

DREXEL UNIVERSITY &
UNIVERSITY OF PITTSBURGH



Washington County

Report of the Cross-Systems Mapping Workshop

May 23rd & 24th, 2012

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

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Washington 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 Washington County on May 23rd – 24th at the Chartiers Township Municipal Building, Houston, PA. Washington County Behavioral Health/Developmental Services hosted the workshop as part of an ongoing process of developing collaborative systems of support for individuals who have mental illness and who come in contact with criminal justice. This report (and accompanying electronic file) includes:

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

Background

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

- Creation of a map indicating points of interface among all relevant Washington 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 Washington County through a *Community Collaboration Questionnaire* and gathering of documents relevant to the target population.

The participants in the workshops included 38 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 (pg. 35) of this document. Patricia A. Griffin, PhD, facilitated the workshop sessions. Sarah Filone, MA, and Katy Winckworth-Prejsnar 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 in late 2009, the Pennsylvania Mental Health and Justice Center of Excellence was developed as a collaborative effort by Drexel University and the University of Pittsburgh. The mission of the Center of Excellence is to work with Pennsylvania communities to identify points of interception at which action can be taken to prevent individuals with mental illness from entering and penetrating deeper into the justice system.

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

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

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

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

Objectives of the Cross-Systems Mapping Exercise

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

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

Washington 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:

- Trainings for Law Enforcement
 - Hearing Distressing Voices
 - Suicide by Cop
- Forensic Mobile Crisis Team
- Crisis Stabilization/Diversion Unit
- Forensic Liaison
- Forensic Case Manager
- Treatment Court Case Management
- Specialized Probation
- Co-occurring Initiative
- Three problem-solving courts

Consumer/Family Involvement in the Workshops

- Consumers were represented by Ashley Potts and Tracy McElhone. Consumers added valuable information to the discussion by sharing first person experiences of multiple Washington County systems.
- Family representatives included Leslie Gill, Rhona Krantz, and Shirley Narus. Family members contributed unique perspectives of Washington County and helped facilitate cross-systems communication.

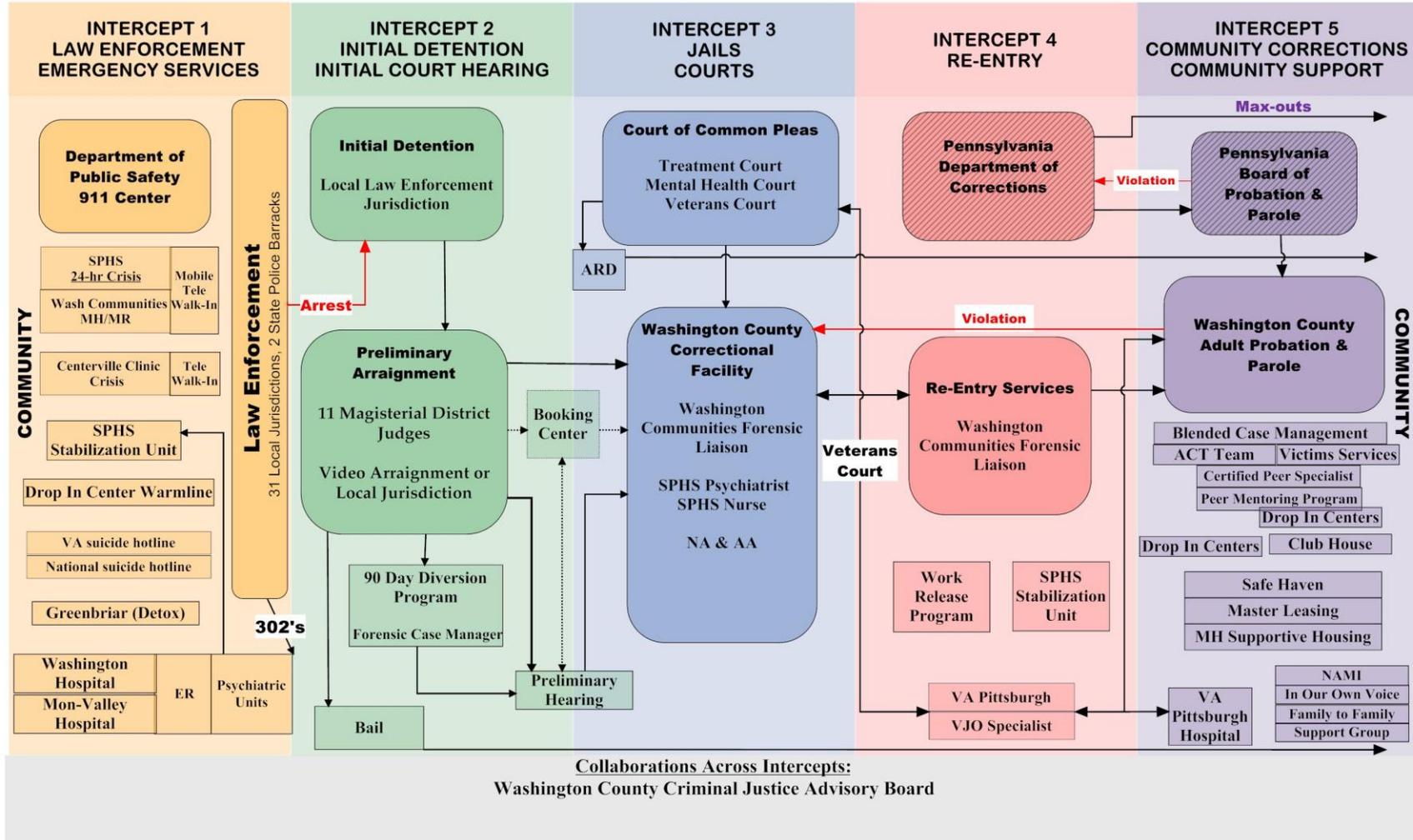
Representation from Key Decision Makers in the Workshops

- The workshops included wide cross-system representation and involved many of the key decision makers. Opening remarks by President Judge O'Dell Seneca set the stage and established a clear message as to the importance of the workshop. Jan Taper, Administrator, Washington County Behavioral Health/Developmental Services 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 in Washington County in preparation for the workshop.

Washington County Cross Systems Map



Washington County Cross Systems Narrative

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

This narrative reflects information gathered during the *Cross-Systems Mapping Workshop*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Washington 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 stakeholder opinions and are, therefore, subjective rather than a majority consensus.

General Description of Services and Cross-System Collaboration

Washington County, formed in 1781 and named after the first president of the United States, is located in southwestern Pennsylvania. The current population is 208,000 with a land area of 863.6 square miles. The county seat is the city of Washington, a third-class city located at the intersection of Interstates 70 & 79 and located about 28 miles south of Pittsburgh. The Monongahela River separates Washington County from both Westmoreland and Fayette Counties.

The County has been building a continuum of criminal justice and mental/behavioral health services that provide 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:

- Washington County Criminal Justice Advisory Board. The Criminal Justice Advisory Board is comprised of the following individuals:
 - President Judge Debbie O'Dell Seneca, Chairperson
 - Diana L. Irey, Washington County Commissioner
 - Glenn Alterio, Public Defender
 - Janice M. Taper, Administrator, Behavioral Health and Developmental Services
 - R.T. Bell, Chief of Police, City of Canonsburg
 - Roger Blyth, Chief of Police, City of Washington
 - Daniel Clements, Chief Juvenile Probation Officer
 - Scott Fergus, Director of Administration
 - Harry Fruecht, Chief of Police, Peters Twp
 - Brian Hammett, Deputy Warden, Correctional Facility
 - James Horvath, Chief of Police, Chartiers Twp
 - Tom Jess, Deputy Court Administrator
 - Sally Michalski, Assistant Court Administrator, Criminal

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

- John Moschetta, Chief Adult Probation Officer
- Sammy Romano, Washington County Sheriff
- Hila Saxer, Office of Vocational Rehabilitation
- Brian Tempest, Chief of Police, City of Monongahela
- Steven Toprani, District Attorney
- Drug and Alcohol Treatment Court
- Mental Health Court
- Veterans Court

Washington 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 feature is available at:

<http://washington.pa.networkofcare.org/mh/>

Washington County Department of Human Services sponsors **WashingtonKnows**, an Internet-based information and referral resource for residents and human service providers. It was created to link people needing help or information with the organizations that might offer assistance. For more information, visit:

<http://www.washingtonknows.org>

Intercept I: Law Enforcement / Emergency Services

911

Washington County's Department of Public Safety 9-1-1 Center serves 200,000 County residents. They are responsible for dispatching 33 fire departments, twelve emergency medical services, 44 police departments, and various county agencies. On average, the 9-1-1 center receives approximately 1,000 phone calls and dispatches over 400 emergencies daily. Each year, approximately 415,000 calls are received by the 911 center; 274,000 of which are processed (the remaining 141,000 are administrative in nature; e.g. animal control, probation agencies, outside agencies, etc.)

Approximately five calls daily are specifically identified as serious mental health issues. However, many more calls are initially classified in another category (e.g. domestic violence), but actually involve mental health issues when the officer arrives on the scene. The 9-1-1 Center receives an estimated two suicide calls within a 24-hour period.

If a call does not require police intervention, 9-1-1 call takers can connect the caller to crisis services. This type of transfer occurs roughly 20 times each year.

The 9-1-1 center has one supervisor position, two call taking positions, and seven dispatching positions. The center has the capability of communicating on 15 different frequencies, with full cross-patch and telephone-patch capabilities. The 9-1-1 Center also provides 24 hour monitoring of several Emergency Management systems. All 9-1-1 dispatchers complete a 4.5 month training program to develop skills in call response, stress management debriefing, etc.

Law Enforcement

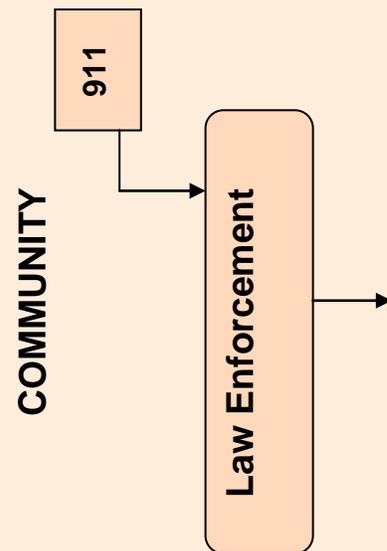
Washington County houses 31 local police departments, the largest of which are the Sheriff's Office and the City of Washington Police.

All Washington County police officers complete the standard MPOEC training. In addition, Behavioral Health/Developmental Services has provided two additional trainings for Washington County officers. In 2008, they delivered the Hearing Distressing Voices workshop in five different locations. This training was successful and representatives from every police department, probation, and state police were in attendance. In 2009, each department received daylong 'Suicide by Cop' workshops as well. Intermittent trainings on 302 vs. 201 proceedings have also been offered.

Washington County is third in the state for drug related DUI fatalities. As a result, the county convened the **Washington County DUI Task force** to implement sobriety checkpoints throughout the county. This task force consists of 10 municipalities.

In 2010 the Department of Justice – Drug Enforcement Agency announced that on September 25, 2010 would be the first "**National Drug Take Back Initiative.**" The purpose of this program

Intercept 1 Law enforcement



is to encourage people to rid themselves of prescription drugs that are outdated or those no longer being used. On Saturday, September 25, 2010 the first Drug Take Back Initiative was held. The Peters Township Police Department and the Pennsylvania State Police (Washington Barracks) were the only two participating agencies in Washington County. Both Departments took between forty and fifty pounds. A total of twelve Washington Police Departments participated in the 2011 Take Back Initiative. As a result of this effort a total of 705.31 pounds of old/unused/unwanted medications were collected in Washington County. This was approximately a 700% increase over the previous collection county wide. Based on the statistics provided by the DEA, Washington County came in ninth in the state in the total amount collected. For more information on the National Drug Take Back Initiative in Washington County, see **Appendix B** of this document.

State Police

The Pennsylvania State Police was created by an act of legislation, signed into law by Governor Samuel W. Pennypacker on May 2, 1905. It was the first uniformed police organization of its kind in the United States. The Pennsylvania State Police has jurisdiction in all political subdivisions in the Commonwealth.

Washington County is served by **State Police Troop B** that additionally covers the counties of Allegheny (except the townships of Frazer, Fawn, Springdale, Harrison, and East Deer, the boroughs of Brackenridge and Tarentum, and SR 28), Fayette, and Greene; and the townships of Rostraver and South Huntingdon, the boroughs of Smithton, West Newton, and North Belle Vernon, the city of Monessen, and Interstate 70 in Westmoreland County. State Police Troop B covers approximately 2,930 square miles, a total population of 1,623,778, and employs 346 enlisted and civilian personnel.

Crisis Services

Washington County provides for telephone, **walk-in and mobile crisis** services for Washington County residents.

The **SPHS Crisis telephone service** serves as an immediate response to callers on a 24-hour-a-day basis. The professional staff assists callers by offering assessment, crisis intervention, suicide prevention, crisis resolution, and referrals to a vast array of local agencies and support groups. All referrals for crisis intervention services come through the crisis telephone service by calling 1-877-225-3567. The crisis telephone staff determines priority and initiates referral to the appropriate level of crisis services.

SPHS Crisis walk-in services provide immediate response to callers who are in need of an urgent face-to-face crisis assessment. In addition to the face-to-face assessment, crisis counseling/ consultation and crisis resolution are provided during the walk-in service. Hours of operation are Monday through Friday, 8:30 AM to 4:30 PM at 75 East Maiden Street, Washington and 568 Galiffa Drive, Donora.

SPHS Mobile crisis outreach provides early intervention before the situation escalates to a critical point. Consultation services are also provided to consumers, support systems, and behavioral providers. A face-to-face assessment is completed and the crisis resolution usually results with linkage to provider agencies. All referrals for mobile crisis services come through the crisis telephone services.

In addition, the county houses an 8-bed **SPHS Crisis Stabilization Unit** [1961 North Main Street, Washington] (4 beds are dedicated to serving the forensic population) that offers secure, clean, and stable housing in order for a person suffering with mental illness and/or de-

compensation from medications to become stable and safely return to the community. The unit offers 24-hour crisis outreach and treatment, which wraps services around citizens with mental illness.

Between November of 2008 and December of 2011, the Crisis Stabilization Unit served 83 clients with the following diagnoses:

Major Depressive Disorder (26)

Adjustment/Anxiety/Bipolar (36)

Schizophrenia (3)

Schizoaffective Disorder (8)

Referrals come from a variety of sources including: MDJ's (4), probation (15), Mental Health Court (5), forensic case manager (26), police (9), community treatment team (3), Washington County Correctional Facility (10), and Behavioral Health/Developmental Services contractor (4).

The average length of stay in 2011 was 10.2 days.

Hotlines

Washington County 24/7 Behavioral Health/Developmental Services Mental Health Emergency Hotline: (724) 225-6940

Centerville Clinics 24/hr Mental Health Crisis Hotline: (724) 632-6801

SPHS C.A.R.E Center Crisis Hotline (Domestic violence and sexual assault crisis intervention): (888) 480-7283

Detoxification Services

Greenbriar Treatment Center is located at 800 Manor Drive Washington, PA [Phone: (724) 225-9700]. The Center offers a **medically monitored detoxification** stage of care for individuals withdrawing from substances. Once the initial detoxification process is complete, the client may enter an inpatient recovery stage of treatment for intense education, therapy, and community support. This level of care may also be an entry to treatment if withdrawal symptoms are not so severe that detox is necessary.

In addition to detoxification services, Greenbriar houses a **co-occurring residential treatment** facility for the treatment of mental health issues concurrent with the addiction. Dual treatment is provided by qualified Mental Health professionals under the guidance of our Director of Psychiatric Medicine. Inpatient services are offered at the Washington site.

Treatment services offered by Greenbriar are usually covered by group and/or individual health plans, including those offered by Medical Assistance or supplemented by local county agencies.

Hospitals

Washington County residents have access to two inpatient psychiatric facilities.

The Washington Hospital houses a 30-bed adult inpatient unit which provides short-term behavioral health treatment for those experiencing acute symptoms.

This inpatient treatment model focuses on understanding and stabilizing the crisis that led to the need for hospitalization; beginning with a thorough physical and mental evaluation of the

patient. An individualized treatment plan is developed for each consumer, and 24-hour nursing care is provided.

Monongahela Valley Hospital also has an Inpatient adult and geriatric Behavioral Health Unit. Services include: one-to-one medical counseling, management, and recreational and group therapy. Behavioral Health coordinates a Schizophrenia Support Group and yearly community screenings for Anxiety and Depression.

Both psychiatric units have the capacity to assist with assessments in the emergency room.

Victims Services

The **SPHS C.A.R.E. CENTER S.T.T.A.R.S. Program** is located at 351 West Beau Street, Suite 201 Washington, PA [724-229-5007]. STTARS provides individual and group counseling for victims of sexual assault, supplies accompaniment for medical and legal procedures, facilitates prevention and education programs for groups and schools. Services include:

Sexual Assault and Rape Crisis Center: Provides individual and group counseling and support groups to victims of sexual assault and their families. Any child or adult who has at some time been affected by sexual assault is appropriate for these services.

Community Education: Offers educational programs to community, professional, social, civil, and school groups interested in learning more about child sexual abuse, acquaintance/date rape, adults who were sexually abused as children, sexual assault prevention, and drug and alcohol abuse issues.

Women's Services: Offers specific programs including individual and group counseling, case management, family counseling, and various support groups for female adults and children who need help with addictive behaviors and sexual abuse. Also offers a program to help mothers educate their children to avoid sexual abuse.

Volunteer Opportunities: After joining the S.T.T.A.R.S. program and successfully completing the 40-hour training, volunteers will then become Certified Sexual Assault Counselors. Volunteers may choose one or several areas in which to assist the victims of the program, including working the 24-hour/7 day a week hotline; becoming a medical advocate to offer support and assistance to victims of rape; or becoming a legal advocate by receiving further training to enable you to walk along side a survivor as they go through the prosecution process.

24-Hour, Toll-free Crisis Hotline: 1-888-480-7283. The toll-free crisis hotline is available 24 hours for sexual assault survivors and their loved ones. Trained volunteers and staff members provide support and offer information on available services.

The Pennsylvania Commission on Crime and Delinquency's Victim Resources website provides the following victim services resources for Washington County. Further information can be found at: http://www.portal.state.pa.us/portal/server.pt/community/find_help_in_your_county/14752

Victim Service Program	Type of Program	Street Address	City
The CARE Center, Inc.	We help victims of sexual assault	75 E. Maiden Street	Washington
Washington County	We help victims of all crimes	100 West Beau	Washington

Victim Services		Street, Suite 702	
Domestic Violence Services of Southwestern PA	We help victims of domestic violence	P.O. Box 503	Washington
MADD - Western Affiliate Office	We help victims of impaired driving crashes	222 W. Cunningham Street	Butler

In addition, Washington County residents have access to the following resources:

PA Coalition Against Domestic Violence 6400 Flank Drive, Ste. 1300 Harrisburg, PA 17112	daytime: 800-932-4632 website: www.pcadv.org
PA Coalition Against Rape 125 North Enola Drive Enola, PA 17025	daytime: 717-728-9740 24 hour hot line: 888-772-PCAR website: www.pcar.org
PCCD Victims Compensation Program 3101 N. Front Street Harrisburg, PA 17108	daytime: 717-783-5153 800-233-2339 website: www.pccd.state.pa.us
MADD, PA State Office 2323 Patton Road Harrisburg, PA 17112	daytime: 717-657-3911 24 hour hotline: 866-439-6233 (Pittsburgh) 800-848-6233 (Harrisburg) website: www.maddpa.org

➤ **Identified Gaps**

- Classifying codes for police calls to the 911 center often do not capture the demand of MH cases
- Washington County is third in the state for drug related DUI fatalities
- Most LE municipalities will utilize ambulance services rather than mobile crisis because it takes less time
 - Easier for Law Enforcement (LE) to talk someone into an ambulance versus wait for an intervention team
- LE staffing is low – not large municipalities and keeps dropping
- LE is not regionalized

- Distance is an issue for LE, especially when it comes to transporting individuals to the hospital
- Some communities do not have easily accessible ambulance services
- Small LE jurisdictions make it hard to implement a CIT program
- First thing cut in a LE budget is training
- Few detox options – Either released to family members or arrested
- Crisis Stabilization Unit cannot be utilized if an individual is intoxicated
- Hospitals sometimes release patients without letting DB/HR know

➤ **Identified Opportunities**

- 911 center has response plan electronic system based on address of the calls
- Hearing Voices Training for representation from all municipalities and state police in 2008
- Suicide by Cop (full day training) in 2009 for LE in Washington
- Washington County DUI Taskforce (set up sobriety checkpoints) – Includes 10 municipalities and 100 police officers
- Crisis Stabilization/Diversion Unit is not at full capacity – Can be used for both diversion re-entry
- LE and 911 are interested in additional training

Intercept II: Initial Detention / Initial Court Hearing

Arrest and Initial Detention

When an individual is arrested during regular business hours in Washington County, he/she is taken directly to the office of a Magisterial District Judge (MDJ) for preliminary arraignment.

If an arrest occurs outside of business hours, the individual will be detained at the local police department until preliminary arraignment can be conducted.

Preliminary Arraignment

In Washington County, there are 11 magisterial districts strategically located throughout the County. Each district is served by an elected Magisterial District Judge who serves a six-year term. The Magisterial District Judges are regulated by the Supreme Court of Pennsylvania and are directly responsible to President Judge Debbie O'Dell Seneca.

Washington County has a central court system, which was initiated to hold preliminary hearings in cases of Homicide, Rape, Involuntary Deviate Sexual Intercourse, Perjury, Armed Robbery, and Arson. In cases that are held at Central Court, a representative from the District Attorney's Office will act as the prosecutor. Magisterial District Judges are assigned on a monthly basis to preside over this Court, which is held in the Washington County Courthouse.

The Magisterial District Judges hear civil suits filed by individual citizens or businesses where the amount in dispute does not exceed \$12,000.00.

Washington County utilizes video arraignment technology for the majority of criminal defendant arraignments. This program began in 2008, with 1628 video arraignments conducted between 2008 and 2011.

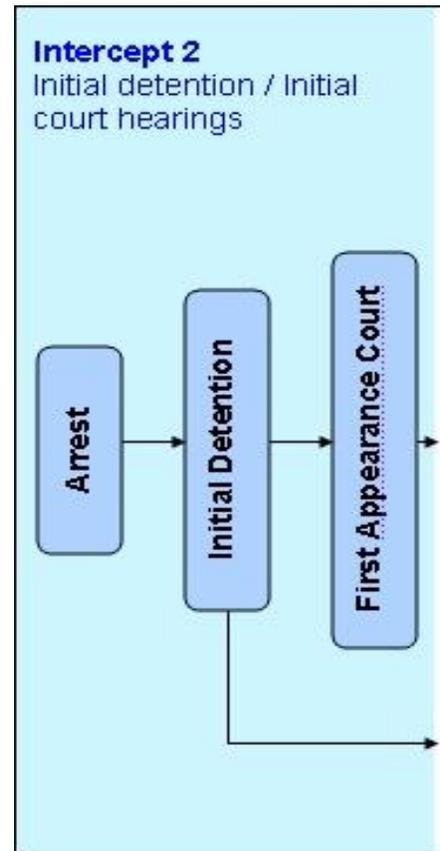
Washington County Booking Center

Following preliminary arraignment, approximately 80% of the county bookings occur at the **Washington County Booking Center**. The center is located at:

Family Court Center
29 West Cherry Avenue, Suite 209
Washington, PA

The booking center opened in April 2008 and booked over 1200 offenders on probation supervision within the first eight months. Initially, the fingerprint orders included retail theft, driving under the influence and homicide by vehicle. In June 2011, the Booking Center expanded to include protection from abuse violators, and all assaults and sexual assault offenders. The Booking Center is currently staffed by two full and four part-time employees.

The twin goals of the Booking Center are: (1) to efficiently process offenders charged with criminal actions with the intent to return officers to their communities as quickly as possible, and (2) to ensure the accurate and timely reporting of criminal history record information. Equipment



in the Booking Center permits the positive identification of offenders by their fingerprints and the updating of their criminal histories within minutes.

Since its inception in 2008, the booking center has processed 10,246 bookings and collected nearly \$522,383 in fees.

Magisterial District Judge Diversionary Program

Washington County offers a **Magisterial District Judge Diversionary Program** with the goal of preventing individuals with mental illness from further penetrating the criminal justice system. The program is diversionary with conditions that participants must satisfy treatment and medication requirements while abiding by terms of the program. Participants are evaluated by a **Forensic Case Manager** in order to establish eligibility. The caseworker tracks individual progress and compliance and reports back to the MDJ after 90 days. When the participant has successfully completed the program, the underlying charges are dismissed. If at any time the participant fails to meet the standards required by the program, the MDJ has the right to proceed with the charges. Both the arresting officer and any other involved party (e.g. victims) must agree to the participation of any individual in the diversionary program.

Since its inception, the Magisterial District Judge Diversionary Program has had 103 successful completions (i.e. charges withdrawn or dismissed) and 50 denied referrals (not accepted due to charges, transient status, not meeting mental health criteria, etc.). Ten individuals have been terminated from the program, and 14 participants have reoffended.

➤ **Identified Gaps**

- Struggle for initial detention at some LE departments that do not have holding cells
- Lack of pretrial services

➤ **Identified Opportunities**

- Magisterial District Judge Diversionary Program (90 Day Diversion Program) addresses cases straight from preliminary arraignment
 - Very few repeat defenders
 - Program has had 103 successful completions
- Initial stages of creating a central booking system

Intercept III: Jails / Courts

Jail

The **Washington County Correctional Facility (WCCF)**, located at 100 West Cherry Avenue Washington, Pa, is a County owned and operated facility. The Correctional Facility is governed by a Prison Board comprised of the County Commissioners, President Judge, Sheriff, District Attorney and the County Controller. The facility provides for the maintenance of those being held in custody pending disposition of their charges and those who are sentenced to two years or less.

The average daily population of WCCF is between 350-360 (at capacity), and the facility processes approximately 3150 admissions each year. In the months of February, March, and April of 2012, 133 inmates were identified as persons with mental health, substance abuse, or developmental disabilities. Among these 133 individuals, charges were distributed as follows:

- Misdemeanors: 30%
- Felonies: 25%
- Probation violations: 31%
- Technical violations: 14%

Behavioral Health Services

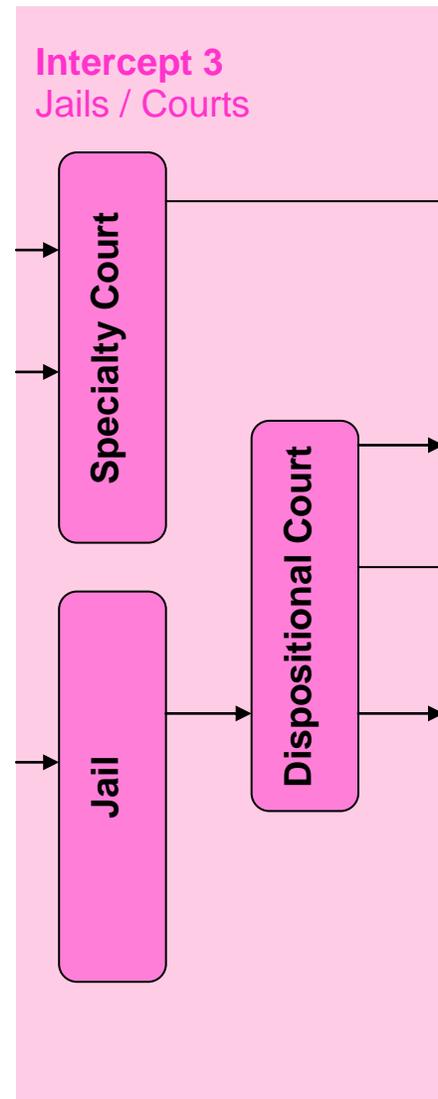
Screening

Every admission to WCCF includes a full nursing assessment for mental health, substance abuse, and medical issues. Screenings are conducted by county employed nursing staff (RNs and LPNs).

Mental Health Services

Washington County contracts with Southwestern Pennsylvania Human Services (SPHS) to provide four hours of **psychiatry time** (assessments and medication management) and four hours of **psychiatric nurse time** (assessments and relaxation skills training) each week. Combined, the psychiatrist and psychiatric nurse served 392 unduplicated individuals between July 2011 and April 2012. Funding for inmates' psychotropic medication is provided by Washington County Behavioral Health/Developmental Services.

Individuals with mental illness also receive services from Amy Francis, the **Washington Communities Forensic Liaison**. The incarceration list from the WCCF is sent out to all three Base Service Units to identify anyone known to the county system. The liaison then reviews the Unified Judicial System (UJS) Portal to determine the individual's charges, sentencing, etc.; and coordinates with local providers for services.



In addition, the forensic liaison conducts court ordered assessments, develops appropriate treatment plans, provides referrals for diversion programs, and assists with aftercare planning.

Drug and Alcohol Services

An inter-facility protocol for alcohol/benzodiazepine withdrawal is available to inmates. In February, March, and April of 2012, a total of 12 individuals utilized this protocol.

WCCF also offers several intensive programs, which address addiction, living skills, and any other aspects deemed necessary by the instructor. These include "**Path Finders**", "**Second Chance**", "**Catholic Charities**", "**Narcotics Anonymous**", and "**Alcoholics Anonymous**".

Other Inmate Services

The Facility has also entered into partnership with the **Good News Jail and Prison Ministries**. This effort provides for a full time Chaplain who will insure that the inmate's religious needs are met and seek out and coordinate volunteers to provide these programs. The effort is fully funded by outside sources without the use of tax dollars.

WCCF operates **Adult Basic Education Courses** to address inmate literacy and those who have not received a high school diploma. The program includes literacy, adult basic education, and a General Education Diploma program. The program has been a great success, having one of the highest success rates in the area. The Intermediate Unit 1 funds the Program.

An **Inmate Worker Program** teaches inmates basic skills in food service, housekeeping and laundry while providing for the needs of the general population.

In addition, Washington County Correctional Facility houses an **Alternative Sentence Program**. This program supervises inmates that are released for employment, education, and treatment. This acts as a prerelease program in many instances and enables inmates to begin paying their fines, costs, restitution and court ordered payments while still incarcerated under the supervision of the Correctional Facility all while being monitored and drug tested on a regular basis

Courts

The Washington County Court of Common Pleas is comprised of six judges, who share a variety of responsibilities. The judges are elected to ten-year terms and are eligible for reelection on a yes-no retention question. The current President Judge of Washington County is Judge Debbie O'Dell Seneca.

Mental Health Court

The **Washington County Mental Health Court** is a problem solving court devoted to handling moderate to severe mental health cases involved with the criminal justice system. Comprehensive supervision, evaluation, diagnosis, and increased judicial interaction all combine to make this court operated program different from normal court processing.

The Washington County Mental Health Court is based upon the Sequential Intercept Model, which focuses on diversion as its primary objective. In certain cases, it may not be appropriate or prudent for a full diversionary plan or Intercept One of the model. The Washington County Mental Health Court includes three additional intercept interventions that handle disposition without conviction, probation, and re-entry for the criminal justice participant with mental illness.

The Washington County Mental Health Court is presided over by President Judge Debbie O'Dell Seneca and includes a dedicated **probation officer** and a dedicated forensic **case manager**. The Washington County Behavioral Health/Developmental Services Department was essential to the funding and planning of this program. They continue to employ service and support the daily operation of this specialty court. The Washington County Mental Health Court holds staff meetings once a week and court is held once a month. The program began in 2008 and initially received funding from the Pennsylvania Commission on Crime and Delinquency (PCCD). The Washington County Mental Health and Mental Retardation Department has sustained funding to support the Mental Health Court.

Since its inception in 2008, the Mental Health Court has served 37 participants. Of the total number of participants, 28 (76%) have graduated. One participant was terminated from the program while only 8 (22%) of the participants have reoffended.

The Mental Health Court and 90 day Magisterial District Judge Diversionary Program together have saved the county a combined 9,358 incarceration days since their inception. At a rate of \$40.30 per day for incarceration, these two diversion programs have amassed a savings of \$377,127.40.

For more information or to contact the Washington County Mental Health Court call 724-228-6860.

Drug and Alcohol Treatment Court

The **Washington County Treatment Court** is a problem solving court that handles cases involving non-violent substance abusing offenders through comprehensive supervision, drug testing, treatment services, immediate sanctions and incentives. This court is an 18-month post-plea program that incorporates three six-month phases.

The Treatment Court program brings the full weight of the criminal justice and the components of treatment to bear, allowing the offender to deal with his or her substance abuse problems. The program additionally affords the offender the opportunity to receive an abundance of treatment services, job training, education, and allows for restorative procedures such as community service.

In addition, the Washington County Treatment Court ensures consistency in judicial decision-making and enhancement between the coordination of agencies and resources. This in turn increases the cost effectiveness of the program and the end result as it relates to recidivism.

The Washington County dedicated Treatment Court is presided over by Judge Moshetta Bell and employs a **full-time probation officer** as well as a **full-time case manager**. The treatment team is committed to meeting with the judge monthly in order to staff each participant and provide the Judge with a regular update. The Washington County Treatment Court is a co-occurring program dealing with individuals whose primary diagnosis is addiction while at times also having a secondary minor to moderate mental illness. This specialty court has been in operation since 2004 and has received funding from both the Pennsylvania Commission on Crime and Delinquency (PCCD) and the Bureau of Justice Assistance (BJA).

To date, the Washington County Treatment Court has had a total of 192 participants and 96 graduates (85% of treatment court participants have a dual diagnosis). The recidivism rate is 45% (38 post-graduate convictions; 6 arrests pending). Since its inception, the Treatment Court has saved approximately 88,970 jail days, or \$3,914,680.

Veteran's Court

The **Washington County Veteran's Court** commenced in April of 2011. The Veteran's Court Team is comprised of representatives from the District Attorney's Office, the Public Defender's Office, the Adult Probation Office, the Mental Health/Mental Retardation Office, and the Veterans Justice Outreach Specialist from the Veterans Administration. The team utilizes a collaborative approach to assist veterans involved in the criminal justice system. To participate in the program, persons must have been discharged with an Honorable or Under Honorable Conditions (general) Discharge. Treatment resources are available through coordination with the Veterans Justice Outreach (VJO) Specialists from the Pittsburgh VA Medical Center, and through independent treatment providers. Mary Bates, Esquire, the Chief Legal Officer for the Washington City Mission, is working with the Veteran's Court Team to ensure that veterans involved with the City Mission are appropriately screened for possible participation in this program. The Washington County Veteran's Court has served 6 individuals to date.

Victims Services

The **Washington County Crime Victim / Witness Assistance Program** [724-229-5922] contacts all victims whose cases are prosecuted through the criminal justice system as soon as the case is at the District Attorney's office. The program also coordinates with other community agencies to establish a plan to provide contact with victims and/or victim's family within 72 hours of the reporting of an incident involving serious personal injury. For personal injury crimes, victims will be contacted to provide orientation to the process and offer advocacy. Restitution claim forms will be provided to victims who experience out-of-pocket losses as soon as the case information is received, and also info regarding the availability of the Crime Victim Compensation Fund. Overall, the administrator will address all areas of immediate concern to victims, including, but not limited to safety and security, counseling needs, out-of-pocket losses, and orientation to the criminal justice system and property return.

➤ **Identified Gaps**

- No Drug & Alcohol services in the jail

➤ **Identified Opportunities**

- Plethora of problem solving courts (Mental Health Court, Treatment Court, and Veterans Court)
- Treatment Court began through grants, however, it has become "institutionalized" in the county with sustainable funding from the behavioral health system
 - Most team members of treatment court do this work in addition to their regular caseloads
- Amy, the Forensic Liaison, sends out daily jail admissions list to all the base services units in the area so they can identify clients

Intercept IV: Re-Entry

Re-Entry Services

The **Washington Communities Forensic Liaison** conducts re-entry planning for inmates with mental health needs. She helps link individuals to appropriate services in the community, and often utilizes the 8-bed **crisis stabilization unit** as a 'step-down' from incarceration. Individuals who are being released to the crisis stabilization unit (approximately 95% of the forensic liaison caseload) typically receive 7 days of aftercare medication. This is sufficient, as a crisis stabilization unit psychiatrist will be available to provide a prescription within the first week of residence at the stabilization unit.

Individuals who do not receive forensic liaison services typically do not receive aftercare medication from the jail.

Veterans Services

The **VA Pittsburgh Healthcare System** (<http://www.pittsburgh.va.gov/>) has **Veterans Justice Outreach (VJO) Specialists** to coordinate forensic services for veterans in the criminal justice system. Washington County is served by **Tom Stokes** (thomas.stokes@va.gov) and **Beverly Vanderhorst** (beverly.vanderhorst@va.gov). For more information on the Veterans Justice Outreach Initiative and the Veterans Health Administration (VHA), please see Guide 7 – "Information Sheet on Justice-Involved Veterans for Judicial System" located in the Resource Guide Document.

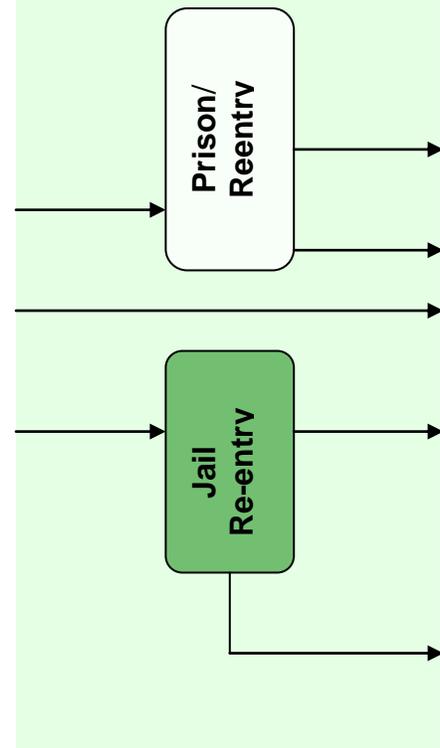
Highland Drive Campus includes 79 inpatient behavioral health beds as well as a variety of outpatient clinics, research programs and support services.

Local outpatient programs can be found at:

- Armstrong County VA Outpatient Clinic, 313 Ford Street, Suite 2B, Ford City, PA 16226 (Phone: 724-763-4090)
- Johnstown VA Outpatient Clinic, 1425 Scalp Avenue, Suite 29, Johnstown, PA 15904 (Phone: 814-266-8696)
- Uniontown VA Primary Care Center CBOC, 404 West Main Street, Uniontown, PA 15401 (Phone: 724-439-4900)
- Washington VA Primary Care Center CBOC, 1500 West Chestnut Street, Washington, PA 15301 (Phone: 724-250-7790)

These programs include the Center for Treatment of Addictive Disorders, the Post-Traumatic Stress Disorder clinic, and a Regional Center for Treatment of Former Prisoners of War. Other outpatient services include dental, orthotics, primary care, audiology & speech pathology, and

Intercept 4 Reentry



physical therapy. An Adult Day Health Care provides support for veterans who want to remain at home and their caregivers.

An expanded Operation Enduring Freedom/Operation Iraqi Freedom clinic is based at the Highland Drive Division for heroes returning from Afghanistan and Iraq.

Re-Entry from Pennsylvania Department of Corrections

The Department of Corrections (DOC) and Pennsylvania Board of Probation and Parole (PBPP) begin the reentry process upon an offender's admission to state prison. Then prior to a parole interview, the PBPP actively works with offenders to prepare for the parole interview and to develop a reentry plan. If paroled, the field parole agent will assist offenders through problem solving case management to help them be successful and monitor compliance with conditions of parole. This balance in supervision is important to improving parole outcomes.

Listed below are detailed explanations of the four key parts of Pennsylvania's state correctional reentry system.

1. Upon admission to state prison, the PA Department of Corrections (DOC) conducts a battery of assessments to determine: the inmate's risk of reoffending; propensity to act violently; levels of criminal attitudes and hostility; problems with substance abuse; and general psychological well-being. Based on the results of these assessments, a correctional plan will be developed to address necessary treatment and programming needs.
2. The Joint Correctional Plan:
The DOC and PBPP create a joint correctional plan for the offender that will best meet the rehabilitative needs of the offender.
3. Treatment and Programming:
The DOC delivers cognitive behavioral programming to address treatment needs, which have proven to reduce recidivism (an average of 20% reductions).

Some specific cognitive behavioral interventions within the DOC include:

- Thinking for Change – addresses criminal thinking
- Violence prevention
- Batterer's intervention – addresses domestic violence
- Sexual offender treatment and programming
- Drug and alcohol therapeutic community treatment

4. Assisting the Offender with a Reentry Plan
The Reentry Plan is a plan of where the offender proposes to live and work. DOC and PBPP institutional staff (PBPP employees that work in state prisons) assist offenders with their plan for living arrangements, where they wish to be employed, and what documentation or resources offenders will need once they are released.

For more information please visit:

http://www.pbpp.state.pa.us/portal/server.pt/community/community_reentry/5357

➤ **Identified Gaps**

- If an inmate is not one of Amy's clients (Forensic Liaison), then no aftercare psychotropic medication is given – no re-entry services for these individuals
- The list of county residents from DOC is often never sent or very vague – the county does not know when residents are being released back to Washington County

➤ **Identified Opportunities**

- If Amy is working with the person, she will coordinate their release and re-entry services
- Amy's clients will go to the Stabilization Unit for a step down (95% of Amy's clients)
- Typically 7 days of medication given (if they are Amy's clients)
- One forensic peer specialist in the county - Working on a plan to train more forensic peer specialists if funding becomes available

Intercept V: Community Corrections / Community Support

Washington County Adult Probation

The **Washington County Adult Probation and Parole** Office's primary function is to provide community safety, by supervising and holding offenders sentenced through the Washington County Court of Common Pleas accountable, and by enforcing court orders and conditions of probation and parole.

It operates primarily in the community. Supervision levels are determined by the crime, sentence, seriousness of offense, past criminal history, and/or a combination of these.

The staff consists of the Chief, Assistant Chief, one supervisor, five intensive probation/parole officers, one pre-sentence investigator, one pre-parole investigator, one electronic home monitoring officer, two DUI officers, five general supervision officers, and four clerical staff. In 2011, the average caseload of offenders (total) was 3,022, and the average number of offenders on electronic monitoring was 75.

Housing

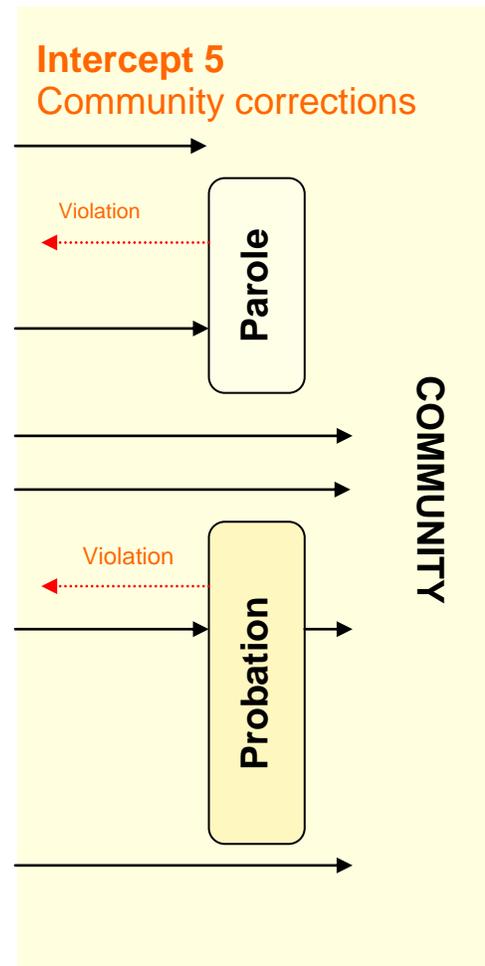
SPHS Connect, Inc. offers both temporary and transitional housing options for Washington County residents:

Mass Shelter: Provides dedicated, temporary housing to homeless persons who don't have a legal residence of their own or need emergency shelter because of a crisis situation. The Family Shelter (229-4306) is located in Washington and provides up to 60 days of temporary housing to eligible families. The Family Shelter contact person is Rebecca Cook.

Transitional Housing: Connect also provides subsidized and supportive housing for eligible individuals and families who are ready to move out of mass shelter but are not yet capable of maintaining permanent housing on their own. Maximum length of stay is two years.

Essential Services: Provides case management and supportive services to help homeless persons address a variety of issues. Services include: assistance with obtaining entitlement benefits, health/ human service coordination, community linkages and advocacy, life skills development, transportation and permanent housing assistance.

Safe Haven, located at 240 North College St. Washington PA [724 229-0408 or 724 229-1080] is a 24 hour shelter that provides supportive housing in a congregate setting to single adults who have been diagnosed with a serious mental illness. The shelter is free to those with no income. Others contribute 25% of their net monthly income. Individuals with criminal justice involvement are welcome.



Avis Arbor is located at 84 West Wheeling Street Washington, PA [(724) 228-1804]. This shelter assists women who are homeless in their spiritual growth and development and helps restore them to independent living. This is a six to nine month program. The shelter will also accept women who struggle with drug and/or alcohol abuse.

Interfaith Hospitality Network is a faith based organization that provides shelter, supportive services, and caring hospitality to homeless families. Services include: dinner and overnight shelter, case management services, family centers, and referral to other services.

In addition to the above housing options, Washington County operates a **master leasing program** for individuals with severe credit problems and/or forensic involvement. Program participants are linked with individualized services (e.g. **ACT team, blended case management**). There are currently 5 master leasing units in use.

87 units of **permanent supportive housing** and 200 units of **supported housing** are also available.

Community Resources

The **SPHS C.A.R.E. Center** provides counseling, education, advocacy and other related services to the Washington County community. Services include individual, group, family counseling and treatment for substance abuse clients and victims of sexual violence in southwestern Pennsylvania. There are 2 SPHS C.A.R.E Centers in Washington County, each with a specific target population.

The **SPHS C.A.R.E. Center - Drug and Alcohol Outpatient Treatment** program is located at 62 East Wheeling St. Washington, PA [724 228-2200]. Services include:

Outpatient Drug & Alcohol Services: Offers confidential evaluation and treatment for alcohol and chemically dependent persons and their families. The programs are designed to allow treatment while work, school, and family commitment continue. Individual and group services are provided.

Partial Treatment for Drug & Alcohol Abuse: Provides an alternative treatment option to inpatient treatment services. Program includes between 10-20 hours of education and therapy groups per week as well as regular individual and family therapy. Family members are encouraged to attend weekly support groups.

Driving Under the Influence Program: Provides personal assessment of harmful involvement with alcohol to persons referred by the courts because of D.U.I. offenses and education classes through the mandated twelve-and-a-half-hours for the alcoholism traffic school (Stout School). This program is located at 351 West Beau Street in Washington, PA. 724-229-5782.

Employee Assistance Program: Offered to employees and participating businesses. The program works with employees to deal with drug and alcohol and/or mental health issues. This includes confidential assistance to employees and their families to help address substance and mental health problems, as well as supervisor and employee education. Also, assistance is available to aid businesses in the design of EAP policies and procedures.

Substance Abuse Professional: The Department of Transportation (DOT) regulation – 49

CFR Part 40 – defines the Substance Abuse Professional (SAP) as a person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare. In order to be a SAP, certain credentials, specific knowledge, training and a passing score on an examination are necessary. There is also a continuing education requirement.

The **SPHS C.A.R.E. Center – Behavioral Health Treatment Program** is located at 351 West Beau Street, Suite 203 Washington, PA [724-229-3430]. Services include:

Child, Adolescent, Adult and Family Counseling: Provides counseling to assist parents and their children cope more effectively with the stresses faced in the family, including adjustments to separation/divorce, school and behavioral problems of children and parenting skills. Also provides individual and group therapy services to adults in need of mental health support.

Couples Counseling: Focuses specifically on conflict between couples in marriage, premarital, or in relationships, including communication issues, extended family issues, sexual issues, and two career families.

Parent Child Counseling: Provides counseling to children and their parents around problem areas such as discipline, school performances, sibling rivalry, and emotional, behavioral and developmental problems. Play and art therapy is available.

Blended Family Counseling: Provides counseling for blended/stepfamilies experiencing conflict around issues such as step-parenting expectations, childbearing differences, and the role of non-custodial parents.

Custody/Supervised Visitation Counseling: Evaluation and mediation of post marital parenting issues.

Anger Management: Individual and group therapy for adults with issues around anger.

Parenting: Offers parenting classes with ongoing individual and group counseling.

Sexual Perpetrator Counseling: Offers confidential evaluation and treatment for sexual perpetrators, including individual and group services.

Washington County also has one identified **Forensic Certified Peer Specialist** employed by AMI, Inc. and several additional **Peer Mentors** who can provide a wide range of services to assist individuals involved in the criminal justice system. Services include: assistance with community integration, linkage to resources, and development of wellness recovery action plans.

The Washington County **Assertive Community Treatment (ACT) Team** utilizes a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia. ACT is comprised of a team of professionals, whose backgrounds and training include social work, rehabilitation, counseling, nursing and psychiatry. Among the services provided are case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, along with other services and supports critical to an individual's ability to live successfully in the community.

The local **NAMI** chapter is small but active, and provides a free 12-week 'Family to Family' course for family members and friends of adults with mental illness, as well as a weekly **support group which meets monthly**. The **In Our Own Voice (IOOV)** program is a public education program developed by NAMI, in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. IOOV presentations are given to consumer groups, students, law enforcement officials, educators, providers, faith community members, politicians, professionals, inmates, and interested civic groups in Washington County. For more information on NAMI Washington County, contact James Gleason [gleason07@comcast.net].

The **Circle Center** is a consumer-run **drop-in center** for adult mental health consumers. It offers a friendly atmosphere for socialization and fellowship between individuals coping with mental health issues. Peer counseling is also available if needed. In addition, the Circle Center operates a Warmline -- a telephone line for mental health consumers and family members of Washington and Fayette Counties to call and receive non-emergency peer support and/or community resource information. This phone line is unique as it is not a crisis line. The Warmline Staff, mental health consumers themselves, bring their own experienced backgrounds to each call.

➤ **Identified Gaps**

- Lack of housing and treatment options for sex offenders, including those with co-occurring behavioral health challenges – It is up to Probation to find creative strategies to address this population
- Probation hasn't added staffing since 1997
- Residents/family members do not know what resources are available for consumers
- Generation gap – Most agencies/services are online but individuals that do not use the internet might not know about these resources
- Lack of accessible housing

➤ **Identified Opportunities**

- Pre-parole officer to set up services and supports
- Career Link has employment opportunities

Washington County Priorities

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

Top Priorities

- 1. Better communication and utilization**
 - a. Better understanding of resources
 - b. Across CJ and BH
 - c. Families too
 - d. Information re: where to go/where to start
 - e. Incorporating community education and outreach
- 2. Multi-agency education**
 - a. Cross-training initiative
 - b. Mental Health First Aid
 - c. Enhance strategies to make training more accessible (video, online, etc.)
- 3. Enhance drug and alcohol interceptions across the board; particularly for addiction services during reentry**
 - a. Sobering Station

Note: (this priority was originally 2 separate priorities (One re: D&A Services across the board, and another re: reentry). The group voted to combine them to increase collaboration among the groups.
- 4. Central booking at the jail**

Additional Priorities

- Implementation of forensic peer support
- New funding that is self sustaining
- Expand employment options
- Expand housing options

Washington County Action Plan

Priority: Moving Forward			
Objective	Action Step	Who	When
First Draft	<ul style="list-style-type: none"> • CoE will send draft to Washington Co. 	<ul style="list-style-type: none"> • CoE 	By next Friday 6.1.12
	<ul style="list-style-type: none"> • Planning Committee will review and send out to the larger group 	<ul style="list-style-type: none"> • Washington County Planning Comm. 	2-3 weeks
CJAB Meetings <ul style="list-style-type: none"> - Subcommittee - Propose to CJAB leaders for inclusion of other members 	<ul style="list-style-type: none"> • Quarterly Meeting 		
Who needs to be included in these discussions in the future? <ul style="list-style-type: none"> - Area Council on Aging - EMS - Hospital - Fire Department - CYS 			

Priority Area 1: Better communication and utilization			
a. Better understanding of resources b. Across CJ and BH c. Families too d. Information re: where to go/where to start e. Incorporating Community education and outreach			
Work Group: Jan, Carl, Ann, Dawn, Chief Harry, Chris, Lindsey, and Marlene			
Objective	Action Step	Who	When
1.1 Reach out to community at large	<ul style="list-style-type: none"> • Public organizations 	Church, daycares, EMS, civic groups, schools, medical providers, PCH, etc.	1 year
1.2 Develop a plan as to	<ul style="list-style-type: none"> • Websites, pamphlets, 	Collaborative	1 year

	hot to reach organizations	brochures, speaker, group, video/DVD, Cable stations, public service announcements	group of community representatives	
1.3	Increasing awareness in medical community (PCP)	<ul style="list-style-type: none"> • Create pamphlet for distribution including all aspects: behavioral health, criminal justice, youth and adult services, homeless-housing, elderly, United Way, NAMI • Distribution by all providers 	Consider the role of volunteers	

<p>Priority Area 2: Multi-agency education</p> <p>a. Cross-training initiative</p> <p>b. MHFA</p> <p>c. Enhance strategies to make training more accessible (video, online, etc.)</p> <p>Work Group: Chief James, Jenny, Leslie, Scott, and Rona</p>				
	Objective	Action Step	Who	When
2.1	Ensure that anyone who identifies a need for services is educated about available services and has access to those services	<ul style="list-style-type: none"> •What is available •Videos for/on different •Look at current programs •Evaluate current programs 	Q1/admin/law enforcement/families	
2.2	Keep literature and information up to date	<ul style="list-style-type: none"> •Update websites and pamphlets regularly •Video components for information and training – through Central Assembly Church production studio •Health fair? •Identify potential/necessary trainees and resources to access those trainees (e.g. resources or committees) 		
2.3	Mental Health First Aid	<ul style="list-style-type: none"> •Probation, 911, and police are all interested in this type of training 		

		<ul style="list-style-type: none"> • Harry, Lindsay, and JT (formalize their titles) willing to send staff to be trained as instructors; Willing to host a regional MHFA Train The Instructor Training. • Harry will disseminate information about MHFA to other chiefs of police. 		
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Priority Area 3: Enhance drug and alcohol interceptions across the board; particularly for addiction services during reentry

a. Sobering Station

Work Group: Demond, Ashley, Cheryl, David, Cheryld, Mary Jo (absent during this portion was added to this group)

First Steps

Consultation with Group 4b: Central Booking

Objective	Action Step	Who	When
3.1 Collaboration between police, jail and BH / D&A providers (Good place to start early intervention)	<ul style="list-style-type: none"> • A needs analysis 	Cheryl & Dave	
3.2 To create early intervention strategies – Peer support/recovery specialist – Forensic	<ul style="list-style-type: none"> • Advocating for a sobering station utilization part of the stabilization unit ○ Incorporating a larger group of individuals 		
3.3 Creating a process that would create a flowchart	<ul style="list-style-type: none"> • Identifying Criteria 	MH supports D&A	

Priority Area 4: Central booking

Work Group: Dennis, Glen, Larry, Cliff, John				
Objective	Action Step	Who	When	
4.1	<p>Goal is central booking somewhere--- Address issues especially for repeat offenders</p> <p>Developed a need to get a subcommittee to explore the options of logistics of a booking center</p>	<p>Where, how, funding</p> <p>Subcommittee needs to be led by the commissioners – ball is already rolling</p> <p>This subcommittee is meeting next week and travelling to another county tomorrow (5/25/12) to look at their booking center</p> <p>Include BH from the onset. Services up front – someone being there from BH and D&A to do some diversion (at this point they are not in the system)</p> <p>Incorporate forensic peer specialist right away – the earlier the the better in the criminal justice system</p> <p>Looking at strategies to address the barriers for forensic peer specialist entering a correctional facility</p> <p>Report from Larry or Glen to the CJAB as to what direction the booking center should take</p> <p>Explore pre-trial screening before 90 Day Program</p>		

Conclusion

Participants in the *Cross-Systems Mapping* workshop showed much enthusiasm in working together to improve the continuum of resources available for people with severe mental illness and often co-occurring substance use disorders involved in the Washington County criminal justice system. Washington 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 Washington County criminal justice system. Washington County has an impressive range of behavioral health/criminal justice interventions including some previous law enforcement training, specialized forensic case management/liaison positions, Intercept 2 diversion program, and three problem solving courts. In addition, the jail has collected helpful data about individuals admitted to their facility with behavioral health challenges. Local stakeholders participating in the *Cross-Systems Mapping* were clearly interested in building on current successes to better serve this population.

The expansion of the planning group to tackle the priorities established during the *Cross-Systems Mapping* workshop is an essential next step in a true systems change process. It will be important to create effective working relationships with other groups that did not attend the workshop, including other police jurisdictions, the Department of Veterans Affairs, local Magisterial District Judges, Social Security Administration, County Administration Office, and local hospitals. Regular meetings should be held by this larger group to facilitate information sharing, planning, networking, development and coordination of resources, and problem solving.

Closing

Washington County is fortunate to have a supportive Criminal Justice Advisory Board and 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 gave these stakeholders a chance 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 Washington County and to observe its progress. Please visit the Pennsylvania Mental Health and Justice Center of Excellence website for more information, www.pacenterofexcellence.pitt.edu.

Appendix A: Participant List

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<p>Marlene Arnold Case Manager, SPHS 351 W. Beau Street Washington, PA 15301 724-229-3387 marnold@sphs.org</p>	<p>Scott Berry Washington County Behavioral Health/ Developmental Services 100 West Beau Street, Suite 302 Washington, PA 15301 724-228-6832 berrysco@co.washington.pa.us</p>
<p>Demond Bledsoe Assistant Director, Wesley Spectrum 26 S. Main Street Washington, PA 15301 724-222-7500 dbledsoe@wesleyspectrum.org</p>	<p>Joseph Brownlee Probation Officer, Washington County 29 West Cherry Ave Washington, PA 15301 724-207-3784 brownlj@co.washington.pa.us</p>
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<p>Amy Francis Washington Communities 378 W. Chestnut Street Washington, PA 15301 724-225-6940 amyf@washcomm.net</p>	<p>Harry J. Freucht Peters Township Police Department 200 Municipal Drive McMurray, PA 15317 724-942-5030 hjfruecht@peterstownship.com</p>

<p>Chris Garrett Program Director, SPHS 568 Galiffa Drive Donora, PA 15033 724-379-1420 cgarrett@sphs.org</p>	<p>Larry Garner Booking Center Coordinator 724-229-5931 garnerl@co.washington.pa.us</p>
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Appendix B: National Drug Take Back Initiative Information



PETERS TOWNSHIP POLICE DEPARTMENT
WASHINGTON COUNTY, PENNSYLVANIA
HARRY J. FRUECHT
200 MUNICIPAL DRIVE
McMURRAY, PA 15317-3496
724-942-5030 FAX 724-942-5004

In 2010 the Department of Justice – Drug Enforcement Agency announced that on September 25, 2010 would be the first “National Drug Take Back Initiative.” The purpose of this program is to encourage people to rid themselves prescription drugs that are outdated or those no longer being used. This is an anonymous program. Those wishing to dispose of these unwanted medications stop at one of the collection sites and drop the materials into the collection box without identifying themselves.

The program uses state and local law enforcement agencies to establish collection sites throughout the country to make this program accessible to as many citizens as possible. These collection sites are to be manned by uniformed officers. The collection sites are open from 10AM to 2PM on the dates established by the DEA. Law enforcement agencies are not required to participate.

The program has two goals, first to provide an environmentally safe way for people to dispose of outdated/unwanted medications in a safe manner. Second, by removing these outdated /unwanted medications from homes it reduces the potential for abuse.

On Saturday, September 25, 2010 the first Drug Take Back Initiative was held. The Peters Township Police Department and the Pennsylvania State Police (Washington Barracks) were the only two participating agencies in Washington County. Both Departments took between forty and fifty pounds.

In February of 2011 the DEA distributed information indicating that they were scheduling another “Take Back Initiative” for Saturday, April 30, 2011. We took advantage of the increased advance notice to expand on advertising the upcoming event. Peters Township collected a total of 235.68 pounds.

During this period the Washington County Chiefs of Police Association was formed. I approached this organization to participate in this event. A total of twelve Police Departments participated in the 2011 Take Back Initiative. As a result of this effort a

total of 705.31 pounds of old/unused/unwanted medications were collected in Washington County. This was approximately a 700% increase over the previous collection county wide. Based on the statistics provided by the DEA, Washington County came in ninth in the state in the total amount collected.

On May 21, 2012 I received a letter from the DEA, Philadelphia Division. The following results for the April 28, 2012 collection for Pennsylvania and Delaware. Citizens in those two state dropped off more than 36,000 pounds of expired , unused or unwanted pharmaceuticals at 425 collection sites. The Philadelphia Division of DEA coordinated the collection and destruction of more than 18 tons collected in the two states far exceeds the 10 tons collected during the last National Take Back Day in October 2011. Nationally a record breaking 552161 pounds (276 tons) of unwanted or expired medications were collected for safe disposal at 5,659 sites. When the results of the four Take Back Days are combined over 1.5 million pounds (774 tons) of medication were taken out of circulation.

This program is so successful that the DEA has continued to hold these “Drug Take Backs” twice a year. The charts on the following pages indicate each participating department’s take as well as a total for Washington County for each scheduled event.

APRIL 30, 2011 “DRUG TAKE BACK INITIATIVE” RESULTS

POLICE DEPARTMENT	WEIGHT TAKE IN POUNDS
Beallsville Borough Police Department	3.30 lbs.
Canonsburg Police Department	52.69 lbs.
Carol Township Police Department	27.72 lbs.
Chartiers Township Police Department	32.56 lbs.
East Bethlehem Police Department	8.69 lbs.
McDonald Police Department	50.93 lbs.
Monongahela Police Department	84.26 lbs.
Mt. Pleasant Township Police Department	21.12 lbs.
PA State Police – Troop B	68.97 lbs.
Peters Township Police Department	235.68 lbs.
South Strabane Twp Police Department	68.97 lbs.
Washington County Sheriff’s Office	50.42lbs.
Total Weight Washington County	705.31 lbs.

OCTOBER 29, 2011 “DRUG TAKE BACK INITIATIVE” RESULTS

POLICE DEPARTMENT	WEIGHT IN POUNDS
Canonsburg Police Department	89.43
Chartiers Township Police Department	22.44
East Bethlehem Township Police Department	15.84
McDonald Police Department	27.39
Mt. Pleasant Township Police Department	8.36
Pennsylvania State Police Troop B	93.83
Peters Township Police Department	258.39
South Strabane Township	46.97
Total Weight Washington County	562.65

April 28, 2012 “DRUG TAKE BACK INITIATIVE” RESULTS

POLICE DEPARTMENT	WEIGHT IN POUNDS
Canonsburg Police Department	131
Chartiers Township Police Department	36
East Bethlehem Township Police Department	17
McDonald Police Department	35
Mt. Pleasant Township Police Department	33
Pennsylvania State Police Troop B	61
North Franklin Township Police	67
Peters Township Police Department	264
South Strabane Township	39
City of Washington	12
Total Weight Washington County	695