



Community Supervision and Substance Use Disorders: Collaborating for Effective Training and Responses

November 3, 2016

Panelists

- **Jac Charlier**, Director, Consulting and Training, Center for Health and Justice at TASC
- **Rico Molina**, Program Manager, San Joaquin County Behavioral Health Services, San Joaquin County (California)
- **Miguel Avila**, Deputy Probation Officer, San Joaquin County (California)
- **Norma Brasda**, Probation Officer Supervisor, Maricopa County (Arizona)
- **Rachel Trautner**, SMI Program Manager, La Frontera Maricopa County (Arizona)
- **Mark Stovell**, Policy Analyst, The Council of State Governments Justice Center (moderator)

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National Reentry Resource Center

Senate Committee Approves Second Chance Reauthorization Act

Congress took a significant first step toward continuing the work of the Second Chance Act on September 18 as the Senate Judiciary Committee voted to reauthorize the bipartisan bill.

[Learn More](#)



The National Reentry Resource Center provides education, training, and technical assistance to states, tribes, territories, local governments, service providers, non-profit organizations, and corrections institutions working on prisoner reentry. To learn more, click here.

Visit the *What Works in Reentry Clearinghouse*

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Attorney General Discusses Justice Reinvestment, New Grant Awards

SEPTEMBER 24, 2014

U.S. Attorney General Eric Holder praised the Justice Reinvestment Initiative on Tuesday for encouraging a science- and data-driven approach to criminal

ANNOUNCEMENTS



Pre-Conference Event Addresses Substance Use and the Justice System

Attendees will have the opportunity to discuss



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Overview

Collaboration: The Path for Successful Implementation

The San Joaquin County Experience

The Maricopa County Experience

Question and Answer

Collaboration: The Path for Successful Implementation

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Question and Answer

Audience Poll #1

- What is the primary drug of choice in your jurisdiction? (select more than one, if applicable)
 - Alcohol
 - Cocaine
 - Hallucinogens
 - Heroin
 - Marijuana
 - Methamphetamine
 - PCP
 - Prescription opioids
 - Synthetic cannabinoids (K2/Spice)

Audience Poll #2

- Does your agency offer training protocols on substance use disorders and community supervision?
 - We offer training on substance use disorders and community supervision.
 - We offer training on substance use disorders but not on community supervision.
 - We offer training on community supervision but not on substance use disorders.
 - We do not offer training on either topic.
 - Not sure.

Audience Poll #3

- How would you rate the level of collaboration between community supervision agencies and substance use disorder treatment providers in your jurisdiction?
 1. Very strong
 2. Strong
 3. Moderate
 4. Weak
 5. Very Weak

Why Collaborate?

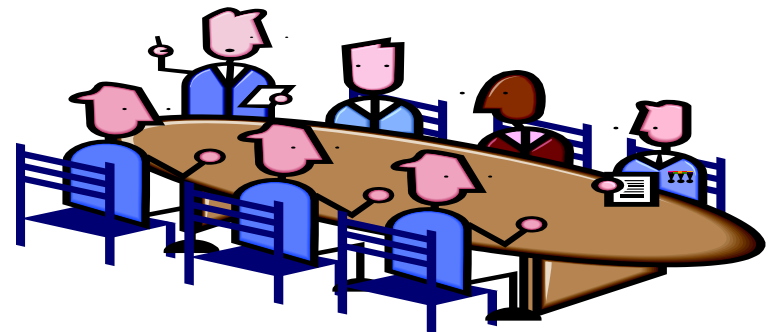
Collaboration is the best underused/untapped resource to maximize success when doing complex, cross-system, implementation



What's Collaboration?

4 Levels of Partnership

- Coexistence (acknowledge each other)
- Communication (talk to each other)
- Cooperation (do things together)
- Collaboration (shared outcomes)



Collaborate on What?

3 Drivers of Effective Implementation*

- ✓ Competency Drivers
- ✓ Organizational Drivers
- ✓ Leadership Driver

*National Implementation Research Network (NIRN)

Implementation Drivers: Assessing Best Practices

2013-2015 Dean Fixsen, Karen Blasé, Sandra Naoom and Michelle Duda

Competency Drivers

Definition: Mechanisms to develop, improve and sustain one's ability to implement an intervention as intended.

Examples:

- Training
- Coaching
- Selection of staff and volunteers

Organization Drivers

Definition: Mechanisms to create and sustain hospitable organizational and system environments for effective services

Examples:

- **Systems intervention**
- Decision support data systems
- Supportive administration

Leadership Drivers

Definition: Providing the right leadership strategies for the types of leadership challenges being faced. Leadership needs change over time.

Examples:

- Technical
- Adaptive

Key Elements of Collaboration

The San Joaquin County Experience

The Maricopa County Experience

Question and Answer

Overview of San Joaquin County

ARCCS

- Assisting Reentry for Co-Occurring Adults through Collective Support

ARCCS Overview

- A collaborative program between the San Joaquin County Sheriff's Department, San Joaquin County Behavioral Health Services and San Joaquin County Probation
- The program provides pre and post release services to male and female adults with co-occurring disorders sentenced to at least 90 days and a 3-5 year formal probation grant

ARCCS (Phase 1)

- Program is currently voluntary for all offenders
- Offenders start program while in custody after sentencing
- Offenders receive evidence based screening and assessments
 - TCU Trauma screening tool
 - Criminogenic risk assessment (STRONG)

ARCCS (Phase 2)

- Intensive re-entry transition planning and cognitive behavioral Interventions while in custody
 - Offenders participate in and complete Seeking Safety and CBI for substance abuse
 - Attempt to get buy in from offenders family to establish a solid foundation upon release, or other housing resources, and employment.
 - 9-12 month program duration

ARCCS

Correction Officer Capacity Building

- All Correction Officers who work with ARCCS offenders are specially trained in
 - Motivational Interviewing
 - TCU Trauma screener
 - Crisis Intervention Training (CIT) for law enforcement
 - An understanding of Seeking Safety as an evidence based approach

ARCCS Clinician

- ARCCS has a dedicated clinician trained in co-occurring disorders to conduct assessments
- Will facilitate groups both in custody and out of custody to build rapport with clients and provide case management services
- Previously only one clinician was available for the entire jail facility

ARCCS

Probation Officer

- One dedicated officer to the ARCCS program who is also trained in
 - Motivational Interviewing
 - Evidence Based theory
 - Crisis Intervention Training (CIT) for law enforcement

ARCCS

Treatment/Case Plan Collaboration

The Stakeholders meet monthly

Line staff meet bi-weekly: Correction Officer, Probation officer, Clinician and Correctional Health.

The dedicated ARCCS Clinician and Probation Officer will conduct the assessments of the individual offender as a team

- STRONG Assessment
- Addiction Severity Index
- Mental Health Services Adult Assessment (Biopsychosocial)

This is done so that both staff have the same information from the offender, it allows for better collaboration and treatment integration

ARCCS

Treatment/Case Plan

Collaboration

- BHS treatment and Probation case plans do not always align
 - The targeted interventions may be different due to the difference in what the agencies are targeting (re-offend vs MH treatment)

Due to this all technical violations of probation are discussed with the ARCCS clinician and a decisions and recommendations are made as a team.

ARCCS

Treatment/Case Plan Collaboration

- In dealing with these offenders it is important to understand that some of the decisions that the offender makes may not necessarily be controlled by them
 - Due to MH status
 - Drug induced psychosis which is a result of self medicating.

ARCCS

Treatment/Case Plan

Collaboration

- It is integral that both the Clinician and the Probation officer work in close collaboration to better serve the offender. Getting as much information as possible from both the Probation and BHS side are integral and will allow both staff to target the treatment goals and case plan goals simultaneously

Results

- During the first grant which was the Transition age Youth Grounds for Recovery (TYGR), the program was able to reduce recidivism on this target population, which during this grant was 18-25 year olds, by approximately 70 percent 6 months after completing the program (pending latest numbers regarding recidivism after 2 years)
- Incidents against staff in the correctional institution were reduced by 80 percent
- Has helped Corrections administration provide MI to all its officers in the institution

Key Elements of Collaboration

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Question and Answer

Overview of Maricopa County

Maricopa county has a population close to 4.2 million, **fourth most populous county** in the nation, **Twenty-five** cities and towns are located within Maricopa County's borders 1,143 employees

Maricopa County Adult Probation

- 19 regional and area offices
- 52,178 probation population (monthly average)
- **2,388** pretrial supervision population (monthly average)
- **21,255** standard probation population (monthly average)
- **994** intensive probation population (monthly average)

Number of adults with SMI on Probation: 800

Mercy Maricopa Integrated Care is the Regional Behavioral Health Authority for Maricopa County.

Responses to Drug of Choice

Maricopa County Justice & Mental Health Collaboration Project was a BJA Planning and Implementation Grant which included Maricopa County Adult Probation, PCN Forensic ACT Team, Maricopa County Regional Behavioral Health Authority (RBHA), Maricopa County Correctional Health Services and Arizona State University.

The goals of the grant:

- 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.**
- 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.**
- 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.**

Responses to Drug of Choice

- Motivational interviewing
- Stages of Change
- Individualize the treatment plan for the client
- Access to needed treatment

Training

Goals of our BJA Grant :

- To understand each organization's roles, responsibilities and limitations in planning & service delivery.
- Improve upon the sharing of information related to both health care and criminogenic risks & needs to coordinate services.

One of the trainings held to enhance the collaboration process included Maricopa County SMI Adult Probation Officers and SMI Forensic-ACT Team members jointly developing case/service plans consistent with the principles of trauma –informed care, gender-responsive care and criminogenic risk & needs.

Training

- **Trainings by Topic**
 - Gender-responsive services
 - Trauma-Informed Care
 - Joint Case Planning
- **Lessons learned from training**
 - More specific trainings as opposed to general overview would have been more helpful for organizational change
 - Need to follow-up after trainings to ensure that skills developed were being used, ideas shared, new policies being followed, and collaboration taking place
 - Making sure skills learned during trainings were implemented by essential staff

Communication

- Things we learned from the grant:
- Utilize whatever resources are available, i.e., National Institute of Corrections (NIC) and the National Resource Center on Justice-Involved Women
- Develop a shared vision and mission statement
- Clarify outcomes for the project
- Develop role and approach for each team member from each agency of the collaboration

Communication

- Things we learned from the grant:
- Include essential staff from the start of the planning stage through the implementation stage
- Protocol for the executive leadership team
- Collaboration does lead to more successful outcomes.
- Despite the large amount of protocols, just simply having a willingness to understand one another's roles and system limitations creates better communication and outcomes which in turn benefits the shared client.

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