments are aware of choices for treatment throughout RBHA network
- Ensure providers are utilizing funding as needed for treatment clients (ie. SAPT funds)
- Develop and train on protocols
Provider Responsibilities:

- Collaborate with other providers
- Communicate with RBHA (advise of treatment needs, funding concerns, oversaturation of providers/programs)
- Communicate with probation departments
  - Provide monthly progress reports
  - Notify probation of violations
  - Request more information for departments (PSI, assessments, any information related to offense and reason for being referred to treatment)
Where Do We Go From Here

**AOC’s Responsibilities:**
- Contact DHS regarding licensing/certification requirements
- Provide training opportunities
- Gather data regarding assessments as related to treatment needs
- Foster collaboration with other departments/providers
- Ensure providers following ACJA code and EBP
- Provide general support to counties as they work on endeavors to better provide services to the probation population
- Work with SAMSHA/DBHS/RBHA’s regarding website utilization process:
Where Do We/You Go From Here

- Get Out of Your Cubicle
  - Communicate
  - Collaborate
  - Explore
  - Develop Relationships
Long is the road from conception to completion.

Moliere