We’re Stepping Up!

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Stepping Up - Where did it Start?

Imitatives-2015-2017 became a national movement ... (NACO, Council State Governments Justice Center, American Psychiatric Association Foundation)

- Aim to reduce the number of individuals with a mental illness in jails.
- 300 counties in 41 states have passed resolutions to support the movement.
- 13 of 15 Arizona counties.
A Public Health Crisis

- 2 million seriously mentally ill individuals incarcerated in jails
- In 44 states jails and prison are the largest housing institutions
- Seriously mentally ill individuals have longer stays, greater rates of homelessness and higher recidivism
- Maricopa County: 5.5-6.5% of population SMI designated
  - CY 2015 bookings 5% SMI designated (JSPI); (2/9/17): 7.8%
  - 25.6% (2/9/17) all individuals with significant mental health needs
Homelessness was reported in roughly 1 of every 2 bookings of designated SMI individuals compared to the 1 of every 4 bookings among everyone else in both CY15 and CY16.
About 73% of designated SMI had a proxy score in CY15 compared to 66% in CY16.
National Stepping Up: 6 Questions

1. Leadership Commitment
2. Conduct timely screenings/assessments
   - Standardized tools and definitions
3. Baseline Data
4. Conduct a comprehensive Process analysis/inventory services
5. Priority Policy, Practice and Funding Improvements
6. Track Progress
Stepping Up #1: Leadership Commitment

- Established Public Safety Goals 2014
- Maricopa County signed the Stepping Up Proclamation on May 4, 2015
- One of 50 to attend the National Stepping Up Summit on April 2016
Stepping UP #2: Timely Screening and Assessment

- Evidence based, validated screening assessment
- Timeliness (at booking), guided, triaged process
  - PSA, CHS Screening, Proxy, SBIRT
- System wide definition of substance use disorders and serious mental illness
- Develop mechanism for information sharing (MOUs)
  - Data Link Agreements; Adult Probation; MCSO-CHS
Stepping Up: #3 Baseline Data

- System wide definition of recidivism (rebooking)
- Electronically collected data (Justice Systems Planning), CHS- EHR, HIE, ASU-RWJ Foundation Culture of Health project)
- Jail data on population (comparing general population and mentally ill, homelessness-JSPI)
- Generating reports
Since 2015, the designated SMI population has accounted for about 5-6% of all bookings to an MCSO jail each month.
Stepping UP: #4 Comprehensive Process Analysis/Inventory of Services

- Smart Justice agencies analysis
- RBHA-Clinics-Peer Run organizations
  - FACT Teams; CJET; Reach Out placement increases (250 in 6 months); BTG transition service increase
- Terros SAMHSA- Re-Entry Policy Academy
  - Mapping the SIM
  - RNR Jurisdictional Assessment: 8 agencies to date
### Action for System-Level Change

- Develop a comprehensive state plan for behavioral health/criminal justice collaboration.
- Legislate Task forces/Commission combating mental health, substance abuse, criminal justice, and other stakeholders to legitimize addressing the issues.
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training.
- Engage persons with lived experience in all phases of planning, implementation, and program operation.
- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, criminal justice, and other sectors to develop strategies to address the issues.
- Take legislative action authorizing jail diversion programs for people with behavioral health disorders.
- Improve access to benefits through state-level changes, allowing receipt of Medicaid/SSDI by suspending rather than terminating benefits during incarceration, helping people who lose benefits apply for them prior to release.
- Ensure constitutionally adequate services in jail and prisons for physical and behavioral health, individualized transition plans to support individuals in the community.
- Ensure all systems and services are culturally competent, gender specific, and trauma informed — with specific interventions for women, men, and veterans.

### Action Steps for Service-Level Change at Each Intercept

#### Intercept 1: Law Enforcement
- **Community:** Local Law Enforcement
- **Service:** Arrest

#### Intercept 2: Initial Detention/Initial Court Hearings
- **Intercept:** First Appearance Court
- **Service:** Initial Detention

#### Intercept 3: Jails/Courts
- **Intercept:** Specialized Court
- **Service:** Jail

#### Intercept 4: Reentry
- **Intercept:** Dispositional Court
- **Service:** Jail Reentry

#### Intercept 5: Community corrections
- **Intercept:** Probation
- **Service:** Probation

### Key Interventions

- **Screening:** Screen for mental illness, substance use disorders, and trauma and assess for criminal risk or safety opportunity. (Initiate process that identifies those eligible for diversion or mandated treatment in jail, including mental illness and substance use.

- **Service Coordination:** Consult with service providers who can assist with access to community services.

- **Service Engagement:** Engage in direct service delivery and follow-up services to individuals who are not hospitalized and are leaving the facility.

- **Assessment:** Monitor and evaluate service through regular stakeholder meetings for continuous quality improvement.

### Additional Interventions

- **Screening:** Screen for mental illness, substance use disorders, and trauma and assess for criminal risk or safety opportunity. (Initiate process that identifies those eligible for diversion or mandated treatment in jail, including mental illness and substance use.

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Interceptor 1 Law Enforcement and Emergency Services

- Psychiatric Urgent Care Centers (AZ Connections, RIAZ, CBI)
- Crisis Mobile Teams
- CIT Trained Officers valley wide
  - MCSO initiated having arresting officers trained 2014
    - Goal: 20%
Intercept 2 Initial Detention and Court Hearing

- MCSO: Proxy screening
- Adult Probation: Implementation of the PSA 2015
- CHS: Identification of high risk/needs populations-SMI
  - SAMHSA SBIRT-
  - MAT for Opioid Dependent

- SWBH Criminal Justice Engagement Team
  - Diversion at IA
Intercept 4: Re-Entry

- CHS: Coordination of Care
  - Warm Hand Offs-Courtesy Releases (100-120/month)
- Maricopa County Reintegration Unit
  - Reach Out
- AHCCCS Justice Transition Planning
  - Reach In for High Risk/Needs Population remaining 30 days with Health Plans, CHS October 2016
    - January 151 Reach In requests
Stepping Up: #5 Prioritizing Policy, Practice and Funding Improvements

- Prioritizing reducing people with mental illness admitted to jail, LOS, increase connections to treatment, lower recidivism
- Developing requests for services on the basis of data informed projections
- Tying requests to estimates/projections of impact of new strategies

We have work to do folks!
Step UP: #6 Tracking Progress

- Creating reports for leadership that include data, progress and improvements
- Capturing incremental progress
- Keeping up with research, implementing new/improved evidence based strategies
  - JSPI
  - CHS TC reports; HIE-Pii participation
  - AHCCCS Justice Transition Planning
Mosaic/Alpha Program Overview
Mosaic /Alpha Program
Description

- Evidence based, intensive 6 week substance misuse program
- Referrals through: CHSMosaic@mail.maricopa.gov
  - Response within 10 days
- Six 6 week cycles, 500 individuals to be placed
- Sentenced and unsentenced individuals
- Emphasis on community connection.
Mosaic/ALPHA Selection Criteria: RNR Model and Medical Necessity

- Expected jail stay of 60 + days
- Meet criteria for a Serious Substance Dependence Disorder (AUDIT and DAST scores)
- Moderate - High recidivism risk (OST/Proxy 3 +)
- Prioritize co-occurring:
  - Serious Mental Illness (SMI)
  - Health Chronic Care (MHCC)
MIHS We’re Stepping Up
Arizona Problem Solving Courts Conference
April 19, 2017
LOCATIONS

1. El Mirage Family Health Center  
   12428 W. Thunderbird Rd., El Mirage, AZ 85335
2. Sunnyslope Family Health Center  
   514 W. Hatcher Rd., Phoenix, AZ 85021
3. Glendale Family Health Center  
   5141 W. Lamar Rd., Glendale, AZ 85301
4. Maryvale Family Health Center  
   4011 N. 51st Ave., Phoenix, AZ 85031
5. McDowell Healthcare Center  
   1101 N. Central Ave., 2nd Floor Phoenix, AZ 85009
6. 7th Avenue Family Health Center  
   1205 S. 7th Ave., Phoenix, AZ 85007
7. South Central Family Health Center  
   33 W. Tamarisk St., Phoenix, AZ 85041
8. Avondale Family Health Center  
   950 E. Van Buren St., Avondale, AZ 85323
9. Guadalupe Family Health Center  
   5825 E. Calle Guadalupe, Guadalupe, AZ 85283
10. Mesa Family Health Center  
    59 S. Hibbert Mesa, AZ 85210
11. Chandler Family Health Center  
    811 S. Hamilton St., Chandler, AZ 85225
12. Comprehensive Health Center (CHC)  
    2525 E. Roosevelt St., Phoenix, AZ 85008
13. Pendergast Family Health Center  
    10550 W. Maricopa St., Phoenix, AZ 85037
14. Maricopa Integrated Health System (Main Campus)  
    2501 E. Roosevelt St., Phoenix, AZ 85008
15. Desert Vista Behavioral Health Center  
    570 W. Brown Rd., Mesa, AZ 85201
Adolescent Inpatient Unit

Just opened in January 2017, a 14-bed adult unit at Desert Vista Hospital

- Specializing in caring for adolescents between the ages of 13 and 17 years of age with an expected length of stay of 2 weeks
- Collaborative and Proactive Solutions Model of Care by Dr. Ross Greene

“Challenging kids are challenging because they’re lacking the skills not to be challenging...they are delayed in the development of crucial cognitive skills, such as flexibility/adaptability, frustration tolerance, and problem-solving”

- Identify lagging skills and unsolved problems - solve problems collaboratively and proactively
- Promotes a problem solving partnership and engages kids in solving the problems that affect their lives
- Produces more effective, durable solutions and simultaneously (but indirectly) teaches skills

- To refer an adolescent please contact our Admissions department at 480-344-2195.
Family Support & Education

Based at the South Central Family Health Center, is now open and accepting referrals.

- SAMHSA Evidence-Based Practice – Family Psychoeducation
- Structured approach for partnering with clients and families to support recovery
- Clients and families receive information about mental illnesses and learn problem-solving, communication, and coping skills
- Peer-to-Peer through a partnership with Family Involvement Center
- Individuals and Family Counseling
How Is Family Support Provided?

- Joining Sessions
- Educational Workshops
- Ongoing FPE Sessions
Expected Outcomes

- Improved understanding of mental illness & associated behaviors
- Increased family problem solving
- Decreased fatigue in caregivers
- Reduction in utilization of emergency and crisis services including Criminal System
- Promotion of resiliency and resiliency
- Strengthening of the family unit
First Episode Center

The First Episode Center, based at the Pendergast Community Center in West Phoenix, began enrolling young adults in early January 2017

- Early intervention, diagnosis and treatment keeps issues from getting worse and keeps people out of hospitals and criminal justice system.
- An innovative treatment and support program, serving adolescents and young adults who are experiencing psychosis.
- Team Approach
- Recovery-oriented services offered over about a 2-year period following psychosis onset.
National Institute of Mental Health
White Paper on First Episode Psychosis

- About **100,000 adolescents and young adults** in the United States experience FEP each year
- Peak onset between **15-25 years of age**, psychotic disorders such as schizophrenia, can derail a young person’s social, academic, and vocational development and initiate a trajectory of accumulating disability
- Youth are often **frightened and confused**, and **struggle to understand** what is happening to them
- **Unique challenges** to family members and clinical providers, including irrational behavior, aggression against self or others, difficulties communicating and relating, and conflicts with authority figures and many individuals end up tangled up in the criminal justice system
- Impaired **awareness** of illness may be an additional complicating factor
An abundance of data accumulated over the past two decades supports the **value of early intervention** following the first episode of psychosis.

Clinical research conducted world-wide supports a variety of interventions for ameliorating psychotic symptoms and **promoting functional recovery**:

- low doses of atypical antipsychotic medications
- cognitive and behavioral psychotherapy
- family education and support
- educational and vocational rehabilitation

These **evidence-based components** often come together in **specialized early intervention programs** that emphasize

- prompt detection of psychosis
- acute care during or following periods of crisis
- recovery-oriented services offered over a 2-3 year period following psychosis onset.
Who is the First Episode Center for?

- Adolescents and young adults age 15-25
- People who experience:
  - unusual thoughts or behaviors that seem strange to themselves or others
  - becoming fearful or suspicious
  - hearing voices or seeing things others don’t
  - withdrawing from family and friends
- People who want help to recover from psychosis to help achieve their life goals for school, work, family, and relationships
How Does the First Episode Center Work?

- The FEC uses evidence-based practices to provide a comprehensive array of recovery-oriented services over a period of about 2 years from the onset of symptoms.
- We use a team approach to assist a person and their family in a time-efficient manner, eliminating long delays between onset of experiences and engagement in effective treatment.
- We offer services in a variety of settings, including in our center, in the community, at a person’s home or school - depending on how a person would like their support.
- Our team works closely with medical providers to ensure that the whole health of the person is considered in treatment.
Recovery Is Different For Each Person
And Can Vary Depending On Many Factors

At First Episode Center, we believe that everyone can and will recover to lead a full and meaningful life. We want to support recovery, including:

- Movement toward important personal life goals
- Engaging in connections in the community, including school, work, social activities, hobbies, volunteer work, and fun
- Improved relationships with family, friends, and any other significant supports
- Reduction in experiences and roadblocks that prevent pursuing life goals
- Feeling more hopeful about the future
Expected Outcomes

- Improved quality of life
- Reduction of symptoms
- Reduction in hospitalizations and lengths of stay
- Reduction in utilization of emergency and crisis services
  - Decriminalized in justice system
- Increase in daily living skills
- Increase in education and employment
The Assertive Community Treatment (ACT) program, based at Desert Vista in Mesa, opened for business on August 1, 2016

- Team approach that is flexible with comprehensive care for up to 100
- Services are personalized and provided where they are needed - 24 hrs. a day, 7 days a week
- Time-unlimited
- Goals are to keep these individuals healthy and living independently in the community, avoiding hospitalizations, incarcerations and homelessness while encouraging employment
MIHS-Depart of Psychiatry - We’re Stepping Up

- 220 Inpatient beds
- Conducts Inpatient & Outpatient Mental Health Court Ordered Evaluations – Title 36
- Multi-disciplinary teams including:
  - psychiatrists, social workers, RN’s. Recreational therapists, chaplain and peer support counselor.
- Working w/community Stakeholders to keep the most vulnerable out of the criminal justice system
  - MCAO, Local Police Departments, Municipal Courts, Superior Courts, Depart of Corrections, ICE and Correctional Health Services
  - Arizona Mental Health Criminal Justice Coalition
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National Stepping Up:
Working together to “STEP UP”

1. Leadership Commitments
   • Taking the initiative
2. Conduct timely screenings/assessments
   • Standardized tools and definitions
3. Baseline Data
   • Sharing Data
4. Conduct a comprehensive Process analysis/inventory services
   • Review, review, review
5. Priority Policy, Practice and Funding Improvements
   • Work flow Improvement for shared public benefit
6. Track Progress