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UNIVERSITY OF PITTSBURGH



Clearfield County Report

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

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Clearfield 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 and Taking Action for Change* workshop held in Clearfield County, Pennsylvania on January 6th and 7th, 2011 at the Department of Emergency Management Building. The workshop was hosted by the Clearfield-Jefferson Criminal Justice Advisory Board (CJAB) as part of an ongoing process of developing collaborative systems of support for individuals who have mental illness 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 Clearfield County achieve its goals.

Background

The Clearfield-Jefferson MH/MR Program and multiple other stakeholders requested the Center of Excellence *Cross-Systems Mapping and Taking Action for Change* 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 Clearfield County with:

- Creation of a map indicating points of interface among all relevant Clearfield 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 in contact with the criminal justice system.

Prior to the workshops, the Center of Excellence gathered information about Clearfield 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 40 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 facilitated the workshop sessions. Katy Winckworth-Prejsnar and Casey LaDuke, Research Associates at the 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/or penetrating deeper into the justice system.

The Center of Excellence workshops, *Cross-System Mapping* and *Taking Action for Change*, 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 co-occurring substance use disorders move through the Clearfield 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

Clearfield 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:

- Quarterly meeting of the Mental Health Crisis System group;
- MH and D&A counselors within Clearfield County Prison, who coordinate various treatment services and case management referrals;
- Case management, including blended and forensic blended case managers, providing in-reach into the Clearfield County Prison and continuing care into the community;
- Local Housing Options team monthly meetings with participation by a variety of behavioral health and criminal justice stakeholders; and
- Various community housing and treatment service providers offering services to people coming out of the criminal justice system.

Consumer Involvement in the Workshops

- Consumer services were represented by Elissa Gies, Director of Forensic Peer Support for Nulton Diagnostic & Treatment Center, P.C. & Peerstar LLC. Consumer services. Ms. Gies added valuable information to the discussion, especially regarding upcoming forensic peer specialist trainings available to Clearfield County.

Representation from Key Decision Makers in the Workshops

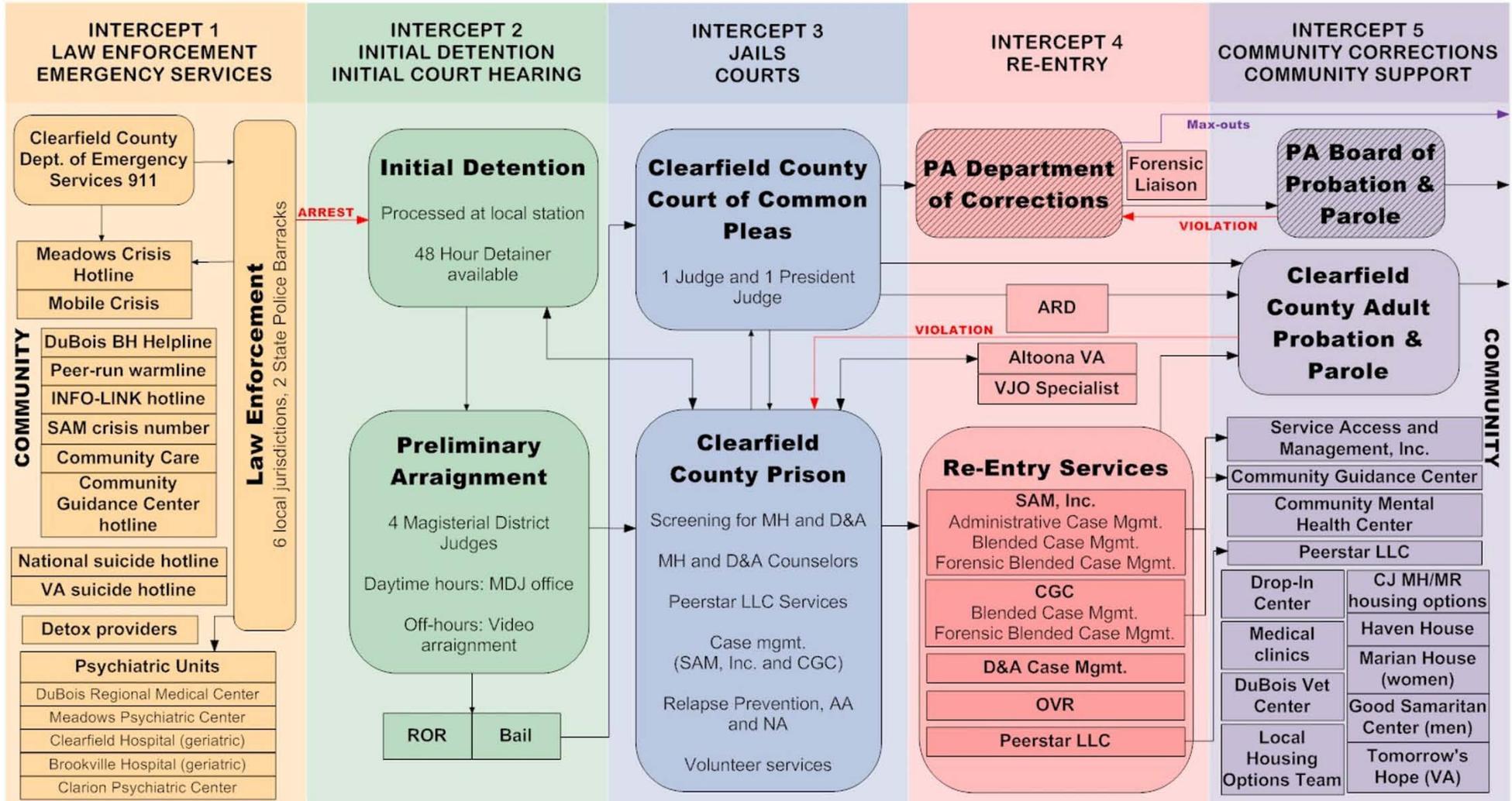
The workshops included wide cross-system representation and involved many of the key decision makers including County Commissioner John Sobel. Opening remarks and introductions were made by Bill Shaw, Clearfield County District Attorney, who set the stage and established a clear message as to the importance of the workshop.

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 local stakeholders. Information has also been incorporated from a variety of additional materials submitted by County officials before the workshop, including:

- Adult/Child mental health providers list 12-23-10 (Clearfield-Jefferson MH/MR Program)
- 2010-2011 Contracted Levels of Care & Providers (Clearfield-Jefferson MH/MR Program)
- Easy Guide to Treatment Services: Accessing Drug and Alcohol Services for Clearfield and Jefferson County Residents (Clearfield-Jefferson Drug and Alcohol Commission)
- Clearfield-Jefferson Housing Mapping 11-23-10 (Clearfield Jefferson MH/MR Program)
- Veterans Justice Outreach Specialist Introduction Letter (Todd D. Negola, Psy.D., VJO Specialist, James E. Van Zandt VA Medical Center)

Clearfield County Cross Systems Map



Clearfield 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 Clearfield 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 individual Fayette County stakeholder opinions and are subjective rather than findings or based on a majority consensus.

General Description of Services and Cross-System Collaboration

Clearfield County, founded in 1804, is a rural county located in central Pennsylvania. As of 2009 there were 82,324 people, 33,127 households, and 22,297 families residing in Clearfield County. The residents of Clearfield County are largely Caucasian (96.1%) and predominantly of German, American, English, Irish, Italian or Polish ancestry. In 2009 the median age was 42 years.

Clearfield County is bordered by Elk, Cameron, Clinton and Centre Counties to the north and east, and Bair, Cambria, and Indiana Counties to the south. Clearfield County borders Jefferson County to the west, and the two counties coordinate on a wide variety of public services, including behavioral health and criminal justice.

Clearfield County has been building a continuum of criminal justice and mental/behavioral health services 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.

The Clearfield-Jefferson MH/MR Program oversees the treatment of this target population in Clearfield County. The Clearfield-Jefferson MH/MR Program 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 qualify for both Medical Assistance/Health Choices supports and county-funded supports. The Clearfield-Jefferson MH/MR Program contracts with local agencies throughout the county to provide services.

Clearfield County has 28 core providers for adult mental health services, with additional providers specializing in child services. Please see Appendix C for a complete list of mental health service providers, including services offered and contact information.

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.

Clearfield County also provides a variety of drug and alcohol service providers. For a complete listing of these services, including rehabilitation, detoxification, and hospitalization, please see Appendix E and Appendix F.

Additional resources for adult mental health and drug and alcohol services are available at <http://www.cjmhmr.com/> and <http://www.cjdac.org/>.

Intercept I: Law Enforcement / Emergency Services

Clearfield County 911

Clearfield County 911 dispatch is operated by the Clearfield County Department of Emergency Management, and provides emergency dispatch to all local jurisdictions. Services are provided 24/7 by 20-30 dispatchers split into shifts of 4 or 5. Dispatchers receive standard call taking training, including basic skills on de-escalation and information gathering in crisis situations, as well as training around various techniques (e.g., medical, police) and chief complaints, including medical complaints regarding mental health.

When 911 dispatchers receive a medical complaint involving a mental health issue (coded as “psychiatric”), they utilize a standard set of questions to assess safety issues regarding the caller themselves and others, as well as the nature of the call. 911 dispatchers may then send law enforcement and EMS to the scene, and may also access Mobile Crisis (see below) to request assistance. In these situations, 911 dispatchers contact Mobile Crisis utilizing their crisis hotline, discuss the situation, and coordinate Mobile Crisis to meet up with law enforcement at the scene or at an area hospital. In 2010, Clearfield County 911 received 344 psychiatric calls, with the highest number coming out of DuBois (74 calls), Sandy (50), Clearfield (48) and Lawrence (38). For more information see Appendix G.

For calls where suicide is a central issue, also considered psychiatric calls, 911 dispatchers have specific mechanisms to handle the crisis situation, typically including sending law enforcement, EMS, and/or Mobile Crisis to the scene.

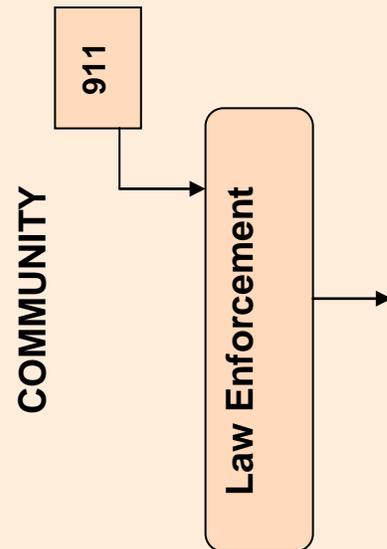
Pennsylvania State Police barracks in Clearfield County utilize their own dispatch.

Law Enforcement

Clearfield County is currently served by nine police forces, including seven local and two State barracks.

In order by size, the local police forces include the DuBois City Police (18 officers), the Sandy Township Police (15 officers), the Clearfield Borough Police (12 officers), the Lawrence Township Police, the Decatur Township Police, the Curwensville Borough Police (1 officer) and the Morris-Cooper Regional Police (1 officer). Local police receive some training around mental health and legal issues during their academy training, with some additional training on these issues offered during their annual MPO ETC trainings (typically lasting half of a day). Police forces report variable amounts of calls related to mental health issues. While the volume of these calls are estimated to be 20-25% in Sandy Township and 30-45% in DuBois City, estimates of their occurrence are much lower in Curwensville Borough. These calls may include requests to assist with a mental health crisis, requests to check on the welfare of an individual

Intercept 1 Law enforcement



that end up as psychiatric situations, or calls in which the individual self-identifies as a mental health consumer. Typically officers will treat these calls the same as any other call, unless the individual is considered to pose a risk to themselves or others. In these situations, officers call Mobile Crisis who will then assist at the situation by providing assessment of the individual and making a recommendation for inpatient or outpatient treatment. In acute crisis situations the individual may be sent to one of the area hospitals (see below). In situations where an involuntary hospitalization is deemed necessary, Clearfield County police officers generally prefer to coordinate with crisis services. In these situations, unless local police officers have already done so, Crisis will call a constable to transport the individual from the scene or from the local law enforcement station to the hospital.

There are also two State Police barracks serving Clearfield County. The DuBois State barracks is the largest in the area with 30 officers, and has jurisdiction over Interstate 80 as well as Bloom, Brady, Huston, Troutville, and Union townships. The Woodland State barracks has jurisdiction over Interstate 80 as well as Beccaria, Bigler, Boggs, Bradford, Brisbin, Chester Hill, Coalport, Covington, Ferguson, Girard, Glen Hope, Goshen, Graham, Grampian, Greenwood, Gulich, Irvona, Jordan, Karthaus, Knox, Lumber City, Penn, Pike, Pine, Wallacetown, Woodward, Houtzdale, and Ramey townships. It is expected that approximately 10% of calls to State Police include people with psychiatric complaints.

In addition to the police forces listed below, the Clearfield County Sheriff's Department also has jurisdiction over the entire county. The Pennsylvania Department of Conservation and Natural Resources also has officers that have police powers on all state owned land in the county.

Clearfield-Jefferson Crisis Services

If in a mental health crisis, individuals and family members are instructed to call **Crisis**. This is a 24/7 service run by The Meadows Psychiatric Center (below), and is run separately from Clearfield County 911. Crisis may be reached at 800-341-5040.

Crisis call-takers are also able to send **Mobile Crisis** units, also operated by The Meadows Psychiatric Center. Mobile Crisis is a 24/7 service staffed by 15-20 on-call workers (6-10 on daytime shifts, 4-5 on night shifts) covering both Jefferson and Clearfield Counties. Mobile Crisis shifts in Jefferson and Clearfield Counties are assigned one crisis worker each, with shifts lasting from 7am-5pm, 5pm-12 am, and 12am-7am. An additional crisis worker is scheduled from 5pm to 1am, and is centrally located in DuBois for response. Mobile Crisis also employs one Mobile Crisis Coordinator, who is responsible for coverage of any heavier volumes on the system. Currently there are 14 staff and growing with 12 hour shifts weekend. They receive 3-12 calls/mo from Police Department and jail and work closely with the Police Department on involuntary commitment or safety concerns. There are a total of 150-250 calls per month and a small number initiated by police but others (crisis calls police to help) are higher.

Mobile Crisis Workers receive monthly supervision/reviews and two mandatory 8-hour trainings each year. If individuals are acutely psychotic and admission seems necessary, Mobile Crisis workers will problem solve on the scene and get individuals in crisis to emergency rooms or other services, as appropriate, and release police officers whenever it is deemed safe.

There is a longstanding Mental Health Crisis System group that meets quarterly to discuss crisis response issues and programs. The group includes representation from Clearfield-Jefferson Mental Health/Mental Retardation Program and the Drug & Alcohol Commission, Crisis Providers (telephone, mobile, and supports), emergency rooms, and inpatient psychiatric services. This meeting is also open to any other stakeholder in the crisis system.

Crisis Hotlines

In addition to the Meadows Crisis hotline mentioned above, various services throughout Clearfield County provide hotlines to access services in an emergency. These include:

- **DuBois Regional Medical Center BH Helpline: 877-797-1685**
 - 24/7, provides access to therapists and nurses, calls typically related to discharges or needing a referral
- **SAM, Inc. case management and crisis hotline: 888-211-6049**
 - MH case management during business hours, also supports crisis related to MR issues
- **Community Guidance Center hotline: 1-888-686-1991 X 333**
 - 24-hour hotline to Master-level therapist to divert crisis situations, able to link to Meadows Crisis hotline, provides 24 hour on call case management
- **Community Care hotline: 1-866-878-6046**
 - Toll-free 24/7 service for those with managed care insurance, able to assist with complaints and crisis situations, includes “triage” service in Pittsburgh that can assist with connecting to local crisis or care provider as well as specific services for high risk members
- **INFO-LINK hotline: 814-765-5014 or 1-800-494-5678**
 - Nationally accredited, comprehensive storage bank of accurate, current information on over 1,300 health and human services and programs in Clearfield County and surrounding areas
 - Operates Monday-Friday, 8AM-4PM. During non-business hours, callers experiencing a mental health crisis are referred to the county’s crisis hotline while others may leave a message and these calls are addressed the following day.
 - The program is an outreach effort of the Clearfield County Area Agency on Aging, Inc. and is open to all residents of Clearfield County
- **Peer-run Warmline: 1-877-768-3570**
 - Located within the Dream Team Drop-In Center (see Intercept V, pg. 25). Operates Friday and Saturday evenings, peer-run line to handle lower level MH issues (higher level calls will be patched to Crisis or hospitals)
 - Recently awarded HealthChoices Reinvestment grant to expand to 7 day service, should be in effect by Spring 2011
- **Member Services for Managed Care Insurance (MH/MR Oversight)**
 - Triage Team (Pittsburgh)
 - High Risk Care Managers
- **Protective Services Line: 1-800-233-0249**
- **National Suicide hotline: 1-800-273-TALK (8255)**
- **VA Suicide hotline: 1-800-273-8255**

Psychiatric Units

DuBois Regional Medical Center (DRMC) has 214 licensed beds that are housed in two facilities two miles from one another in DuBois. DRMC West is located on Hospital Avenue and houses acute inpatient care and a full range of ancillary services, while DRMC East on Maple Avenue is primarily focused on providing outpatient services, plus adolescent, adult and geriatric behavioral health services for inpatients.

Located in DRMC East, the Adult Unit contains 27 private and semi-private bedrooms and living, dining and recreational areas. Community mental health agencies and physicians can make direct referrals to the Adult Unit. Comprehensive face-to-face assessments are provided by trained mental health staff via the DuBois Regional Medical Center's Emergency Department for inpatient placement or outpatient services referral. Outpatient services are also provided, including psychiatric evaluation, medication management, psychological assessment, and individual and family psychotherapy to seniors, adults, adolescents and children.

The Meadows Psychiatric Center is a 101-bed private behavioral health care facility located in Centre Hall (Centre County) and provides treatment to children, adolescents, adults and older adults. Treatment is provided in separate units based on age-appropriate care. Universal Community Behavioral Health, Inc. is the outpatient system that The Meadows was founded in July 1999. At the time, the facility recognized some of the challenges in rural areas surrounding the hospital and began a mission to extend behavioral health services by developing an array of programs based on community need throughout surrounding counties. Services provided by UCBH includes partial hospitalization for children and adolescents, family based mental health, and behavioral health rehabilitative services including wraparound blended case management, outpatient services, and crisis intervention.

Clearfield County residents may also access **Clarion Psychiatric Center** (Clarion County), which offers adult inpatient as well as child and adolescent psychiatric and partial hospital services. Clarion Psychiatric Center is located on 14 acres overlooking the Clarion River basin and has been providing behavioral health services for over 20 years. The assessment and referral department are available 24 hours a day, seven days a week to provide psychiatric evaluations for patients in crisis, as well as to arrange professional referrals to services.

There are additional geropsychiatric units for older adults at **Clearfield Hospital** (Clearfield County) and **Brookville Hospital** (Jefferson County).

Detoxification providers

The Clearfield-Jefferson Drug and Alcohol Commission contracts with six detox providers in the region, including Cove Forge (near Altoona), Gaudenzia Crossroads (Erie), Pyramid Health Care (Duncansville), Turning Point (Franklin), Twin Lakes (Somerset) and White Deer Run (near Williamsport). These contracts are linked with the providers themselves, meaning residents can go directly to the detox provider without having to go through the Drug and Alcohol Commission. Detox providers also have the capacity to provide transportation in non-emergency situations.

For more information on detox services for Clearfield County, including contact numbers, please see Appendix E.

Identified Gaps

- Over one year since criminal justice has cross trained with mental health/D&A
- Limited MH training for law enforcement (roughly 8/9 hours of training out of the 7 month academy)
- Law Enforcement contact rate with MI individuals is estimated to be higher, ballpark 40% in Dubois city and 25-20% in Sandy Twp, compared to the national 7-10% contact rate
- 911 Clearfield County of Emergency Services does not often coordinate with the Clearfield MH system
- 911 Clearfield County of Emergency Service's frustration is that they are the middle man, sometimes don't have enough information to communicate to law enforcement and/or MH system, and law enforcement on occasion isn't willing to respond
- 911 Clearfield County of Emergency Services does not go into depth specifically concerning MH training
- Law Enforcement doesn't have a structured system to identify MI, currently it is based on self-identification
- Law enforcement does not have a formal diversion program when calling a crisis
- Constables (warrant service agency) who are contracted to transport individuals to emergency services are not always well coordinated
- Some individuals who self-identify as having a mental illness might be lying in an attempt get out of jail/reduce jail time. For example, people pulled over for a DUI are claiming they are suicidal to avoid jail time
- DRMC emergency services doesn't have the resources to adequately handle the volume of people brought in with mental health issues who are destructive/combative
- Frustration among law enforcement and hospitals with the process of 302s brought to emergency services

➤ Identified Opportunities

- Over the last 3 years, a few blocks of MH training have been added (generally part of a day of additional training) to law enforcement curriculum
- 911 Clearfield County of Emergency Services can generate numbers/data by year, month, area, jurisdiction concerning medical calls coded as psych (recognized as a person with MI)
- Grant awarded from Health Choices Reinvestment to help support the warmline at the MH Drop In Center (peer supported hotline)
- Mobile Crisis 24/7 works closely with law enforcement agencies
- Dubois city law enforcement might be able to generate contact rates for MI individuals
- Crisis centers are fortunate to have several psych hospitals available for acute services
- The transportation process to emergency services has improved over the last couple of years from law enforcement's point of view

Intercept II: Initial Detention / Initial Court Hearing

Arrest and Initial Detention

In Clearfield County individuals who are arrested are brought to the local or State police jurisdiction facility for processing. If there is enough staff they are initially detained within the local or State facility itself, however more often detainees are brought to the Clearfield County Prison (see Intercept 3, pg. 19) after processing and arraignment.

Clearfield County law enforcement officers also utilize a 48 Hour Commitment under Title 61 Pa.C.S. Chapter 12A Section 798. Typically an intoxicated detainee will be brought by law enforcement to an area hospital until their intoxication subsides. However, this statute allows intoxicated individuals to be placed in a 48-hour detention at the Clearfield County Prison if they are deemed overly disruptive. In accordance with this statute, the arresting officer makes the decision for release from the Clearfield County Prison. This 48-hour detainer is estimated to be used one to five times per week on average in Clearfield County. Most detainments last overnight and rarely ever reach the 48-hour maximum.

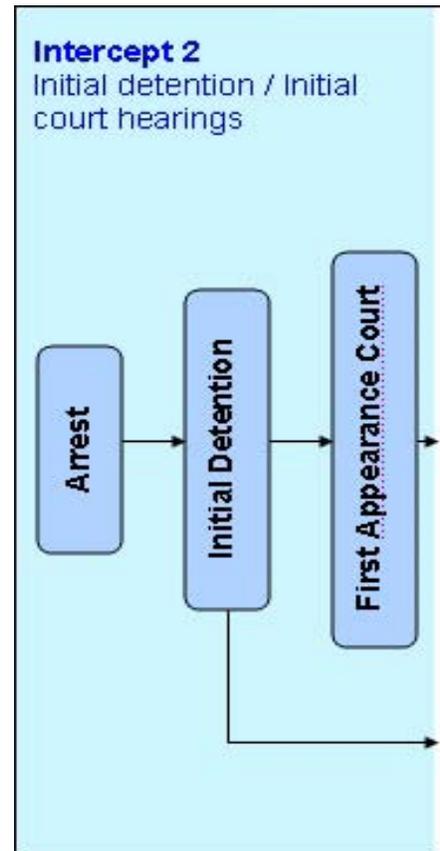
Preliminary Arraignment

The Forty-sixth Judicial District of Pennsylvania has a compliment of four Magisterial District Courts within its boundaries, overseen by an elected Magisterial District Judge. In Clearfield County the Magisterial District Judges are the Honorable Patrick N. Ford (District Court 46-3-01, DuBois), Honorable Richard A. Ireland (District Court 46-3-02, Clearfield), Honorable Michael A. Rudella (District Court 46-3-03, Kylertown), and Honorable James L. Hawkins (District Court 46-3-04, Houtzdale).

Magisterial District Judges have jurisdiction over summary offenses, matters arising under the Landlord and Tenant Act, civil claims in assumpsit (contract) and trespass not exceeding \$8,000, excluding costs and interest, and for fines and penalties for government agencies. In addition to overseeing Preliminary Arraignments, Magisterial District Judges fix and accept bail, issue warrants, and hold preliminary hearings, as well as acting as a committing judge in all criminal proceedings. Preliminary Arraignment is typically done within six hours of arrest, unless additional external circumstances arise.

If arrested during daytime business hours the defendant is brought to the local Magisterial District Judge's office. If arrested during off-hours, the Preliminary Arraignment is done with the Magisterial District Judge on-call via videoconferencing within the local police station itself. All local police jurisdictions within Clearfield County have videoconferencing capability. State Police will also go to these local police stations to do video arraignment during off-hours as well.

If the defendant posts bail or is release on their own recognizance they are released from custody. If the defendant does not post bail, they are transported to the Clearfield County Prison for intake.



➤ **Identified Gaps**

- When Clearfield County law enforcement comes in contact with someone intoxicated they are put in 48 hour detention but never diverted to D&A/Detox providers
- Lack of coordination between the MDJs, criminal justice system, and the MH system specifically during the pre-trial arraignment and Court of Common Pleas process

➤ **Identified Opportunities**

- Clearfield County lockup detention facility takes weight off/liability from local law enforcement police department/officers that can provide a foundation to build on and an opportunity to link with D&A services.
- Possibility of structuring transportation from 48 hour detention to detox services once diagnosed as detox
- Clearfield County has video linkage with DA offices for video arraignment in every local police station (state police have to go to a local police department) and has cut back on time and travel
- Some interest on the MDJ level (one MDJ in particular) in suicide prevention
- Forensic Blending C.M./Forensic Administrative C.M available to divert/support specifically to be more of an assistance during the initial detention/preliminary hearing
- Possibility of developing linkage between Forensic Blending C.M. and Clearfield law enforcement agencies in order to better educate concerning what resources are available for this population

Intercept III: Jails / Courts

Jail

The **Clearfield County Prison (CCP)** is the fourth oldest jail in Pennsylvania. The CCP is currently overseen by Warden Samuel Lombardo.

As of January 2011, there were 139 inmates incarcerated within CCP. The female population averages 25 females at a time, nine over its 16 dedicated female beds. Approximately 33.5% of total CCP population is incarcerated on probation or parole violators, about half of which are technical violations. There were seven veterans incarcerated in CCP. The average stay at CCP is three months.

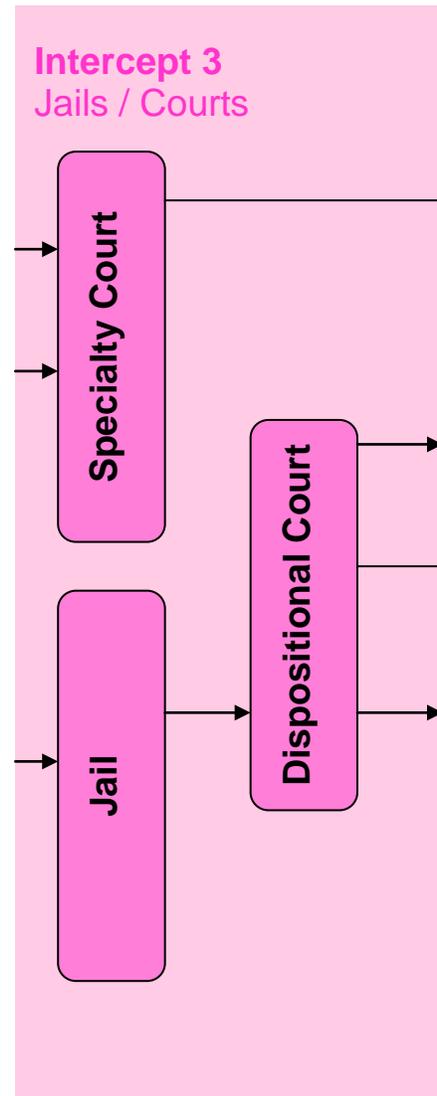
At intake, all inmates are screened for mental health and substance abuse, as well as suicidality, depression, medical issues, and more. The information from these assessments is forwarded to the Warden for review. Intake typically lasts 6-8 hours. On average there are 10 commitments per day at CCP, which is usually offset by an average of 10 releases per day. All releases are made at approximately 9:00am and all released inmates are given a single phone call.

The MH counselor in CCP highlights all potential consumers of mental health services. The **MH Counselor** is an employee of the Community Mental Health Center (CMHC; see Intercept V, pg. 26) that oversees mental health services at the jail 40 hours per week, and is funded by Clearfield-Jefferson MH/MR. After reviewing these records, the MH counselor assesses inmates within 24 hours of their intake to gain a better sense of their treatment needs using a standard mental health screening assessment developed by CMHC. After this one-on-one assessment, the MH counselor will refer the inmates to the appropriate services.

Inmates who require medication are served by the CMHC. If it is determined an inmate requires medication, they are escorted to CMHC for assessment. If already on medication, the medical department at CCP will have a release signed to get medication verification, at which time the prison doctor will make the decision to continue the current medication or not. The prison doctor is at CCP one day a week, and is on call 24/7. Additionally, there is also an LPN-level nurse in the jail 40 hours per week to provide medical services. On average, about one-quarter of the CCP population is on some sort of medication.

If inmates become acutely psychotic, they are brought to the CMHC. If they are unable to be stabilized at the CMHC, they may be moved to Torrance State Hospital for more intensive services, contingent on successful 302 or 304 proceedings. This occurs infrequently in Clearfield County.

Two services providers, **Service Access & Management, Inc. (SAM)** and the **Community Guidance Center (CGC)**, provide case management in CCP. If inmates meet the eligibility



criteria for serious mental illness, the MH counselor will contact SAM to come in for an assessment, after which SAM will complete a county intake and give the inmate the choice of receiving services from SAM or from CGC. Once the choice is made, the administrative case manager makes a referral to the service provider to engage with the inmate upon their release. Whereas SAM may access inmates for case management at any time during incarceration, CGC is restricted to 30-day pre-release (see Intercept IV and Intercept V for more information).

In December 2010, **Peerstar LLC** began services in CCP. Peerstar LLC is a certified peer support service provider in Pennsylvania that provides specialized forensic peer support services in prisons and in the community to individuals involved with the criminal justice system who are suffering from mental illnesses and/or substance abuse disorders. The Peerstar LLC in-jail program includes evidence-based Citizenship Group classes and re-entry planning to assist individuals in returning to the community and breaking the cycle of re-incarceration (see Intercept IV for more information on re-entry, and Intercept V for more information on community treatment services). In order to access the service, the MH counselor at CCP will check inmates for eligibility and will make referrals to the Peerstar program. Currently there are 5 peer specialists trained through Peerstar in Clearfield and Jefferson Counties, including 2 community-based forensic specialists. One certified peer specialist visits CCP one day per week.

The Clearfield-Jefferson Drug and Alcohol Commission (CJ DAC) contracts for **drug and alcohol counseling services** in CCP. This includes three group meetings and one individual meeting per month. Additionally, there is a prevention group that meeting once per week in CCP, as well as AA, NA, relapse prevention, and the Bridges Program, a volunteer transitional group. Counseling and oversight of these programs is provided by the D&A counselor, a one-day-a-week position funded by CJ DAC. The CJ DAC spends approximately \$100,000 annually on jail services.

The CCP also utilizes services from the **Office of Vocational Rehabilitation (OVR)**. An OVR counselor will go into CCP to take referrals for OVR services as needed, typically a few times per month. The current OVR counselor works primarily with inmates with substance abuse issues, however they will work with any referral with a disability who will be seeking employment upon release. The CCP also has a work release program, however lack of jobs has limited this program to 5-9 slots.

Additional services in CCP include GED and literacy programming, religious services, and a variety of volunteer services, including Practical Christian Living, the Restart Program, and Fellowship.

Courts

The Forty-sixth Judicial District of Pennsylvania Court of Common Pleas covers all of Clearfield County and has a compliment of two full-time judges, including the President Judge, as well as one senior judge who presides at court events as assigned and directed by the President Judge.

Judges of the Court of Common Pleas are elected officials, being elected to ten-year terms. Once a judge is elected for his or her first term, the judge may seek an addition ten-year term by way of the retention process, as provided for in the Pennsylvania State Constitution. Judges are state employees.

The current judges in Clearfield County are the Honorable Paul E. Cherry and the Honorable Fredric J. Ammerman, who serves as President Judge. Both have their offices in the Clearfield County Courthouse in Clearfield.

Currently there are no formal specialty dockets in the Court of Common Pleas, including mental health or specialty drug dockets. The Court of Common Pleas utilizes **Accelerated Rehabilitative Disposition** (ARD) to divert first-time DUI offenders (see Intercept IV). No other formal diversion initiatives have been established.

➤ **Identified Gaps**

- Clearfield County Prison correctional officers sometimes go to Cambria for training but often the focus is on Cambria county facilities rather than Clearfield/state facilities
- No established mechanism within the jail, for example a fax/electronically daily intake information, to share information between the jail and the different service providers
- No working relationship with the Dubois Social Security office
- Correctional Officers' sometimes have difficulty handling dual diagnosis female inmate who have real visible MI and/or autistic
- The only diversion effort in the Clearfield county courts is an ARD ruling for a first time DUI
- Lack of training and education within the jail with a focus on treatment especially when inmates first come in the door
- Lack of coordination between the MDJs, criminal justice system, and the MH system specifically during the pre-trial arraignment and court of common pleas process

➤ **Identified Opportunities**

- D&A counselor slotted for one day a week but that can change depending on need
- Peerstar Certified Forensic Peer specialist who goes into the jail once a week for in-reach and then re-entry
 - Good relationship/communication between Peerstar and jail/warden specifically tailoring the specialist's role to reflect the prison's specific needs
- Clearfield County Prison Warden open to opportunities for more MH training for correctional officers
- Often there are more volunteers than inmates which presents an opportunity for volunteers to help with identified gaps and priorities
- Peer Star planning to reschedule a meeting with County Assistant office/Social Security office to help collaboration effects
- COMPASS system is used by CJ CMHC

Intercept IV: Re-Entry

Forensic Case Management

Clearfield County has two service providers supporting forensic case management in-reach into the Clearfield County Prison (CCP). **Service Access & Management, Inc. (SAM)** offers time-unlimited in-reach services into CCP through one **administrative case manager**, as well as **blended case management** and **forensic blended case management**. The administrative case manager will assess selected inmates, who will then refer them to one of the other case management options based on treatment needs.

The **Community Guidance Center (CGC)** offers case management services limited to 30 days pre-release of selected inmates. The CGC offers services through **blended case management** and **forensic blended case management**, depending on the treatment needs of the individual.

Jail counselors regularly make referrals to case management and services can start during incarceration and follow individuals into the community. Additionally, the MH counselor in CCP (see Intercept III) can make referrals to either program.

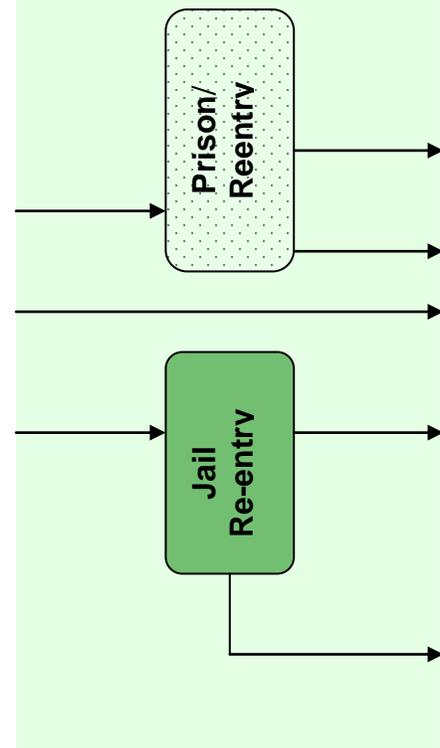
Typically, inmates will be assessed by SAM and offered services through either SAM or CGC. Once the selection is made, the chosen service provider will initiate county intake and re-entry planning. After release, the service provider will follow that individual into the community to ensure continuity of care (see Intercept V for more information on community treatment services).

Peerstar LLC

Selected inmates may also receive **Peerstar LLC** services both before and following release (see Intercept III and Intercept V for more information). Peerstar is a certified peer support service provider in Pennsylvania that provides specialized forensic peer support services in prisons and in the community to individuals involved with the criminal justice system who are suffering from mental illnesses and/or substance abuse disorders. The Peerstar in-jail program includes re-entry planning to assist individuals in returning to the community and breaking the cycle of re-incarceration.

The CCP MH counselor will check for serious mental illness (SMI) eligibility and will make a referral to the Peerstar certified specialist. The certified peer specialist will then work with the individual on re-entry planning, and will get county authorization to provide re-entry services in the community following their release. If Peerstar is unable to provide services, the peer specialist, who is also certified in supervision of services, will refer the individual to a community peer specialist and will supervise services there.

Intercept 4 Reentry



All Peerstar services in Clearfield County are program funded through the Clearfield-Jefferson MH/MR Program. This typically includes 30 days of services in-jail, plus one month of services post-release to cover expenses until Medical Assistance is secured. As of January 2011, Peerstar LLC reported a caseload of 5 forensic peer consumers.

Drug and Alcohol Case Management

Within 30 days of release, individuals may be referred to **Clearfield-Jefferson Drug and Alcohol Case Management Services** to provide level of care assessments, referrals to treatment or community support services. The Drug and Alcohol Case Manger typically carries a caseload of 25 individuals and may provide services in the community. Case Managers are able to assist in linking and accessing services within the 12 domains of: treatment, housing, education, employment, transportation, family, social, basic needs, medical, legal, childcare and mental health referrals.

Accelerated Rehabilitative Disposition

The Clearfield County Court of Common Pleas utilizes the statewide **Accelerated Rehabilitative Disposition** (ARD) program specifically for first-time DUI offenders.

ARD is a pre-trial program designed to allow the least-dangerous defendants – first-time, non-violent offenders – to circumvent the usually lengthy trial process. The ARD program suspends the formal criminal prosecution before trial if the defendant agrees to certain conditions, such as completing substance abuse treatment. The district attorney chooses who is accepted into the ARD program, and has considerable discretion when formulating polices or deciding which cases will be referred to the ARD program.

Defendants who are accepted into an ARD program are placed under supervision, typically by the Clearfield County Adult Probation & Parole department. The maximum period of supervision for someone on ARD is two years. If the accused successfully completes the ARD program, the underlying criminal charges are dismissed and the defendant's record is expunged of the arrest record and of the ARD disposition.

Veterans Services

Clearfield County is served by the James E. Van Zandt VA Medical Center in Altoona. On an informal basis, the **Altoona VA** will send services into the Clearfield County Prison (CCP) or accept inmates escorted from CCP for services.

The Altoona VA Medical Center has a **Veterans Justice Outreach (VJO) Specialist** to coordinate forensic services for veterans in the criminal justice system.

For more information on the Veterans Justice Outreach Initiative and the regional VJO Specialist, please see Appendix G.

Re-Entry from the Pennsylvania Department of Corrections

Clearfield County hosts two State Correctional Institutions, including the State Correctional Institution – Houtzdale (medium-security institution for men) and the Quehanna Motivational Boot Camp. Opened in June 1992, the Quehanna Motivational Boot Camp is the department's first military-style motivational boot camp. Inmates assigned to the boot camp undergo a rigid six-month disciplinary and training program that, if successfully completed, will result in their immediate release on parole. The minimum-security facility houses both male and female offenders. Finally, there is a private federal prison located in Philipsburg operated by Cornell Corrections, Inc.

Prison Re-Entry in Clearfield County is addressed by the **Forensic Liaison**, an employee of Service Access & Management, Inc. (SAM). The Pennsylvania Department of Corrections releases a quarterly listing of inmates, including demographic information like names and addresses. This list is received by SAM and is forwarded to the Forensic Liaison, who will then prepare for county intake, set up aftercare services, and follow the individual into community.

➤ **Identified Gaps**

- Lack of transportation when released from local jail
 - If someone is released 50% of the time they have to walk home
- Unpredictable releases from prison that SAM and/or CGC is not informed about
 - The date of release is bumped up or unexpected orders from the MDJs (all are probation cases) making it difficult to get a case manager to meet the inmate at their release on short notice (happens about once a month)
- John (SAM) goes to prison only to find out that they do not fit the SMI diagnosis
- Lack of linkage/communication between MH system and state parole
- 2 days of prescription drugs when released but no prescription given to keep them on their medication

➤ **Identified Opportunities**

- 2 Certified Peerstar Forensic Peer Specialist working with the Peerstar in-reach peer specialist with a specific focus on re-entry programs
- Case managers are starting to meet inmates who are just released more frequently
- OVR counselor who works specifically with D&A inmates
- Have a VJO specialist but haven't utilize their services

Intercept V: Community Corrections / Community Support

Clearfield County Adult Probation & Parole

Local adult and juvenile probation services are overseen by **Clearfield County Adult Probation & Parole**. All individuals are screened for mental health and substance abuse problems upon intake. Community supervision is provided by 12-15 probation officers, all of who carry general caseloads. There are no specialty MH or BH caseloads at this time.

Currently, approximately 33.5% of all inmates at the Clearfield County Prison are incarcerated due to probation violations, about half of which are technical violations.

Pennsylvania Board of Probation & Parole

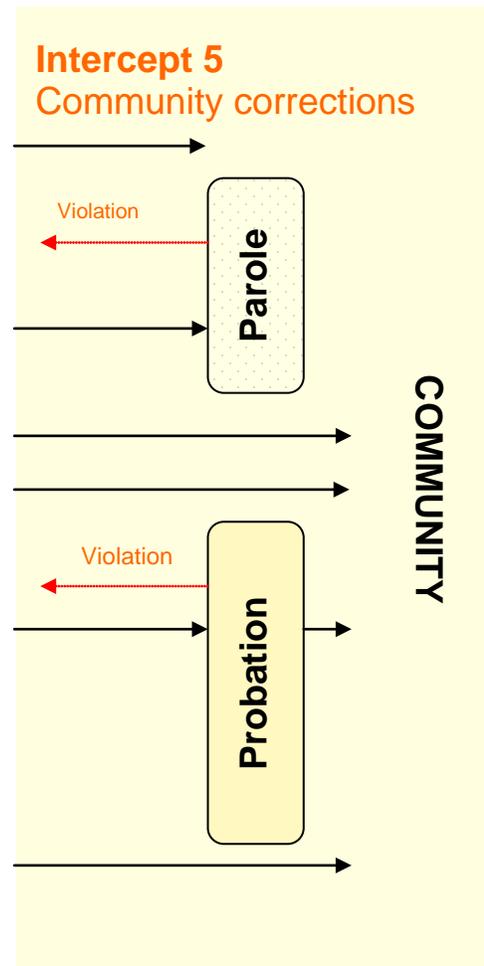
Federal and State parolees in Clearfield County are supervised by the **Pennsylvania Board of Probation & Parole**, based in Altoona. The Pennsylvania Board of Probation & Parole in Clearfield County has been reported to be cooperative with the Clearfield-Jefferson MH/MR Program, and attends meetings of the Local Housing Options Team (see below).

Housing Services

The **Clearfield-Jefferson MH/MR Program** offers a variety of housing options and services, including transition apartments, Community Living for Independent Persons (CLIP), the Northwest Regional Housing Alliance (NWRHA), the Homeless Prevention and Rapid Rehousing Program (HPRP), Tenant-Based Rental Assistance (TBRA), and housing start-up supplies. See Appendix D C for more information on all of these services, including a program description, eligibility criteria, and availability.

Additional housing services in Clearfield County include **Haven House** (DuBois), **Marian House** (women and children only, 24/7 hotline at 814-765-5646; provided 1700 shelter-days in 2010), **Good Samaritan Center** (Clearfield, men only), and **Tomorrow's Hope** (run by Altoona VA). Clearfield County also supports **Dream Team Drop-In Center**, a peer-run the center located in Clearfield. The Oxford House is a planned housing project that will support services for people with substance abuse and mental health issues leaving the criminal justice system. Funding is currently being sought.

Venango Training and Development Center currently has two **Fairweather Lodge** housing projects in Clearfield County. These projects house individuals with mental illness that are employed or have vocational goals. The project also accepts clients with criminal justice system involvement.



Clearfield also hosts a longstanding **Local Housing Options Team (LHOT)** monthly meeting that includes participation by the Clearfield-Jefferson MH/MR Program and Drug and Alcohol Commission, Clearfield County Adult Probation and Pennsylvania Board of Probation & Parole, Community Action (offering shelter, domestic violence, and housing services), the local housing authority, Clearfield County Area Agency on Aging, Inc., the Project for Assistance in Transition from Homelessness (PATH), the Regional Housing Coordinator, the Community Care Behavioral Health (BHMCO), and the regional jail provider.

Service Providers

Service Access and Management, Inc. (SAM) provides services for ten counties across Pennsylvania, including Clearfield County (based out of their Clearfield office). SAM offers administrative case management, blended case management, and forensic blended case management services with the objective of coordinating mental health services, advocating on behalf of the consumer, and monitoring the consumer's various community services.

The **Community Guidance Center (CGC)**, with offices located in Indiana, Punxsutawney and Blairsville (Jefferson County), offers blended and forensic blended case management services, as well as wraparound, day treatment and intensive outpatient treatment, psychiatric rehabilitation services, family-based mental health treatment, and child mental health case management services for Clearfield County residents. The focus of the CGC is to combine treatment with community outreach and education, advocacy for clients and their families, case management, and involvement with other agencies.

The **Clearfield Jefferson Community Mental Health Center (CMHC)**, located in Clearfield, is able to assist with community planning and aftercare arrangements for consumers leaving the criminal justice system. Those offenders who have a history of public behavioral health services, and whose charges allow them to choose service providers after release, can be linked back to these providers once released from incarceration. The CMHC supports three forensic units. Staff at CMHC utilize the COMPASS system, an online application system in Pennsylvania to apply for many health and human service programs, in order to access the benefits system for their clients. Services at CMHC include assessment and evaluation, individual and group therapy, family therapy, medication management and administration, Clozapine support, and partial psychological hospitalization. CMHC also provides Advanced Intake, where released offenders are able to see an intake worker and a psychiatrist on the same day.

Peerstar LLC, based in Altoona, provides recovery-based, certified peer support services to individuals recovering from mental illnesses and/or substance abuse disorders who are eligible to receive Medical Assistance (Medicaid) from the Pennsylvania Department of Public Welfare. Peerstar employs and trains certified peer support specialists who have unique backgrounds that come as close as possible to matching the backgrounds of their clients, include forensic clients through their forensic peer specialist programs. Certified Peer Support Specialists are self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process, and who: (a) have a high school diploma or general equivalency degree; (b) within the last three years have maintained at least 12 months of successful full or part-time paid or voluntary work experience, or obtained at least 24 credit hours of post-secondary education; (c) have completed a peer specialist certification training curriculum approved by OMHSAS; and (iv) have completed 18 hours of continuing education training per year, with 12 hours specifically focused on peer support or recovery practices, or both, in order to maintain peer specialist certification.

The **DuBois Vet Center** (DuBois) also offers services for veterans in Clearfield County. The DuBois Vet Center is open 8:00am to 4:30pm Monday through Friday and is located 100 Meadow Lane, Suite 8, DuBois PA 15801. In an effort to better serve the veteran and family members, upon request Vet Centers will provide services after normal work hours and/or on weekends. The DuBois Vet Center may be reached at 814-372-2095.

In addition, the VA offers behavioral health services for veterans through its **Community Based Outpatient Clinic (OBC)** and can be reached Toll Free at 1-866-662-0447 or (814) 375-6817 and is located 190 West Park Avenue, Suite 8, DuBois PA 15801. The OBC can assist with Laboratory Services, Nutrition Services, Preventive Care, Primary Care, Social Work Services, Tobacco Cessation, and refill prescriptions.

There is also a free **Medical Clinic** in Dubois for individuals employed in the township. There is also a faith-based volunteer group called **Restart** that will assist individuals with criminal justice involvement.

➤ **Identified Gaps**

- No specialty MH caseload for probation/parole officers; only broken down by adult/juvenile
- Jail receiving 33% parole violators – an increase from previous years (technical detainees)
- Not much in the way of family advocates
- Transportation Issues
- Housing Authority do not except applications from felonies and waiting period for applicants with misdemeanors
- Employment Options/Work Release down 5-9%
- Housing--- Gas companies/workers using up housing resources used for MI population in the past
- Newly released inmates come to Marian House program without any MH services provided, so rather than focusing on pushing the women through the program the focus must be on setting up those initial services

➤ **Identified Opportunities**

- Establishing a mechanism to share information from the different service providers -- -fax/electronically daily intake information sent to BH system. Helpful to also put linkage with the managed care system who is willing and looking for the opportunity to get involved with the re-entry program.
- Shelters in place to tackle homeless inmates when released – Tomorrows Hope (VA shelter) , management care has set up some housing that is landlord based and willing to over look criminal history
- VA OBC in Dubois --- good resource to utilize their services
- VA's have their own veterans counselors --- good resource to utilize their services
- Drop-In centers/community support
- Second chance re-entry Grant---this workshop will help the County move forward with collaboration efforts and a county wide strategic plan to use when applying for the grant
- Oxford Housing opportunity to work with D&A agency

Clearfield 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.

Top Priorities

1. Identify opportunities to prevent arrests and/or future prosecution (25 votes)
 - Develop diversion opportunities at Intercept 2
 - Develop preventative interventions
2. Encourage more collaboration across systems by promoting Criminal Justice Advisory Board participation (22)
 - Goal: Continue momentum from this workshop
 - Monthly meetings on 3rd Monday at 10 a.m.
3. Improve timely access to community resources for law enforcement and others (16)
 - Focus on: 302s, Emergency Departments, continue improved collaboration with hospitals
 - Develop a protocol for interaction between law enforcement and service providers regarding problematic cases and communication in general (9)
4. Improve re-entry from jail by developing a seamless transition to community resources (12)
 - Emphasize the critical first week after release
 - Prepare to write proposal for Second Chance Reentry grant
 - Develop Reentry Subcommittee for CJAB
 - Advocate for more funding for county reentry
5. Expand transportation options for people without Medical Assistance (7)
6. Improve collaboration between probation and behavioral health in order to prevent violations of probation (6)
 - Develop policies and procedures for treatment related issues
6. Develop education and a variety of tools that assist people to better access community resources and understand different interconnections (6)
 - Target: general public and criminal justice (Judges, law enforcement)
 - Consider developing:
 - Documents that identify resources, provide contact information, include organizational charts, and describe how the resources all fit together
 - Quick reference cards
 - Specify how the resources specifically benefit the audience (e.g., how the resource can help law enforcement)
7. Partner with Jefferson County on their CIT initiative (3)

Clearfield County Action Plan

| Priority: Moving Forward | | | | |
|--|---|--|--|--|
| Goal: Continue momentum from this workshop | | | | |
| Objective | | Action Step | Who | When |
| A | Encourage more collaboration across systems promoting Criminal Justice Advisory Board participation | <ul style="list-style-type: none"> COE report to be agenda item for January CJAB meeting (1/24) | | CJAB monthly meetings typically on 3 rd Monday at 10 a.m. (Next meeting: January 24 th) |
| B | Develop a report summarizing the results of the mapping workshop | <ul style="list-style-type: none"> COE to send draft to Clearfield MH/MR and DA's Office Return draft(s) to COE with corrections | <p>COE will sent to Bill Mendat and Bill Shaw</p> <p>Bill Mendat to coordinate</p> | <p>January 14th, 2010</p> <p>End of January</p> |
| C | Utilize CJAB meeting to continue momentum | | | |

| Priority Area 1: Identify opportunities to prevent arrests and/or future prosecution | | | | |
|--|--|---|---|--|
| Objective | | Action Step | Who | When |
| 1.1 | Develop diversion opportunities at Intercept 2 | <ul style="list-style-type: none"> • BH reps to attend Preliminary Arraignment process • BH reps to meet with DA's office • MH reps to meet with MDJs, get MDJs "on board" • Get a better handle on timeframes associated with Preliminary Arraignment/Hearing process • Look to PA examples of diversion at Intercept 2 • Increase communication between Mobile Crisis and CJ system (Jail, Preliminary Arraignment) • Develop a system to track outcomes of diversion efforts • Coordinate with MR reps (and OVR) | <p>Tina; SAM reps, Tammy (CGC)</p> <p>COE to provide info and contacts</p> <p>Sue (MHMR) and Chris Palmer (OVR)</p> | <p>Fridays there is centralized court in DuBois, Wednesday in Jail</p> |
| 1.2 | Develop preventative interventions | <ul style="list-style-type: none"> • Develop education and resource guides (see Priority #) | | |

| Priority Area 2: Encourage more collaboration across systems by promoting Criminal Justice Advisory Board participation | | | | |
|---|----------------------------|-------------|-----|------|
| Objective | | Action Step | Who | When |
| 2.1 | See Moving Forward (above) | | | |

| Priority Area 3: Improve timely access to community resources for law enforcement and others | | | | |
|---|---|--|---|---|
| Objective | | Action Step | Who | When |
| 3.1 | 302s | <ul style="list-style-type: none"> • Develop forum to discuss 302 issues between CJ, hospitals, BH <ul style="list-style-type: none"> ○ Open quarterly Crisis meetings to CJ and hospitals ○ MHMR and Crisis to provide trainings to law enforcement ○ Host discussion for more specific issues • Look to examples of how other communities address this issue | <p>DA's Office to host; include hospitals, law enforcement</p> <p>COE to look for resources</p> | Next meeting: Wednesday, January 26 th |
| 3.2 | Emergency Departments | <ul style="list-style-type: none"> • See Objective 3.1 (above) | | |
| 3.3 | Continue to improve collaboration with hospitals | | | |
| 3.4 | Develop a protocol for interaction between law enforcement and service providers regarding problematic cases and communication in general | <ul style="list-style-type: none"> • Address during CJAB meetings (wide participation among law enforcement) • Include hospitals | Bill Shaw and Kris Fenton | |

| Priority Area 4: Improve re-entry from jail by developing a seamless transition to community resources | | | | |
|---|--|-------------|-----------------------|---|
| Objective | | Action Step | Who | When |
| 4.1 | Develop Re-entry Subcommittee for CJAB | | Co-chairs (BH and CJ) | Next CJAB meeting (January 24 th) |

| | | | | |
|-----|--|---|---|---|
| 4.2 | Emphasize the critical first week after release | <ul style="list-style-type: none"> • Address post-release medication issues | | |
| 4.3 | Prepare to write proposal for Second Chance Re-entry grant | <ul style="list-style-type: none"> • Build coordination and collaboration with probation, MHMR, county entity to oversee project funds | Jail to be county entity, contingent on inclusion of transportation | Next CJAB meeting (January 24 th) |
| 4.4 | Advocate for more county re-entry funding | | | |
| 4.5 | Gather more information regarding re-entry strategies | | COE and PCCD will provide info | |
| 4.2 | Capitalize on current in-reach efforts | <ul style="list-style-type: none"> • Gain CCP judges' support (through CJAB) • Get probation involved | | |

Priority Area 5: Expand transportation options for people without Medical Assistance

| Objective | Action Step | Who | When |
|-----------|-----------------------|-----|------|
| 5.1 | Develop working group | | |

Priority Area 6a: Improve collaboration between probation and behavioral health in order to prevent violations of probation

| Objective | Action Step | Who | When |
|-----------|--|-----|------|
| 6a.1 | Develop policies and procedures for treatment related issues | | |

Priority Area 6b: Develop education and a variety of tools that assist people to better access community resources and understand different inter-connections

| Objective | Action Step | Who | When |
|-----------|--|--|---------------------------------------|
| 6b.1 | Develop resources for criminal justice staff | <ul style="list-style-type: none"> • Coordinate and combine information from County service providers • Information sharing with | Tina to coordinate, support from Mary |

| | | | | |
|------|--|---|--------------------------------------|-------------------|
| | | <p>general public</p> <ul style="list-style-type: none"> • Develop flashcard for police with hotline information and brief description (5-10 words) on what service can do for law enforcement <ul style="list-style-type: none"> ○ Marian house is revamping services to better provide for re-entry populations • Distribute Suicide Prevention card to police • Distribute information to: Jail security, probation, 911 dispatch | Bill M & Mary (MHMR) | |
| 6b.2 | Community education for general public | <ul style="list-style-type: none"> • Gather information on community education • Review current efforts and plan next steps | See relevant appendix in this report | Next CJAB meeting |

Priority Area 7: Work with Jefferson County on their CIT initiative

| Objective | Action Step | Who | When |
|-----------|-------------|-----|------|
| 8.1 | | | |

Conclusion

Clearfield County is poised to tackle a number of critical issues that will greatly improve services for this group. Participants in the *Cross-Systems Mapping and Taking Action for Change* workshop showed genuine interest in improving the continuum of resources available for people with severe mental illness and often co-occurring substance use disorders involved in the Clearfield County criminal justice system. The assembled stakeholders spent time gaining a greater understanding of their shared systems, as well as crafting strategies related to improving the collaborative infrastructure for the group and addressing the gaps and opportunities at each intercept.

Considerable work has already been undertaken to improve services for people with severe mental illness and often co-occurring substance use disorders involved in the Clearfield County criminal justice system. Local stakeholders participating in the *Cross-Systems Mapping and Taking Action for Change* were clearly interested in building on these successes to better improve pre-trial diversion efforts, access to services and education for criminal justice partners and the community alike, and general cross-systems collaboration among local stakeholders. The expansion of the planning group to tackle the priorities established during the *Cross-Systems Mapping* workshop is an essential next step in a true systems change process. It will be important to create effective working relationships with other groups that did not attend the workshop, including other additional police jurisdictions, the Department of Veterans Affairs and Veterans Justice Outreach Specialist, the Social Security Administration, probation and parole departments, the Court of Common Pleas, and others. Regular meetings should be held by this larger group to facilitate information sharing, planning, networking, development and coordination of resources, and problem solving.

Closing

Clearfield County is fortunate to have a wide range of stakeholders across the mental health, substance abuse, social services, and criminal justice systems that have made significant efforts to understand and support the challenging issues discussed in this workshop. By reconvening and supporting the work of the group in coming months, it will be possible to maintain the momentum created during the *Cross-Systems Mapping and Taking Action for Change* workshop and build on the creativity and drive of key local stakeholders.

The Pennsylvania Mental Health and Justice Center of Excellence hopes to continue its relationship with Clearfield County and to observe its progress. Please visit the Pennsylvania Mental Health and Justice Center of Excellence website for more information, www.pacenterofexcellence.pitt.edu.

Appendix A – Participant List

| | |
|--|--|
| <p>Thomas Amato Community Relations Clarion Psychiatric Center Two Hospital Drive Clarion, PA 16214 814-226-9545/814-221-0076 TJ.Amato@uhsinc.com</p> | <p>Janice Carns Marian House Emergency Center 263-4855</p> |
| <p>Amy Bankovic Director of Inpatient Services, DRMC PO Box 447 Dubois, PA 15801 ambankovic@drmc.org 375-6351</p> | <p>Greg Collins Assistant Warden Clearfield County Jail 765-7891</p> |
| <p>Dennis Bembenic Community Relations Specialist The Meadows Psychiatric Center 132 Meadows Way Centre Hall, PA 16828 Dennis.Bembenis@UHSinc.com 404-2902</p> | <p>Mari DiMatteo COO CJ CHMC 100 Caldwell Dr. DuBois, PA 15801 Reader929497@yahoo.com 371-1100</p> |
| <p>Sue Ann Blakeslee Housing Specialist , CJ MH/MR PO Box 268 DuBois, PA 15801 sblakeslee@cljmhm.com 814-371-5100</p> | <p>Rod Fairman Sandy Township Police</p> |
| <p>Barb Bloom MR Supervisor Service Access & Management (SAM) 6395 Clearfield-Woodland Hwy Clearfield, PA 16830 bbloom@sam-inc.org o-814-765-1820 c-814-771-2403</p> | <p>Catherine Farr District Administrator Office of Vocational Rehabilitation 199 Beaver Drive DuBois, PA 15801 cfarr@state.pa.us 371-7340</p> |
| <p>Mary Brown Crisis Program Specialist CJ MH/MR PO Box 268 DuBois, PA 15801 Mbrown@cljmhm.com 371-5100</p> | <p>Tina Fauls Forensic Program Specialist, CJ MH/MR PO Box 268 DuBois, PA 15801 tfauls@cljmhm.com 371-5100</p> |

| | |
|---|--|
| <p>Kristina Fenton Mobile Crisis Coordinator The Meadows Psychiatric Center 132 The Meadows Way Centre Hall, PA 16828 Kristina.fenton@UHSinc.com 553-5695</p> | <p>Angela Ireland Director of D&A Forensic, CJ CMHC 100 Caldwell Dr. DuBois, PA 15801 aireland@cj-cmhc.com 371-110</p> |
| <p>Elissa Geis Director of Operations, Peerstar LLC Altoona, PA egies@peerstarllc.com 525-4147</p> | <p>Carol Jackson Case Manager - CJ D&A 104 Main Street Falls Creek, PA 15824 cjackson@cidac.org 317-9002</p> |
| <p>Lori Hartman Western Regional Director, SAM 82 Barnett St. Brookville, PA 15825 lhartman@sam-inc.org 717-437-1930</p> | <p>David Johnston Chief Curwensville Police Department 900 Susquehanna Ave Curwensville, PA 16833 cpd@atlanticbb.net 236-3858</p> |
| <p>Susan Hartzfeld MR Program Director - CJ MH/MR PO Box 268 DuBois, PA 15801 shartzfeld@cljmhm.com 371-5100</p> | <p>Lisa Kovalick Community Development Specialist Clearfield County Planning Commission 212 E. Locust St. Clearfield, PA 16830 lkovalick@clearfieldco.org 765-5149</p> |
| <p>Tom Hollenbaugh PSP Clearfield thollenbau@state.pa.us</p> | <p>Greg Kunselman PSP DuBois gkunselman@state.pa.us</p> |
| <p>Leanne Huey Case Management Supervisor CJ D&A 104 Main St. Falls Creek, PA 15824 lhuey@cidac.org 317-9002</p> | <p>Debbie Liadis Director of Community Services Clearfield Co AAA PO Box 550 Clearfield, PA 16830 dliadis@ccaaa.net 765-2696</p> |
| <p>Karri Hull CJAB Specialist PCCD 3101 N. Front St. Harrisburg, PA 17110 c-khull@state.pa.us 570-263-0809</p> | <p>Sam Lombardo Warden Clearfield County Jail warden@clearfieldco.org 765-7891</p> |

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|---|---|
| <p>Maryann Madalis High Risk Care Manager CCBH 480 Jeffers St. DuBois, PA 15801 madalism@ccbh.com 771-9091</p> | <p>JoRae Richardson-Lohn Admissions/Community Relations Specialist DRMC PO Box 447 DuBois, PA 15801 jrichardson@drmc.org 375-6349</p> |
| <p>Bill Mendat BH Program Director CJ MH/MR PO Box 268 DuBois, PA 15801 bmendat@cljmhm.com 590-8877</p> | <p>Denise Rumski Jail Counselor CJ CMHC 100 Caldwell Dr. DuBois, PA 15801 drumsky@cj-cmhc.com 371-110</p> |
| <p>Janet Mitchell Marian House Emergency Shelter 263-4855</p> | <p>William A. Shaw Jr. Clearfield County District Attorney 230 East Market Street, Suite 210 Clearfield, PA 16830 DAshaw@clearfieldda.org 814-765-2641 ext. 5990</p> |
| <p>Terry O'Connor 12 Step Program 1124 Dorey St. Clearfield, PA 16830 imsearcher@verizon.net 765-5792</p> | <p>Tammy Sipes Cen-Center Services Assistant Executive Director 1633 Philipsburg Bigler Highway Philipsburg, PA 16866 tsipes@cenclear.org 342-5678</p> |
| <p>Christina Palmer VR Supervisor PA OVR 199 Beaver Drive DuBois PA 15801 chpalmer@state.pa.us 371-7340</p> | <p>John Sobel County Commissioner Clearfield County Commissioner 212 E. Locust St. Clearfield, PA 16830 jsobel@clearfieldco.org</p> |
| <p>Shannon Quick Crisis Supervisor The Meadows Psychiatric Center 132 Meadows Way Centre Hall, PA 16828 Shanon.quick@uhsinc.com 880-2952</p> | <p>Linda Syktich MR Program Specialist CJ MH/MR PO Box 268 DuBois, PA 15801 lsyktich@cljmhm.com 771-2595</p> |

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| <p>Kelley Turner Deputy Executive Director CJ D&A PO Box 268 DuBois, PA 15824 kturner@cjdac.org 317-9002</p> | <p>Tammy Vinglas-Oaks Community Guidance Center 793 Rt 119 HWY N Indiana, PA 15701 tvinglas@thecgc.com 724-465-5576</p> |
| <p>Casey LaDuke Research Associate Pennsylvania Mental Health and Justice Center of Excellence Claduke3@gmail.com</p> | <p>Katy Winckworth-Prejsnar Research Associate Pennsylvania Mental Health and Justice Center of Excellence saf@drexel.edu Phone: 215- 762-4257 Fax: 215-762-8825</p> |
| <p>Patty Griffin, Ph.D. Senior Consultant Pennsylvania Mental Health and Justice Center of Excellence 8503 Flourtown Avenue Wyndmoor, PA 19038 pgriffin@navpoint.co Phone: 215-836-0570</p> | |

Appendix B – Evidence-Based and Promising Practices

Specific screening, assessment, engagement, treatment, service or criminal justice practices were not examined during the course of the *Cross-Systems Mapping* workshop. At some point, it may be helpful to assess its successful use of evidenced-based and promising practices in each of these areas. Key areas to examine are listed below. Many resources to illustrate these evidence-based practices can be found at the National GAINS Center website, www.gainscenter.samhsa.gov.

Criminal Justice

- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
 - Policy Research Associates provides cross-training to help criminal justice professionals and service providers to become trauma-informed [training@prainc.com]
- Need for gender-informed practices at all intercepts
- Information sharing across criminal justice and treatment settings
 - *Dispelling the Myths about Information Sharing Between the Mental Health and Criminal Justice Systems* and an example of an information sharing MOU, see www.gainscenter.samhsa.gov/pdfs/integrating/Dispelling_Myths.pdf

Screening, Assessment, Engagement, and Treatment

- Screening and assessment of co-occurring disorders
 - See the monograph *Screening and Assessment of Co-Occurring Disorders in the Justice System* for the most up to date information about screening and assessment tools in criminal justice settings
 - <http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf>
- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
 - *Illness Management and Recovery*; a fact sheet developed by the GAINS Center on the use of this evidence-based practice for criminal justice involved populations that may be of value to the jail mental health staff and community providers, see <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/>
 - *Integrating Mental Health and Substance Abuse Services for Justice-Involved Persons with Co-Occurring Disorders*; a fact sheet focused on integrated treatment, see www.gainscenter.samhsa.gov/pdfs/ebp/IntegratingMentalHealth.pdf
- Services that are gender sensitive and trauma informed
 - Treatment of trauma-related disorders for both men and women in criminal justice settings is covered in *Addressing Histories of Trauma and Victimization through Treatment* www.gainscenter.samhsa.gov/pdfs/Women/series/Addressing_Histories.pdf
 - See the monograph *The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System*

<http://gainscenter.samhsa.gov/pdfs/courts/WomenAndSpects.pdf>

- Assertive Community Treatment and intensive forensic case management programs
 - *Extending Assertive Community Treatment to Criminal Justice Settings*; a fact sheet on ACT for forensic populations, see www.gainscenter.samhsa.gov/text/ebp/Papers/ExtendingACTPaper.asp

- Illness Self Management and Recovery

<http://www.gainscenter.samhsa.gov/pdfs/ebp/IllnessManagement.pdf>

- *Supported Employment* --- supported employment programs that assist individuals in accessing mainstream employment opportunities, see <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/default.aspx>
- Services that seek to engage individuals and help them remain engaged in services beyond any court mandate

See *The EXIT Program: Engaging Diverted Individuals Through Voluntary Services*

www.gainscenter.samhsa.gov/pdfs/jail_diversion/TheExitProgram.pdf

Appendix C – Clearfield-Jefferson Adult/Child Mental Health Providers



MENTAL HEALTH/MENTAL RETARDATION PROGRAM

The Clearfield-Jefferson MH/MR Program assures access to a comprehensive array of quality services that are reflective of the needs of the residents of the two county area. The services are effectively managed and responsive to a changing community.

www.cljmhr.com

Clearfield-Jefferson Adult /Child Mental Health Providers

The purpose of PROVIDER LISTING is to offer individuals information about the different providers of mental health service available in the two county areas. With this basic information, they can make a more informed choice about where to seek mental health service. Persons may contact the Clearfield/Jefferson MH/MR/EI Program for more information about choosing a mental health provider. Call 814-371-5100 weekdays from 8:30 AM to 4:30 PM and ask to speak with a mental health program specialist or you may call the number given for the provider below.

PAYMENT/INSURANCE INFORMATION

ALL PROVIDERS LISTED ARE CURRENTLY ACCEPTING MEDICAL ASSISTANCE.

THEY MAY ACCEPT ONE OR MORE OF THE FOLLOWING, SUCH AS:

MEDICARE, BC/BS, CCBHO-MANAGED CARE, PRIVATE PAY, SLIDING SCALE THROUGH MH/MR/EI, or OTHER INSURANCE.

ALWAYS INQUIRE IF YOUR INSURANCE IS ACCEPTED BY THE PROVIDER AND FOR HOURS OF OPERATION AND AFTER HOURS SUPPORT.

Community Care Behavioral Health Organization Customer Service # 1-866-878-6046 www.ccbh.com

| <u>PROVIDER, SERVICES, CONTACT, WEB/EMAIL</u> | <u>SERVICES</u> | <u>POPULATION SERVED</u> |
|--|---|--|
| <p><u>Alternative Community Resource Program</u> <u>Clearfield County Office</u> 814-762-8500 700 High Level Road, Clearfield, PA 16830 Email: tdutko@acrpkids.org</p> | <p>EPSDT/BHR Services</p> | <p>Child</p> |
| <p><u>Amirneni, Satish, M.D.</u> 814-938-1830 Punxsutawney Hospital 81 Hillcrest Drive, Punxsutawney, PA 15767</p> | <p>Outpatient</p> | <p>Adult</p> |
| <p><u>Atanasoff, Lynn, Ph.D.</u> 1-888-550-1630 8 West Presqueisle St, Philipsburg, PA 16866</p> | <p>Outpatient</p> | <p>Adult</p> |
| <p><u>BBH, LLC</u> 814-849-2844 (Brookville Behavioral Health) 70 Second Street, Suite A, Brookville, PA 15801</p> | <p>Outpatient Telepsychiatry Mobile Mental Health EPSDT/BHR Services</p> | <p>Adult and Child ?? Adult Child</p> |
| <p><u>Behavioral Advancements of DuBois</u> Garred, Sean, Med, LPC 150 West DuBois Avenue, Juniata Place, Suite F, DuBois, PA 15801 814-371-0794</p> | <p>EPSDT/BHR Services Outpatient</p> | <p>Child ??</p> |
| <p><u>Breezewood Behavioral Health</u> 814-371-1340 Bowman, Helen, M.Ed 25 East Park Avenue, Suite 7, DuBois, PA 15801 Callers must unblock phone numbers when calling.</p> | <p>EPSDT/BHR Services Outpatient</p> | <p>Child Adult and Child</p> |

| <u>PROVIDER, SERVICES, CONTACT, WEB/EMAIL</u> | <u>SERVICES</u> | <u>POPULATION SERVED</u> |
|--|--|--|
| <p><u>Bright Horizons</u> 814-768-2137 <u>Emotional Wellness Center of Clearfield Hospital</u> 1033 Turnpike Ave., Suite 300, Clearfield, PA 16830 <u>Intake and Assessment Coordinator,</u> mail to:brighthorizons@clearfieldhosp.org http://www.clearfieldhosp.org/dept-svc/Bright-Horizons.aspx</p> | <p>Outpatient Intensive Outpatient</p> | <p>Adult Adult</p> |
| <p><u>Brighter Pathways Counseling Service</u> 814-375-7107 Anthony, Eileen, LCSW 90 Beaver Drive, Suite 210, Building D, DuBois, PA 15801</p> | <p>Outpatient</p> | <p>Adult and Child</p> |
| <p><u>Camberg, Sara, LCSW</u> 814-590-2978 109 East Locust Street, Clearfield, PA 16830</p> | <p>Outpatient</p> | <p>Adult and Child</p> |
| <p><u>Cen-Clear Behavioral Health Services</u> 1633 Philipsburg-Bigler Highway Philipsburg, PA 16866 814-342-5845 or 1-877-341-5845 Contact: Tammy Kardolly http://cenclear.org/</p> | <p>Outpatient Peer Specialist EPSDT/BHR Services Family Based M H Family Unity Functional Family Therapy Maintaining Strengths</p> | <p>Adult and Child Adult Child Child Child Child Child</p> |
| <p><u>Central Intermediate Unit #10</u> 814- 342-7023 Wallaceton-Boggs Elementary (Grades 5-12) 264 Wilson Street, Wallaceton, PA 16876 www.ciu10.org</p> | <p>Partial Hospitalization</p> | <p>Child</p> |

| <u>PROVIDER, SERVICES, CONTACT, WEB/EMAIL</u> | <u>SERVICES</u> | <u>POPULATION SERVED</u> |
|--|--|--|
| <p><u>Children's Behavioral Health, Inc</u> 814-938-7214 Station Square, 1464 North Main Street, Suite 13, Punxsutawney, PA 15767</p> | <p>EPSDT/BHR Services</p> | <p>Child</p> |
| <p><u>Clarion Psychiatric Center</u> 1-800-253-4906 Two Hospital Drive, Clarion, PA 16214 www.clarioncenter.com</p> | <p>Partial Hospitalization</p> | <p>Child</p> |
| <p><u>Clearfield-Jefferson</u> 814-371-1100 x210 <u>Community Mental Health Center</u> 100 Caldwell Drive, DuBois, PA 15801 Contact: Melissa Baird</p> | <p>Outpatient Intensive Outpatient Partial Hospitalization Clozaril Clinic Family Based Mental Health</p> | <p>Adult and Child Adult Adult Adult Child</p> |
| <p><u>CMHC/DuBois Area School District</u> 814-371-1100 Wasson Elementary School 300 Wasson Avenue, DuBois, PA 15801</p> | <p>Partial Hospitalization</p> | <p>Child (K-5)</p> |
| <p><u>Community County Services</u> 814-371-8881 PO Box 938, DuBois, PA 15801 Email: community_county_services@verizon.net</p> | <p>Outpatient Family Stabilization</p> | <p>Child Child</p> |
| <p><u>Community Guidance Center</u> 1-888-696-1991 Suite #8 Station Square N., 1464 North Main Street, Punxsutawney, PA 15767 Contact: Lisa Diefenbach</p> <p style="text-align: right;">814-938-4444</p> | <p>Family Based M H Outpatient MH Case Management Partial Hospitalization Intensive Outpatient Clozaril Services</p> | <p>Child Adult and Child Adult and Child Adult Adult Adult</p> |

| <u>PROVIDER, SERVICES, CONTACT, WEB/EMAIL</u> | <u>SERVICES</u> | <u>POPULATION SERVED</u> |
|---|---|--------------------------------------|
| http://www.thecgc.com | | |
| <u>Crossroads</u> 814-781-2175 977 South. Street, St. Marys Road, PO Box 998, St. Marys, PA 15857 Email: sandy.gabler@dmhc.org | Partial Hospitalization | Child (ages 11-18) |
| <u>Dickinson Mental Health Center</u> 20 Gillis Ave, Ridgway, PA - 814-772-6154 www.dmhc.org | Peer Specialist | Adult |
| <u>DiGilarmo, Albert, Ph. Ed.</u> 814-371-1789 90 Beaver Drive, Suite 118D, PO Box 332, DuBois, PA 15801 | Outpatient | Adult and Child |
| <u>Dingcong, Luisito, MD</u> 814-768-2137 <u>Emotional Wellness Center of Clearfield Hospital</u> 1033 Turnpike Ave., Suite 300, Clearfield, PA 16830 | Outpatient | Adult and Child |
| <u>DuBois Regional Medical Center</u> 814-375-6379 635 Maple Avenue, 3 rd Floor, East Unit, DuBois, PA 15801 635 Maple Avenue, 1 st Floor, East Unit 814-375-6200 | Outpatient Only Medical/Psychiatric Outpatient Clinic | Adult and Child 14 and older. |
| <u>Dwyer, Sean, LCSW</u> 814-342-5845 or 1-877-341-5845 1633 Philipsburg-Bigler Highway Philipsburg, PA 16866 | Outpatient Only | Adult and child |
| <u>Family Therapy Services, Inc</u> 814-227-2941 22868 Rte 28, Suite 5, Clarion, PA. 16214 Email: lmtetro@yahoo.com | EPSDT/BHR Services Outpatient | Child ?? |
| <u>Francis, Raymond, PhD</u> 814-371-0794 150 West DuBois Avenue, Juniata Place, Suite F, DuBois, PA 15801 | Outpatient | Adult and child |

| <u>PROVIDER, SERVICES, CONTACT, WEB/EMAIL</u> | <u>SERVICES</u> | <u>POPULATION SERVED</u> |
|--|---|---|
| <u>Furgiuele, Norman, LCSW</u> 2584 Montgomery Run Road, Clearfield, PA 16830 814-765-9480 | Outpatient | Adult and child |
| <u>Knight, Gina, MS</u> 115 Mabon Street, Brookville, PA 15825 814-849-4906 | Outpatient | Adult and child |
| <u>Lee Counseling, Lee, Reese LPC</u> 1661 Hardscrabble Road, Munson, PA 16860 www.leecounseling@comcast.net 814-345-6236 | Outpatient | Adult and child |
| <u>Martino, Gregory, Ph.D.</u> 33 Beaver Drive, Suite 3, DuBois, PA 15801 814-371-2577 | Outpatient | Adult |
| <u>McCullough, Pat, LSW</u> 2584 Montgomery Run Road, Clearfield, PA 16830 814-761-1621 | Outpatient | Adult and Child |
| <u>New Story</u> 490 Jeffers Street, DuBois, PA 15801 Contact: Tracy Serbian www.newstory.com 814-371-5387 724-463-5390 x.228 | EPSDT/BHR Services Applied Behavioral Analysis Extra Mile for Families | Child Child Child |
| <u>NHS Highpoint Center for Human Services</u> 25 E. Park Ave, Suite 8, DuBois, PA 15801 Email: jsnyder@nhsonline.org 814-371-3763 | EPSDT/BHR Services Stepping Stones Therapeutic Family Care | Child Child Child |
| <u>Nulton Diagnostic & Treatment Center</u> 1181 Philipsburg-Bigler Highway, Philisburg, PA 16866 1-888-733-7781 | Outpatient Telepsychiatry Mobile Mental Health Peer Specialist Program | Adult and Child ?? Adult Adult |
| <u>Project Point of Light</u> Allenbaugh, Bill, MA / Manno, Brenda, LSW Bloom, Autumn, LSW, Troxell, Erin, LSW | Outpatient | Adult and Child |

| <u>PROVIDER, SERVICES, CONTACT, WEB/EMAIL</u> | <u>SERVICES</u> | <u>POPULATION SERVED</u> |
|--|---|--|
| <p>170 McCracken Run Road, DuBois, PA 15801 814-371-5565 for Bill, Erin, Autumn/ 814-226-1159 for Brenda</p> | | |
| <p><u>Punxsutawney Area Hospital, Inc.</u> 814-938-1830 The Counseling Center 81 Hillcrest Drive, Suite 1200, Punxsutawney, PA 15767 Contact: Kathy Renne</p> | <p>Outpatient</p> | <p>Adult and child</p> |
| <p><u>Pyramid</u> 814-687-4887 987 Skyline Drive, Blandburg, PA 16686</p> | <p>Partial Hospitalization</p> | <p>Child Winterhaven (females 12-18yr) Skyline (males 12-18yr)</p> |
| <p><u>SAM, Inc. Clearfield-Jefferson</u> PO Box 268, DuBois, Pa. 15801 Intake: Jefferson County 814-715-7146 Intake: Clearfield County 814-765-1820 www.sam-inc.org</p> | <p>Child and Adult MH Case Management Outpatient Psych. Rehabilitation</p> | <p>Adult and child ?? Adult only</p> |
| <p><u>The Mentor Network</u> 412-731-7422 665 Rodi Road, Suite 300, Pittsburgh, PA 15235</p> | <p>Community Residential Rehabilitation</p> | <p>Child</p> |
| <p><u>Woods, Lisa, LSW</u> 814-761-7055 2584 Montgomery Run Road, Clearfield, PA 16830 5311 Green Acres Road, Houtzdale, PA 16651</p> | <p>Outpatient</p> | <p>Adult and child</p> |
| <p><u>Yaslosky, Heather, LPC</u> 109 East Locust Street, Clearfield, PA 16830 814-207-9552</p> | <p>Outpatient</p> | <p>Adult and child</p> |

| <u>PROVIDER, SERVICES, CONTACT, WEB/EMAIL</u> | <u>SERVICES</u> | <u>POPULATION SERVED</u> |
|--|---|--------------------------|
| 5311 Green Acres Road, Houtzdale, PA 16651 814-841-1330 | | |
| <u>Young, William, MA</u> 150 West DuBois Avenue, Suite H, DuBois, Pa. 15801 814-371-0794 | Outpatient | Adult and Child |
| <u>Universal Community Behavioral Health (Meadows Psychiatric)</u> 110 Walton Street, Suite 1, Philipsburg, PA 16866 Email: cheri.bumbarger@uhsinc.com 814-343-6640 | EPSDT/BHR Services Partial Hospitalization | Child Child |

PROGRAM DESCRIPTIONS:

APPLIED BEHAVIORAL ANALYSIS (ABA Consulting) is a behavioral support designed to monitor a child's social behavior in a particular environment to determine which factors are influencing that behavior in order to bring positive change in social environments. New Story provides ABA support services in its schools, outside of school hours or within the home setting.

BLENDED CASEMANAGEMENT-- services to adults and children who suffer from a serious mental illness or emotional disturbance. The case manager works with the individual and families to access, link, coordinate and monitor needed services as well as provide support and advocacy. The primary goal of these services is to maintain the consumer in the least restrictive and most normal setting possible while insuring the individual remains linked to the necessary services.

CLOZARIL CLINIC - Clozaril is a potent atypical antipsychotic medication that requires very close monitoring. The Clozaril Clinic is designed to provide intensive medication support to those designated chronic and pervasively mentally ill clients who have been treatment resistant to other antipsychotic medications.

EPSDT "BEHAVIORAL HEALTH REHABILITATION" (BHR) SERVICES --provides expert professional behavioral intervention directly to the child, right in the child's own home, school or community.

EXTRA MILE FOR FAMILIES (EMF) services include crisis intervention (24 hours a day, 7 days a week), individual therapy, family therapy, case management, family support, respite care, advocacy and interagency collaboration. These services are offered by a team composed of master's level therapists and bachelor's level mental health workers in the family's home, the child's school and in the community.

FAMILY BASED MENTAL HEALTH (FBMH) PROVIDERS provides services necessary to enable children and their families a safe and secure environment that promotes keeping families together and reducing the need for psychiatric hospitalizations or residential services for their children. The program is voluntary and services are team delivered. The services are designed to be short term and high intensity, but the length of services will vary based on the needs of the family. Also, there is a 24-hour a day/7-day a week crisis hotline available to families. Average length of time for this service is eight months.

FAMILY STABILIZATION =similar services as Family Based but is shorter in length, typically three months.

FAMILY UNITY-- e program is team delivered, comprehensive in nature, incorporating intensive strengths-based in-home therapy, case management services, family support services, and twenty-four hour/seven day availability for crisis stabilization.

FUNCTIONAL FAMILY THERAPY PROGRAM is a comprehensive evidence based family intervention used in helping at risk youth and their families. The main objectives are to strengthen and maintain the family, increase communication, problem solving, conflict resolution, and family relationships.

INTENSIVE OUTPATIENT PROGRAM (IOP)-- An intermediate level of mental health care. Individuals are seen as a group 2 to 5 times a week (depending on the structure of the program) for 2 to 3 hours at a time. It is designed to help individuals who do not require hospitalization, but can benefit from participation in a structured therapeutic environment. This strategy addresses mental and emotional health needs and provides a supportive and caring environment.

MAINTAINING STRENGTHS PROGRAM services main objectives are to strengthen and maintain the family, improve coping skills, teach family members to care for their child/adolescent, and to serve as an advocate for the child/adolescent. Enables parents/caregivers to care for their mentally ill or emotionally disturbed children/adolescents at home. This treatment model involves intensive family therapy services. The clinician's main focus is with the entire family system. The main focus of treatment is with the child/adolescent and family strengths. The program is individually delivered by a masters level therapist with collaborative-like services including planning, assessment, service linkages, and referrals

MEDICAL/PSYCHIATRIC CLINIC –is a primary care/internal medicine and psychiatric medicine practice. Patients 14 and older who are looking for a primary care physician and also have a mental health illness.

MOBILE MENTAL HEALTH program brings diagnostic and treatment services straight to those who can't seek outpatient care on their own. People get care where they are - at home

OUTPATIENT-- The Outpatient Mental Health Clinic may offer a variety of mental health services for adults, teens, and children. These services may include Individual Psychotherapy, Family and Couples Therapy, Medication Evaluation and Consultation and Psychological Testing.

PARTIAL HOSPITALIZATION PROGRAMS-- the patient continues to reside at home, but commutes to a treatment center up to five days a week. Since partial hospitalization focuses on overall treatment of the individual, rather than purely safety, the program is not used for acutely suicidal people.

PEER SPECIALIST PROGRAM—a person who has progressed in their own [recovery](#) and is working to assist other people with a mental disorder. Because of their life experience, such persons have expertise that professional training cannot replicate. Certified Peer Specialists meet a person whenever he or she is in the recovery process and often help behavioral health consumers understand their illness and plan their recovery. Their role is to work closely with an individual's other services and assist the person in developing his or her own recovery plan.

PSYCHIATRIC REHABILITATION-- is the process of restoration of community functioning and wellbeing of an individual who has a psychiatric disability. Rehabilitation work undertaken by [psychiatrists](#), [social workers](#) and other [mental health professionals](#) ([psychologists](#) and [social workers](#), for example) seeks to effect changes in a person's environment and in a person's ability to deal with his/her environment, so as to facilitate improvement in symptoms or personal distress. These services often "combine pharmacologic treatment, independent living and social skills training, psychological support to clients and their families, housing, [vocational](#) rehabilitation, social support and network enhancement, and access to leisure activities.

STEPPING STONES PROGRAM provides quality, specialized services for children and adolescents diagnosed with an Autism Spectrum Disorder (ASD) between the ages of 3-7 and 8-14. This 52-week alternative program is designed to be a "step-down" from traditional 1:1 in-home BHRS services and can be offered in preparation for transition to school/group programs, as a complement to half-day school programs, or as an after-school or summer program.

Target skill areas include: independence, communication skills, parallel and interactive play skills, peer interaction, transitioning, sensory integration, self-awareness, environmental awareness, attention to task, and problem-solving.

TELEPSYCHIATRY-- [videoconferencing](#) facility between the [patient](#) and the [psychiatrist](#), especially for follow-up.

THERAPEUTIC FAMILY CARE This program is designed to provide a unique treatment environment for children between to the ages of 3 and 19. The treatment foster families work collaboratively with the treatment team of professionals to create treatment goals and interventions that are uniquely tailored to meet the child's need and accentuate their strengths. Services include: individual and family therapy, monthly treatment meetings, case management, community supervision, integration of treatment goals within the

school and ongoing behavioral healthcare to include medication management. The treatment foster families are supported 24hrs/day, 7 days per week.

Clearfield/Jefferson CRISIS
Mental Health/Mobile Crisis Intervention

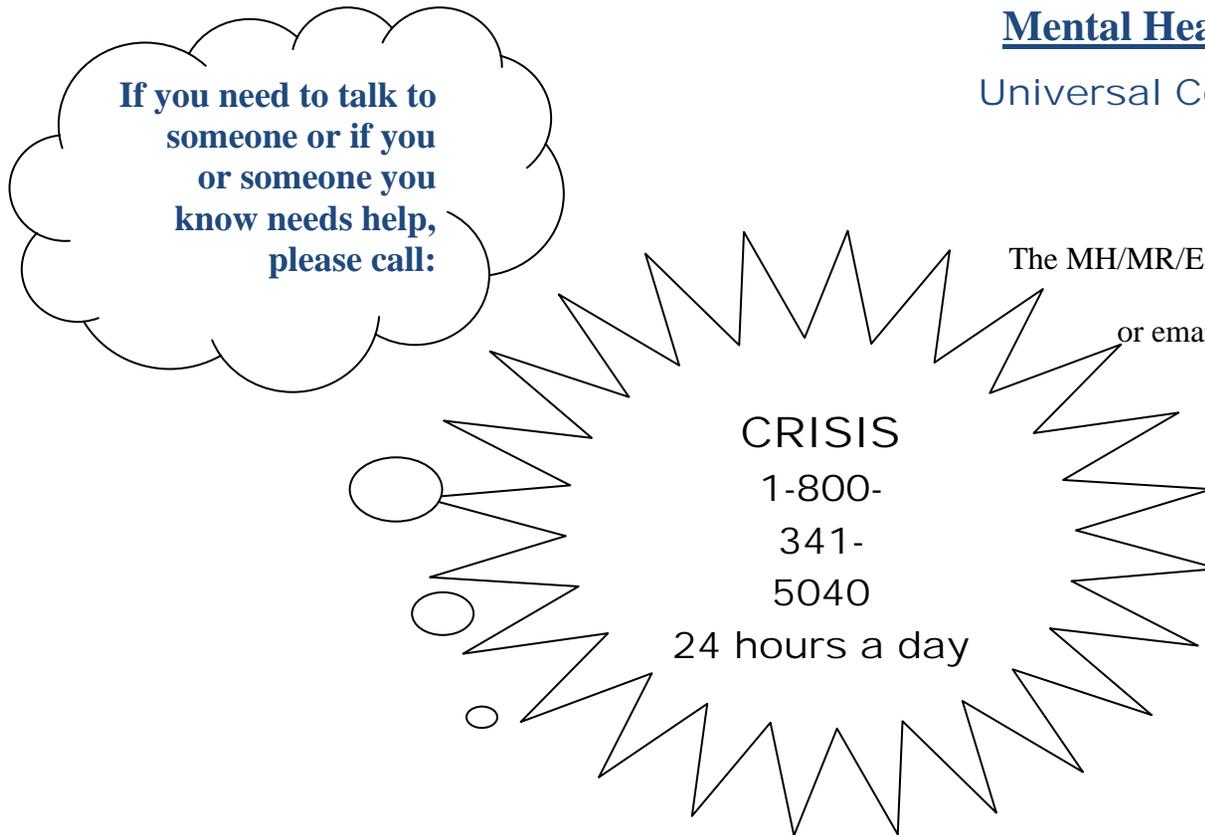
Universal Community Behavioral Health
(The Meadows)

This information has been obtained from
the providers and is updated annually.

The MH/MR/EI Program in no way guarantees the content

Please call 814-603-1107

or email mbrown@cljmhm.com with corrections.



Appendix D – Clearfield-Jefferson MH/MR Program Housing Options

| Program Name | Program Description | Eligibility | Availability |
|--|--|--|---|
| 1. Transition Apartments | 1. The MH/MR program leases 2 apartments, 1 in Clearfield and 1 in DuBois. These are available to individuals who are in need of temporary housing and who are working with an MH case manager. Priority is given to individuals being discharged from a state hospital or community behavioral health inpatient unit. | 1. Referrals for the program are reviewed by the MH Housing Specialist and at least 1 additional MH staff member e.g. the case manager, MH Program Specialist, and/or MH director. Eligibility is based on current needs, availability of support services, level of life skills, and commitment to treatment. | 1. When vacant |
| 2. CLIP - Community Living for Independent Persons | 2. This is a HUD-funded supported housing program for individuals with a mental health disability in Clearfield and Jefferson counties. Eligible individuals live in 14 scattered site, one bedroom units in their community of choice. The tenant's rent share is based on monthly income. This is permanent housing. | 3. Eligibility is determined according to HUD regulations for supported housing programs. Individuals submit an application to the MH Housing Specialist. A criminal history does not disqualify an individual from the program. | 2. The program currently has a waiting list of 30 applicants. Eligibility determination is made as program vacancies occur. |
| 3. NWRHA – Northwest Regional Housing Alliance | 3. This is a HUD-funded program for chronically homeless individuals. Clearfield and Jefferson Counties have 4 of 10 slots available in the 6-county Alliance. Eligible individuals live in scattered-site, one-bedroom units. Tenant's rent share is based on monthly income. This is permanent housing | 3. Eligibility is determined according to HUD regulations. Individuals submit an application to the MH Housing Specialist. | 3. There is no current waiting list for this program. |

| | | | |
|--|--|---|---|
| <p>4. HPRP – Homeless Prevention and Rapid Rehousing Program</p> | <p>4. This program is administered by the Clearfield County Planning and Development Office. It offers rental assistance, security and utility deposits needed to prevent homelessness and assistance to move from homelessness into housing. It is a temporary program with assistance available up to 18 months. It is available to both individuals and families. Limited legal assistance with housing issues is also available.</p> | <p>4. Applicants must be residents of Clearfield County. The MH Housing Specialist accepts applications from individuals/families that have an MH disability. The Central PA Community Action agency also accepts applications.</p> | <p>4. There is no waiting list at this time.</p> |
| <p>5. TBRA - Tenant-based Rental Assistance</p> | <p>5. This program is administered by the MH/MR Program and is limited to individuals and families who are referred by an MH case manager. This assistance may be used for resolution of a temporary housing crisis or need. It is generally used for security deposits, rent assistance, and/or utility deposits/payments. These are primarily for one-time requests.</p> | <p>5. Case managers must make a written referral for TBRA to the Housing Specialist for review and approval.</p> | <p>5. Each referral is reviewed as it is received. Approval is contingent upon available funds.</p> |
| <p>6. Housing Start-up Supplies</p> | <p>6. This program is administered by the MH/MR program. It is limited to individuals and families who are referred by an MH case manager. Requests for household supplies and furnishings are reviewed and approved when the need is documented and there are no resources available.</p> | <p>6. Case managers must send a written referral and list of needed items to the Housing Specialist for review and approval.</p> | <p>6. Each referral is reviewed as it is received. Approval is contingent upon available funds.</p> |

Appendix E – 2010-2011 Contracted Levels of Care and Providers

4A- Hospital Detox

Stepping Stones

4B- Hospital Rehab

Stepping Stones

3A- Detox

Cove Forge
White Deer Run
Turning Point
Gaudenzia Erie
Twin Lakes

3B- Rehab

Pyramid (Partial)
White Deer Run
Cove Forge (Partial)
Turning Point (Partial)
Arc Manor
Maple Manor
Gaudenzia Erie
Twin Lakes
Bowling Green (maintenance)

3B- Dual Rehab

Pyramid
White Deer Run
Cove Forge

3B- Adolescent Rehab

Pyramid
White Deer Run

3C- Long Term Rehab

Pyramid
Concept 90
Turning Point

3C- WWC LT Rehab

Fountain Springs
Vantage

3C- Adolescent LT

Pyramid

2B- Halfway House

Another Way (WWC)
Pyramid
Cove Forge
Gaudenzia Erie (WWC)

1A-1B Outpatient & Intensive Outpatient

Cen-Clear Child Services – Two Roads
Clearfield-Jefferson Community Mental Health Center

Methadone Maintenance

Discovery House
Pyramid

Appendix F – Easy Guide to Treatment Services: Accessing Drug and Alcohol Services for Clearfield and Jefferson County Residents

Who Needs Detox?

1. Abusing Opiates, Alcohol, and/or Benzodiazepines
2. Using consistently within the last 3 days
3. Living in Clearfield or Jefferson County
4. No active suicidal or homicidal thoughts

People meeting all the above criteria can call any of the Detox Providers directly for a DETOX bed.

Detox Providers

| | |
|--|----------------|
| Cove Forge near Altoona..... | 1-800-873-2131 |
| Gaudenzia, Crossroads Erie..... | 1-814-459-4775 |
| Pyramid Health Care, Duncansville..... | 1-888-694-9996 |
| Turning Point, Franklin..... | 1-888-272-8922 |
| Twin Lakes, Somerset..... | 1-800-452-0218 |
| White Deer Run near Williamsport..... | 1-800-255-2335 |

Who Needs an Assessment?

1. Abusing substance **NOT** requiring detox (marijuana, cocaine, methamphetamine)
2. Resident of Clearfield or Jefferson County
3. No insurance or Medical Assistance

People meeting these criteria will have to first schedule an assessment

1. Referral can be made by anyone
2. Need to schedule Assessment with a Case Manager
3. Call 1-800-892-9002 or 814-371-9002

Who Can Help?

Clearfield-Jefferson Drug and Alcohol Commission

1-800-892-9002

814-371-9002

www.cjdac.org

Detox

| | |
|--|----------------|
| Cove Forge near Altoona..... | 1-800-873-2131 |
| Gaudenzia, Crossroads Erie..... | 1-814-459-4775 |
| Pyramid Health Care, Duncansville..... | 1-888-694-9996 |
| Turning Point, Franklin..... | 1-888-272-8922 |
| Twin Lakes, Somerset..... | 1-800-452-0218 |
| White Deer Run near Williamsport..... | 1-800-255-2335 |

Outpatient Services

| | |
|---|----------------------|
| Discovery House, Methadone Maintenance..... | 814-768-7575 |
| Clearfield-Jefferson Community Mental Health Center | |
| Dubois Office..... | 814-371-1100 ext 210 |
| Clearfield Office..... | 814-765-5337 |
| Two Roads Counseling, Cen-Clear..... | 814-938-6340 |
| Quest Services, Philipsburg..... | 814-342-1515 |

Other Services

Local Hospitals

| | |
|-------------------|--------------|
| Brookville..... | 814-849-2312 |
| Clearfield..... | 814-765-5341 |
| DuBois..... | 814-371-2200 |
| Punxsutawney..... | 814-938-1800 |

Mental Health Crisis Line..... 1-800-341-5040

PA Quit Line (smoking cessation).....1-800-784-8669

Support Groups

| | |
|---------------------------|----------------|
| Alcoholics Anonymous..... | 1-800-400-2346 |
| Regional Number..... | 1-800-400-2346 |
| Narcotics Anonymous..... | 1-800-494-3414 |
| Regional Number..... | 814-596-2614 |
| Al-Anon..... | 1-888-425-2666 |

Hep C Testing.....1-800-892-9002

HIV/STD Testing.....1-800-215-7494

Clearfield.....814-765-6977

Punxsutawney.....814-938-3421

CCBHO Member Services.....1-866-878-6046

Appendix G – Clearfield 2010 EMA’s 9-1-1 Psychiatric Emergency Calls

| Clearfield County EMA/9-1-1 Psychiatric Emergency Totals 2010 | |
|--|--------------------|
| Municipality | Total Calls |
| Not Specified | 10 |
| Beccaria | 7 |
| Bell | 1 |
| Bigler | 4 |
| Boggs | 6 |
| Bradford | 9 |
| Brisbin | 2 |
| Brockway | 4 |
| Burn Township | 4 |
| Chest | 1 |
| Chester H | 3 |
| Clearfield | 48 |
| Coalport | 2 |
| Cooper | 1 |
| Covington | 1 |
| Curwensvi | 1 |
| Curwenvle | 8 |
| Decatur | 5 |
| DuBois | 74 |
| Falls Jef | 4 |
| Girard | 3 |
| Goshen | 1 |
| Grampian | 2 |
| Gulich | 2 |
| Houtzdale | 4 |
| Huston | 1 |
| Irvona | 1 |
| Knox | 3 |
| Lawrence | 39 |
| Mahaffey | 2 |
| Morris | 6 |
| Osceola | 2 |
| Penn | 2 |
| Pike | 7 |
| Ramey | 1 |
| Reynolds | 1 |
| Sandy | 50 |
| Troutville | 1 |
| Union | 4 |
| Washington/Jeff | 5 |

| | |
|------------------|-----|
| White_Cam | 6 |
| WhiteTWP | 1 |
| Winslow | 1 |
| Woodward | 4 |
| Total 2010 Calls | 344 |

Appendix H – 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. NAMI PA Bucks County** Official website of the Bucks County CIT, include an overview of the program, news reports and more.

Available at: http://www.namibucks.org/bucks_cit.htm

- **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>

Also see: http://www.pacenterofexcellence.pitt.edu/web_resources_presentations.html

- **“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 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.

Available at:

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

- **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.dbhmrs.org/family-training-advocacy-center-ftac>

- **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). Please contact: Jayne Romero, MH/MR Administrator Venango County, at (814) 432-9753.

Also see:

http://www.pacenterofexcellence.pitt.edu/web_resources_presentations.html

- **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>

- **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>

- **International Association of Chiefs of Police recent report entitled Building Safer Communities: Improving Police Response to Persons with Mental Illness.**

This report presents the findings and recommendations from a national summit held by IACP in May 2009 to address the millions of encounters between law enforcement and persons with mental illness in our communities.

Available at:

<http://www.theiacp.org/PublicationsGuides/ResearchCenter/Publications/tabid/299/Default.aspx?id=1290&v=1>

“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
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

www.power2u.org

(978) 685-1494

Patricia Deegan, PhD

www.patdeegan.com

Venango County Exchange of Information Policy

Exchange of Information Between First Responders And the Venango County Mental Health System

Policy and Procedures

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 including, but 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 I – Resources for Improving Re-Entry

- **“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>
- **“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>
- **“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. The model is currently being used by the Jericho Project in Memphis, Tennessee, provides criminal justice, behavioral health, and others with a concrete model to consider for implementing transitional planning across all intercepts.

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

- **“Criminal Justice Toolkit” Mental Health America**

This toolkit is designed to help advocates understand how their state can help reduce recidivism and promote recovery for individuals with mental health and substance use conditions who are involved in the criminal justice system by maintaining health benefits and providing appropriate reentry supports.

Available at: <http://www.nmha.org/go/criminal-justice>

- Utilization of a **systemic approach to accessing benefits for individuals who qualify for Medical Assistance, SSI, and SSDI**, including individuals who are homeless and those recently released from jail or prison

- *Maintaining Medicaid Benefits for Jail Detainees with Co-Occurring Mental Health and Substance Use Disorders*, see

- www.gainscenter.samhsa.gov/pdfs/integrating/Maintaining_Medicaid_02.pdf

- See Policy Research Associates’ SSI/SSDI Outreach and Recovery (SOAR) website for planning and technical assistance efforts to improve access to Social Security benefits

- <http://www.prainc.com/SOAR/>

Appendix J – Assisting Communities in Planning for Housing

- 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 Corporation for Supportive Housing’s Frequent Users Initiative has been implemented in a number of cities and states across the country to foster innovative cross-system strategies to improve quality of life and reduce public costs among persons whose complex, unmet needs result in frequent engagement with emergency health, shelter and correctional services
 - These programs identify and target a small group of individuals whose overlapping health and mental health needs place them at high risk of repeated, costly and avoidable involvement with correctional and crisis care systems
 - The Corporation leverages local partnerships and community-based services linked with housing to improve outcomes at a reduced public cost for the frequent user population The New York City Departments of Correction and Homeless Services, with assistance from the Department of Health and Mental Hygiene and the New York City Housing Authority have implemented the Frequent Users of Jail and Shelter Initiative
 - Initial results show that the average number of days in jail decrease by 52% among housed participants, while jail days actually increased for members of a comparison group
 - For information about the New York City and other Frequent User initiatives: <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=4456&nodeId=81>
- The Council for State Governments Justice Center released a 2010 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)
- *Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System*; a fact sheet on safe housing for persons with mental

illness involved with the criminal justice system, see

www.gainscenter.samhsa.gov/text/ebp/EBPHousingPrograms_5_2006.asp

- The Pennsylvania's Department of Public Welfare's Office of Mental Health and Substance Abuse Services has 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)

- Diana T. Myers and Associates is a housing and community development consulting firm based in Pennsylvania that specializes in planning affordable, accessible housing for people with disabilities and works with government and nonprofit clients to design and coordinate programs and develop housing for people with disabilities
 - The York County Criminal Justice Advisory Board (CJAB) engaged this group in 2007 to conduct a housing study targeting people with serious mental illness involved with the criminal justice system. The group recently completed a similar study in Centre County.
 - See: http://www.lebcounty.org/lebanon/lib/lebanon/PowerPoint_-_Housing_and_the_Sequential_Intercept_Model.pdf

Appendix K – Resources for Forensic Peer Support

- **Pennsylvania Peer Support Coalition Website**

Official website of the PA peer support network; Includes resources, contact information, newsletters, etc.

Available at: <http://www.papeersupportcoalition.org/>

- **Davidson, L., & Rowe, M. (2008) Peer Support within Criminal Justice Settings: The role of forensic peer specialists. Delmar, NY: CMHS National GAINS Center.**

A CMHS National GAINS center publication on the utility of forensic peer support. Available at: http://www.gainscenter.samhsa.gov/pdfs/integrating/Davidson_Rowe_Peersupport.pdf

- **Miller, L.D., & Massaro, J. (2008). *Overcoming legal impediments to hiring forensic peer specialists*. Delmar, NY: CMHS National GAINS Center.**

A CMHS National GAINS Center report regarding the barriers to hiring forensic peer specialists such as employment laws, public legal records, and current legal status.

Available at:

http://www.gainscenter.samhsa.gov/pdfs/integrating/Miller_Massaro_Overcoming.pdf

- **Simpson, E.L., & House, A.O. (2002). Involving users in the delivery and evaluation of mental health services: A systematic review. *British Medical Journal*, 325, 1265-1268.**

A Review of 298 papers about involving consumers in mental health treatment- 5 randomized controlled trials and 7 other comparative studies were identified and used.

Available at: <http://www.bmj.com/cgi/reprint/325/7375/1265>

- **Spikol, A. (2007). Peer specialists inspire hope for recovery. *People First, Spring 2007*, 7-10.**

An article on peer specialists that highlights several individuals from Montgomery County and discusses the benefits of peer specialist programs.

Available at:

<http://www.mhapa.org/downloads/5.11.07Pages7to12.pdf>

- **Devilley, G.J., Sorbello, L., Eccleston, L., & Ward, T. (2005). Prison-based peer-education schemes. *Aggression and Violent Behavior, 10*, 219-240.**

An article that looks at peer programs in correctional settings and targets topics such as: HIV/AIDS and health education, drug and alcohol abuse, sexual assault/offending, and prison orientation.

Available at:

[http://www.deakin.edu.au/hmnbs/psychology/research/ease/2005%20Conference/files/Eccleston,-Lynne-et-al.\(2005\).Prison-based-Peer-Education.pdf](http://www.deakin.edu.au/hmnbs/psychology/research/ease/2005%20Conference/files/Eccleston,-Lynne-et-al.(2005).Prison-based-Peer-Education.pdf)

- **Goldstein, Warner-Robbins, McClean, & Conklin (2009). A peer driven mentoring case management community reentry model. *Family Community Health, 32*(4), 309-313.**

Article discussing Welcome Home Ministries (WHM) in San Diego – a peer driven re-entry program for women offenders that has had encouraging results regarding decreased recidivism and other positive outcomes.

Available at:

<http://www.nursingcenter.com/pdf.asp?AID=933344>

- **Medicaid Coverage of Peer Support for People with Mental Illness: Available Research and State Examples.**

Available at: <http://cms.hhs.gov/PromisingPractices/downloads/PeerSupport.pdf>

- **Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O’Connell, M.J., Benedict, P...Sells, D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services, 58*(7), 955-961.**

A comparison of two interventions (a community-oriented program that incorporates peer support “wrap-arounds”, and a standard clinical treatment) designed to reduce criminality, alcohol use, and drug use in mentally ill individuals who had criminal charges in the preceding 2 years.

Available at:

<http://psychservices.psychiatryonline.org/cgi/reprint/58/7/955>

- **Bauldry, S., Korom-Djakovic, D., McClanahan, W.S., McMaken, J., & Kotloff, L.J. (2009). Mentoring formerly incarcerated adults: Insights from the Ready4Work reentry initiative.**

Available at: http://www.workingventures.org/ppv/publications/assets/265_publication.pdf

- **“The Interceptor: Newsletter from Community Advocates of Montgomery County”**
Newsletter devoted to Forensic Peer Support and jail diversion. Includes program specific data, recovery info, and success stories of both the people they support and the program as a whole. With this you can watch development and offers a contact for those with the “how did you start, how are you doing this,” questions.

November 2010 Issue Available at:

<http://www.pacenterofexcellence.pitt.edu/documents/Nov%20%202010%20The%20Interceptor.pdf>

March 2010 Issue Available at:

http://www.mhapa.org/downloads/051410_TheInterceptorMarch2010.pdf

- **Wellness Recovery Action Plan (WRAP)-** Mental Health Recovery and WRAP was started in 1989 as Mary Ellen Copeland began her studies of how people help themselves, get well, and stay well.

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

- **PEERSTAR LLC FORENSIC PEER SUPPORT**

Specialized forensic peer support services in prisons and in the community to individuals involved with the criminal justice system who are suffering from mental illnesses and/or substance abuse disorders. Peerstar is a national leader in providing forensic peer support services, and is the first provider in Pennsylvania to use a research university-based program and curriculum. In-jail program includes re-entry planning and evidence-based Citizenship Group classes to assist individuals in returning to the community and breaking the cycle of re-incarceration. Peerstar works closely with law enforcement, corrections, probation and parole and the judiciary. Peerstar's forensic peer support program was developed in a unique partnership with the Yale University School of Medicine Program for Recovery and Community Health. Peerstar is currently working with Blair, Cambria, Clearfield, Jefferson, and Somerset criminal justice systems.

Contact James P. Kimmel, Jr., J.D., Esq., Vice President and Director of Forensic Programs (jkimmel@peerstarllc.com or 610.347.0780).

More Information Available at: www.peerstarllc.com

*** Note: If there is a problem accessing any of the articles via hyperlink, please contact Sarah Filone (saf83@drexel.edu) for fulltext articles.



Statewide Forensic Peer Support Specialist Program

About the Program

- This 18 month initiative began in July 2010 and is funded by the Pennsylvania Commission on Crime and Delinquency (PCCD) in cooperation with the Office of Mental Health and Substance Abuse Services (OMHSAS). The project goal is to establish a Statewide Forensic Peer Support Program serving justice-involved individuals with mental illness and/or co-occurring substance use disorders.
- A Collaborative effort between Drexel University Psychology Dept., Drexel University College of Medicine's Department of Psychiatry's Division of Behavioral Healthcare Education (BHE), the Pennsylvania Mental Health Consumers Association (PMHCA), and the Center of Excellence.

Our Goals

- Identify certified peer support specialists who wish to receive specialized forensic training
- Develop a 'train-the-trainer' curriculum and administer this training to 25 individuals who will become facilitators for future forensic peer support training workshops.
- Develop a three-day forensic peer support specialist training curriculum
- Train forensic peer support specialists in 8 separate sites throughout Pennsylvania
- Promote the use of forensic peer support specialists
- Integrate forensic peer support specialists into PA county operations
- Participate in Cross-Training initiatives
- Develop an informational repository regarding evidence-based and promising practices

Program Progress

- We are currently in our third quarter of this initiative. We have completed a 3-day forensic training for current peer specialists, and are in the process of organizing our 'train-the-trainer' workshop. The curriculum is in the final stages of development and will be finished by February 2011.

Contact Us

- For more information, or to request a forensic peer support specialist training in your county, please contact:

Elizabeth Woodley (PMHCA Project Specialist)

215-762-827

Liz@pmhca.org

717-564-4930

Sarah Filone, M.A. (Project Coordinator)

Saf83@Drexel.edu

Appendix L – Community Corrections

Consider the growing empirical research working to identify which community corrections strategies improve outcomes (including reducing criminal recidivism) for people with mental illness under community corrections supervision. The Justice Center of the Council of State Governments recently published a monograph summarizing the most up to date research and thinking on this topic

- For instance, research suggests that three strategies by community corrections officers can reduce criminal recidivism or improve linkages to services for probationers with mental illness
 - “Firm but fair”
 - Officers’ use of compliance strategies that favor problem solving rather than threats of incarceration and other negative pressures
 - Officers’ “boundary spanning” work to develop knowledge about behavioral health and community resources, establish and maintain relationships with clinicians, and advocate for services
- Specialized probation caseloads “are regarded as promising practice for improving outcomes with this population”
 - Defining features of specialized caseloads include:
 - Smaller caseloads composed exclusively of people with mental illness
 - Significant and sustained training on mental health issues
 - Extensive collaboration with community-based service providers
 - Problem-solving strategies to enhance compliance with supervision requirements

For more information, see: Council of State Governments Justice Center Research Guide. *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice.*

- <http://consensusproject.org/downloads/community.corrections.research.guide.pdf>

Other Resources:

- Aos, S. & Drake, E. (August 2010). Washington State Institute for Public Policy’s “Benefit-Cost Tool for States: Examining Policy Options in Sentencing and Correction.” Retrieved from <http://www.wsipp.wa.gov/pub.asp?docid=10-08-1201>.
- Aos, S. & Drake, E. (April 2010). “Fight Crime and Save Money: Development of an Investment Tool for States to Study Sentencing and Corrections Public Policy Options – Progress Report.” Retrieved from <http://www.wsipp.wa.gov/pub.asp?docid=10-04-1201>.
- CMHS National GAINS Center. (August 2010). Getting inside the black box: Understanding how jail diversion works. Retrieved from http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/Getting_inside_the_black_box.pdf

- Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community. Retrieved from <http://reentrypolicy.org/Report/About>
- Research Network on Mandated Community Treatment. Website: <http://www.macarthur.virginia.edu/researchnetwork.html>
- Skeem, J. L. & Louden, J. E. (2007). Toward evidence-based practice for probationers and parolees mandated to mental health treatment. *Psychiatric Services*, 57, 333-342.
- Skeem, J. L., Manchak, S., & Peterson, J. K. (2010). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior*, Online April 14, 2010.

Appendix M – Veterans Justice Outreach (VJO) Specialist Introduction Letter to Clearfield County



DEPARTMENT OF VETERANS AFFAIRS

James E. Van Zandt VA Medical Center
2907 Pleasant Valley Blvd.
Altoona, PA 1662-4377

The Department of Veterans Affairs would like to inform you about the Veterans Justice Outreach Initiative. The Veterans Health Administration (VHA) is U.S. government's healthcare system for Veterans. We would appreciate a few moments of your time to inform you about our efforts to enhance communication and interaction between the criminal justice system and the VA, through a recent program called the Veterans Justice Outreach Initiative.

It is understood that Veterans too can make poor choices that result in criminal justice interactions. However, where it may be deemed worthy and appropriate, the VA would like to offer assistance in cases involving Veterans. We aim to connect justice-involved Veterans with appropriate treatment and other resources that encourage compliance with treatment over time.

Given the Bureau of Justice statistics (2006) which suggests that:

1. As many as 60% of incarcerated individuals suffered from mental illness,
2. 65% of incarcerated individuals have screened positive for substance abuse,
3. Nearly 20% of incarcerated individuals were homeless prior to their interactions with the criminal justice system and
4. As few as 1 in 6 had received any form of treatment since incarceration,

The VA welcomed the opportunity to develop an integrated approach to work supportively with the criminal justice system, at the discretion of the courts, law enforcement or the respective governing body.

Unfortunately, the number of veterans with legal issues has increased. Because of this, court systems, such as the Buffalo City Court, have created specialized criminal justice courts for veterans where alternative sentencing programs have been established. In addition, The U.S. Department of Health and Human Services started offering grant money to community programs that divert people with trauma related disorders, especially veterans and where appropriate, from the criminal justice system. Of note, approximately 82% of Veterans are eligible for medical and mental health services through the VA. Also, noting that 9.3% of incarcerated individuals are Veterans and that approximately 70% of these individuals are involved in the criminal justice system as a result of non-violent offenses, the Department of Veterans Affairs introduced the Veterans Justice Outreach initiative.

The Veterans Justice Outreach Initiative is an effort to develop and foster positive relationships with our criminal justice system in order to offer treatment and services to Veterans that may be involved in your system. We can accomplish this through the coordination of services for those Veterans who are deemed eligible. No one purports or asserts that criminal behavior should be tolerated or that differential treatment is appropriate, however we recognize that the collective body of research has supported repeatedly and with great reliability, that for every dollar expending in treatment of substance abuse, trauma and unmanaged mental illness, the criminal justice system and society at large, can save greatly. For example, estimates have suggested

that our country exhausts nearly 246 billion dollars annually as a result of substance abuse (National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, 1998) and that 70% of parolees who remain drug-free are also arrest free (National Institute of Justice Research Report, 1995).

Therefore, the Department of Veterans Affairs would like to offer our collective, combined and proven resources for your consideration. We would like to provide you with information about the cost effectiveness of comprehensive medical, psychiatric and substance abuse treatment, many of which have evidenced-based research in support to your collective consideration. Should a Veteran become involved in your criminal justice system, the costs can become great and given the current budgetary constraints, effective options and alternatives are usually welcomed relief. We hope this to be the case.

Given the rising cost of cost of incarceration, the ever challenged budgets of our county governments and the resources available to most of the Veterans, we feel that our services are not only a socially responsible option, but also a potential fiscally responsible one. We do not intend or assert to intrude upon our court system, but only to offer a realistic and prudent option. Assisting Veterans in need of treatment either at the time of detainment, arrest, pre-trial status or post-incarceration is an aptly worthwhile venture that is at your discretion and consideration.

Available health care services may include the following:

- Hospital, outpatient medical, dental, pharmacy and prosthetic services
- Domiciliary, nursing home, and community-based residential care
- Sexual trauma counseling
- Specialized health care for women veterans
- Health and rehabilitation programs for homeless veterans
- Readjustment counseling
- Mental health services, including alcohol and drug dependency treatment, Compensated Work Therapy-Supported Employment, and PTSD treatment
- Medical evaluation for disorders associated with military service in the Gulf War, or exposure to Agent Orange, radiation, and other environmental hazards

We would welcome the opportunity to speak with you further about our programs and services. I have attached an informational sheet with further details about the Veterans Justice Outreach Initiative, services, eligibility and contact information. The determination of the Judicial Court System remains a cornerstone of our society and we graciously appreciate the opportunity to provide our information and programming to your attention. I appreciate your time and consideration. Please feel free to contact us, should we be able to offer any additional assistance or information.

Respectfully submitted,

Todd D. Negola, Psy.D., Clinical Psychologist
Justice Outreach Coordinator
Department of Veterans Affairs
James E. Van Zandt VA Medical Center
2907 Pleasant Valley Blvd
Altoona, PA 16602-4377
Enclosure

INFORMATION SHEET ON JUSTICE-INVOLVED VETERANS FOR JUDICIAL SYSTEM

The Veterans Health Administration (VHA) is the U.S. government's healthcare system for Veterans. This sheet provides basic information on identification of Veterans, VA healthcare services provided and general wait times, communication between the justice system and VA, and Veterans Justice Outreach Specialist contact information. VHA does not operate a formal diversion program and cannot take custody of Veteran-defendants, but can provide Veterans with healthcare services that the justice system determines are an appropriate alternative to incarceration.

How to identify veterans in your system:

The first step to providing VA healthcare services to Veterans is to identify them as Veterans. Ask: "Have you ever served in the United States Armed Forces or military?" Do not ask: "Are you a Veteran?" since many Veterans think this applies only to Veterans who served in combat. Building this question into the booking or arraignment process as soon as possible will facilitate eligibility determination for Veterans.

Basic VHA eligibility:

The second step is to determine whether a Veteran is eligible and can enroll for VA services. **VA eligibility offices determine eligibility; VA clinical staff cannot provide determinative information on eligibility.** This usually takes no more than 7 calendar days (per VHA Directive 2009-029). Veterans' discharge status can be upgraded, usually with the assistance of a Veterans Services Officer.

The following is general information on eligibility:

- Any Veteran who is interested in receiving healthcare services from VA should be encouraged to apply for enrollment at his or her local VA medical center Enrollment/Eligibility office. For specific program eligibility, priority group information, co-pay, and other service information, please consult Federal Benefits for Veterans, Dependents and Survivors 2009 Edition, available online at http://www1.va.gov/opa/vadocs/current_benefits.asp.
- A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA healthcare benefits. Reservists and National Guard members may also qualify for VA healthcare benefits if they were called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.
- Minimum Duty Requirements: Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to Veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

Other factors may arise as VA eligibility offices check a Veteran's status.

VA provides health care services:

Program availability varies by area (for example, not every region has a Domiciliary), so please check with your local Veterans Justice Outreach Specialist for details on local programs. Available health care services may include:

- Hospital, outpatient medical, dental, pharmacy and prosthetic services
- Domiciliary, nursing home, and community-based residential care
- Sexual trauma counseling
- Specialized health care for women veterans
- Health and rehabilitation programs for homeless veterans
- Readjustment counseling
- Mental health services, including alcohol and drug dependency treatment, Compensated Work Therapy-Supported Employment, and PTSD treatment
- Medical evaluation for disorders associated with military service in the Gulf War, or exposure to Agent Orange, radiation, and other environmental hazards

Based upon the assessment of the Veteran, VHA clinicians will develop a specific treatment plan for each Veteran-defendant. For those Veterans not incarcerated, VA will provide treatment to the degree and duration needed in accordance with the appropriate standard of care.

Non-VA alternative treatment options may be needed if the Veteran is not eligible for VA care, or if VA does not provide treatment within the time frame or level required by the Justice System.

Wait Times for entry to VA services:

Generally, VHA outpatient services will see eligible Veterans within 30 days of referral. Veterans with service-connected disabilities receive priority. Veterans without service-connected disabilities may need to wait up to 120 days.

All new patients requesting or referred for mental health services must receive an initial evaluation within 24 hours, a more comprehensive diagnostic and treatment planning evaluation within 14 days, and ongoing mental health treatment to begin within 30 days.

Communication between the Justice System and VHA – Release of Information:

In order for VHA clinicians to communicate with the justice system, the Veteran must sign a Release of Information specifying the type of information to be communicated and the duration of the course of treatment for which the information is to be provided. (VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information). Because VHA is a comprehensive healthcare system, social, vocational, housing, substance abuse, mental health and physical healthcare services are all considered health information, so the form is required to transmit information regarding the Veteran's attendance, progress, treatment testing, and discharge plan/status in any of these areas.

A National Veteran Suicide Prevention hotline:

VA has a National Suicide Prevention Hotline number: 1-800-273-TALK (8255).

How to locate a Veterans Justice Outreach Specialist:

The Veterans Justice Outreach Specialist at the James E. Van Zandt VA Medical Center is:

Todd D. Negola, Psy.D., Clinical Psychologist
(814) 943-8164 ext. 8715
James E. Van Zandt VA Medical Center
2907 Pleasant Valley Blvd
Altoona, PA 16602-4377
Todd.negola@va.gov

Appendix N – Resources for Veterans Involved in the Criminal Justice System

- **The Veterans Justice Outreach Initiative website**
Official website of the VJO Initiative at the VA, including contact information, handbooks and guides, resources for courts and other related articles.

Available at: <http://www1.va.gov/HOMELESS/VJO.asp>
- **Justice for Vets: The National Clearinghouse for Veterans Treatment Courts**
Official website of Veterans Treatment Courts initiative of the National Association of Drug Court Professionals, including information regarding veterans treatment courts as well as a current list of these court models in the United States.

Available at: <http://www.justiceforvets.org/>
- **“Leveling the Playing Field: Practical Strategies for Increasing Veterans’ Involvement in Diversion and Reentry Programs”**
A CMHS National GAINS Center report on developing diversion opportunities for veterans in the criminal justice system, including 13 steps to take to implement such programming.

Available at: http://www.gainscenter.samhsa.gov/pdfs/veterans/levelingthefield_veterans.pdf
- **“Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions”**
A Consensus Report of the CMHS National GAINS Center’s Forum on Combat Veterans, Trauma, and the Justice System that provides background information as well as specific recommendations on how to better provide services for veterans with service-related trauma and mental health conditions.

Available at: http://www.gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf
- **“Incarcerated Veteran Re-Entry Programs Aimed at Reducing Recidivism”. Article in Veteran Journal, 2008.**
This article is focused on incarcerated veterans re-entry specialists, as well as other programs. Also includes links to other related resources.

Available at: <http://www.veteranjournal.com/incarcerated-veteran-re-entry-programs/>
- **Presentations from the 2010 International CIT Conference website**
Presentations from the 2010 International CIT Conference specific to veterans’ issues.

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

- **Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury**

Available at www.dcoe.health.mil

- **Real Warriors, Real Battles, Real Strengths** public awareness campaign

Available at www.realwarriors.net

- **Crisis Intervention Team International Conference**

September 12th-14th, 2011
Virginia Beach, Virginia

Registration and more information available at www.citi2011.com

Appendix O – Resources on Cultural Competence for Criminal Justice/Behavioral Health

These resources focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept. Also included are helpful resources that specifically address cultural competency issues in criminal justice and behavioral health settings.

- *Sensitizing Providers to the Effects of Treatment and Risk Management: Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness*, the SPECTRM program, uses a cultural competence model to help service providers better understand the needs of the population they serve and deliver services tailored to their unique needs.
www.gainscenter.samhsa.gov/pdfs/reentry/Spectrum.pdf
- “Adapting Offender Treatment for Specific Populations.” In Center for Substance Abuse Treatment, *Substance Abuse Treatment for Adults in the Criminal Justice System*. Treatment Improvement Protocol (TIP) Series 44. DHHS Pub. No. (SMA) 05-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration, pp 93 -95.
- New Freedom Commission on Mental Health, *Subcommittee on Criminal Justice: Background Paper*. DHHS Pub. No. SMA-04-3880. Rockville, MD: 2004.
- Primm, A., Osher, F, & Gomez, M. Race and Ethnicity, Mental Health Services and Cultural Competency in the Criminal Justice System: Are We Ready to Change? *Community Mental Health Journal*, Volume 1, Number 5, 557-569, 2005.
- “Statement on Cultural Competence.” In *Evidence-Based Practices: Shaping Mental Health Services Toward Recovery*.
<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/competence.asp>.
- U.S. Department of Health and Human Services. *Mental health: culture, race, and ethnicity: A report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Rockville, MD: 2001.

Appendix P – Resources for Community Education

- **Open Minds Open Doors**

Open Minds Open Doors is a Mental Health Association of Pennsylvania initiative aimed at ending discrimination against people with mental illnesses. Open Minds Open Doors creates brochures and audio visual materials for use in educating and engaging audiences on the impact of stigma.

Available at: www.openmindsopendoors.com

- **National Alliance on Mental Illness PA**

NAMI PA provides various opportunities for training and education as well as specific forensics training for criminal justice professionals and a one day Criminal Justice Symposium held yearly.

Available at: www.namipa.org

Appendix Q – Resources for data collection and analysis

At all stages of the Sequential Intercept Model, data should be developed to document the involvement of people with severe mental illness, substance use disorders, and co-occurring disorders involved in the local criminal justice system. Limited data was available to illustrate the scope and complexity of the problems discussed during the workshop.

Efforts should be made to summarize important information on a regular basis and share with the larger planning group, other stakeholders, and funders.

For instance, develop data to document the impact homelessness or unstable housing has upon people with mental illness and other behavioral health problems involved in the criminal justice system

- Consider including the jail in the annual “one day count” of homelessness in the county
 - Centre County included the county jail in their January 2009 study. This information has been useful in planning for housing resources specifically targeted for this population
- Document the number of people being held in jail who could be released if they had suitable housing
 - Compile information on jail inmates under probation supervision who are waiting for an address in order to be released from jail

Consider the “Mental Health Report Card” used by the King County Washington Mental Health, Chemical Abuse and Dependency Services to document progress in meeting relevant client outcomes

- For example, one outcome measure asks: Are we decreasing the number of times adults and older adults are incarcerated?
- See: <http://www.kingcounty.gov/healthservices/MentalHealth/Reports.aspx>

Pennsylvania Mental Health and Justice Center of Excellence personnel are available to consult with and assist locales with the following:

- Assessing existing database structure and content
- Planning for data collection (e.g. identification of outcomes) and analysis strategies
- Designing data collection instruments
- Implementing standardized reporting components
- Monitoring data quality
- Integrating relevant information from multiple sources
- Analyzing and interpreting data analyses

Data Technical Assistance services are led by Edward P. Mulvey, Ph.D. (Center Co-Director) and Carol Schubert, M.P.H. (Senior Consultant) with the assistance of Marcel Schipper (Data Specialist) at the University of Pittsburgh. Prioritizing requests for assistance will be done in conjunction with the Pennsylvania Mental Health and Justice Advisory Committee

Appendix R – Additional Website Resources

| | |
|--|--|
| Pennsylvania Mental Health and Justice Center for Excellence | www.pacenterofexcellence.pitt.edu |
|--|--|

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 |
| The 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/ |