CCJBH

Council on Criminal Justice and Behavioral Health

Building bridges to prevent incarceration

National Recovery Month:

Addressing Co-Occurring Disorders

September 21, 2022

DEPARTMENT OF CORRECTIONS AND REHABILITATION · STATE OF CALIFORNIA

CCJBH

Agenda

12:00 PM	Welcome & Introductions
12:05 PM	Co-Occurring Integrated Care Network (COIN) : HealthRIGHT 360
12:40 PM	Q&A
12:45 PM	Announcements
12:50 PM	Thank you!

Quick Notes

- **Use the "raise hand" feature to make a comment**
- *You will be placed in line to comment in the order in which requests are received by the host.*
- ***When it is your turn to comment, the meeting host will unmute your line and announce your name.***

Email: CCJBH@cdcr.ca.gov

Webinar Policies:

PARTICIPATION

We welcome your participation. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the webinar may be removed without warning. In the event of a security incident, this session will end immediately and will not resume. If this occurs, a separate email will be sent to all participants with further instructions.

COMMENTARY

Participant comments in the Q&A do not reflect the views or policies of the presenters, the Council on Criminal Justice and Behavioral Health, the California Department of Corrections and Rehabilitation or its affiliates or contractors. By using the Q&A, you agree to keep comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions are welcome, disruptive comments are not aligned with the purpose of this webinar, and users creating disruption may be removed without warning.

Mechelle Monroe, LMFT

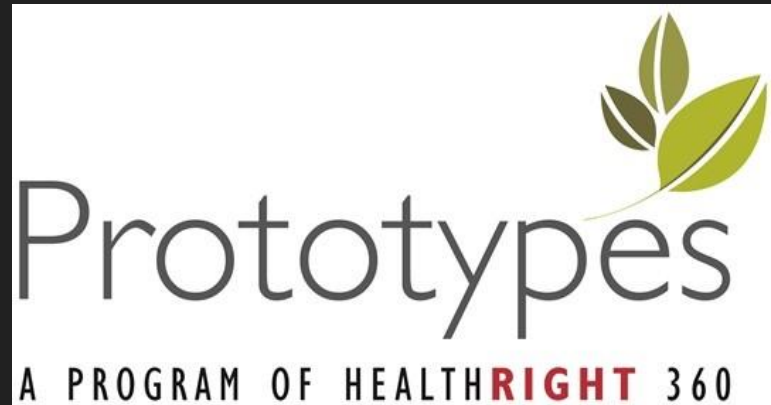
Clinical Director at Prototypes- Residential, HealthRIGHT 360

Rachael Ranney, LMFT

Clinical Director at Prototyles -DMH, HealthRIGHT 360

Co-Occurring Integrated Care Network Program: COIN

An integrated program for women with co-occurring diagnoses for recovery and mental health services.



History of COIN

- Originated out of AB 109 for Post-release Supervised Persons (PSPs)
- Need for placement for high acuity clients with co-occurring disorders
- Meeting in Oct 2017 with Los Angeles County's Department of Mental Health (DMH) and Substance Abuse Prevention and Control (SAPC) through Department of Public Health (DPH) pilot program; started seeing clients in 2018

Partners in COIN

- A collaboration between:
  - Los Angeles County Probation Department
  - Los Angeles County Department of Mental Health (DMH) and
  - Los Angeles County's Substance Abuse Prevention and Control (SAPC) agency
- Prototypes, a Program of HealthRIGHT360 holds contracts with both DMH and SAPC
- COIN is a multidisciplinary team of law enforcement/probationary professionals, social workers, psychotherapists, psychiatric providers, substance use counselors and case managers.
- Focus is on person-centered care in a structured, substance-free environment.

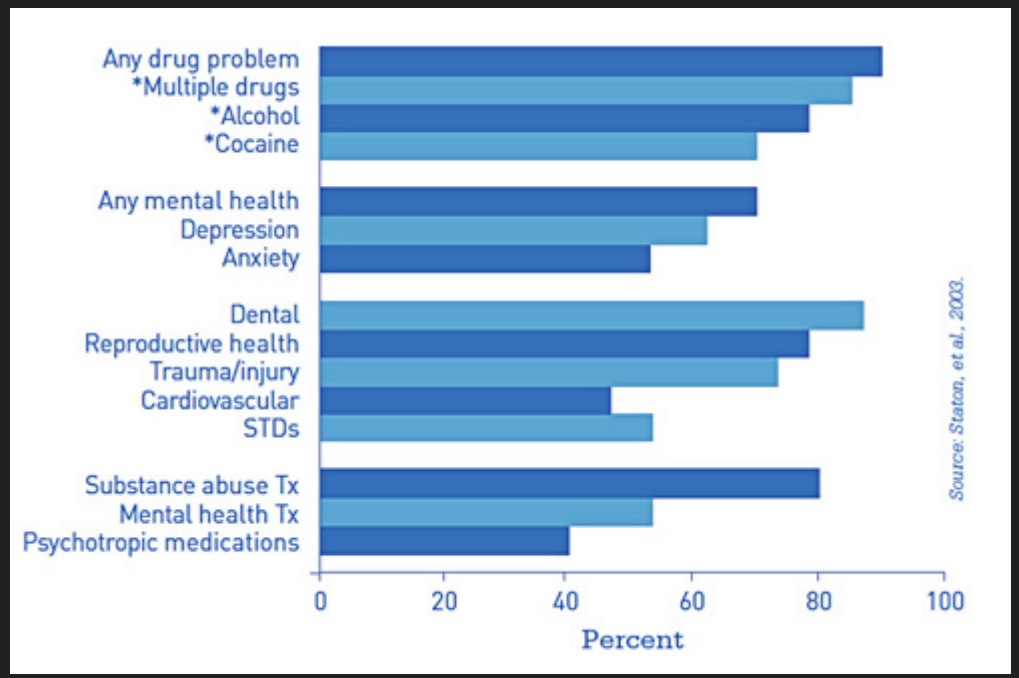
Statistics of Behavioral Health disorders in jail

Mental Disorders in Jail

"The Prevalence of Co-Occurring Mental Illness and Substance Use Disorders in Jail"
SAMHSA, Winter, 2004

Severe mental disorder-% during 2 week period	6.4% of males 12.2% of females
Schizophrenia	2.7% of males 2.0% of females
Mania	1.4% of males 1.4% of females
Major Depressive Episode	3.9% of males 10.5% of females
Substance Use Disorder	29.1% of males 53.3% of females
Among those with severe mental disorders	72% have substance use disorders
Among females with sud	14.9% had another mental d/o

Between 2000 and 2008, the number of men in prisons and jails grew by only 5 percent, while the number of incarcerated women grew by about 15 percent (Sabol et al. 2010).

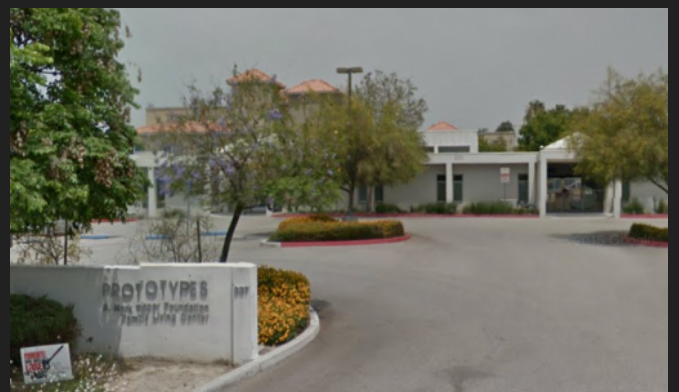


Available Treatment Services

- Residential (majority of COIN clients come in as an ASAM 3.3))
- Mental Health Treatment
- Medication services
- Case Management
- Crisis Response
- Status Updates
- Treatment Discharge

Prototypes, a program of HealthRIGHT 360 Program Description

- Prototypes will provide up to 90 days of residential an integrated treatment recovery services with mental health services. We are co-located on 7 acres at our Pomona site: Residential address: 845 E. Arrow Highway and DMH address: 831 E. Arrow Highway.
- The maximum length of stay is 90 days. Client's will be able to voluntarily participate in our Medication Assisted Treatment (MAT) services. Clients who are assessed to receive these services will be able to receive them within the first 30 days. Prototypes will aid in the transition from our integrated residential and DMH services to out patient mental health and SAPC services.



The first 72 hours when a client is enrolled:

- DMH Clinical Director will send out an email to the team with a copy of the referral to: DMH/Res treating team and supervisors, Access (referral triage), Med support and Residential team who will be assigning the client to specific Residential dorms.
- The team will collaborate and share information so we can wrap around client to support her with clear information on services she will be receiving.
- The team and supervisors review the plan for the first week of services with an emphasis on the first 72 hours to ensure an individualized assessment and treatment plan is completed to begin intensive services in both programs.

Our Integrated intensive services

Residential SAPC

- Client is enrolled in Res, SAPC and treatment plan is developed within 24 hours.
- Medical team is contacted for an appointment to be scheduled for an assessment that is to be done within 72 hours of intake

DMH

- Assessment to be started within 24 hours and planned development begins to develop client treatment plan (CTP) with MHS, TCM, Rehab, medication support goals
- This is to be completed within 72 hours of when client arrived to Res.

Within 72 hours (3 days) we have the following services in place:

Residential

- Client is: Enrolled in Res: ASAM, Tx Plan, Authorization completed and submitted within 24 hours.
- Daily schedule is developed to ensure that client is immediately being supported and active in her new daily routine of: 6 hours of recovery services.
- 3.3 LOC track provides 24 hours of recovery services per week. ***
- Client must be scheduled to participate in 5 hours of AA/NA meetings per week.

DMH

- Client is: Enrolled in DMH: Assessment, Planned development, CTP are completed within 72 hours.
- Individual therapy is scheduled 1 to 2 x a week depending on assessment.
- Psychotropic med appts. 1 x/mo. min. scheduled.
- Weekly case conference scheduled.

Integrated team providers' roles:

Res Team

- 2 SAPC therapist
- SAPC counselor
- SAPC case manager
- SAPC Supervisor

DMH Team

- DMH Clinician
- DMH Peer Advocate/Case Manager
- DMH Supervisor

- Weekly meetings
- Case conferencing with client present
- Collaboration using a secure email group and Microsoft Teams 42 CFR part 2 and HIPAA compliant systems
- Cross-discipline consultation

Total # of Clients Served in COIN

- 82 total clients served
  - 28 Completed Program
  - 27 AMA'ed
  - 14 Refused
  - 8 Misc. discharge
  - 5 Covid holds

- Demographics
  - African American: 40
  - Hispanic: 36
  - Caucasian: 5
  - Middle Eastern: 1

Case Conceptualization of a COIN client

- Referral
  - Repeated Hospitalization
  - History of Repeated Incarceration
  - History of Repeated Hospitalizations
  - Co-Occurring Disorder
  - History of Repeated Failed Placements
- Screening
  - additional information on charges
- Phone Interview
  - explanation of program
  - answer questions
  - assess level of functioning

Question and Answers

Announcements

September 2022 CCJBH Suicide Prevention and Recovery Awareness Activities

Juvenile Justice Workgroup

TBD

Diversion/Reentry Workgroup

TBD

Full Council Meeting

Friday, October 28, 2022 2:00-4:30PM

If you would like to be added to CCJBH's listserv, click HERE

THANK YOU FOR YOUR PARTICIPATION!