I. Background
The Maricopa County Superior Court's Adult Probation Department (APD) enhances community safety by working in a collaborative partnership with Mercy Maricopa Integrated Care which is the Maricopa County Regional Behavioral Health Authority (RBHA) for Maricopa County and its contracted providers to provide research-based prevention and intervention services. Contracted providers deliver a range of behavioral health care services and treatment programs for adults with mental health and/or substance abuse disorders and children with serious emotional disturbance.

A critical component of managing and reducing offender risk in the community is a blended model of criminal justice and treatment affording the offender viable opportunities for change. By participating in services offered by the RBHA and APD, members can direct their own change. Through this collaboration, APD and the RBHA will provide members with the behavioral health services they need, and in turn decrease recidivism and harm, thus avoiding further re-incarceration of these individuals.

II. Target Population
A person becomes engaged with APD at Pretrial or the Presentence processes and can be granted probation, with or without a term of jail, or sentenced to Department of Corrections (DOC) with a consecutive probation grant. Consequently, APD is engaged in reentry when DOC and Maricopa County Sheriff's Office (MCSO) release inmates to the community contingent on the terms of probation.

In FY2017, APD supervised an active end of year population of 2,869 Pretrial Defendants, 24,614 standard probationers (including specialized caseloads) and 1,278 intensive supervision probationers. Five critical specialized caseloads and their active end of the year populations are: 843 seriously mentally ill (SMI) probationers, 2,525 sex offender probationers, 85 SMI sex offenders, 202 transferred youth (adolescent and young adult) probationers, and 598 Drug Court probationers. The average monthly number of DOC Reentry probationers being released from prison to a consecutive probation grant is 280. Approximately 125 per month are assigned to Prison Reentry Units and receive pre-release interviews and planning. The remainder is released to Intensive Probation Services (IPS), Sex Offender caseloads and various other units including Drug Court, DUI Court, Out-of-County, Out-of-State and Transferred Youth. The total end of the year population for probation is 54,646.
APD uses a standardized statewide risk/needs assessment tool, known as the Offender Screening Tool (OST) or Field Re-Assessment Offender Screening Tool (FROST) that has been validated to identify risk to re-offend and areas of crimino-genic need. The risk categories are high, medium-high, medium-low and low. The areas of crimino-genic need are mental health, vocational/financial, education, family and social relationships, residence and neighborhood, alcohol and or drug abuse, attitude and criminal behavior. First-time and repeat offenders in need of mental health or substance abuse services will be referred to the RBHA for eligibility screening and to determine and receive the appropriate level and dosage of services.

As of February 28, 2017, APD’s active population identified through OST and FROST assessments, that 54.3% of probationers had an identified need for mental health and/or substance abuse treatment and 3.2% of the active population were Seriously Mentally Ill.

A small percentage of critical populations experience homelessness and continue to need housing services. Those populations are SMI, sex offenders, Transferred Youth, Drug Court, DOC Reentry population and high risk substance abusers engaged in treatment but in need of sober living environment.

Mercy Maricopa is available to provide integrated health care to individuals eligible under the Arizona Health Care Cost Containment System (AHCCCS) who are in the pretrial process or sentenced to probation and who are designated as SMI or who meet criteria to receive a general mental health/substance abuse (GMHSA) services. Upon receipt of referral, Mercy Maricopa and their contracted providers will assist eligible probationers in need of services by assessing and engaging them in targeted services.

III. Programmatic Basis of Agreement
Mercy Maricopa will work with APD in coordinating the delivery of mental health and substance abuse services to person served by both organizations (known hereafter as “members”), provide mechanisms for resolving problems, address the resources each contributes to the care and support of persons mutually served, arrange for co-location of services, if applicable, and identify and address joint training needs. Additionally, Mercy Maricopa and APD have improved current information sharing processes by using secured email exchanges; redesigning the monthly data exchange to include all elements per Administrative Order 2014-092; data exchanges will review entire APD caseload to identify Mercy Maricopa members who are designated SMI. Additionally, improvement efforts should continue to reduce redundancies and to provide timely, accurate and relevant information in order to coordinate services and evaluate outcomes of those services. This is critical in evaluating what’s working and making adjustments to improve services.

Additionally, the Affordable Care Act and the Arizona restoration of Medicaid provides a much needed opportunity to increase access to services by enrolling all eligible members into AHCCCS. Both agencies shall jointly share this responsibility.
Agreement Goals

1. Coordinate the delivery of behavioral health services to person served by both organizations and coordinate with acute health plans.

APD will engage, assist and enroll in healthcare as many members as feasible. APD, through a community partner is assisting with enrollment for some members who are processed through the Assessment Center and most Reach Out members who do not have AHCCCS. APD will support and reinforce efforts by Mercy Maricopa and its contracted providers to enroll eligible probationers and defendants in AHCCCS.

Mercy Maricopa will require its contracted providers to engage, assist and enroll eligible probationers in behavioral health services.

Mercy Maricopa in cooperation with APD pursuant to Administrative Order 2014-092 dated 07-08-2014, will identify, screen and engage all individuals who are eligible for SMI and children’s services as various stages of case processing in the court system and while on probation per Administrative Order 2016-069 dated 08-09-2016, Mercy Maricopa and APD will work together to share needed probation and treatment information to identify, screen and engage and provide services to GMH/SA eligible individuals on probation.

A. IDENTIFY:

Identification processes are established at the pretrial stage during Initial Appearance processing and the presentence process for identifying SMI members; post-sentencing in custody SMI and GMH/SA members and out of custody SMI members.

Identification process needs to be established for post-sentence out of custody GMH/SA members and Prison Reentry, SMI and GMH/SA members.

B. SCREEN:

Mercy Maricopa will require its contracted providers, in collaboration with APD to screen APD members referred for mental health and/or substance abuse treatment services and/or housing according to guidelines outlines in the RBHA Provider Manual.

C. ENGAGE:

Mercy Maricopa will provide necessary covered behavioral health and medical services to enrolled children, GMH/SA, and SMI individuals in accordance with their eligibility. Services may include but are not limited to:

1) Medical Care
2) Behavioral Health Care
3) Case Management
4) Supportive Housing
5) Supportive Employment
6) Transportation
7) Crisis Response
8) Additional services as covered by the Arizona Health Care Cost Containment System (AHCCCS)

Mercy Maricopa will require its contracted providers, in collaboration with APD, to attend, participate and contribute in multi-disciplinary team meetings and/or mental health court by providing timely case planning and care coordination of the identified needs.

Mercy Maricopa will require its contracted providers to make available Peer Support persons to assist SMI recipients. Support personnel will attend mental health court sessions are available to co-locate at designated probation offices in Maricopa County if needed, provide behavioral health screenings and transition and support services for identified APD members transitioning from incarceration.

Mercy Maricopa will require its contracted providers to make available Peer Support persons to assist GMH/SA recipients where funded and feasible, such as Drug Court, Prison Reentry or members in Targeted Investment Program (TIP).

2. Provide mechanisms for communication and resolving problems

APD and Mercy Maricopa management will have quarterly steering committee meetings to build and strengthen relationships and address any problems or conflicts. Additionally, Mercy Maricopa will identify provider level meetings, appropriate for APD participation.

Meetings shall include opportunities for agency cross training and also for identifying, communicating and resolving problems to increase understanding and knowledge of each other’s mission, goals and how through agency collaboration, members are provided identified services to improve their health and well-being and reduce recidivism.

Mercy Maricopa and APD will work together to ensure processes from both agencies are being practiced and remain up to date within the RBHA Provider Manual, including its annual review. APD will be notified of any changes in the Provider Manual that could impact shared members.

Mercy Maricopa and APD will identify key staff that has the authority to assist with disputes and find resolutions based on the agreements and best interest of the populations both jointly serve. If necessary this may include the Chief Clinical Officer and the Deputy Chief Probation Officer.

Meetings shall include opportunities to report identified gaps in services (types of services, accessibility, and frequency) and discuss and take action on solutions.
3. Develop standardized information sharing processes

The Arizona Department of Health Services, the APD and Mercy Maricopa maintain formal agreement (Administrative Order 2014-092) authorizing information sharing between agencies on defendants and probationers processed through the criminal justice system in order to provide continuity of care, supervision, and appropriate sentencing and treatment recommendations to the Court. Additionally, Administrative Order 2016-069 authorizes APD to share non-public records such as probation records, including diagnostic evaluations, psychiatric and psychological reports, medical records, social studies, assessment results, case plans, test results, progress/regress on compliance with conditions of probation, and probation supervision histories with providers who are providing services to probationers (excludes HIV and STD unless a consent to release signed by the probationer is completed). Mercy Maricopa providers can provide testing and treatment records to probation after obtaining consent to release from the probationer.

The APD and Mercy Maricopa shall continue to collaborate and work towards adopting a systemized, electronic and secure method to exchange relevant, accurate and real-time member case information necessary to provide Court recommendations, improve continuity of care and measure and evaluate outcomes in a timely manner.

The APD and Mercy Maricopa shall each maintain the confidentiality of information exchanged and shall not disseminate information to any person or entity not under each agency’s supervision or control except as permitted by applicable law, rule, regulation or Administrative Order.

4. Review and address the resources each contributes to the care and support of persons mutually served.

The APD will provide current assessment results, case plans, probation status and probation officer contact information and other case information to Mercy Maricopa and its contracted providers for continuity of care.

Mercy Maricopa will require its contracted providers in collaboration with the Specialized SMI Unit Officers to determine which probationers are eligible for Morten Housing Project. Mercy Maricopa and its contracted providers will support eligible probationers/recipients in this housing project with wrap-around and supportive services as outlined in the RBHA Provider Manual.

With the member’s consent, Mercy Maricopa’s contracted providers will invite APD to staffing; provide individual service plan updates and other service planning meetings at clinics or other location when APD or the contracted provider indicates a need to make joint decisions on a probationer/offender facing challenges in the community or jail.
Mercy Maricopa and its contracted providers will provide court liaisons and peer-support specialists in mental health court and be part of the multi-disciplinary team with the Superior Court Judge. Mercy Maricopa contracted provider staff may also need to be present to staff cases in mental health court and other courts in addition to the Mercy Maricopa court liaison.

Mercy Maricopa and its providers will identify gaps in service resources and when feasible, reallocate resources to address gaps in order to serve the members' identified needs.

Mercy Maricopa and the APD will continue participating in designing, development, submission, implementation and evaluation of grant projects.

5. **Arrange for co-locations of services: if applicable**

APD and the Mercy Maricopa will continue to explore and implement co-location of services as appropriate.

6. **Identify and address joint training needs**

Mercy Maricopa, and its contracted providers and APD will provide cross training opportunities as needs are identified which includes: specialized training for specialized SMI Officers, and licensed counselors employed by the APD, overview of the BH system, overview of APD and other topics as mutually identified.

APD will provide Thinking for a Change (T4C) Facilitator training to Mercy Maricopa and any provider that will be working with APD members. T4C is a public-domain evidence based program. Probation will partner with Mercy Maricopa to provide train-the-trainer and a co-facilitator for providers that elect to offer this program for member who are or have been medium-high or high-risk offenders. Mercy Maricopa will identify providers willing to co-facilitate T4C with APD and support collaboration on providing this service.

7. **Special Projects**

Mercy Maricopa will participate in planning, development and implementation of the Targeted Investment Program (TIP) with Terros and APD to support the efforts of a co-located health hub in the probation office.

Mercy Maricopa and APD will continue to collaborate on the Drug Court Counseling and billing project.
IV. REVIEW

This collaborative protocol shall be reviewed annually and updated as mutually agreeable by both parties.

Signatures

[Signature]
Eddy Broadway, Mercy Maricopa Chief Executive Officer

12-20-17
Date

[Signature]
Barbara Broderick, Chief Probation Officer

12-14-17
Date
## MCAPD – MMIC Collaborations
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Pretrial Services Initial Appearance Unit (IAU) Referral Process for Criminal Justice Engagement Team (CJET)

The referral qualification has been expanded to include defendants with a PSA risk level of Level 3 and below; therefore, CHS will be notified by Pretrial IAU if a defendant is SMI and has a PSA Level 3 or lower. IAU will continue to check every defendant through the Mercy Maricopa website to determine if the defendant has ever been SMI (if yes, IAU will also check the RHBA box in the PSA). For any defendant who has a PSA risk level of OR, Level 1, Level 2 or Level 3, IAU will call CHS.

IAU will track all the defendants identified as SMI and track the notification to CHS, including defendants referred to SBH even if the defendant was not placed on Pretrial or interviewed by IAU. Additionally; after IA Court issues release orders, Court Admin will provide IAU with the ½ orange colored sheet via the IAU email folder and then IAU will be responsible for contacting SBH via e-mail at rachelz@sbhservices.org to inform SBH of all defendants released by the IA Court to participate in their program and also provide the time of release as marked on the ½ orange colored sheet.

The following process was implemented on Monday April 25, 2016.

CJET Process:

Step 1: IAU identifies the defendant is SMI per Mercy Maricopa website and notifies CHS via telephone call with the defendant’s name, booking number and IA calendar time (we hope to have an email address/folder to replace the telephone call in the near future).

Step 2: IAU will then document the finding in the SMI client and referral tracker located in the I:drive in the Pretrial Jail-SMI folder, locate the month and day and enter the defendant’s name, booking number, CHS referred (yes or no).

Step 3: IA Court Admin will provide the ½ orange colored sheet with the defendant’s name, case number and release time to both MCSO and IAU. IAU officers will be able to locate the sheets in the IAU email folder. It is the responsibility of IAU to check the folder after each court setting to ensure all referrals are forwarded to ensure no SMI clients are released without SBH being there to pick them up.

Step 4: Immediately after the ½ sheet is received, IAU will notify SBH of the release time via e-mail to Southwest BX rachelz@sbhservices.org. In the email subject line, state “Jail Release”. The body of the email will state the defendant’s name, booking number and release time. IAU officers may copy and paste the ½ sheet from the email folder in lieu of typing the information if they choose.

Step 5: IAU will then go into the I: drive and access the SMI clients and referral tracker for the same date, and enter a yes or no response as to whether or not the defendant was referred to SBH, released Pretrial (yes/no) and the release time.
**2018 ACT REFERRAL PROCESS**

A probationer is on a supportive team but appears in need of a higher level of care to address their clinical needs. → Typically the case manager and the APO discuss their observations and how best to meet the probationer's needs. → A staffing is scheduled with the APO, case manager and probationer to discuss the ACT team. If the probationer is agreeable the case manager submits a referral for an ACT team. If they are not agreeable the process stops here.

The probationer meets with the ACT team member who conducts the assessment. If they are found appropriate they are transferred to an ACT team. They try to keep them at the same clinic if possible. → The APO, clinical team and probationer have a staffing to discuss the ISP/case plan to identify goals that are simultaneously conducive to treatment and probation compliance.

**F-FACT REFERRAL PROCESS**

The probationer is in need of a higher level of care for their clinical matters, while also struggling with consistent recidivism. → The APO contacts the clinical team to discuss their observations and concerns regarding appropriate levels of care. → The APO completes the F-FACT referral form and submits it to their respective supervisor for review.

Once the probationer is transferred to F-FACT, there should be a staffing with the team, APO and probationer to discuss plans to move forward with their care and supervision. → The referral is submitted to the F-FACT teams for review. They will meet with the probationer to assess a transfer. This is voluntary. → Once the supervisor approves the referral it is emailed to the ACT referral inbox for processing.
resulted in a safe and positive environment for the residents and staff from all agencies to participate in.

to hold each other accountable to their sobriety and daily responsibilities. The collaborative approach to this community has

residents have created a garden to benefit from, they share the chores required to maintain the property and are also starting

for Morton in order to maintain a sober environment filled with individuals who assist each other in their individual successes. The

allows for more privacy with the residents and staff when they are on the premises. We have also made adjustments to the criteria

surrounding community member. Over the last year, P3A has maintained its presence on site by utilizing a converted office that

local law enforcement. These steps have helped to create a sense of security and safety among the residents at Morton and the

certain security measures have been taken to include quarterly searches of the property and its residents and routine surveillance by

yet. In order to maintain a positive environment that is conducive to their individual levels of stability and success on probation,

include the APO, probation officer and P3A staff. An invitation is sent to each case manager but their attendance is not consistent just

programs each week at P3A, to include thinking for a change. There are monthly staffings with each probation officer that

is supervised by a SMI Adult Probation Officer (APO), case managed through the RBHA. Each resident participates in at least three

The Morton Community is a small apartment complex in Phoenix, Arizona that houses up to twelve SMI probationers. Each resident

2018 MORTEM COMMUNITY REFERRAL PROCESS
Please fill all email 80% to production the following: MMIC/ADP intake appointment

1. GMSA-CRU Referrals Updated 09/15/17

MMIC Member Services

Cru Jail Release Collaboration

2018 MCAPI - MMIC Collaboration
Referral Process to MMIC Provider
MMIC Assessment Center
2018 MMIC—MMIC COLLABORATION