Collaborative Efforts for the Justice Involved in Pima County

Presented by: Pima County Sheriff’s Department, Cenpatico Integrated Care, Hope Inc. and Community Health Associates
Pima County Adult Detention Complex

- 2,300 Bed Facility
- 80% Pre-trial Defendants
- Approx. 35,000 bookings p/y – 60% have MH or SA issues
- Recidivism
- ADP = 1,850 (ALOS)
- 20% Probationers Sentenced to Jail
- 9% SMI
Justice-Involved Collaboration at all Entry Points

• Arrest (Law Enforcement)
  • Diversion, Crisis and Non Crisis interventions
  • Community Alternatives for housing and treatment

• In Jail
  • Failure to Appear #1 Driver of Bookings and Bed Days
  • Co-Instructed Programming (MRT and Hope Recovery Tool Kit)
  • CHA and Hope Case Management, Jail Liaisons
  • Coordinated Discharge planning
  • AHCCCS Enrollment

• Courts
  • Pre-Trial Services
  • Working through Liaisons, CRTT, MH Liaison at hearings
  • Liaison with Superior Court
  • Specialty Courts (%)

• Prosecution
  • Drug Treatment Alternative to Prison (DTAP)

• Family Assistance
  • NAMI
  • Peer Support
“The Safety and Justice Challenge is an initiative to reduce over-incarceration by changing the way America Thinks about and uses jails.”

Pima County’s 2017 Plan:

- Institute Behavioral Health Screening for all inmates booked
  - Use screening to assess treatment needs
  - Access to Community Mental Health Services
  - Early pre-trial release options
  - Access to substance abuse treatment

- Reduce Justice Involvement for Failure-to-Appear
  - # 1 driver of Bookings
  - Decrease issuance, Increase appearance rates

- May 2015, Pima County was 1/20 jurisdictions chosen out of 191 applicants to receive $150K planning grant
  - Extensive System mapping and data evaluation
  - Identified some racial ethnic disparity
  - Community Engagement

- April 2016, Pima County was 1/11 sites selected

- Awarded $1.5 million to address the key issues driving jail bookings and pre-trial detention

- Pima County’s Goal to reduce average daily jail population by 18% over three years
JUSTICE SYSTEM & SYSTEM PARTNER RELATIONS

Deana Champagne
Vice President of Justice Systems
Overview of New Contract:

Service Area

Effective October 1st

Covered Lives:
Approximately 455,000

8 Southern AZ Counties:
Cochise;
Graham;
Greenlee;
La Paz;
Pima;
Pinal;
Santa Cruz; and
Yuma

The San Carlos Indian Community in Gila County will also remain with Cenpatico
Overview of New Contract Covered Populations

- Cenpatico is the health plan (physical and behavioral health) for persons designated with a serious mental illness (SMI) enrolled as Title XIX.

- Non-Title XIX adults with SMI will continue to receive behavioral health benefits.

- All other enrolled Title XIX adult and child members will receive behavioral health services.

- GMH/SA Duals (Medicare/Medicaid) will receive their services from AHCCCS Health Plans.

- All individuals are eligible for crisis services regardless of insurance status.
The Justice System Team Commitments

- Ongoing and frequent collaboration with Justice System Partners to identify and implement process improvements and monitor effectiveness of programs

- Utilize feedback from our Partners (positive and negative) to develop and implement successful community re-entry programs to reduce recidivism, thus improving the quality of members’ lives as well as public safety

- Increase Cenpatico’s presence in local communities and provider staffing to support county jails, juvenile detention and prison re-entry program efforts and public safety
Justice System Commitments
Outreach and Collaboration Efforts

- Establish a Southern Arizona Regional Justice System Council
- Offer community outreach and programs near housing sites
- Expand outreach activities by funding Peer- and Family-Run Organization (PRFO)
- Revamp Community Re-entry Program strategies and align with the expectations Justice System Partners
JUSTICE SYSTEM INITIATIVES

Sarah Darragh
Senior Manager of Justice Systems
Justice System Statistics

Pima County, as well as other counties in AZ, has an Agreement with AHCCCS which allows suspension of AHCCCS eligibility upon entering the PCADC

- Utilizing the data received from AHCCCS, we find approximately 75% of detainees at PCADC are currently enrolled or previously enrolled with AHCCCS

For Cenpatico members booked into PCADC

- Members with an SMI designation represented the largest percentage of members booked many of which have co-occurring substance use disorder
- The second highest percentage are those members with a substance use disorder

In our other counties, members with SUDs represent the highest percentage of members booked in jail
Correlation of Substance Use Disorders and Justice System Involvement

- National research shows approximately 70% of individuals in detention have substance use disorders.
- In prisons this percentage is even higher, around 80%.
- These percentages are consistent with C-IC data.
Implications

- Justice Services and SUD services are inseparably intertwined
- Justice System Treatment Programs must include SUD treatment
- SUD providers need to develop specialty treatment programs using a criminogenic approach to treatment
- Traditional treatment approaches have not proven to be successful
Justice System Initiatives

Data Sharing Initiatives

• PCADC Initial Appearance List
  o Receive daily initial appearance list from PCADC
  o Match against Cenpatico database to identify members
  o Notify Courts for potential diversion or possible transfer to a specialty court
  o Notify treating providers when their member has been booked to provide medication list and begin discharge planning

• Justice Health Information Data Exchange
  o Pima County collaborated on National Grant (BJA) to establish a Justice Health Information Data Exchange to discern mental health treatment history of detainees entering into the jail
  o Real time data exchange between jail treating provider and Cenpatico
  o Exchange specific data elements for care coordination
    ▪ Treatment Status (active, inactive), Title 19, Treatment Provider, Behavioral Health Status (SMI, Other), Service Start and End Date
Community Re-Entry Services

• Serves as a bridge to services
• Available to anyone in a detention/prison facility planning to or will reside in a Cenpatico Service Area
• ICC Agencies meet with individual while detained to coordinate care for persons who are nearing release
• ICC Agencies will:
  o Ensure that the person completes a Release of Information form
  o Complete an assessment, interim treatment plan, release plan and SMI determination packet if applicable
  o Schedule an appointment with the ICC Agency to occur within two business days after the person’s release date
  o Arrange transportation upon release and for the initial outpatient appointment
  o Collaborate with jail staff to provide the person with information about local programs that can assist with support and rehabilitation
Cenpatico-Community Reentry Program
(County Jails, Arizona Department of Juvenile Corrections and Arizona State Hospital)

**Step 1:** The detention center, ADJC, jail liaison, probation, system partner or AzSH call NurseWise at 844-882-5354 and request a Community Reentry (CRE) dispatch.

The person calling in the referral provides NurseWise with the person’s intended community of residence and release date.

**Step 2:** NurseWise determines eligibility per the Cenpatico Community Re-Entry Program Protocol and if the person is currently in an open episode of care.

**Step 3:** During business hours, NurseWise contacts the appropriate ICC Agency. NurseWise gives the ICC Agency the information collected from the detention center or prison.

If the person was in an open episode of care at the time of detainment, NurseWise will contact the last provider of record.

For all other referrals NurseWise will dispatch a provider unless a specific provider is requested.

**Step 4:** The ICC Agency calls the detention center, ADJC or AzSH and schedules an appointment to contact the person prior to release. The ICC Agency calls NurseWise and reports the date and time of the scheduled contact.

**Step 5:** The ICC Agency will coordinate with the detention center, ADJC or AzSH to develop the release plan in conjunction with other involved entities. The ICC Agency will:

- Ensure that the person completes a Release of Information form
- Complete an assessment, interim treatment plan, release plan and SMI determination packet if applicable.
- Schedule an appointment with the ICC Agency to occur within two business days after the person’s release date.
- Arrange transportation upon release and for the initial outpatient appointment.
- Collaborate with jail/detention/ADJC staff to provide the person with information about local programs that can assist with support and rehabilitation.

**Step 6:** The ICC Agency will share the results of the screening with the facility, ADJC/Jail Review Team, probation, parole, outpatient provider, and any involved parties listed on the release of information form.

**Step 7:** The outpatient provider will complete the intake as scheduled. If the person fails to arrive for the appointment, then the CRE staff will outreach the person and reschedule the appointment. A minimum of three attempts to re-engage the person into services will be attempted over at least a 30 day period before closing out the referral. Engagement attempts will include probation, parole, or the courts as needed to encourage engagement into services.

The CRE Agency is responsible for engaging the person into care until an appointment is completed. The ICC Agency will continue outreach and re-engagement activities as necessary.
Justice System Initiatives

Jail Liaison Positions

- Staffed by Community Health Associates and HOPE, Inc
- Co-location in PCADC
- Core Responsibilities include:
  - Identify detainees who are not enrolled with any insurance or whose enrollment has lapsed
  - Assist detainees with AHCCCS or Health Insurance Marketplace enrollment or re-enrollment
  - Perform outreach to detainees while in custody to assist with engagement into services
  - Coordinate with jail treating providers
  - Coordinate with community providers / ICC Agencies
  - Assist with all areas of Community Re-entry (CRE)
  - Coordinate with probation officers and court services, as applicable
AHCCCS Pre-Release Applications

- Partnering with AHCCCS and DES on Pre-release application process for medical and behavioral health benefits
- Opportunity to submit an AHCCCS application while the individual is still detained
- Goal is to reduce wait time for benefits improving access to care
- Pilot in Yuma County Detention
- Pilot in Pima County Detention
Process Flow for Submitting an AHCCCS Application for Individuals Booked into Pima County Adult Detention Complex (PCADC)

Individual is Booked into PCADC

Track 1
Detainee is Released at Initial Court Appearance

Track 2
Detainee is Housed and Sentenced (known release date)

Track 3
Detainee is Housed Pre-Adjudicated Status (release date unknown)

HOPE, Inc. Jail Liaison
- Engages detainees prior to and after initial appearance;
- Provides education on AHCCCS benefits;
- Screens for AHCCCS eligibility;
- Assists detainees with completing paper AHCCCS app.;
- Submits AHCCCS app. via fax number (884) 680-9840 with cover page listing Pima County Adult Detention Complex in subject line of cover page;
- Tracks number of AHCCCS apps submitted

CHA Jail Liaison
- Engages detainees once housed at PCADC
- Identifies detainees to be released w/in 45 days
- Provides education on AHCCCS benefits;
- Screens for AHCCCS eligibility;
- Assists detainees with completing AHCCCS app;
- Submits app. electronically via HEAPlus
- Submits daily spreadsheet to DES identifying detainees submitted via HEAPlus
- Serves as point of contact for DES to confirm detainee was released
- Tracks number of AHCCCS apps submitted

Process still being discussed with DES
MORAL RECONATION THERAPY

Coordinating Treatment Efforts through Re-entry Transition

Matt Lenertz, MC, LISAC, LPC
Community Health Associates
Clinical Director - Tucson
A term derived from the philosopher Rene DeCartes to describe the point where body, mind and spirit are aligned in decision making.

Reconation refers to altering the process of how decisions are made.
Kohlberg’s Six Stages of Moral Reasoning

- **Level 3 (Post-conventional Morality)**
  - STAGE 6: UNIVERSAL-ETHICAL PRINCIPLES
  - STAGE 5: SOCIAL CONTRACT

- **Level 2 (Conventional Morality)**
  - STAGE 3: INTERPERSONAL CONCORDANCE (APPROVAL SEEKING)

- **Level 1 (Preconventional Morality)**
  - STAGE 2: INSTRUMENTAL RELATIVIST (BACKSCRATCHING)
  - STAGE 1: PUNISHMENT AND OBEEDIENCE (PAIN VS. PLEASURE)
MRT™ seeks to move clients from egocentric, hedonistic (pleasure vs. pain) reasoning to levels where concern for social rules and others become important.

Research of MRT™ has shown that as clients pass steps, moral reasoning increases in adult and juvenile clients.
Confrontation of beliefs, attitudes, and behaviors
Assessment of current relationships
Reinforcement of positive behavior and habits
Positive identity formation
Enhancement of self-concept
Decrease in hedonism
Development of frustration tolerance
Development of higher stages of moral reasoning
Decrease high program dropout rates
Improve program completion rates
Increased treatment adherence
Provide integration of programming across the continuum of treatment levels
Reduction of relapse/recidivism
Decrease technical violations
The open-group format allows members to move fluidly from a group in a detention facility to a group in the community.

Standardized, structured format guarantees that progress in the program carries over with the client between systems.

Beginning program involvement while incarcerated has been shown to improve personal investment and decrease recidivism and violation rates.

Continuing the MRT program “outside” offers a level of continuity to the Member which may be lacking should the treatment modality change upon release from incarceration.
What we know from the research.

- MRT works
  - To reduce recidivism (both in-program re-offense and long-term recidivism).
  - To increase compliance & adherence to treatment recommendations.
  - To increase compliance with probation conditions.
  - To reduce relapse
  - To reduce symptoms of depression and trauma while increasing self-esteem.

- Partial completion of MRT helps with all of the above, but not as much as program graduation.

- There are quantifiable benefits with each step passed. The more they complete the more they benefit and longer these benefits last.
Thurston County (Olympia, WA) Drug Treatment Court – Eight (8) Year Study – MRT SUSTAINED EFFECT

Kaplan-Meier survival estimates, by mrtlvl

- Complete
- Most
- Some
MRT Age Effects

Kaplan-Meier survival estimates

- Young: Less than Half MRT
- Young: More than Half MRT
- Old: Less than Half MRT
- Old: More than Half MRT
While personal progress carries with the Member, several essential elements of their treatment will change, i.e. group peers, counselor etc.

Continuity of Care concerns were identified early in planning, as ideally these members would continue their treatment program through their release transition.

Co-facilitation of groups while in detention facilities offers several benefits, including a familiar face and retention of the therapeutic rapport.

Trust being a central theme in MRT, it is believed that co-facilitation will allow the trust developed while attending groups “inside” to transfer to groups “outside”.

Co-Facilitation: Special Considerations for Re-Entry Clientele
SALLY HUESTON
Diversion Program Coordinator

HOPE Incorporated
Helping Ourselves Pursue Enrichment

We’re in it together.

SALLY HUESTON
Diversion Program Coordinator
HOPE, Inc.

HOPE’s mission is to deliver recovery-based community services using empathy from our own experience to ensure every individual achieves the most fulfilling life possible.

HOPE is the only 100% peer- and family-run ICC in Arizona

Everyone employed at HOPE identifies as an individual who lives with or has lived with mental health or substance use challenges themselves or has helped a close family member or friend navigate behavioral health or substance use challenges.
Peer Driven Support

We believe that peers - *individuals who have been involved in the criminal justice system themselves* - are better equipped with the skills to effectively establish trust and work with people involved in the criminal justice system.
Overcoming Barriers

• HOPE was able to negotiate with PCSD/PCADC to provide access to the jails to deliver peer-support to incarcerated individuals

• HOPE has been providing services within PCADC since 2009 and assisting at initial court appearances since 2011

• HOPE staff with lived experience (i.e., four-time felons) are now able to work within PCADC
Developed Recovery Toolkit

• Developed at the request of Chief Davis at PCADC
• Nationwide BJA shows a 38% increase in female detention population compared to 17% males
• Research illustrates gender specific groups are more successful than co-ed
Recovery Toolkit

Scope:

Designed to introduce participants to the fundamental connection among perceptions, emotions and behaviors, identifying thinking errors, setting personal goals and personal boundaries.
Recovery Toolkit

Learning Outcomes:
1. Personal Safety
2. Abuse Scars
3. Human Equation of Behavior
4. Emotional Awareness
5. Common Thinking Errors/Cognitive Reframes
6. Shame Spirals
7. Vicious Cycles
8. Personal Recovery Plans
Recovery Toolkit

Outcome for our first year:

• Approximately **200** participants in 9 months of groups
• Approximately **55%** engaged in community based services after completion and being released after completing recovery toolkit program in PCADC

The toolkit is designed to be continued once the inmate is released. Recovery toolkit groups are facilitated by formerly incarcerated HOPE staff.
CONTACT INFO

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Questions and Answers