Arizona Mental Health and Criminal Justice Coalition: Stepping UP (Since 2009!)

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Contact regarding the general or mental health needs or immediate concerns

Correctional Health Services

Clinical Liaison

Hours: Daily 7:00 AM—9:00 PM
Phone: 602-876-7110
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Global Email: CHS Clinical Liaison
After hours calls (SIMS): 602-876-0322

The CHS Clinical Liaison handles non-emergent messages that relay health concerns to clinical staff where the patient is housed.
Stepping Up Initiative

A national movement ... (NACO, Council State Governments Justice Center, American Psychiatric Association Foundation

- Aim to reduce the number of individuals with a mental illness in jails.
- 300 counties in 41 states have passed resolutions to support the movement.
- 13 of 15 Arizona counties.
A Public Health Crisis

- 2 million seriously mentally ill individuals incarcerated in jails
- In 44 states jails and prison are the largest housing institutions
- Seriously mentally ill individuals have longer stays, greater rates of homelessness and higher recidivism.

- Maricopa County: 6.8% of population SMI designated
  - CY 2015 5% SMI designated
  - 25.8% when we include others with significant mental health issues
National Stepping Up Summit Highlights
National Stepping Up: 6 Questions

1. Leadership Commitment
2. Conduct timely screenings/assessments
   ▫ Definition of mental illness
   ▫ Standardized tools
3. Baseline Data
4. Conduct a comprehensive Process analysis/inventory services
5. Priority Policy, Practice and Funding Improvements
6. Track Progress
Stepping Up #1: Leadership Commitment

- **Maricopa County** signed the Stepping Up Proclamation on May 4, 2015.
- Established Public Safety Goals 2014
- One of 50 to attend the National Stepping Up Summit on April 2016.
Maricopa County Stepping Up Efforts Prior to 2016

SMART Justice Goals (by end of FY16)

1. Decrease median LOS (12 days) for low risk SMI offenders by at least one day, and decrease the recidivism rates by 1% (per risk category) by providing continuity of services during and after incarceration.
2. Decrease recidivism for moderate to high risk SMI offenders, by 5+%, with continuity of appropriate services during and after incarceration.
3. BOS adopts #2 in FY 15-16 County Strategic Plan.
Stepping UP #2: Timely Screening and Assessment

- Evidence based, validated screening assessment
  - Timeliness (booking), guided, triaged process
    - (Intercept 2)  PSA, CHS Screening, Proxy, Substance Screening
- Development of system wide definition of mental illness
- System wide definition of substance abuse disorders
- Develop mechanism for information sharing
Stepping UP: #4 Comprehensive Process Analysis/Inventory of Services

- Smart Justice agencies analysis
- RBHA-Clinics-Peer Run organizations
- Terros SAMHSA- Re-Entry Policy Academy
  - Mapping the SIM
  - RNR Jurisdictional Assessment: 6 agencies to date
Action for System-Level Change

- Develop a comprehensive state plan for behavioral health/substance justice collaboration
- Legalize task forces/commissions comprising mental health, substance abuse, criminal justice, and other stakeholders to legitimate addressing the issues
- Encourage and support collaboration among stakeholders through joint projects, blended funding, information sharing, and cross-training
- Engage persons with lived experience in all phases of planning, implementation, and program operation

Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with behavioral health disorders in the criminal justice system

Take legislative action establishing jail diversion programs for people with behavioral health disorders

Improve access to benefits through state-level change; allow retention of Medicaid/SSI by suspending rather than terminating benefits during incarceration; help people who lacked benefits apply for them prior to release

Makes housing for persons with behavioral health disorders and criminal justice involvement a priority; remove constraints that exclude formerly incarcerated from housing or services

Exposed to treatment, provide comprehensive and evidence-based services; integrate treatment of mental illness and substance use disorders

Expand supportive services to sustain recovery efforts, such as supported housing, education and training, supportive employment, and peer support

Ensure constitutionally adequate services in jails and prisons for physical and behavioral health, individualized transition plans to support individuals in the community

Ensure all systems and services are culturally competent, gender specific, and trauma informed — with specific interventions for women, men, and veterans

Action Steps for Service-Level Change at Each Intercept

- Screen/dispatch for mental illness, substance use disorder, and trauma and assess for criminal risk at earliest opportunity; initiate plans that identifies those eligible for diversion or need early treatment in jail; use validated, speciﬁc mental health or matching management information systems, screen at jail or at court by prosecution, defense, judge/jacket staff or service providers, implement a criminal risk-needs-responsivity model

- Pre-Info Diversion Maximizes opportunities for potential release and avoid deﬁnants with behavioral health disorders in complying with conditions of pretrial diversion

- Service Links: Link to comprehensive services, including case coordination, access to medication, integrated dual disorder treatment (IDDT) as appropriate, prompt access to mental health, care, peer support, and housing

- Court Adjudicates Monitor progress with standardized appearance (typically directly by court); promote communication and information sharing between non-specialty courts and service providers for establishing court policies and procedures

- Jail-Based Services: Provide services consistent with community and public health standards, including appropriate psychotropic medications, coordinated care with community providers

- Assess clinical and social needs and public safety risk, boundary spanner position (e.g., discharge coordination, transition plan), can coordinate institutional with community behavioral health and community supervision agencies

- Plan for treatment and services that address needs, GAINS Recovery Checklist (available from http://gainscenter.mskcc.org/; this resource/kne2059) documents treatment plan and communicates it to community providers and supervision agencies; essential include prompt access to medication, behavioral health and health services, beneﬁcial, and housing

- Identify required community and correctional programs responsible for post-release services; practice include read-in engagement and specialized care management teams

- Coordinate transition plans to avoid gaps in care with community-based services

- Screen individuals under community supervision for mental illness and substance use disorders; link to necessary services; use a criminal risk-needs-responsivity approach

- Motivate a Community of Care: Connect individuals to employment, including supportive employment; facilitate engagement in IDDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing

- Implemented a Supervision Strategy: Concentrate supervision immediately after release; select strategies as needs change; implement specialized case-Care coordination and cross-system training

- Graduated Responses & Modiﬁcation of Conditions: Supervision Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release
Intercept 1  Law Enforcement and Emergency Services

- Crisis Services (AZ Connections, RIAZ, CBI)
- Mobile Teams
- CIT Trained Officers
  - MCSO initiated having arresting officers trained 2014
    - 16 officers trained, distributed among districts
    - Goal: 20%
Intercept 2 Initial Detention and Court Hearing

- Adult Probation: Implementation of the PSA 2015
- CHS: Integrated Health Screening
  - Identification of high risk/needs populations-SMI
  - SAMHSA SBIRT- Health Assessment Screening
  - MAT for Opioid Dependent on replacement treatment
- MCSO: Proxy screening
- SW Behavioral Health Criminal Justice Engagement Team
  - Diversion at Initial Appearance
Intercept 3: Jails and Courts

- Superior Courts: MH Court, Drug/DUI Court, Veterans Court
- Municipal MH Courts
- Justice Courts:
  - July 2016 expanded use of video technology for court proceedings
    - (goal to reduce jail LOS for non-sentenced individuals by 50%)
Intercept 3: Jails and Courts

- Programs
  - MCSO-ALPHA
  - CHS-Start Now, Guided Self Change and Mosaic
    - Mosaic: 6 week module with EBP addressing criminogenic risk, mindfulness, substance abuse, relationships;
    - 2nd Phase: Mosaic Mentors; Maricopa County Work Force (Clean Start)
Intercept 4: Re-Entry

- CHS: Coordination of Care
  - Warm Hand Offs-Courtesy Releases (August 159)
  - 90% of SMI designated staying beyond 3 days
- Maricopa County Reintegration Unit
  - Reach Out
- AHCCCS Justice Transition Planning
  - Reach In for High Risk/Needs Population remaining 30 days with Health Plans, CHS
- Re-Link 50 young adults/5 years
Step UP: #6 Tracking Progress

- Creating reports for leadership that include data, progress and improvements
- Capturing incremental progress
- Keeping up with research, implementing new/improved evidence based strategies
  - JSPI
  - CHS TC reports
  - AHCCCS Justice Transition Planning
Between Jan 1\textsuperscript{st} – June 8\textsuperscript{th} of this year, the Community Transition Team at CHS did \textbf{803 referrals} for \textbf{725} individuals \textbf{booked}.

- SMI Evaluations Referrals
- Connection to Providers
- Courtesy Releases (Warm-Handoffs)

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<th>Percentage</th>
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<tr>
<td>SMI-Active</td>
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* Based on on-going data collection by the Community Transition Team. Estimates provided according to bookings not unique individuals.
Among the 725 bookings, most received at least a warm-handoff.
Stepping Up: #3 Baseline Data

- System wide definition of recidivism
- Electronically collected data
- Jail data on population (comparing general population and mentally ill)
- Generating reports
Justice Systems Planning and Information
Length of Stay

Days in Jail

- 1 to 3
- 4 to 7
- 8 to 14
- 15 to 30
- 31 to 60
- 61 to 90
- 91 to 180
- 181 or more

- Everyone Booked
- Homeless Population
- Homeless Population w/ SMI
Number of Times Booked

- 1x Booked: 75% Everyone Booked, 51% Homeless Population, 51% Homeless Population w/ SMI
- 2-3x Booked: 21% Everyone Booked, 38% Homeless Population, 37% Homeless Population w/ SMI
- 4+ Booked: 4% Everyone Booked, 11% Homeless Population, 12% Homeless Population w/ SMI
Prior to being booked ... 

Among the homeless population,

- More individuals with an SMI reported to have stayed on the street or in a shelter.

  - **Homeless Population:**
    - 57% reported to have stayed with friends
    - 60% on the streets
    - 20% in a shelter

  - **Homeless Population designated SMI:**
    - 42% reported to have stayed with friends
    - 67% on the streets
    - 30% in a shelter
Stepping Up: #5 Prioritizing Policy, Practice and Funding Improvements

• Prioritizing reducing people with mental illness admitted to jail, LOS, increase connections to treatment, lower recidivism
• Developing requests for services on the basis of data informed projections
• Tying requests to estimates/projections of impact of new strategies

We have work to do folks!
Miles to Go Before We Celebrate or Sleep!

- Housing is health care (and a critical gap)

- Substance Abuse Treatment
  - (CHS SAMHSA’s S-BIRT (Screening, Brief Intervention, Referral and Treatment; MAT)

- Care must span community to jail to community, address criminogenic risk to promote healthy and productive lives, minimizing criminal justice involvement to the degree possible.

- Fair Justice for All. AZ Supreme Court Task Force