

DREXEL UNIVERSITY &  
UNIVERSITY OF PITTSBURGH



# Fayette County Report

Fayette County Behavioral Health Administration  
Uniontown, PA  
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Transforming Services  
for Persons with Mental Illness in  
Contact with the Criminal Justice System

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## Fayette County, Pennsylvania

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

#### Introduction

The purpose of this report is to provide a summary of the Pennsylvania Mental Health and Justice Center of Excellence *Cross-Systems Mapping* workshop held in Fayette County, Pennsylvania, on December 14<sup>th</sup> and 15<sup>th</sup>, 2010, conducted by the Pennsylvania Mental Health and Justice Center of Excellence. The Fayette County Behavioral Health Administration and Pretrial Services hosted the workshop 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 Fayette County achieve its goals.

#### Background

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

- Creation of a map indicating points of interface among all relevant Fayette 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 Fayette 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 38 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, victims' services, 911, crisis, law enforcement, and the courts. A complete list of participants is available in Appendix A of this document. Patricia A. Griffin, PhD, facilitated the workshop sessions. Sarah Filone, MA, and Casey LaDuke, BA, also provided support.

## About the Workshop

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

The Center of Excellence workshops, *Cross-System Mapping* 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 Fayette 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

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

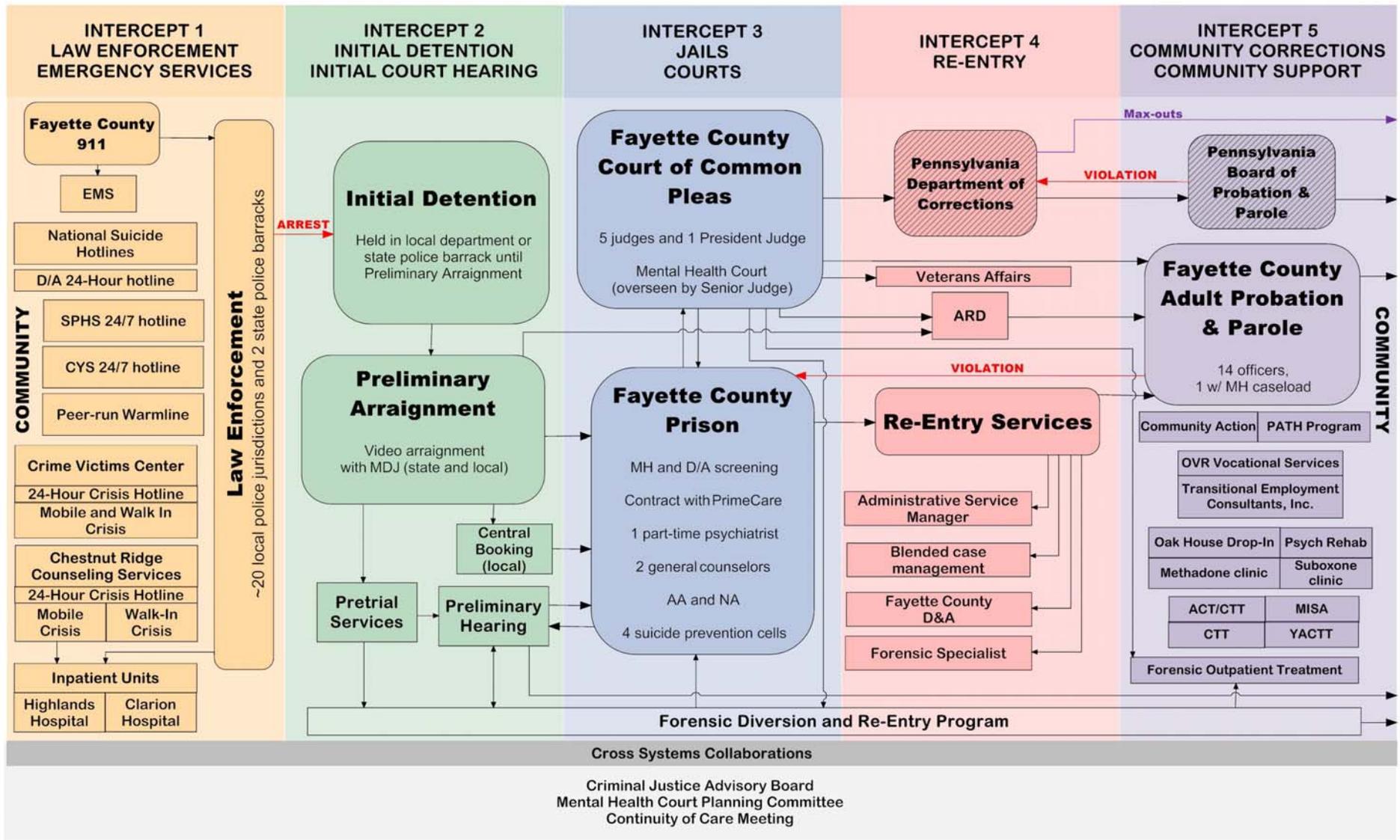
- Fayette County Mental Health Court, overseen by a Mental Health Court Planning Committee that consists of members from the Court Administrators Office, Veterans Affairs, District Attorney, Public Defender, City Booking, Adult Probation Office, Fayette County Drug and Alcohol Commission, Crime Victim's Center and Fayette County Behavioral Health Administration;
- Forensic Diversion and Re-Entry Program, which provides services directly to individuals that have been or are involved with the criminal justice system starting at preliminary arraignment and lasting into the community;
- The Prison Forensic Program, which engages offenders at the time of incarceration to link and treat individuals with severe mental illness and often co-occurring substance abuse disorders with the appropriate mental health and/or substance abuse services; and
- Cross-system trainings provided by the Fayette County Behavioral Health Administration and the Continuity of Care meeting.

### Representation from Key Decision Makers in the Workshops

- The workshops included wide cross-system representation and involved many of the key decision makers. Opening remarks by Lisa Ferris-Kusniar of the Fayette County Behavioral Health Administration set the stage and established a clear message as to the importance of the workshop. Leroy Townsend from the Adult Probation - Pretrial Services Program welcomed participants and introduced the facilitators.

### Data Collection

In addition to the information gained during the workshop, the information in this report was developed from conversations with and questionnaires completed by key local stakeholders, the Fayette County Current Activities Sequential Intercept Model 2010 (updated 12-8-2010), and the Pennsylvania Center of Excellence Planning Kit (Completed 5-20-10).



## Fayette 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.,<sup>1</sup> 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 Fayette 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

Fayette County, formally established in 1783, is a rural county in southwestern Pennsylvania. Covering a total area of 798 square miles, Fayette County can be geographically separated into the rolling hills and picturesque valleys along the Monongahela and Youghiogheny Rivers in the west, and the more mountainous and densely forested east. Fayette County borders Greene and Washington Counties in the east, Westmoreland County in the north, and Somerset County in the west.

As of the 2000 US Census, there were 148,644 people residing in Fayette County, including 59,969 households and 41,198 families. The racial makeup of the county was 95% White and 3% Black or African American, with residents reporting 20% German, 13% Italian, 12% Irish, 9% American, 8% Polish, 7% English and 7% Slovak ancestry. In 2000, the population was relatively spread out in terms of age, with 23% under the age of 18, 8% from 18 to 24, 27% from 25 to 44, 24% from 45 to 64, and 18% who were 65 years of age or older. The median age was 40 years. For every 100 females there were 91.80 males. As of 2009, 35% of families in Fayette County were economically distressed, that is, failing to earn a wage that would adequately provide food, shelter, childcare, health care, and other basic necessities.<sup>2</sup>

The County has been building a continuum of criminal justice and 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 that include, including but not limited to:

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<sup>1</sup> 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.

<sup>2</sup> Pearce, D.M., & PathWays, PA (2009). *Overlooked and undercounted: Struggling to make ends meet in Pennsylvania*. Prepared by PathWays, PA and the Center for Woman’s Welfare, with support by the Pennsylvania Department of Labor & Industry.

- The Fayette County Criminal Justice Advisory Board, which meets quarterly and oversees all forensic programming in the County;
- The Forensic Diversion and Re-Entry Program, including participation spanning pretrial services, the Court system, re-entry services, community corrections, and community resources;
- The Fayette County Mental Health Court, which provides services for non-violent misdemeanor and felony offenders with mental illness and often co-occurring substance use disorders;
- Bi-monthly meetings of the Mental Health Court Planning Committee, including representation from the Court Administrators Office, Veterans Affairs, District Attorney, Public Defender, Central Booking, Adult Probation Office, Fayette County Drug and Alcohol Commission, Crime Victims Center and Fayette County Behavioral Health Administration;
- Various boundary-spanning positions, including blended case-management, Administrative Service Manager and a dedicated forensic specialist;
- Forensic outpatient treatment clinic to assist with re-entry and community reintegration; and
- Cross-trainings provided annually by the Fayette County Behavioral Health Administration and bi-monthly by the Continuity of Care meeting.

The Fayette County Behavioral Health Administration largely oversees the treatment of this target population in Fayette County, and has contractual agreements with all service providers. Clients typically are county residents who of all ages who are in need of behavioral health services.

The Fayette County Behavioral Health Administration is the Behavioral Health Manage Care Organization (BHMCO) for 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 Behavioral Health Administration contracts with local agencies throughout the county to provide services.

## Intercept I: Law Enforcement / Emergency Services

### **Fayette County 911**

Fayette County has a centralized 911 services provided through the Emergency Management Agency. The service employs around 30 full and part-time officers and dispatches for all police jurisdictions across Fayette County. Fayette County 911 does not dispatch directly to State Police in Fayette County, but there are links between the two dispatching services.

Dispatch officers receive 40-hour basic telecommunication training, as well as some training regarding receiving calls from people with emotional issues. There is limited cross-training or direct training related to MH issues specifically.

Dispatchers also maintain direct contact with local EMS providers, of which there are 12 in Fayette County.

The Fayette County Emergency Management Agency maintains information regarding 911 services and a list of EMS services on its website: <http://www.fcema.org/>.

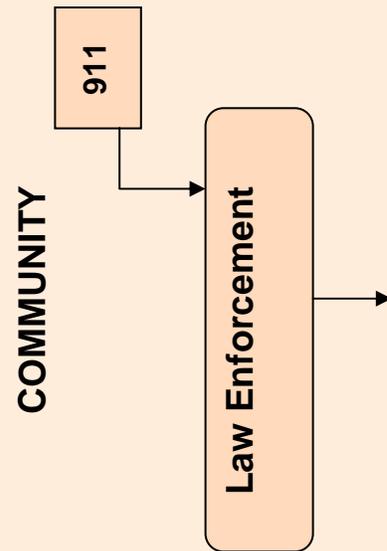
### **Law Enforcement**

Fayette County includes 42 municipalities, which are overseen by around 20 law enforcement jurisdictions. This is a floating number based on funding, which particularly influences volunteer departments and smaller jurisdictions. The three largest departments are located in Uniontown, Masontown (5 full-time officers, 5 part-time officers), and Connellsville (15 full-time officers). Local law enforcement officers receive yearly MPO training, which may include some training around mental health issues.

Local law enforcement jurisdictions maintain direct links with Fayette County 911, and are typically contacted to assist with 302 civil commitment procedures in the community. Local jurisdictions will be faxed the 302 paperwork along with a warrant for the individual in question, and will assist in taking the individual into custody and transporting them to a local hospital, usually Highlands Hospital (see below). Local jurisdictions may also be called into hospital emergency rooms to assist with mental health cases. It is estimated that 85% of individuals are intoxicated at the time of arrest. There are no formal detox units in Fayette County, and intoxicated individuals are typically brought by law enforcement officers to one of the local hospitals for detoxification.

Fayette County is also served by two Pennsylvania State Police barracks located in Uniontown (serve most of Fayette County) and Belle Vernon (centralized to the western section of Fayette County). The Uniontown barrack is staffed by 40 officers and 17 criminal investigators, while the Belle Vernon barrack is staffed by 20 officers and 5 criminal investigators. These State Police jurisdictions typically handle those calls unable to be answered by the local jurisdictions (out on other calls, off-duty calls, etc.). State Police officers can be patched to local police officers

### Intercept 1 Law enforcement



through Fayette County 911. State Police officers receive yearly Mandatory In-Service Training, which typically includes legal updates and mental health policies.

### **Chestnut Ridge Counseling Services, Inc. Mental Health Crisis Services**

Fayette County Behavioral Health Administration has contracted with Chestnut Ridge Counseling Services, Inc., an outpatient service provider, to provide crisis services, including assessment and intervention to de-escalate mental health crisis situations, prevent or provide alternatives to hospitalizations, link consumers with appropriate levels of mental health services, and facilitate hospital admissions for mental health treatment.

These services include the **Chestnut Ridge Crisis Hotline**, a 24-hour hotline that typically receives calls from individuals in MH crisis, other individuals witnessing MH crisis situations, and Fayette County 911 on calls they believe involve a person experiencing a MH crisis. The hotline also has links to other services in Fayette County (not necessarily provided by Chestnut Ridge), including the Community Treatment Team (CTT), young adult Community Treatment Team (YACTT), or Assertive Community Treatment (ACT) team on call, Blended Case Managers, Family-based Services, Family Urgent Response Team and the County Delegates. The Chestnut Ridge Crisis Hotline can be reached at (724) 437-1003.

**Walk-In Crisis Intervention services** are available weekdays at Chestnut Ridge Counseling Services, Inc. (Fayette County Health Center, 2nd Floor, Suite 116, 100 New Salem Road, Uniontown, PA 15401).

**Mobile Crisis Services** are also available, in which crisis workers are able to provide crisis intervention services in homes and in the community. Crisis workers typically go out in teams of two to avert a crisis or to assist with voluntary and involuntary hospitalization. As of December 2010, there had been 600 mobile service dispatches in Fayette County (10% involving police) and 140 emergency mobile services (100% involving police). In typical cases involving police, mobile crisis workers will go out with local or state law enforcement, who will clear the scene and assist with taking individuals into custody and transportation if deemed necessary. This mobile crisis service is offered 7 days a week, from 5:00 pm to midnight. Chestnut Ridge Mobile Crisis can be reached via the main number at (724) 437-0729 or the Crisis Hotline at (724) 437-1003.

Additional services include emergency services to assist hospitals with voluntary and involuntary admissions, and Critical Incident Stress Management (CISM) to provide intervention, debriefing, and support during and following critical incidents such as fatalities from automobiles, fires, during and following disasters.

### **Emergency hotlines**

Fayette County also hosts a variety of other emergency hotlines, supported by local, regional and national service providers. These include:

- **Fayette County Drug and Alcohol Commission 24-hour hotline:** (724) 438-3576
- **Crime Victims Center 24-Hour hotline:** (724) 437-3737 (also provide walk-in and mobile crisis assistance)
- **Southwestern Pennsylvania Health Services, Inc. (SPHS) 24/7 hotline:** (1-866-813-9848) (this service also links to the Forensic Diversion and Re-Entry Program, see pg. 15 & 19)
- **Fayette County Children and Youth Services (CYS) 24/7 Childline:** 1-800-932-0313

- **Washington County Mental Health Association Warmline:** (724) 223-1026 (local), and 1-800-MHA-2466 (toll-free) (peer-run, 7 days/week, 6-9pm)
- **National Suicide Hotline:** 1-800-273-TALK (8255), Press 1 for Veterans.
- **National VA Suicide Hotline:** 1-800-273-8255.

### **Inpatient Units**

The major psychiatric unit for Fayette County is located at **Highlands Hospital**, which also offers a variety of mental health services, including psychiatric adolescent services (ages 14 years and up), psychiatric consultation and liaison services, psychiatric emergency services, psychiatric geriatric and adult services. The number of beds available is largely contingent on current patient populations and staffing. Highlands Hospital can be reached at:

Highlands Hospital  
401 East Murphy Street  
Connellsville, PA 15425  
(724) 628-1500

Another option for Fayette County is **Clarion Hospital**, located approximately 2.5 hours north of Fayette County in Clarion County. While far from many locales in Fayette County, Clarion Hospital is very accepting of mental health patients. Clarion Hospital can be reached at:

Clarion Hospital  
One Hospital Drive  
Clarion, PA 16214  
(814) 226-1371

There is also a newly established geriatric unit located within **Uniontown Hospital**, however this location typically serves geriatric only.

### ➤ **Identified Gaps**

- Limited formal training for 911 on MH issues
- No cross-trainings between police, MH, 911
- At times too few beds at Highlands hospital if one unit is closed, can't accommodate the MH need
- Highlands hospital is short on staff
- Highlands and Clarion Hospitals are located far away for much of the County;
- 302s are sometimes denied (about 21% of the time)
- Transportation issues – if one hospital is full/denies a person, it falls on law enforcement to transport the individual to another hospital, often far away
- Small police departments don't have enough staff to deal with high MH call volume
- Staffing limits ability to transport
- Lack of MH training for law enforcement
- Small municipalities – cross-jurisdictional hand-offs for 302s, etc. (not often, but can take a while)
- Communication issues between 911 and law enforcement - state police cars have no way to communicate with 911, and state and local police have communication difficulties as well
- No formal detoxification center – individuals end up in the ER until sober

- EMS does not always get compensated for MH transports because they are deemed “not medically necessary” if they are voluntary admissions.

➤ **Identified Opportunities**

- Chestnut Ridge has done well recruiting psychiatrists to area
- DA detox are NOT brought to FCJ (need formal charges)
- Constables can assist with transporting individuals to hospital
- Contract with ambulance service in place
- New geriatric inpatient unit at Uniontown Hospital
- State police are working on solving communication problems with 911
- Looking into CIT training with some PCCD grant money
- FCBHA, SPHS, and Chestnut Ridge has tele-conference capability (MDs now, starting in July for electronic records)

## Intercept II: Initial Detention / Initial Court Hearing

### Arrest and Initial Detention

When arrested, both State and local police officers bring the individual to their local department for initial detention before Preliminary Arraignment (see below).

State police fingerprint and photograph the individual at the local barracks, and begin working on processing paperwork.

Local police transport individuals to the **Central Booking Office** in Uniontown for all processing. Central Booking has been operational since 2009, and is run by the Uniontown Police Department. A Pennsylvania Commission on Crime and Delinquency (PCCD) grant is funding newly created positions to run Central Booking, with additional support from a few specially selected and trained constables.

### Preliminary Arraignment

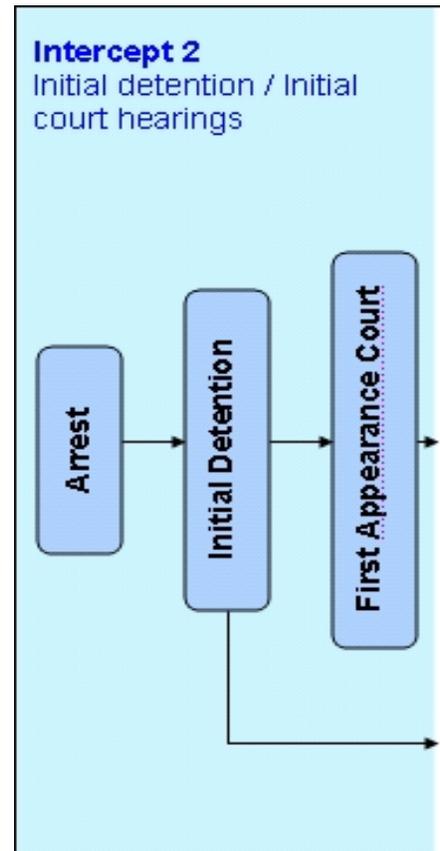
Typically individuals apprehended by both State Police and local police are arraigned utilizing teleconferencing equipment in the State and local departments and the Magisterial District Judges' offices or homes. Starting December 2010, all preliminary arraignments will occur at the Central Booking Offices using the same procedures in a centralized location.

Preliminary arraignment is overseen by one of the eight Magisterial District Judges (MDJs) in Fayette County. Before preliminary arraignment, the MDJ on call is faxed the paperwork to be processed. During preliminary arraignment, the individual is made aware of the charges against them, the bond is set, and the date of the preliminary hearing is set. Based on the outcomes of the preliminary arraignment, the individual is then released, committed to the Fayette County Prison (see pg. 16), or transferred to another service (see below). Preliminary arraignment must occur within 6 hours of arrest, however in Fayette County this typically occurs much quicker than the 6-hour deadline. Preliminary arraignment hearings typically last about 10-15 minutes.

The Magisterial District Judges will often order offenders with mental health issues to the Forensic Diversion and Re-Entry Program (FDRP; see below) for a psychiatric evaluation. The Magisterial District Judges collaborate with Pretrial Services and FDRP so that individuals who may have mental health needs are diverted from jail and into mental health treatment.

### Preliminary Hearing

At a date set during the preliminary arraignment, the defendant will be brought back to the Magisterial District Judge to undergo a preliminary hearing. This hearing typically occurs within 10 days of preliminary arraignment. Among other things, at the preliminary hearing it is determined whether there is enough evidence to move forward with the case. Preliminary hearings may be continued (that is, contingently suspended) in order to allow for defendants to be placed in treatment programs, if this is deemed appropriate. In Fayette County, the FDRP is the typical placement for such treatment for people with MH issues.



### **Pretrial Services**

Pretrial Services receives a bulk of their caseload from the Magisterial District Judges during the preliminary arraignment or preliminary hearing stages. Pretrial Services is also typically involved in these processes to consult on possible services available to defendants.

Pretrial Services carries a caseload of defendants with pending charges, and operates much like probation. Defendants must check in regularly with Pretrial Services leading up to their hearings. Pretrial Services generally refers all cases for D&A evaluations, and will often refer cases for MH evaluation if this need becomes apparent. The FDRP or Mental Health Court is a common referral for MH cases seen by Pretrial Services. Pretrial Services will also oversee their compliance with D&A or MH treatments that may have been ordered by the Court, and will report any violations to the MDJs.

Pretrial Services oversees approximately 150 defendants at any given time. Approximately 20% of these defendants will have a MH diagnosis or exhibit MH symptoms.

### **Forensic Diversion and Re-Entry Program (FDRP)**

This Program, funded by the HealthChoices Reinvestment Project initiated in 2008, provides community-based treatment for nonviolent misdemeanor and felony offenses. FDRP has been established as a short-term approach to link and reintegrate individuals with mental illness and often co-occurring substance abuse histories into the community.

FDRP is often used by the Magisterial District Judges during preliminary arraignment and preliminary hearing as a source of MH evaluations and assessment, as well as a treatment provider for defendants assessed as having MH treatment needs. Representatives from FDRP will frequently be called to assist in preliminary hearings and to consult regarding MH treatment. MDJs use Pretrial Services for defendants with the contingency that they undergo treatment with FDRP. These treatment services are provided based on fee for service, and are billed via a contract with HealthChoices (through the Fayette County Behavioral Health Administration)

To date, FDRP has served 15-17 diversion clients referred through the MDJs, representing the minority of its 113 total clients served.

Please see the section on Forensic Diversion and Re-Entry Program in Intercept IV (pg. 19) for more information.

#### ➤ **Identified Gaps**

- Communication (data) issues
- Limited data collections, need data collection system

#### ➤ **Identified Opportunities**

- Video arraignment is efficient
- Pre-trial services referrals come directly from preliminary arraignment
- New central booking center at Uniontown PD
- Good working relationship between FDRP, pre-trial services, and MDJs

## Intercept III: Jails / Courts

### Fayette County Prison

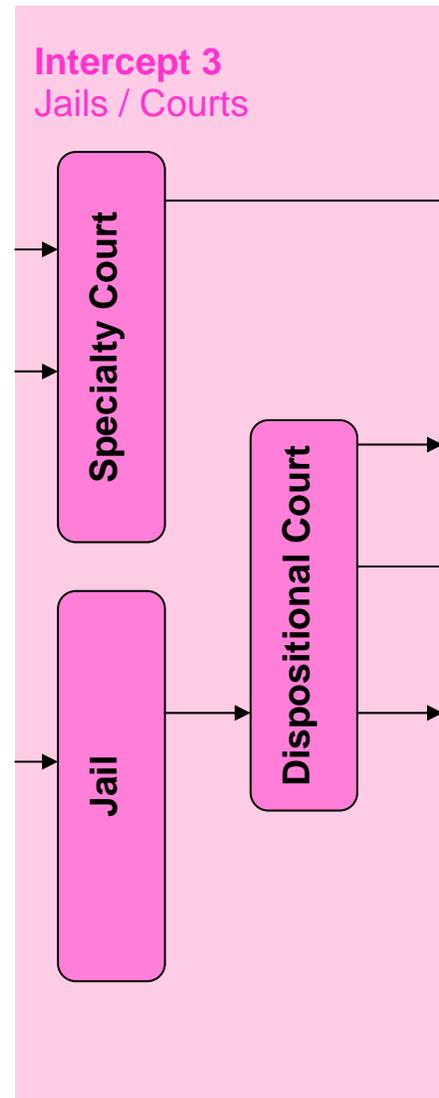
The Fayette County Prison (FCP) in Uniontown maintains care, custody, and control of inmates in Fayette County. It houses inmates held in custody pending disposition of their respective cases by the Courts and those already convicted of a criminal act and sentenced to a term of incarceration. Capacity is 262 inmates. As of December 2010 more than 275 inmates were incarcerated, with a high of 303 inmates in the summer of 2009. If overcrowding occurs, prison beds may be rented from Greene or Westmoreland Counties.

The jail typically sees 2800 new admits per year and usually has about 80 inmates on its mental health caseload. The Fayette County Behavioral Health Administration (FCBHA) receives an electronic commitment report from the jail daily, including potential release dates and a jail roster, which is used for continuity of care purposes. An average of 40 people who are known to FCBHA are booked into the jail per month. Some 95% of inmates in JCP are estimated to have some form of drug or alcohol problem. On average, 75 people who are known to the Fayette County Drug and Alcohol Commission (FCDAC) are booked into the jail per month.

As of December 2010, there were 25 inmates on suicide watch. After experiencing a suicide in 2009, the jail along with its medical service provider, PrimeCare Medical, Inc. modified its suicide policies. Currently, a score of 8 or higher on the New York State Suicide Form screening instrument places someone on suicide watch until a psychiatrist can more comprehensively evaluate them. The attending psychiatrist works at the jail on Wednesday mornings.

The FCDAC and the Forensic Diversion and Re-Entry Program (FDRP; see pg. 19) also provide drug and alcohol and mental health screening and assessment for individuals at the jail. There are two (2) general counselors that work with all inmates and are available to make referrals for more specialized services. The jail also provides Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) to its inmates with drug and alcohol issues. These and other programs are supported through a network of some 30 volunteers, largely from the faith-based community.

Additional staff at the jail includes a representative from FDRP that assists the attending psychiatrist by processing paperwork related to MH cases, as well as an Administrative Service Manager (see pg. 20 for more information), who preps inmates for post-release case management. The jail warden, FCBHA, FDRP, and PrimeCare Medical also meet regularly to discuss issues relevant to this population. Upon release, some of those inmates known to FCBHA or FCDAC left with a shelter as the identified residence, or left having a known residence.



## **Courts**

The Fayette County Court of Common Pleas serves as the primary judicial arm in the region. Judges are elected to ten-year terms in accordance with Commonwealth law. The current judges are the Honorable John F. Wagner, Jr., Ralph C. Warman, Steve P. Leskinen, Steven P. Beathard, and Nancy Vernon, and the current President Judge is the Honorable Gerald R. Solomon. Senior Judge Conrad B. Capuzzi also serves Fayette County ten days per month.

The **Fayette County Mental Health Court** (MHC) was initiated in 2008 with a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) and the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS). The Mental Health Court began official operation in 2009 and is currently funded through a PCCD Continuation grant.

The Mental Health Court limited its focus specifically to mental health cases however, it is now broadening its scope to include offenders who have co-occurring disorders as well as Veterans. Mental Health Court currently provides services for non-violent misdemeanors and felony offenders with mental illness and often co-occurring substance use disorders. Mental Health Court is assisted by the Mental Health Court Treatment Team, which includes representatives from Adult Probation and Parole, Behavioral Health Administration, Forensic Re-Entry and Diversion Program (FDRP), and service providers as needed, as well as one Mental Health Court Coordinator and a department clerk being hired specifically for this project. The MHC Treatment Team meets monthly or as needed, and MHC is held approximately once every two weeks (as scheduled), with reinforcement and progress hearings held every 30 days (or as necessary).

Participants for the MHC may be self-referrals, or referrals from attorneys, psychiatrists, other treatment professionals, and law enforcement (judges, jail, or probation office). Eligible participants must be county residents, may not have a current charge including sexual assault, violent offenses, or DUIs, and must volunteer for the MHC. After a successful referral is made, the MHC will order MH and/or D/A evaluations (as necessary for each individual defendant), after which it will work with the District Attorney's Office and Public Defenders Office to obtain their agreement with the program for that defendant. After agreement, the MHC will begin looking at the treatment needs of the defendant and will work with the District Attorney's Office on charges. The FDRP is a common treatment provider for the MHC based on their experience with such cases.

The MHC focuses on accountability as well as access to treatment. Participants receive incentives for participation; for example, being rewarded for attending three straight MHC hearings by being allowed to skip a month of attendance. If participants fail to appear or choose to withdraw from the program, their noncompliance is reviewed by the MHC, which may result in their being put in a higher or lower level of care.

As of December 2010, 34 individuals had been referred to the Fayette County Mental Health Court, with 11 individuals actively participating and 2 individuals having graduated from the program. One participant has been terminated from the program, and none have chosen to withdraw. Jail time has been used as sanction twice - once for 30 days and another for 22 days. There are currently two veterans involved in MHC. They receive services through the Veterans Affairs Community Outpatient office in Uniontown.

The **Mental Health Court Planning Committee** meets bi-monthly and consists of members from the Court Administrators Office, Veterans Affairs, District Attorney, Public Defender, City Booking, Adult Probation Office, Drug and Alcohol Commission, Crime Victim's Center and Behavioral Health Administration staff. Planning Committee members have signed

Memorandums of Understanding that establish communication and describe the duties of each member. Additionally, the Planning Committee also addresses cross-training needs. Members have attended various forensic trainings and conferences throughout the state and in Washington, DC over the past three years.

➤ **Identified Gaps**

- Space restrictions in jail for beds and programming
- Unpredictable releases from jail – released anytime on an order from a judge
- Budget issues for judges – must be approved monthly for MH Court
- No drug court (lack of required facility, staff, funds)
- MH Court does not always follow the recommendations of the treatment team (particularly with drug and alcohol cases)
- More education is needed so that criminal justice staff understand that MH Court is for treatment, not a “get out of jail free card”
- Some individuals feel that the MH Court system overlooks crime victims; more communication is needed
- No drug and alcohol services in the jail (other than assessments)
- Criminal justice does not always receive complete reports from the jail
- Big problems checking bench warrants

➤ **Identified Opportunities**

- Successful MH Court initiative – 2 graduates to date
- Using some PCCD grant money to look into the possibility of a Veterans Court (or more general treatment court)
- MH Court has a good relationship with the local VA
- Well-established treatment team for MH Court (probation, behavioral health, FDRP, housing, etc.)
- Crime Victims Center works with victims to explain MH Court, mental health issues, and the services plan to victims
- New counselors will be added to jail soon through contract with PrimeCare
- Jail has more than 30 volunteers providing a variety of services
- PrimeCare provides suicide prevention education program for jail staff
- Jail has 4 suicide prevention cells that are under video surveillance
- Telepsychiatry coming soon through SPHS
- Information sharing between jail and behavioral health (rosters)

## Intercept IV: Re-Entry

### **Forensic Diversion and Re-Entry Program (FDRP)**

The Forensic Diversion and Re-Entry Program was initiated in 2008 using HealthChoices Reinvestment funding. Initial contact is made with individuals between the preliminary hearing and trial/sentencing phases. The program also has established relationships with the Fayette County Prison and several Magisterial District Judges. Individuals are followed for up to 90 days in the community as they are linked to community behavioral health providers.

FDRP provides services directly to individuals that have been, or are involved with the criminal justice system, including mental health individual and group therapy, case management services, and services addressing co-occurring disorders (including linking these individuals to needed D&A services). Additionally, housing, transportation, and medical care are also addressed.

The FDRP treatment team includes a Team Leader, Medical Director, Clinician, Case Manager, Psychiatric nurse, peer specialist, and clerical support. The team receives a list from the Fayette County Jail daily that includes commitments, releases, and rosters. In addition to diversion and re-entry programming, this team is involved in crisis management as needed.

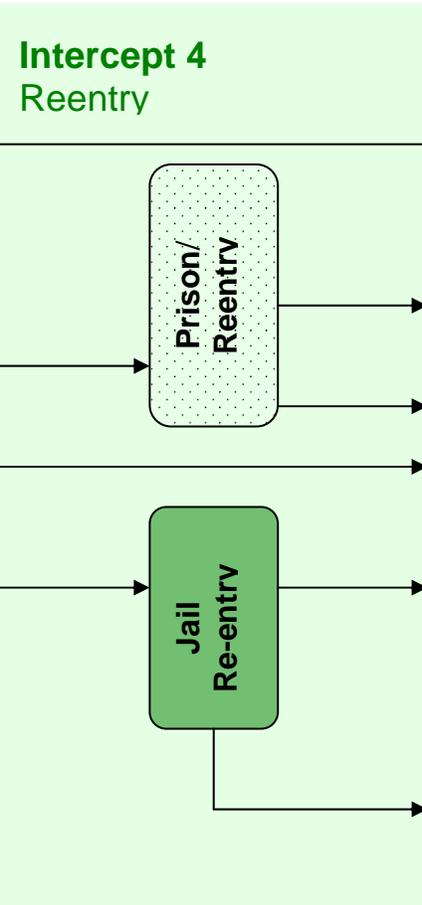
As of December 8, 2010, 139 individuals had been referred to the Forensic Diversion and Re-Entry Program. 108 met eligibility criteria and were placed in the program. Of this group:

- 32 individuals were successfully linked with other community behavioral health providers;
- 23 individuals are active and still receiving services;
- 7 individuals did not get out of prison;
- 9 individuals got lesser sentences after completing the program;
- 23 individuals began treatment, were not court ordered, and cannot be contacted; and
- 8 individuals were re-incarcerated and have new charges pending.

### **Fayette County Drug and Alcohol Commission, Inc. (FCDAC)**

Inmates released from the Fayette County Prison with drug and alcohol issues and treatment needs would go to the FCDAC office. FCDAC does perform in-reach through case management assessment based on referral from jail counselors. The FCDAC can be contacted at:

100 New Salem Road, Suite 106  
Uniontown, PA 15401  
Phone: 724-438-3576  
Fax: 724-438-3305



### **Re-Entry Boundary Spanners**

Fayette County currently employs a variety of boundary spanners that provide limited in-reach into the Fayette County Prison and assist in re-entry initiatives to link individuals with severe mental illness leaving the jail with the appropriate community services.

Two **blended case managers**, from Southwestern Pennsylvania Health Services, Inc., receive the majority of the caseload from the Forensic Diversion and Re-Entry Program and refer for vocational training, housing and other community needs.

The County also has a dedicated **Forensic Specialist**, who is the contact person to address community integration issues from the County or State Prison. Finally, the **Administrative Service Manager** is a caseworker with a forensic focus and forensic experience. This position preps inmates for post-release case management and follows them into the community to enhance continuity of care. The Administrative Service Manager works primarily with mental health cases, however he also assists with D&A assessment personnel to overlap efforts and more quickly and completely complete assessments and refer to services. The Forensic Specialist and Administrative Service Manager positions are both funded through the Behavioral Health Administration.

### **Re-Entry from Pennsylvania Department of Corrections**

The Behavioral Health Administration receives a monthly roster from the Pennsylvania Department of Corrections, which also contacts them regarding inmates being released from State Prisons who are residents of Fayette County to discuss their needs. This information is passed to the Administrative Service Manager who contacts the specific state correctional institutions and works with the prison social worker to set up an appointment for the returning resident. The Administrative Service Manager is also able to assist with helping returning inmates start or reinstate Medical Assistance and housing. To date, 99% of returning residents from state prisons have successfully been linked to services.

#### ➤ **Identified Gaps**

- FDRP is not able to accept all referrals
- Unpredictable release dates and times
- No data collected/available on prison population
- Some inmates are released without medications
- County does not receive a breakdown of state prison inmates by severe mental illness, just mental illness in general
- Lack of data around medication for released inmates
- Medical Assistance applications are not started in jail, so it can take a long time to receive benefits in the community

#### ➤ **Identified Opportunities**

- New position recently created – Forensic Administrative Service Manager
- Drug and Alcohol has a good relationship with state probation and parole
- State inmates have been re-entering with Medical Assistance benefits (state correctional institutions are using the COMPASS system)
- Courts could add orders specifying that providers must be contacted upon release or that an individual cannot be released without a treatment plan in place

## Intercept V: Community Corrections / Community Support

### Fayette County Adult Probation and Parole

**Fayette County Adult Probation and Parole** oversees all inmates released from the Fayette County Prison to serve the remainder of their sentence under community corrections. Currently there are 14 probation officers in Fayette County, with 4 more who do pre-sentencing reports and 4 supervisors (22 total). Fayette County Adult Probation and Parole officers have an average caseload of 140 individuals, including those under house arrest and participants under Accelerated Rehabilitative Disposition (ARD; mostly DUI cases). Of the 14 probation officers, one has been designated to carry the mental health caseload. This officer currently has 8 cases referred through Mental Health Court, with more who exhibit mental health issues but are not enrolled in a specific diversion program.

Fayette County Adult Probation and Parole is also heavily involved with both the Mental Health Court Treatment Team and Planning Committee.

### Pennsylvania Board of Probation and Parole

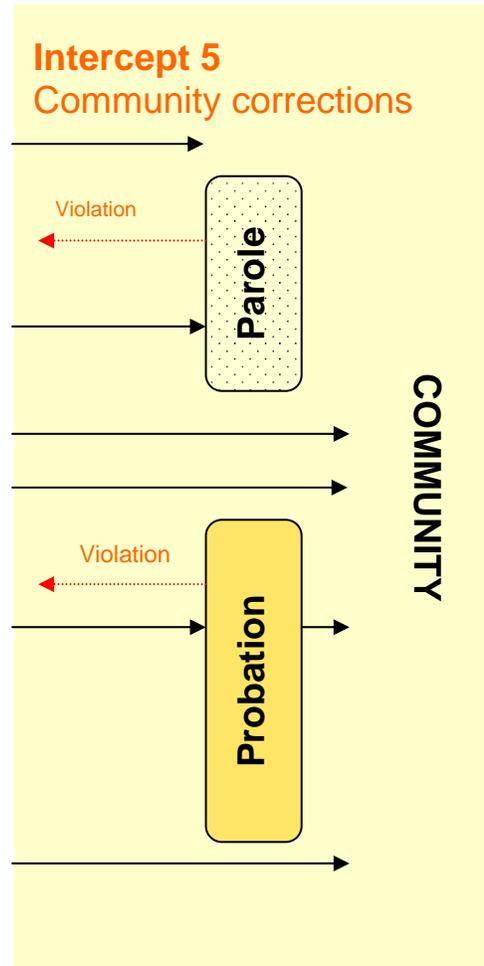
The Pennsylvania Board of Probation and Parole (PBPP) supervises all Pennsylvania residents who were released from the State Prisons to serve the remainder of their sentence under community supervision.

PBPP maintains a good relationship with the Drug and Alcohol Commission. The Behavioral Health Administration reports minimal contact with the PBPP.

### Chestnut Ridge Counseling Services, Inc.

Chestnut Ridge Counseling Services, Inc. provides services for all people who may be experiencing a variety of emotional and mental health issues. Specific services include adult outpatient mental health, adult partial hospitalization, **Mental Illness and Substance Abuse services (MISA**, including assessment and evaluation, individual and group therapy, medication management, and service coordination), and peer support services.

Chestnut Ridge also supports **Community Treatment Teams (CTT)**, which operate under a full support service model incorporating case management and treatment for adults with severe mental illness. CTTs are established as primary, direct services that provides comprehensive and intensive outpatient mental health treatment and rehabilitative and support services to those persons for whom traditional community mental health services alone have not been effective. CTTs merge clinical, rehabilitative and support staff expertise within one service delivery team that enables the individual over time to develop the ability to access and use other needed community services.



One of these Community Treatment Teams is currently converting to an **Assertive Community Treatment (ACT) team**, which is a model for severe and persistent mental illness based on intensive wrapped-around services provided to an individual with severe mental illness by a comprehensive team of professionals cross-trained in mental health, behavioral health, and case management issues. A small, but active, number of the CTT/ACT team caseload consists of forensic clients.

Chestnut Ridge also supports a **Young Adult Community Treatment Team (YACTT)**, which is a self-contained mental health program made up of a multidisciplinary staff that work as a team to provide the treatment, rehabilitation, and support services consumers need to achieve their goals. Person Centered Treatment Planning will be targeted for those individuals who have not achieved or maintained health and stability in the community and for whom without this service would be at high risk of psychiatric hospitalization, psychiatric emergencies, incarceration, homelessness, and/or supervised community living.

### **Southwestern Pennsylvania Health Services, Inc.**

**Southwestern Pennsylvania Health Services, Inc.** (SPHS) is a regional provider offering a variety of services throughout Fayette County.

These include behavioral health services, including; day treatment, substance abuse treatment, psychiatric and psychological testing, evaluation, and treatment, residential services, supportive housing, crisis intervention, forensic services, partial hospitalization, medication assisted treatment, co-occurring treatment, mobile medication, and mobile outpatient treatment, DUI/UAD Services, mental health counseling and anger management. SPHS also supports a Community Treatment Team, telepsychiatry, and housing services, homeless prevention, permanent supportive housing, and transitional housing. SPHS can be contacted at:

Southwestern Pennsylvania Human Services, Inc.  
300 Chamber Plaza  
Charleroi, PA 15022  
724-489-9100

### **Crime Victims Center**

The **Crime Victim's Center (CVC)** is dedicated to assisting victims of crime (and other individuals) by encouraging them to achieve or maintain independence through the provisions of advocacy, counseling, education, crisis intervention, and other forms of assistance.

The CVC is also involved in the Fayette County Mental Health Court (see pg. 17), and must sign off on a case before it can go to court. The victims of crimes committed by people with severe mental illness are educated on the Mental Health Court process, and must agree before case goes to MHC. As of December 2010, the victims and the CVC had agreed to 100% of these cases, as these victims typically know the defendant and want him or her to get treatment. The CVC can be contacted at:

63 North Beeson Avenue, Suite 1  
Uniontown, PA 15401  
Office: (724) 438-1470  
[www.crimevictimscenter.org](http://www.crimevictimscenter.org)

### **Vocational training**

Vocational training for people with severe mental illness leaving the criminal justice system is provided by a variety of services in Fayette County.

The **Office of Vocational Rehabilitation (OVR)**, a Pennsylvania state agency, provides basic direct services including resume writing and job preparation. If referrals need a more assistance, OVR will contract with other agencies in the county to provide these.

**Transitional Employment Consultants, Inc. (TEC)** is a private provider of vocational training for individuals referred by the OVR or by county MH/MR programs, including the Fayette County Behavioral Health Administration. TEC offers a variety of shortened vocational trainings focused on getting their referrals jobs in the community, as well as job training. In Fayette County, 90% of forensic clients who are ready to work in the community go through the TEC program. This is a pilot project in Fayette County that is currently investigating continuation funds.

### **Housing services**

Fayette County currently has three providers of supportive housing programs.

City Mission engages people with severe mental illness in the Fayette County Prison and places them in the **PATH program**, which includes assistance with security deposits and case management and is funded through the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS). Fayette County currently receives approximately \$70,000 in funds for this project and therefore services a limited number of people.

The main housing services coordinator is **Community Action**, which oversees the majority of housing services in Fayette County. This includes master leasing, tenants leasing, subsidies, and contingency funds to support a variety of housing necessities. Community Action provides services for a large number of forensic clients.

The Behavioral Health Administration is currently funding and overseeing the implementation of a housing project, also utilizing Housing and Urban Development (HUD) funding. This project involves the building of a housing unit specifically for people with severe mental illness or co-occurring disorders in the criminal justice system. Initial actions have been taken, with more expected in 2011.

### **Specialized forensic mental health outpatient clinic**

Fayette County has a **specialized mental health outpatient clinic** to provide outpatient services to individuals who have completed Mental Health Court and continue to need this service. The clinic, created in September 2010, works with anyone with mental illness who has had criminal justice involvement.

Currently the clinic oversees a small caseload, the majority of whom are out of the Forensic Diversion and Re-Entry Program (see pg. 19) The clinic is funded through Reinvestment Act funding, Medical Assistance, and an alternative payment arrangement for clients.

## **Community resources**

Fayette County also contains a variety of other community resources for this population, including:

- **Psychiatric Rehabilitation Services** (primarily for education);
- **Fayette County National Alliance for Mental Illness (NAMI)** and **Mental Health Association (MHA)**;
- A **methadone clinic** and **Suboxone clinic** through Addiction Specialists, Inc. in Uniontown
- **Oak House Drop-In, Archives Drop-In**, peer-run and professionally staffed drop-in centers located in Fayette County providing people with severe mental illness emotional and social support.

A more complete listing of community supports can be found at the **Network of Care for Behavioral Health**. This website, funded by the Fayette County Behavioral Health Administration, is a resource for individuals, families, and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features.

<http://fayette.pa.networkofcare.org>

### ➤ **Identified Gaps**

- Probation officers carry large caseloads
- County Assistance Office needs more supporting documentation for initial authorization of public benefits – for-cash assistance and/or Medical Assistance
- Need more education
- NAMI and MHA could be more active on forensic issues
- Problems getting peers with felony convictions into jail
- Limited PATH resources

### ➤ **Identified Opportunities**

- TEC pilot program for employment
- Continuity of Care meetings
- County Assistance Office has a good relationship with Drug and Alcohol
- State Probation and Parole has a good relationship with Drug and Alcohol
- 10-14 unit housing project in planning stages
- PATH can go in to the jail
- Wide variety of housing options for this population
- New forensic outpatient treatment

## Fayette 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

- **Intercept 1 issues** (26 votes)
  - Cross-training for Intercept 1 (911, law enforcement, crisis, hospitals, ambulance, etc.) to improve communication and understanding
  - Reinstate the quarterly meeting with 911, crisis, and behavioral health
  - Discuss ways to support police
- **Update and modernize warrant system** (12)
  - Take advantage of the Court Administrator's daily list
- **Continuity of care coming in and out of jail** (9)
- **Central system for data collection and analysis** (9)
  - To be used for planning, performance measures, grants
- **Include victims in discussions across intercepts** (8)
- **Collaboration with judges for diversion and re-entry** (5)
- **Outreach to broad range of self help groups** (3)

## Fayette County Action Plan

Priority Area 1: Intercept 1 issues				
Objective		Action Step	Who	When
1.1	Cross-training	<ul style="list-style-type: none"> <li>• Who to train: 911, crisis, EMS, law enforcement, behavioral health, hospital, jail, probation, other social services</li> <li>• Different levels of training</li> <li>• Orientation --- what each partner can and can't do; addressing the language barriers; contact list; help the BH system and all the layers</li> <li>• Developing a contact list that includes a directory of services and who does what; who to contact and keep those lines of communication open - Send a letter to each agency involved with a request for information and updated information; Go through Human Service Council and Community Action</li> <li>• Need something small and condensed for law enforcement; For instance, 3 x 5 cards, perhaps laminate them</li> <li>• Load this information into cell phones for the State Police and local law enforcement</li> <li>• Call one number for Crisis</li> <li>• Upon arrest, how can we support law enforcement in dealing with people with mental illness</li> <li>• Include list of acronyms; Build on the BH Administration Acronym Glossary</li> <li>• Karen created a booklet for the county on accessing courthouse services</li> <li>• Take advantage of county's website</li> <li>• Specialized training for each component</li> <li>• Tailor training programs to different time constraints of the partners --- needs to be efficient and planned ahead</li> <li>• Develop a group to develop the trainings; consider this as subcommittee</li> </ul>	<p>BH will provide the resources.</p> <p>Need a group to develop: Bethany and Clinton will take lead</p>	

		<p>of the CJAB?</p> <ul style="list-style-type: none"> <li>• 1 to 3 hours trainings specifically for CJ staff – Look at Bucks County examples <a href="http://www.namibucks.org/bucks_cit.htm">http://www.namibucks.org/bucks_cit.htm</a></li> <li>• What to do: disorder awareness, what are these disorders; appropriate responses, de-escalation</li> <li>• Focus on Fayette County resources to sustain the training over time</li> <li>• Explore Mental Health First Aid --- including Training of Trainer</li> <li>• Bring training into Fayette County (MH conference room?)</li> <li>• Use Laurel Highlands CIT as a model for a more rural county</li> <li>• Chestnut Ridge’s Medical Director is a good resource</li> </ul>		
1.2	Improving communication			
1.3	Strategies for sharing information	<ul style="list-style-type: none"> <li>• Venango County example of information sharing</li> </ul>	See Appendix E	
1.4	Build on current cross-systems training efforts in the county	<ul style="list-style-type: none"> <li>• Last one was 3 months ago</li> <li>• Good turn out</li> <li>• First day is drug and alcohol, community action, mental health, children and youth, JPO, and their roles in the community, how to access their services</li> </ul>		
1.5	Look at work being done around the state	<ul style="list-style-type: none"> <li>• Laurel Highlands CIT folks in Cambria and Somerset</li> </ul> <p><a href="http://www.laurelhighlandscit.com/">www.laurelhighlandscit.com/</a></p>		
1.6	Reinstating quarterly meetings with 911, crisis, EMS, and law enforcement (state and local)			

1.7	Consider consolidating the various hotlines			
1.8	Use funding in the MH Court continuation grant to explore training opportunities for law enforcement and providers	<ul style="list-style-type: none"> <li>• Bring in Laurel Highlands Region CIT for a discussion with law enforcement to explore possibilities for implementation in Fayette County</li> <li>• Monday and Wednesday best</li> </ul>		
1.9	Develop strategies to develop closer working relationships between law enforcement and crisis	<ul style="list-style-type: none"> <li>• Small core of crisis workers</li> <li>• Clarify situations where law enforcement can meet crisis staff and help stabilize the situation</li> <li>• Initial contact will have to go to 911 after 4 p.m. for times when the smaller law enforcement agencies are not in the office</li> <li>• Encourage direct communication through cell phones, etc.</li> <li>• Expand beyond non-crisis situations</li> </ul>		
1.10	Funding possibilities	<ul style="list-style-type: none"> <li>• Probation has four sources of funding for their operations</li> <li>• Identify strategies to improve efficiencies and save money that could be reinvested in these efforts</li> <li>• Need to look at an integrated cost approach across all segments of the criminal justice and BH</li> <li>• MH Court Continuation Grant has some funding set aside</li> </ul>		

<b>Priority Area 2: Update and modernize the Warrant System</b>			
Objective	Action Step	Who	When
2.1	Encourage jail staff to print out the warrants in evening and night shifts	<ul style="list-style-type: none"> <li>• Karen has emailed Warden after yesterday's meeting</li> <li>• Prison has the capability</li> <li>• CPCM System is the only way to have it printed out with the judge's signature</li> <li>• One of several technology issues the jail has including the suicide prevention reviews and the COMPASS online system for accessing benefits upon release from the jail</li> <li>• Examine New York State Local Correctional Suicide Prevention Crisis Services program <a href="http://www.omh.ny.gov/omhweb/forensic/suicide.htm">http://www.omh.ny.gov/omhweb/forensic/suicide.htm</a></li> <li>• 911 wants this capability</li> <li>• Probation has addressed this for their warrants by meeting with 911, clerks, and Brian and had much improved response</li> </ul>	
2.2	Explore the possibility of the Booking Center taking on this capability	<ul style="list-style-type: none"> <li>• Booking Center coming online in February</li> <li>• Would require a computer terminal and link and attached to Clerks of Court scanner</li> <li>• Would require talking with Jason, Chief of Uniontown Police Department</li> </ul>	
2.3	Advocate at the Prison Board meetings	<ul style="list-style-type: none"> <li>• Crime Victim Center willing to advocate from a victims' point of view</li> <li>• Also willing to talk with Warden</li> </ul>	Jacqui

<b>Priority Area 3: Continuity of Care going in and out of jail</b>			
Objective	Action Step	Who	When
3.1			

<b>Priority Area 4: Central System for data collection and analysis</b>			
Objective	Action Step	Who	When
4.1	911 – mental health complaints	<ul style="list-style-type: none"> <li>• Talk with Guy about this data</li> </ul>	
4.2	Crisis does a monthly report	<ul style="list-style-type: none"> <li>• Can add law enforcement calls</li> <li>• Recently added veterans calls</li> </ul>	

4.3	Victims Assistance has data	<ul style="list-style-type: none"> <li>Estimate that 60% of their calls are from or about</li> </ul>		
4.4	Jail			
4.5	Probation	<ul style="list-style-type: none"> <li>Annual statistics provided to the state once a year (in January)</li> </ul>		
4.6	COE data consult	<ul style="list-style-type: none"> <li>Have COE Pittsburgh folks come to Fayette County for data consultation</li> </ul>	See Appendix L	
4.7	King County performance			

<b>Priority Area 5: Collaboration with judges for diversion and re-entry</b>			
Objective	Action Step	Who	When
5.1			

<b>Priority Area 6: Outreach to broad range of self help groups</b>			
Objective	Action Step	Who	When
6.1			

## Conclusion

Participants in the *Cross-Systems Mapping* 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 Fayette County criminal justice system. Fayette County is poised to tackle a number of critical issues that will greatly improve services for this group. 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 Fayette County criminal justice system. The Fayette County Mental Health Court and the Forensic Diversion and Re-Entry Program are expansive programs that have already proven to be effective in diverting or providing treatment to this population across many points of interception across the criminal justice system. Further, Pretrial Services, Adult Probation and Parole, Behavioral Health Administration, Drug and Alcohol Commission, and various other service providers and community services have put forward significant effort and creative solutions to improving the outcomes for people with severe mental illness in the criminal justice system in Fayette County.

Local stakeholders participating in the *Cross-Systems Mapping* were clearly interested in building on these successes to better improve the collaboration between crisis services, community resources, and law enforcement for this population at Intercept 1, modernize the warrant system, enhance the continuity of care for this population as they enter and are released from the Fayette County Prison, and develop a central system for data collection and analysis around this population. 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 police jurisdictions, the U.S. Department of Veterans Affairs, prison chaplains, the Social Security Administration, 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

Fayette County is fortunate to have a wide range of stakeholders across the mental health, substance abuse and criminal justice systems that have made significant efforts to understand and support the challenging issues discussed in this workshop. The *Cross-Systems Mapping* workshop participants are committed to improving the continuum of criminal justice/behavioral health services in Fayette County by developing a coordinated strategy to move forward with the identified priorities.

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* 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 Fayette 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](http://www.pacenterofexcellence.pitt.edu).

## Appendix A – Participant List

<p><b>Clinton Anderson</b> Fayette County Behavioral Health <a href="mailto:Clintonanderson@fcbha.org">Clintonanderson@fcbha.org</a></p>	<p><b>Jacque Fritts</b> Executive Director Crime Victims Center <a href="mailto:jfritts@cvcfayette.org">jfritts@cvcfayette.org</a></p>
<p><b>Jerome M. Andria</b> Juvenile Probation <a href="mailto:Jandria@jpo.fayette.org">Jandria@jpo.fayette.org</a></p>	<p><b>Lori Groover-Smith</b> Fayette County Office of Human and Community Services <a href="mailto:lgsmith@hs.fayette.org">lgsmith@hs.fayette.org</a></p>
<p><b>Robyn Brady</b> RobynBrady@fcbha.org</p>	<p><b>Ron Haggerty, Jr.</b> Magisterial District Judge <a href="mailto:mdjhaggerty@gmail.com">mdjhaggerty@gmail.com</a></p>
<p><b>James Capitos</b> Connellsville PD <a href="mailto:cvlpolice@zoominternet.net">cvlpolice@zoominternet.net</a></p>	<p><b>Anthony S. Iannamorelli, Jr</b> District Attorney's Office Intern <a href="mailto:anthonyijr@gmail.com">anthonyijr@gmail.com</a></p>
<p><b>Conrad Capuzzi</b> Judge</p>	<p><b>Lori Kaczmarek</b> District Administrator <a href="mailto:lkaczmarek@state.pa.us">lkaczmarek@state.pa.us</a></p>
<p>Neal Christopher Representative <a href="mailto:Nchristo@pahouse.net">Nchristo@pahouse.net</a></p>	<p><b>Tammy Knouse</b> Director of CS Fayette County Community Action <a href="mailto:tknouse@fccaa.org">tknouse@fccaa.org</a></p>
<p><b>Bethany Connors</b> Fayette County Behavioral Health Administration <a href="mailto:Bethanyconnors@fcbha.org">Bethanyconnors@fcbha.org</a></p>	<p><b>James Kovacs</b> Assistant Chief Probation Officer <a href="mailto:jkovacs@faycopro.org">jkovacs@faycopro.org</a></p>
<p><b>Jesse J. Cramer</b> Magisterial District Judge <a href="mailto:Judgecramer@hotmail.com">Judgecramer@hotmail.com</a></p>	<p><b>Karen Kuhn</b> Court Administrator <a href="mailto:kkuhn@faycopro.org">kkuhn@faycopro.org</a></p>
<p><b>Garnet Crossland</b> Solicitor Court of Common Pleas <a href="mailto:Glc142@yahoo.com">Glc142@yahoo.com</a></p>	<p><b>Jana Kyle</b> Assistant Deputy Director Fayette County D&amp;A <a href="mailto:jkyle@fcdac.org">jkyle@fcdac.org</a></p>
<p><b>Wendy D. Dennis</b> Magisterial District Judge <a href="mailto:mdjdennis@hotmail.com">mdjdennis@hotmail.com</a></p>	<p><b>Tammy Lambie</b> Deputy Court Administrator tlfc@faycopa.org</p>
<p><b>Margaret Epley</b> Adult Probation <a href="mailto:mepley@faycopro.org">mepley@faycopro.org</a></p>	<p><b>Louis Lozar</b> Chief Probation Officer <a href="mailto:Llozar@faycopro.org">Llozar@faycopro.org</a></p>
<p><b>Lisa Ferris-Kusniar</b> Chief Executive Officer Fayette County Behavioral Health \\ <a href="mailto:LFK@FCBHA.org">LFK@FCBHA.org</a></p>	<p><b>Brian Miller</b> Warden – FCP <a href="mailto:bmiller@fayettepa.org">bmiller@fayettepa.org</a></p>
<p><b>Chuck Frey</b> PA State Police, Uniontown <a href="mailto:CHFrey@state.pa.us">CHFrey@state.pa.us</a></p>	

<p><b>Sherri Mitchell</b> Fayette Co. Behavioral Health Administration <a href="mailto:sherrimitchell@fcbha.org">sherrimitchell@fcbha.org</a></p>	<p><b>Shani Smith</b> Lead Crisis- CRCSI <a href="mailto:Shani.smith@crcsi.org">Shani.smith@crcsi.org</a></p>
<p><b>Guy Napolillo</b> 911 Coordinator <a href="mailto:gnapolillo@fcema.org">gnapolillo@fcema.org</a></p>	<p><b>Leroy Townsend</b> Pretrial Services Officer <a href="mailto:Ltownsend@faycopro.org">Ltownsend@faycopro.org</a></p>
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<p><b>Lynne Plitt</b> Director of Clinical Services Chestnut Ridge <a href="mailto:lpitt@CRCSI.ORG">lpitt@CRCSI.ORG</a></p>	<p><b>Seth Vargo</b> FDRP – SPHS Supervisor <a href="mailto:SVargo@SPHS.org">SVargo@SPHS.org</a></p>
<p><b>Jonathan Rabatin</b> FDRP Therapist/FCP Social Worker SPHS <a href="mailto:jrabatin@sphs.org">jrabin@sphs.org</a></p>	<p><b>Judge Nancy Vernon</b> <a href="mailto:hvernon@fayette.pa.org">hvernon@fayette.pa.org</a></p>
<p><b>Ron Rudberg</b> OVR – Assistant District Administrator <a href="mailto:Rrudberg@state.pa.us">Rrudberg@state.pa.us</a></p>	<p><b>Adrienne Wilson</b> City Mission <a href="mailto:awilson@citymissionfayette.org">awilson@citymissionfayette.org</a></p>
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## 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, Fayette County may want 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](http://www.gainscenter.samhsa.gov).

### Criminal Justice

- A focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept
  - A short bibliography of helpful resources that address cultural competency issues in criminal justice and behavioral health settings (Appendix I)
  - *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, see [www.gainscenter.samhsa.gov/pdfs/reentry/Spectrum.pdf](http://www.gainscenter.samhsa.gov/pdfs/reentry/Spectrum.pdf)
- 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]
- The need for gender-informed practices at all intercepts
- Facilitation of transitional planning and linkage to appropriate services in the community
  - *A Best Practice Approach to Community Re-Entry for Inmates with Co-Occurring Disorders: The APIC Model*; the APIC model and the transitional planning checklist, 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, see [www.gainscenter.samhsa.gov/pdfs/reentry/apic.pdf](http://www.gainscenter.samhsa.gov/pdfs/reentry/apic.pdf)
- 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](http://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](http://www.gainscenter.samhsa.gov/pdfs/ebp/IntegratingMentalHealth.pdf)
- Services that are gender sensitive and trauma informed
  - 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>
- 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*; see [www.gainscenter.samhsa.gov/pdfs/Women/series/AddressingHistories.pdf](http://www.gainscenter.samhsa.gov/pdfs/Women/series/AddressingHistories.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](http://www.gainscenter.samhsa.gov/text/ebp/Papers/ExtendingACTPaper.asp)
- Services that seek to engage individuals and help them remain engaged in services beyond any court mandate
  - *The EXIT Program: Engaging Diverted Individuals Through Voluntary Services*, see [www.gainscenter.samhsa.gov/pdfs/jail\\_diversion/TheEXITProgram.pdf](http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/TheEXITProgram.pdf)

### Service

- 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](http://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/>
- Employing consumers in delivery of in-reach, case management and training services
  - *Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists*, see [www.gainscenter.samhsa.gov/pdfs/integrating/Davidson\\_Rowe\\_Peersupport.pdf](http://www.gainscenter.samhsa.gov/pdfs/integrating/Davidson_Rowe_Peersupport.pdf)
  - *Overcoming Legal Impediments to Hiring Forensic Peer Specialists*, [www.gainscenter.samhsa.gov/text/integrated/Overcoming.asp](http://www.gainscenter.samhsa.gov/text/integrated/Overcoming.asp)

- The use of natural community supports, including families, to expand service capacity to this vulnerable population
- *Supported Employment*; a fact sheet on supported employment programs and programs that assist individuals in accessing mainstream employment opportunities, see <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/default.aspx>
- *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](http://www.gainscenter.samhsa.gov/text/ebp/EBPHousingPrograms_5_2006.asp)

## Appendix C – 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](http://consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf)

- **Mental Health First Aid**

Mental Health First Aid is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is managed, operated, and disseminated by three national authorities — the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

Mental Health First Aid is offered in the form of an interactive 12 hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 12-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

More information available at:

[www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

Rhode Island has modified this program specifically for Law Enforcement. See:

<http://www.thenationalcouncil.org/galleries/resources-services%20files/MHFA%20for%20Law%20Enforcement%20%5BCompatibility%20Mode%5D.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](http://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](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](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](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](http://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](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](mailto:mdowell@pmhcc.org)

Lt. Francis Healy, Philadelphia Police Department, (215) 686-3022, [Francis.Healy@phila.gov](mailto: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](http://www.power2u.org)

(978) 685-1494

Patricia Deegan, PhD

[www.patdeegan.com](http://www.patdeegan.com)

## Appendix D – Venango County Exchange of Information Policy

### 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 E – 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](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](http://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 F – 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/](http://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](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](http://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](http://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](http://www.lebcounty.org/lebanon/lib/lebanon/PowerPoint_-_Housing_and_the_Sequential_Intercept_Model.pdf)

## Appendix G – 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](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](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](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](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](mailto:jkimmel@peerstarllc.com) or 610.347.0780).

More Information Available at: [www.peerstarllc.com](http://www.peerstarllc.com)

\*\*\* Note: If there is a problem accessing any of the articles via hyperlink, please contact Sarah Filone ([saf83@drexel.edu](mailto: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)  
[Liz@pmhca.org](mailto:Liz@pmhca.org)  
717-564-4930

Sarah Filone, M.A. (Project Coordinator)  
[Saf83@Drexel.edu](mailto:Saf83@Drexel.edu)  
215-762-8275

## Appendix H – 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](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 I – 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](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.

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

## Appendix J – 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](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](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](http://www.dcoe.health.mil)

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

Available at [www.realwarriors.net](http://www.realwarriors.net)

- **Crisis Intervention Team International Conference**

September 12<sup>th</sup>-14<sup>th</sup>, 2011

Virginia Beach, Virginia

Registration and more information available at [www.citi2011.com](http://www.citi2011.com)

## Appendix K – 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](http://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 L – 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](http://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](http://www.namipa.org)

## Appendix M – 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
  - What to data to track and how to record it
  - Identifying outcome measures
- Designing data collection instruments
- Implementing standardized reporting components
  - In accordance with funding or other local requirements
- Monitoring data quality
  - Discussing data-entry strategies to minimize errors.
- Integrating relevant information from multiple sources
- Analyzing data and interpreting analyses

Data Technical Assistance services are led by Carol Schubert, M.P.H. (Senior Consultant) and Edward P. Mulvey, Ph.D. (Center Co-Director) with the assistance of Marcel Schipper (Data Specialist) at the University of Pittsburgh.

See the Center website [www.pacenterofexcellence.pitt.edu](http://www.pacenterofexcellence.pitt.edu) or call Carol Schubert at 412-647-4760 for additional information. Prioritizing requests for assistance will be done in conjunction with the Pennsylvania Mental Health and Justice Advisory Committee.

## Appendix N – Additional Website Resources

Pennsylvania Mental Health and Justice Center for Excellence	<a href="http://www.pacenterofexcellence.pitt.edu">www.pacenterofexcellence.pitt.edu</a>
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### Pennsylvania Web Sites

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

### Additional Web Sites

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