

BEHAVORIAL HEALTH COURT UPDATE

Department of Research and Evaluation

Behavioral Health Treatment Court Collaborative

The Goals and objectives of our program are to provide the wraparound services needed for individuals who are involved with the criminal justice system and have mental health, addiction and co-occurring disorders. This project also has a goal of engaging veterans who are involved with the criminal justice system, 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

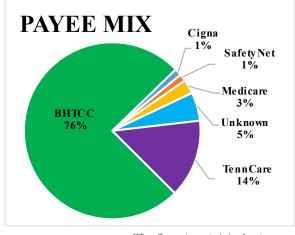
Judicial District court and Volunteer Behavioral Health.

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

Highlights from August

- There are 77 active participants.
- The program has graduated 106 participants.
- ♦ 76% of participants are being supported through grant funds.
- The program contains 55 males and 22 females.
- There are currently 36 participants listed as phase 1, 23 participants listed at phase 2, and 18 participates listed as phase 3.



**TennCare category includes Amerigroup, Americhoice, Blue Care, & Volunteer State

September 2016

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.

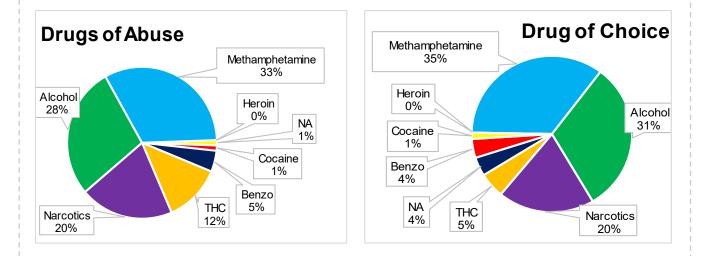


Cont. September 2016

Drugs of Abuse

Another important part of the program is capturing participants' "drug of abuse". 13% of participants have listed multiple drugs of interest. The top total drugs of abuse which include all drugs of interest is methamphetamine at 33% followed by alcohol at 28%. In comparison, the top drug of choice which includes participants primary drug is methamphetamine at 35% followed by alcohol at 31%.

By capturing the participant's drugs of abuse and preferred 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 this information for participants who graduate and were terminated, we are able to see any trend development that could impact graduation rates for participants.



Challenges

There are several challenges present including development for an alternative payment method for participants. A visual shows that currently 78% 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 complete. 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.