Sequential Intercept Model Mapping Report

City of Tucson and Pima County, AZ
SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR THE CITY OF TUCSON AND PIMA COUNTY

Report
July 1, 2016

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Policy Research Associates
ACKNOWLEDGEMENTS

This report was prepared by Dan Abreu and Patty Griffin of Policy Research Associates, Inc., for SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation. SAMHSA’s GAINS Center wishes to thank the Pima County Attorney’s Office and the Tucson City Court for supporting this event and to the Pima County Superior Court for hosting this event. SAMHSA’s GAINS Center thanks Chief Presiding Judge Kyle Bryson, Tucson Chief of Police Chris Magnus, and Pima County Sheriff Chris Nanos for opening the workshop on April 12, 2016.

RECOMMENDED CITATION

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Introduction

Since 1995 SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, has worked to expand community-based services and reduce justice involvement for adults with mental and substance use disorders in the criminal justice system. The GAINS Center is supported by the Substance Abuse and Mental Health Services Administration to focus on five areas:

- Criminal justice and behavioral health systems change
- Criminal justice and behavioral health services and supports
- Trauma-informed care
- Peer support and leadership development
- Courts and judicial leadership

On April 12-13, 2016, Dan Abreu and Patty Griffin of SAMHSA’s GAINS Center facilitated a Sequential Intercept Model Mapping Workshop at the Plaza Arboleda Conference Center in Tucson. The workshop was hosted by the Pima County Superior Court. The Pima County Attorney’s Office and the Tucson City Court supported the workshop. Approximately 40 representatives from Tucson and Pima County participated in the 1½-day event.

Judge Michael Pollard welcomed the workshop participants and offered a focus for the workshop: apprehension to retention. He challenged the participants to develop and enhance programs to retain people in the community. Noting that this can only be done through collaboration which addresses the melding of cultures of treatment agencies and justice agencies, Judge Pollard recognized several individuals who have provided leadership in Pima County and the City of Tucson.

Following Judge Pollard, Pima County Attorney Barbara LaWall shared that treatment and rehabilitation have always been a focus of her office. For example, the County Attorney’s Office has led or collaborated in Second Chance Act initiatives and SAMHSA-funded initiatives, including the Behavioral Health Treatment Court Collaborative. County Attorney LaWall noted the strong history of treatment courts in Pima County and hoped that one goal of the workshop would be consideration of a misdemeanor drug treatment court.

Judge Kyle Bryson, Chief Judge and Chair of the Behavioral Health Treatment Court Collaborative Advisory Group noted the successes of the treatment court initiatives including expansion of court-based programming, collaboration with tribal courts, implementation of evidence-based practices, and a proposal for a Valley-wide municipal court. Judge Bryson noted these initiatives exemplify the “best of
what we have and who we are and our unique partnerships.” He asked that participants share ideas and be task and goal oriented.

Pima County Sheriff Chris Nanos reported that the majority of the jail population were suffering from substance use and mental disorders. The Sheriff argued that it is the responsibility of criminal justice leadership to improve the community and that the workshop was one example of leaders carry out this responsibility. Sheriff Nanos acknowledged the work of his jail management and staff in providing jail based programming and in partnering with the community to promote positive reentry outcomes. He fixed annual mental health costs to the jail at over $6.1 million and noted there must be a way to reduce costs.

City of Tucson Police Chief Christopher Magnus told the group that police begin their career wanting to help people. But frustration, cynicism, and even depression can creep in without pragmatic problem-solving through community partnerships. Chief Magnus stated he believes in full service and community policing and that current community leadership and alignment is exemplary. He spoke of the Police Crisis Intervention Team program and the new Mental Health Intervention and Support Program, which intervenes with people in advance of a behavioral health crisis. He also noted the importance of self-care for everyone, including police officers and first responders. Chief Magnus noted that the work is stressful and all present must support each other.

During the course of the workshop, participants learned that the MacArthur Foundation announced that Pima County was the recipient of a $1.5 million Safety and Justice Challenge award. The Safety and Justice Challenge grant coordinator opened the second day of the workshop to introduce himself, to provide a brief overview of grant expectations, and to discuss the implementation strategy.

Facilitators Patty Griffin and Dan Abreu congratulated the participants, noting that the outcome of the Sequential Intercept Model mapping workshop will dovetail with the expectations of the Safety and Justice Challenge grant.
The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Mapping is a one-day workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along five distinct intercept points: (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

Invitation

Save the Date!
April 12-13, 2016
Starting with a Kick-Off Luncheon on April 12th

Sequential Intercept Mapping (SIM) Workshop

This unique workshop focuses on people with mental illness and co-occurring disorders involved with the criminal justice system and it is tailored to the needs and resources of Pima County. The objective of this SIM workshop will be to: 1) better understand the existing justice and treatment processes for individuals with mental health and substance abuse concerns (especially at the misdemeanor level), 2) identify gaps in services and available resources, and 3) explore opportunities to collaborate among courts and treatment to develop innovative approach to problem-solving courts.

Don't miss the opportunity to participate in creating a local action plan for Pima County!

Look for the Eventbrite invitation soon.

April 12th: 12 to 4:30 pm
April 13th: 9 am to 4:30 pm
Location: TBD

Hosted by:
Hon. Kyle Bryson, Presiding Judge, Pima County Superior Court
Chair, Pima County Behavioral Health Treatment Court Collaboration (BHTCC)

Workshop Provided by:
SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation
345 Delaware Avenue • Delmar, NY 12054
PH: (518) 439-7415 • FAX: (518) 439-7612
Web: http://gainscenter.samhsa.gov/
Agenda

GAINS Sequential Intercept Mapping

Agenda

Pima County, AZ
Day 1: April 12, 2016

11:00  Registration
11:30  Kick-Off Luncheon
12:00  Openings
  ■ Welcome and Introductions
  ■ Chief Magnus, Tucson Police Department
  ■ Overview of the Workshop
  ■ Workshop Focus, Goals, and Tasks
  ■ Collaboration: What's Happening Locally
    ■ Kate Lawson, Pima County Attorney’s Office

What Works!
  ■ Keys to Success

The Sequential Intercept Model
  ■ The Basis of Cross-Systems Mapping
  ■ Five Key Points for Interception

Cross-Systems Mapping
  ■ Creating a Local Map
  ■ Examining the Gaps and Opportunities

4:30  Adjourn

There will be a 15 minute break mid-afternoon.
GAINS Sequential Intercept Mapping

AGENDA

Pima County, AZ
Day 2: April 13, 2016

8:30  Registration and Networking

9:00  Opening
  ■ Remarks
  ■ Preview of the Day

Finish the Cross-Systems Mapping
  ■ Creating a Local Map
  ■ Examining the Gaps and Opportunities

Establishing Priorities
  ■ Identify Potential, Promising Areas for Modification Within the Existing System
  ■ Top Five List
  ■ Collaborating for Progress

12:00 Lunch

1:00  Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing

4:00  Adjourn

There will be a 15 minute break mid-morning and mid-afternoon.
Sequential Intercept Map
Resources and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map for Tucson and Pima County. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services in Pima County are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.
INTERCEPT 1

RESOURCES

- Crisis line is available but underutilized

- NurseWise (becoming “Evolve” soon) has a 24/7 “warm line” for nurse advice and triage run by Hope
  - Tucson Police Department only
  - 911 is working on a warm handoff to Pima County Sheriff’s Office with NurseWise

- CTCO-11 two-person mobile crisis teams that co-respond
  - In-town response: less than 30 minutes
  - Outlying area response: one hour

- CRC drop-off center; CRC can transport

- Tucson Police Department receives four hours of Mental Health First Aid training
  - Mandated for all recruit training

- Crisis Intervention Team (CIT) training to open to (voluntary) every public safety agency
- 50/class twice in the past year
- Adult CIT (eight hours)
- Tribal Police Departments are included
  - Larger Police Departments have up to 50% of officers CIT trained

- CIT designation for Dispatch
- Patrol can also request CIT on scene
- Law enforcement drop-off friendly; eight minute turnover; “made treatment viable”; Tucson Police Department, Marana Police Department, Pima County Sheriff’s Office
- Community Bridges will open a detox center (June 16th) with 23-hour access and a three to five-day transition point
- Pasadena Behavioral Health Network takes detox drop-offs 24 hours/day for their detox unit
- Pima County Sheriff’s Department’s Mental Health Support Team (MHST) is a proactive co-response team
- Mobile team will co-locate with Marana Police Department and at detention
- Identify high risk need population in civil and criminal cases
- CTCO has criminal justice liaisons
  - First responsible for Pima County
  - There is only one representative for the other seven counties
- PAD Team (CTCO)- investigations
- County attorney manages/provides counsel on Mental Health Law statutes and petitions
- CTCO wants to improve training within Fire Department and EMS
- CTCO has Brief Intervention
  - Three to five days
  - To a peer-run Living Room (23 hours)
GAPS

- Family calls sometimes end up with charges against the individuals
  - Additional training needed for police to address family calls
  - Domestic violence statute requires arrest in some cases
  - It is unclear how police discretion is utilized
- Need to educate the public on the use of the crisis line
- Appropriate transportation to the hospitals is lacking
  - Only police of mobile can transport, not the Fire Department
  - Police “shall” transport
  - High numbers of voluntary referrals
- Dispatch training may need updating- Tucson Police Department
- Warm line transfer only available for Tucson Police Department
- The Marano Fire Department and EMS do not receive CIT training
- Transportation issues with fire and ambulance
  - Reimbursement issues- CRC is not Level 1, so no reimbursement, so police are called instead (all enter through outpatient, not Level 1)
- Utilize virtual technology (Skype) for rural crisis calls
- Some use CRC inappropriately
INTERCEPT 2 AND INTERCEPT 3

RESOURCES

- First jail in Arizona to get on the Arizona Health Information Network
  - Allows them to check medical information right away; can begin medication immediately
  - Helps stabilize individuals more quickly
- Real time data feed from the jail to RHBA and back to the jail’s electronic health record (EHR)
- A Psychiatrist sees individuals within 24 hours
- All individuals who are detoxing go to a centralized jail location (30-45 at any time)
- Tucson City Courts have a juvenile jail diversion program
  - Tucson Police Department booking officers are present at the jail; are looking at this data
  - Malana looking into
  - For misdemeanor non-adjudicated, non-domestic violence, pretrial cases; can screen and release
- Access screening and enrolling for benefits at lower level- community organizations
  - Since 2007
Expanded recently

HOPE (peer-and family-run behavioral health and substance abuse Intake and Coordination of Care agency) is co-located in pretrial services since 2011

- All Corrections Officers receive mental health training
- New mechanism to identify people with behavioral health problems in order to go to Mental Health Court
- State ADM order is coming (still under review)
- Working with courts to get initial appearance lists aligned with initial hearings
- Consolidated Veterans Court for all 5 jurisdictions
- Justice Court- post-conviction
- Metropolitan Drug Court Committee working/in progress
- Judges in smaller municipalities are often willing to divert individuals, although they have no Mental Health Court

GAPS

- The initial hearing judge often sees individuals who are not receiving medication yet because of the detox process
- If police officers have clear choices on the scene or at the front door of jail
  - Need “sorting process” by judicial process
  - Needs to be 24/7
  - Hundreds of individuals per week leave from jail within 18 hours
- More than 150,000 bench warrants are pending
  - Need closer look at warrant-only cases
- The Tucson City Courts juvenile jail diversion program is underutilized
  - Reasons: individuals are too intoxicated, have other charges, or something else
- Treating Mental Health Court as a treatment provider
- HIPAA and 42 CFR barriers to sharing information with Mental Health Court
- Mental Health Court is not getting the behavioral health information early enough
- Recent delays in getting initial appearance list
  - Receive two times per day
  - Goes out Monday-Friday during business hours so there is a gap at other times
- Smaller municipalities have no Mental Health Court
- Not consolidated
- Too small for Mental Health Court
  - Mental Health Courts operate differently
  - No concerted D & A screenings for these courts
  - Significant differences between city and county
  - No consolidation of cases, which results in uncoordinated care
    - Desire consolidation for Mental Health Courts- one of the goals for mapping and technical assistance.
INTERCEPT 4 AND INTERCEPT 5

RESOURCES

- CRCC can bridge medication from jail
- 10 days of medication are given upon discharge
- Title 36 (Involuntary Commitment Evaluation) - hospital to CRC (and back) twice weekly
- Arizona Health Care Cost Containment System (AHCCCS) enrollment
- Jail liaison (Regional Behavioral Health Authorities - RBHA)
  - HOPE (Intercepts 2-3)
  - Community Health Association (CHA) (Intercept 4)
  - Drug Treatment Alternative to Prison (DTAP)
- RBHA have criminal justice liaisons
  - Get CHA or NurseWise to re-engage people with the providers
  - Appointment for intake within three to five days
- CCS has staffing with providers for reentry plan
  - CCS discharge plan RN
- Three federal prisons in Arizona
- MS (?) Attorneys Reentry Coalition - next meeting is May 26, 2016
Two federal Residential Reentry Centers (RRCs) in Arizona
  - AHCSS is reaching in
Jail reentry fair- April 30, 2016
Arizona DOC Reentry Initiative- statewide strategic plan
  - Upon release, providers schedule Adult Recovery Team (ART) meeting to get a discharge plan within one business day

**GAPS**

- CCS needs 24 hours to arrange medical release
- Some delay in getting prescription medication following jail release within 10 days
  - Pharmacy access outside business hours
- When there is an insurance gap, a referral to a Federally Qualified Health Center (FQHC) is needed
- Individuals with felony drug histories are not eligible for TANF or food stamps
- There are some gaps for individuals with medical problems who need to get to community providers
- Those not on High Needs Teams experience gaps regarding medication, transportation, and follow-up
- Community reentry has weak relationships with federal prison
- PCTCO is not electronically notified of releases yet
Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on April 12, 2016. The top five priorities are highlighted in italicized text.

1. **Improve management of failure-to-appear (FTA) cases (15 votes).**
   
a. Focus on strategies to divert individuals from the jail while ensuring appearance at court hearings.

   b. Explore strategies to ensure attendance at court hearings and reduce the issuance of the bench of warrants.

      i. Robo-calls and individualized calls as reminders.

   c. Implement strategy across courts.

   d. Develop 24/7/365 procedure to resolve bench warrants.

      i. Weekend walk-in warrant programs.

      ii. Take on road.

      iii. Outreach to at-risk populations (homeless).

      iv. Provide information about community resources during outreach.

2. **Develop a behavioral health/criminal justice roadmap for the community (14 votes).**
a. For use by agencies within systems too.

b. Incorporate work of Forensic Task Force.

c. Community networking.

d. Provider fair.

e. Cenpatico developing events twice per year.

f. Include new behavioral health providers.

3. Address gaps in transportation for treatment appointments, court hearings, etc. (11 votes).

4. More supports and options for police-based diversion (8 votes).
   a. Develop better and more clearly defined tools for police regarding who goes to jail and the criminal justice system.
   b. More support for diversion efforts.
   c. Address domestic violence limitations.

5. Expand access to substance use treatment in general (5 votes).

6. Expand accessible housing options (5 votes).

7. Develop risk assessment tools and protocols for use with misdemeanors (4 votes).

8. Expand community education regarding access to 911 vs. crisis vs. 211 (3 votes).

9. Develop more services higher risk/higher need/frequent utilizers (3 votes).
   a. Focus on effective services
   b. Expand substance use treatment for this population.

10. Develop a safe space for formerly incarcerated people as a one-stop resource center (2 votes).

11. Develop a Metropolitan Misdemeanor Behavioral Health Court (2 votes).

12. Develop coordinated strategies to facilitate access to public benefits for justice-involved individuals (2 votes).

13. Expand collaboration and coordination with tribal communities (1 vote)

14. Provide Mental Health First Aid training for criminal justice professionals and to the community, including the assignment of a MHFA coordinator.
Several issues that were identified by participants during the workshop were set aside for further discussion.

1. Change domestic violence statue to allow for more discretion in calls involving people with mental illness, especially in family crisis calls.

2. Review the billing for private transport to CRC rather for a Level 1 medical facility, although the CRCI is a Level 1 facility.

3. Explore release of information issues for the courts. Can the Administrative Office of the Courts provide an order for release of information?
Recommendations

RECOMMENDATION 1

Examine warrant amnesty strategies for individuals who face arrest or other penalties due to a failure to appear at court.

1. Explore programs implemented by other jurisdictions, including the Municipal Court of Atlanta, the Begin Again initiative of the Brooklyn District Attorney’s Office, and the City of Houston.

RECOMMENDATION 2

Improve transportation services for people to access treatment services and supports as well as to improve attendance at court hearings.

1. Review the SAMHSA resource, Getting There: Helping People with Mental Illnesses Access Transportation.

2. Explore treatment van services provided by counties (e.g., San Luis Obispo County, CA) with limited (or none) public transportation between the population center and outlying communities.

3. Explore the non-medical transportation services provided by counties and states, including the Wisconsin Department of Health Services BadgerCare+ program.

4. Consider use of video technology to reduce transportation burdens, including telehealth and video court appearances.
RECOMMENDATION 3

Continue to include and build upon the work of the family members who have shown significant interest in collaborating to improve the continuum of criminal justice/behavioral health services. Many communities have found family members and people with lived experience to be the most effective “voices” in bringing resources to a community.
Resources

CRISIS CARE, CRISIS RESPONSE, AND LAW ENFORCEMENT

- Substance Abuse and Mental Health Services Administration. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*.

- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness*.

- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide*.


- The Case Assessment Management Program is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

DATA ANALYSIS AND MATCHING


- New Orleans Health Department. *New Orleans Mental Health Dashboard*.

- Pennsylvania Commission on Crime and Delinquency. *Criminal Justice Advisory Board Data Dashboards*.

- Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois*

**HOUSING**

- Economic Roundtable. *Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.*
- 100,000 Homes. *Housing First Self-Assessment.*
- Corporation for Supportive Housing. *NYC FUSE – Evaluation Findings.*

**INFORMATION SHARING**


**JAIL INMATE INFORMATION**

- NAMI Los Angeles. *Family Member Arrested?*

**MEDICATION ASSISTED TREATMENT**

- Substance Abuse and Mental Health Services Administration. *Federal Guidelines for Opioid Treatment Programs.*
- Substance Abuse and Mental Health Services Administration. *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.*
- Substance Abuse and Mental Health Services Administration. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (Treatment Improvement Protocol 40).*
PROCEDURAL JUSTICE

- Legal Aid Society. *Manhattan Arraignment Diversion Program.*

REENTRY

- SAMHSA’s GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.*
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.*

SEQUENTIAL INTERCEPT MODEL


TRIBAL LAW AND JUSTICE

## Appendices

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## APPENDIX 1

### Sequential Intercept Model Mapping Workshop Participant List

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Corey Anderson</td>
<td>Case Manager</td>
<td>Hope, Inc</td>
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<td>Chief Informational Services</td>
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<td>Hon. Maria Avilez</td>
<td>Judge</td>
<td>Sahuartia Court</td>
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<td>Judge</td>
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<td>Hon. Susan Bacal</td>
<td>Judge</td>
<td>Superior Court</td>
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<td>Judge</td>
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<tr>
<td>Chuck Burbank</td>
<td>Executive Director</td>
<td>Pasadera</td>
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<tr>
<td>Karen Caldwell</td>
<td>Director of Workforce</td>
<td>Primavera Foundation</td>
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<td></td>
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<td>Director</td>
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<tr>
<td>Deanna Champagne</td>
<td>Vice President</td>
<td>Cenpatico</td>
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<td></td>
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<td>Vice President</td>
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<tr>
<td>Nancy Coomer</td>
<td>Assistant Public Defender</td>
<td>Tucson City Court</td>
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<td></td>
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<td>Public Defender</td>
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<td>Domingo Corona</td>
<td>Director</td>
<td>Pre-Trial Services</td>
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<td>Director</td>
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<tr>
<td>Amelia Cramer</td>
<td>Deputy County Attorney</td>
<td>Pima County Attorney's Office</td>
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<td>Margaret Higgins</td>
<td>Executive Director</td>
<td>The Haven</td>
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<td>Executive Director</td>
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<td>Chief India Davis</td>
<td>Corrections Chief</td>
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<td>Hon. George Dunscomb</td>
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<td>Hon. Maria Felix</td>
<td>Presiding Judge</td>
<td>Arizona Department of Corrections</td>
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<td>Richard Fimbres</td>
<td>Executive Director</td>
<td>Tucson City Council</td>
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<td>Amy Fish</td>
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<td>Superior Court</td>
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<td>Michal Goforth</td>
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<td>PCAP</td>
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<tr>
<td>Assistant Chief Byron Gwaltney</td>
<td>Operations Bureau</td>
<td>Sheriff's Department</td>
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<tr>
<td>Barbara LaWall</td>
<td>County Attorney</td>
<td>Pima County Attorney's Office</td>
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<tr>
<td>Kate Lawson</td>
<td>DTAP Program Director</td>
<td>Pima County Attorney's Office</td>
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<tr>
<td>Chris Hale</td>
<td>Court Administrator</td>
<td>Tucson City Court</td>
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<td>Day Reporting Program</td>
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Medication Grant Program

In August of 1999, the Governor signed Kendra's Law. This legislation provided assisted outpatient treatment for some individuals in New York's Mental Health system. Information on this section of the law is easily accessible through the OMH web page.

This legislation also provides grants for the cost of medications and other services needed to prescribe and administer medication for individuals with a mental illness who leave the local jails, state prisons or hospitals and have applied for Medicaid (Chapter 15 of Kendra's Law). Currently the way the system works, many individuals who leave these jails, prisons and hospitals receive only limited supplies of medication until they qualify for Medicaid. The Medication Grant program provides funding to counties to pay for the individual's mental health medications and services related to providing medication during their pendency of a Medicaid determination.

Who is eligible for this program?

Individuals who qualify for this program are those released from jails/prisons and discharged from hospitals who require medications to treat mental illness. Each county determines who within these settings would qualify for the program. To be eligible for the program qualified individuals must file a Medicaid application prior to or within seven days of discharge or release.

How will the enrollment process work for an individual leaving jail?

For an individual leaving jail, they would likely have a transition manager (or another designated jail employee) to make sure they complete a Medicaid application within seven days of release. The individual, either on their own or accompanied by a transition manager (or another designated jail employee) can then go to their local Department of Mental Hygiene to receive a Medication Grant Card. A Medication Grant enrollment form and a form indicating that the person qualifies for the Medication Grant Program must also be provided to the county.

In larger metropolitan jails, an individual working with a transition manager (or designated jail employee) can fax their Medication Grant enrollment form to the local Department of Mental Hygiene before release. Once an individual receives a Medication Grant card, they can present that card at any one of over 3800 pharmacies across New York State.

How will the enrollment process work for an individual leaving the hospital?

The individual would work with the hospital discharge planner (or designated hospital employee) to complete a Medicaid application and Medication Grant enrollment form. Upon release from the hospital, the individual either on their own or accompanied by a hospital discharge planner (or designated hospital employee) can present this form to the Local Department of Mental Hygiene to receive their Medication Grant card.

How does the enrollment process work for an individual leaving state prison?

Prison pre-release coordinators will send the Medicaid application to the county Department of Mental Hygiene in which the individual will be residing. The prerelease coordinators will enroll the individual in the Medication Grant Program and issue their card on release.
What happens after the decision is made about Medicaid eligibility?

Once Medicaid eligibility is determined, the individual would be disenrolled from the Medication Grant program. Individuals who qualify for Medicaid would then use their Medicaid card for their pharmaceutical needs. For those people who are denied Medicaid coverage, counties will be encouraged to aid in assuring a smooth transition to other funding streams to support the medication needs of these individuals.

What is the role of the County Department of Mental Hygiene?

The Medication Grant Program is a locally operated program. The role of the County Department of Mental Hygiene is to administer the Medication Grant program. This includes publicizing the program with the institutions and providers in the community, working with local departments of social services to facilitate the transition of these individuals into the community and to encourage linkages in the community for targeted individuals so that their medications needs are met.

To help alleviate the administrative burden to the county, the state OMH has contracted with a Pharmacy Benefits Manager (PBM). The PBM will provide a number of services to the county including the rostering of all program enrollees, provide enrollee access to their pharmacy network of over 3800 pharmacies statewide, reimburse pharmacies for services and maintain a provider help line.

How will these locally operated programs work?

Each participating county Department of Mental Hygiene will receive Medicaid applications and enrollment forms from qualified individuals leaving jail, prison and hospital settings. The counties would fax the enrollment form to the Pharmacy Benefit Manager (PBM) who would roster the individual. The PBM would then fax the roster notification to the county who would provide the individual with a medication grant card. The local Department of Mental Hygiene would then forward the Medicaid/Cash Assistance/Food Stamp Application to the local Department of Social Services.

After receiving the medication grant card, how will the individual know which pharmacies will participate in the program?

Upon receiving the medication grant card from the local Department of Mental Hygiene, an individual would receive a list of participating pharmacies in their area.

What is the cost of the program?

Once an individual has their medication grant card, there will be no cost for medications related directly to their mental illness. There are also no co-payments for the medications.

When does the program begin?

The program has been running as of September 5, 2000. We will update this section of the OMH web page as additional material become available.

What Counties are participating in this program?

This is not a mandatory program and counties can choose not to participate. To find out which counties are participating, you can contact Andrew Kazukenus at (518) 474-5968.

Where can I get more information?
Additional information is available through your local department of mental hygiene.