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Arizona Health Care Cost Containment System

Targeted Investments Program- Justice Clinics Forum

July 30, 2018

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

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Meeting Key Milestones

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).

CC#3 - Utilize practice care managers…

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?

CC#17-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?

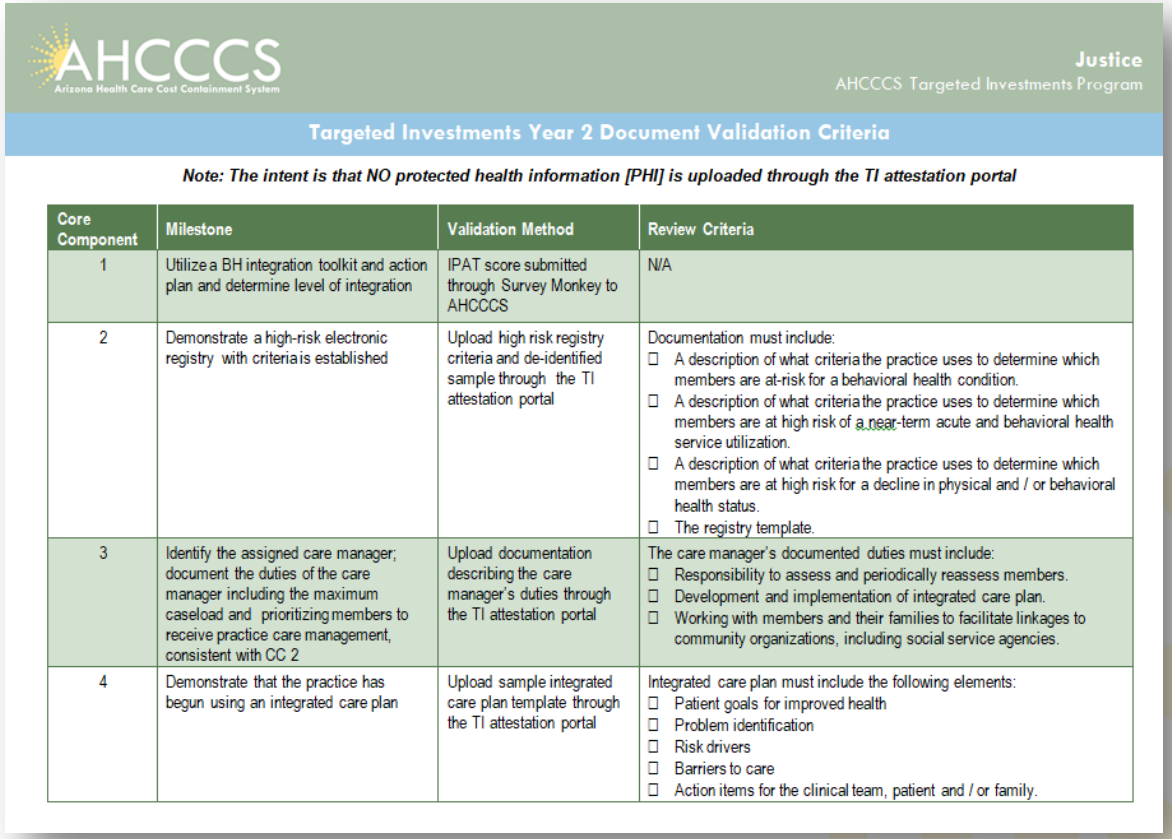
Attestation and Document Validation Process

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/



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Justice
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Targeted Investments Year 2 Document Validation Criteria

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

Core Component	Milestone	Validation Method	Review Criteria
1	Utilize a BH integration toolkit and action plan and determine level of integration	IPAT score submitted through Survey Monkey to AHCCCS	N/A
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 near-term acute and behavioral health service 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 CC 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

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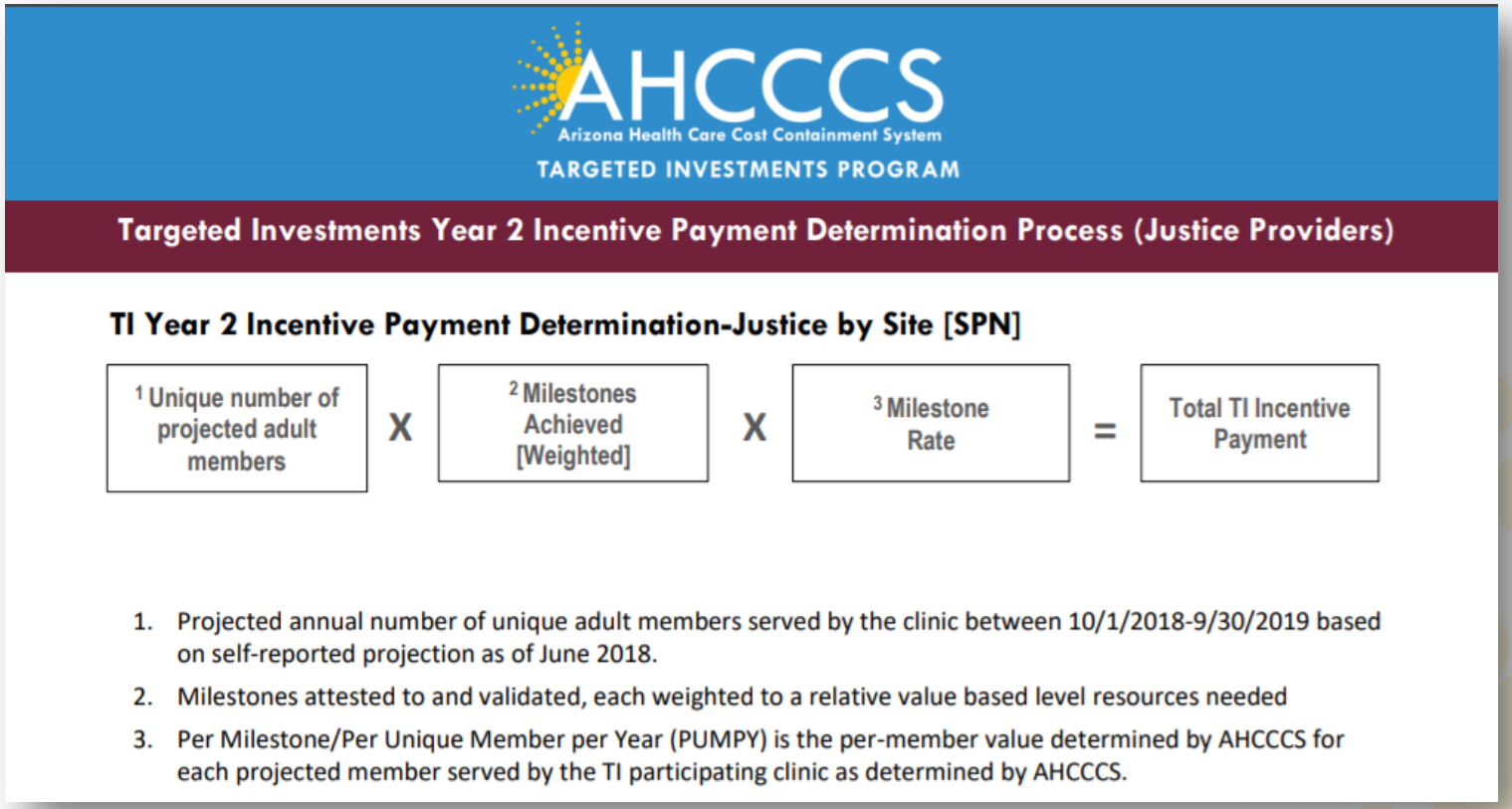
Incentive Payment Determination

Incentive Payment Determination

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



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TARGETED INVESTMENTS PROGRAM

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	X	[2] Milestones Achieved [Weighted]	X	[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?

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Targeted Investments

Overview of the Targeted Investment (TI) Program Forensic Peer and Family Support Training

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JUSTICE
AHCCCS Targeted Investments Program
Core Components and Milestones

Provider Type: Justice
Area of Concentration: Adults Transitioning from Criminal Justice System

Hold out hope to those they serve, partnering with them to envision and achieve.

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.

Help those served to identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

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

Advocate and encourage the individual and family in having a voice.

Build bridges with other providers.

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.

Provider Type: Justice
Area of Concentration: Adults Transitioning from Criminal Justice System

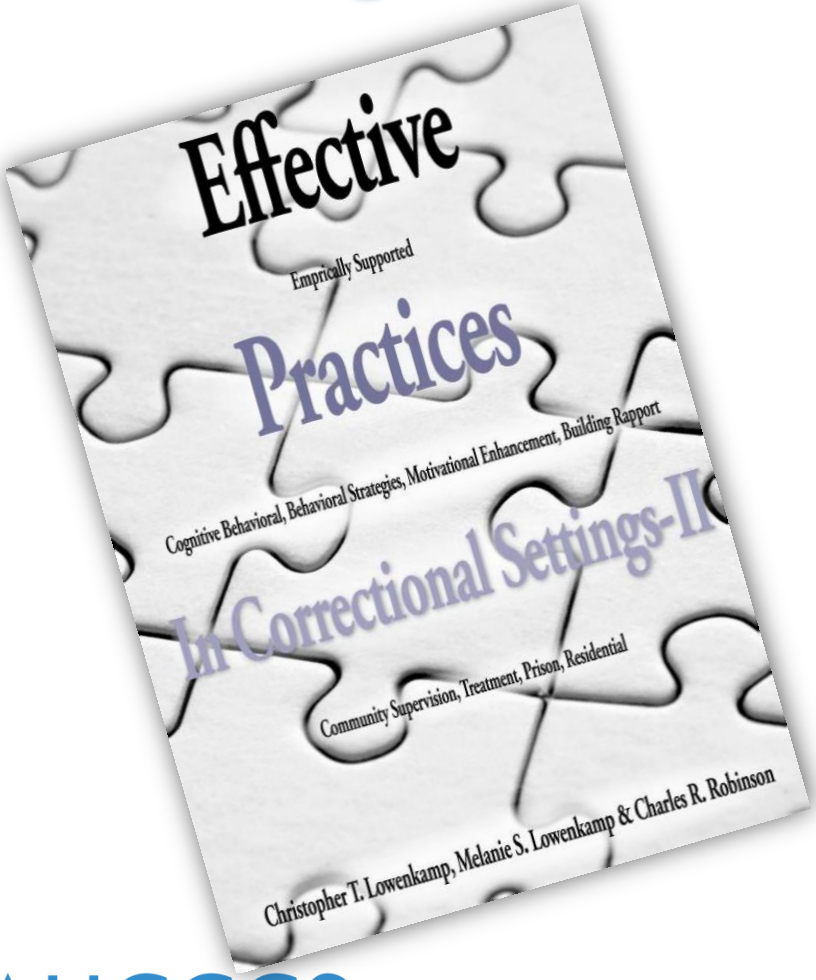
17.	Create a peer and family support plan using evidence-based approaches that incorporates AHCCCS identified & approved training & credentialing for peer and family support specialists. Peer and family support specialists will have lived experience in the public behavioral health system and Criminal 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.	
	Milestone Measurement Period 1 (October 1, 2017–September 30, 2018**) **Practice Reporting Requirement to State**	**Milestone Measurement Period 2** (October 1, 2018–September 30, 2019**) **Practice Reporting Requirement to State**
	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 & approved Forensic Peer and Family Training Section 1.	**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, **AND** **Wave 2** (By March 31, 2019): Attest that peers and family support specialists have been trained using AHCCCS identified & approved Forensic Peer and Family Training Section 1, **AND** **Waves 1 and 2** (By March 31, 2019): Attest that peers and family support specialists have been trained using AHCCCS identified & approved Forensic Peer and Family Training Section 2, **AND** **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, **AND** **Waves 1 and 2** (By September 30, 2019): Attest that peers and family support specialists have been trained using AHCCCS identified & approved Forensic Peer and Family Training Section 3.

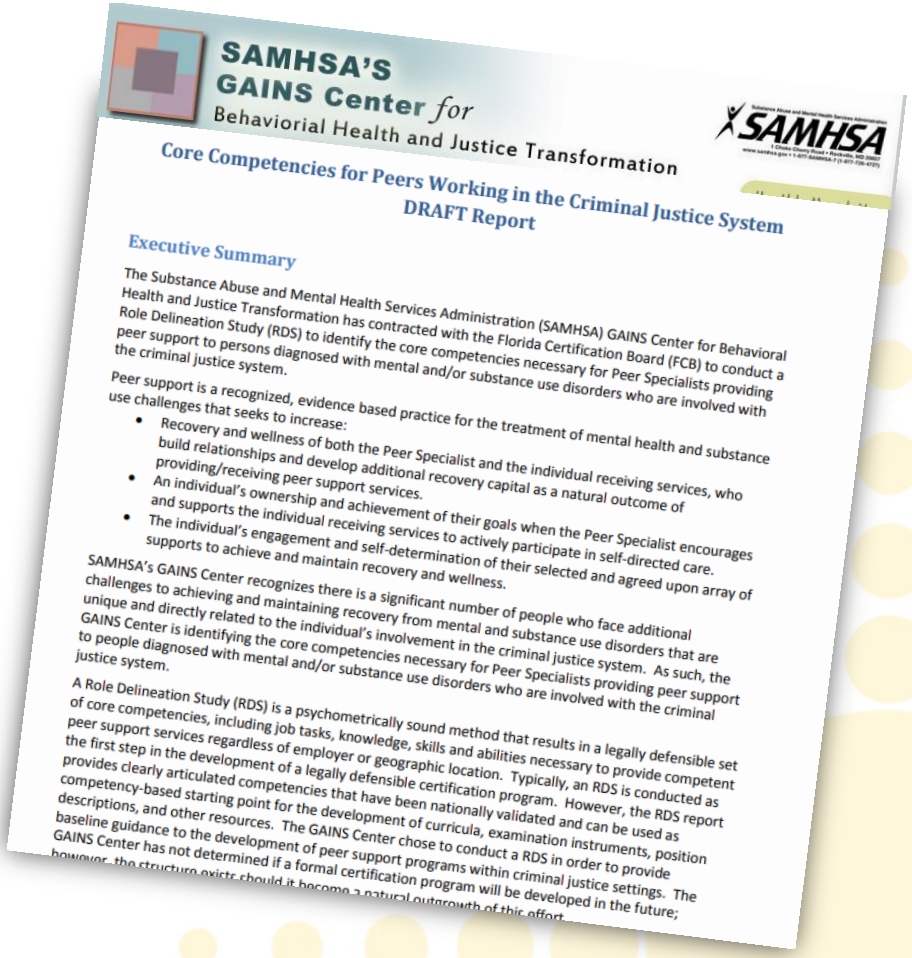
Course Purpose

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





SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

SAMHSA

Core Competencies for Peers Working in the Criminal Justice System
DRAFT Report

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 Role Delineation Study (RDS) to identify the core competencies necessary for Peer Specialists providing peer support to persons diagnosed with mental and/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 seeks to increase:

- 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 achievement of their goals when 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 and substance use disorders that are unique and directly 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 and/or substance use disorders who are involved with the criminal justice system.

A Role Delineation Study (RDS) 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 RDS is conducted as the first step in the development of a legally defensible certification program. However, the RDS report provides clearly articulated competencies that have been nationally validated and can be used as competency-based starting point for the development of curricula, examination instruments, position descriptions, and other resources. The GAINS Center chose to conduct a RDS in order to provide baseline guidance to the development of peer support programs within criminal justice settings. The GAINS Center has not determined if a formal certification program will be developed in the future; however, the structure exists should it become a natural outgrowth of this effort.

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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
  - Section I: Modules 1-3 to be completed no later than 9/30/18
  - Section II: Modules 4-15 to be completed no later than 3/31/19
  - Section III: Modules 16-20 (including two workshops) to be completed no later than 9/30/19

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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

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Next Steps & Questions

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Lessons learned & Best Practices by Spectrum Healthcare- Verde Valley Guidance Clinic

Lessons Learned by Spectrum Healthcare

Administrative

- Make sure the contract expectations and payment structure are clear
- Internal communication with the team
  - Take time to educate the entire team about TIP (including billing staff, front desk, call center, providers)
  - Establish who to go to for questions and trouble shooting
  - Establish a liaison between staff delivering services and administration
  - Establish a data person to maintain program data elements for reporting
  - 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 trouble shoot

Best Practices from Community Health Associates

- Progress to date
- Lessons learned
- Best practices

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Resources

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?

Thank You.