Maricopa County Justice & Mental Health Collaboration Project
Partnership Kick-Off Meeting

May 2, 2013

Center for Applied Behavioral Health Policy
Arizona State University
Your Assignment

2 cards
Project Partners

Maricopa County

David's Hope

ASU Center for Applied Behavioral Health Policy

People of Color Network

VIVE la Esperanza

Magellan Health Services

Pacific Southwest (HHS Region 9)

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration
GOAL 1
Elevate the knowledge, skills, and abilities of probation officers, detention officers, correctional health staff, court and judicial staff, and comprehensive community-based behavioral health services and case management staff, in the effective supervision and treatment of female offenders with serious mental illness and/or co-occurring disorders.
GOAL 2

Develop and implement a program of treatment and support services that targets justice-involved women with serious mental illness and/or co-occurring disorders that is gender specific, trauma informed, and criminogenic responsive.
GOAL 3
Enhance the quality, impact, and reach of interagency collaboration among and between those agencies engaged in the arrest, confinement, adjudication, supervision, treatment, and support of women with psychiatric impairments in general and women with SMI/co-occurring disorders in particular.
Organizational Standards: Trauma-informed Care

1. Safe, calm and secure environment with supportive care;
2. System-wide understanding of trauma prevalence, impact, and trauma-informed care;
3. Cultural competence;
4. Consumer voice, choice, and self-advocacy;
5. Recovery, consumer-driven, and trauma-specific services; and
6. Healing, hopeful, honest, and trusting relationships.

National Council for Community Behavioral Healthcare’s Organizational Self-Assessment: Adoption of Trauma-informed Care Practices.
1. Awareness that gender “makes a difference;”
2. A safe environment where all clients/offenders are treated with respect and dignity;
3. Organizational policies, practices, and programs that promote healthy relationships with children, family, and significant others, as well as community connections;
4. Comprehensive, integrated and culturally appropriate services and supervision that address substance abuse, trauma, and mental health needs;
5. Opportunities for clients/offenders to improve their socioeconomic conditions; and
6. Collaborative system that provides comprehensive services and supervision upon reentry into the community.

Gender-Responsive Strategies for Women: Supervision of Women Defendants and Offenders in the Community (U.S. Department of Justice/National Institute of Corrections, 2005) and Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders (U.S. Department of Justice/National Institute of Corrections, 2002).
Principals:
Risk-responsive

1. Services are provided in an ethical, legal, just, humane and decent manner;
2. Assesses criminogenic needs and matches level of service to the offender’s risk to re-offend;
3. Uses human services and general personality & cognitive social theory rather than relying on severity of penalty to effect behavior change;
4. Uses structured and validated instruments to assess risk, need, and responsivity;
5. Engages higher risk cases in programs and strategies to minimize dropout (i.e., pro-social modeling, cognitive restructuring, motivational interviewing);
6. Effective supervision of staff and monitoring and evaluation of service delivery and programs and community linkages

Population & Environment

Client Target Population

Female offenders with serious mental illness & co-occurring substance use disorders

Population Characteristics

• Non-violent offender
• GAF no higher than 60
• Continuous high service needs
• (3 of 7 indicators on F-ACT Admission)
• Incarcerated a total of 6 months or more during the past 12 months
• Not eligible if primary diagnosis is Axis II Personality Disorder
Population & Environment

Systems Target Population

- Maricopa County Sherriff Detention Officers & Program Staff
- Maricopa County Correctional Health Clinical Personnel
- Maricopa County Adult Probation & Surveillance Officers
- People of Color Network Forensic Assertive Community Treatment clinicians & staff at La Comunidad Clinic
- Arizona MH & CJ Coalition

Environmental Context

- Phoenix is a large metropolitan area
- Highly privatized & capitated funded behavioral health care system
- In-jail mental health services
Theories & Assumptions

Concept of Intervention

A gender specific, trauma informed, & criminogenic responsive criminal-justice & behavioral health systems that target offenders with co-occurring disorders to reduce criminal recidivism & promote community stability.

- Developing gender specific, trauma informed, & criminogenic responsive systems capacity
- Enhancing treatment effectiveness, promotes community stability, & reduces criminal recidivism
- Providing offender management practices & supervision reduces in-custody incidents, incidents requiring isolation (resources) & enhances supervision effectiveness.
Theories & Assumptions

Risk Factors for Criminal Justice Recidivism

• Criminogenic Risk Factors
• Residential instability
• Insufficient (availability, quantity & array) behavioral health treatment
• Treatment adherence
• Undetected & untreated Co-occurring Substance Abuse D/O
• Non-targeted treatment & service delivery
Interventions

Interagency Collaboration

• Multi-agency Project Management Team
• Meeting communications support to PMT
• Strategic planning & leadership development targeting the AZ MH & CJ Coalition and advisory board members

Knowledge & Awareness Training

• Develop & disseminate information & practice tip sheets
• Organize monthly “expert exchanges”

Skills Development

• Identify & distinguish mental health issues
• Assess trauma & criminogenic risk
• Develop a service & supervision plan that addresses gender specific, trauma & criminogenic risk
Interventions

Model Pilot Development

- Universal in custody trauma screening & criminogenic assessment
- Forensic-Assertive Community Treatment (FACT) case management
- Short term transitional housing
- Evidence-based probation supervision
- Multi-agency release of information (Cross agency procedures?)
- Service delivery targeted to address MH issues & criminogenic risks

Systems Capacity Building

- Learning circle communities with model purveyors
- Systems embedded Master Trainers Practice Champions
## Outcomes

### Short Term

**Systems:**
- Increase awareness & knowledge
- Attitude & environment changes

**Clients:**
- Secure housing & benefits upon release
- Case plan completed & informed ISP by team

**Coalition:**
- Increase membership
- Strengthen the organizational structure
- Develop a strategic plan

### Intermediate

**Systems:**
- Established network of ‘master trainers’
- Operational program manual with F-ACT

**Clients (6 -months post):**
- Maintain housing
- Feel safe
- SA-use reduction

**Coalition:**
- Identify policy issues and needs
- Develop website

### Long Term

**Systems:**
- Pre-service educational curriculum infusion
- Expansion of pilot program
- Pilot program manual with F-ACT
- Expansion of F-ACT

**Clients:**
- Complete probation terms
- Reduce recidivism
- Engaged in behavioral health services

**Coalition:**
- Advise on policy issues and become a resource
### Population & Environment

**Client Target Population**
Female offenders with serious mental illness & co-occurring substance use disorders

**Population Characteristics**
- Non-violent offender
- GAF no higher than 60
- Continuous high service needs (3 of 7 indicators on F-ACT Admission)
- Incarcerated a total of 6 months or more during the past 12 months
- Not eligible if primary diagnosis is Axis II Personality Disorder

**Systems Target Populations**
- Maricopa County Sheriff
  - Detention Officers & Program Staff
- Maricopa County Correctional Health Clinical Personnel
- Maricopa County Adult Probation & Surveillance Officers
- People of Color Network Forensic Assertive Community Treatment clinicians & staff at La Comunidad Clinic
- Arizona MH & CJ Coalition

**Environmental Context**
- Phoenix is a large metropolitan area
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### Theory & Assumptions

**Concept of Intervention**
A gender specific, trauma informed, & criminogenic responsive criminal-justice & behavioral health systems that target offenders with co-occurring disorders to reduce criminal recidivism & promote community stability.

- Developing gender specific, trauma informed, & criminogenic responsive systems capacity requires multi-level, multi-agency organizational interventions
- Gender specific, trauma informed, & criminogenic responsive systems behavioral health services enhance treatment effectiveness, promotes community stability, & reduces criminal recidivism
- Gender specific, trauma informed, & criminogenic responsive systems offender management practices & supervision reduces in-custody incidents, incidents requiring isolation (resources) & enhances supervision effectiveness.

**Risk Factors for Criminal Justice Recidivism**
- Criminogenic Risk Factors
- Residential instability
- Insufficient (availability, quantity & array) behavioral health treatment
- Treatment adherence
- Undetected & untreated Co-occurring Substance Abuse D/O
- Non-targeted treatment & service delivery

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### Interventions

**Interagency Collaboration**
- Multi-agency Project Management Team
- Meeting communications support to PMT
- Strategic planning & leadership development targeting the AZ MH & CJ Coalition & advisory board members

**Knowledge & Awareness Raising**
- Develop & disseminate 7 information & practice tip sheets
- Organize monthly “expert exchanges” (n = 20)

**Skill Development**
- Identify & distinguish mental health issues
- Assess trauma & criminogenic risk
- Develop a service & supervision plan that addresses gender specific, trauma & criminogenic risk

**Model (Practice?) Development**
- Universal in custody trauma screening & criminogenic assessment
- Forensic-Assertive Community Treatment (FACT) case management
- Short term transitional housing
- Evidence-based probation supervision
- Multi-agency release of information (Cross agency procedures?)
- Service delivery targeted to addressing MH issues & criminogenic risks

**Systems Capacity Building**
- Learning circle communities with model purveyors
- Systems embedded Master Trainers & Practice Champions

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### Outcomes

**Short-term**
- Systems:
  - Increase gender specific, trauma informed, & criminogenic responsive awareness & knowledge of criminal justice & behavioral health systems personnel
  - Attitude & environment changes (access to services in jail)
- Clients:
  - Secure housing and benefits upon release
  - Case plan completed and informed ISP by team
- Coalition:
  - Increase membership
  - Strengthen the organizational structure
  - Develop a strategic plan

**Intermediate**
- Systems:
  - Established network of ‘master trainers’
  - Operational program manual with F-ACT
- Clients (6-months post):
  - Maintain housing
  - Feel safe
  - SA-use reduction
- Coalition:
  - Identify policy issues and needs
  - Develop website

**Long-term**
- Systems:
  - Pre-service educational curriculum infusion
  - Expansion of pilot program to additional clinics & regions
  - Pilot program manual with F-ACT
  - Expansion of F-ACT
- Clients:
  - Successfully complete probation terms
  - Reduce recidivism
  - Engaged in behavioral health services
- Coalition:
  - Advise on policy issues and become a resource for the community
BJA Needs Assessment Study: Procedures

- Interviews & surveys conducted by CABHP during March 2013
- Interviews & survey data collected from 16 staff working for partner organizations:
  - Maricopa County Sheriff’s Office
  - Maricopa County Adult Probation
  - Maricopa County Correctional Health Services
  - People of Color Network Adult Services
“and the Survey Says...”
Extent that Organizations Meet Trauma-Informed Standards

• Both CJ staff (MCSO & MCAP) and behavioral health providers (POCN & CH staff) reported it would be somewhat difficult to achieve all the standards (CJ staff thought it would be slightly easier than behavioral health providers).

• Both CJ staff and behavioral health providers reported that their agencies partially met most of the trauma-informed standards.

• Both CJ staff and behavioral health providers reported that their agencies mostly met the choice standard and CJ staff reported that their agencies mostly met the training standard.
Extent that Organizations Meet Gender & Risk Responsive Standards

• Both CJ staff and behavioral health providers reported that their agencies *partially met* most of the gender & risk responsive standards.

• Both CJ staff and behavioral health providers reported that their agencies *mostly met* the safe workplace standard.

• CJ staff reported that their agencies *mostly met* the staff & services evaluation standard and dropout prevention standard.
Challenges to Changing Practices
Reported by Administrators

**Systems factors** - inadequate buy in, policies & regulations, legal & technological, information sharing.

**Organizational factors** - different agenda, lack of clarity regarding roles & responsibilities

**Other factors** - need to avoid “one size fits all”
Factors that Might Promote Change in Practices Reported by Administrators
What are your reactions?

What stood out to you most?

What should be the priorities and next steps?

What are your suggestions based on the information presented?

Reactions. . . Suggestions. . . Comments. . . Ideas
And I said to the Queen:
Forget the Colony's good, what's in it for me?
New Faces

Rachel Trautner - PCN TIC Liaison
Rhoda Alexander - MCAP Discharge Planner
Lil Espinoza - PCN TIC Counselor
SO WHAT’S NEXT?