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

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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
COCONINO vs MARICOPA
AOC Treatment budget for probation departments-FY14
TOTAL - $5,402,033

CPP
$973,435

DRUG COURT
$854,472

JCEF
$1,004,525

DTEF
$2,569,601
The Administrative Office of the Courts and Regional Behavioral Health Authorities have partnered to:

- Bridge gaps in treatment services
- Improve communication and information sharing
- Maximize limited resources
- Increase resource sharing
- Improve quality of care to our shared populations
- Improve lives in our communities
Collaboration equals innovation.

*Michael Dell*
Why Treatment Mapping?

- What is our purpose:
  - What’s out there?
  - Are there gaps in service?
  - Are services being provided that meet the needs of specific counties?
  - Are providers using 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
  ○ Each county is unique
  ○ 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
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- **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**
- RBHA is advised of the concerns regarding providers
- RBHA provides real time solutions
- RBHA clarifies information relating to the funding dollars dispersed to various entities and related services
- RBHA provides spreadsheet detailing contracted services provided in each community
- RBHA clarifies providers obligations
- RBHA helps bridge the gap between probation and providers
- 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
- 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.
Where Do We Go From Here

**Probation Departments Responsibilities**
(Con’t):

- Explore Non-traditional resources to help meet population needs
- Foster relationships with local community driven groups (sober groups, churches, non-profits, reentry sites, employment agencies)
- Complete Program Plans outlining department plans and provider qualifications for treatment
Where Do We Go From Here

• RBHA’s Responsibilities:
  ○ Make sure provider agencies follow protocols for member choices
  ○ Ensure providers balance need with resources
  ○ Foster meetings with providers and probation department
  ○ Ensure providers are utilizing funding as needed for treatment clients (ie. SAPT funds)
  ○ Develop and train on protocols
Where Do We Go From Here

**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 from 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
  - Advocate for resources
  - 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