VOLUNTEER
BEHAVIORAL HEALTH

BEHAVORIAL HEALTH COURT UPDATE

Behavioral Health Treatment
Court Collaborative

The Goals and objectives of our program are to provide the wrap around services needed to individuals that are criminal justice involved and have mental health, addiction and co-occurring disorders. This project also has a goal of engaging veterans that are criminal justice involved and providing them with alternatives to incarceration. The process for providing these services includes implementing Evidence Based Practices and providing these services to participants through a partnership between the 31st Judicial District court and Volunteer Behavioral Health.

We have amended our screening process to use the URICA and the AD-COD Assessment tools at initial screening for eligibility for the program. Upon acceptance into the program we are implementing the Life Events Checklist and subsequently the PTSD check list, when the Life Events Check List indicates a history of trauma. Those individuals whose screening indicates a history of trauma are referred to trauma focused treatment within the services or our treatment provider.

Our goals also include providing case management at two levels. Each individual is assigned a case manager through the treatment provider. Additionally, the services and experience of two peer case managers at the court become increasingly available to the participants as they progress through the stages of the program with primary case management shifting to the Certified Peer Specialists during the final phase of the program.

Incentive Program

The program incorporates a strengths-based, positive reward system for participants, intentionally recognizing accomplishments and not only offenses followed by punishments.

The reward system acknowledges participants' progress in the program ranging from applause to rewards less than or equal to $20.

75% of participants received a positive reward for their efforts this month.

Risk Assessment

Program staff have implemented a risk assessment in order to create a more cohesive group experience for participants.

The RNR risk assessment is an evidence-based tool developed to determine the optimal level of treatment and offender recidivism.
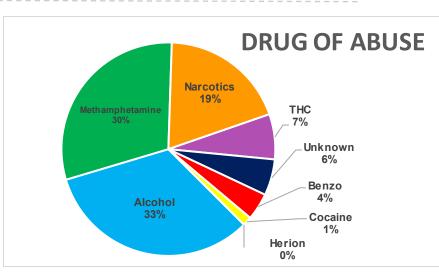
Highlights from May

♦ **There are 67 active participants.**

♦ **The program has graduated 100 participants.**

♦ **76% of participants are being supported through grant funds.**

♦ **The program contains 48 males and 19 females.**

♦ **There are currently 29 participants listed as phase 1, 20 participants listed at phase 2, and 18 participates listed as phase 3.**
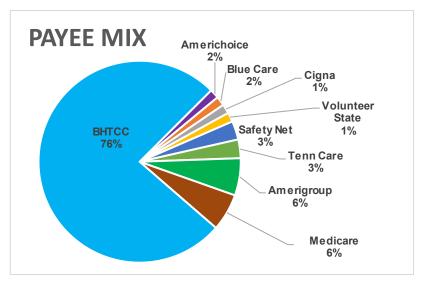
Challenges

There are several challenges present including development for an alternative payment method for participants. A visual shows that currently 76% of participants

are being supported through grant funds. The goal is to find alternative funding sources for uninsured participants, and enrolling them in the Affordable Care Act to obtain insurance when possible. This issue is a work in progress, and the number of cases paid by grant funds are expected to decline.

The SAIS system is up and running, and the transferring of information from the common data platform is ongoing. GPRAs are being entered by program staff, and 6 month follow ups are in progress. Efforts to maintain the data collection process continued throughout this time period, and all information should be available through SAIS promptly.

Even with challenges present, there are multiple parts of the program that continue to thrive.

PAYEE MIX

- Americhoice 2%
- Blue Care 2%
- Cigna 1%
- Volunteer State 1%
- Safety Net 3%
- Tenn Care 3%
- Amerigroup 6%
- Medicare 6%
- BHTCC 76%

Drug of Abuse

Another important part of the program is capturing participants' "drug of abuse". The top drug of abuse is alcohol at 33% followed by methamphetamine at 30%.

By capturing the participant's drug of abuse the therapists, case managers, and others are able to aid the participant's recovery by offering the most effective treatment. This is also important when looking at the program outcomes. By capturing the drug of choice for participants who graduate and were terminated, we are able to see any trend development that could impact graduation rates for participants.

DRUG OF ABUSE

- Narcotics 19%
- THC 7%
- Unknown 6%
- Benzo 4%
- Cocaine 1%
- Herion 0%
- Alcohol 33%
- Methamphetamine 30%