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• **Introductions**

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• **Questions and Answers**
Speakers

- Andre Bethea, Policy Advisor for Corrections
  BUREAU OF JUSTICE ASSISTANCE, U.S. DEPARTMENT OF JUSTICE
- Miguel Avila, Senior Deputy Probation Officer
  SAN JOAQUIN COUNTY PROBATION DEPARTMENT
- Juan Garcia, Clinician
  SAN JOAQUIN COUNTY BEHAVIORAL HEALTH SERVICES
- Mark Stovell, Policy Analyst
  THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER
Bureau of Justice Assistance

BJA helps to make American communities safer by strengthening the nation's criminal justice system: Its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization.

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National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by the **best available evidence**
• Authorized by the passage of the Second Chance Act in April 2008
• Launched by the Council of State Governments in October 2009
• Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice
• The NRRC has provided technical assistance to over 600 juvenile and adult reentry grantees since inception
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Collaborative Comprehensive Case Plans: Addressing Criminogenic Risk and Behavioral Health Needs

The Criminogenic Risk and Behavioral Health Needs framework (see below) introduced state leaders and policymakers to the concept of prioritizing supervision and treatment resources for people based on their level of criminogenic risk and needs and the severity of their behavioral health needs. Once these individuals are identified, criminal justice and behavioral health professionals can work together to develop and implement case plans that assist the participants in reducing their risk for recidivating and advancing their goals for recovery. The following tools and resources will help these professionals integrate critical behavioral health and criminogenic risk and needs information into comprehensive case plans that actively engage the participant and reflect a balanced and collaborative partnership between criminal justice, behavioral health, and social service systems.
Behavioral Health/Criminal Justice Framework

Group 1
I-L
CR: low
SA: low
MI: low

Group 2
II-L
CR: low
SA: low
MI: med/high

Group 3
III-L
CR: low
SA: med/high
MI: low

Group 4
IV-L
CR: low
SA: med/high
MI: med/high

Group 5
I-H
CR: med/high
SA: low
MI: low

Group 6
II-H
CR: med/high
SA: low
MI: med/high

Group 7
III-H
CR: med/high
SA: med/high
MI: low

Group 8
IV-H
CR: med/high
SA: med/high
MI: med/high

Low Criminogenic Risk (low)
Low Severity of Substance Abuse (low)
Low Severity of Mental Illness (low)
Serious Mental Illness (med/high)

Medium to High Criminogenic Risk (med/high)
Low Severity of Substance Abuse (low)
Low Severity of Mental Illness (low)
Serious Mental Illness (med/high)

Serious Mental Illness (med/high)
Low Severity of Substance Abuse (low)
Substance Dependence (med/high)

Substance Dependence (med/high)
Low Severity of Mental Illness (low)
Serious Mental Illness (med/high)

Low Severity of Mental Illness (med/high)
Serious Mental Illness (med/high)
Substance Dependence (med/high)
Lead Case Planner: Community Supervision Agency

- Peer support
- Participant support system
- Children's service agencies
- Medical provider
- Substance use treatment provider
- Mental illness treatment provider
- Courts
- Vocational and educational provider
- Correctional facility
- Specialized housing provider
Specialized Housing Provider

Case plan holder sends the following information:

- Specific supports, if any, the participant needs in order to succeed in certain housing situations
- Legal circumstances that can impact housing
- The participant’s income
- Details concerning whether the community supervisor will need to check in on the participant at home and if so, how regularly
- A list of the participant’s current medications

Case plan holder receives the following information:

- Services provided
- Housing rules
- Updates on the participant’s progress while housed, and if there are any disciplinary issues or behavioral changes
- Changes, if any, in skills and ability to function independently

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Correctional Facility

Lead case planner sends the following information:

- Screening and assessments
- Details on services that are available in the community and availability of treatment slots or housing placements
- Participant’s enrollment status for public benefits
- Participant’s prior treatment history

Lead case planner receives the following information:

- Details on how individuals are referred and enrolled into in-custody programming
- Screening and assessments, including substance use, mental illness, and criminogenic risk
- Discharge plans, including services that were provided while in custody
- Participant’s enrollment in health insurance and other public benefits
- Medical status, including medications prescribed in custody
- Participant’s legal status and history, including disciplinary history while in custody
- Release date
LEAD CASE PLANNER PROFILE: COMMUNITY SUPERVISION AGENCY

San Joaquin County Probation Department

with Assisting Reentry for Co-Occurring Adults through Collective Support
San Joaquin County, California

NOTABLE FEATURES:

- The San Joaquin County Probation Department in Stockton, California received Second Chance Act (SCA) Reentry Program for Adults with Co-occurring Substance Use and Mental Disorders grants in Fiscal Years 2011, 2013, and 2015
- Jurisdiction geography: Urban; 685,306 residents
- Size of correctional facilities and populations incarcerated: 1,431 men and women
**PROGRAM DESCRIPTION**

The San Joaquin County Probation Department is the lead case planner for the reentry initiative, Assisting Reentry for Co-Occurring Adults through Collective Support (ARCCS), which includes the probation department, San Joaquin County Sheriff’s Office, San Joaquin Behavioral Health Services (BHS), and San Joaquin County Data Co-Op, the program evaluation partner. The target population for ARCCS is medium- to high-risk adults men and women who have co-occurring substance use and mental disorders. Participants serve a minimum 90-day sentence and are on probation upon release from custody. A licensed clinician conducts behavioral health assessments, facilitates Seeking Safety recovery groups (a trauma-oriented intervention), and conducts motivational interviewing, an intervention used to encourage participants’ pro-social behaviors and foster engagement in the program. The ARCCS probation officer develops reentry plans before participants are released, in coordination with the participant and his or her family, clinician, and case manager. Post-release, participants receive additional cognitive behavioral interventions and mental health and substance use disorder counseling.

ARCCS staff use the following instruments to screen and assess program participants:

- Static Risk and Offender Needs Guide (STRENGTH)
- Addiction Severity Index
- A biopsychosocial assessment for mental illness and other responsibility factors
- Texas Christian University Trauma and PTSD Screen (TCU TRMA Form)

Lead Case Planners and their partners were asked to provide information about how their programs implement some of the Collaborative Comprehensive Case Plan priorities. See below for more information about the efforts in San Joaquin County, CA.
How are Collaborative Comprehensive Case Plans Implemented?

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ARCCS Program

• Assisting Reentry for Co-Occurring Adults through Collective Support (ARRCS)
ARCCS Program 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 substance addiction and mental illness sentences to at least 90 days and a 3-5 year formal probation grant
ARCCS Program Phase 1

• Program is currently voluntary for all offenders
• Offender starts program while in custody after sentencing
• Offenders receive evidence based screening and assessments
  – K6 mental health screening tool
  – Criminogenic risk assessment (STRONG)
ARCCS Program Phase 2

• Intensive family based re-entry transition planning and cognitive behavioral therapy 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

9-12 month program duration
Correctional Officer Capacity-Building

• All Correction officers who work with ARCCS clients are specially trained in
  – Motivational Interviewing
  – K6 screen for mental illnesses
  – Crisis Intervention Training (CIT) for law enforcement
  – An all staff adaptation to understand Seeking Safety as an evidence based approach
ARCCS Clinician

• ARCCS has a dedicated clinician trained in substance addiction and mental illness to conduct assessments
• Will facilitate groups both in custody and out of custody to build rapport with clients
• 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
The dedicated ARCCS Clinician and Probation Officer will conduct the following assessments of the individual offender as a team. All agencies involved in the collaborative program have individual Health Insurance Portability and Accountability Act (HIPAA) forms that the clients signs and agrees to information sharing between involved collaborative agencies.

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

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

• It is integral that both the Clinician and the Probation officer work in close collaboration for the better of 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-old young adults, 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
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Resources


• Collaborative Comprehensive Case Plan Web Tool: [https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/](https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/)

• Developing Collaborative Comprehensive Case Plans: [https://csgjusticecenter.org/nrrc/webinars/developing-collaborative-comprehensive-case-plans/](https://csgjusticecenter.org/nrrc/webinars/developing-collaborative-comprehensive-case-plans/)
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