Coordination with the RBHA for Justice Involved Individuals

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ARIZONA PROBLEM SOLVING COURTS CONFERENCE APRIL 2016
Why?

<table>
<thead>
<tr>
<th></th>
<th>GENERAL PUBLIC</th>
<th>STATE PRISONS</th>
<th>JAILS</th>
<th>PROBATION &amp; PAROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERIOUS MENTAL ILLNESS</td>
<td>5.4%</td>
<td>16%</td>
<td>17%</td>
<td>7-9%</td>
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<tr>
<td>SUBSTANCE USE DISORDER – ABUSE &amp;/OR DEPENDENCE</td>
<td>16%</td>
<td>53%</td>
<td>68%</td>
<td>35-40%</td>
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<tr>
<td>CO-OCCURRING SUBSTANCE USE DISORDER WHEN SMI IS DIAGNOSED</td>
<td>25%</td>
<td>59%</td>
<td>72%</td>
<td>49%</td>
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<tr>
<td>CO-OCCURRING SMI WHEN SUBSTANCE USE DISORDER IS DIAGNOSED</td>
<td>14.4%</td>
<td>59.7%</td>
<td>33.3%</td>
<td>21%</td>
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</tbody>
</table>
System Overview

State Medicaid Authority
AHCCCS

State of Arizona
Public Funds

Other State Agencies
DD-ALTCS & DCS

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

Regional Behavioral Health Authorities (RBHA)
- NORTHERN
  Health Choice Integrated Care
- CENTRAL
  Mercy Maricopa Integrated Care
- SOUTHERN
  Cenptatico Integrated Care

Tribal Regional Behavioral Health Authorities (T/RBHA)
- Gila River
- Pascua Yaqui
- White Mountain Apache
- Navajo Nation

Providers
**Geographic Service Areas (GSA)**

<table>
<thead>
<tr>
<th>North – Health Choice Integrated Care</th>
<th>Apache, Coconino, Gila, Mohave, Navajo, Yavapai</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central – Mercy Maricopa Integrated Care</td>
<td>Maricopa and portion of Pinal</td>
</tr>
<tr>
<td>South - Cenpatico Integrated Care</td>
<td>Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma</td>
</tr>
</tbody>
</table>

**CRISIS LINES**

- Mohave, Coconino, Apache, Navajo, Gila and Yavapai
  1-877-756-4090

- Maricopa
  1-800-631-1314 or 602-222-9444

- Pima
  1-800-796-6762 or 520-622-6000

- Gila River and Ak-Chin Indian Communities
  1-800-259-3449

- Yuma, LaPaz, Pinal, Graham, Greenlee, Cochise and Santa Cruz
  1-866-495-6735
Understanding of the Shared Population

**BEHAVIORAL HEALTH ASSESSMENT**
- SMI Determination Criteria
- ASAM Criteria
- Medical Necessity

**COMMUNITY SUPERVISION ASSESSMENT**
- Offender Screening Tool (OST)
- Field Re-Assessment Offender Screening Tool (FROST)
Behavioral Health Continuum of Care

- Long Term Inpatient Services
- Crisis
- Inpatient Treatment Services
- Residential Services
- Outpatient Treatment Services
- Medical/Pharmacy
- Support Services
- Rehabilitation Services
ADHS/DBHS contracts with the T/RBHA’s to administer services. Contracts outline the divisions expectations. These contracts can be found at:

http://www.azdhs.gov/bhs/contracts/

ADHS/DBHS maintains a Policy & Procedures Manual. This manual serves as a guide (minimum standards) for the T/RBHA’s policies and procedures. These can be found at:

http://www.azdhs.gov/bhs/policy/
Each RBHA is contractually obligated to have a **Court Liaison**, who serves as the single point of contact to communicate with the court and justice systems, including interaction with Mental Health Courts, Drug Courts, and other jail diversion programs. The Court Liaison serves as the interagency liaison with Arizona Department of Juvenile Corrections (ADJC), Arizona Department of Corrections (ADOC), and Administrative Office of the Courts (AOC).

Each RBHA is also required to **Collaborate** with other agencies that have an interest in the behavioral health service delivery system. The T/RBHA’s must meet, agree upon, and reduce to writing collaborative protocols with each County, District, or Regional Office of the Administrative Office of the Courts (Juvenile Probation and Adult Probation), Arizona Department of Corrections, and the Arizona Department of Juvenile Corrections.

The RBHA’s **collaborative protocol** must contain, at a minimum, the following components:

- Procedures for each entity to coordinate the delivery of behavioral health services to persons served by both entities;
- Mechanisms for resolving problems;
- Information sharing;
- Resources each entity commits for the care and support of persons mutually served;
- Arrangement for co-located staff, if applicable; and
- Procedures to identify and address joint training needs.
The ADHS/DBHS Policy & Procedures Manual also addresses the criminal justice system. **SECTION: 3, CHAPTER: 900, POLICY: 903, Coordination of Care With Other Government Entities**, reads in part:

e. Courts and Corrections

i. T/RBHAs and behavioral health providers are expected to collaborate and coordinate care for behavioral health recipients involved with:

   (1) The Arizona Department of Corrections (ADC),
   (2) Arizona Department of Juvenile Corrections (ADJC), or
   (3) Administrative Offices of the Court (AOC).

ii. When a recipient receiving behavioral health services is also involved with a court or correctional agency, behavioral health providers work towards effective coordination of services by:

   (1) Working in collaboration with the appropriate staff involved with the recipient;
   (2) Inviting probation or parole recipients to participate in the development of the ISP and all subsequent planning meetings as members of the recipient’s clinical team with recipient’s approval;
   (3) Actively considering information and recommendations contained in probation or parole case plans when developing the ISP; and
   (4) Ensuring that the behavioral health provider evaluates and participates in transition planning prior to the release of eligible recipients and arranges and coordinates care upon the person’s release (see Policy 103, Referral and Intake Process).
f. Arizona County Jails
i. In Maricopa County, when a recipient receiving behavioral health services has been determined to have, or is perceived to have, a Serious Mental Illness (see Policy 106, SMI Eligibility Determination) and is detained in a Maricopa County jail, the behavioral health provider must assist the recipient by:
   (1) Working in collaboration with the appropriate staff involved with the recipient;
   (2) Ensuring that screening and assessment services, medications and other behavioral health needs are provided to jailed recipients upon request;
   (3) Ensuring that the recipient has a viable discharge plan, that there is continuity of care if the recipient is discharged or incarcerated in another correctional institution, and that pertinent information is shared with all staff involved with the recipient’s care or incarceration with recipient approval and in accordance with Policy 1401, Confidentiality; and
   (4) Determining whether the recipient is eligible for the Jail Diversion Program.

ii. For all other recipients receiving behavioral health services in Maricopa County and all other Arizona counties, behavioral health providers must ensure that appropriate coordination also occurs for behavioral health recipients with jail personnel at other county jails.
JUSTICE SYSTEM INITIATIVES

Sarah Darragh
Senior Manager of Justice Systems
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 AHCCCS benefits, improving access to care
- Pilot in Yuma County Detention, started early February
- Pilot in Pima County Detention
  - Three tracks identified for Pima County
  - Track 1 started the end of February, Track 2 & 3 in planning stage
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
Justice System Initiatives

Key System Partners

- Detention Center Leadership
- AHCCCS and DES
- RBHA Justice Team
- Jail Liaison or Other Partner to work with the detainee, submit the AHCCCS application and conduct follow-up
Justice System Initiatives

Data Sharing and Statistics

Utilizing the daily booking/release files from the Detention Centers in our region, Cenpatico can:

- Notify Courts for potential diversion or possible transfer to a specialty court
- Notify treating providers when their member has been booked to provide medication list and begin discharge planning
- Better understand our justice involved member population
- Monitor and track recidivism
- Identify members booked 3 or more times in a 6 month period
- Work collaboratively with Intake and Coordination of Care (ICC) Agencies and Jail Liaisons to engage/re-engage members
Yuma County Detention Center Statistics

Booking dates from October 1, 2015 through February 29, 2016 (5 months)

- Cenpatico members represented 47% of total bookings
- Of the members booked in Yuma Detention
  - Members with substance use disorder represented the highest percentage (62%)
  - Members with general mental health were the second highest percentage (30%)
  - Members with an SMI designation represented the smallest percent (7%)
Justice System Initiatives

Key System Partners

- Detention Center Leadership & Data Team
- RBHA Justice & Data Team
- Jail Liaisons or Other Partner to outreach member to engage/re-engage into services
- Community Providers
Coordination of Care for Members Involved in the Criminal Justice System

Shelley Curran, LPC. Court Services Administrator
By the numbers

• AZ Dept. of Corrections:
  11,201—Inmates requiring ongoing mental health services
  6,624—Inmates with Hepatitis C
  205—Inmates with HIV
  More than 65% release back to Maricopa County

• Maricopa County:
• 7,972—Average daily jail census
• 54,038—Individuals
• 54% of Non-SMI probationers (nearly 14,000 people) had an identified mental health and/or substance abuse need.

  Alcohol – 1,800  
  Drug - 6,500  
  Mental Health – 9,500

• 3,400 had co-occurring mental health and substance abuse needs
Tools that Assist with Coordination

• Jail Data Link

• Continuity of Care Calendar

• Forensic Peer Support and Crisis Navigators

• Criminal Justice Engagement Team

• Administrative Orders
  Superior Court
  Tempe
  Mesa
  Glendale
  Phoenix

• Crossover Youth Program Model (CYPM)
Key System Partners

- Maricopa County Smart Justice
- Adult and Juvenile Probation
- Jail/Correctional Health
- Az Dept of Corrections/Corizon
- Mental Health Courts
- Contracted Providers with interest in working with the Justice Involved Population
- Peer Run Organizations
- Arizona Mental Health and Criminal Justice Coalition
JUSTICE SYSTEM INITIATIVES

Beya Thayer
Court Services Coordinator
PRE-RELEASE ASSESSMENTS & TREATMENT PLANS

Goal: Provide a bridge for inmates to be released into behavioral health services.

- Never been enrolled but continues to violate probation due to substance use or mental health concerns;
- Enrolled, but treatment plan and current assessment has not been updated to reflect a need for a higher level of care;
- Jail diversion due to agreement of services as a condition of release.
KEY SYSTEM PARTNERS

• Community Reinvestment Funds = NARBHA Institute
• County Adult Probation Departments
• County & City Attorneys
• Public Defenders
• County Jail
• Behavioral Health Homes
BARRIERS TO RE-ENTRY

• Poor Connection to Integrated Healthcare Providers
• Healthcare Coverage
• Stable Housing
• Education
• Job Skills
• Isolation

FORMER PRISONERS EXPERIENCE

• Decline in mental health treatment
• Higher rate of emergency room use
• Higher rate of homelessness
• Higher rate of unemployment
• Less financial and emotional support from family members
• (Center For Public Policy Priorities, 2014)
FORENSIC PEER SUPPORTS – HOPE LIVES

- Share their experiences as returning offenders
- Support engagement in BH services
- Work along side professional staff
- Meet with clients before they are released from detention and connect clients to community based services
- Attend court hearings

- Provide information on the rights and responsibilities of discharge offenders
- Support clients in satisfying criminal justice system requirements of probation and parole
- Help peers relinquish attitudes, beliefs and behaviors learned as survival mechanisms in criminal justice settings
- Provide advice and coaching related to job and apartment searches
KEY SYSTEM PARTNERS – FORENSIC PEER SUPPORT

- Hope Lives
- Behavioral Health Homes
- Case Managers
- Probations Officers
- Specialty Courts
- Housing Specialists
- Vocational Specialists
Questions and Answers