Contract Oversight

★ Enforcing Evidence-Based Practice Standards Within MCAPD-Contracted Drug Court/DUI Court Substance Abuse Treatment Providers ★

Shelley Fassett, LMSW
Contract Oversight Administrator
Maricopa County Adult Probation Department; Programs Division
The Need for Contract Oversight within MCAPD: History of the COA

★ Role has consistently evolved within MCAPD over the past ten years; the COA’s initial responsibilities were primarily geared towards observing groups and conducting file audits for the 10+providers contracted to provide probationers with DTEF-funded substance abuse treatment.

★ Over time, as the numbers of DTEF treatment providers decreased, COA duties began to include treatment oversight for the MCAPD Drug Court /DUI Court programs as well as for our own internal Drug Court counselors; duties continue to grow/evolve with increasing clientele and as further needs are recognized.
**Current COA ‘Demographics’**

- Part of the MCAPD- Programs Division team; office is amongst the Drug Court/DUI Court probation officers, Drug Court/DUI Court Program Directors and the Programs Division Clinical Supervisor. Having the clinical team easily accessible to the COA makes for more efficient communications when attempting to address or investigate client/agency complaints or concerns, etc.

- Currently based in the Luhrs Building (downtown Phoenix next to the Superior Court); this location provides the COA with the ability/convenience to regularly attend Drug Court staffing, hearings and graduations. Court attendance also provides the COA with the opportunity to ‘check-in’ / follow up with our clients/counselors, as needed.

- Performs oversight duties for four external treatment providers (Drug Court, DUI Court and DTEF contracts) as well as for our internal MCAPD-Drug Court counselors; this encompasses approximately 30 counselors.
Duties, Role and Benefits to Having a COA Within the Drug Court/DUI Court Programs

★ Social Worker/Counselor; member of the clients’ clinical/therapeutic team

★ Liaison between MCAPD and community treatment providers; representative of MCAPD with a primary focus of building and maintaining collaborative relationships between MCAPD and our treatment providers.

★ Quality Assurance; ensures consistent adherence to the ‘Drug Court Best Practices’ and Evidence-Based Practices through completing agency curriculum reviews, maintaining records of all agency clinical/administrative staff (including processing and maintaining records of the annual staff background clearance/licensure checks), completing quarterly treatment group observations/visits and completing annual file/curriculum audits.

★ Advocate; investigate/act as a clinical advocate on behalf of both the client and the treatment provider in the instance of reported complaints/concerns.
Duties, Role and Benefits to Having a COA Within the Drug/DUI Court Programs (cont’d.)

- **Host of quarterly provider meetings;** treatment providers unite to collectively discuss/provide feedback on clinical issues, introduce new policies/protocols and share any successes/progresses made regarding quality improvement measures.

- **Make regular appearances to court proceedings including client graduations;** helps me to not only maintain positive relationships with our Commissioner and the public defenders, but also allows me to become a ‘familiar face’ to the clients when visiting treatment providers. If the clients are familiar with me and my role within the Drug Court/DUI Court programs, it can not only help to put them at ease when observing their treatment sessions, but it also may help to reduce any ambivalence about coming forward to express a treatment complaint or concern.

- **Clinical resource for providers/staff;** offers treatment suggestions/recommendations, when needed, to ensure implementation of best practices.

- **Attend program-related trainings;** remain current on NADCP Best Practices and Evidence-Based Practice research; provide staff-agency trainings when needed.
Annual Drug Court/DUI Court Treatment Provider Audits

★ Completed by COA and the DTEF administrative team

★ Audit dates are announced; scheduled ahead of time to allow for collection of appropriate client/personnel charts and to make accommodations ensuring the availability of the clinical team and/or agency representative during the audit for any questions/concerns.

★ Audit is divided into five categories:
1. General Administrative Services (licensure compliance)
2. Curriculum Review (includes reviewing curriculum-focused staff trainings, the provided client workbook and any approved supplemental activities/information)
3. Attendance/Roster (accuracy, organization and storage)
4. Client Files (review active and inactive files; required to have been in treatment for a minimum of 60 days).
5. Clinical/Personnel Files (AZBBHE licensure/Masters Degree, MCAPD background check, fingerprint card and documentation showing attendance to Drug Court staffing/proceedings (if applicable).

★ Audit Report is compiled by the COA, reviewed by the MCAPD-Programs Clinical Supervisor and sent to agency with a summary of findings, positive points and recommendations for improvement.
Evidence-Based Practice Within Drug Court/DUI Court-
Contracted Treatment Interventions

★ EBP implies that: 1) one outcome is desired over others, 2) it is measurable and defined according to practical realities (i.e. public safety) rather than immeasurable moral or value-oriented standards (Ratcliffe et al, 2000; Tilley & Laycock, 2001; AMA, 1992; Springer et al, 2003; McDonald, 2003).

★ The implementation of EBP has been found to decrease offender recidivism rates to the tune of 25-30% by reducing offender risk which results in an increase to public and community safety.

★ Eight Evidence-Based Principles for Effective Interventions
  1). Accurately assess offender risks/needs
  2). Enhance Intrinsic Motivation
  3). Target Interventions (based on risk principle, criminogenic need principle, responsivity principle and dosage/structure)
  4). Skill train with Directed Practice (using CBT methods by trained clinical staff)
  5). Increase/provide positive reinforcement
  6). Engage pro-social supports in the community
  7). Accurately measures relevant processes/practices (includes offender change and staff performance).
  8). Provide measurement feedback/quality assurance
Implementation of/Ensuring Accountability for EBP Standards and Drug Court Best Practices

★ *EBP-specific vocabulary within treatment provider contracts*; identifies not only the structural/dynamic requirements and expectations of the substance abuse treatment being provided but also the clinical staff educational/credential requirements and collaboration expectations.

★ *Maintain regular communication with agency clinical staff*; this includes email, telephone, agency visits, quarterly meetings and court appearances.

★ *Group Observations*; contract specifically grants the COA permission to visit the treatment agencies and observe every group, on an unannounced basis. Counselor observations are completed on a quarterly basis (minimum). After each observation the COA will complete a detailed report providing scores/ratings of 0-4 in several areas directly associated with EPB-identified effective offender interventions and Drug Court Best Practice criteria. These reports identify positive aspects within the session/improvements made since last observation was completed, provide clinical recommendations/activity suggestions as well as provide feedback directly received from the clients. Client feedback is acquired through privately meeting with the group after the session, engaging them in a dialogue session about their treatment experience and asking them to complete a brief survey (clients may choose to remain anonymous).
Examples of Unethical, Contractual or Non-EBP Violations

- **Unqualified Clinical staff;** staff whom do not meet educational requirements, AZBBHE licensure standards or whom have not had previous specialized population or substance abuse training/experience.

- **Minimal or inconsistent group structure;** this includes not utilizing all of the billed or allotted treatment time, not reinforcing group rules/therapeutic behavioral expectations, not assigning take home projects/skill-practicing assignments, covering unfocused discussion topics or providing an overall un-therapeutic/unsafe group environment for clients.

- **Using a Non Evidence-Based Curriculum;** this has included clinicians/agencies downloading, teaching and/or distributing information from unreliable and/or unapproved internet sites/sources and books.
Examples of Unethical, Contractual or Non-EBP Violations (cont.d)

★ Not incorporating skill-train/learning enhancement tools or activities into the sessions; this includes discovering that treatment time was primarily spent reading curriculum/handouts (sometimes multiple within a session) without clients having the opportunity to role-play and/or practice skills within the session (which provides them with prime opportunities for feedback and positive reinforcement).

★ Incomplete and/or unethical discharges from treatment; this includes unsuccessfully discharging a client without notifying the Drug Court clinical team beforehand and/or discharging without providing the appropriate follow-up appointments, resources.

★ Altering the group schedule/facilitator without notifying the COA in advance (if at all); since all treatment group observations are unannounced, having accurate group schedules is imperative in order to make the best use of the COA’s time and resources; it is also necessary for the Drug Court/DUI Court probation and surveillance officers to have up to date scheduling information for their clients and/or to know the whereabouts of their clients at certain times, if necessary.
**Addressing Unethical, Contractual or Non-EBP Violations**

- Staff concern with Clinical Supervisor and other members of the clinical team; receive feedback/input

- Depending on severity of the issue, the COA will either contact the agency representative immediately or simply document issue in observation report

- Collaborate with agency representative on potential solutions to rectify the situation ASAP; COA will identify a deadline for agency to address and improve the situation

- COA will make a follow-up visit to group/agency, if necessary.

- If issue has not improved nor been appropriately addressed, COA and/or Clinical Supervisor will notify MCAPD procurement department for further action.
No Matter What, the COA Must Always…

★ Maintain a positive, collaborative and solution-focused attitude at all times, in all situations.

★ Remember that we are all on the same team, committed to providing the highest standard of client-focused care that supports our probationers’ goals developing long-term sobriety maintenance, graduating from the Drug Court/DUI Court program and then successfully reintegrating back into their respective communities/families.

★ Remember (and be willing to represent) this specialized and high-risk population while consistently reinforcing the concept that we may only have one opportunity to help save someone’s life; do everything possible to prevent any of our probationers from ‘slipping through the cracks’ and not receive all available resources to not only ensure their success within the program, but in all other areas of their lives.
Questions?