# Program Narrative

Since 2004, the Maricopa County Adult Probation Department (MCAPD) has made an organizational commitment to implementing Evidence-Based Practices (EBP) that have been identified for community corrections populations. This includes using a validated risk and needs assessment tool to target resources to individuals assessed as higher risk, targeting case plans to focus on criminogenic needs and incorporating referrals to cognitive-behavioral treatment/interventions. Previously, a gap was identified in the ability to provide cognitive behavioral programming to the medium-high and high risk population to target pro-criminal thoughts and attitudes.

Over the past two years, the MCAPD, in partnership with the Maricopa County Jail Re-Entry Council, has been engaged in ongoing efforts to increase the availability of the Thinking for a Change (T4C) cognitive-behavioral program to the target population who could benefit from it. Four staff trained as trainers in T4C have trained 42 probation staff as facilitators along with 85 staff from other agencies including the Maricopa County Sheriff's Office (MCSO) and various community treatment providers. This training has allowed T4C groups to be implemented in a coordinated cross-agency approach in the jail, several probation offices and a few community provider locations. A pilot project was initiated to provide coordination along with data collection and analysis.

Between April 1, 2013 and February 28, 2014, 500 individuals were referred to T4C groups. The majority (n=398, 80%) were enrolled in a group. Of those enrolled, 47% were in the community, 48% participated in jail prior to their release, and the remaining 5% began T4C in

the jail and transitioned to a community group. While there has been an increase in the ability to provide T4C, challenges have also been identified.

**1. It is difficult to engage and retain individuals in T4C programming.** In the pilot, 188 individuals were referred and enrolled in T4C groups facilitated in the community. Of those 188, 114 had an identified outcome as successful or unsuccessful. Just over half (n=63, 55.3%) were successful. The remaining 51 (44.7%) were unsuccessful. The reasons for unsuccessful outcomes indicated that 41% of those referred and enrolled never started the program. Another 57% started the program but were dismissed due to excessive absences. The primary reasons for unsuccessful completion are engagement and retention. Additional strategies need to be identified and implemented to increase the number of people starting and successfully completing T4C programming.

**2. Community providers have a complicated intake process resulting in low numbers starting community provider groups.** Probation and community treatment provider T4C groups are geographically located throughout the county with start dates staggered to decrease waiting time from referral to start date. Probation groups have a simple intake process and the advantage of being facilitated in probation offices. There are more barriers for probationers attempting to navigate the intake process of a community provider in a timely manner in order to start the provider's T4C group when it becomes available. The probationer must complete an intake with the provider and meet eligibility criteria for AHCCCS[1] or have other health insurance to fund this service. Lack of a clear intake process, miscommunications between agencies, and more steps required of probationers has led to high rates of probationers failing to start the T4C

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[1] Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid program. Arizona has expanded Medicaid under the Affordable Care Act.

program with the community provider. Of 81 referrals recently made to provider groups, only nine (11%) were enrolled in groups.

**3. A sustainable funding stream has not been identified for T4C groups.** T4C groups have been implemented by redirecting small pockets of funding. No stable funding source has been identified to allow the current level of T4C programming to be maintained. Identifying effective ways to collaborate with community partners to provide T4C will help to expand the resources available to provide this intervention.

The proposed project aims to address the challenges identified above by increasing the percentage of probationers who begin groups, increasing the percentage of probationers who are retained in group, and securing funding streams that are more sustainable, demonstrating the efficacy of the cross-agency T4C program.

Size and Demographic Make-up of the Population. At the end of February 2014, MCAPD's total probation population was 50,969. The active probation population included: 954 individuals on intensive probation supervision (IPS) and 21,598 individuals on standard probation. Approximately 37% of the probationers on standard or IPS assess as medium-high or high risk. An additional 28,417 individuals are on administrative caseloads or supervised in other jurisdictions.

The racial and ethnic distribution of the probation population is White 52.8%, Hispanic 26.5%, African-American 14.5%, Native American 3.9%, Asian .8%, and Other 1.5%. The gender composition is males 76% and females 24%. The average age is 36 with 57.6% age 35 or younger.

Organizational Structure and Staff/Probationer Ratio. MCAPD's organizational structure consists of three bureaus: Community Supervision, Assessment and Development, and

Administrative Services. The Community Supervision Bureau has four regional field divisions and a domestic violence (DV)/sex offender division. The Assessment and Development Bureau includes presentence investigations, pretrial services, programs, and specialized units for seriously mentally ill (SMI) and transferred youth.

The Department currently has 430 probation officers supervising probationers. Staff/probationer ratios vary by caseload type: IPS 1:15; Standard Probation 1:60; SMI and Transferred Youth Caseloads 1:40; Domestic Violence and Sex Offender Caseloads 2:60 (includes a surveillance officer); Minimum Assessed Risk Supervision 2:350; and Unsupervised Probation 2:500.

Evidence-Based Strategies. The Department's implementation of EBP is ongoing and has included technical assistance to support implementation. Organizational assessments and reassessments have been conducted to determine organizational readiness to change, progress in the implementation of evidence-based principles, and to develop strategic goals. MCAPD has an EBP Steering Committee that sets strategic goals and oversees specific objectives and projects in support of those goals.

The foundation of the Department's evidence-based strategies is assessing offender risk and needs and using the results to inform supervision and case plan strategies. The primary risk assessment tool used by MCAPD is the Offender Screening Tool (OST) and for reassessment, the Field Reassessment of the Offender Screening Tool (FROST). The OST and FROST have been validated and normed for adult probationers in Arizona and are used statewide.

The results of the OST are considered in sentencing recommendations and are used to determine probation supervision assignments after sentencing. Higher risk offenders are placed

on smaller caseloads with more supervision and treatment. Lower risk offenders are placed on larger caseloads with fewer supervision and treatment resources allocated to that population.

Case plans are developed collaboratively between the probation officer (PO) and probationer. Case plan goals, treatment and service referrals, and supervision levels are responsive to the probationer's risk score and the identified criminogenic needs. Responsivity factors are also considered in making treatment referrals and in the provision of ongoing supervision. A menu of graduated responses has been well-defined in policy and provides for rewards and sanctions in the course of supervision. A FROST is completed every 180 days and written case plans are updated.

To support staff in the implementation of EBP, ongoing training opportunities are provided. Routinely, trainings address assessments, case plans, effective communication, including motivational interviewing, and stages of change.

Baseline Recidivism Rate. Revocation to prison is an ongoing outcome measure for MCAPD, calculated by dividing the number of probationers revoked to prison during the reporting period by the total number of probationers terminating probation during the reporting period. The proposed project will target medium-high and high-risk probationers so the baseline recidivism rate is calculated for this group. Data from the last three fiscal years (July 1, 2010 through June 30, 2013) was used to determine the baseline recidivism rate: 37.8% of probationers assessed as medium-high or high risk with probation terminations during this three-year period were revoked to prison.

Effectiveness and Efficiency. The project will improve the effectiveness and efficiency of probation supervision by 1) targeting the limited resources available for T4C to individuals assessed as medium-high and high risk; 2) developing effective referral strategies for T4C with

community providers that increases the percentage of probationers that start group; and 3) utilizing the expansion of Medicaid and other health insurance options as a viable funding source for community providers to deliver T4C programming.

<u>Inability to Fund the Program Adequately Without Federal Assistance</u>. Over the past two years the MCAPD has successfully provided cognitive programming by having individuals trained as trainers for T4C; by training other MCAPD, MCSO and community provider staff; and by dedicating overtime funds to pay probation officers to provide groups. The capacity to facilitate more T4C groups now exists. There is cross-agency recognition and support for continuing and advancing T4C groups with the target population. However, a dedicated funding source to allow T4C groups to continue has not been identified and the ongoing use of overtime funds is tenuous. The MCAPD believes that the key to sustainable funding for T4C relies on identifying ways to obtain reimbursement for community providers from AHCCCS or other health insurance options, for eligible probationers. The dedicated coordinator requested in the grant is necessary to these efforts and to 1) oversee and coordinate the implementation of cognitive-behavioral programming; 2) identify and develop an effective referral and enrollment process; and 3) improve engagement and retention strategies in community groups. Federal funding is essential to ensuring the sustainability of the efforts that have been started to demonstrate to local policy makers the impact the T4C intervention is having on the target population in Maricopa County.

Program Design and Implementation

In this section, **bold print** is used to connect the project to goals set forth in the solicitation and *italicized print* is used to address allowable uses of funds.

The overall goal of the <u>Smart Thinking: Expanding Thinking for a Change Capacity through Collaboration</u> project (hereafter, Smart Thinking) is to strengthen and sustain the cross-agency

T4C program in order **to reduce recidivism and increase community safety** by improving the engagement and retention of 864 medium-high and high risk probationers in T4C groups. MCAPD will accomplish this by collaborating with TERROS to **develop and implement a comprehensive evidence-based model** that can be replicated by other community providers to effectively facilitate T4C. This will include connecting uninsured probationers to AHCCCS or the health care exchange.

There are six Smart Thinking objectives that will *increase the capacity of the adult probation agency in Maricopa County to* **improve supervision strategies to reduce recidivism**:

1) **Identify medium-high and high risk probationers and make referrals to T4C** *using OST/FROST results.*

2) *Increase capacity to* **deliver the evidence-based T4C program to medium-high and high risk probationers**, thus helping to *provide programming of the appropriate type and dosage.* T4C is a 25-session integrated cognitive behavioral change program that includes cognitive self-change, social skills, and problem solving skills. Research shows that new criminal offense rates for those who successfully completed T4C dropped 33%[2]. The T4C program coordinator will manage a master schedule with various geographic locations of T4C groups scheduled with staggered start dates. The program coordinator will place newly referred probationers in a T4C group based on convenient location and upcoming group start dates. Jail referrals will be placed in a community group, picking up on the next session or phase following the T4C sessions completed in jail.

Community T4C groups will be held at five (5) probation office locations and three (3) TERROS (community provider) locations. Smart Thinking will deliver 17 groups in year 1 (with

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[2] National Institute of Corrections Information Center (2011). Thinking for a Change and Cognitive Behavioral Programs Annotated Bibliography. Available online at www.nicic.gov/Library/025533

a 9-month implementation period) and 24 groups in both year 2 and year 3 for a total of 65 groups. Through engagement and retention strategies, more referred probationers will enter and complete the program each year; the numbers to receive T4C services per year are 183 in year 1, 306 in year 2, and 375 in year 3, for a total of 864 served.

The T4C program will be delivered with fidelity to the program model. Groups will be provided by co-facilitators who have received T4C training. The 25-lesson curriculum will be delivered in two group sessions per week over 13 weeks. The program coordinator will provide T4C facilitator training and conduct quality assurance reviews on T4C groups. In addition, the coordinator and two lead facilitators will obtain T4C facilitator certification.

3) Increase participant engagement and retention in T4C. Strategies will be developed to increase the number of probationers successfully completing the T4C program. Examples include *training* referring probation officers on who, when, and how to refer probationers to T4C to increase the percentage of referrals starting the program, and *developing timely and meaningful responses from facilitators and supervising probation officers when a participant is absent from a scheduled T4C session.* Evidence-based approaches, such as motivational interviewing, positive reinforcement, and *graduated responses,* are incorporated in ongoing supervision strategies and will be utilized by probation officers to encourage and support probationers' participation in the program.

4) **Create and implement a replicable model of increased collaboration among probation and treatment agencies offering a variety of treatment and reentry services.** TERROS, Inc., a community-based behavioral health treatment agency, will provide T4C groups at TERROS' facilities. A process will be developed to streamline the referral, intake and entrance of medium-high and high risk probationers into a TERROS T4C group and to resolve barriers in this process, while meeting TERROS' need to properly assess behavioral health needs for a qualifying

mental health disorder or substance abuse history. The model will include *interagency co-facilitation of T4C groups* (one probation staff and one counselor), *increased communication and skill building regarding effective supervision strategies with medium-high and high risk probationers, and T4C program oversight* by the T4C program coordinator *to ensure the T4C groups are being delivered with fidelity.*

TERROS will be paid by AHCCCS or other health insurance for providing the T4C service. Before a probationer is referred to TERROS for T4C, the T4C program coordinator will determine that the probationer is likely to meet the criteria of 1) a substance use history and/or a need related to mental health, and 2) the probationer is enrolled in AHCCCS or another healthcare plan. If the probationer is not enrolled in healthcare, the probationer will receive education and assistance to do so. Probationers referred to T4C who do not meet the criteria for placement with TERROS will be placed in a T4C group provided by MCAPD.

Development of a replicable model with a community provider creates the opportunity to utilize Affordable Care as a new funding source for T4C and, in the future, to expand T4C program capacity through additional community providers.

5) **Develop and implement strategies to enroll uninsured probationers into AHCCCS or other health insurance options through health exchanges and expand a probationers' access to health care services.** MCAPD is engaged with Enroll America and Keough Health Connections to educate *and enroll the probation population into healthcare.* This will be an ongoing process for the next several years. Healthcare coverage will enable eligible probationers to access the T4C program with TERROS (and eventually other community providers) and *will also expand probationers' access to other health and behavioral health services to improve outcomes.* TERROS, for example, offers a full array of behavioral health services and has co-

located medical care; probationers who complete an intake at TERROS could access not only T4C, but additional services to address their needs.

6) **Objectively evaluate the impact of the innovative and evidence-based supervision and treatment strategies,** through a partnership with Arizona State University (ASU). Research partners from ASU have been identified and contributed to the development of this proposal. ASU will assist with data collection, ongoing analysis, monitoring, and *assessment of project performance and outcomes.* The implementation of this project and its evaluation will **demonstrate the use and efficacy of evidence-based practices and principles to improve the delivery of probation supervision strategies and practices.** The project and its evaluation will provide meaningful information about the program's value that will be shared with local policy makers.

Based on the existing efforts, a 90-day planning period is believed sufficient to complete the BJA requirements for the planning phase. Program partners and evaluators will work closely during the planning period and hold regularly scheduled programmatic reviews, no less than quarterly, throughout the project. The evaluator will provide a final evaluation report.

Mandatory Components:

- MCAPD's commitment to the proposed project is evidenced by ongoing efforts to build T4C capacity over the past two years, the attached letter of commitment from the Chief Probation Officer, and identification of key project personnel. Letters are attached showing executive support from Maricopa County's Jail Re-entry Council and key project partner, TERROS.

- The project design incorporates several evidence-based principles, such as the OST/FROST assessment tools to identify participants' risk and needs, the use of Thinking for a Change, collaboration with a treatment provider, and ongoing evidence-based supervision practices.

- The baseline recidivism rate is described on page 5.

- ███████████ and ██████████, ASU, have been identified as qualified research partners and their activities are included in the proposal. (Resumes and letter attached).

## Capabilities and Competencies

The Maricopa County Adult Probation Department will be the grantee with primary responsibility for the project. MCAPD is a current Office of Justice Programs (OJP) grantee and has successfully managed numerous federal grants from OJP and the Substance Abuse and Mental Health Services Administration. Over the past 20 years, MCAPD has operated many demonstration projects that included collaboration with external partners. MCAPD has partnered with evaluators from various organizations, including RAND, Vera Institute, and ASU. MCAPD uses a management information system called APETS (Adult Probation Enterprise Tracking System), which serves as the case management system for individuals on probation. Client level data is maintained in APETS and includes demographics, risk/need assessment information, and probation outcomes.

███████████ will be the grant coordinator, responsible for coordination and oversight of project activities, collaboration with project partners, and grant reporting. She will convene meetings for project planning and periodic status reviews during project implementation. █ ███ will be involved in the day-to-day operations of the program, managing the scheduling of group cycles, placement of referrals, assignment of MCAPD T4C co-facilitators, training of T4C facilitators, and efforts to develop and implement engagement and retention strategies. She will collect and report data for the project's performance measures. ████████ will report to the director of the Programs Division, in the chain of command of the deputy chief who sits on the Jail Re-entry Council. She served as T4C program coordinator during the T4C pilot project.

█████████ has been a T4C group facilitator since 2009 and a T4C facilitator trainer for the past four years. She has trained over 100 T4C facilitators, which includes MCAPD staff and individuals working for partner organizations.

TERROS, Inc., a community-based nonprofit organization founded in 1969, provides a full array of behavioral health services from prevention and crisis response to a complete continuum of outpatient services focusing on recovery and relapse prevention. In 2011, TERROS began a new initiative to integrate behavioral and medical health. Two medical clinics have been co-located at TERROS sites providing a full array of medical services. TERROS has implemented electronic health records and is able to provide client level data. TERROS has extensive experience serving justice-involved clients and it is estimated that approximately 39% of TERROS' current client base are probationers. TERROS is committed to the proposed initiative. Several staff have been trained as T4C facilitators and participate on interagency co-facilitation teams. TERROS identified and appointed █████████ as T4C program lead and project liaison.

The mixed methods evaluation will be conducted by █████████ and █████████ from the School of Criminology and Criminal Justice at ASU, aided by one or more doctoral students yet to be identified. █████████ and █████ have a history of successful program and policy evaluations, including previous evaluations of programs implemented by MCAPD. They are familiar with the Department's risk and needs assessment instruments, automated case management information system, and organizational structure.

Plan for Collecting the Data Required for this Solicitation's Performance Measures

Participation in prior BJA grants has allowed the MCAPD to become familiar with identifying, collecting and reporting data for various Performance Measurement Tools (PMT). For this grant, the grant coordinator will maintain records and meeting minutes to accurately

capture and provide documentation of the collaboration that occurs along with any referral or intake processes developed. Training rosters will be maintained of any trainings that occur.

Participants in T4C will be tracked through APETS. During the planning phase of the grant, protocols will be developed to ensure consistent data entry of variables essential for key performance measures. APETS currently tracks demographics, risk/need assessments, program participation and probation outcomes. Reports will be developed to extract data on T4C participants on a quarterly basis for reporting. During the planning phase, protocols for collecting data for any items required in the PMT that are not in APETS will be developed.

Impact/Outcomes, Evaluation, and Sustainment

The evaluators will work collaboratively with the MCAPD to develop a logic model that finalizes plans to identify, collect and record the data needed for the Performance Measures required by the solicitation. Evaluators will work with the program coordinator and other stakeholders to finalize the evaluation plan to incorporate both qualitative and quantitative measures to document and assess the process, the impact, and the sustainability of the goals set forth in the proposal.

The intermediate goals are to strengthen the cross-agency T4C program by taking steps to increase the number of probationers who enter and complete the program, and to work in collaboration with a community provider to increase the capacity of the T4C program. To achieve the first of the intermediate goals, MCAPD must develop and implement strategies to improve the processes by which (1) eligibility is determined and (2) appropriate referrals are made (3) in a timely manner that results in an increased likelihood that the probationer will (4) enter, (5) become engaged with, and (6) successfully complete T4C programming. The second intermediate goal focuses attention on the Department's collaboration with TERROS, to expand

T4C capacity and positive outcomes by (1) developing effective strategies to engage and retain probationers in T4C programs, (2) increasing enrollment in T4C programs among those probationers who are eligible for AHCCCS and other health care options, and (3) establish a funding source that will provide long-term sustainability of T4C programming for this subset of probationers.

The formative evaluation will rely on field observations, stakeholder interviews, and formal records to document the efforts by MCAPD to implement the proposed strategies. Evaluative findings will be shared in a timely manner with the coordinator and others who can make adjustments as needed to improve the integrity of the programs. The evaluation team will incorporate quantitative methods to determine the degree to which MCAPD's activities had the desired effects on the number of T4C groups offered, the capacity of those groups, the number and eligibility of referrals, the time between referral and entry to T4C programs, and the numbers and characteristics of those who entered, who sustained, and who completed T4C programs.

The outcome evaluation will incorporate a quasi-experimental research design to assess the impact of referral, entry, engagement and completion of T4C programs. Using APETS data, the evaluators will use Propensity Score Matching to construct an artificially derived "group" of similarly situated probationers for comparison to probationers who were referred to T4C programming. Matching will identify a large number (e.g., 1,000) of probationers who are similar on salient factors to the group referred to treatment (e.g. risk, offense, age). This method creates two groups that appear equivalent on a limited number of measureable factors, and observable differences in probation outcomes may be due, in part, to the probationer's participation in the T4C program. In the absence of random assignment the quasi-experimental design will have to address some uncontrolled threats to internal validity, most specifically the

fact that participation and engagement is voluntary and it is not possible to disaggregate the effects of the probationer's self-selection into the program from the effects of the program itself. The evaluative research question is "Do those probationers who are referred to the T4C program have a greater probability of successful completion of probation than similarly situated probationers who are not referred to the T4C program?" If yes, the expanded use of T4C will be an important means of creating safer communities and reducing the number of probationers revoked to prison.

Sustainability. The MCAPD is committed to working with the Maricopa County Jail Re-Entry Council to develop a sustainable cross-agency T4C program to effectively address pro-criminal thinking and attitudes among medium-high and high risk offenders. The current use of overtime for probation officers to co-facilitate T4C groups is not a sustainable model. It has helped build momentum and buy-in from the Maricopa County Jail Re-Entry Council, MCSO, and the Maricopa County Regional Behavioral Health Authority (RBHA), which oversees and funds the community providers. Grant funding would provide the resources and time needed to develop and implement an efficient and effective model to refer, process, engage and retain offenders in community provider T4C groups. Historically, funding this targeted intervention through the behavioral health system has not been possible, but with the Affordable Care Act bringing parity for substance abuse and mental health and Arizona's decision to restore Medicaid, opportunities exist for community providers to offer T4C as an effective intervention for substance abuse and mental health. This expands the pool of potential providers of this service.