

DREXEL UNIVERSITY &  
UNIVERSITY OF PITTSBURGH



# Schuylkill County

Report of the Cross-Systems Mapping Workshop

Pottsville, PA

November 4<sup>th</sup> and 5<sup>th</sup>, 2010

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

## Facilitators

Patricia A. Griffin, PhD, Senior Consultant, PA Center of Excellence  
D.J. Rees, Forensic Systems Peer Support Project Manager, Office of  
Mental Health/Substance Abuse Services

## Other Support

Sarah Filone, MA, Project Coordinator, PA Center of Excellence

## Center of Excellence Staff

David DeMatteo, JD, PhD  
Sarah Dorrell, MSW  
Sarah Filone, MA  
Patricia A. Griffin, PhD  
Kirk Heilbrun, PhD  
Edward P. Mulvey, PhD  
Marcel Schipper  
Carol Schubert, MPH



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## Schuylkill 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 Schuylkill County, Pennsylvania, on November 4<sup>th</sup> and 5<sup>th</sup>, 2010, conducted at the Masonic Lodge in Pottsville. The workshop was hosted by the Schuylkill County Criminal Justice Advisory Board 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 Schuylkill County achieve its goals.

#### Background

The Schuylkill County Criminal Justice Advisory Board 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 Schuylkill County with:

- Creation of a map indicating points of interface among all relevant Schuylkill 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 Schuylkill 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 25 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available in Appendix A of this document. Patricia A. Griffin, PhD, Senior Consultant from the Pennsylvania Mental Health and Justice Center of Excellence and the CMHS National GAINS Center and D.J. Rees, Forensic Systems Peer Support Project Manager with the Office of Mental Health/Substance Abuse Services facilitated the workshop. Sarah Filone, MA, Project Coordinator for the Pennsylvania Mental Health and Justice Center of Excellence also provided support.

## About the Workshop

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

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

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

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

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

## Objectives of the Cross-Systems Mapping Exercise

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

1. Development of a comprehensive picture of how people with mental illness and co-occurring substance use disorders move through the Schuylkill 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

Schuylkill 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:

- The development of the Schuylkill County Criminal Justice Advisory Board
- The Forensic Task Force Sub-Committee of the Schuylkill County CJAB
- Schuylkill County Forensic Interagency Task Force
- Re-entry Management Organization

### Consumer/Family Involvement in the Workshops

Consumers and family members were active participants in the Mapping exercise. Each had personal experience with the criminal justice and court systems, either directly or through the experiences of loved ones and significant others. They were able to put a human face relative to each area of the Sequential Intercept Model. Their stories and insights were compelling.

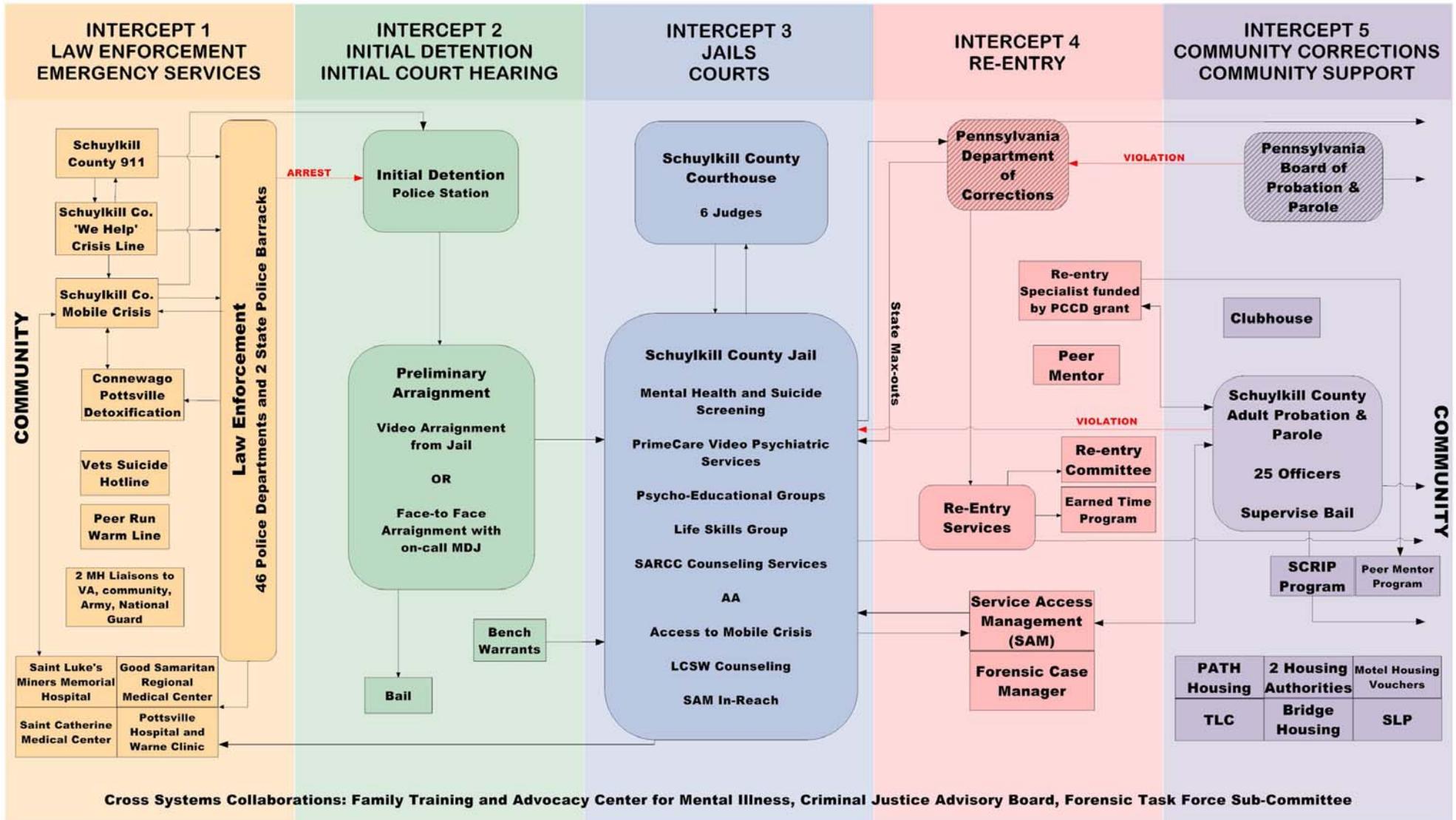
### Representation from Key Decision Makers in the Workshops

The workshops included wide cross-system representation and involved many of the key decision makers. Opening remarks by Dan McGrory, Administrator of Schuylkill County Mental Health/Mental Retardation set the stage and established a clear message as to the importance of the workshop. David Dinich, President of the Family Training and Advocacy Center (FTAC), also welcomed participants and introduced the facilitators.

### Data Collection

In addition to the information gained during the workshop, the information in this report was developed from conversations with and questionnaires completed by key stakeholders, as well as "A Review of the Resources and Prison Diversion Opportunities Available to Offenders with Mental Illness Who become Involved in the Criminal Justice System Schuylkill County: A Survey of Key Stakeholders in the County Employing the Sequential Intercept Model," and the "Executive Summary" of this document.

# Schuylkill County Cross Systems Map



## Schuylkill 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 Schuylkill 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 Schuylkill County stakeholder opinions, and are therefore subjective rather than a majority consensus.

### General Description of Services and Cross-System Collaboration

Schuylkill County is located in the heart of the anthracite Coal Region of Pennsylvania. It was created on March 1<sup>st</sup>, 1811, from parts of Berks and Northampton Counties and named for the Schuylkill River. Schuylkill County is widely known for its variety of attractions including Hawk Mountain Sanctuary, the Schuylkill County Fair, and the Yuengling Brewery.

Schuylkill County is comprised of roughly 778 square miles of land and 4 square miles of water. According to the 2009 census data there are approximately 146,952 people within 30 boroughs, 36 townships, and one city. Pottsville is the county seat.

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

- MH/MR/D&A provide training to Law Enforcement
- Collaboration between MH and Probation on providing CJ training to MH & D&A
- Community based crisis management team
- Forensic Liaison Case Manager
- MH Coordinator in the Prison
- Team delivered Case Management Model

The Schuylkill County Mental Health/Mental Retardation program is responsible for the

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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.

administration of services to Schuylkill County residents with a mental illness or mental retardation and their families. The purpose of the services is to support individuals to live in the community and to assist them in actively participating in community life.

Services are provided at a variety of agencies located throughout the County. Services include: Crisis Services, Outpatient Therapy, Partial Hospitalization, Community Treatment Teams, Administrative Case Management, Intensive Case Management, and Resource Coordination.

Housing services include: the Schuylkill County Housing Authority, Pottsville Housing Authority, and other local housing organizations.

Schuylkill County provides an extensive and detailed network of care website 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, and is available at:

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

## Intercept I: Law Enforcement / Emergency Services

### 911

Schuylkill County 911 is a county-run emergency dispatch service that serves as the 911 call center for the entire county. It is housed in the county seat of Pottsville, PA.

### Law Enforcement

Schuylkill County has 46 police departments including: borough and township departments, two State Police Barracks, two state constables assigned to the District Justice offices, Penn State University, Schuylkill Count Campus Department, Park Rangers Department, and Rail Road Police. The largest police department in the county is located in Pottsville and employs approximately 25 officers.

All Schuylkill County officers complete the basic training and refresher training curricula required by the Municipal Police Officers' Education and Training Commission (MPOETC). In the past several years, this training has not included sessions specifically on behavioral health issues and law enforcement. One of the goals of the Forensics Task Force is to provide these trainings with local and state police.

The Schuylkill County MH/MR and D&A Program has also sponsored three trainings for law enforcement personnel on the needs of offenders with mental illness that were presented the Penn State University (PSU) Schuylkill County campus. Police officers and first responders from the following agencies participated in the training:

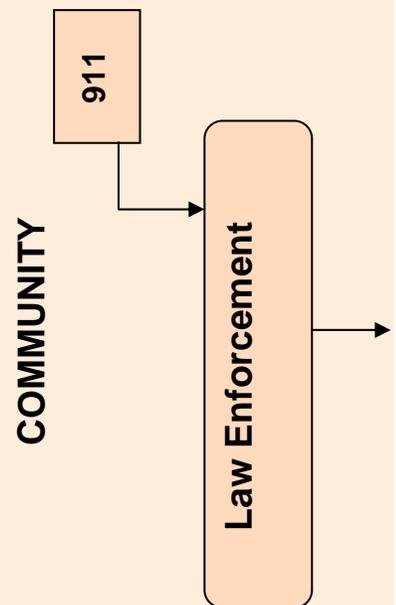
- Pottsville Bureau of Police
- Schuylkill County DA Detectives Office
- Schuylkill County Sheriff's Office
- Schuylkill Haven Police Force
- Penn State University Police Department
- Rape Victim Assistance Center

This training will be offered again this year, but will be modified to provide one full day and two half-day presentations in an effort to better accommodate trainee schedules.

The Schuylkill County District Attorney (DA) also provides two days of annual training to the police officers in the county; the DA reported that the first day focuses on drug-related information, and the second day often focuses on the needs of offenders with mental illness, concerns of family members of mental health consumers, and emotional stress of police officers.

In addition, local Law Enforcement and Mental Health Technician college students receive training from FTAC regarding mental health and criminal justice issues.

### Intercept 1 Law enforcement



## **Family Training and Advocacy Center for Mental Illness**

The Schuylkill **County Family Training and Advocacy Center for Mental Illness (FTAC)** is staffed by individuals with intensive experience in advocating and teaching. They provide support to families and family groups, education to criminal justice professionals, and enhanced educational experiences to professionals such as psychiatrists, social workers, and others.

### **Crisis Services**

Schuylkill County has held a contract with The Meadows Psychiatric Center for both **Mobile Crisis** and the **Schuylkill County 'We Help' Crisis Hotline** service since July 2010.

The **We Help Hotline** operates 24/7 and receives between 330 – 360 calls each month. This hotline also transfers calls to, and receives referrals from Schuylkill County 911.

**Schuylkill County Mobile Crisis** is also 24/7 and is designed to respond to crises anywhere in the Schuylkill County community. There are typically approximately 15 crisis staff on-call each day, and the average number of monthly dispatches is around 130. Mobile Crisis reports that between 60% and 80% of their calls include some type of law enforcement involvement.

Schuylkill County Officers frequently call Mobile Crisis to request a worker meet them at the hospital when they encounter problematic situations with persons displaying emotional distress, and Mobile Crisis workers also occasionally serve as delegates for 302 commitment procedures.

There are eight crisis beds available in Schuylkill County. In addition, there are two diversionary beds at Pine Grove; however, these have specific referral procedures; they are not part of the crisis residential program, and they are not available for general crisis situations. Placement in the crisis beds would go through a crisis worker.

### **Crisis Hotlines**

Schuylkill County has access to a peer-run **Warmline** run by the Advocacy Alliance. The Warmline can be reached between 6 and 10 PM, 7 days a week, at 570-628-0155.

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

### **Hospitals**

There are 4 emergency rooms in Schuylkill County: **Saint Catherine Medical Center** Fountain Springs in Ashland, and the Schuylkill Medical Center in Pottsville has 2 and **Saint Luke's Miners Memorial Hospital** in Coaldale.

Two of the hospitals have inpatient psychiatric facilities. These include adolescent, adult, and geriatric units; Schuylkill Medical Center provides adolescent, adult and geriatric while Saint Catherine's Medical Center provides adult and geriatric on an inpatient basis.

### **Detoxification Services**

Schuylkill County has two licensed detoxification center - **Conewago Pottsville – Detoxification Center** located at 202-204 S. Centre Street in Pottsville, PA and **Gaudenzia** at their Fountain Springs facility in Ashland, PA. The Gaudenzia unit is a females only unit.

The Conewago Detoxification Center is a 14-bed detoxification facility operated by Firetree Ltd.

This program accepts both male and female adults who are currently experiencing acute physical or psychological distress associated with withdrawal from drug and alcohol use, abuse, or dependency. Individuals admitted into the detoxification activity must display symptoms that are severe enough to require 24 hour structured support; however, the full resources of an acute care general hospital or medically managed intensive treatment system are not necessary. Admitted individuals will meet the criteria of the PCPC - Level 3A Medically Monitored Inpatient Detoxification or the ASAM Level III-D Residential Detoxification. Referrals are accepted through Single County Authorities and Managed Care Organizations.

Conewago Pottsville also houses a 16-bed inpatient treatment facility which offers a modified therapeutic community treatment model with a cognitive behavioral approach. 12-step recovery programs are promoted as a tool to support continued long term sobriety. Drug and Alcohol education is also provided, along with life skills development, aftercare planning and relapse prevention. Treatment is a combination of individual therapy, small groups, larger educational lectures and personal assignments.

➤ **Identified Gaps**

- No unified protocol for police officers transporting individuals to ER – officers spend too much time sitting in the ER.
- Lacking local emergency room security
- Distance to ER/ travel time
- Law enforcement are unfamiliar with some Crisis services
- Law enforcement trainings have a lower attendance than desired because of geographical, time, and funding constraints
- Police officers are familiar with the Conewago social detoxification center but do not use it as a resource; The Crisis Program and Adult Probation have made referrals
- No mental health training for 911 dispatchers
- Very little time is spent on MH training in the police academies

➤ **Identified Opportunities**

- The Meadows is a new provider working to establish relationships in the county
- 911 and the 'We Help' Crisis line are able to transfer calls back and forth as needed.
- Data collected on frequent users of crisis and 911 services (geographic, etc.)
- Crisis workers can meet officers in community instead of ERs
- Cross-systems training for law enforcement and first responders
- Versatility in dates, times, schedules of first responder trainings
- Possibility of utilizing videotaped/online trainings
- FTAC Trainings offered to college students in the fields of Mental Health and Criminal Justice

## Intercept II: Initial Detention / Initial Court Hearing

### Arrest and Initial Detention

Some police departments have temporary holding cells, but Schuylkill County Prison is the only long-term holding facility.

The County Prison has seven isolation cells available in the front intake area. Inmates are housed in the holding/medical cells for temporary isolation related to a medical or psychiatric condition.

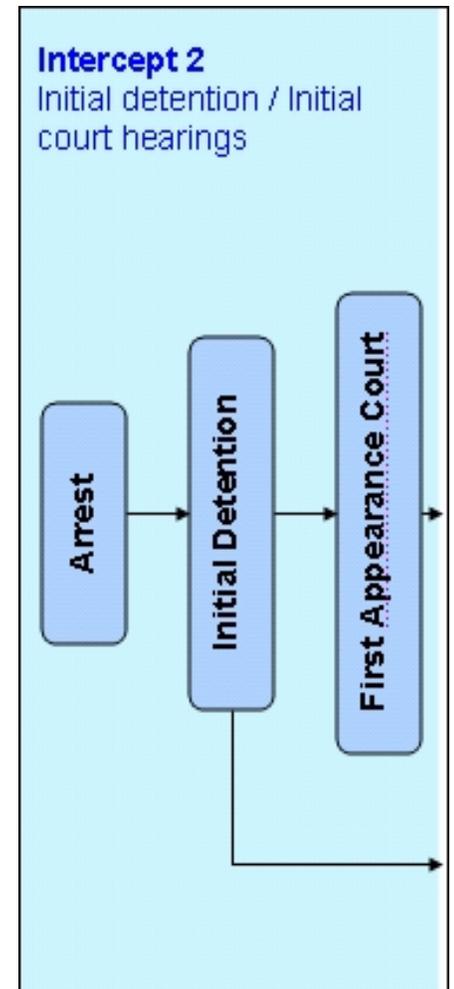
When an individual is arrested in Schuylkill County, he/she is taken to a local police station for initial paperwork. The individual will then either be taken to the jail or local Magisterial District Judge's office for arraignment.

### Preliminary Arraignment

Preliminary arraignment is usually completed the night of the arrest. It is conducted before a Magisterial District Judge (MDJ) through either a video arraignment (from the jail) or a face-to-face arraignment at the office of the MDJ.

There is a Central Booking in Schuylkill, and they do fingerprinting for the entire county.

The Central Booking Office is located in the County Court House and operates during normal business hours. A Deputy Sheriff is assigned to escort inmates for booking and processing, or if the inmate is released and has an active booking order, they are instructed to contact the Central Booking Office to schedule an appointment.



#### ➤ **Identified Gaps**

- MDJs vary in their willingness to work for diversion, some have experience that attempts are not fruitful and get discouraged.

#### ➤ **Identified Opportunities**

- MDJs are invited to cross-systems trainings
- Can offer resources case by case to MDJ about mental health alternatives
- Some MDJs are very interested in diversion
- Possibility of pre-release center
- Crisis can come to holding cell
- MDJ says he rarely sees acutely psychotic individuals because they are intercepted pre-arraignment by first responders.
- Possible Pre-Release Center in planning stages –would make arraignment run more smoothly and help with over-crowding.

## Intercept III: Jails / Courts

### Schuylkill County Jail

The Schuylkill County Jail is located in Pottsville, PA and has an average census (over the past 6 months) of 276 individuals. The jail warden reports that this is a little lower than usual, with a typical average census of between 280 and 300 inmates on any given day. Last year's admissions came to a total of 2500. It is estimated that about one third of the jail's inmates are currently seeking mental health services of some kind, with 75-100 individuals on psychiatric medication, and 5-10 inmates with a diagnosis of a "severe" mental illness. The gender breakdown is approximately 15% female and 85% male.

### Screening

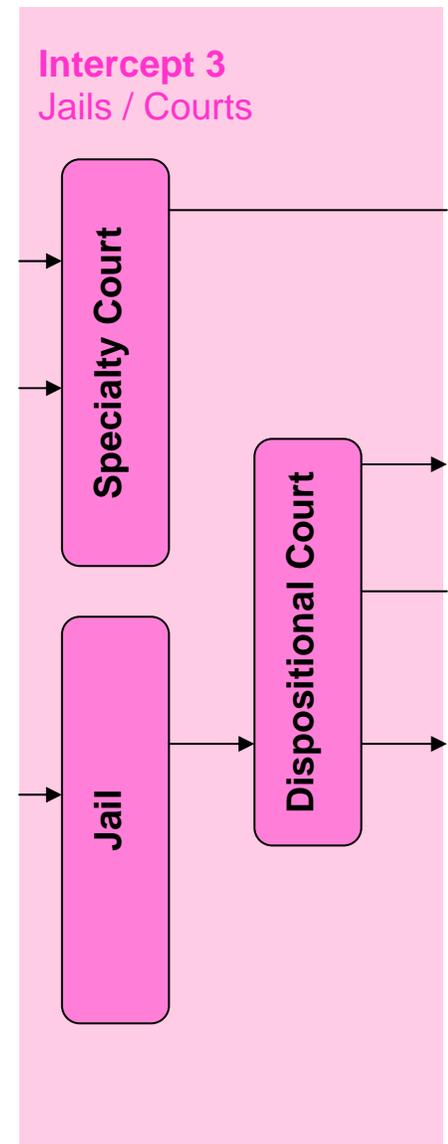
Committing officers are required to fill out an **Officer Involvement Form** when transporting an individual to the jail. This form consists of five yes or no questions and is designed to supply correctional staff with information regarding the individuals' current mental state (e.g. violence, suicide, self-harm risk, etc.).

Correctional staff then assesses each new commitment by asking a series of questions related to medical and psychiatric issues from a receiving screening form during the booking process. If there are any health or suicide risk concerns the inmate is isolated until cleared by the medical department. The mental health department also completes a secondary intake suicide screening form on all new commitments.

In addition, Warden Berdanier has obtained a number of screening tools from the Pennsylvania Department of Corrections, and he and his staff are reviewing these for possible use.

- PA Clinical Risk Assessment (P-CRA) – The P-CRA is a 26 item list of risk factors that have been related to re-offending. The DOC "borrowed" this instrument from the Ohio DOC.
- Criminal Sentiments Scale (CSS) – The CSS is a Canadian instrument that assesses the offender's criminal attributions (i.e., the extent to which inmates make criminal explanations for behaviors).
- Offender Violence Risk Typology (OVRT) – the OVRT is an instrument that the DOC developed from the Canadian Levels of Services Inventory – Revised (LSI-R).
- Risk Screen Tool
- Hostile Interpretations Questionnaire, and
- Other assessment materials

Correctional staff notifies the shift Lieutenant of any new commitment with medical or mental health concerns. The inmate is then isolated in a holding cell with any necessary precautions ordered by the Lieutenant or medical/mental health department. The shift Lieutenant notifies the medical/mental health coordinator and a more thorough assessment is completed.



## **Mental Health/ Substance Use Treatment**

The Prison is contracted with **Prime Care Medical** which provides services for medical and mental health needs. The local MH/MR/D&A office provides a mental health caseworker which coordinates services with the Prime Care mental health coordinator. The local MH/MR/D&A was not involved in the contracting process with Prime Care, but the two agencies work together on issues.

The **Mental Health Coordinator (MHC)** offers individual as well as group counseling. The MHC runs psycho-educational classes on a variety of mental health topics including severe mental illness symptoms, relapse prevention, and re-entry planning. She is employed by Prime Care, the medical services provider.

A Mental Health caseworker is assigned to the Prison via MH/MR/D&A department and provided by **Service Access Management (SAM)**. He completes in depth assessments on individuals within the jail, and can continue to provide services following release.

Mental health counseling is provided by a **Licensed Clinical Social Worker (LCSW)** from the Regional Development Corporation (ReDCo). They are funded by local MH/MR/D&A office. In addition, AA programs are available for both male and female inmates, and drug and alcohol counseling is available in the prison on Thursday evenings.

A "Life Skills" Group is also available to address vocational, personal, and re-entry issues.

Prime Care also conducts a once-a-week video conference **Psychiatric Line** with their psychiatrist on for inmates with mental health issues. Crisis is contacted to assess mental health emergencies.

In addition, the **Sexual Assault Resource Counseling Center (SARCC)** provides in-reach services for inmates in need of sexual assault counseling or services.

**Medical Detoxification** is available for individuals who are chemically dependent. Typically the individual is put on a taper for 10-14 days.

The Family Training and Advocacy Center (FTAC) also provides cross-trainings to prison staff centered around suicide detection & prevention.

Crisis/Emergency has responded to calls in prison

## **Early Release Program**

**SCHUYLKILL COUNTY  
CRIMINAL JUSTICE ADVISORY BOARD**

James Goodman D.A  
Chairman  
Lois Wallauer  
Secretary

401 N. Second St  
Pottsville, PA 17901

Date: April 8, 2009

Subject: The Development of Schuylkill County Reentry Plan  
Guidelines

Definitions:

Reentry Plan:

A Release Plan that may include drug and alcohol treatment, behavioral health treatment, job training, skills training, education life skills or any other conditions deemed relevant by the Court.

Earned Time / Good Time Program:

A structured coordinated course of training or, development of life skills that is completed while an inmate is committed to a Correctional Institution that will prepare an inmate to return home after incarceration, doing so in a way that changes their criminal way of thinking so they are less likely to commit additional criminal acts.

Loss of Earned Time:

Any misconduct during any given month will nullify and void any earned time for that month. The behaviors listed below will result in loss of earned time.

- A. Being disrespectful to Instructor and or Staff.
- B. Being dismissed from the class for any reason by the Instructor or Staff.
- C. Incompletion of homework assignments.
- D. Two (2) unexcused absences
- E. Any Class 1 or Class 2 Write-ups by Correctional Staff.
- F. Participation in any unauthorized cellblock activity.
- G. Any misconduct towards any other facilitator and or Court Related Staff.

## **SCHUYLKILL COUNTY CRIMINAL JUSTICE ADVISORY BOARD**

Recognizing that most County Prison Inmates will one day return home after incarceration, the reintegration of an Inmate back into the community is a matter that should require serious consideration and concern. Providing Inmates with skills and knowledge while incarcerated can be very beneficial in helping these individuals become law-abiding productive members of society which, in turn, will insure public safety by preventing recidivism and possible victimization.

With this information in mind, The Schuylkill County Criminal Justice Advisory Board has tasked a sub committee to develop program descriptions, recommendations and guidelines for the awarding of good time credit to Inmates voluntarily involved in County Prison sanctioned activities, work assignments, schooling, and treatment protocols.

**The following programs and activities have been identified for consideration of Good time/ Earned time credit.**

- 1. The Alternative Education for Disruptive Youth Program**
- 2. The General Education Diploma Program**
- 3. The Vocational Rehabilitation Community Service Program**
- 4. The Prime Care Anger Management Group Therapy Program**
- 5. The Prison Work Force Program**
- 6. The Schuylkill County Prison Drug and Alcohol Intervention Group**
- 7. The Prison Work Release Program**

## **SCHUYLKILL COUNTY CRIMINAL JUSTICE ADVISORY BOARD**

### **P R O G R A M   D E S C R I P T I O N S**

#### **1.     Alternative Education for Disruptive Youth**

This program is mandated by legislation to provide an alternative education to individuals incarcerated in the Schuylkill County Prison who have not yet reached the age of 21. One full time teacher is responsible for the implementation of this program. Program participation is voluntary except for any individual under age 16 where it is mandatory. The program provides basic education skills to Inmates Monday through Friday. It offers three hours of classroom training daily. A total of 15 hours per week are spent in classroom training. Homework assignments are the responsibility of each student.

This program will result in **FOUR (4)** days of earned time for each month of successful completion subject to approval from the Sentencing Court

**Loss of earned time is subject to the definition found in the definitions section of this document.**

#### **2.     The General Education Diploma Program.**

This program is offered to all Inmates incarcerated in the Schuylkill County Prison that lack a High School Diploma. The program is administrated by the Schuylkill Intermediate Unit 29 Life Long Learning Center. The program is facilitated by a teacher under the auspices of the Intermediate Unit 29. Class is held Monday and Wednesday evening, weekly. Each class is one and one half (1 ½) hours in duration. Program admission is voluntary. The program facilitates basic education needs and G.E.D. testing needs. A total of 3 hours per week are spent in classroom learning in this program. Homework assignments are optional.

This program will result in **ONE (1)** day of earned time for each month of successful completion subject to approval from the Sentencing Court

**Loss of earned time is subject to the definition found in the definitions section of this document.**

#### **3.     The Vocational Rehabilitation Community Service Program**

This program is currently being administered in conjunction with the Schuylkill County Adult Probation Department. Prison inmates, otherwise housed in general population are housed in the Work Release wing of the Schuylkill County Prison. These inmates are permitted to leave the Prison on a daily basis as a work crew, and are supervised by an Adult Probation Officer.

Program participation is voluntary. An application process utilizing Prison staff evaluations and a signed Program Agreement are required for admission. These offenders are given the opportunity to gain positive work experience while performing various jobs including but not limited to landscaping, painting, lawn maintenance, snow removal, and general clean up. These offenders are given an opportunity to see their accomplishments and are able to gain some inner satisfaction knowing that their work is needed and appreciated. Various non-profit organizations such as Boroughs, Townships, Municipalities and Agencies benefit from this program.

A total of 30 hours per week are spent on community related projects by each inmate in this program.

This program will result in **FIVE (5)** days of earned time for each month of successful completion subject to approval from the Sentencing Court.

**Loss of earned time is subject to the definition found in the definitions section of this document.**

#### **4. The Prime Care Anger Management Group Therapy Program**

This program is a structured Mental Health Group Therapy initiative. It is provided by a licensed Social Worker employed by a contracted services provider to the Schuylkill County Prison. The Group is a structured 10 week program with a maximum of 10 participants. It consists of both male and female participants and meets one time per week for one (1) hour. Successful completion will result in the inmate being awarded a certificate of recognition. Participants spend a total of 1 hour per week in this program.

This program will result in **ONE (1)** day of earned time for each month of successful completion subject to approval from the Sentencing Court

**Loss of earned time is subject to the definition found in the definitions section of this document.**

#### **5. The Prison Work Force Program**

This program is run by the Schuylkill County Prison Administration. Inmates are afforded the opportunity to volunteer for work assignments in the Prison facility. Requirements include that the Inmate be free of any Prison Misconduct and that the inmate be a sentenced offender. Inmates do receive a minimal wage for participation in these work assignments. Inmates are employed by the Prison kitchen, maintenance department, block utility and the Library. This program instills a sense of responsibility in inmates and provides on the job training in food handling and maintenance. Inmates work varying hours in these positions.

Kitchen workers work 8 hours per day seven days per week in their position or a total of 56 hours per week

Utility maintenance workers work 2 hours per day and are available for any emergency maintenance issue. These workers work 14 hours per week

The Block unit maintenance sweeper works 2 hours per day or 14 hours per week.

The Librarian works 1 hour per day or 5 hours per week.

**Kitchen workers** in this program will result in **FOUR (4)** days of earned time for each month of successful completion subject to approval from the Sentencing Court

**Utility Maintenance** workers in this program will result in **TWO (2)** days of earned time for each month of successful completion subject to approval from the Sentencing Court

**Block unit maintenance workers** in this program will result in **TWO (2)** days of earned time for each month of successful completion subject to approval from the Sentencing Court

**The Librarian** in this program will result in **ONE (1)** day of earned time for each month of successful completion subject to approval from the Sentencing Court

**Loss of earned time is subject to the definition found in the definitions section of this document.**

## **6. The Schuylkill County Prison Drug and Alcohol Intervention Group**

This program is a structured Drug and Alcohol Group Therapy initiative provided by a Drug and Alcohol Treatment Specialist employed by a contracted services provider to the Schuylkill County Prison. The Group is a structured 30 week program with a maximum of 15 group members. This program meets one night per week consisting of one hour sessions. Two distinct and different groups run weekly allowing for a maximum of 30 Inmates to participate. Admission into the Group is voluntary. The group focus is on educating inmates in understanding how their use of drugs and alcohol has led to criminal behaviors resulting in their incarceration. Strategies are developed within the Group identifying behaviors that will allow the Inmate to re-assimilate and reintegrate into society while living a drug free lifestyle. The group encourages Inmates to think and solve problems in a more constructive and non-criminal manner. Inmates in the group hold each other responsible for their actions, reinforce positive behaviors, and help motivate those Inmates that are not abiding by group rules enabling them to get back on track.

A total of one (1) hour per week is spent by each Inmate in this group. Homework assignments are structured and focused on current issues relevant to the group. Motivation and progress are assessed by the Group facilitator weekly.

This program will result in **TWO (2)** days of earned time for each month of successful completion subject to approval from the Sentencing Court

**Loss of earned time is subject to the definition found in the definitions section of this document.**

#### **7. The Prison Work Release Program**

This program is run in conjunction with the Schuylkill County Adult Probation Department it allows Prison Inmates to maintain employment while serving any penalty for a criminal violation of statutory law. The program permits individuals to remain productive members of Society while providing a rehabilitative recognition of punishment for illegal behaviors. Inmates must complete a pre-program screening process to determine eligibility. Additionally, this program acts as a stepping stone from the Vocational Rehabilitation Program as a next step to reentry into the Community. Inmates successful in the Vocational Rehabilitation program who meet Work Release Program requirements are able to obtain employment to better insure reintegration into the Community.

## **SCHUYLKILL COUNTY CRIMINAL JUSTICE ADVISORY BOARD**

Inmates must be sentenced, be within six months of their minimum date of release, have served at least one half of their minimum sentence and have obtained a physical examination for fitness. Inmates in this program pay Room and Board to the Schuylkill County Prison while paying on fines, costs, and any victim restitution. Participation in this program must receive the approval of the sentencing Court. An incentive of earned time may be considered a reward for the Inmate's good behavior while in the program in addition to being a reward for their payment of room and board to the County of Schuylkill.

This program will result in **ONE (1)** day of earned time for each month of successful completion subject to approval from the Sentencing Court

**Loss of earned time is subject to the definition found in the definitions section of this document.**

Approved at the Schuylkill County Criminal Justice Advisory Board Meeting May 13, 2009 after being reviewed by the Schuylkill County Board Of Judges.

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James P. Goodman District Attorney  
Chairman, Schuylkill County Criminal Justice Advisory Board

## **Courts**

The Schuylkill County Court of Common Pleas is located at 401 North Second Street in Pottsville and is overseen by the honorable Judge William E. Baldwin. It operates Monday through Friday from 8:00 to 4:30. There are currently 6 judges working in the Schuylkill County court system, but the number is expected to drop to 5 in 2011.

There are no specialty courts currently operating in Schuylkill County.

- **Identified Gaps**

- Communication with Norristown Forensic unit is lacking
- Lacking man-power for treatment courts
- Ethical concerns regarding judges serving on treatment courts
- Jail overcrowded
- Insufficient jail space for programming
- Long waiting lists for state hospitals
- Difficult to get records of history of psychiatric treatment
- D&A programming has been discontinued in the jail due to funding and space constraints

- **Identified Opportunities**

- Competency evaluations can now be done in-house by psychiatrists (i.e., no longer have to be committed to forensic unit)
- Early Release Program
- Push to get more programming in jail
- Open to community sentencing options
- Officer involvement form completed at jail by officers
- Quick crisis response in jail (within 15 minutes)
- D&A assessment done by re-entry to avoid unnecessary assessments
- In jail counseling SPMI diagnosis
- The jail currently sends a daily census to both Service Access Management and Drug & Alcohol, which can be cross-referenced for improved continuity of care.

## Intercept IV: Re-Entry

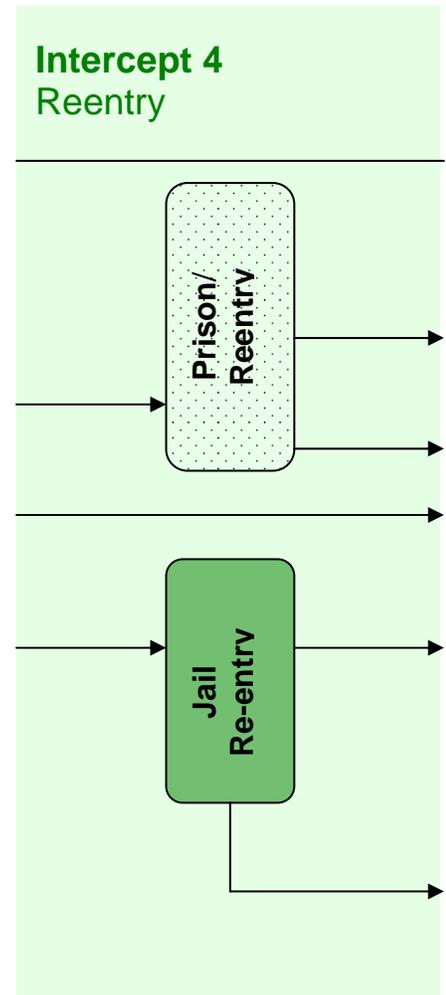
### Re-entry Summary

The Re-entry Project utilizes the APIC (Assess, Plan, Identify, & Coordinate) Model of Reentry recommended by the National GAINS Center. This model was selected as it recognizes and disperses the responsibility for transition planning to all invested stakeholders including the offender and the family thereby engaging them in the process and moving away from the systems boundaries that impede integrated care. This model also recognizes and allows for procedural differences in handling detainees and sentenced offenders. The centrality of the offender and the offender's natural supports is also emphasized. The program design requires the case manager offering services in the prison to have the skills to employ motivational interviewing techniques to engage the offender, to administer an assessment tool, to develop diagnostics and to develop a service plan based on this tool to a high need, high risk population. This case manager will partner with the adult probation officer to conduct the initial assessment and to provide monitoring and assistance throughout the offenders involvement in the project.

In addition to using motivational interviewing, the project will also use peer mentors. Peer mentoring does not have entrance and exit criteria or the well-defined boundaries of a treatment relationship so is easier to initiate and is far more flexible. This relationship transcends systems and can provide real time, immediate responses and build on the experience of an individual that has progressed in the recovery process. It offers a distinct and different perspective from the CO or the treatment professional. It is a different type of alliance. It also affords an opportunity to creatively deal with cultural differences that may not be able to be addressed by and through the treatment professional.

The offender and family will be central figures in the development of the transition plan. Family members can provide collateral information to improve the quality of an assessment and can act as an external motivator. It is equally as important to understand if the family is not supportive of recovery so viable interventions can be planned to address this potential barrier. The Planning Phase of this model emphasizes both short- and long-term goals. Unlike many treatment oriented plans the focus is on meeting the needs of the offender according to his/her prioritization and offering assistance, as necessary, and coordination of identified resources. The plan is not guided by or limited by treatment for funding regulations which can in and of themselves pose a barrier to need obtainment. A transition plan encompasses all resources that can meet the identified needs.

All identified aspects of need will be addressed in the transition plan but in a simple succinct fashion. Documents that are to be transported and used by offenders will be kept small so they are easily concealed when in the community. They will also be short, legible and written at a 3rd grade reading level and written from the perspective of the offender. The transition plan will facilitate and provide linkage to community resources. Resources will be listed with basic contact information. Offenders will also be provided with a complete resource list in the case



that they later decide to seek a service that they did not identify on their plan. The plan needs to address survival needs that are a priority in the transition. Survival necessities are food, clothing, housing, and employment to sustain the aforementioned and rebuild respect, and people to love. Needs should be prioritized according to Maslow's Need Hierarchy.

The case manager will be responsible for making referrals to services prior to release. When possible, the case manager will try to secure an opportunity for the offender to obtain identification prior to release and apply for entitlement programs. The case manager can also aid an offender in an employment search if this is warranted. Case management is viewed as a distinct and vital service and will be provided throughout the length of the offender's probation. The case manager will be responsible for securing an appointment for admission within 48 hours of a scheduled release and within seven days when the offender was unable to participate in full transitional planning, i.e. posted-bail, etc. The case manager will provide a copy of the transition plan and assessment, with client consent, so it can be utilized by the treatment program. A new assessment will be conducted when the initial assessment is older than six months as the life circumstances occurring in that timeframe outdate the original assessment. The intake counselor will update the assessment, or conduct a new assessment, and develop an overview of the individual's current status along with a brief but pertinent history of treatment and use patterns. The admissions process begins immediately upon arrival to the facility. All community based co-occurring treatment services will be provided by a licensed in-county facility through a sub-recipient contract. The case manager will follow the offender through the continuum of care to assure continuity. Seamless transfer is a major focus in retaining clients in treatment (Me Lee and Schulman, 2003).

Chemical dependency and mental illness are three-fold illnesses that impact individuals physically, emotionally, and spiritually. Chemical dependency and mental illness are family diseases in that they affect not only the addicted and mentally ill individual but also his or her close friends and family members. Successful treatment is related to assessment of the appropriate level of care based on the severity of illness. The expectation is that individuals who receive services will improve daily functioning in the following applicable areas (based on the National Outcomes Measures (NOM's)):

- A. Abstinence from all mood altering substances
- B. Employment/Education
- C. Crime and Criminal Justice
- D. Stability in Housing
- E. Access/Capability
- F. Retention
- G. Social Connectedness

**Schuylkill County Service Access Management, Inc. (SAM)** plays an integral role in the continuum of care in Schuylkill County. The office is located at One South 2<sup>nd</sup> Street in Pottsville PA. Once an individual is released from the jail, SAM can provide case management with the objective of coordinating mental health services, advocating on behalf of the consumer, and monitoring the consumer's various community services.

Service Access Management, Inc. also employs a **Forensic Liaison Case Manager** who meets with offenders prior to release to help with Medical Assistance paperwork. He also continues to work with them during re-entry to arrange counseling and therapy.

Schuylkill County has had success reinstating the Medical Assistance and Social Security Benefits of individuals re-entering the community from the county jail. Social Security Benefits are generally restored within two to eight weeks of release.

There are currently five Certified Peer Specialists working in Schuylkill County; one with forensic certification. Two certified peers (CPS) work in the community with individuals with criminal justice involvement.

➤ **Identified Gaps**

- Inadequate Housing
- Difficult to coordinate appointments for individuals upon release
- Poor communication between D&A and MH systems
- State prisoners, particularly sex offenders, who max out sometimes end up in county jail because of a lack of housing
- Public transportation is nearly nonexistent in suburban areas.
- No provider works with both MH and D & A so some individuals end up with a lot of treatment that lacks coordination

➤ **Identified Opportunities**

- Courts can make special conditions of treatment and/or supervision
- Good communication between the jail and SAM
- Developed early release programs
- Strong relationships already established for easier service access
- Bounty dollars used in inmate welfare fund
- Earned Time Program
- SSI generally reinstated within two weeks
- Forensic Task Force focuses on MH, meets once each month and reports to CJAB every quarter
- Use of reinvestment dollars to expand the availability of forensic certified peer specialists and certified recovery specialists
- Prior to release, housing issues may be referred to the PATH (Projects for Assistance in Transition from Homelessness) case manager
- Short term emergency housing may be provided through a motel voucher program
- The PATH and Fast Track programs can provide assistance with security deposits and short term rental payments so that permanent housing options may be pursued

## Intercept V: Community Corrections / Community Support

### Schuylkill County Adult Probation and Parole

The **Schuylkill County Adult Probation/Parole Department** is responsible for the supervision of offenders who are sentenced to Probation/Parole or that are placed on the Accelerated Rehabilitation Disposition Program (ARD). The Adult Probation Department develops strategies which enforce the punitive sanctions of the Court, and aids in the rehabilitation process, referring clients to support agencies for proper care.

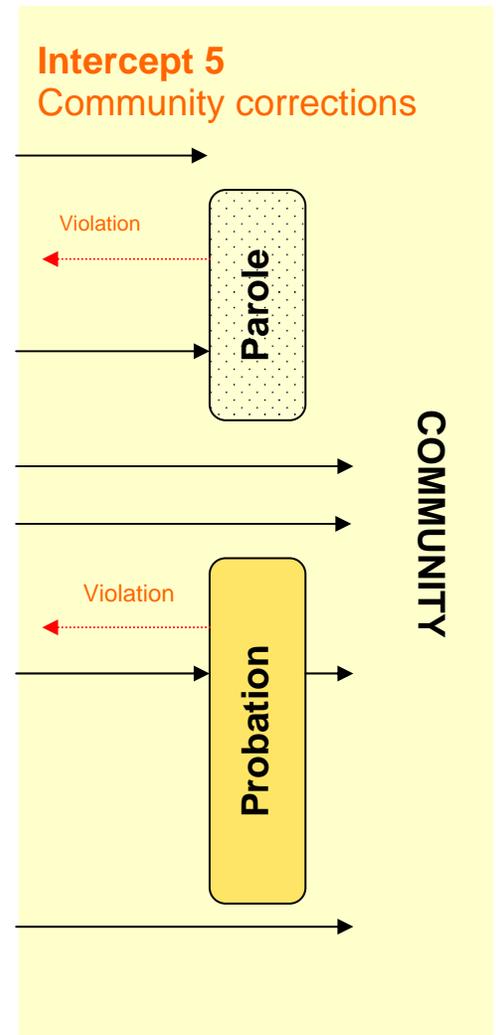
The Probation/Parole Department consists of 25 Officers, including several specialized officers in specific areas such as DUI Offenders, sex offenders, and repeat offenders. A typical Probation Officer in Schuylkill County carries a caseload of 150-200 individuals.

Schuylkill County has an **Intensive Parole Unit (IPU)**. In determining a person's eligibility for Intensive Supervision the Wisconsin Risk/Need Assessment Scale questionnaire is used. The questionnaire consists of 24 numerically stored variables related to the offender's past and current activities (e.g., academic/vocational skills, employment, marital family relationships, companions, alcohol usage, other drug usage, etc.). The rationale is that as need areas are addressed, the risks the offender poses to the community are reduced and less supervision and contact will be required to manage him/her in the community.

Three Intensive Parole Officers each carry case loads of approximately 40 cases apiece, and a "good percentage" of these individuals suffer from mental illness. Offenders under Intensive Supervision are seen a minimum of once per week, and often two to three times weekly. The offenders are routinely drug tested at the supervising officer's discretion. Collateral contacts are made with the offender's employers, local and state police departments and treatment agencies on a frequent basis to ensure the individual offender is complying with the rules and conditions of the Intensive Program.

Probation and Parole also operates a **Schuylkill County Vocational Rehabilitation with Addicted Offenders (SCVR) Program**. It was created to provide structured rehabilitative services for offenders who have a substance abuse problem and have been chronically unemployed or underemployed. The specific aim is to increase employability of offenders following parole in the community by offering vocational rehabilitative programs.

All applicants are assigned to a team composed of an adult probation officer, community service probation officer and drug/alcohol case manager who is responsible for the supervision and rehabilitation of each offender.



### **Schuylkill County Restrictive Intermediate Punishment**

The **Schuylkill County Restrictive Intermediate Punishment (SCRIP)** program was created to provide the court system with a sentencing option that contains both punishment and an appropriate rehabilitation plan for nonviolent drug/alcohol dependent offenders. To be considered for this program, offenders must meet the listed eligibility criteria, complete a screening and assessment process and agree to all terms of the program. All applicants will be reviewed by the SCRIP Administrative team for recommendation to the sentencing judge. Only the judge can issue this sentence so completion of the process is not a guarantee the sentence will be imposed. The sentence will combine intensive drug and alcohol treatment with intensive supervision and monitoring by the adult probation department. Although the SCRIP program is directed to offenders with substance abuse problems, some of these persons may suffer from co-occurring mental health problems.

Eligibility for the SCRIP Program is as follows:

1. The offender must not have had a previous conviction of a violent crime in the past 10 years and the current crime for which the offender is under arrest must be a nonviolent crime.
2. The offender must be assessed by the SCRIP treatment team and determined to have a clinical diagnosis of drug/alcohol dependence which is treatable. If the client has multiple diagnoses, the client must agree to fully coordinated and compatible co-occurring treatment.
3. The current crime must meet the criteria for level 3 or 4 restrictive intermediate punishment as defined by the revised (June 1997) PA sentencing guidelines.
4. The offender must voluntarily agree to the supervision stipulations of SCRIP and agree to provide consent permitting the treatment program to release attendance and participation information to the treatment team.
5. The client's physical health status cannot preclude full participation in this program.
6. The client must be a resident of Schuylkill County prior to and during the sentencing. Offenders from counties with like programs may be eligible if the county of origin agrees to enrollment in their program subsequent to sentencing in Schuylkill County.
7. Offenders must agree to all the terms and treatment recommendations of the sentence. A detailed accounting of the program will be provided to each individual applying for this option so the offender can make an informed commitment to the program prior to sentencing.
8. Offenders must agree to pay all fees associated with the program.
9. The use of controlled substances of any type renders an offender ineligible for this program.

### **Housing**

Schuylkill County has two Housing Authorities: the **Pottsville Housing Authority** and the **Schuylkill County Housing Authority**. Both housing authorities extend their support to **Service Access Management, Inc. (SAM)** to help coordinate housing options.

Schuylkill County Mental Health/Mental Retardation funds a **Motel Voucher Program** that can sometimes be utilized to provide transitional housing for individuals leaving the jail.

The **Bridge Housing Program** in Schuylkill County is a transitional housing service located on the grounds of the Pottsville Housing Authority at Laurel Terrace, Pottsville, Pennsylvania. Bridge Housing provides comprehensive services to persons facing long-term homelessness and provides a supportive, safe environment for adults and children.

Bridge House is funded through grants from the PA Department of Health and the PA Department of Welfare and is administered by the Schuylkill County Board of Commissioners through the Schuylkill County Block Grant Programs Office.

Prospective residents undergo a thorough screening process prior to enrolling the Bridge Housing Program. Once enrolled, clients receive goal-oriented services designed to improve their self-sufficiency. Active involvement by program participants in goal planning and implementation helps promote the goals of the program. The supportive environment enables clients to develop financial, emotional and physical independence. Bridge House staff offer assistance for guests and their families in finding permanent housing.

Bridge House contains 12 apartments, each with a private bathroom, living room, kitchenette and closet. Bridge House is a safe, secure environment free of abuse, drugs or alcohol. Guests remain at Bridge House from 3 to 12 months.

Schuylkill County also has an active **Projects for Assistance in Transition from Homelessness (PATH)** program. The PATH program is administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA).

PATH services are for people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at risk of becoming homeless. PATH services include community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services. Schuylkill County has a full-time PATH Case Manager with a caseload of 40-50 individuals. Individuals who are re-entering society from the jail can utilize the PATH Program to obtain funds for short-term rent, security deposit, and basic furniture. However, the program does not have access to a 'bricks and mortar' type of residential placement facility at this time.

**Community Rehabilitative Residence (CRR)** is a living facility for individuals with a mental illness. It is staffed 24 hours per day. Staff are trained mental health workers who provide psychosocial supports. They assist the residents in daily life skills, cooking skills, medication compliance and management and also assist in some types of transportation. They work toward the eventual goal of the resident being able to live independently.

**Supportive Living Program (SLP)/Transitional Living Coordinator** is a group of trained mental health professionals who work with consumers with mental illness who live independently in the community. This can be in homes, apartments, rooms or with family members. The SLP/TLC workers make home visits as well as meet with the consumers in the community. They work on increasing independence, developing interpersonal skills, medication management and community awareness. They also assist in transportation needs in getting a consumer to an appointment or helping with missed therapy and/or medication management appointments.

Service Access and Management, Inc. employs a **Housing Director**. The Housing Director is responsible for managing all housing programs related to consumers with mental health illnesses. In addition, the Housing Director continuously pursues new housing options. Housing related programs that are managed by Service Access and Management, Inc. include: (a) Fast Track (rental subsidies); (b) PATH (rental subsidies, household move-in supplies and case management for homeless or those at-risk); (c) Motel Vouchers (short-term emergency housing); (d) Homeless Prevention and Rapid Re-Housing (coordination of services to prevent evictions) and supportive living case management services offered through Allies Service and Northwestern Human Services.

➤ **Identified Gaps**

- Large caseloads for probation/parole
- No bricks and mortar housing – no funding for this
- No MH/D&A specific housing
- Difficulty getting treatment for sex offenders
- Vocational programs are difficult
- Cheap available housing does not qualify for Section 8 eight housing and landlords are not willing to make improvements
- Transportation

➤ **Identified Opportunities**

- Probation has a positive reputation with MDJs
- RIP Program
- Potential for Peer Mentors
- Bridge Housing
- TLC and SLP supportive living programs
- Club house has recently opened (employment)
- Looking into purchasing a small amount of housing options for forensic populations to house four people at a time.

## Schuylkill 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 Five Priorities

- Pre-Release Center: Link with BH, make programs available to “hit the ground running” (11 votes)
- Transitional Housing (8 votes)
- Co-Occurring Services across MH and D&A Systems (7 votes)
- Protocol for Law Enforcement and Crisis – Seamless transition of individual to hospital, police officer back to community (7 votes)
- Explore Pretrial Intervention and Follow up

## Schuylkill County Action Plan

<b>Priority Area 1: Pre-Release Center: Link with Behavioral Health, make programs available to ‘hit the ground running.’</b> Likely to house non-violent offenders Goal of alleviating over-crowding Monthly docket for handling guilty pleas Target population of in-house census and sentenced individuals				
Objective		Action Step	Who	When
1.1	Immediate linkage to mental health services			
1.2	Crisis	<ul style="list-style-type: none"> <li>•Develop protocol and work within the constraints of prerelease center including information needed from crisis</li> <li>•For instance, copy of mh evaluation</li> </ul>		
1.3	Forensic case management (Jeff and Tom)	<ul style="list-style-type: none"> <li>•Similar type of screening process based on what is currently happening in jail</li> <li>•Anyone known to public mh would maintain their status</li> <li>•Anyone needing referral would go through that process; Will need to develop for referral of people not yet known to public mental health system</li> <li>•Develop a system with the jail for knowing who is the Prelease Center; work with jail and probation</li> </ul>		
1.4	Maintain, reinstate, or begin Medical Assistance benefits	<ul style="list-style-type: none"> <li>•Determine from the state whether they will take over expedited enrollment</li> <li>•Consider determining how many people enter the jail with current Medical</li> </ul>		

		<p>Assistance benefits</p> <ul style="list-style-type: none"> <li>• Clarify the process of how admissions data is sent to the Social Security Administration and how the jail is reimbursed</li> <li>• Develop a process for systematically getting people back on their MA benefits; easier for planned releases but chaotic for unplanned releases</li> <li>• Use the online COMPASS system to expedite MA applications</li> </ul>		
1.5	Relocation of SCRIP	<ul style="list-style-type: none"> <li>• Currently in planning stage</li> </ul>	John Richmond and Susan	
1.6	D & A education component	<ul style="list-style-type: none"> <li>• Have other providers come in to provide the mandated components such as the Safe Driving class, etc.</li> <li>• Address the long waiting list for the Safe Driving Class</li> </ul>		
1.7	Forensic Peer Specialist	<ul style="list-style-type: none"> <li>• Behavioral Health Alliance of Rural Pennsylvania has funding now for this position</li> <li>• Recruit at local level</li> <li>• Use BHARP funding for training</li> <li>• Two week training already completed in 2010 --- certified peer specialist</li> <li>• Attend the Drexel forensic peer specialist training</li> <li>• Already completed the supervisory training</li> <li>• Position will have same</li> </ul>		

		<p>range as forensic case manager: prison, prerelease, and community</p> <ul style="list-style-type: none"> <li>• Explore general recovery tools like the Hearing Distressing Voices exercise (performed during a Forensic Task Force meeting last year; Advocacy Alliance did a session that included a police chief; consider including a peer in the discussion); Centre County working with their state prison on recovery tools; Dr. Pat Deegan's Common Ground worksheet on working with your doctor (tweak for court processes); New headsets recently developed on Alzheimer's; DJ: their focus is on training as a team</li> <li>• One of biggest challenges will be that you can't bill for MA services, including Peer Support services, for services provided in the jail</li> </ul>		
1.8	Expand Family Support, including significant others	<ul style="list-style-type: none"> <li>• Use family support for collateral assessment</li> <li>• Supporting reentry transition for the whole family, not just the individual</li> <li>• Incorporate into needs assessment</li> <li>• Refer to local NAMI group</li> <li>• Look at DOC's work on family programs, especially Muncey</li> <li>• Looks at Berks County</li> </ul>		

		<p>work</p> <ul style="list-style-type: none"> <li>• Look at the work in Allegheny County</li> <li>• Look at the national Family in Corrections Network --- Lance will provide</li> </ul>		
1.9	Address Veterans			

<b>Priority Area 2: Transitional Housing</b>				
Objective		Action Step	Who	When
2.1	Explore options using Reinvestment Dollars	Already in the process; examining models used in other areas; Looking at bridge housing and master leasing options	Dan	
2.2	Starting the conversations with providers of those services			
2.3	Focus on sustainability	<ul style="list-style-type: none"> <li>• Address both sustainability for both transitional and permanent housing</li> <li>• Natalie Shaeffer of OMHSAS working with Marti Knisley to provide technical assistance on this topic ; Lloyd will follow up</li> <li>• Explore the possibility of the huge vacant buildings in this area; Convert into host homes and other possibilities</li> <li>• More support services needed for those in housing</li> <li>• Continue work with</li> </ul>		

		Housing Authority to provide housing options for people ready to leave CRRs (bottleneck here)		
2.4	Develop a clear picture of the housing needs for the cj-bh population	<ul style="list-style-type: none"> <li>• Develop data from jail and probation capturing the numbers of people waiting in jail for housing in the community</li> <li>• Determine the number of additional days in jail spent waiting for housing</li> <li>• Develop a picture of the costs to the county</li> <li>• Start with parole officers' plans for release to community but which can't be implemented because of lack of housing</li> <li>• Also consider those waiting in jail for bail</li> <li>• Average jail LOS is 60 days; Expect those with severe mental illness to have much longer lengths of time --- some as long as six months to a year</li> </ul>	Lance and Dan and Jean S	
2.5	Add to Local Housing Options Team (LHOT)	<ul style="list-style-type: none"> <li>• Need to add advisory group members to help move things along</li> <li>• Need another housing group of critical players in the county including private landlords, PHFA, reality groups, etc.</li> </ul>	Gerry is chair	
2.6	Bring in a housing consultant to broaden knowledge	<ul style="list-style-type: none"> <li>• Pursue Reinvestment funds for this</li> </ul>	Dan McGrory	
2.7	Explore McKinney-Vento dollars	<ul style="list-style-type: none"> <li>• Gerry sits on this board</li> <li>• A consultant might help with this</li> </ul>		

		<ul style="list-style-type: none"> <li>• Applications due every October but need to start planning now</li> <li>• Need to explore whether these funds can be used for funds for forensic purposes</li> </ul>		
2.8	Explore volunteer options	<ul style="list-style-type: none"> <li>• Explore those who volunteer for the jail; the jail has one volunteer who coordinates the other volunteers; “a good base group” that would be willing to sit down, perhaps focus on the reentry</li> <li>• Gerry has been working with a core group of pastors interested in housing</li> </ul>		

**Priority Area 3: Co-Occurring Services across MH and D&A Systems**

Objective		Action Step	Who	When
3.1	Support Stephanie’s position that is grant funded to address reentry from jail; includes people with co-occurring disorders			
3.2	Enhance the administrative Reentry Committee	<ul style="list-style-type: none"> <li>• DA’s Office</li> <li>• PD</li> <li>• Housing</li> <li>• Vocational and employment such as Career Link</li> <li>• Faith-based community</li> <li>• Outpatient providers from both mh and D &amp; A</li> <li>• Family member</li> <li>• Peer</li> <li>• Warden</li> </ul>		

		<ul style="list-style-type: none"> <li>• Use the Forensic Task Force? --- perhaps a specific agenda item and update re this grant effort</li> </ul>		
3.3	Talking with Conewego and others re opening new facilities to focus on co-occurring disorders	<ul style="list-style-type: none"> <li>• Use Susan's statistics and picture of the needs --- already existing</li> </ul>		
3.4	Training for providers	<ul style="list-style-type: none"> <li>• Local Recovery Committee has an Education Subcommittee – this committee could set up and support training on this topic; 5 new topics for next year</li> </ul>	Education Committee of SCRT	Second Tuesday of every month
3.5	Pre-release planning			
3.6	AA group into the inpatient setting			
3.7	Build on the work of the Peer Mentor at one of the MH providers			
3.8	Explore screening and treatment for Fetal Alcohol Syndrome	<ul style="list-style-type: none"> <li>• Upcoming training on screening and treatment for April 2011</li> </ul>	Susan	

**Priority Area 4: Protocol for Law Enforcement and Crisis – Seamless transition of individual to hospital, officer back to community.**

Objective	Action Step	Who	When	
4.1	Contact with the President of the Chiefs of Police Association	<ul style="list-style-type: none"> <li>• Perhaps attend one of the monthly meetings</li> </ul>	Lloyd Dolly	
4.2	Put together a group to focus on this	<ul style="list-style-type: none"> <li>• Reps from all four emergency rooms</li> <li>• Chief of the Chiefs Association</li> <li>• Gary Major, Security Director at Schuylkill Med</li> <li>• Reps from Crisis ---</li> </ul>	Lloyd	After this morning's meeting

		<p>Shannon and Molly</p> <ul style="list-style-type: none"> <li>• 911 Center</li> <li>• Officer Joseph Murtoa, Jr.</li> </ul>		
4.3	Address the need for security in the ERs	<ul style="list-style-type: none"> <li>• Who will pay for monitoring the patient?</li> <li>• Affix the responsibility --- who is responsible?</li> </ul>		
4.4	<p>Develop "Pass off" form to be filled out by the police for the petition</p> <p>Protocol:</p> <p>Focus on accountability</p> <p>Provide guidance to the officers for working with other organizations</p> <p>Wrap your police officer/first responder training around this</p>	<ul style="list-style-type: none"> <li>• Modify form correctly being used by jail</li> </ul>		
4.5	Explore Living Room Option in the ERs		DJ will provide information	
4.6	Explore Allegheny model	<ul style="list-style-type: none"> <li>• Conversation with CCBH</li> </ul>		
4.7	Develop the numbers that describe the need			
4.8	Look at joint funding, including from D & A			
4.9	<p>Mobile workers ride along with law enforcement for whole shifts</p> <p>Sitting down with Police Department to orient them to new provider</p>	<ul style="list-style-type: none"> <li>• Develop personal relationships and provide outreach</li> <li>• Raise at Forensic Task Force</li> <li>• Start with the Pottsville Police Dept. --- Officer Murton</li> </ul>		
4.10	Facilitate alternatives to taking everyone to			

	ERs		
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Priority Area 5: Explore Pretrial Intervention and Follow up			
Objective	Action Step	Who	When
5.1	Develop statistics	<ul style="list-style-type: none"> <li>• Monthly report for the Forensic Task Force on who could have benefited from mental health treatment in the community instead of arrest or instances where family members pursue arrest</li> <li>• Include crimes --- to look for patterns</li> <li>• Include status as a first time offender</li> </ul>	Dolly
5.2	Explore alternatives to specialty/problem-solving courts		
5.3	Finding ways to fast track people into treatment	<ul style="list-style-type: none"> <li>• Explore the SCRIP program as option</li> <li>• Explore House Arrest as option</li> <li>• Explore ways Crisis can work with law enforcement re accessing treatment options for less acute folks</li> </ul>	
5.4	Getting the DA, PD, and the victim to agree		
5.5	Explore the Lehigh Team MISA model further		
5.6	Perhaps focus on first time offenders		
5.7	Look at veterans		

## 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 Schuylkill County criminal justice system. Schuylkill 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 Schuylkill County criminal justice system.

Local stakeholders participating in the *Cross-Systems Mapping* were clearly interested in building on these successes to better improve services for mentally ill justice involved individuals in Schuylkill County. 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 police jurisdictions, the Department of Veterans Affairs, prison chaplains, the Social Security Administration, County Administration Office, 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

Schuylkill 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 afforded these stakeholders the opportunity to develop 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 Schuylkill 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>Gerald Achenbach</b>  Housing Director – SAM  One South 2<sup>nd</sup> Street  Pottsville, PA 17901  <a href="mailto:gchenbach@sam-inc.org">gchenbach@sam-inc.org</a>  (570) 573 - 6608</p>	<p><b>James Goodman</b>  District Attorney  Schuylkill County Courthouse  401 North 2<sup>nd</sup> Street  Pottsville, PA 17901  <a href="mailto:jgoodman@co.schuylkill.pa.us">jgoodman@co.schuylkill.pa.us</a>  (570) 628-1350</p>
<p><b>The Honorable William Baldwin</b>  President Judge  Schuylkill County Courthouse  401 North 2<sup>nd</sup> Street  Pottsville, PA 17901  <a href="mailto:wbaldwin@co.schuylkill.pa.us">wbaldwin@co.schuylkill.pa.us</a>  (570) 628-1303</p>	<p><b>Bruce Heffner</b>  Courthouse  <a href="mailto:bheffner@schuylkill.pa.us">bheffner@schuylkill.pa.us</a>  (570) 628-1331</p>
<p><b>Steve Bayer</b>  320 East Broad Street, Room 5  Tanaque, PA 18252  <a href="mailto:sibayer@ptd.net">sibayer@ptd.net</a>  (570) 668-3535 ext. 11</p>	<p><b>Ashley Henne</b>  Schuylkill County Prison  230 Saunderson Street  Pottsville, PA 17901  (570) 628-1450</p>
<p><b>Gene Berdanier</b>  Warden  Schuylkill County Prison  230 Sanderson Street  Pottsville, PA 17901-1758  <a href="mailto:eberdanier@co.schuylkill.pa.us">eberdanier@co.schuylkill.pa.us</a>  (570) 628-1456 ext. 1456</p>	<p><b>Jeff Jones</b>  1 South 2<sup>nd</sup> Street  Pottsville, PA 17901  (570) 621-2733</p>
<p><b>Lance Couturier</b>  Lance.couturier@gmail.com</p>	<p><b>Dolly Malec</b>  District Attorney Office  Schuylkill County Courthouse  401 N. 2<sup>nd</sup> St.  Pottsville, PA 17901  <a href="mailto:Dmalec@co.schuylkill.pa.us">Dmalec@co.schuylkill.pa.us</a>  (570) 628 - 1359</p>
<p><b>David Dinich</b>  President  FTAC  123 South Broad Street, 23<sup>rd</sup> Floor  Philadelphia, PA 19109  <a href="mailto:ddinich@pmhcc.org">ddinich@pmhcc.org</a>  (215) 546-0300 ext. 3759</p>	<p><b>Tom Killian</b>  Forensics Case Manager</p>
<p><b>Susan Farnsworth</b>  SCA</p>	<p><b>Vicky Marteslo</b>  SAM  1 South 2<sup>nd</sup> Street  Pottsville, PA 17901-1729  <a href="mailto:vmarteslo@sam-inc.org">vmarteslo@sam-inc.org</a>  (570) 621-2707</p>

<p><b>Dan McGrory</b>          Administrator          Schuylkill Co. MH/MR Program          112 Claude A. Lord Blvd.          Pottsville, PA 17901  <a href="mailto:dmcgrory@co.schuylkill.pa.us">dmcgrory@co.schuylkill.pa.us</a>          (570) 621-2890 ext. 14</p>	<p><b>Ron Spercheck</b>          Public Defender's Office</p>
<p><b>Shannon Quick</b>          Crisis</p>	<p><b>Vivian Spiese</b>          Director of Family Empowerment/Assistant          Director of Professional Training          FTAC          123 South Broad Street, 23<sup>rd</sup> Floor          Philadelphia, PA 19109  <a href="mailto:vspiese@comcast.net">vspiese@comcast.net</a></p>
<p><b>Stephanie Rice</b>          Re-entry Senior Case Manager          Clinical Outcomes Group, Inc.          307 North 2<sup>nd</sup> Street          Pottsville, PA 17901  <a href="mailto:srice@coginc.org">srice@coginc.org</a>          (570) 628-6990</p>	<p><b>Michael Stevens</b>          The Meadows/UCBH  <a href="mailto:Michael.Stevens@uhsinc.com">Michael.Stevens@uhsinc.com</a>          (814) 380 - 0459</p>
<p><b>Keith Semerod</b>          Deputy MH/MR Administrator          108 S. Claude A. Lord Blvd. 2<sup>nd</sup> Flr          Pottsville, PA 17901  <a href="mailto:ksemerod@co.schuylkill.pa.us">ksemerod@co.schuylkill.pa.us</a>          (570) 621-2890</p>	<p><b>Michael Stine</b>          Chief Public Defender  <a href="mailto:mjstine@co.schuylkill.pa.us">mjstine@co.schuylkill.pa.us</a>          (570) 628-1528</p>
<p><b>Alicia Smith</b>          TLC Supervisor          609 S Tulpehocken St.          Pottsville, PA 17901  <a href="mailto:alismith@nhsonline.org">alismith@nhsonline.org</a>          (570) 345-8051</p>	<p><b>Lois Wallauer</b>          District Court Administrator          401 N. 2<sup>nd</sup> Street          Pottsville, PA 17901  <a href="mailto:lwallauer@co.schuylkill.pa.us">lwallauer@co.schuylkill.pa.us</a>          (570) 628-1333</p>
<p><b>Dan Snopek</b>          Caseload Manager          Schuylkill Co. Adult Probation Unit          300 North 3<sup>rd</sup> Street          Pottsville, PA 17901          (570) 628-1283</p>	

<p><b>DJ Rees</b> <b>Project Manager</b> Forensic Systems Peer Support Office of Mental Health / Substance Abuse Services Consumer and Family Issues <a href="mailto:jorees@state.pa.us">jorees@state.pa.us</a> Phone: (717) 214-8200 OMHSAS Administration #11 P.O. Box 2675 Harrisburg Pennsylvania, 17105-2675 Attention: DJ Rees</p>	<p><b>Patty Griffin, Ph.D.</b> <b>Senior Consultant</b> Pennsylvania Mental Health and Justice Center of Excellence 8503 Flourtown Avenue Wyndmoor, PA 19038 <a href="mailto:pgriffin@navpoint.com">pgriffin@navpoint.com</a> Phone: 215-836-0570</p>
<p><b>Sarah Filone, MA</b> <b>Project Coordinator</b> Pennsylvania Mental Health and Justice Center of Excellence Department of Psychology Drexel University MS 626, 245 N. 15th Street Philadelphia, PA 19102-1192 <a href="mailto:saf@drexel.edu">saf@drexel.edu</a> Phone: 215- 762-4257 Fax: 215-762-8825</p>	

## Appendix B – Evidence-Based and Promising Practices

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

### Criminal Justice

- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
  - Policy Research Associates provides cross-training to help criminal justice professionals and service providers to become trauma-informed [training@prainc.com]
- The need for gender-informed practices at all intercepts
- Information sharing across criminal justice and treatment settings
  - *Dispelling the Myths about Information Sharing Between the Mental Health and Criminal Justice Systems* and an example of an information sharing MOU, see [www.gainscenter.samhsa.gov/pdfs/integrating/Dispelling\\_Myths.pdf](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
  - Treatment of trauma-related disorders for both men and women in criminal justice settings is covered in *Addressing Histories of Trauma and Victimization through Treatment* [www.gainscenter.samhsa.gov/pdfs/Women/series/Addressing\\_Histories.pdf](http://www.gainscenter.samhsa.gov/pdfs/Women/series/Addressing_Histories.pdf)
  - See the monograph *The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System*

- <http://gainscenter.samhsa.gov/pdfs/courts/WomenAndSpects.pdf>
- Assertive Community Treatment and intensive forensic case management programs
  - *Extending Assertive Community Treatment to Criminal Justice Settings*; a fact sheet on ACT for forensic populations, see [www.gainscenter.samhsa.gov/text/ebp/Papers/ExtendingACTPaper.asp](http://www.gainscenter.samhsa.gov/text/ebp/Papers/ExtendingACTPaper.asp)
- Illness Self Management and Recovery
  - <http://www.gainscenter.samhsa.gov/pdfs/ebp/IllnessManagement.pdf>
- *Supported Employment* --- supported employment programs that assist individuals in accessing mainstream employment opportunities, see <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/default.aspx>
- Services that seek to engage individuals and help them remain engaged in services beyond any court mandate
  - See *The EXIT Program: Engaging Diverted Individuals Through Voluntary Services* [www.gainscenter.samhsa.gov/pdfs/jail\\_diversion/TheExitProgram.pdf](http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/TheExitProgram.pdf)

## 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)

- **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>

- **“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

- **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**

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)

## 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 include, but are not limited to, calls to the County Base Service Unit staff, and/or reference to mental health records on file at the ICS office).
4. The ICS/MH worker will document any information disclosed to a first responder on the Protective Services Emergency Examination Sheet or in the case record.

Date Implemented: August 2008

Approved by: Venango County MH/MR  
CJAB approval

## Agenda for November 29<sup>th</sup> Pre-Conference Workshop

### Pennsylvania Mental Health and Justice Center of Excellence Workshop: **Expanding Specialized Police Response and Collaboration with Behavioral Health Systems in Pennsylvania**

Annual Forensic Rights and Treatment Conference  
Grantville, PA  
November 30, 2010

- 9:00 to 9:30**            **Welcome and Opening Comments** --- Kirk Heilbrun, PhD, Drexel University, Ed Mulvey, PhD, University of Pittsburgh Medical Center, Co-Directors of the Center of Excellence, Jacqueline Weaknecht, Pennsylvania Commission on Crime and Delinquency, and Jessica Reichenbach, Office of Mental Health and Substance Abuse Services
- 9:30 to 10:30**        **Assessing the Need in Pennsylvania: The Center of Excellence Website, Conversations with Counties, and the State Survey** --- Patricia A. Griffin, PhD, Senior Consultant, Center of Excellence, Edward P. Mulvey, Ph.D., Co-Director, Center of Excellence, Kirk Heilbrun, Ph.D., Co-Director, Center of Excellence, and Carol A. Schubert, M.P.H., Senior Consultant, Center of Excellence
- ❖ Center of Excellence Website – usage and statistics
  - ❖ Lessons learned during the Center of Excellence Cross-Systems Mapping Workshops held in a number of Pennsylvania counties to date with a particular focus on the animated discussions and significant needs seen at Intercept 1 --- the intersection of law enforcement and crisis services
  - ❖ Statewide survey of needs at intercept one
- 10:30 to 10:45**        **Break**
- 10:45 to 12:00**        **Concurrent Sessions --- Highlighting Practice in Pennsylvania (Part 1)**

#### Session # 1 --- Multi-County and Multi-Jurisdictional Efforts

Laurel Highlands Region Police CIT Program

Officer Dan Marguccio, City of Johnstown P.D., Law Enforcement Coordinator

Mike Thomas, Manager-Security Service, Conemaugh-Memorial Medical Center, CIT Officer, Windber PD

Tom Bender, Crisis Supervisor, Bedford-Somerset County MH/MR

Wendy Stewart, Executive Director, NAMI Cambria County

- ❖ The Laurel Highlands Region Police CIT Program crosses county and law enforcement jurisdictions. This session will discuss the challenges in multi-county and multi-jurisdictional efforts while providing practical strategies for success.

Session # 2 --- The Evolution of Justice-Related Services in Montgomery County: A County-Provider Dialogue About a Systems Approach to Change

Nancy Wieman, MS, Deputy Administrator for Mental Health, Montgomery County OBHDD

Don Kline, PhD, Community Outreach/Criminal Justice Director, Montgomery County Emergency Services

- ❖ Will focus on the ways the county's justice-related services have changed over the years from the viewpoint of the county's lead administrator for mental health services and the crisis provider responsible for much of those services
- ❖ Discussion of planning for these and future changes taking into consideration funding and community resources that have also changed significantly over the years

Session # 3 --- Using Data to Inform Practice

Carol A. Schubert, M.P.H., Senior Consultant, Center of Excellence

Edward P. Mulvey, Ph.D., Co-Director, Center of Excellence

Marcel Schipper, Data Manager/Analyst, Western Psychiatric Institute and Clinic, Law & Psychiatry Program

- ❖ This interactive session will involve several group exercises which focus on data points to track, defining outcomes and conducting an evaluation of specialized police responses to mental health emergencies. Attendees will be given information/materials that can be of practical use for setting up data tracking systems, writing grant applications and designing evaluation plans. This session does not require a background in data collection and/or analysis.

Session #4 --- Involving Consumers in Law Enforcement Training

D.J. Rees, Forensic Systems Peer Support Project Manager, Office of Mental Health/Substance Abuse Services

Wesley Mitchell, Certified Peer Specialist, Forensic Peer Specialist

Donna Keutmann, Peer Services Coordinator, Recovery Partnership

Wendy Smale, Certified Peer Specialist

- ❖ Session will provide descriptions of two different county programs that have involved consumers in the development and delivery of law enforcement training:
  - Chester County’s Dialogue Training
  - Lehigh County’s three piece information and sensitivity training covering recovery, the Mental Health Procedures Act, and sensitivity

**12:00 to 1:00            Lunch**

**1:00 to 2:15            Concurrent Sessions --- Highlighting Practice in Pennsylvania (Part 2)**

Session # 5 --- Law Enforcement and Crisis Services Working Together

Laurel Highlands Region Police CIT Program

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Wendy Stewart, Executive Director, NAMI Cambria County, NAMI Coordinator

- ❖ While much of the national discussion at Intercept 1 typically focuses on training for law enforcement, this session will instead focus on the role of crisis services and the ways crisis services, local hospitals, and law enforcement can work together more effectively.

Session # 6 --- Communication and Collaboration Among First Responders

Kim Woods, Base Service Unit Director, Venango County

- ❖ Venango County has developed policy and procedures regarding the exchange of information between first responders and the Venango County Mental Health System
- ❖ This information sharing agreement will be provided
- ❖ Session will discuss how this was developed in consultation with John Petrila, JD of the Florida Mental Health Institute, one of the foremost national authorities on legal issues around information sharing between law enforcement and behavioral health services

Session # 7 --- Using the “Distressing Voices Exercise”

Christina Finello, JD, PhD, Philadelphia Department of Behavioral Health

Heather Zelle, MS, Philadelphia Department of Behavioral Health

Kento Yasuharo, MS, Philadelphia Department of Behavioral Health

- ❖ This training curriculum, developed by Patricia Deegan, PhD and the National Empowerment Center in Massachusetts, 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.
- ❖ Many specialized police response training programs have incorporated this exercise --- well received by law enforcement officers
- ❖ Session will provide an overview of the simulation exercise and information about how to include the exercise into training programs for law enforcement and other interested persons

### Session # 8 --- CIT is More Than Training

Tony Sevick, Director of MH Clinical Services & Quality Management Bucks County MH/MR Department

Carol Meholic, NAMI

Lois Kirgan, Lt. Bensalem Police Department

Steve Kingsdorf, Officer Northampton Police Department

Sharon Curran, Associate Executive Director Lenape Valley Foundation

- ❖ Bucks County CIT Taskforce has created a program that includes different levels of training and support for law enforcement and behavioral health providers.
- ❖ The training program includes: 3.5 hour law enforcement management training on CIT; 6 hour introduction to CIT; 40 hour CIT certification; 911 training
- ❖ Partnerships include: partnering with FTAC for the 6 hour trainings; collaboration with the county's Code Blue program; collaboration with the county's Suicide Prevention Taskforce; participation in fairs sponsored by law enforcement; partnerships with legislators to bring Cop to Cop and Vet to Vet suicide prevention hotlines to PA

**2:15 – 2:30**                      **Break**

**2:30 – 3:45**                      **Teaching De-Escalation Skills** --- Lt. (ret.) Michael S. Woody  
Lt. (ret.) Michael S. Woody is the president and founding member of CIT International as well as the Director of Crisis Intervention Team Training for Ohio's Center of Excellence. Lt. Woody also sits on the Ohio Supreme Court's "Advisory Committee on Mental Illness and the Courts" and chairs a subcommittee of that Court entitled "Police Training." Lt. Woody is credited with bringing the Crisis Intervention Team (CIT) program to Ohio in 2000 and helping to spread it throughout the state. He has received the National "Compassion in Law Enforcement Award", the Summit County, Ohio Mental Health Associations "Heart of Gold Award", and the Ohio

Department of Mental Health "Forensic Leadership Award". Lt. Woody has consulted with police, behavioral health, and advocacy organizations throughout the country.

**3:45 – 4:30**                      **Next Steps in Pennsylvania** --- Kirk Heilbrun, PhD and Ed Mulvey, PhD  
A closing session soliciting input from workshop participants on next steps Pennsylvania should take to expand successful specialized police response training initiatives and collaborations between law enforcement and behavioral health systems, including the possibility of developing a state network of Specialized Police Response Coordinators.

## Appendix D – 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 E – 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 F – 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>

- **Deville, 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/>

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



## Statewide Forensic Peer Support Specialist Program

### **About the Program**

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

### **Our Goals**

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

### **Program Progress**

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

### **Contact Us**

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

Elizabeth Woodley (PMHCA Project Specialist)  
[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 G – 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:  
<http://consensusproject.org/downloads/community.corrections.research.guide.pdf>

### Resource List:

- 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)
- 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.* Retrieved from <http://consensusproject.org/downloads/community.corrections.research.guide.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. & Loudon, 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 H – 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)
- **Veteran's Conference 2011- Jail Diversion and Trauma Recovery for Veterans**  
March 23<sup>rd</sup>-24<sup>th</sup>, 2011  
Ramada Inn and Conference Center in State College, PA
  - **By the completion of this conference, participants will be able to:**
    - Identify challenges of Diverting Veterans with Trauma-Related Disorders from the Criminal Justice System
    - Cite the utility of trauma informed care in treating persons with all types of traumatic experiences;
    - Describe the functions and outcomes of PA's veteran's courts;
    - Discuss application of CIT in suburban, rural and urban environments.
  - **Target Audience**
    - Veterans Service Organizations
    - Behavioral Health Clinicians
    - Criminal Justice professionals practicing diverting veterans from jail
    - State/local officials or citizens interested in this concept.

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

- 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
  - *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)
- “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 J – 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 K – Resources for Data Collection and Analysis

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

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

- For instance, develop data to document the impact homelessness or unstable housing has upon people with mental illness and other behavioral health problems involved in the criminal justice system
  - Consider including the jail in the annual “one day count” of homelessness in the county
  - Centre County included the county jail in their January 2009 study. This information has been useful in planning for housing resources specifically targeted for this population
  - Document the number of people being held in jail who could be released if they had suitable housing
  - Compile information on jail inmates under probation supervision who are waiting for an address in order to be released from jail

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

- For example, one outcome measure asks: Are we decreasing the number of times adults and older adults are incarcerated?
  - See: <http://www.kingcounty.gov/healthservices/MentalHealth/Reports.aspx>
- Pennsylvania Mental Health and Justice Center of Excellence personnel are available to consult with and assist locales with the following:
  - Assessing existing database structure and content
  - Planning for data collection (e.g. identification of outcomes) and analysis strategies
  - Designing data collection instruments
  - Implementing standardized reporting components
  - Monitoring data quality
  - Integrating relevant information from multiple sources
  - Analyzing and interpreting data analyses

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

## Appendix L – 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>