Welcome

• Purpose and Intent of Today’s Meeting
• Meeting Key Milestones and Year 2 Document Validation Criteria
• Attestation & Validation Process
• TI Milestone Changes
• Incentive Payment Determination
• Update on Forensic Peer & Family Training
• Registration Expectations & Contracting with AHCCCS Complete Care Plans
• Lessons Learned & Best Practices from Open Clinics
• Q & A
• Evaluation
Meeting Key Milestones

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CC#2 – Identify members who are at high risk...

Unique to Justice Concentration:

Adult members at high risk are determined by the practice, but must include members with or at risk for a behavioral health condition who are at high risk of a) near-term acute and behavioral health service utilization and b) decline in physical and/or behavioral health status and c) are at medium to high criminogenic risk as determined by probation/parole and the appropriate criminogenic screening tools listed below:

1) Offender Screening Tool (OST);
2) Field Reassessment Offender Screening Tool (FROST);
3) Criminal Thinking Scales;
4) Arizona Community Assessment Tool (ACAT);
5) Risk, Need, and Responsivity (RNR);
6) Women’s Risk Need Assessment (WRNA); and
7) Sex Offender Treatment Intervention and Progress Scale (SOTIPS).
Unique to Justice Concentration:

- Members on probation/parole will have a “case plan” as part of their conditions of release.
- Practice Case Managers should include elements of the probation/parole case plan where appropriate.
CC#10- Identify community-based resources...

At a minimum, if available, practices should establish relationships with:

1) Community-based social service agencies.
2) Self-help referral connections.
3) Substance misuse treatment support services.

Important for relationships to be more than handouts/flyers/internet search
CC#11- Prioritize access to appointments...

- Prioritize access to appointments for all individuals listed in the high-risk registry. As applicable to the practice, specialized focus must be on:

  1) Ensuring that adults transitioning from the Criminal Justice System have same-day access to appointments on the day of release and during visits to a probation or parole office.
CC#14-Outreach plan...

• What are your methods for doing this?
• Challenges?
• Opportunities?
peer and family support plan...

- Peer Run Organizations are skilled in forensic support
- Recent changes to this CC to include dates that sections of training must be completed
CC#18-Targeted Investments program-offered learning collaborative

• In the future
• What would be most beneficial?
Attestation and Document Validation Process
Attestation & Validation Process

• Milestone achievement documented through **attestation**
• Milestone achievement **validated** through document upload and review
• Milestone achievement will also be validated through on-site reviews
• **AHCCCS Online access is necessary** to enter the Attestation & Validation Portal
• The Attestation & Validation Portal will be available to Justice Providers - Know your **SPN**!
Targeted Investments Year 2
Document Validation Criteria

https://www.azahcccs.gov/PlansProviders/TargetedInvestments/AttestationPortal/

Targeted Investments Year 2 Document Validation Criteria

Note: The intent is that NO protected health information [PHI] is uploaded through the TI attestation portal

<table>
<thead>
<tr>
<th>Core Component</th>
<th>Milestone</th>
<th>Validation Method</th>
<th>Review Criteria</th>
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<tbody>
<tr>
<td>1</td>
<td>Utilize a BI integration toolkit and action plan and determine level of integration</td>
<td>IPAT score submitted through Survey Monkey to AHCCCS</td>
<td>N/A</td>
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</tbody>
</table>
| 2              | Demonstrate a high-risk electronic registry with criteria is established | Upload high risk registry criteria and de-identified sample through the TI attestation portal | Documentation must include:
  - A description of what criteria the practice uses to determine which members are at-risk for a behavioral health condition.
  - A description of what criteria the practice uses to determine which members are at high risk of a short-term acute and behavioral health services utilization.
  - A description of what criteria the practice uses to determine which members are at high risk for a decline in physical and/or behavioral health status.
  - The registry template. |
| 3              | Identify the assigned care manager, document the duties of the care manager including the maximum caseload and prioritizing members to receive practice care management, consistent with CO 2 | Upload documentation describing the care manager’s duties through the TI attestation portal | The care manager’s documented duties must include:
  - Responsibility to assess and periodically reassess members.
  - Development and implementation of integrated care plan.
  - Working with members and their families to facilitate linkages to community organizations, including social service agencies. |
| 4              | Demonstrate that the practice has begun using an integrated care plan      | Upload sample integrated care plan template through the TI attestation portal       | Integrated care plan must include the following elements:
  - Patient goals for improved health
  - Problem identification
  - Risk drivers
  - Barriers to care
  - Action items for the clinical team, patient and/or family. |

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Recent Core Component & Milestone Revisions
Recent Core Component & Milestone Revisions

• **CC 5 (SDOH screen)** Change to include “tool examples include but are not limited to”
• Use of the word “**AND**” in the milestone description.
• **CC 17 (Peer & Family)** Change lists dates that sections of training must be completed
Incentive Payment Determination

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Incentive Payment Determination

https://www.azahcccs.gov/PlansProviders/TargetedInvestments/PaymentDeterminationProcess/JusticePDP.pdf

Targeted Investments Year 2 Incentive Payment Determination Process (Justice Providers)

TI Year 2 Incentive Payment Determination - Justice by Site [SPN]

1. Unique number of projected adult members × 2. Milestones Achieved [Weighted] × 3. Milestone Rate = Total TI Incentive Payment

1. Projected annual number of unique adult members served by the clinic between 10/1/2018-9/30/2019 based on self-reported projection as of June 2018.
2. Milestones attested to and validated, each weighted to a relative value based level resources needed
3. Per Milestone/Per Unique Member per Year (PUMPY) is the per-member value determined by AHCCCS for each projected member served by the TI participating clinic as determined by AHCCCS.

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Registration Requirements as a TI Justice Provider
Registration Requirements as a Justice Provider

- Justice clinics must be registered as “IC”
- Justice clinics must contract with all ACC plans
- Challenges or barriers?
Overview of the Targeted Investment (TI) Program
Forensic Peer and Family Support Training

Vicki L. Staples, MEd, CPRP
Director of Outpatient Behavioral Health Services
Maricopa Integrated Health System
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Encouraging and supporting individual’s engagement and self-determination of their selected and agreed upon array of supports to achieve and maintain recovery and wellness.

Increasing an individual’s and their family’s ownership and achievement of their goals.

Educating and providing referrals for an array of services and supports to help the individuals and their families achieve and maintain recovery and wellness.
Forensic Peer & Family Support Specialists have a Key Role in Assisting Adults in Successfully Transitioning Back to the Community from CJ settings and Connecting them with IHC

**Core Component #4**  Implement integrated care plan.

**Core Component #5**  Screen using SDOH & procedures for intervention.

**Core Component #10**  Identify community-based resources.

**Core Component #14**  Develop outreach plan.

**Core Component #17**  Create peer/family support plan.

**Core Component #18**  Participate in relevant TI program-offered training.
Create a peer and family support plan using evidence-based approaches that incorporates AHCCCS identified & approved training & credentialing for peer and family support specialists. Peer and family support specialists will have lived experience in the public behavioral health system and Criminal Justice System and be available to the co-located staff to assist formerly incarcerated individuals and their families with, including but not limited to:

1) Eligibility and enrollment applications;
2) Health care education/system navigation;
3) Finding transportation; and
4) Information on other support resources, including health literacy and financial literacy training.

<table>
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<tr>
<th>Milestone Measurement Period 1</th>
<th>Milestone Measurement Period 2</th>
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<tr>
<td>(October 1, 2017–September 30, 2018**)</td>
<td>(October 1, 2018–September 30, 2019**)</td>
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<th>Practice Reporting Requirement to State</th>
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<tr>
<td>Wave 1: By September 30, 2018, document that the practice has created a peer and family support plan, which incorporates peer and family specialists as part of the co-located staff and specifically articulates their role. Attest that peers and family support specialists have been trained using AHCCCS identified &amp; approved Forensic Peer and Family Training Section 1.</td>
</tr>
<tr>
<td>Wave 2 (By March 31, 2019): Documents that the practice has created a peer and family support plan, which incorporates peer and family specialists as part of the co-located staff and specifically articulates their role, <strong>AND</strong></td>
</tr>
<tr>
<td>Wave 2 (By March 31, 2019): Attest that peers and family support specialists have been trained using AHCCCS identified &amp; approved Forensic Peer and Family Training Section 1, <strong>AND</strong></td>
</tr>
<tr>
<td>Waves 1 and 2 (By March 31, 2019): Attest that peers and family support specialists have been trained using AHCCCS identified &amp; approved Forensic Peer and Family Training Section 2, <strong>AND</strong></td>
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<tr>
<td>Waves 1 and 2 (By September 30, 2019): Document the number of FTEs that have been hired or contracted to fill the peer and family support role and the training they have undergone to be effective peer and family support specialists, <strong>AND</strong></td>
</tr>
<tr>
<td>Waves 1 and 2 (By September 30, 2019): Attest that peers and family support specialists have been trained using AHCCCS identified &amp; approved Forensic Peer and Family Training Section 3.</td>
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Course Purpose

The Forensic Peer and Family Support Training Course is for credentialed Peer and Family Support Specialists who are working in the Targeted Investment (TI) Program Adult Ambulatory Projects that have a criminal justice focus.

It is anticipated that there would be at least 60 participants who need this new training statewide serving approximately 5,500 members.
Training Foundations

Effective Practices
Cognitive Behavioral, Behavioral Strategist, Motivational Enhancement, Building Support in Correctional Settings II

Executive Summary
The Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation has contracted with the Florida Certification Board (FCB) to conduct a Risk Indicators Study (RIS) to identify the core competencies necessary for Peer Specialists providing peer support to persons diagnosed with mental illness or substance use disorders who are involved with the criminal justice system.

Peer support is a recognized, evidence-based practice for the treatment of mental health and substance use challenges that leads to increased:
- Recovery and wellness of both the Peer Specialist and the individual receiving services, who build relationships and develop additional recovery capital as a natural outcome of providing/receiving peer support services.
- An individual's ownership and accomplishment of their goals, where the Peer Specialist encourages and supports the individual receiving services to actively participate in self-directed care.
- The individual's engagement and self-determination of their selected and agreed upon array of supports to achieve and maintain recovery and wellness.

SAMHSA'S GAINS Center recognizes there is a significant number of people who face additional challenges to achieving and maintaining recovery from mental illness and substance use disorders that are unique and different related to the individual's involvement in the criminal justice system. As such, the GAINS Center is identifying the core competencies necessary for Peer Specialists providing peer support to people diagnosed with mental illness or substance use disorders who are involved with the criminal justice system.

RIS (Risk Indicators Study) is a psychometrically sound method that results in a legally defensible set of core competencies, including job tasks, knowledge, skills, and abilities necessary to provide competent peer support services regardless of employer or geographic location. Typically, an RIS is conducted as part of the development of a legally defensible certification program. However, the RIS report provides clearly prioritized competencies that are objectively validated and can be used as competency-based starting points for the development of curricula, examination instruments, position descriptions, and other resources. The GAINS Center chose to conduct a RIS in order to provide guidance to the development of peer support programs within the criminal justice settings. The S. GAINS Center was not determined if a mental certification program will be developed in the future; however, this report will serve as a foundation for such an effort.
Forensic Peer and Family Support Course

• Created in collaboration with the community by partnering with local, and international national experts

• Incorporates blended learning approach to increase awareness and build skills

• Three Sections for TI Program Attestation
  
  o **Section I:** Modules 1-3 to be completed no later than 9/30/18
  
  o **Section II:** Modules 4-15 to be completed no later than 3/31/19
  
  o **Section III:** Modules 16-20 (including two workshops) to be completed no later than 9/30/19
Modules in the Course

**Module 1**
Overview of TI Program

**Modules 2-3**
Understanding the Role of FPSS/FFSS

**Module 4**
Overview of the CJ System

**Module 5**
In-Reach, Reentry and Community Reintegration Activities

**Modules 7-8**
Recidivism Reduction/RNR

**Module 9**
Trauma-Informed Care

**Modules 10-16**
10-16 Intro. To Core Correctional Practices

**Modules 17-18**
Workshops/Classroom

**Modules 19**
Self-Care and Compassion Fatigue

**Module 20**
Supporting Peer and Family Voice
Next Steps & Questions
Lessons learned & Best Practices by Spectrum Healthcare- Verde Valley Guidance Clinic

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Lessons Learned by Spectrum Healthcare

Administrative

• Make sure the contract expectations and payment structure are clear

• Internal communication with the team
  o Take time to educate the entire team about TIP (including billing staff, front desk, call center, providers)
  o Establish who to go to for questions and trouble shooting
  o Establish a liaison between staff delivering services and administration
  o Establish a data person to maintain program data elements for reporting
  o Establish a way to track justice participants in the EMR

• Ask partners to educate their internal teams so they know who the behavioral health people are and what the program does
Lessons Learned by Spectrum Healthcare

Programmatic

• When a jail announces it will release a person, it can be a 2-6 hour wait for the client to be ready for transport/assessment.
• Most individuals being released from jail are from out of the area and need transportation home
• Establish a plan for individuals who are from out of the area and need transport late in the day
• Establish a plan for individuals who are homeless
• Jails do not have access to internet/wifi
• Due to safety concerns and space limitations it can be difficult to find space inside the jail for privacy and assessments
• People getting out of jail often have a dead phone and no transportation. The parking lot is a great place to engage them. Providing transport, a plug, water, and a snack can be a great opportunity to engage people using motivational interviewing
• Many individuals are not trusting of jail staff so they don’t answer screenings conducted by jail staff honestly. They may be in dire need of services, but do not show up on jail screenings
Best Practices from Spectrum Healthcare

- Establish contact persons with each agency in the service area, for coordination of care with clients
- Hold regular stakeholder meetings to troubleshoot

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Best Practices from Community Health Associates

- Progress to date
- Lessons learned
- Best practices
Resources

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Resources to help complete Milestones

- Core Component Education Modules
- TI Webpage
- TI Emailed Announcements
- TI email box
- AHCCCS MCOs
- Health Current
Housekeeping

• Critical to report changes to contact information and changes to site addresses
• Please complete our evaluation
Questions?

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Thank You.

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