

DREXEL UNIVERSITY &
UNIVERSITY OF PITTSBURGH



Bucks County

Report of the Cross-Systems Mapping Workshop

Spring Mill Country Club

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Transforming Services
for Persons with Mental Illness in
Contact with the Criminal Justice System

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Bucks County, Pennsylvania

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Introduction

The purpose of this report is to provide a summary of the Pennsylvania Mental Health and Justice Center of Excellence *Cross-Systems Mapping* workshop held in Bucks County, Pennsylvania, on September 29th and 30th, 2010, conducted by the Pennsylvania Mental Health and Justice Center of Excellence. The workshop was hosted by the Bucks County Forensic Executive Committee as part of an ongoing process of developing collaborative systems of support for individuals who have mental illness and/or substance use and/or developmental disabilities and who come in contact with criminal justice. This report (and accompanying electronic file) includes:

- A brief review of the origins and background for the workshop;
- A summary of the information gathered at the workshop;
- A cross-systems intercept map as developed by the group during the workshop;
- A description of each intercept along with identified gaps and opportunities;
- An action planning matrix as developed by the group; and
- Observations, comments, and recommendations to help Bucks County achieve its goals.

Background

The Bucks County Forensic Executive Committee and multiple other stakeholders requested the Center of Excellence *Cross-Systems Mapping* workshop to promote progress in addressing criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system. As part of the workshop, they were requested to provide assistance to Bucks County with:

- Creation of a map indicating points of interface among all relevant Bucks County systems;
- Identification of resources, gaps, and barriers in the existing systems; and
- Development of priorities to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness and/or substance use and/or developmental disabilities in contact with the criminal justice system.

Prior to the workshops, the Center of Excellence gathered information about Bucks County through a *Community Collaboration Questionnaire*, a preliminary meeting by conference call, and gathering of documents relevant to the population.

The participants in the workshops included thirty-nine (39) individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available in Appendix A of this document. Patricia A. Griffin, PhD, Senior Consultant from the Pennsylvania Mental Health and Justice Center of Excellence and the CMHS National GAINS Center and Mary M Gregorio, MA, Consultant for the Southeast Regional Mental Health Services Coordination Office facilitated the workshop sessions. Tory Bright and Paul Butler of the Southeast Regional Mental Health Services Coordination Office;

Chris Finello, JD, PhD from the Philadelphia Department of Behavioral Health; Sarah Filone, MA, Sarah Dorrell, MSW, and Casey LaDuke from the Pennsylvania Center of Excellence also provided support.

About the Workshop

Upon receiving a grant from the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Public Welfare's Office of Mental Health and Substance Abuse Services, the Pennsylvania Mental Health and Justice Center of Excellence was developed as a collaborative effort by Drexel University and the University of Pittsburgh. The mission of the Center of Excellence is to work with Pennsylvania communities to identify points of interception at which action can be taken to prevent individuals with mental illness from entering and penetrating deeper into the justice system.

The Center of Excellence workshops, *Cross-System Mapping*, are unique services tailored to each Pennsylvania community. These workshops provide an opportunity for participants to visualize how mental health, substance abuse, and other human services intersect with the criminal justice system.

This workshop is unlike other types of consultations or staff development training programs. A key element is the collaborative process. Meaningful cross-system collaboration is required to establish effective and efficient services for people with mental illness and co-occurring substance use disorders involved in the criminal justice system. This makes the composition of the group extremely important. While some workshops involve advertising to the entire provider community, it is essential in the *Cross-System Mapping* workshops that the organizers gather a group that represents key decision makers and varied levels of staff from the relevant provider systems. Center of Excellence staff work with this group, serving as expert guides to help:

- Create a cross-systems map indicating points of interface among all relevant local systems;
- Identify gaps, opportunities, and barriers in the existing systems;
- Optimize use of local resources;
- Identify and prioritize necessary actions for change; and
- Develop an action plan to facilitate this change.

Upon completion of the workshops, the Cross-Systems Map included in the report is provided in both print and electronic formats. It is meant to be a starting point. The electronic files can be revised over time to reflect the accomplishments and changes in the planning process.

Objectives of the Cross-Systems Mapping Exercise

The *Cross-Systems Mapping Exercise* has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders and/or developmental disabilities move through or interface with the Bucks County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

Keys to Success

Existing Cross-Systems Partnerships

Bucks County's history of collaboration between the criminal justice and behavioral health systems is reflected in a number of existing local efforts that were identified prior to the mapping. For example, these collaborations include:

- Development of the Bucks County Criminal Justice Advisory Board
- Bucks County Forensic Mental Health Project, launched in 2002, resulted in the development of a number of cross-system collaborative efforts and included recommendations for enhancements across all intercepts (see attached report for detail)
- Forensic Mental Health Implementation Committee – Formed in 2004, this committee is comprised of a panel of experts dedicated to implementing the field's best practices to match the needs identified listed in the *Bucks County Forensic Mental Health Panel Final Report*. This Implementation Committee approached the challenge by establishing committees charged with identifying programmatic strategies in three areas, recognizing they would also need to look at administrative issues as a part of each area:
 - Training and Education
 - Direct Services
 - Resources/Networking
- Bucks County Forensic Executive Committee (includes representatives from Mental Health/Mental Retardation, Drug and Alcohol, Behavioral Health, Adult Probation/Parole, Juvenile Probation Office, and the Department of Corrections)
- CIT Task Force (includes members from NAMI, Certified Peer Specialist, law enforcement, County BH-MH/MR-DA and Lenape Valley Foundation)
- Collaborative meeting – Severe and Persistent Mental Illness (includes representatives from Mental Health, Substance Abuse, Public Defender, Community Providers, Probation and Parole, Housing Group, Jail Substance Abuse Unit, Jail Mental Health Unit)jail administration and jail case management staff.
- Crisis Intervention Training for law enforcement, corrections, emergency dispatch, crisis workers, security personnel and ambulance crews.
 - Currently 79 law enforcement personnel are certified CIT officers after participating in the 40 hour training

- Forensic Re-Entry Enhancement Program (FREE) that includes two dedicated Peer Recovery Specialists
- Forensic Assertive Community Treatment
- Community Treatment Team
- Bucks County Housing Coalition, Forensic Housing Consultant
- Dedicated Court/Probation boundary spanner
- Probation and Parole training on evidenced based approaches including Motivational Interviewing, Stages of Change, etc.

Consumer/Family Involvement in the Workshops

- Consumers/Recovering persons, Peer Specialists Pete Duma, Jonathan Sigal, and David Varner participated and added valuable information to the discussion.
- Family representatives included family members and National Alliance on Mental Illness participants Debbie Moritz and Carol Meholic who provided valuable insight into family and consumer issues.

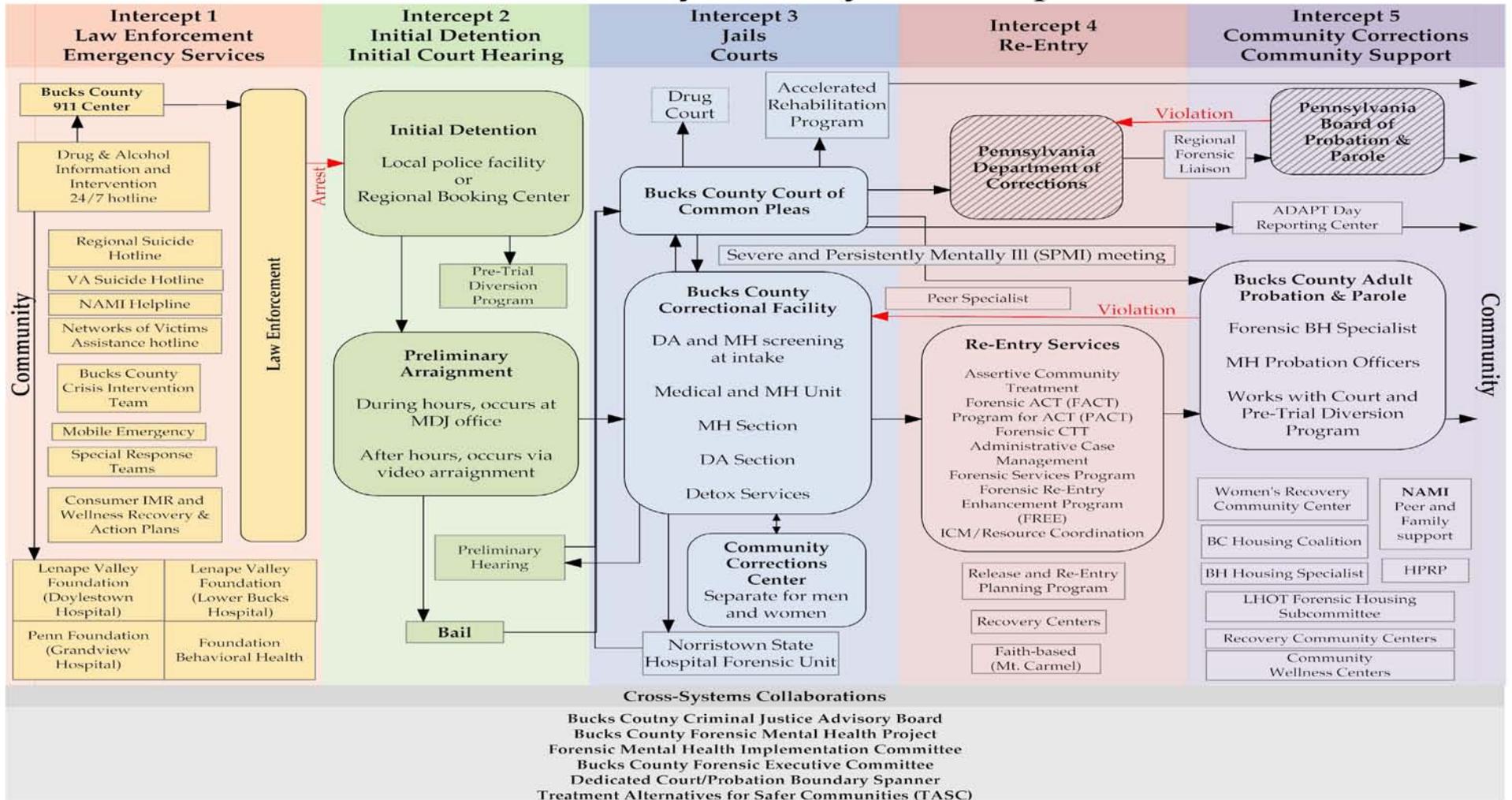
Representation from Key Decision Makers in the Workshops

The workshops included wide cross-system representation and involved many of the key decision makers. Opening remarks by Bern McBride from the Behavioral Health System and Harris Gubernick from the Bucks County Department of Correction and Chair of the Bucks County Criminal Justice Advisory Board set the stage and established a clear message as to the importance of the workshop. Dawn Seader, the Deputy Mental Health Administrator welcomed participants and introduced the facilitators.

Data Collection

In addition to the information gained during the workshop, the information in this report was developed from conversations with and questionnaires completed by key stakeholders, the May 2010 Bucks County Behavioral Health Services & the Adult Criminal Justice System Accomplishments and Continued Needs Report, the County of Bucks Department of Corrections 2009 Annual Report, and the Bucks County Forensic Mental Health Panel Final Report from 2003.

Bucks County Cross Systems Map



Bucks County Cross Systems Narrative

The *Cross-Systems Mapping* exercise is based on the Sequential Intercept Model developed by Mark Munetz, M.D. and Patty Griffin, Ph.D.,¹ in conjunction with the National GAINS Center. In this workshop, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

This narrative reflects information gathered during the *Cross-Systems Mapping Workshop*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Bucks County Cross-Systems Map. The cross-systems local task force may choose to revise or expand information gathered in the activity.

The gaps and opportunities identified in this report are the result of “brain storming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of Bucks County stakeholder opinions, and are therefore subjective rather than a majority consensus.

General Description of Services and Cross-System Collaboration

Bucks County was one of the three original counties in Pennsylvania and was named by William Penn after Buckinghamshire, England. Bucks County is famous nationwide for its historic sites, including the Mercer Museum, Washington Crossing Historic Park, Pennsbury Manor, and Pearl S. Buck House.

Currently, Bucks County is comprised of roughly 608 square miles of land and 15.8 square miles of water. There are approximately 620,000 people within 23 boroughs and 31 townships. It is the fourth most populous County in Pennsylvania.

The County has been building a continuum of criminal justice and behavioral health services for many years that provides a basic foundation for continued growth and reorganization on all levels. There are a number of established links, both formal and informal, between the courts, probation, police departments, corrections and the mental health system, including but not limited to:

- Forensic Executive Committee for Behavioral Health (includes heads of Adult and Juvenile Probation and Parole, Corrections, Mental Health/Developmental Disabilities, Substance Abuse, Behavioral Health, Medicaid Services-Health Choices)
- A collaborative Mental Health, Substance Abuse, Providers and Department of Corrections meeting held at the jail
- Quarterly Advisory meetings with Probation and Parole, Forensic Assertive Community Treatment Team (FACT), Community Treatment Team Forensic Services Program (FSP) focused on individuals with mental illnesses
- Forensic Services Program through CTT and FACT

¹ Munetz, M. & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

- Forensic Behavioral Health Specialist
- CIT Task Force
- Crisis Intervention Training that provides a 1-day introduction to CIT
- 79 law enforcement personnel who are certified CIT officers in the County after having completed the full 40 hour CIT training
- Housing Specialist
- A MOU between Behavioral Health and Adult Probation and Parole was signed in March 2000, Executive BH-CJ Steering Committee

The Bucks County Behavioral Health System serves as the County's umbrella and coordinating organization for the activities of the Department of MH/MR, Drug and Alcohol Commission, and HealthChoices Behavioral Health (BCBHS directly oversees the performance of the County's subcontractor – Magellan Health Services).

The Mental Health/Mental Retardation Department is responsible for the administration of services to Bucks County residents with a mental illness or mental retardation and their families. The purpose of the services is to support individuals to live in the community and to assist them in actively participating in community life.

Services are provided at a variety of agencies located throughout the County. Services include: Crisis Services, Outpatient Therapy, Partial Hospitalization, Assertive Community Treatment (ACT) Teams, Community Treatment Teams (CTT), Administrative Case Management, and Blended Case Management. Housing services include: Adult Respite, Intensive, Maximum and Moderate Community Residential Rehabilitation (CRR), and Supported Living. Psychiatric Rehabilitation Services include: Clubhouse, Psycho-Social Programs and Consumer Run Drop in Centers. Vocational and Employment services are also available. Children's services include: Outpatient Therapy, Partial Hospitalization, Intensive Case Management, Family Based Mental Health Services, School Based services, Student Assistance Program, and the L.I.F.E. program which provides parent advocacy, education and information and referral services. National Alliance on Mental Illness (NAMI) provides support groups and education classes for families.

The Mental Health/Mental Retardation Department works closely with the county Medical Assistance/HealthChoices program to coordinate all publicly funded behavioral health services and supports. Many individuals with serious and persistent mental illness qualify for both Medical Assistance/HealthChoices supports and county-funded supports. Magellan Behavioral Health contracts with local agencies throughout the county to provide services.

Bucks County has four Core Providers for adult mental health services:

Penn Foundation

Mental Health, Mental Retardation and Early Intervention
Sellersville, PA 18960

Lenape Valley Foundation

Mental Health and Mental Retardation
Doylestown, PA 18901

Penndel Mental Health Center

Mental Health and Mental Retardation
Penndel, PA 19047

Family Services of Bucks County

Cornerstone Executive Suites
4 Cornerstone Drive
Langhorne, PA 19047

Additional resources for adult services are available at
www.buckscounty.org/government/departments/HumanServices/MentalHealth

The Bucks County Drug and Alcohol Commission, Inc. serves as the Single County Authority (SCA) for substance use, abuse and addiction –addressing prevention, intervention and treatment services. It is an affiliate county agency and is a component of the Bucks County Behavioral Health System under the county’s Division of Health and Human Services.

The SCA contracts for a full continuum of treatment services for those with substance abuse and addiction issues as well as co-occurring physical and mental health issues. Contracts are also in place for prevention and intervention services in the community.

This entity also works closely with the county Medical Assistance/Health Choices program to coordinate all publicly funded behavioral health services and supports. Many individuals with serious and persistent mental illness also have a co-occurring substance use disorder and qualify for both Medical Assistance/Health Choices supports and SCA-funded supports. Magellan contracts with local agencies throughout the county to provide services.

Key intake/assessment agencies include:

Aldie Counseling Center
228 North Main Street
Doylestown, PA 18901
215-345-8530
www.aldie.org

Aldie Counseling Center
2291 Cabot Blvd. West
Langhorne, PA 19047
215-642-3230
www.aldie.org

Penn Foundation – The Recovery Center
807 Lawn Avenue
Sellersville, PA 18960
215-257-9999
1-800-245-7366
<http://www.pennfoundation.org>

TODAY, Inc. (Adolescent Specialty)
P.O. Box 908
Newtown, PA
215-948-4713
www.todayinc.org

Council of Southeast Pennsylvania, Inc.
Bailiwick Office Campus
252 West Swamp Road Unit 12
Doylestown, PA 18901
24 HOUR HOTLINE:
1-800-221-6333
www.councilsepa.org

Additional resources can be found
at <http://www.buckscounty.org/government/departments/HumanServices/DrugandAlcohol/index.aspx>

and also at the Network of Care site:

<http://bucks.pa.networkofcare.org/mh/home/index.cfm>

Intercept I: Law Enforcement / Emergency Services

911

Bucks County has one centralized call center, **Bucks County 911 Center**, which serves the entire County.

Bucks County 911 Center currently has 38 individuals on staff, with an average of 1 to 3 call takers on the phones at any given time. 911 staff training includes; call taking, dispatch, radio, Emergency Medical dispatch, and a module on behavioral health issues.

The center receives approximately 1,000,000 calls each year and each call is categorized by type of emergency (domestic, medical, etc.). At present, there is no category for mental health related emergencies.

There is currently no link between 911 and other crisis lines (see below), but callers are occasionally referred to other hotlines.

Law Enforcement

Bucks County has 46 law enforcement jurisdictions and two State Police Barracks. The county police departments vary considerably in size --- some stations only employ part-time officers, while other larger stations are multi-officer 24/7 operations. All county police officers receive basic Municipal Police Officer and Education Center training provided by the Pennsylvania Municipal Police Officer's Education and Training Commission.

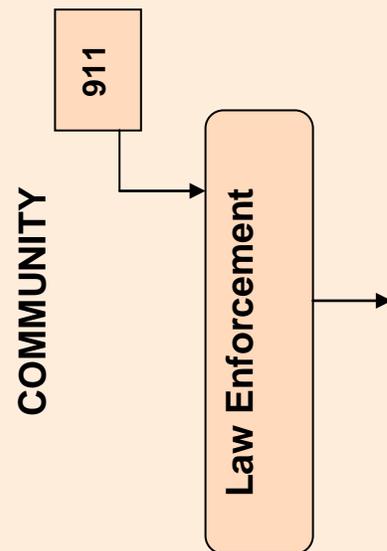
Bucks County CIT

The Crisis Intervention Team (CIT) program is a community partnership consisting of law enforcement officers, Behavioral Health providers (Lenape Valley Foundation and a representative from substance abuse treatment), and mental health consumers and family members through advocacy groups (NAMI). All community partners work together to understand mental illness, invest time and effort to avert crisis, work to de-escalate crisis, and direct the consumer to appropriate care.

The program is implemented through Bucks County law enforcement agencies. The objective is to stabilize the crisis and get the consumer to the appropriate resources for appropriate care.

The Bucks County Crisis Intervention Team training is offered in several versions. The full program consists of a 40 hour training curriculum including exercises such as *Hearing Distressing Voices*, a consumer perspectives module, role-playing scenarios, and a recently added veteran's round table consumer component. The first of these trainings was held in September of 2009, with three completed trainings thus far, and a fourth scheduled for November 2010. 79 law enforcement personnel are certified CIT officers in the county.

Intercept 1 Law enforcement



Bucks County CIT also offers two shortened versions of the training – a 6 hour “introduction to CIT” class and a 4 hour training directed at 911 call takers. The 6 hour version focuses on officer and consumer safety and includes an overview of CIT, descriptions of several psychiatric disorders, and a consumer component.

Over the past year and a half, Bucks County has provided the one-day Introduction to CIT to 350 individuals representing law enforcement, corrections, crisis workers, security personnel, and ambulance crews. In addition, thirty 911 call-takers completed the 4 hour training.

In the future, Bucks County CIT plans to expand trainings from the lower portion of the county to Central and Upper Bucks, with a goal of training 20% of all Bucks County law enforcement officers in crisis intervention practices.

Other Mental Health & Substance Abuse Training for Police

Bucks County Police Officers have several behavioral health training opportunities. The county has several **Special Response Teams**, including 60-70 police negotiators. The training for these teams includes a 40 hour training course, followed by a second 40 hour crisis response training and an optional advanced course.

The Penn Foundation offers training to police—as requested—regarding 302 (involuntary commitment) and 201 (voluntary commitment) procedures. In addition, Penn Foundation recently participated in a collaborative training on domestic violence for local police departments (in conjunction with A Woman’s Place and Ravenhill Psychological Services).

Crisis Services

Bucks County has 3 crisis centers: **Penn Foundation** at Grandview Hospital, and **Lenape Valley Foundation** at both Doylestown Hospital and Lower Bucks Hospital. A **24/7 Crisis Line** (1-800-499-7455) is available and connects to trained staff at each of the centers. In addition, each crisis center has an individual crisis line (See below for numbers). There is continuity of care as the same person on the phone is there to interview the individual in person.

Crisis services are accessible by phone and through three area hospital Emergency Rooms to individuals, families, and law enforcement. Psychiatric and treatment planning is available, providing for evaluation and disposition and the immediate start of medication and treatment. Substance abuse crisis issues are also addressed. These services are available 24/7 at **Lenape Valley Foundation at Doylestown Hospital** (Route 202 and 611 Bypass Doylestown, PA 18901; 215-345-5327) and **Penn Foundation at Grand View Hospital** (700 Lawn Avenue, Sellersville, PA 18960; 215-453-4000). The most active crisis unit is **Lenape Valley Foundation at Lower Bucks Hospital** (501 Bath Road Bristol, PA 19007; 215-785-9765). Access to psychiatric consultation is limited to a few hours each weekday.

Other Crisis services are available through **NOVA (Network of Victim Assistance)** and **A Woman's Place** (for victims of sexual assault and other crimes and domestic violence, respectively). Crisis workers are familiar with these programs and also with Protection From Abuse (PFA) orders. When dealing with a mental health crisis situation involving domestic violence or serious danger in which law enforcement is not already involved, crisis workers inform the victim that there are other options instead of, or in addition to, a 302 involuntary commitment.

Bucks County has access to **Mobile Crisis** services for adults Monday – Friday during regular business hours. Typically, Mobile Crisis visits are scheduled in advance by a police officer,

although they will occasionally be called to the site of a crisis if police officers need assistance. In addition, the county has recently implemented a **Children's Mobile Crisis** program that is meant to be a 24/7 resource to support and transform crisis services systems for juveniles.

Other Crisis Lines

Contact runs a **Suicide Prevention Hotline** (800) 784-2433 which receives referrals from 911. Bucks County also has access to a **NAMI Helpline** (866)399-6264 12 hours a day, 7 days a week which is operated by a single person and provides referrals to individuals calling for assistance. The Council of Southeast Pennsylvania has a **Drug and Alcohol Information and Intervention line** (800) 221-6333 and the **Networks of Victims Assistance** operates a 24/7 hotline (800) 675-6900

Additionally, the **National Suicide Hotline** number is 1-800-273-TALK (8255) and the **National VA Suicide Hotline** number is 800-273-8255.

Drug and Alcohol

While Bucks County contracts with a number of detoxification facilities in Bucks and surrounding counties, it does not currently have a designated police drop off center for detoxification. There is a shortage of beds across the state for this level of care. As a result, individuals in need of detox services who come to the attention of law enforcement often end up in the Bucks County Correctional Facility until they are sober. The correctional facility estimates that nearly a third of the individuals admitted to the jail are under the influence of drugs or alcohol.

Hospitals

Bucks County has four Inpatient Psychiatric hospitals: **Foundations Behavioral Health** (Child/Adolescent only; 215-345-0444), **Lower Bucks Hospital** (Adults; 215-785-9765), **Aria Hospital** (Older Adults only; 215-949-5000) and **St. Luke's Quakertown** (Adults; 215-538-4500).

➤ **Identified Gaps**

- Crisis 800 number is not well known, and is not directly linked to 911
- High cost of psychiatry limits the possibility of psychiatric expansion to 24/7 in the foreseeable future.
- Not all crisis center staff members are trained to diagnose and refer individuals with a co-occurring substance or dependency issue
- Understaffing in the Emergency Rooms results in overworked personnel
- Limited number of 911 call takers and limited time to assess MH specific calls
- No specific 911 category for MH
- Limited mental health training for call takers
- No "frequent caller" strategy
- Small PD cannot send officers to get CIT trained due to travel and schedule
- CIT training is not being fully utilized by 911 call takers
- No connection between 911 and Mental Health Crisis services
- Barriers with sharing information between Mental Health and CJ
- No MOU for legal framework
- Bucks County does not have a detox facility
- Detox will often happen in jail, which is not medically equipped for detox

➤ **Identified Opportunities**

- Police departments have their own “special units” available across the county for major incidents.
- Very active CIT program in Lower Bucks County
- 4 hour CIT training has been offered to call takers
- Goal of 20% of all police departments CIT trained
- Expanding CIT to Upper and Middle Bucks
- Use of 6 hour CIT orientation training used by other first responders
- Promotion of CIT training to all first responders and non law-enforcement
- Use of Specialized Response Teams (70/80 officers with this training)
- Potential to identify frequent users of 911 services to connect to MH crisis with a 24/7 line
- Mobile crisis is available to children and are being considered for adults
- CIT trained officers can be available to do outreach with mobile crisis services
- Grant opportunities with the Networks for Victims Assistance for trainings with CJ and disabilities
- CIT officers have been provided a release of information from the Lenape Valley Foundation to share with consumers
- The Penn Foundation FACT team has created a release of information form for FACT consumers that allows staff to talk with the Forensic Diversion Committee – a group of representative from local police departments
- Potential to encourage consumer groups using WRAP (wellness, recovery and action planning) to include sharing of information
- Utilize the Veteran’s Suicide Hotline
- Forensic ACT Team has developed relationships with local police departments and participates in a quarterly Forensic Diversion Committee Meeting to discuss FACT participants and create diversion plans when necessary

Intercept II: Initial Detention / Initial Court Hearing

Arrest and Initial Detention

When an individual is arrested in Bucks County, he/she is taken to one of seven regional booking centers. The booking centers are run by either local police departments or the jail and serve as central locations for fingerprints, photos, and video arraignments, if possible. The individual will then either be sent back to a police station for additional reporting, or taken directly to the jail for admission.

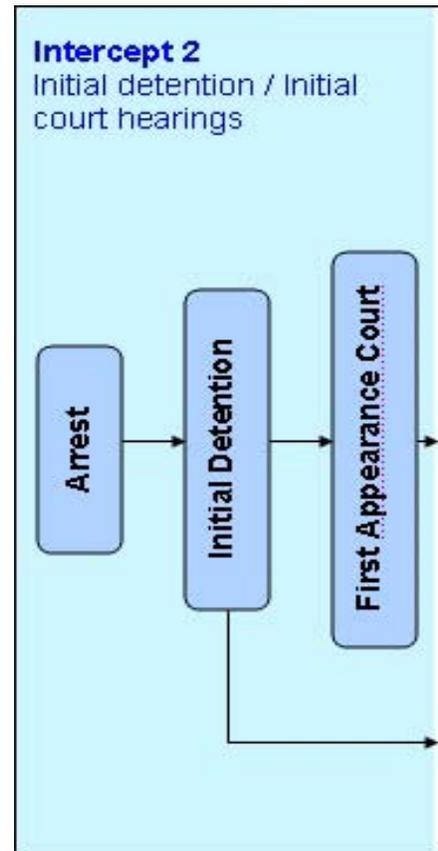
Access to Magisterial District Justices for arraignment in Bucks County is accomplished within four hours; thus, the length of detainment at a police facility is no longer than four hours. Some police contacts with persons who have a mental illness now result in direct transportation to a hospital-based crisis center. There is 24/7 access to District Attorney staff for consultation.

Holding facilities at the more than 46 police departments vary greatly according to the size of the department. Supervision of the detainee depends upon each department's policies and practices and the staffing at the time of detainment. Policies, practices and staffing vary across the different law enforcement jurisdictions. Each police department handles offenders with a mental illness or a co-occurring substance disorder differently.

Preliminary Arraignment

The Bucks County District Court system consists of 20 Magisterial District Judges and 113 clerks. All misdemeanor and felony violations are filed in the District Courts. In these cases, the defendants are arraigned, bail is set, defendants are advised of their rights, and a preliminary hearing is scheduled within two weeks. At the preliminary hearing, these court cases are either waived to the Court of Common Pleas by the defendant; or, after the hearing, they will be dismissed or bound over to court if a *prima facie* case is found.

The Court of Common Pleas of Bucks County, a class 2A county, is the 7th Judicial District of Pennsylvania. First established in 1683, it hears all Criminal, Civil, Family, and Orphan's (Probate) matters. The Court consists of thirteen judges, and is located in Doylestown, Bucks County Pennsylvania. It supervises all Adult Probation, Juvenile Probation (including the Bucks County Youth Center), and Domestic Relations services, the Law Library, and provides administrative services for a twenty court system of limited jurisdiction courts (special courts) - issuing authority in all felony and misdemeanor cases, and hears all traffic and summary cases. It has concurrent jurisdiction in civil cases where the amount in controversy is less than \$8,000. Deputy District Attorney Marc Furber supervises the prosecution of criminal cases in connection with other supervisors in the District Attorney's Office to address the disposition of defendants with mental illness. Each case involving a mentally ill offender is reviewed by DDA Furber



and/or another supervisor in communication with DDA Furber to determine the District Attorney's Office position on the appropriate disposition to be approved and/or recommended to the Court. However, the District Attorney's Office, which ultimately decides and/or recommends the disposition of each criminal case involving an offender with mental illness, cannot recommend or agree to divert an offender from incarceration without a viable alternative placement or established and approved plan that is provided by the defense in advance of the trial date.

The District Attorney's Office, Public Defender's Office, police officers, judges, and other agencies are in constant communication regarding disposition, treatment, and diversion. There is individualized treatment on a case-by-case basis. Assistant district attorneys have 24-hour access to chief deputies of the District Attorney, and they report to the District Attorney. Police officers have 24-hour access to District Attorney's office. There are no secure/supervised mental health facilities available at short notice for those not meeting the standard for a 302 involuntary commitment. A district justice is not in a position to commit an offender who has a mental illness to an appropriate level of care, due to the lack of facilities, and due to the short period of time that covers Intercept #2 and the length of time required to secure a bed in an appropriate inpatient facility.

When an offender with a mental illness receives nominal bail and is released from custody pending trial, the district justice may impose various conditions, including that the offender continue with prescribed medication and treatment. Enforcing the conditions of bail, however, is problematic because the release is pre-adjudicatory and therefore unsupervised. Civilians not connected to the Court system must volunteer any information about violations of bail.

Additionally, an offender failing to take medications and/or to continue with treatment may deteriorate and incur more criminal charges. A violation of a condition of bail, whether technical or as a result of new charges, results in a decision to revoke bail and commit the offender to the correctional facility. Usually, this type of hearing is done at the request of the District Attorney's office before a Court of Common Pleas judge.

Pre-trial Diversion Programs

Once an individual is detained, he/she is classified by what services may be necessary. If the person does not make bail, he/she will receive a pre-trial services assessment for Mental Health and Substance Use [the Level of Service Index- Screening Version (LSI-S)] with additional follow up assessment for Substance Use Disorders [the Texas Christian University Drug Screen-II (TCU-II)].

The Bucks County **Pretrial Diversion Program**, initially funded by Byrne JAG and now funded by the county, is a collaborative effort among criminal justice, TASC and treatment partners. Of the 223 pretrial offenders served, 89 percent of cases submitted for bail were approved and 78 percent of cases were closed successfully (National Criminal Justice Association 2009 Report). The project functions under the Bucks County Department of Corrections Community Corrections Division.

Treatment Alternatives for Safer Communities (TASC) is a key part of this Pre-trial Diversion Program and serves as a boundary spanner between the jail and mental health and substance abuse treatment programs in the community. Accepted individuals are monitored and tracked and also provided with two group options with a cognitive behavioral health curriculum that also addresses criminal thinking disorder. Pre-Trial participants are carefully monitored for up to three years following initial detention. Participation is on a voluntary basis.

➤ **Identified Gaps**

- Lack of safe, well-supervised holding facilities in all police departments for all detainees.
- Delay in receiving assessments for those in crisis
- Emergency Rooms do not separate the general population from the detained.
- Lack of formal processes for cases involving a person with a mental illness or a co-occurring substance disorder - causes inconsistent handling of detained.
- Too much travel time because there are only 7 Regional Booking Centers in the County
- Not all Booking Centers have video arraignment
- Only 2 DJs on duty for arraignments, not all use video arraignments
- Loss of psychiatric inpatient beds due to hospital closures
- No hospitals to “divert” 302s to versus arrest and jail
- No formal data sharing process to notify County BH of arrests

➤ **Identified Opportunities**

- CJAB working on a more fluid centralized booking plan
- Video arraignments could be available in all booking centers
- TASC program for pretrial for D&A and mental health in the jail
- Use of 302 commitments allowing a person to be “HELD” in treatment before charges are set
- Detailed assessments occur at pre-trial
- 302’s can be referred to services such as FACT (if the person is already set up on the ACT Team) as needed to divert from further CJ involvement

Intercept III: Jails / Courts

Bucks County Department of Corrections

The Bucks County DOC is a county operated and funded criminal justice agency. It is the largest department in county government. The department serves municipal, state and federal law enforcement authorities through the Court of Common Pleas, 20 local District Courts, Probation and Parole agencies, neighboring county corrections, the Pa Department of Corrections, Federal Bureau of Prisons, Immigration and Naturalization Services (INS), and the United States Marshals Service. Public safety and service are the cornerstones of this operation.

The department operates 3 facilities – the Correctional Facility, or jail, and the Men’s and Women’s Community Corrections Centers – in addition to alternative confinement, such as house arrest, day reporting, and weekend detention. Each facility is under the immediate direction of a warden, superintendent, or manager and is assisted by corrections and support staff. The Director of Corrections is responsible for the entire department.

The Bucks County DOC 2009 Annual Report reported the ethnic representation in all Bucks DOC facilities as 66% Caucasian, 27% African American, 6% Latino, and 1% other. The offender gender breakdown was reported as 87% male and 13% female.

Bucks County Correctional Facility

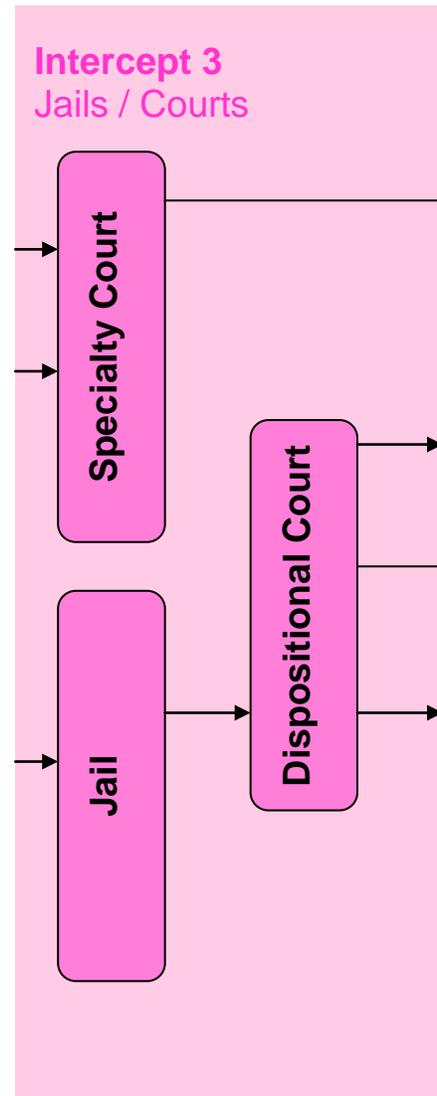
The **Bucks County Correctional Facility (BCCF)**, opened in 1985, serves as the countywide central receiving location for all persons committed to the system as either pre-trial detainees or convicted prisoners. Medium and maximum-security classified inmates are housed at this facility.

Annually, the facility processes about 8500 admissions. The current census is 768 inmates at BCCF with an additional 46 Bucks County individuals housed in other jurisdictions. The facility reports that the census fluctuates in the general range of 765 – 780 prisoners at any given time. Space is an issue, as the facility was originally intended to house approximately 410 inmates. BCCF reports a high volume of monthly admissions and discharges, with an estimated 500 – 600 individuals admitted and discharged each month.

Bucks County Correctional facility has ten modular living units utilizing a direct supervision philosophy while providing programs for the treatment and education of the inmate population.

Community Corrections Centers

The Bucks County Department of Corrections also operates both a men’s and women’s Community Corrections Center. These two centers are community-based, minimum security, work release facilities. The philosophy for minimum custody and work release emphasizes



personal accountability and treatment while offering residents an opportunity to help themselves and their families.

The **Men's Community Corrections Center** opened July 28, 1991. The building houses 270 male residents and provides shared treatment programming for both males and females. Shared services offered to male and female residents include: intensive drug and alcohol treatment, adult basic education, case management, community service, and work release.

The **Women's Community Corrections Center** opened July 28, 1992. This building offers 48 beds for female residents. The opening of the Women's facility offered the same levels of custody services and opportunities as the male population.

The Bucks County Community Corrections Centers are currently at capacity with 315 individuals utilizing services.

Mental Health and Substance Use Screening

All inmates are screened using the Level of Service Inventory – Revised (LSI-R); it provides a comprehensive risk/needs assessment by looking at major and minor risk factors, including mental health and drug and alcohol issues. The Texas Christian University Drug Screen-II (TCU-II) is additionally used for drug and alcohol assessments. The prison's medical department also screens new inmates for mental illness and drug and alcohol problems.

An intake counselor notifies Correctional Mental Health Services (CMHS) that there is a new inmate with a mental illness. CMHS will see the inmate within 24 to 48 hours after referral. Referrals to CMHS can be made by internal and external sources as well. Facility staff report that the number of inmates with a mental illness is increasing while the number of staff to do evaluations and provide services is not increasing. The ratio of inmates to staff has increased. Additionally, individuals with a co-occurring substance dependency are not afforded integrated treatment.

Every individual entering the correctional facility is also questioned about suicidal thoughts and behaviors. If there are suicidal concerns, the monitoring of the inmate begins immediately. Monitoring is done by both correctional officers and other inmates. Male inmates have a separate secure area to be housed in during crisis. Female inmates do not have a separate secure area; a separate area is in process. The male mental health unit is frequently full causing inmates in need of the unit to remain on regular cellblocks

If the evaluation by CMHS warrants, a commitment to the **Norristown Hospital Forensic Unit** is initiated immediately. The typical time it takes to transfer an inmate to the Forensic Unit is four to six weeks. Inmates returning from Norristown Hospital sometimes decompensate while awaiting trial and end up back on the waiting list to return to the hospital for treatment. The Norristown Forensic Unit does not prioritize cases according to seriousness, and because other counties use the unit as well, Bucks County has no control over the availability of beds.

Drug and Alcohol Treatment Services

The Bucks County Department of Corrections operates a Drug and Alcohol Treatment Services program with a full-time supervisor, 4 Drug and Alcohol Program Specialists, 5 fee-for-service therapists, and 2 support staff employees. The program uses a risk/need model to match interventions with client need, and implements *Hazeldean's A New Direction* short-term cognitive behavioral model for treatment.

According to the County of Bucks Department of Corrections annual report, a total of 1,398 persons were interviewed and assessed for Drug and Alcohol treatment needs in 2009. 475 offenders were referred to community agencies, including recovery houses. The Drug and Alcohol Unit is able to place individuals directly into residential treatment services from within the jail as a result of long-standing relationships with the SCA and treatment facilities.

An average of 31% of the offender population received Drug and Alcohol services in 2009.

Mental Health Treatment Services

A mental health consumer who is incarcerated may continue to receive services. When an individual makes the prison staff aware that he/she had mental health treatment in the community, steps are taken to ensure that the individual has that treatment set up upon release.

The Bucks County Correctional Facility houses a small unit for Mental Health treatment. This unit is operated as an outpatient service, because there are very few beds available for use. There are 8 beds that serve as temporary care for both mental health and medical services. Through the Mental health Unit's outpatient services, inmates have access to a psychiatrist for 16 hours each week.

The **Inmate Services Department** also provides community, social, and referral services to the inmate population. With responsibilities for both classification and case management, Inmate Services case managers are required to have bachelor's degrees in criminal justice, psychology, or related human service fields. Classification staff is responsible for classifying and housing every inmate in custody, while case management staff design and implement structured case plans specific to individual offender risks and needs.

Personnel in this department also serve as a liaison between families, inter-governmental offices, and outside social service agencies. Every inmate is assigned a case manager.

Programs referred to and coordinated by Inmate Services include:

- Adult Basic Education (ABE) – Basic education services for the inmate population
- Decision Making – Sponsored by *Vita Education Services*, the decisions program encourages inmates to evaluate critical situations relative to their lives, and to develop techniques for personal problem solving.
- Anger Management – Classes are offered throughout the year for groups of approximately 20 inmates. A trained facilitator, who contracts with the DOC, meets with the group once per week. Topics include recognizing the origins of anger, degrees of behavioral manifestations or damaging “results” of angry behavior, and triggers and techniques for recognizing and managing anger. Graduates of this program included 162 males and 14 females.
- Victim's Empathy Training – Mandated by the Pennsylvania Board of Probation and Parole, this program attempts to emphasize and show inmates how their criminal actions can have a negative impact on victims, both emotionally and psychologically.
- Job Readiness program – 6 week program to promote necessary skills and promote employability.
- Literacy Tutoring
- Sex Offender Treatment – This program is offered to offenders twice per year covering a 16-week format. The aim of the program is to raise the awareness of offenders engaged in maladaptive sexual conduct.

- Post Traumatic Stress Disorder – This group was made available to our female population in 2003. This program, staffed by providers from the *Network of Victim Assistance* (NOVA), is an eight (8) week, closed, psycho-educational group available to women who have been victims of domestic violence and/or abuse. Potential applicants are prescreened to determine appropriateness by one of the group facilitators. Seven (7) women were enrolled in this group in 2009.
- Seminar in Self (SOS) – Based on the teachings of William Glasser’s *Reality Therapy* and *Choice Theory*, the focus of this program emphasizes evaluating one’s self, self-perceptions and environmental and behavioral choices. This group is facilitated by a certified *reality therapist* for female inmates. Seventy-one (71) women participated in 2009.
- Choice Theory – An 8 week course on William Glasser’s *Choice Theory/Reality Therapy* was offered to the male inmates at the main correctional facility. The course is facilitated by a certified instructor.
- Reach Out (Domestic Relations) - In September 2008, a representative from Bucks County Domestic Relations began individual meetings with inmates having open domestic cases. The goal of these meetings is to promote compliance with existing court orders and to provide communication opportunities regarding payments, updating information, and requesting petitions. Individuals with open cases are contacted by letter and can request a meeting with the representative who is available twice a month. There were 226 meetings in 2009.
- Inmate Work Programs

Bucks County Department of Corrections Training Academy

Correctional officers currently receive behavioral health training, and act as an additional check in identifying inmates with mental illness and referring them to Correctional Mental Health Services (CMHS). There are no specialized mental health officers. Currently, the Bucks County DOC requires correctional officers to complete the following courses:

- Inmates with Mental Illness – Discussion on the types of mental illness corrections staff may encounter including schizophrenia, bi-polar disorder, and anti-social personalities. Do’s and Don’ts on working with handling inmates with mental illness and the mental health referral system are also reviewed.
- Suicide Prevention – Department policy and procedure on proper responses to an inmate suicide attempt is the focus of this training. Additionally, staff are reminded of the red flags to watch for in inmates with potential suicidal behavior.

CMHS provides services to the inmates through a contract with Lenape Valley Foundation. Well-trained staff psychologists and psychiatrists are available for inmates’ mental health needs. (There are no state standards related to behavioral health stipulated for county jails.)

Monthly SPMI Meeting

The Bucks County Correctional Facility hosts a monthly meeting to discuss inmates who have been diagnosed with a severe and persistent mental illness (SPMI) and/or have substance use issues. The meeting is attended by multiple stakeholders including representatives from: the Bucks County Behavioral Health System, Bucks County Department of Mental Health/Mental Retardation, the Bucks County Drug and Alcohol Commission, community mental health providers, probation and parole staff, pretrial services, the public defender’s office, jail administration, jail case management staff, and housing specialists. Inmates at all levels of

criminal justice involvement (pre-trial through post-conviction) are identified and discussed with regards to services needed and discharge planning.

Courts

Bucks County recently received a three year grant (\$349,000) that will be used to develop and operate a specialty **Drug Court**. The court will began service in October 2010 and will focus on parole and probation violators. The current goal is to serve 25 individuals in year 1, 35 during year 2, and 45 in year three. One probation officer from each of the five Probation and Parole supervision units has been assigned to work with the drug court.

Other Diversion Programs

First time non-violent offenders (DUI, retail theft, other misdemeanor) may be eligible for the **Accelerated Rehabilitation Program (ARD)** in which a treatment program is recommended in lieu of jail time. Offenders who successfully complete this program may have their criminal record expunged.

Bucks County also operates a **Restrictive Intermediate Punishment (RIP)** program with day reporting for individuals with substance use disorders. The program is the result of a partnership with Alcohol Drug Addiction Parole Probation Treatment (ADAPPT), and consists of a yearlong series of treatment modules. RIP participants complete a community corrections stay and then move to house arrest. To be eligible for this program, individuals must be level 3 or 4 offenders who would have otherwise received state sentences. This program serves a small number of high-risk individuals and has had excellent success, with very few program violations (individuals in violation of program requirements are sent to state correctional institutions).

➤ Identified Gaps

- Case management services do not have the financial capacity to continue to work with incarcerated consumers and, while mental health county dollars are available, they are limited and can last for 30 to 60 days
- Lack of an integrated system of case management for those with co-occurring substance dependency
- Very little training available for behavioral health personnel in other systems working with corrections on aspects of the criminal justice process and system or on issues of criminality and its relationship to mental illness and/or substance abuse.
- Lack of an integrated system of case management for those with co-occurring substance dependency
- Very little training available for behavioral health personnel in other systems working with corrections on aspects of the criminal justice process and system or on issues of criminality and its relationship to mental illness and/or substance abuse.
- Issues with transportation for Drug Court consumers
- Limited access to MH long term treatment (NSH-Bldg 51)
- Long length of stay at the jail for MH consumers waiting for NSH beds
- No access to MCES for 304s
- Limited space in jail and funding to accommodate expanded drug and alcohol treatment services

- Competency issues --- people go back and forth from NSH to jail
- Jail is overcapacity and is housing individuals in other jurisdictions
- Community Corrections and House Arrest over capacity
- Women's jail waiting list for MH treatment 6-9 months
- Differences in processes for involuntarily medicating someone at pretrial vs. sentenced
- Not a designated MH treatment unit in the jail
- Long waits for individuals who have achieved competency for trial
- No formal process for sharing jail admissions information with behavioral health
- Jail cannot identify individuals with MH issues due to confidentiality and no information sharing with MH
- Providers do not know when someone has been incarcerated
- Mental Health Court is only 2 days per week with significant travel time and long hours

➤ **Identified Opportunities**

- TCU screen is done in the jail for person with D&A, as well as other screens including criminal thinking
- TASC has a collaboration with pretrial services
- Assessors with co-occurring certification
- Drug Court to start on 10/14
- D&A unit in the jail since 1972
- Persons may be referred directly out for D&A residential placement
- Outpatient MH treatment available in the Jail
- 8 beds available on the medical unit
- Creative use of 304s for longer term LOS for SMI
- DA's office has designated ADA for Mental Health
- ADAPPT substance abuse treatment program
- SPMI Meetings at the jail bring stakeholders together to discuss treatment and reentry
- Faith based groups are available as a resource in the jail
- Assigned BH forensic specialist to Drug Court
- Public Defender's office has formal MH training for staff
- Recent ROR and subsequent 304 after release
- Criminal cases are screened through DA

Intercept IV: Re-Entry

Release and Re-Entry Planning Program

The Bucks County DOC began this program in 2009. It is a 3 day, 6 hour program and is held for both men and women. The program focuses on release preparation, using a cognitive-behavioral treatment curriculum and is facilitated by Drug and Alcohol, case management and Adult Parole and Probation staff. Four-hundred thirty-nine (439) individuals completed this program in 2009 (DOC Annual Report).

Post-Release Medication

Upon release, inmates may request a three-day supply of medication and a prescription for one week of medication. While the county prescription program assists with this request, there are many areas for this process to break down without case management assistance. The current case management system does not have the capacity to address the needs of all released inmates. Also, inmates can be released without notice directly from a court appearance without aftercare planning. Community case management is not usually in place at this point.

Forensic Re-Entry Enhancement Program (FREE)

This is a PCCD funded program that began providing direct forensic treatment, case management, peer support, and other supportive services in April 2010 focusing on offenders with significant substance abuse histories. The program is a collaboration between the Department of Corrections, Adult Parole and Probation, Aldie Counseling Center, and the Recovery Community Centers. The program is run out of the **Aldie Counseling Center** in Doylestown with staff located in the jail and accepts referrals from the County Correctional Facility. Aldie has a psychiatrist on staff which facilitates prompt psychiatric care following release. There are currently five individuals participating in the FREE program.

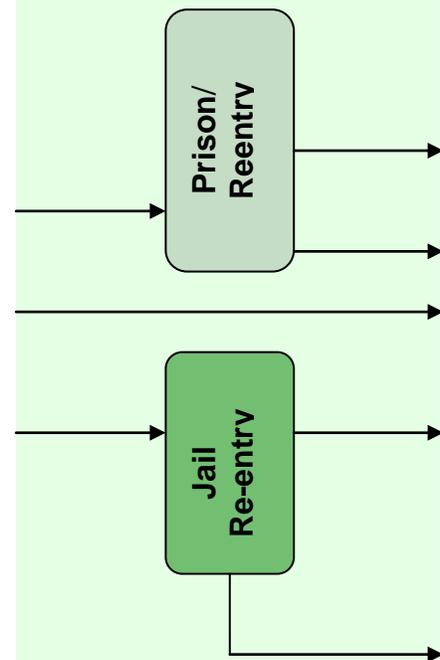
Case Management Services

There are several case management services and programs available to assist offenders who have behavioral health diagnoses with reintegration into the community. The various levels of case management and the available programs have different requirements, including financial and clinical criteria. There is variable clinical ability specific to forensics among the different levels of case management and the different programs.

Case Management Service programs include:

- **Administrative Case Management (ACM)**
Staff is located at each Base Service Unit (BSU) – Lenape Valley Foundation, Penn Foundation, and Penn del Mental Health Center. The forensic population is a mandatory priority population. Staff can go into the jail to work with inmates. They help coordinate county-funded medication once released and public

Intercept 4 Reentry



assistance benefits, and they coordinate intake into mental health and/or substance abuse services. ACM refers cases to Intensive Blended Case Management, Community Treatment Team, Assertive Community Treatment teams as well as other outpatient services.

- **Blended Case Management (BCM)**
Staff is located at each BSU and at Northwest Human Services. The staff continues to work with incarcerated clients on the caseload, but not if the incarceration is an extended period of time. Inmates can be referred back to BCM through ACM once released, and the frequency of contact depends on level of care.
- **Community Treatment Team (CTT)**
A Penn del Mental Health Center program provides an intensive level of care for people with severe mental illness. The program emphasizes a team approach and includes a psychiatrist, a nurse, case managers, therapists and peer support and as much community involvement as possible. The program is an alternative to traditional outpatient services; the CTT client can also be enrolled in traditional treatment services.
- **Forensic Services Program (FSP)**
A Penn del Mental Health Center program designed for people with a severe and persistent mental illness involved in the criminal justice system. The team is made up of Master's level clinicians who provide individual therapy and needed case management services, including psychiatry, and close collaboration with the criminal justice system. The clients must have six months remaining on their sentence, a severe and persistent Axis I diagnosis, and undergo a thorough assessment prior to acceptance. Staff attends the SPMI meeting and receives referrals from the Bucks County Correctional Facility regarding incarcerated offenders, as well as from Adult Probation/Parole regarding individuals already in the community.
- **Mobile Engagement Services (MES)**
Program at Penn Foundation and Aldie Counseling Center, based in the drug and alcohol system, and some staff are trained to work with people with a mental illness, substance use, or a co-occurring disorder as well. The staff can engage the client directly or be contacted for family intervention. Staff can go into the jail to work with the client. After "engaging" the client, staff works to connect the person to appropriate treatment services.
- **Program for Assertive Community Treatment (PACT)**
A Lenape Valley Foundation program, which is an evidence-based program that is designed for people with severe mental illness in Central and Upper Bucks who have not responded to traditional treatment. It is an intensive team approach, including psychiatry and as much community involvement as possible. Staff can go into the jail prior to inmate's release. Services are provided 24/7/365.
- **Forensic Assertive Community Treatment (FACT)**
A Penn Foundation evidence-based program that provides services to individuals with severe and persistent mental illness who have forensic involvement (recent incarceration, probation/parole supervision, pending charges related to mental health symptoms) who live in the Upper Bucks County area. Services include a

team approach to community-based psychiatric and clinical services, addiction counseling, case management, vocational support, forensic support, and peer support. Services are provided 24/7/365.

- **Intensive Case Management Services (ICM)**

A drug and alcohol services delivery system, administered through the Bucks County Drug and Alcohol Commission, Inc., which concentrates on the assessment and referral of clients to treatment and ancillary services. It coordinates the delivery of health, substance abuse, mental health and social services, linking clients with appropriate services to address specific needs and achieve stated goals. ICM is available to all clients who meet the eligibility criteria and reside in Bucks County.

Recovery Centers

The **Pennsylvania Recovery Organization - Achieving Community Together (PROACT)** operates three recovery community centers in New Britain, Central Bucks County, and Lower Bucks County. These centers provide programs and services to support the needs of individuals and families recovering from addiction. They promote recovery through advocacy, support, education, and service by offering support to the recovering person, coordinating and linking individuals to services, providing technological services, and reaching out to the community to promote recovery. Services are primarily peer delivered.

Peer Support

The National Alliance on Mental Illness (**NAMI**) has a free education program designed for people with a mental illness or co-occurring disorder to learn how to manage their mental illness and is taught by peers. Peer-to-peer support services are also available through the **PROACT Recovery Community Centers** (for substance use disorders), the **FREE** project (2 Drug and Alcohol peer recovery specialists), and the **Penn Foundation Forensic Assertive Community Treatment (FACT)** team. The FACT team currently has 2 peer specialists with a combined case-load of 56-67 individuals. This FACT program is a shared program with Montgomery County. Pennel Mental Health Center also has peer support that work closely with CTT and the FSP programs.

Re-Entry from State Correctional Facilities

Currently, Bucks County individuals returning from State Correctional Institutions (SCIs) have limited local re-entry resources. They often have no contacts in the community and few housing options, a problem that is particularly salient for returning sex offenders. **Treatment Alternatives for Safer Communities (TASC)** accepts referrals directly from state parole and has separate case loads for state and local parolees.

In addition, inmates with severe mental illness returning to the community from SCIs are served by the Regional Mental Health Services Coordination Office. This office coordinates referrals for community services at the time of reentry. This process begins six to twelve months in advance of the maximum sentence date and is coordinated with the SCI and the county in order to access the necessary supports that the individual needs. The SCIs provide the psychological reports and the DC 551 and then the Regional Forensic Liaison coordinates with the county's Base Service Units and other community resources as necessary.

➤ **Identified Gaps**

- No system of integrated and coordinated case management for those with a co-occurring mental illness and substance dependency.
- No system of integrated and coordinated case management for those with a co-occurring mental illness and substance dependency.
- Limited affordable housing stock
- Limited contacts and information shared from DOC for community services
- No services for sex offenders when they max out from DOC
- Very little community contacts and housing options for max outs
- No formal method of information transmission for max outs who need MH service
- Issues on who to give information or assessments to if the person has no identified case management upon release
- Only 3 days worth of medication given upon release
- One week worth of scripts are given if the consumer asks
- No medication reentry services
- No formal reentry process with Medical Assistance
- MA approval can be delayed because of lack of access to psychiatrist and delayed ability to get forms processed
- MH consumer may not have MH appointment set up upon release
- OP MH appointments can take weeks
- Issues with getting psychiatric evaluations and discharge summary
- Jail does not always know when a person is to be released
- No formal discharge form and process or information shared with community MH provider
- Only 1 recovery house in Upper Bucks County—Most in lower Bucks
- Lack of formalized system for communication between MH and CJ
- Lack of documentation on how the system works

➤ **Identified Opportunities**

- Regional Forensic Liaison for DOC maxouts
- TASC program takes referrals directly from state parole
- 2 year + sentences now being sent to DOC, freeing up jail space and resources
- This allows partnership between the state and County for better reentry
- TASC gets some direct referrals from the DOC
- Resource list provided to consumers
- SPMI meeting for the reentry for MH population
- Forensic ACT program
- Modified use of the GAINS form and Reentry toolkit
- FACT and PACT team has immediate psychiatric access
- MA applications can be done before release
- Partnership with jail, ADAPT and Day Reporting Center
- With SPMI meeting person gets linkages to community MH services
- Linkages to recovery centers and recovery houses available for D&A
- 3 PROACT recovery centers
- Forensic Reentry Enhancement (FREE) program have an office in the jail
- Probation and Parole have a sex offender unit
- Use of MH/MR/PRT roster for person who have D&A issues

- Reentry Center idea for County jail for the DOC population
- Faith based resources for reentry

Intercept V: Community Corrections / Community Support

Bucks County Adult Probation and Parole

Bucks County Probation and Parole is organized geographically with five supervision units (Upper Bucks, Central Bucks, and three in Lower Bucks County). Each unit has specific officers designated to specialize in sex offending individuals, mental health issues (these officers have been through CIT training), and drug court participants.

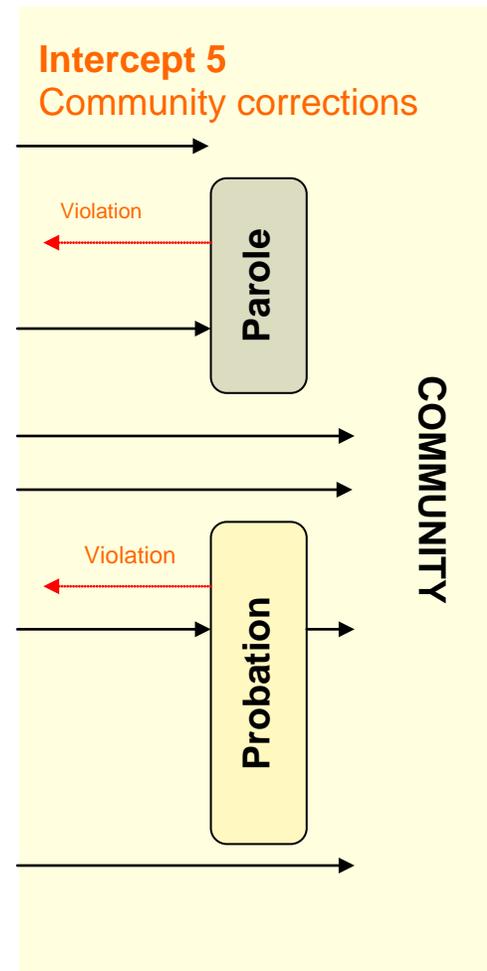
In March of 2009, the Bucks County Adult Probation and Parole Department adopted the Level of Service Inventory-Revised (LSI-R) for risk/need classification. The LSI-R is an integrated risk/needs assessment tool designed for this population. The LSI-R has been widely used for over 25 years and consists of 54 questions divided into ten categories that measure both static and dynamic risk factors.

All individuals entering the Parole System are screened using a modified National GAINS Center APIC (Assess, Plan, Identify, Coordinate) Model reentry planning tool. The measure provides a comprehensive picture of the individual including medical and mental health history, substance use issues, and history of homelessness (See Appendix C).

In 2005, Bucks County Probation and Parole began an initiative to train staff in evidence-based practices and motivational interviewing. With annual refreshers, all staff have been trained, along with other correctional staff, as well as many mental health and drug and alcohol therapists and case managers. The emphasis of this initiative is reduction of criminal recidivism for offenders under supervision.

Bucks County also has a Behavioral Health funded full-time **Forensic Behavior Specialist** position who acts as a liaison between probation and the courts. The Forensic Behavior Specialist takes referrals from probation officers regarding individuals who are at risk of violation of parole. She is then able to make home visits and provide motivational interviewing and connection to services such as Medical Assistance, Social Security, food stamps, and transportation. The Forensic Behavior Specialist has a current caseload of 35 parolees.

Bucks County Adult Probation and Parole Department has two **EARN-IT probation diversion programs**. The Drug Intervention Earn it Program was implemented in August of 2010 and is designed to divert non-addicted, low risk offenders convicted of minor drug related charges from probation supervision. Under this program, offenders are sentenced to a term of one year probation with the condition they be screened for the program. Screening consists of administering the LSI-R short version and the TCU Drug Screen II instruments. Offenders that meet the criteria are referred to a 7 week cognitive behavioral therapy group. Upon successful



completion of the group and submission of 2 negative drug tests, the participants appear before a Magistrate at which point their case is closed. During participation in this program, the offender is on non-reporting status and has no contact with the department. Program requirements can be completed in 75 to 90 days.

The Earn-It Program is a Re-Entry initiative targeting low risk, misdemeanor offenders who are challenged by the Court to comply with conditions imposed at sentencing. Offenders sentenced to the Earn-It Program will appear for a hearing in no more than 90 days to have their progress assessed, with non-compliance addressed in a much quicker time frame than traditional probation caseloads allow. As with the Drug Intervention Earn it Program, the offenders are on non-reporting status while participating in the program.

Forensic Assertive Community Treatment (FACT)

This evidence-based program provides community-based psychiatric treatment, outreach, rehabilitation, and support to individuals with severe mental illnesses (including individuals with co-occurring substance use disorders) who are involved with the legal system through recent incarcerations, probation/parole supervision, and/or pending charges related to crimes committed as a result of mental health symptoms. The FACT team serves individuals in the Upper Bucks County area. The program is currently funded for 21 participants. There is currently a waiting list. The team consists of a team leader, half-time psychiatrist (20-hours per week), three registered nurses, master's level mental health therapist, master's level addiction counselor, two peer specialists, case manager, forensic specialist, and vocational specialist.

Support is available 24 hours a day, 7 days a week. A crisis line is also available.

Housing and Homelessness

The **Bucks County Housing Coalition (BCHC)** is a coalition of public and private/nonprofit agencies working together to address the housing and social service needs of Bucks County's homeless population. The BCHC strives to assure the availability and sustainability of housing for homeless persons and/or persons facing homelessness. Recent efforts include a focus on persons leaving the criminal justice system.

The Bucks County Housing Coalition has a large number of participating members including but not limited to: PA Department of Public Welfare, Bucks County Career Link, Bucks County Office of Human Services, Bucks County Behavioral Health, Bucks County Department of Children and Youth, Bucks County Dept. of MH/MR, Bucks County Drug & Alcohol Commission, Bucks County Dept. of Community & Business Development, Department of Military Affairs, American Red Cross, Tabor Children's Services, Bucks Interfaith Housing Development Corporation, Habitat for Humanity, Blessed Margaret, National Alliance on Mental Illness, Coalition for Women's Economic Justice, and United Way of Bucks Way.

Bucks County also has a full-time **Behavioral Health Housing Specialist**, associated with Behavioral Health and with the Bucks County Housing Group, who is an active participant and contributor to the efforts of the Bucks County Housing Coalition.

The Local Housing Options Team (LHOT) recently formed a **Forensic Housing Subcommittee** for Bucks County to improve housing options for those with mental health or substance use disorder issues and involvement in the criminal justice system.

Bucks County is also utilizing **Homelessness Prevention and Rapid Re-Housing Program (HPRP)** funds to provide financial assistance and services to either prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be

quickly re-housed and stabilized. Homelessness prevention emergency housing assistance, including rental assistance, utility assistance, necessary legal services and comprehensive case management is being provided to households, including the prisoner/reentry population, who would be homeless but for this assistance. Rapid Re-Housing services including rental assistance, utility assistance, housing placement, credit repair, necessary legal services, and comprehensive case management is being provided to assist households to be placed into permanent housing as quickly as possible in order to eliminate or decrease time in emergency shelter and/or transitional housing.

In addition, Bucks County has approximately 75 privately owned **Recovery Houses** for individuals with substance use disorders. These facilities usually will not accept persons on psychiatric medication or methadone treatment. There are also a small number of **Personal Care Homes** for individuals with mental health issues.

Vocational Services

Bucks County is currently working to improve vocational services for individuals returning from correctional settings. The **FACT team** is utilizing the SAMHSA Supported Employment Implementation Resource Kit to provide increased support to participants who have identified work/educational pursuits as one of their recovery goals.

Drug and Alcohol also provides a series of courses designed to increase employability. Adult Probation and Parole has an established connection with **Careerlink which often provides them** job postings.

Community Behavioral Health Services

There are a number of behavioral health agencies that support Bucks County individuals in the community. Examples include: **Recovery Community Centers** (Substance Use Disorders), **Community Wellness Centers** (Mental Health Issues), and the **Women's Recovery Community Center**.

Advocacy

Bucks County has a highly active branch of the **National Alliance on Mental Illness (NAMI)**, with over 250 members. This branch is heavily involved in education, advocacy, and support and provides several services including a 12 week course for family members, a 6 week course for parents and/or caregivers of mentally ill children and, a 10 week course for consumers, peer-to-peer support services, and assistance in CIT trainings. Further information can be found at <http://www.namibuckspa.org/>.

➤ **Identified Gaps**

- Limited and competing funding for MH services
- Few County resources for persons without MA
- There are few vocational support services
- Public transportation is not throughout the County and limited on the lower end
- Issues with getting transportation for drug screening
- Lost hospital beds in the County
- Assessments are not provided from the jail unless requested by a provider
- Limited affordable housing
- Not enough outpatient services
- Low reimbursement rates for outpatient
- Competing issues and thoughts on how resources should be used
- When key staff change agreements/partnerships fall through the cracks
- Limited number of attorneys to handle all the cases for MH court
- Issues with competing national housing funds
- Folks coming from jail cannot meet landlords
- Cannot share housing when you have a voucher
- Lack of dedicated funding for reentry and community services for CJ/MH population

➤ **Identified Opportunities**

- Develop a behavioral health subcommittee under the CJAB
- P&P has specialized BH positions
- BH Forensic Specialist- attached to probation funded through reinvestment- BHSI-D&A
- Probation officers have been through CIT training
- Designated sex offender probation officers
- NAMI trainings (Family to Family, Peer to Peer)
- WARM Line
- Recovery Specialist for D&A
- Routine for community agencies to assess for both MH and D&A
- Brief assessment from accompanies the person to probation or parole
- Forensic Peer Specialist Services provide in-reach
- Forensic ACT team
- PACT team deals with forensic issues
- New County Assistance Office director
- 2 Community Corrections settings
- FACT team has a vocational component
- Career Link services ex-offenders
- FACT and PACT teams have developed connections with landlords to address housing
- Person can get MA benefits while on work release
- Interest in development of local 2nd Chance employer list
- Expansion of HUD definition of homelessness

Bucks County Priorities

Subsequent to the completion of the *Cross-Systems Mapping* exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the gaps and opportunities identified in the group discussion about the cross-systems map. Listed below are the priority areas identified by the workshop participants with number of votes received in parentheses.

Top Six Priorities

1. Reentry – Housing and resources (Medical Assistance and SS, medications, transportation, etc) **(21 votes)**
2. Information sharing – between departments and agencies **(20)**
3. Prevention, diversion work around intercept 1 area **(17)**
4. Creating funding strategies and funding opportunities / community development boards and philanthropy opportunities **(13)**
5. Improved access to community based treatment services / supports
 - a. Include generic services and natural supports **(10)**
6. Consider more opportunities for pretrial / diversion activities **(6)**

Additional Priorities

1. Efforts to include hands on staff / recipients at the table regarding planning and policy development activities **(2)**
2. Low Hanging Fruit “items - (those that are quick fixes)
 - a. Electronic /Technical data dumping of information
 - b. Cross systems training of resources and services

Bucks County Action Plan

Moving Forward: Next Steps				
Objective	Action Step	Who	When	
1.1	DEVELOP Behavioral Health Subcommittee of the CJAB	<ul style="list-style-type: none"> • DRAFT of CSM to Bucks County by Tuesday October 5th. • Bucks County will review, revise by October 18th back to the COE • At October 21st meeting for CJAB –recommendations • Update of mapping process will be presented 	COE staff and Bern McBride	By 1 st Week of December 2010
1.2	Consider subgroups for priority action steps	<ul style="list-style-type: none"> • Upon approval of CJAB and CSM process – solicit stakeholder input and activities for subgroups. 		
1.3	Consider additional forums for updating Counties accomplishments in the CSM process and activities			
1.4	Develop power point slides to share and highlight activities and			

Priority Area 1: Reentry – Housing and resources (Medical Assistance and SS, medications, transportation, etc.)

Objective	Action Step	Who	When	
1.1	Providing expedited, swift, predictable linkages to community services	CJAB subcommittee		
1.2	Developing Community Reentry process and board/group	<ul style="list-style-type: none"> • develop protocols, stakeholder participation, commitment for supports to reentry (i.e.: Use Bucks County Youth and Promises) • Need to address the “ownership” and <u>awareness</u> for the “community” to accept 	CJAB Subcommittee	

		<p>the persons – public awareness issues: i.e.: marketing campaigns. Could highlight NAMI programs and existing intervention services such as FACT &CTT</p> <p>“SOCIAL Marketing” telling recovery stories and public awareness campaign</p>		
1.3	Develop a network of supports in the community	<ul style="list-style-type: none"> Using faith based groups, churches, self help support groups AA/NA, i.e.: recovery centers, NAMI’s peer to peer class, WRAP groups, supports that help to integrate CJ/MH population into more generic community, “2nd chance” employer network 	Dave Varner Carol – NAMI, Deb Strouse, CJAB Subcommittee	
1.4	Aftercare medications		CJAB subcommittee	
1.5	Access to Benefits		CJAB subcommittee	
1.6	Housing		CJAB subcommittee	
1.7	Recovery Coach Peer Support		CJAB subcommittee	
1.8	Transportation		CJAB subcommittee	
1.9	Treatment enhancement accessibility		CJAB subcommittee	
1.10	Communication		CJAB subcommittee	
1.11	Employment and meaningful activities		CJAB subcommittee	
1.12	Working individuals to be more empowered and accountable		CJAB subcommittee	

Priority Area 2:Information sharing – between departments and agencies

Objective	Action Step	Who	When
2.1	Review of federal, state, County	• Consider	

	<p>local and agency issues</p> <ul style="list-style-type: none"> • Legislative • Medical and Political issues • Policy and procedures of those groups • Restrictions/impediments of info sharing • Intent of those restrictions and unintended consequences • Inter and intra agency policy issues 	<p>development of subgroup which would include legal, and medical stakeholders</p> <ul style="list-style-type: none"> • COE will provide Venango County information to group • COE will provide John Petrila's information re legal strategies for sharing information 		
2.2	<p>Data sharing between CJ and BH</p> <ul style="list-style-type: none"> • Between BH and CJ for admissions • Explore collaborative approaches for information sharing (CMHC –i.e.: VPN accessibility to information) 			
2.3	<p>Unifying public safety infrastructure</p> <ul style="list-style-type: none"> • Internal networks – courts, etc • External networks – to community 			
2.4	<p>Explore Advanced Directives, WRAP, recovery plans and other Network of Care Bucks County's behavioral health website information</p>			
2.5	<p>Sharing of information between 911 and crisis services</p>			
2.6	<p>Communication about releases from County Jail and DOC (predictable and unpredictable releases)</p>			

Priority Area 3: Prevention and diversion work around Intercept 1

Objective	Action Step	Who	When
3.1 Identification at call takers level and 1 st responders (

	911 and police) of persons who have mental health issues/ behavioral health crisis ie: "EDP" or "CIT" calls			
3.2	Provide in-depth training with 911 call takers for behavioral health issues. Ie: mental Health 1 st Aid Training		Sharon Curran is a certified trainer	
3.3	Consider use of Mental Health First Aid training for law enforcement, CJ personnel, jail and medical, and general public etc. (12 hour - shorter training than CIT – MH 101 type – recognize symptoms, how to refer to supports)		Sharon Curran and other staff in Bucks County Train the trainer model	
3.4	Make resource information available and accessible to general population and to families, stakeholders, etc. i.e.: reentry and resource cards, web resources, guide "to's", folders, etc. i.e.: Pro- ACT and NAMI resource information			
3.5	Method and assurance of information transmission and notification to organizations, departments, etc. i.e.: providing information to Police Chiefs association,			
3.6	Promoting CIT to police chiefs in Counties <ul style="list-style-type: none"> • Sharing successes Example of medication give back campaign Gatekeepers are typically the PD	Consider CIT training block to Police Chiefs meeting in July 2011	Marge & Sharon	

	Review CIT newsletter distribution list to all Chiefs			
3.7	Consider use of MOPEC – state police for training and consideration of brief CIT in the training –			
3.8	Distribution of CIT newsletter – expand and review distribution list to law enforcement and BH providers, stakeholder groups			
3.9	Consider sharing the “roll call” forms from Jail for Police to provide additional information about person’s need			
3.10	Consider development of WARM Line			
3.11	Expand 24/7 mobile crisis			
3.12	Reinstate consumer advocate			
3.13	Consider unified records management – <ul style="list-style-type: none"> Linking with the crisis services can be shared/notified of Frequent caller/outreach by police and sharing and linking that information with appropriate and necessary supports ie: domestic violence database Unify the “category” of the call			
3.14	CIT initiative to identify the effectiveness of their training			

Priority Area 4: Creating funding strategies and funding opportunities / community development boards and philanthropy opportunities

Objective		Action Step	Who	When
4.1	Address reentry needs with the local government and commissioners re: impact of costs, services, and budget resources needed		Joe Funk	
4.2	Funding should be apart of the Community Board objective			
4.3	Review of services and a funding review. Consider an evaluation process of services, reallocation as needed with Increase access and quality of services as the goal			
4.4	Consider utilizing in Public Defenders Office the volunteer attorney, unfunded staff i.e.: interns - free up the current paid staff.			
4.5	Supporting organizational change to provide evidence based practices and promising practices i.e.: IMR (illness management recovery)			

Priority Area 5: Improved access to community based treatment services / supports (Include generic services and natural supports)

Objective		Action Step	Who	When
5.1	Potential partnership with faith based groups (i.e.: Mt Carmel group)			
5.2	Individuals who will have			

	barriers to release i.e.: no housing,			
5.3	Enhancing the access for services for those who don't may not be on the SPMI group.			
5.4	Having the right people at the table			
5.5	Transportation accessibility			

Appendix A – Participant List

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<p>Lori Reese Probation and Parole lareese@co.bucks.pa.us</p>	<p>David Varner FACT Certified Peer Specialist Penn Foundation dvarner@pennfoundation.org 807 Lawn Avenue Sellersville, PA 18960 267-517-0020</p>
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Appendix B – Bucks County Department of Corrections & Bucks County Adult Probation Department Pre-Parole Re-Entry Case Plan

Offender's Name:	Date of Birth:	SSN:	BCP#:	Today's Date:
CCO/CCM: J.O. Andre Alleyne	Phone #:	Facility: BCCF	Admit Date:	Minimum Date:
Maximum Date:				

Parole Address (Include Name and Phone Numbers of Contact): _____

Offender's Phone Number: _____

Is the Parole Address Stable? Yes No If No, Explain: _____

Is the Parole Address Subsidized Housing? Yes No

Other Household Members on Probation, Parole or Any Other Type of Supervision? Yes No

If Yes, Who and Supervision type: _____

Emergency Contact (Name, Address, Phone Number): _____

Prior Residence(s) within the last 12 months: _____

Homeless History: Yes No If Yes, Dates/Length of Time of Each Occurrence: _____

Are there any pending charges? Yes No If Yes, Explain: _____

LEVEL OF EDUCATION: Less than HS Diploma/GED HS Diploma/GED College Voc/Trade

EDUCATION INVOLVEMENT AT DOC: Yes No If Yes: ABE SAY CALP OTHER: _____

CURRENTLY ON MEDICATION: Yes No If Yes, List medications: _____

MEDICAL COVERAGE? Yes No If Yes, Insurer: _____

EMPLOYMENT:

Currently Working? Yes No If No, Explain: _____

Special Job Skills? Yes No If Yes, Explain: _____

Employment Post Release? Yes No Explain: _____

SPECIAL NEEDS: Mental Health Sex Offender Domestic Violence Medical Other _____

If any of the above are checked, Explain: _____

MISCONDUCTS WHILE INCARCERATED: Yes No (If Yes See Below)

AMOUNT OF TIME SERVED WITHOUT MISCONDUCTS: the last 12 months or more the last 6 months
 the last 3 months less than 3 months

OTHER AGENCY INVOLVEMENT:

Domestic Relations

Children and Youth

Other: _____

Currently Involved Case Worker

Yes No _____

Yes No _____

Yes No _____

Other Pertinent Information

INCOME TYPE:

Social Security Income? (SSI)

Social Security Disability (SSD)

Veteran's Affairs (VA)

Unemployment

Other: _____

Currently Receiving Application

Pending

Yes No Yes No

Monthly Amt

Case Worker

Name of Payee

TREATMENT TYPE:	PREVIOUS If Previous, When	RECOMMENDED	CURRENT	COMPLETED
Drug and Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release and Re-Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex Offender Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decisions	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anger Management	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Victims Empathy Training	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Institutional Adjustment/Misconduct Information/Programs/Special Conditions/Other (Attachments Yes No)

BCDOC Recommendation for Parole: Recommended Not Recommended _____ (Initials of Superintendent/Warden)

PROPOSED PLAN OF ACTION

Referrals Needed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Rent Assistance |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Employment | <input type="checkbox"/> Aging and Disability Services |
| <input type="checkbox"/> Drug and Alcohol | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Domestic Relations |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Veterans Affairs | <input type="checkbox"/> Children and Youth |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Referral Type: _____

Agency Referred To:	Contact Phone Number:	Contact Person:	
Appointment Date/Time:	Location/Address:	Referral Faxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax#:

Referral Type: _____

Agency Referred To:	Contact Phone Number:	Contact Person:	
Appointment Date/Time:	Location/Address:	Referral Faxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax#:

Referral Type: _____

Agency Referred To:	Contact Phone Number:	Contact Person:	
Appointment Date/Time:	Location/Address:	Referral Faxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax#:

Referral Type: _____

Agency Referred To:	Contact Phone Number:	Contact Person:	
Appointment Date/Time:	Location/Address:	Referral Faxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax#:

Notes: _____

Meeting Date, Time and Location with DOC and APP staff:		
_____	_____	_____
Signature of Parole Officer	Signature of DOC Staff	Signature of Offender

Appendix C: Additional Web Resources

Pennsylvania Mental Health and Justice Center for Excellence	www.pacenterofexcellence.pitt.edu
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Pennsylvania Web Sites

Pennsylvania Commission on Crime and Delinquency	www.pccd.state.pa.us/
Pennsylvania Recovery and Resiliency Adult Justice Related Services	http://www.parecovery.org/services_justice.shtml

Additional Web Sites

Center for Mental Health Services	www.mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	www.prevention.samhsa.gov
Center for Substance Abuse Treatment	www.csat.samhsa.gov
Council of State Governments Consensus Project	www.consensusproject.org
Justice Center	www.justicecenter.csg.org
Mental Health America	www.nmha.org
National Alliance on Mental Illness (NAMI)	www.nami.org
National Alliance on Mental Illness Crisis Intervention Team Resource Center & Toolkit	www.nami.org/cit ; www.nami.org/cittoolkit
National Center on Cultural Competence	www11.georgetown.edu/research/gucchd/nccc/
National Center for Trauma Informed Care	http://mentalhealth.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.health.org
National Criminal Justice Reference Service	www.ncjrs.org
National GAINS Center/ TAPA Center for Jail Diversion	www.gainscenter.samhsa.gov
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
Network of Care	networkofcare.org
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Center for Excellence	www.neoucom.edu/cjccoe
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Policy Research Associates	www.prainc.com
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
USF CJ and Substance Abuse Technical Assistance Center	www.floridatac.org/

Appendix D –Resources for Specialized Police Response and Law Enforcement/Behavioral Health Collaboration at Intercept 1

- **Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions. Manuscript published by the Justice Center.**

This monograph assists communities develop effective specialized police response and collaboration between law enforcement and behavioral health systems tailored to the needs of the local community. It provides a step-by-step program design process and numerous examples of how localities have implemented collaborative police and behavioral health responses to produce better outcomes when law enforcement encounters a person with mental illness in crisis.

Available at:

http://consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf

- **Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice. Manuscript published by the Justice Center.**

Examines studies on law enforcement interactions with people with mental illnesses and translates the findings to help policymakers and practitioners develop safe and effective interventions.

Supported by the John D. and Catherine T. MacArthur Foundation, it reviews research on the scope and nature of the problem and on a range of law enforcement responses.

Available at: www.consensusproject.org/downloads/le-research.pdf

- **Ohio's Crisis Intervention Team (CIT) Initiative. Video developed by the Ohio's Criminal Justice Coordinating Center of Excellence.**

This recently released brief video describes Ohio's successful development and promotion of CIT programs. The video presents an overview of CIT and the Criminal Justice CCoE and provides a brief introduction of CIT. Ohio Supreme Court Justice Evelyn Stratton is among the speakers.

Available at <http://cjccoe.neoucom.edu/>

- **Bucks County (PA) Crisis Intervention Team.**

Official website of the Bucks County CIT, includes an overview of the program, news reports and more.

Available at: www.buckscounty.org/government/departments/HumanServices

- **Laurel Highlands Region (PA) Crisis Intervention Team**

Official website of the Laurel Highlands Region CIT, including a brief overview and description, resources and contact information.

Available at: <http://www.laurelhighlandscit.com>

- **"A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs". Article in Psychiatric Services, 2001.**

This article covers three communities, including Montgomery County (PA), that have developed pre-booking diversion programs that rely on specialized crisis response sites where police can drop off individuals in psychiatric crisis and return to their regular patrol duties.

Available at: <http://psychservices.psychiatryonline.org/cgi/content/full/52/2/219>

- **“A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs”. Article in *Journal of the American Academy of Psychiatry and Law*, 2008.**

This article reviews available research of CIT programs nationally, specifically reporting on officer-level outcomes, the dispositions of calls eliciting a CIT response, and available models.

Available at: <http://www.jaapl.org/cgi/content/full/36/1/47>

- **Presentations from the 2010 International CIT Conference website.**

A catalogue of presentations from the 2010 International CIT Conference (June 2010) is included on this website. Chester County may be especially interested in the following presentations:

- Persuading Policy Makers: Effective CIT Program Evaluation and Public Relations (page 1)
- A Co-response Model Mental Health and Policing (page 1)
- How CIT Works in a Small Rural County (page 1)
- Keys to the Successful Development and Implementation of a CIT Program (page 2)
- Steps to Successful Community Collaboration (page 3)
- An Innovative Community Collaboration to Enhance the Continuum of Care (page 3)

Available at: <http://www.slideshare.net/citinfo>

- ***Making Jail Diversion Work in Rural Counties. Presentation at the GAINS TAPA Center for Jail Diversion Easy Access Net/Teleconference, March 27, 2006.***

This is a presentation by Brown County (OH) and New River Valley (VA) on implementing CIT in rural communities. It covers initial barriers, planning stages, modifications and eventual implementation of pre-booking diversion programs in small, rural communities in Ohio and Virginia.

Available at:

http://www.gainscenter.samhsa.gov/html/resources/presentation_materials/ppt/Rural_3_27_06.ppt

- **Crisis Care Services for Counties: Preventing individuals with Mental Illness from Entering Local Corrections Systems, June, 2010.**

The National Association of Counties (NACo) released a publication on Crisis Care Services for Counties. Crisis care services work with law enforcement to divert individuals in mental health crisis from the criminal justice system. This publication features six county programs (Bexar County, TX; Buncombe County, NC; Yellowstone County, MT; Hennepin County, MN; Multi-County Partnership (Aitkin, Cass, Crow Wing, Morrison, Todd and Wadena Counties), MN; and King County, WA) that have implemented crisis care services to divert individuals with mental illness from the criminal justice system.

Available at: <http://www.naco.org/research/pubs/Documents/Health,%20Human%20Services%20and%20Justice/Community%20Services%20Docs/CrisisCarePublication.pdf>

- **Getting Inside the Black Box: Understand How Jail Diversion Works**

On January 14, 2010, the CMHS National GAINS Center convened a diverse group of researchers, policymakers, and jail diversion practitioners to assess what conclusion could be derived from the Targeted Capacity Expansion (TCE) Jail Diversion cross-site evaluation project data. The group reviewed the data collected from 14 post-booking jail diversion programs with the goals of establishing where the field is today and how the data available can be translated into policy and practice. The results of the national evaluation support the effectiveness of jail diversion programs on improving both public health and public safety outcomes and the individual successes demonstrated by participants, and strongly suggest we are moving toward a more valid model of “what works” to reduce criminal behavior.

Available at: http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/Getting_inside_the_black_box.pdf

- **MCES Mobile Crisis Intervention Service**

Montgomery County Emergency Service, Inc. (MCES) is a non-profit hospital founded in 1974 and is nationally renowned for its innovative programs to assist law enforcement agencies in dealing with mental health, behavioral and substance abuse issues, including their Mobile Crisis Intervention Service.

Available at: www.mces.org

- **Family Training and Advocacy Center**

Official website of the Philadelphia Department of Behavioral Health/Mental Retardation Services Family Training and Advocacy Center (FTAC), which provides support to families and family groups dealing with a family member's behavioral health and/or addiction issues. Among its many activities, FTAC provides training to criminal justice staff.

Available at: <http://www.dbhmr.org/family-training-advocacy-center-ftac>

- **Police 3x5 Crisis Intervention Quick Referral Cards**

This set of nine 3x5 cards are provided to San Antonio Texas Crisis Intervention Team officers during their initial 40 hour training. They are provided as handy reference tools and updated before every new CIT class.

Available at:

<http://www.diversioninitiatives.net/search?updated-min=2009-01-01T00%3A00%3A00-08%3A00&updated-max=2010-01-01T00%3A00%3A00-08%3A00&max-results=22>

“Hearing Voices That Are Distressing” Exercise Philadelphia RESPONDS Crisis Intervention Team

The Philadelphia RESPONDS Crisis Intervention Team includes a two hour segment in the 40 hour CIT training entitled “Hearing Voices That Are Distressing.” This training curriculum is a simulation experience designed to allow participants to gain a better understanding of what it is like for a person with mental illness to hear voices. The curriculum was developed by Patricia Deegan, PhD and the National Empowerment Center in Massachusetts. Participants of the program first watch a DVD presentation by Dr. Deegan regarding hearing voices and then use headphones to listen to a specially designed CD developed by people with mental illness who hear voices. During the simulated experience of hearing voices, participants undertake a series of tasks such as: interaction in the community, a psychiatric interview, psychological testing and activities that mimic a day treatment program. The simulation experience is followed by a short wrap up DVD presentation by Dr. Deegan specifically focused on first responders then a debriefing and discussion period. Philadelphia’s CIT uses brief Power Point presentations based on Dr. Deegan’s presentations rather than the DVD itself. .

Patricia Deegan, PhD, holds a doctorate in clinical psychology and developed the curriculum as part of her work with the National Empowerment Center. Dr. Deegan was diagnosed with schizophrenia at the age of seventeen. She has experienced hearing voices that are distressing and integrates that experience into her presentations.

The primary goals for the participants of the Hearing Voices experience are:

- Understand the day to day challenges that face people with psychiatric disabilities and better appreciate the strength and resiliency a person who hears voices must have
- Learn about the subjective experience of hearing voices that are distressing
- Become more empathic toward people who hear distressing voices
- Change practices to better address the needs of people who hear distressing voices
- Become familiar with coping strategies for voice hearers

Philadelphia began using the Hearing Voices curriculum shortly after the inception of the Crisis Intervention Team program in January 2007. Many CIT and other police mental health programs around the country have used this curriculum for training, including Connecticut’s Alliance to Benefit Law Enforcement (CABLE). All have found it a helpful tool for learning and engagement of law enforcement officers. The exercise is consistently one of the highest rated sections by Philadelphia CIT officers and has become essential in developing a compassionate understanding of severe mental illness. The “Hearing Voices That Are Distressing” exercise has attracted much interest in Philadelphia from other organizations who have requested the exercise include the Philadelphia Forensic Task Force, the jail, District Attorney’s Office, Defenders Association, and Mental Health Court. Administrators from the jail have expressed an interest in including the exercise in their regular correctional officer training.

For more information on Philadelphia RESPONDS Crisis Intervention Team: Michele Dowell, MSW, CIT Coordinator, (215) 546-0300 ext. 3511, mdowell@pmhcc.org or Lt. Francis Healy, Philadelphia Police Department, (215) 686-3022, Francis.Healy@phila.gov

For more information on the “Hearing Voices That Are Distressing” Curriculum and Dr. Deegan videos:
National Empowerment Center Patricia Deegan, PhD
www.power2u.org www.patdeegan.com
(978) 685-1494

Appendix E: Exchange of Information

- **Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and other Privacy Laws**

This publication will assist with understanding the legal framework of information sharing as it relates to designing and implementing effective criminal justice-mental health collaborations. This guide supports that first step by introducing how federal and state laws are likely to influence practitioners' responses. The document discusses the basic privacy rules for "protected health information" (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and substance abuse treatment information under 42 CFR Part 2, a portion of the Code of Federal Regulations addressing public health. The discussion in this document seeks to provide practitioners with a fundamental understanding of the legal issues expected to be involved with information sharing and how the legal framework is likely to affect their initiatives.

Available at: http://www.ojp.usdoj.gov/BJA/pdf/CSG_CJMH_Info_Sharing.pdf

- **Exchange of Information between First Responders and the Venango County Mental Health System Policy and Procedures**

Example of an information sharing agreement in Venango County (PA) between law enforcement, Venango County Human Services Integrated Crisis Services Unit (ICS), and Mental Health/Mental Retardation Department (MH).

Contact: Jayne Romero, MH/MR Administrator Venango County, at (814) 432-9753

Policy

In response to a law enforcement official's request, Venango County Human Services, through its Integrated Crisis Services Unit (ICS) and Mental Health/Mental Retardation Department (MH), may disclose protected health information (PHI) in an emergency situation without the written authorization of an individual in situations involving first contact with law enforcement or other first responders. The intent of the disclosure is to promote the best possible outcome for an individual who is "known" to the County mental health system. Refer to the following sources for legal authority relative to this policy: 55 Pa. Code 5100; 45 C.F.R. 164.512(j); and the Venango County HIPAA Compliance Policies/Procedures

The ICS or MH/MR worker may disclose PHI to law enforcement or other first responders if it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public **and** if the disclosure is to a person or persons reasonably able to prevent or lessen the threat. If the worker believes in good faith that those two requirements are satisfied, s/he may disclose PHI and there is no limitation on the type of PHI which may be disclosed other than the worker must in good faith believe that the disclosure of PHI is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Procedures

1. Law Enforcement/first responders will contact the ICS/MH as outlined in the “Individuals Needing Emergency Psychiatric Evaluation” flowchart.
2. Requests for the information outlined above may be made to the ICS/MH worker who takes the call.
3. The ICS/MH worker will provide only the information noted above, to the degree that it is known to the ICS/MH worker, or can quickly be discovered by the ICS/MH worker. Strategies ICS/MH workers can use to discover information includes, but are not limited to, calls to the County Base Service Unit staff, and/or reference to mental health records on file at the ICS office).
4. The ICS/MH worker will document any information disclosed to a first responder on the Protective Services Emergency Examination Sheet or in the case record.

Date Implemented: August 2008

Approved by: Venango County MH/MR
CJAB approval

Appendix F – Resources for Improving Re-Entry

- **“Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM)”**
GAINS Center report from 2007 on the SPECTRM initiative (NY).
Available at: <http://gainscenter.samhsa.gov/text/reentry/Spectrum.asp>
- **“The Impact of the ‘Incarceration Culture’ on Reentry for Adults With Mental Illness: A Training and Group Treatment Model”. Article in *Psychiatric Services*, 2005.**
Best Practices article on Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM), an approach to client engagement that is based on an appreciation of the “culture of incarceration” and its attendant normative behaviors and beliefs. This column describes SPECTRM’s systematic development as an emerging best practice for clinical training and group treatment.
Available at: <http://psychservices.psychiatryonline.org/cgi/reprint/56/3/265>
- **“A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC model”**
A 2002 GAINS Center report on the APIC Model, including a detailed overview of the model itself from a re-entry perspective. The APIC Model is a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail.
Available at: <http://gainscenter.samhsa.gov/pdfs/reentry/apic.pdf>
- **“Finding the Key to Successful Transition from Jail to the Community”**
A 2009 report from the Bazelon Center explaining Federal Medicaid and disability program rules as they apply to transitioning from jail to the community.
Available at: <http://www.bazelon.org/issues/criminalization/findingthekey.html>
- **“Interventions to Promote Successful Reentry among Drug-Abusing Parolees”. Article in *Addiction Science & Clinical Practice*, 2009.**
This article reviews research findings on principles of effective correctional treatment and the interventions that have been shown to be effective with drug abusing parolees or that have been tested with general drug-abusing populations and show promise for use with parolees. The article concludes with a discussion of several issues that clinicians need to consider in adopting and implementing these interventions.
Available at: <http://www.nida.nih.gov/PDF/ascp/vol5no1/Interventions.pdf>

- **“Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes”**

A monograph published by The Urban Institute that describes 13 key strategies to enhance reentry outcomes along with examples from the field. It is based on research literature and the outcomes of two meetings held in 2007 with national experts on the topic of parole supervision. The goal of the meetings was to articulate participants’ collective best thinking on parole supervision, violation, and revocation practices and to identify policies and strategies that would help policymakers and practitioners improve public safety and make the best use of taxpayer dollars.

Available at: <http://www.urban.org/publications/411791.html>

- **“Reducing Parolee Recidivism through Supportive Homes: Successful Programs by State”**

This is a Corporation for Supportive Housing report that describes various forensic supportive housing projects in New Jersey, New York, Illinois and Ohio.

Available at: http://www.housingca.org/resources/PROMISE_OtherStates.pdf

- **“Housing and the Sequential Intercept Model: A How to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness”**

This 2010 report by Diana T. Myers and Associates, Inc. explains why housing is a critical element to re-entry programming; describes the obstacles in locating housing; introduces a number of successful housing strategies and models; and provides a step by step guide to successfully incorporating housing players and resources into a planning process.

Available at: <http://www.pahousingchoices.org/publications/housingformhcj/>

Appendix G – Resources to Expand Housing

Several efforts, some national and one in Pennsylvania, have shown some promise in assisting communities to address the housing issue.

- The Council for State Governments Justice Center recently released a policymakers' guide to reentry housing options which outlines three approaches to increasing housing capacity: creating greater access to existing housing units, increasing the number of housing units specifically available to the target population, and engaging in comprehensive neighborhood revitalization to expand affordable housing for at-risk populations. The benefits and limitations of commonly used housing approaches are described along with examples in place in communities. (See: http://reentrypolicy.org/jc_publications/reentry-housing-options/Reentry_Housing_Options.pdf)
- The Corporation for Supportive Housing has targeted this problem by assisting states and localities in developing supporting housing for people being diverted from the criminal justice system and those reentering the community from local jails or state prisons. Their work directly addresses the broad range of public organizations involved in serving this population --- corrections, courts, homeless shelters, behavioral health services, and others --- and coordinates these usually fragmented efforts to create housing and supportive services to “break the cycle of incarceration and homelessness.” Efforts in New York City, Chicago, Rhode Island, and a number of other communities have shown reductions in days spent in shelter and jail along with increases in stable housing. (See: www.csh.org/)
- The Pennsylvania's Department of Public Welfare's Office of Mental Health and Substance Abuse Services recently disseminated a document to help communities address this issue, “Housing and the Sequential Intercept Model: A How-to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness.” The guide, tailored to Pennsylvania, comprehensively describes how to define the problem, collect data, get the right people at the table, identify housing resources and gaps, examine potential housing models, and formulate strategies to fill the gaps. A wide range of housing options are described including strategies for public housing authorities, private landlords, master leasing, emergency shelter/crisis residential, transitional or bridge housing, and permanent supportive housing. (See: www.parecovery.org/documents/Housing_SEI_Final_Handbook_030510.pdf)

Appendix H – Save the Date

November 30th: Forensic Rights and Treatment Pre-conference Workshop hosted by the PA Center of Excellence

Grantville, PA

December 1 and 2: 18th Annual Forensic Rights and Treatment Conference

Grantville, PA

December 16th: Dr. Jennifer Skeem: Promising Practices Presentation on Mental Health probationers

1:00 – Philadelphia Convention Center

March 23rd and 24th: Veteran's Jail Diversion and Trauma Recovery Conference

State College, Pennsylvania