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
Justice-Involved Collaboration

**PCADC**
*Books & Houses Detainees
*Provides Security
*Provides Data
*Funds Special Programming
*Contracts w Jail Treating Provider

**Cenpatico Integrated Care**
*Provides Funding for Services
*Contracts/Partners w Providers
*Oversight of Care Coordination
*Operational Oversight
*Audits & Tracks Performance

**HOPE, Inc.**
*Provides Jail Liaisons
*Provides Re-entry Services
*Assists w AHCCCS Enrollment
*Provides Peer Support
*Developed Recovery Tool Kit

**CHA**
*Provides Jail Liaisons
*Provides Re-entry Services
*Assists w AHCCCS Enrollment
*Developed a Re-entry Program
*Detention/Community MRT
“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-Appeal
  - # 1 driver of Bookings
  - Decrease issuance, Increase appearance rates

- May 2015, Pima County was 1/20 jurisdictions chosen out of 191 applicants to received $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
Deana Champagne
Vice President of Justice Systems
On October 1, 2016: Cenpatico Integrated Care became the Regional Behavioral Health Authority (RBHA) for Southern AZ.

Cenpatico Serves:
Cochise; Graham; Greenlee; La Paz; Pima; Pinal; Santa Cruz; and Yuma
The San Carlos Indian Community in Gila County also remained with Cenpatico.

Cenpatico functions similar to an insurance company to:
• Contract and Partner with Provider Agencies to Deliver Services
• Authorize Services delivered by Provider Agencies
• Audit & Oversee Services
• Provide Liaisons

Cenpatico Covers Lives:
Approximately 455,000
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.

- 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.
During the time period of February through May 2016, 54% of detainees housed 24 hours or greater at PCADC were AHCCCS eligible.

Of those detainees who were AHCCCS eligible, 34% were in an open episode of care with Cenpatico.

Of those members in an open episode of care booked into PCADC:

- Members with a Substance Use Disorder represented the largest percentage of members.
- The second highest percentage are members with a SMI designation of which 67% had a co-occurring substance use disorder.

The high percentage of members detained with a Substance Use Disorder is consistent throughout all our counties.
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 the 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:
  - 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 staff to provide the person with information about local programs that can assist with support and rehabilitation
Jail Liaison Positions

- Staffed by Community Health Associates and HOPE, Inc
- Co-location in PCADC
- Core Responsibilities include:
  - Meet with detainees in person
  - 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 and community providers / ICC Agencies
  - Assist with all areas of Community Re-entry (CRE)
  - Coordinate with pretrial services, 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 and Pima County Detention Centers
- From mid-February through May 2016, 88 applications have been submitted to AHCCCS
Coordinating Treatment Efforts through Re-entry Transition

Matt Lenertz, MC, LISAC, LPC
Community Health Associates
Clinical Director - Tucson
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 OBEDIENCE (PAIN VS. PLEASURE)
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.
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”.
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
Hope Incorporated
Helping Ourselves Pursue Enrichment

We’re in it together.
Dan Haley
Chief Executive Officer
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 Agency in Arizona

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.
Collaboration with Pima County Sheriff’s Dept.

- 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 are now able to work within PCADC

- HOPE’s Warm Line is available for detainees to utilize at no charge
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

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

Target implementation date to reinstate program is late 2016
CONTACT INFO

Chief India Davis, Pima County Sheriff’s Department
  •  India.Davis@sheriff.pima.gov

Deana Champagne, Cenpatico Integrated Care
  •  dchampagne@cenpatico.com

Sarah Darragh, Cenpatico Integrated Care
  •  sdarragh@cenpatico.com

Matt Lenertz, Community Health Associates
  •  mlenertz@chaarizona.com

Dan Haley, Chief Executive Officer
  •  danielhaley@hopetucson.org

Sally Hueston, HOPE, Inc. Diversion Program Coordinator
  •  sallyhueston@hopetucson.org

Correctional Counseling Inc. – MRT Resource and Training
  •  ccimrt@ccimrt.com
Questions and Answers