Treatment Mapping: 
Using Collaboration to Maximize 
Community Based Treatment for Offenders

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Disclosure Statement

SUSAN ALAMEDA, MSW AND KRISTA FORSTER, MA, HAVE DISCLOSED NO RELEVANT, REAL OR APPARENT PERSONAL OR PROFESSIONAL FINANCIAL RELATIONSHIPS WITH PROPRIETARY ENTITIES THAT PRODUCE HEALTH CARE GOODS AND SERVICES.
Rural Healthcare

- In many rural areas, low population is combined with a lack of health services, poverty, underserved areas and geographic isolation.
- Transportation issues such as distance, topography, and lack of mass transit.
Urban Healthcare

- In many urban areas, there are too many choices.
- Standard of Care
- “Favorites”
- Difficulty finding the most appropriate treatment
## Common Funding Sources in AZ

<table>
<thead>
<tr>
<th>Federal Gov’t</th>
<th>State Funding</th>
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</thead>
<tbody>
<tr>
<td>Center for Medicaid/Medicare Services</td>
<td>County, City, Other State Agencies</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>Non-TXIX</td>
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<tr>
<td>AHCCCS</td>
<td>Crisis Services</td>
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<td>Supportive Housing</td>
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</tbody>
</table>

- ADHS
- RBHA
- Local Provider Network
AOC Treatment budget for probation departments-FY14
TOTAL - $5,402,033

- CPP: $973,435
- DRUG COURT: $854,472
- CJEF: $1,004,525
- DTEF: $2,569,601
Treatment Mapping Purpose

• What is the purpose:
  ◦ What’s out there?
  ◦ Are there gaps in service?
  ◦ Are services being provided that meet the needs of specific counties?
  ◦ Are providers using EBP?
  ◦ What are the Barriers to treatment
  ◦ How can probation departments find the right provider?
  ◦ Appropriate funding sources
  ◦ Assumptions
On the Road Again

- Travel to the counties
  - Meet with RHBA & Probation staff
    - Chiefs, Treatment Coordinators, Line Officers
    - See what the county physically looks like
    - Observe Problem Solving Courts
  - Meet with Local Providers
    - Those who provide direct services to probationers and work with probation staff
    - Observe modalities
Life is Like a Box of Chocolates

What We Found

- Each county is unique
- Issues with transportation
- Cultural issues affecting treatment needs and responses to treatment options (language barriers, family involvement)
- Training for staff (emerging drug issues, new technology)
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- Communication gaps
  - Interagency
  - Coordination of Care
  - Other agencies (ie. jail, providers, DES)
  - Staffing of problem cases
  - Providing referral information (presentence reports, monthly progress reports)
  - Adherence to Best Practices/Evidence Based Practices
Life is Like a Box of Chocolates

- **Service gaps**
  - Consistency (staff, funding, participants)
  - Limited funding
  - Lack of treatment programs (IOP, residential, detox, in-patient acute care facility)
  - Access to treatment/Geographical challenges
  - Specialty services (ie. DV, DUI, Sex Offender)
    - Statutorily mandated services
  - Emergency Housing/Homeless Shelters
  - Sober Living, Transitional Housing
  - Sober Support/12 step meetings
Life is Like a Box of Chocolates

○ Service Gaps (con’t)
  ▪ CBT/Aftercare/Relapse Prevention
  ▪ Veteran’s Services
  ▪ Automation for data tracking and reporting
  ▪ Mental Health (medication, transitional services, transportation)
  ▪ Dental Care
The Administrative Office of the Courts and Regional Behavioral Health Authorities have partnered to:

- Bridge gaps in treatment services
- Define roles and responsibilities of each agency
- Improve communication and information sharing
- Maximize limited resources
- Increase resource sharing
- Improve quality of care to our shared populations
- Improve lives in our communities
Communication is Key
Solution Outcomes

- Better Communication
  - All parties engage in cross-system education/training
  - All parties communicate concerns regarding providers and/or services to each other
  - Unified commitment to provide real time solutions
    - Point of contact
    - Probation Protocols
  - Clarification on funding protocols and limitations
    - Share the wealth
    - Funding agreements/expectations
  - Contracts, MOUs, Agreements
Solution Outcomes

- **Better Communication** *(con’t)*
  - Probation and providers understand why they should be talking
  - Administration works to bridge gaps in services
  - Administration understands need for further training
  - Administration gets a “big picture” understanding of the challenges faced in each community
  - Administration works to educate the Court
Solutions Outcomes

• **Assessment Driven** *(ASUS-R, OST/FROST)*
  ○ “guts” are not evidence based

• **Partnerships**
  ○ Problem Solving Teams
  ○ Non-traditional resources
  ○ Community based alliances
  ○ Sister agencies
Where Do We Go From Here

- **Probation Departments Responsibilities:**
  - Participate in training regarding assessments
  - Provide complete referral packets (PSI, assessments)
  - Attend staffings and/or invite providers to department staff meetings
  - Follow statute, ACJA and policies regarding placement of probationers in treatment
  - Explore and foster non-traditional resources (sober groups, churches, non-profits, reentry sites, employment agencies)
  - Complete Program Plans outlining existing and needed resources for treatment.
Where Do We Go From Here

**RBHA’s (funding authority) Responsibilities:**
- Make sure provider agencies follow protocols for member choices
- Ensure providers balance need with resources
- Foster meetings with providers and probation department
- Ensure providers are utilizing funding as needed for treatment clients (i.e., SAPT funds)
- Develop and train on protocols
- Ensure providers are utilizing current evidence-based modalities
Where Do We Go From Here

Provider Responsibilities:
- Collaborate with other providers
- Communicate with RBHA (advise of treatment needs, funding concerns, oversaturation of providers/programs, need for training)
- Communicate with probation departments
  - Provide monthly progress reports
  - Notify probation of violations
  - Request more information from departments (PSI, assessments, any information related to offense and reason for being referred to treatment)
Where Do We Go From Here

- AOC’s Responsibilities:
  - Report licensing/certification issues
  - Gather data regarding assessments related to treatment needs
  - Foster collaboration with other departments/providers
  - Ensure providers following ACJA code and EBP
  - Provide general support to counties
  - Advocate for resources
  - Provide training opportunities
  - Evaluate need for and use of problem solving courts
Where Do We/You Go From Here

- Get Out of Your Cubicle
  - Know your partners
  - Communicate
  - Collaborate
  - Explore
  - Develop Relationships
  - Know the Affordable Care Act (ACA) and its impact on your community
Think about your system partners

- Ask: Who is part of your system now?
- Ask: What do your partnerships look like now?
Long is the road from conception to completion.

Moliere