

Cochise County Application

SAMHSA'S GAINS Center – Sequential Intercept Mapping Workshop

Cochise County requests your assistance in creating an integrated strategy, using the Sequential Intercept Model, to better identify and respond to the needs of adults with co-occurring mental illness, substance abuse disorders and/or homelessness in our community—and, where appropriate, divert them from jail and the criminal justice system. On the Intensity of Integration Continuum, the County currently is generally operating at an Information Sharing level, with Cooperation and Coordination in a few areas. One of the County's strengths is that nearly every relevant person and agency is aware of the problem: way too many people with mental illness, substance abuse and/or homeless are diverted into the criminal justice system and, thus, into the County jail, when both they and the community would be better served outside this system. This strength has translated into several attempts at early diversion (discussed below), with varying degrees of success. Thus, there is a will and readiness for change, which is evident during meetings where each agency strategizes with others to create change. One of the County's main weaknesses in instituting better early intervention/diversion is the sheer number of agencies involved in the criminal justice system and providers of services for mental health, substance abuse and homelessness, exacerbated by the fact that Cochise County is geographically quite large, spread out, relatively poor and with very diverse civic cultures—often resulting in lack of coordination and fragmented delivery of services.

Brief Description of Cochise County

Cochise County was founded in 1881 and as of 2014, has a population of 127,448 persons living within 6,219 square miles. Bisbee, Arizona (population 5,308) holds the county seat and is the main hub for the Superior Court and County government, including the jail. Other cities are Sierra Vista (population 48,806), Benson (5,005), Douglas (17,504), Wilcox (3,641), Tombstone (1,338) and Huachuca City (1,794). In between are very rural, sparsely populated areas, with a great deal of federal and state land. All cities and towns have municipal courts and various resources to assist the identified target population. Each city has a distinct culture, economy and need. For example, Bisbee is an old mining town set in a canyon that now has a vibrant arts community and tourist industry; Wilcox, which is located in the most rural part of the county, is dependent on agriculture; Douglas is also a former mining town, located on the Mexico border across from the relatively large Mexican city of Agua Prieta (79,000); Sierra Vista is anchored by an Army Intelligence center (Ft. Huachuca). Other than Sierra Vista, the poverty rate in cities in Cochise County range between 20% and 30%, with the rural areas of the County typically higher than that.

The State of Arizona Department of Health Services- Behavioral Health Services, contracts with a Regional Behavioral Health Authority (RBHA) entity to provide mental health and substance abuse services in different regions of the State. Cenpatico is the RBHA that covers Cochise County along with seven other counties. In most cases, Cenpatico, rather than providing services directly, contracts with other agencies to do so, which often depends on the geographical area. Mental health, substance abuse and housing providers include: NAMI; Nursewise (crisis response); Wellness Connections; ACTS; CIA; Pinal Hispanic Council; Bridgeway Health Solutions; SEAHBS; Community Bridges; Good Neighbor Alliance; Bisbee Coalition for the Homeless; Cochise County Housing Authority; Douglas Housing Authority.

For many years, the County had an inpatient psychiatric treatment facility, funded by the RBHA, but it ceased operating in December 2011. However, a new hospital in Sierra Vista with a 19 bed psychiatric facility, Canyon Vista Medical Center, opened in April, 2015.

At the County jail, the County Health Department provides jail medical services, which includes a full-time counselor. Jail medical nurses also are valuable sources of information since they dispense psychiatric medications. (The Jail Medical Director estimates that in a recent four month period, 31% of inmates received at least one kind of psychiatric medication while in jail). Cenpatico has been contracting for a five-day per week jail liaison to help screen inmates, to determine if they are enrolled in services, enroll them if they are not, and assist in tracking services upon release. (This position has been unstaffed recently due to a resignation; we are expecting it to be filled shortly).

Specifically for homelessness, the Bisbee Coalition for the Homeless provides shelter in Bisbee; the Good Neighbor Alliance and Wellness Connections provides the same in Sierra Vista, including some short-term emergency shelter for SMI. The County and Douglas Housing Authorities provide HUD housing. Each city and town in the County has a food bank.

Adult Probation staffs a Treatment Coordinator to help ensure counseling and other services for those convicted of offenses, including those with mental illness and substance abuse issues. The County Attorney represents mental health agencies and psychiatric providers in psychiatric commitment cases, i.e., those who are evaluated as dangers to self, danger to others or persistently or acutely disabled. Eighty-five cases were filed in FY2014-15. A particular defense attorney with knowledge and expertise in mental health is usually appointed to represent the patients in these cases. The criminal justice system, coordinated by Court Administration, deals with criminal defendants who are evaluated for competency to stand trial and restoration to competency. Court appointed psychiatrists for evaluation purposes are located in Tucson. The most difficult restoration to competency defendants are transferred to Pima County's restoration program, while the less difficult are treated locally.

Because of Cochise County's relatively small population and resources, some mental health and substance abuse services are provided only in Tucson, Arizona, about two hours from Bisbee. Although County government has many different agencies and offices with a "piece" of mental health, substance abuse and homelessness issues, the County has no single person or agency to provide overall coordination.

Current County Policies, Strategies and Programs

The County has several initiatives in place with the aim of diverting people with mental illness from jail and the criminal justice system. These include:

- Jail Review Team. Jail Medical staff, Public Defender, County Attorney, Probation, court administrators and providers meet monthly for essentially discharge planning for inmates identified as mentally ill, homeless, or otherwise might be categorized as "frequent flyers" for nuisance offenses.
- Criminal Justice Behavioral Health Task Force. Many of the same agencies who participate in the Jail Review Team also meet quarterly to exchange information about issues and personnel regarding mental health and substance abuse.
- CARE Court. Justice Precinct 5 (Sierra Vista) has developed an integrated problem solving court, known as CARE court, which is a diversion treatment program to address lower court offenses. The goal of CARE (court assisted recovery effort) court is to divert prosecution, direct the person into treatment and out of the legal system. There are three tracks in which a person can be

placed: substance abuse, mentally ill and the veterans track. The individual is assessed for appropriateness for the program and then there is a team approach to engage the person in treatment services to address the issues that led to the legal problem. A memorandum of understanding is being developed currently for each counseling provider and entity to work within the team. Staffing of each case is scheduled twice a month and prior to the court hearing. CARE court began operating in the summer of 2015.

- Informal Mental Health Diversion Courts. Justice Precinct 1 (Bisbee) has developed an informal mental health diversion court, as has JP 2 (Douglas), in which the justices of the peace and attorneys have scheduled meetings with defendants to track their treatment and encourage continuation. The Justice of the Peace in JP 1 would like eventually to establish a CARE court.
- Indigent Defense Coordinator appointments. The IDC, which is responsible for coordinating indigent defense appointments, has been directed to appoint a specific defense attorney with knowledge and expertise in handling defendants with mental illness. She does this when it is possible to identify such defendants.
- Mental Health First Aid Training for Law Enforcement. In November, 2015, the County Attorney's law enforcement attorney arranged for a one-day Mental Health First Aid training for Bisbee Police Officers. The training was sponsored by NAMI and conducted by Wellness Connections. The intent is to offer more such trainings to other law enforcement agencies and first responders in 2016.
- Cochise County Re-entry Coalition. This organization, located in Sierra Vista helps people just out of jail or prison to get themselves re-established in the community, by looking for shelter, food, employment and other services.
- Bisbee Homeless Task Force. In 2015, a group of interested citizens held several meetings aimed at providing recommendations to the Bisbee City Council to reduce homelessness in Bisbee.

Current Plans to Enhance Early Diversion

The County currently has several plans to enhance and expand early diversion initiatives in the next year, including:

- Pretrial Services. The Adult Probation Department is developing pretrial services for the County. This has been a collaborative effort with the Courts to address the needs of screening people for the appropriateness of pretrial release. The jail is not the place to disrupt families and employment when it is appropriate for the incarcerated person to continue to work.. In certain cases, it is more prudent to have people remain in the community to engage in treatment right away, which is congruent with Evidenced Based Practices (the proven model of success in the field of corrections), which provides motivation for the person to engage in treatment knowing they will face sentencing at a later time. What is crucial for pretrial services is County wide 'buy in', i.e., that people who are truly a risk to the community will remain incarcerated for the protection of the community. This requires good assessment tools. This is also a pivotal point to have an additional mental health assessment for each person as well, in order to immediately respond to anyone that might be suffering with these issues. The intercept mapping through the different stages from initial law enforcement contact to pretrial assessments and release would provide the model that is all inclusive from beginning to end.
- CARE Courts. Track the success of the current CARE Court, see what's working and what doesn't. Expand CARE court to other justice precincts if warranted and if resources are available.
- Mental Health First Aid Training. Expand it to more law enforcement agencies and first responders.

- Electronic Health Records. Jail Medical's health records are currently paper and ink, not electronic. This makes it far more difficult to determine inmate enrollments in behavioral health, counseling and medical services, which in turn makes it more difficult to keep them enrolled and served upon release. This also makes it extremely difficult to put together the data necessary to apply for resources to improve diversion, much less to "pull" data to track successes and failures of any programs that might be implemented. Accordingly, Jail Medical has identified a software program to establish an electronic records system and is applying for funding.
- Stepping Up Program. This NACO program has been a valuable tool. However, the County needs to expand participation for it to be fully effective. The expectation is to do so in 2016 and, as a result, establish data, initial goals, and implement what is possible.
- Mapping the County's Current Intercept Protocol. The County understands the need to develop a systematic, comprehensive intercept protocol, which is why it is applying for this workshop. However, a good first step would be to map the one that is "in place", even if we understand that it has gaps, holes and not nearly enough coordination and collaboration.
- Start Determining the Feasibility of a County Crisis Response Center to divert people with mental illness before they are charged and booked into jail or placed in a hospital. It would be extremely useful to law enforcement to provide an alternative to jail for some persons with mental illness, especially those whose contact with law enforcement is primarily "nuisance" offenses. Our experience is that once people are charged and booked into jail, it is not easy to get them out, back into services, and avoid losing their jobs.
- The Bisbee Coalition for the Homeless is planning to break ground in 2016 of a unit for women.

Goals for Intercept 1

Expand Mental Health First Aid training, explore the feasibility of a crisis response center and map the current intercept system, as mentioned above.

Goals for Intercept 2

Implement pretrial services and install electronic health records in the jail, as discussed above.

Obstacles and Hurdles

As mentioned, there are many County agencies and personnel with a "piece" of the mental health system, but no one's job is devoted full-time to coordinating the system. This has made it very hard to implement a coordinated system or leverage resources to devote to solving the pressing problems that everyone is aware of. Perhaps another goal for 2016 is to explore the feasibility of a full-time mental health coordinator.

Why the SIMS workshop now?

We have momentum, along with a core group devoted to following up to make early diversion efforts happen. The identification of the problem of too many persons with mental illness in the jail is certainly not new; nor are efforts to address it. But this is the first time that several committed people have been able to get together with a sustained effort at a comprehensive review and improvement of the County's system for addressing the problem. We might not be perfectly ready by the time SAMSHA conducts a SIMS workshop in this County, but we will be prepared. And having that workshop will provide us with extra incentive to get ready.