

STAFF REPORT

Report To:	Board of Health	Meeting Date:	July 16, 2020		
Staff Contact:	Mary Jane Ostrander (mostrander@carson.org); Faith Barber (fbarber@carson.org); Nicki Aaker (naaker@carson.org)				
Agenda Title:	For Discussion Only: Discussion and presentation regarding the Forensic Assessment Services Triage Team (FASTT), including an overview of the composition of the team and its objectives and performance measurements. [Mary Jane Ostrander (mostrander@carson.org); Faith Barber (fbarber@carson.org); Nicki Aaker (naaker@carson.org)]				
	the Carson City Jail, the Commun Resource Center, designed to pre Manager, is a member of FASTT has assisted in developing perform	mprovement Plan. I City Health and Hur hity Counseling Cent event inmate recidivi and works directly w mance measures, w reporting. FASTT is	FASTT is a criminal justice man Services Department (CCHHS), ter and the Ron Wood Family ism. Faith Barber, CCHHS Case with inmates. Mary Jane Ostrander which are submitted to a statewide supported by a grant from the State		

Agenda Action: Other / Presentation

Time Requested: 20 minutes

Proposed Motion

N/A

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

FASTT was initiated in the Carson City Jail by Dr. Joe McEllistrem with funding made possible by the State of Nevada, Division of Public and Behavioral Health approximately seven years ago. In 2017, CCHHS Human Services Case Manager, Faith Barber, was invited to join the team. The goal of the program is to connect inmates with resources while in jail and for continuation of behavioral health care once the individual is released. Prior to 2019, it was identified that no data was being collected, making it difficult for program evaluation and continued funding. During 2019, performance measurements were developed with input from all the Nevada counties that have FASTT.

The State of Nevada, Division of Public and Behavioral Health has indicated that after 2021, the program will no longer be funded through their agency; if the various counties wish to continue it, funding will need to be obtained elsewhere.

Applicable Statute, Code, Policy, Rule or Regulation N/A

Financial Information Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted?

Explanation of Fiscal Impact:

<u>Alternatives</u>

N/A

Attachments: FASTT_Presentation_2.pdf

Board Action Taken:

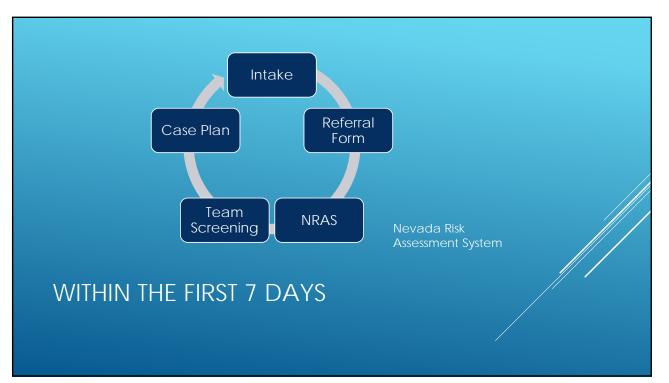
Motion:	1)		Aye/Nay
	2)		
		-	

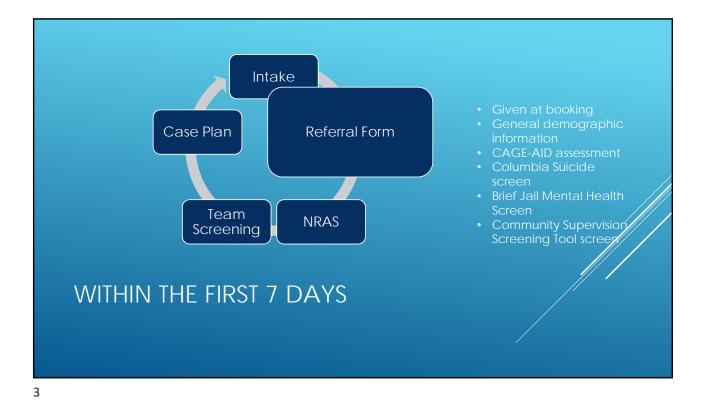
(Vote Recorded By)

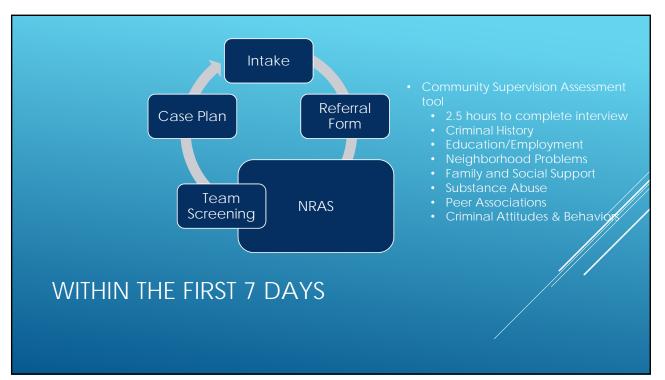
FORENSIC ASSESSMENT SERVICES TRIAGE TEAM

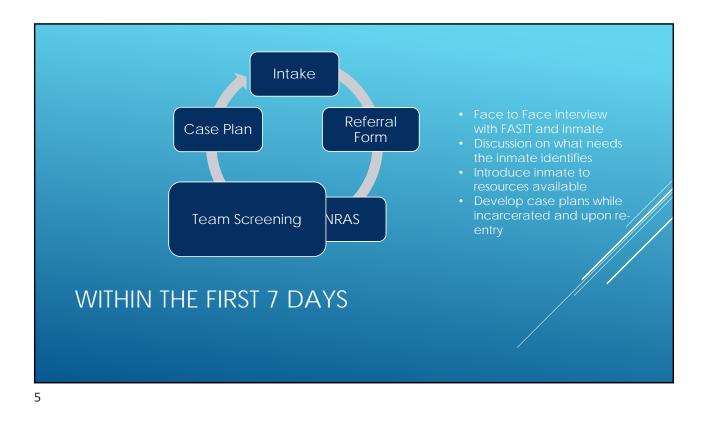
Faith Barber, CCHHS Community Health Worker Erika Lera, RWFRC, Life Coach Marci Vest-Young, Rural Clinic Service Coordinator Donya Niehoff, Community Counseling Center

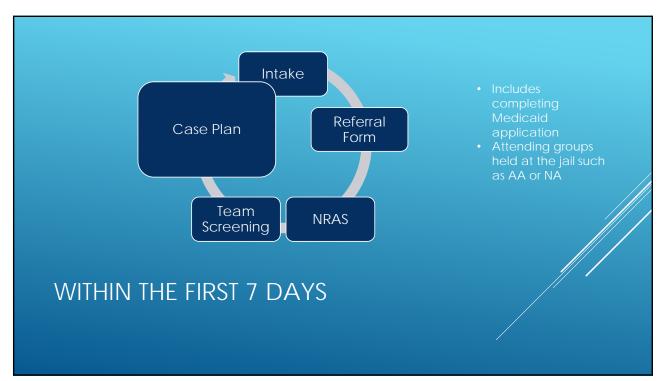
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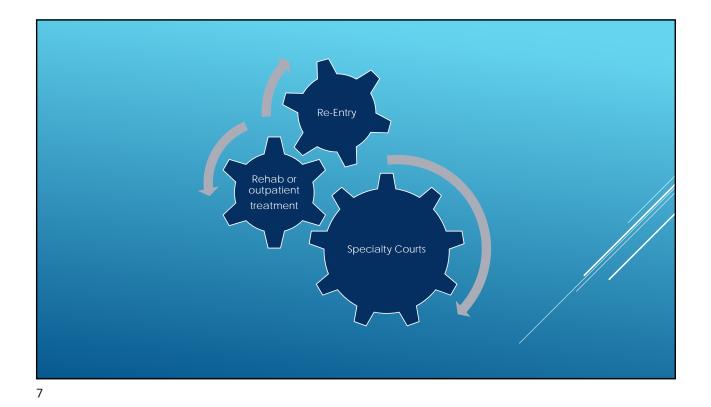


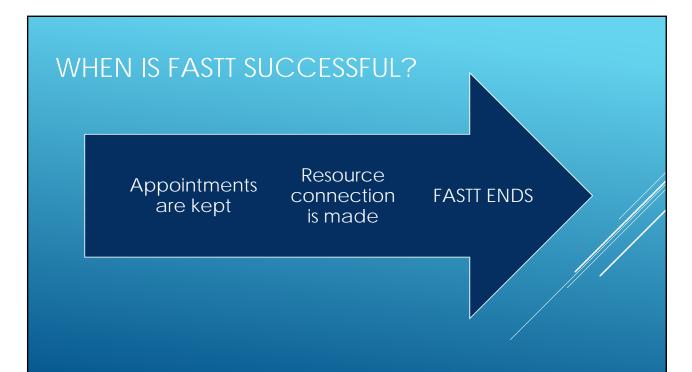












PERFORMANCE MEASURES:

GOAL 1: RISK/NEED- To use the criminogenic risk and behavioral health needs framework and criminogenic model to ensure 95% of the SAPTAfunded FASTT services are prioritized for moderate to very high risk individuals with moderate to high behavioral health needs.

GOAL 2: To reduce substance use, improve functioning, and promote recovery for individuals who are at moderate to high-risk to reoffend.

GOAL 3: To ensure individuals who are at moderate- to very-high risk to recidivate and who have medium to high mental health needs are prioritized for services and are connected to community-based services.

PERFORMANCE MEASURES GOAL 1:

- Outcome Objective 1a: To use the criminogenic risk and behavioral health needs framework and criminogenic-model to ensure 95% of the SAPTA-funded FASTT services are prioritized for moderate-to veryhigh risk individuals with moderate to high behavioral health needs.
- Outcome Objective 1b: Screen at least 95% of the individuals referred to FASTT for their criminogenic risklevel, using the evidence-based Community Supervision Screening Tool (CSST).
- Outcome Objective 1c: Using the evidence-based Community Supervision Tool (CST), assess at least 25% of the individuals who score high-risk to reoffend on the CSST.
- Outcome Objective 1d: Provide case management for at least 95% of the individuals who have completed a CST assessment, who score moderate to very high risk to reoffend, and who have moderate to high behavioral health needs; as evidenced by the person's scores on the criminogenic need domains and any responsivity indicators.
- Outcome Objective 1e: Based on the CST assessment, develop an individualized, comprehensive case
 plan for at least 75% of the individuals who score moderate to very high-risk to reoffend and who have
 moderate to high behavioral health need.
- Outcome Objective 1f: FASTT staff will provide 2, 1.5 hour standardized, evidence-based, public formain, curricula-based intervention groups each week that target the majority of the participants' criminogenic needs, as determined by the CST criminogenic domains.
- Outcome Objective 1g: Using status reports, FASTT staff will coordinate cases with the referring agencies for at least 95% of the moderate- to very-high risk individuals who are referred by a criminal justice source, such as an officer of the court, a jail representative, or a parole or probation officer.

PERFORMANCE MEASURES GOAL 2

- Outcome Objective 2a: At least 95% of the individuals referred to FASTT will be screened for substance use indicators using the CAGE-AID.
- Outcome Objective 2b: At least 75% of the moderate to very-high risk to re-offend individuals who screen positive on the CAGE-AID will be formally referred to a licensed community-based substance use treatment provider.
- Outcome Objective 2c: At least 95% of the individuals who screen
 positive on the CAGE-AID will be referred to a mutual or self-help support
 group, such as Alcoholics Anonymous or Narcotics Anonymous.

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PERFORMANCE MEASURES GOAL 3

- Outcome Objective 3a: At least 95% of all FASTT referrals will be screened for mental health indicators using the Brief Jail Mental Health Screen (BJMH).
- Outcome Objective 3b: At least 95% of the moderate to very-high risk individuals who score positive on the BJMH Screen will be formally referred to a mental health clinician for a follow-up appointment.