

DREXEL UNIVERSITY &
UNIVERSITY OF PITTSBURGH



Westmoreland County

Report of the Cross-Systems Mapping Workshop

Westmoreland Bar Association, Greensburg, PA

May 4 & 5, 2010

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

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Westmoreland County, Pennsylvania

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

Introduction

The purpose of this report is to provide a summary of the Pennsylvania Mental Health and Justice Center of Excellence *Cross-Systems Mapping* and *Taking Action for Change* workshops held in Westmoreland County, Pennsylvania on May 4th and 5th 2010. The workshops were sponsored by Westmoreland County Mental Health and Mental Retardation Program. 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
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Westmoreland County achieve its goals

Recommendations contained in this report are based on information received prior to or during the PA CoE workshops and any other information during the course of the workshop. Additional information is provided that may be relevant to future action planning.

Background

The Westmoreland County Mental Health and Mental Retardation Program and multiple other local stakeholders, requested the *PA CoE Cross-Systems Mapping* and *Taking Action for Change* workshops to promote progress in addressing criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system and provide additional information to help guide the implementation of newly received Day Reporting Center and Criminal Justice Liaison grants.

Prior to the workshops, the PA CoE gathered information about Westmoreland 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 48 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, behavioral health, case management, the Torrance State Hospital, the Westmoreland County prison, Family Services of Western PA, consumers, peer support program, Sherriff's Office, adult probation, the public defender's office, the district attorney's office, Magisterial District Justices, and the Court of Common Pleas. A complete list of participants is available at the end of this document. Patty Griffin, Ph.D., Carol Schubert, MPH, and Kathleen Kemp, M.S. from the Pennsylvania Mental Health and Justice Center of Excellence, facilitated the workshop sessions.

About the Workshop

PA Center of Excellence Cross-System Mapping and Taking Action for Change

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 University of Pittsburgh. The mission of the PA CoE is to work with Pennsylvania communities to identify points of interception at which an intercept can be made 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.

These two consecutive workshops are 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 Center of Excellence 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 the group:

- 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
- 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 disorders flow through the Westmoreland 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: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

Westmoreland County has already begun the process of collaboration between the criminal justice and behavioral health systems. Prior to the *Cross-Systems Mapping* workshop, a number of current local collaborative efforts were identified:

- Cross-systems two-day symposium was held for stakeholders ranging from judges, police officers, other court personnel, mental health providers and consumers and family members.
- Criminal Justice Advisory Board has a strong interdisciplinary team and has developed a mental health subcommittee
- Early interception on individuals with mental illness through reinvestment dollars for three (3) criminal justice liaisons and a part time supervisor.
- In-reach into the jail by SPHS Behavioral Health conducting jail based mental health assessments for the past year
- Restrictive Intermediate Punishment (RIP/ATS) for Level 3 and 4 offenders includes a Partial Day Treatment Program for substance abuse treatment
- Court-ordered behavioral health assessments for structured treatment plans
- Recent successful grant applications include a Day Reporting Center (DRC) and three Criminal Justice Liaison positions
- Re-entry services for individuals with mental illness through the Jail Liaison and Forensic Targeted Case Management Unit of Westmoreland Casemanagement & Supports, Inc.(WCSI)
- Re-Entry facilitation through the Institutional Probation Officer and Prison Population Monitor of the Adult Probation & Parole Department

Consumer/Family Involvement in the Workshops

- Consumers were represented by a Peer Specialist and Supervisor from the Westmoreland Peer Support Program.
- Consumers added valuable information to the discussion especially about the role of Peer Specialists.

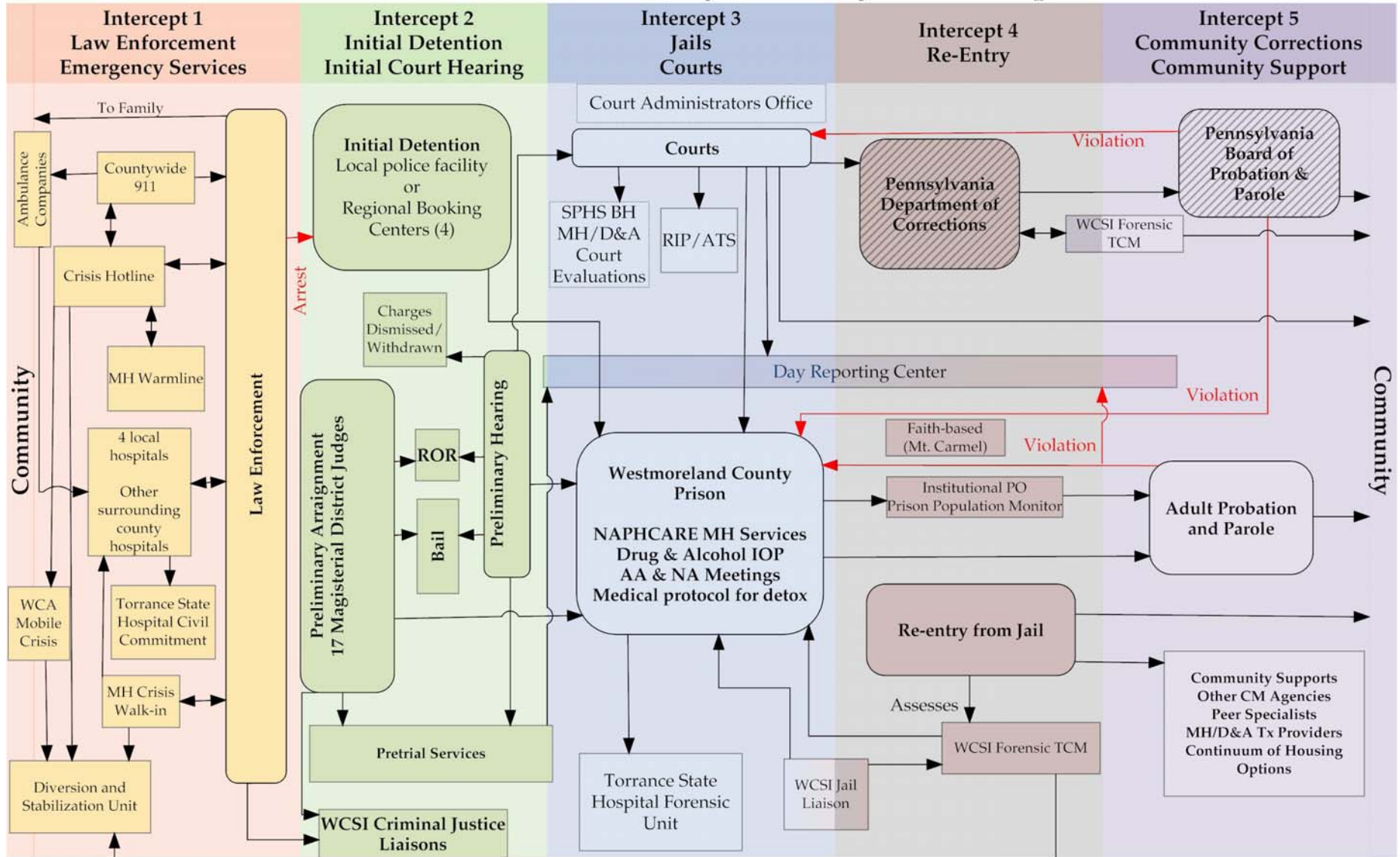
Representation from Key Decision Makers in the Workshops

- The workshops included wide cross-system representation and involved many of the key decision makers
- Opening remarks set the stage and established a clear message as to the importance of the workshop
 - Kathy Wohlgemuth, Westmoreland County MH/MR Administrator
 - The Honorable Anthony Marsili

Data Collection

- Limited data was available to illustrate the scope and complexity of the problems discussed during the workshop due to no formal integrated data system.
- While there was some data available, it was generally informal.
- Participants were eager to pursue data collection following the conclusion of the workshop.

Westmoreland County Cross-Systems Map



Westmoreland County Cross-Systems Map 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 CMHS 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. (Note that different bullets are used for gaps and for opportunities.)

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

General Description of Services and Cross-System Collaboration

Westmoreland County is the eighth largest county in Pennsylvania encompassing a large geographic area of 1,025 miles and had an estimated population of 366,440 in 2006 (*U.S. Census Borough Quick Facts*). The County is comprised of 21 townships and over 280 boroughs, cities, towns, and villages with pockets of urban areas surrounded by rural areas.

A sampling of data (table below) provided by a local agency that serves individuals with mental health, substance use, and co-occurring disorders outlines trends for the last five years. There has been a steady average of 65% of individuals receiving services who are also involved in the criminal justice system as shown in the table below:

Criminal Justice Client Admissions for Calendar Years: 2004, 2005, 2006, 2007, 2008			
Year	Total Clients	Criminal Justice Clients	Percent of Total Clients
1/1/2004 - 12/31/2004	1,800	1,162	65%
1/1/2005 - 12/31/2005	2,543	1,493	59%
1/1/2006 - 12/31/2006	3,033	2,018	67%

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.

1/1/2007 - 12/31/2007	2,870	2,007	70%
1/1/2008 - 12/31/2008	2,802	1,817	65%
Totals	13,048	8,497	65%

The number of Westmoreland County persons served through HealthChoices for calendar year 2009 was 11,215. The number of persons served through the county funded base allocation for fiscal year 2008-2009 was 3,995. In the fiscal year July 2006 to June 2007, Southwestern PA Human Services, Inc. provided both mental health and substance abuse services to 1,728 clients who were involved in criminal justice system at some level.

Westmoreland Case Management & Supports, Inc. (WCSI) is the Base Service Unit responsible for referrals and entry into mental health programs. WCSI has a Forensic Case Management unit working with individuals who are involved with the criminal justice system and have a mental illness and/or co-occurring disorders. This unit serves an average of ninety people in a twelve-month span. Overall, they serve 120 people who are identified as Forensic/Mental Health. The average length of stay in this unit is ten months with referrals from adult probation, county prison, and state correctional institutions as well as internally.

For fiscal year 2007-2008, Westmoreland County had forty-three people identified as being in the state mental health hospital for two years or longer. Of the forty-three people, twenty were identified by the Westmoreland County Community Hospital Integration Projects Program (CHIPP) coordinator, the Base Service Unit liaison and the hospital treatment teams for inclusion in the Torrance State Hospital Service Area Plan's initial discharge group. The twenty individuals selected have a variety of issues in addition to their ongoing serious mental illness. Of this group, seven individuals were discharged to the community by June 30, 2008 and three by January 2009. For the identified TSH discharges, there are multiple complex issues to overcome when developing a plan for discharge, and housing options are especially challenging. There are individuals within this group that have significant complex issues that do not adhere to social values and norms of the community leading to great difficulty in discharge planning.

Westmoreland County's Human Services are fragmented due to the lack of centralized human service system coordination. Increasingly, individuals who may have mental health issues and/or co-occurring disorders are coming in contact with the criminal justice system at every point of entry. A community concern is how these individuals are managed to provide community safety as well as offer appropriate and beneficial services to reduce recidivism in the criminal justice system. Often the systems struggle to provide community safety along with services due to lack of training and knowledge of what resources are available in Westmoreland County. This becomes a strain on the judicial system when diversion from entry into the criminal justice system does not take place for appropriate individuals. As the economy worsens and the monies and funding provided for human services are depleted and not necessarily replaced, multiple systems become over-burdened with individuals presenting with complex needs such as mental illness and/or co-occurring disorders. Increasingly, these individuals become involved in the legal system.

Although systems throughout the county are fragmented, there is a strong commitment on the part of both the Criminal Justice System and the Behavioral Health System to work together to address these complex challenges

Westmoreland County, PA: Intercept I: Law Enforcement / Emergency Services

911

In Westmoreland County, there is one countywide dispatch supervised by the Public Safety Department located in the City of Greensburg. The Public Safety Department reports directly to the county commissioners. 911 Dispatchers have a direct link and may contact the 24/7 Crisis Hotline operated by Westmoreland Community Action if there is an individual with a mental health crisis.

Law Enforcement

The diversity of rural/urban areas and large geographic area lead to varied police coverage and court jurisdiction.

There are 43 police jurisdictions in Westmoreland County including three state police barracks that cover 65% of the county. State Police located in Kiski Valley and Belle Vernon have much smaller areas to govern in Westmoreland County due to their location adjacent to other county lines; the Greensburg State Police cover a wide geographic area that includes towns and suburbs. In the other police jurisdictions, some departments are fully staffed with full-time officers, while others have very limited part-time police coverage. The City of Greensburg has the largest volume of calls followed by New Kensington, Monesson, and Jeannette.

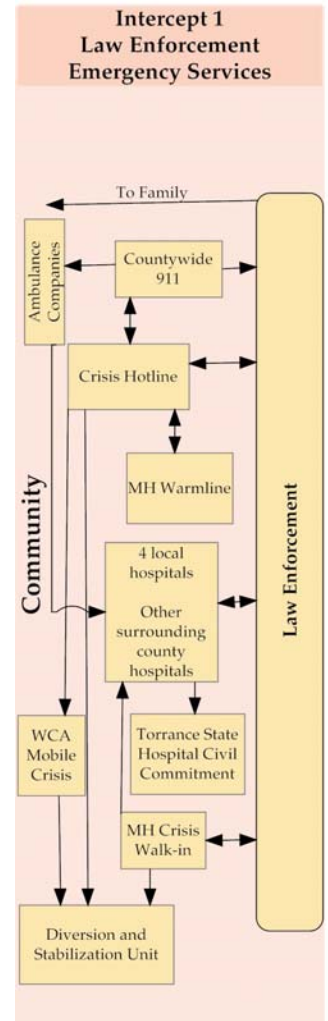
Some law enforcement agencies have received training in responding to individuals with mental illness provided by Municipal Police Officer Education Training Center, local hospitals and the MH/MR Emergency Coordinator.

Crisis Response

The Westmoreland Crisis Hotline is operated countywide 24/7 by Westmoreland Community Action. There is additional coverage for the northwest portion of the county through the Family Service Crisis Hotline. The Crisis Hotline may activate the Mobile Crisis Unit also operated by Westmoreland Community Action. The Mobile Crisis Unit is staffed with part-time staff available on call 24/7 and average 12 calls per week

There is coordination for crisis services and a good working relationship between dispatch and Crisis Hotline. There is a crisis on call Targeted Casemanager (TCM) through WCSI. 911 overlaps with the Crisis hotline and the two can be on calls together. In the past, the Mobile Crisis Unit also coordinated training with 911 dispatchers but has not recently.

A Warm Line staffed by peers is operated by Excelsa Health and generally available Monday-Friday 4-9pm, and Sunday 5-9pm. The Warm Line refers to the Crisis Hotline in emergencies.



Emergency and Inpatient Psychiatric Services

There are two local Crisis Walk-in Services through Excelsa Health at the Westmoreland and Latrobe campuses that assess and treat persons in a psychiatric crisis in Latrobe and Westmoreland and are staffed with two Crisis Intervention Workers from 8am – 5pm. Excelsa Health System's Westmoreland Hospital reported 584 crisis visits and 1,487 emergency department visits during the twelve months between March 2009 and February 2010. There were an average of 49 crisis visits and 124 emergency department visits per month.

Three local hospitals screen individuals coming to their Emergency Department for 302/304 commitments pursuant to the Mental Health Procedures Act.

- Alle-Kiski
- Excelsa Health Westmoreland and Latrobe
- MonValley

Excelsa Health is the primary Emergency Department for the county.

Westmoreland County is part of the Torrance State Hospital Service Area. Torrance State Hospital is used for both civil/forensic and long term commitments.

Identified Gaps

- Need mental health training for 911 staff
- Limited mental health training for law enforcement
- Large number of law enforcement jurisdictions, many with small departments with only 1 officer per shift
 - Makes it difficult to have long trainings (like the 40 hour CIT training) that require taking officers off patrol for long periods of time
- Law enforcement can spend significant amount of time off patrol to process someone through a 302
 - 1 ½ hours on a good day requiring 2 staff
 - Nationally, the Crisis Intervention Team (CIT) goal is no more than 15 minutes
- Some individuals stay in Diversion and Stabilization Unit longer than necessary because of lack of appropriate housing
- County is large geographically with diverse mix of cities, suburbs, and farmlands
- Ambulance companies are at times uncomfortable with people with known mental health problems and may request police assistance
 - Medical situations complicate first response and police may not be quickly available
- VA Medical Center require ambulances to take vets to other facilities for 302 process before taking to their VAMC --- Creates a "round about" way to get to the VAMC
 - Takes ambulances away from their jurisdiction for extended times
- Law enforcement can get frustrated with individuals they have to take repeatedly to ERs to get help
 - May "embellish" description of symptoms in order to "get the help the individual needs"
- 302 process can be time consuming for law enforcement
 - The three processes required during this time can be time lengthy: medical clearance, Mental Health Procedures Act, and ambulance requirements
- Few alternatives for intoxicated individuals who come to law enforcement attention
- Law enforcement may not be familiar with all the crisis services available
- No detox or drug and alcohol inpatient treatment available in the county

Identified Opportunities

- 24/7 crisis hotline
- Warmline – staffed by peers
- Westmoreland Community Action has done training with dispatch but not lately
- Just expanded Excelsa crisis walk-in hours from 5pm to 11pm
- Police training - Some updates last year through MOPEC training
- There are Mental Health Outpatient provider behavioral health staff trained in Crisis Prevention and Intervention
 - Have provided training to emergency room staff at some hospitals and to some law enforcement agencies
 - Some in Washington County and Westmoreland County
 - Training can be 1 or 2 days
 - Not designed specifically for law enforcement for police but could be modified
- Laurel Highlands CIT willing to provide training for Westmoreland County law enforcement jurisdictions
- Brief trainings on crisis resources have been presented to Police Chief Association, Magisterial District Judges and other organizations
- Westmoreland County Mental Health Plan has targeted CIT training for the future

Westmoreland County, PA: Intercept II: Initial Detention / Initial Court Hearing

General Description and Cross-System Collaboration

Arrest or Summons

If a person is arrested, initial holding is generally at the local police station. There are four Regional Booking Centers with equipment for live scan processing. Arrestees may be brought to a Regional Booking Center for processing and then returned to the local police station for initial detention and arraignment. Special observation cells are available with constant video surveillance and 30 minutes checks.

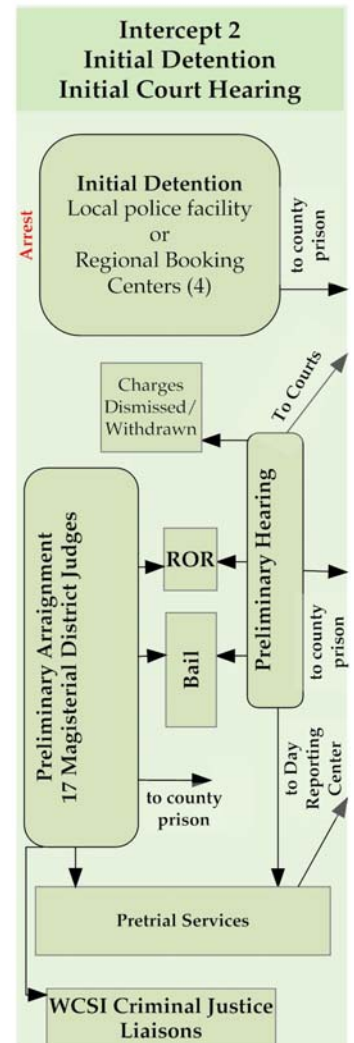
Intoxicated individuals may be kept at lock up for observation or get transportation home.

Arraignment and Preliminary Hearing

There are 17 Magisterial District Judges (MDJs) in the county. They conduct arraignment by video conferencing. When an MDJ is not on duty, arrestees are kept at the county jail until arraignment held in the morning. Approximately 5,000 court cases are processed per year. Bail is set at the arraignment. The Pre-Trial Services Division conducts assessments on all detainees except individuals charged with homicide. Pre-Trial Division is supervised by the Adult Probation and Parole Department.

Preliminary Hearings are conducted approximately seven to ten days after arraignment. Public defenders or other defense attorney becomes involved at this point.

Three new Criminal Justice Liaison positions were funded through Reinvestment dollars. The positions will be sustained through a combination of base funding and HealthChoices billing. The three Criminal Justice Liaison positions received in-service training in May and responsibilities are still being developed but will likely include diversion and linking arrestees to treatment, coordination with MDJs, and system-wide training.



Identified Gaps

- No mental health or substance use interventions at this point
- Few alternatives for intoxicated individuals
- Each jurisdiction has different process
- MDJs could benefit from more information about mental health services available
- Gaps in knowledge about crisis service availability
- Lack of communication and resources between MDJs and Courts
- MDJ's do not have authority or resources to issue orders to have individuals placed in treatment, especially at night time
- Pretrial Division no longer provides evaluations

Identified Opportunities

- One of the MDJs is on the Criminal Justice Advisory Board and is an active participant
- New Criminal Justice Liaison positions have been developed and can help address some of the gaps in the system
- Screen for suicide at booking

Westmoreland County, PA: Intercept III: Jails / Courts

General Description of Services and Cross-System Collaboration

Westmoreland County Prison

The prison has a 704-bed capacity with a current census of approximately 560, which is below the operational capacity of 80-85%. The jail averages approximately 4,000 commitments per year.

Westmoreland County Prison has a medical lock-up in the administrative segregation unit with 24/7 camera supervision. There is a detoxification protocol that may be utilized in the general population.

A suicide screening is conducted at booking and arrestees who answer "yes" are placed on suicide watch.

Medical, mental health, and dental services are all contracted to an outside provider, NAPHCARE. Psychiatric coverage is provided one day per week on Thursday 8-11:30am and a mental health therapist is available 5 days per week from 5-8pm. In addition, general jail counselors are available 7am-7pm.

Medications for new admissions may be facilitated through the Jail Liaison by obtaining verification through community mental health provider and pharmacy. When medications cannot be verified, the length of time until a psychiatric appointment varies based on the day of admission and triaging by the mental health therapist. In the first four months of 2010, the jail averaged 215 inmates per month on psychotropic medications. There were no suicide attempts during this time period.

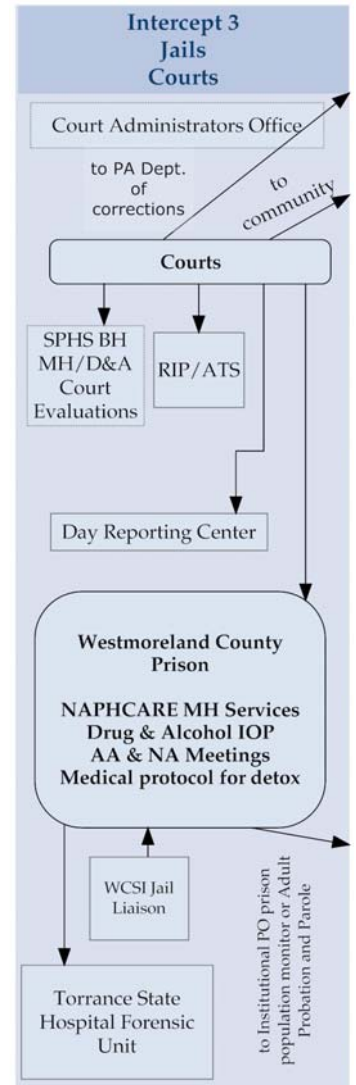
A 6-week Intensive Outpatient Program with group and individuals sessions is provided. Self-help groups such as Alcoholics Anonymous and Narcotics Anonymous also provide services.

Inmates may be committed to Torrance State Hospital on 302/304 procedures. In 2009, 1 inmate was admitted through the 302 and 4-5 through 304 procedures.

Originated with a PCCD grant, the Westmoreland County Prison sends a list of all new admissions to the Westmoreland Casemanagement & Supports, Inc. (WCSI) in order to match people receiving services through mental health department. The Jail Liaison uses the list to engage individuals in treatment planning for re-entry.

Courts

Mental health and drug and alcohol evaluations are ordered by the court and contracted through the Court Administrators Office to SPHS Behavioral Health for community evaluations. Defendants can be transferred to Torrance State Hospital for further forensic evaluation if necessary although there have been no transfers this year to date. Torrance State Hospital can also do community-based forensic evaluations.



The Emergency Court Coordinator position monitors all involuntary commitments including those for civil commitment and defendants committed to the state hospital for competency to stand trial and criminal responsibility purposes. Outcomes are tracked. The Coordinator does not track court ordered forensic evaluations completed by SPHS.

The court system has focused on the development of mental health and drug & alcohol services and has no specialty courts at this time.

Identified Gaps

- Once a week schedule of psychiatric coverage in jail may result in some individuals being off medications for several days
- Differences in formularies between the county, the jail, and the state hospital can contribute to difficulties in seamless continuity of care
 - Formulary in jail excludes controlled substances and narcotics
 - Individuals may decompensate and become Incompetent to Stand Trial again after being restored to competency at the state hospital
- Jail Liaison (WCSI) not able to assist jail with information about previous medications if the individual does not sign release of information form or has not been recently compliant with prescribed medications
- Limited diversion or interception options available for court programs – some drug and alcohol and no mental health
- Some individuals stay longer in jail because they do not have safe housing available
- Limited information about resources available for justice-involved veterans
- Courts historically more familiar with drug and alcohol services than with mental health services

Identified Opportunities

- Jail staff work to obtain medication history of new inmates in order to continue psychotropic medications in jail
- System in place for drug & alcohol evaluations and diversion to inpatient treatment
- Correctional officers have some mental health training but that training does not currently involve Westmoreland County community mental health
- Jail sends lists of all admissions and Mental Health matches to who is currently receiving public mental health services and sends Jail Liaison in to meet with clients
- MH/MR Commitment Court Coordinator keeps track of outcomes
- County has a formulary
- External Advocates (MHA employees) at Torrance State Hospital available to forensic as well as civil consumers while committed to Torrance State Hospital

Westmoreland County, PA: Intercept IV: Re-entry

The Westmoreland Casemanagement & Supports (WCSI) supports a Jail Liaison position (through base funding dollars) that provides mental health re-entry case management. The Jail Liaison follows cases throughout their stay in Westmoreland County Prison and gives priority to inmates ready for discharge. The Jail Liaison also makes referrals to higher level of case management.

The jail discharges inmates at 10am and 6pm unless a special request is made. Inmates are released through booking. Family members can pick up the individual, but no transportation is provided from the facility back the community. Forensic Case Managers are some times notified of the pending release and assist with transportation. Aftercare medications and/or prescriptions are not provided when an inmate is discharged from the Westmoreland County Prison.

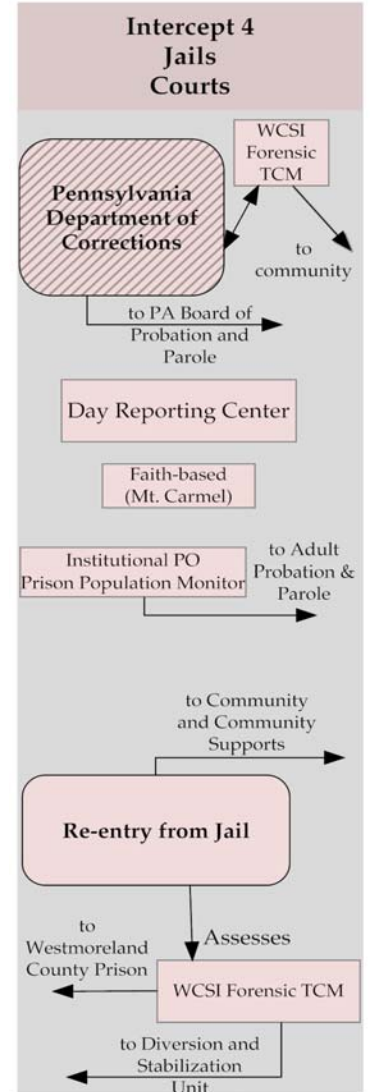
There are currently four Forensic Targeted Case Managers with pending expansion to five. Referrals may come from prison, probation, Jail Liaison, or direct contact with prisoners through letters requesting help. Additional Targeted Case Managers may also serve individuals with a criminal justice history but do not specialize specifically in criminal justice clients. The Forensic Case Managers look at the history of services and current status, present service or goal plan with appointments set up prior to discharge, and start the welfare application behind the walls.

The Adult Probation and Parole Department supports an Institutional Probation Officer stationed in the jail who is able to assist with planning for release. A Prison Population Monitor oversees the population in and out of jail and can help start paperwork for treatment and facilitate the parole plan with confirmed residence before release.

The WCSI Supervisor of the Forensic Targeted Case Management Unit also works with SCI Greensburg to develop reentry plans for state prison inmates with severe mental illness “maxing out” of their sentences. The supervisor provides in-reach to SCI Greensburg to conduct intake, develop a treatment plan, and establish appointments for approximately 15-20 inmates per year. Individuals are discharged from the Pennsylvania Department of Corrections with 30 days of medications. WCSI also assists other SCI’s throughout PA to return Westmoreland County residents to the area.

Identified Gaps

- Applications to start or restart Medical Assistance benefits for mental health clients only begin after the individual is released from jail
 - The state’s electronic application process, COMPASS is not used to start Medical Assistance applications behind the walls because case managers are not allowed to bring cell phones or computers into the jail. There is a contact identified at the local DPW office to process the applications in expedited fashion
- Need parole plan with designated place to live before being released into the community
- Very limited housing options



- No specialty probation officers for mental health clients
- No aftercare medications provided when released from jail custody to the community
- Once released, can take 30 to 60 days to see a provider and obtain medications
 - Sometimes psychiatrists will cancel or reschedule appointments several times

Identified Opportunities

- Institutional Probation Officer stationed in the jail
 - Able to assist with planning and preparation for releases
 - Has relationship with County Assistance Office to expedite applications for benefits
- Currently have 4 Forensic Targeted Case Managers and 1 Jail Liaison that reach into jail to make continuity of care connections and create service plans prior to discharge
- New Mobile Medication Education Program that allows for expanded options for psychiatric services
- Certified Community Registered Nursing Program (CCRN) offers expanded options for psychiatric services; Not a panacea though since it requires a collaborating physician, cannot prescribe all medications, and requires state approval for some medications
- If clients receive case management services from the Base Service Unit, clients can usually receive aftercare medications within two weeks of release from the jail
- Supervisor of Forensic Targeted Case Management Unit works with SCI Greensburg to develop reentry plans for state prison inmates with severe mental illness “maxing out” of their sentences
- Not necessarily focused on forensic patients but MHA’s Peer Mentor Program at Torrance State Hospital uses peers to support reentry into the community

Westmoreland County, PA: Intercept V: Community Corrections / Community Support

General Description of Services and Cross-System Collaboration

Day Reporting Center

An overcrowding problem a few years ago in Westmoreland County Prison motivated a search for additional options. When the discussion began in 2007, there were six day reporting centers operating around the state.

The planned-for Day Reporting Center (DRC) is the result of a successful PCCD grant submission intended to serve 200 offenders at any given time and will be opening in the next couple of months. The DRC will provide both drug and alcohol and mental health treatment services. The DRC is intended to focus on probation and parole violators and possibly as a mechanism for pre-trial and re-entry supervision and service provision. The DRC is opening by the end of 2010. Current collaboration efforts are focused on the policy and procedure manual to determine the overall client flow and hours of operation. The DRC budget has funding for a peer specialist position that is designed primarily for drug and alcohol.

Probation

Adult Probation and Parole Services has approximately 8,000 supervisees.

For the offender population in general, it is estimated that one in five offenders has a significant mental health problem that needs to be addressed. However, of the persons under supervision, only about 5% are identified as needing treatment and/or medication for their mental health problems. There is no specialized mental health probation unit at this time.

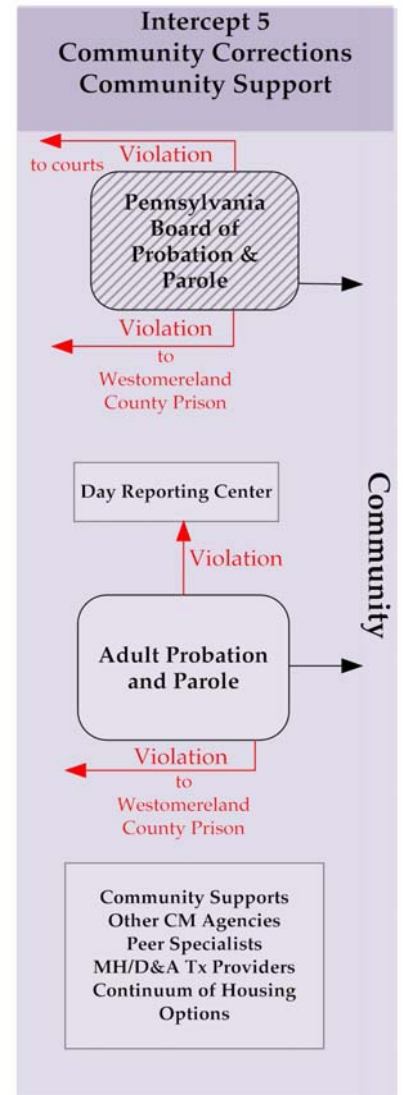
On average, 75% of probation and parolees have an issue with drug and alcohol abuse, and 50% of those individuals have a co-occurring disorder.

According to the Westmoreland County Adult Probation/Parole Annual Report (2009) 850 people were under supervision for drug law violations and 2,321 for driving under the influence.

The New Kensington and Jeannette areas are in the top three areas in the county for individuals lacking a high-school diploma and living in poverty. These two locales are also in the top four residential areas with individuals under the supervision of Westmoreland County Adult Probation and Parole.

The electronic monitoring program is the third largest in state and is currently over capacity.

The Restrictive Intermediate Punishment/Addiction Treatment Services Program (RIPATS) of Adult Probation and Parole Services was developed with state funding to divert Level 3 and 4 non-violent



offenders from state incarceration while intensively supervising them in the community through inpatient treatment, house arrest with electronic monitoring, and/or intensive supervision. The program focuses on addressing the reasons for criminal behavior and referral to appropriate services. Participants are required to complete community service hours, drug and alcohol evaluation and treatment, employment training or school attendance, and undergo random drug testing.

Housing and Homelessness

There are no specific housing options for this target population in Westmoreland County. However, there are several generic mental health housing options. A description of these options can be found in Appendix B.

Safe Harbor has 12 beds, 6 male and 6 female, for chronically homeless individuals with mental illness and/or substance abuse with a history of non-compliance and complex issues, but is not specifically designed for re-entry from Westmoreland County Prison. Safe Harbor has exclusions for violent and sex offenders.

A Diversion and Stabilization Unit is intended for diversion from hospitalization not the criminal justice system.

A Local Housing Options Team (LHOT) meets on a regular basis to coordinate housing services. Probation and jail staff has been invited to the meeting. The LHOT brings together stakeholders in the community to identify gaps and barriers to housing for targeted and complex populations and works towards using existing resources in the community and developing new ones to meet the housing needs of the county.

Peer Specialists

There are 3 providers in the county with a total of 15 certified peer specialists and 6 peer mentors who provide support but have not received peer certification.

Other Community Resources

Case management services provide treatment resources, housing resources, coordination of services, and advocacy. As noted earlier, there are also Criminal Justice Liaisons and Forensic Targeted Case Managers.

County funded community supports include representative payee mechanisms, advocacy, drop in centers, housing resources, outpatient services, and medications administration and management.

Community providers have been offered Mental Health First Aid training with some completing the training through Westmoreland Casemanagement & Supports Inc. (WCSI)

Mental Health America is an example of one agency, that provides a variety of community supports that cross intercepts including:

- Drop-in Centers
 - Community-based (Latrobe)
 - Based at Torrance State Hospital and staffed by peers (one each in two civil buildings)
- Advocacy
 - One external advocate at Torrance State Hospital for civil, forensic, and SRTP patients
 - One community advocate

- Two family/child advocates
- One ombudsman
- Representative Payee Program
- Peer Supports
 - Program based at Torrance State Hospital --- Peer Mentors
- Quality Monitoring --- Both MH/MR programs employ consumers to conduct monitoring activities
 - IM4Q --- Independent Monitoring for Quality
 - C/FST --- Consumer Family Satisfaction Team; ROSI indicators

Identified Gaps

- Very limited housing options
 - No specific housing for this population
 - Rely heavily on private landlords that are often unwilling to take this population
- No specialty probation officers
- Limited mental health training available for probation officers
- RIP/ATS has restricted eligibility criteria based on state requirements and can therefore serve a small population
- Little data available on numbers of probationers with serious mental illness
- Data developed in planning for the new Day Reporting Center found many offenders have significant contact with treatment and other human service systems
- Lack of forensic peer specialists

Identified Opportunities

- New Day Reporting Center to open this year will include both mental health and drug and alcohol treatment
 - One of approximately ten Day Reporting Centers in the state
- Alone in incorporating such extensive treatment services
 - Will be able to serve wide variety of criminal justice clients from pretrial to probation and parole supervision and reentry
 - Currently developing protocols for working with the criminal justice and treatment systems
- Cross-systems subcommittee worked closely together to develop the Day Reporting Center
 - Creative in blending various funding sources to support the DRC
 - Reinvestment funds for HealthChoices reimbursable services
 - Funds from Drug and Alcohol Single County Authority
 - PCCD funding
 - Developed a wide variety of offender/criminal justice and human service systems history of use contact
- Large electronic monitoring program
- Local Housing Options Team has shown significant interest in addressing housing needs of this target population
 - Has included Probation
- Safe Harbor willing to take some clients with criminal justice history
- Have certified recovery specialist in budget for Day Reporting Center mostly for drug and alcohol
- Supreme Court has two case management data bases (Common Pleas Case Management System and a similar case management system for Dependency Court) that could be used to identify individuals who overlap in the criminal justice and human services systems



Taking Action for Change

Westmoreland County, Pennsylvania

Objectives of the Action Planning Activity

The action planning activity begins a detailed plan for the community. It identifies tasks, time frames and responsible parties for the first few identified priorities.

Action Planning Process

A copy of the Westmoreland County Action Plan can be found beginning on page 24 of this document. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas, the individuals responsible for implementation of each action step, and a reasonable timeframe for completion of the identified tasks.

The next step should be the completion of the Action Plan matrix. The remaining priority areas will require additional work to clarify and complete the full matrix. Opportunities for both “early and quick victories” and longer-term strategies should be identified for the objectives for each priority area.

The Action Plan matrix should be completed by the CJAB Mental Health Subcommittee as soon as is feasible. The remaining priority areas will require additional work in order to clarify and complete the full matrix. Opportunities for both “early and quick victories” and longer-term strategies should be identified for the objectives for each priority area.

Westmoreland County Priorities

Upon completion of the *Cross-Systems Mapping* exercise, the participants 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. Distinct priorities were identified, including both opportunities for tactical interventions to promote “early quick victories” and more strategic interventions to stimulate longer-term systems changes. Listed below are the priority areas as ranked by the workshop participants.

Top Priorities

- Expand housing options (27 votes)
- Develop a broad based training and education initiative (23 votes)
 - Include the “Hearing Distressing Voices” exercise
 - Target staff across the intercepts including 911, law enforcement, and probation; Include State Police who cover a large portion of the county
- Develop system of transitional services after criminal justice jurisdiction ends (14 votes)
 - Incorporate civil outpatient commitment as a strategy
- Reduce the amount of time it takes law enforcement to drop off at crisis centers and improve timeliness of crisis response (11 votes)
- Improve access to services/resources/alternatives for veterans across all the intercepts (10 votes)
- Develop a coordinator/boundary spanner to keep track of criminal justice and behavioral health systems and resources in Westmoreland County (9 votes)
 - Act as a resource center to foster cross system collaboration
 - Coordinate grants
 - Collect data across systems
 - Liaison with Supreme Court to identify database capacities to identify people with overlapping criminal justice and human service systems
- Develop forensic peer specialist positions across the intercepts (8 votes)
- Expand jail mental health re-entry process to develop seamless continuity of care and address the need for aftercare medications (6 votes)
- Coordinate with Magisterial District Judges and others to intercept much earlier in the criminal justice process (6 votes)

Westmoreland County, Pennsylvania: 2010

Vehicle to move priorities forward

Objective	Action Step	Who	When
	Mental Health Subcommittee of the CJAB <ul style="list-style-type: none"> ▪ Smaller subcommittee to make action plan happen ▪ Take back to CJAB to get players on board ▪ Judge Pezzi is chair and Paul is facilitator 	Carol Dunlap Paul Kuntz	

Westmoreland County, Pennsylvania: 2010

Priority Area 1: Expand housing options

Objective	Action Step	Who	When
1.1	Local Housing Options Team (LHOT) as the lead <ul style="list-style-type: none"> ▪ Get them interested in forensic issues ▪ York County report- Carol knows Diana Myers ▪ PA Recovery Website - New Housing Guidelines Toolkit 	LHOT Tim Merlin Jen Browne	
1.2	Invite Probation Office and Joe to the meetings		

Westmoreland County, Pennsylvania: 2010

Priority Area 2: Develop a broad-based training and education initiative

- Include Hearing Distressing Voices training
- Target staff across the intercepts including 911, law enforcement, and probation
 - Include State Police who cover a large portion of the county

Objective	Action Step	Who	When
		Eric Schwartz CJ Liaisons Tim Merlin Renee Altman	
2.1	Initial Contact with police Providing information to each of the police jurisdictions on mental health services <ul style="list-style-type: none"> ▪ What can and cannot be provided 	CJ Liaisons	June 1st
2.2	Initial contact with MDJs Providing information to each of the MDJs on mental health services	CJ Liaisons	June 1st
2.3	Increase awareness of drug and alcohol trends Provide countywide training, resources, and referral process	Tim Merlin and Tim Phillips	
2.4	Increase awareness of narcotics treatment programs Education of narcotics treatment availability	Treatment providers	
2.5	Increase awareness of other recovery support groups Explore the other support to promote public information on recovery	Recovery advocates Peer specialists/peer mentors	
2.6	Work with 911 Educate on the broader knowledge of mh and drug and alcohol services		
2.7	Disseminate Hearing Distressing Voices Exercise <ul style="list-style-type: none"> ▪ CoE will provide summary of materials needed ▪ Torrance holding a Continuity of Care meeting with all counties and police ▪ Laurel Highlands will train in the region for free 	Sherry et al. will take the lead	

2.8	Increasing number of police officers who have CIT training			
2.9	Consider options to do a shorter version	<ul style="list-style-type: none"> ▪ CoE will provide Bucks County contact who started with a 6 hour training, then developed a more complete CIT training ▪ Follow up with Bill re strategies to help officers be more familiar with behavioral health services 		
2.10	Reaching out to the various law enforcement jurisdictions	<ul style="list-style-type: none"> ▪ Police Chief Association 		
2.11	For treatment staff, focus on co-occurring disorders	<ul style="list-style-type: none"> ▪ Community treatment providers 		
2.12	For treatment staff, focus on criminogenic factors			

Westmoreland County, Pennsylvania: 2010

Priority Area 3: Develop a system of transitional services after criminal justice jurisdiction ends

- Incorporate civil outpatient commitment strategy

Objective	Action Step	Who	When
3.1 Case management as the vital link	Develop referral process from the criminal justice system to case management <ul style="list-style-type: none"> ▪ Keep it simple ▪ Develop an early warning process allowing sufficient time to bring all the team people together to engage the client and set up necessary appointments ▪ Work with CJ Liaisons to facilitate this process 		
3.2 Engage peer specialists in this linkage process			
3.3 Plan for addressing bottlenecks and delays in receiving in services	Identify resource availability and their capacity to accept clients at any given time	Jill Kowalewski and STAR meetings	

3.4		<p>STAR meetings</p> <ul style="list-style-type: none"> ▪ Recently began to review cases and coordinate services of high utilizers and individuals struggling in the community ▪ Focus on state hospital population both admittance and re-entry ▪ Include peer specialists in the meetings ▪ Have also had joint meetings to focus on youth transitioning from juvenile to adult system 	<p>Jill Kowalewski</p> <p>Services Team for Adults in Recovery</p>	
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Westmoreland County, Pennsylvania: 2010

Priority Area 4: Improve access to services/resources/alternatives for veterans across all the intercepts

Objective	Action Step	Who	When
4.1	<p>Have meeting to be planned</p> <ul style="list-style-type: none"> ▪ Communicate with Sherry to join efforts ▪ Contact Sherry, Tom, or Paul 	<p>Paul Kuntzand Tom Plaitano</p>	<p>Quarterly meetings</p>
4.2	<p>Veterans committee already in place</p>	<p>Sherry Anderson</p>	<p>August 6 @ 1:30 Janet Ave. Blair Room</p>
4.3	<p>Engage military families</p>	<p>“</p>	
4.4	<p>Meeting with Director of Veterans Bureau</p>		
4.5	<p>Pittsburgh VAMC Veterans Justice Outreach Specialist</p>	<p>Contact Pittsburgh VAMC Veterans Justice Outreach Specialist</p>	
4.6	<p>Otis Nash, Lebanon VAMC-Re-entry from state prison</p>	<p>Contact VAMC-Re-entry from state prison</p>	
4.7	<p>Jail asks about veterans status at admission in classification</p>	<p>Ed Zalewski</p>	
4.8	<p>Identify vets at the MDJ level</p>	<p>Tom to circulate questions to MDJ office to ask at intake</p>	<p>Tom Paltano – only 30% of CJ population cases end up at the jail</p>

Westmoreland County, PA Mental Health and Justice Center of Excellence Report, May 2010

4.9	PA Jail Diversion and Recovery for Veterans with Trauma Related services	State Advisory Council		
4.10	Justice Seamus McCaffery Supreme Court Taskforce with Dept of VA	Contact Karen Blackburn, Problem Solving Courts Coordinator for the Administrative Office of the Pennsylvania Courts for more information		
4.11	Vets State Council	County Commissioner Anderson (ret. Marine Col) is on council		

Westmoreland County, Pennsylvania: 2010

Priority Area 5: Reduce amount of time it takes law enforcement to drop off at crisis centers and improve timeliness of crisis response

Objective	Action Step	Who	When
5.1	Determine current time spent in ER Work with police and hospitals to establish data collection procedure to collect baseline data <ul style="list-style-type: none"> ▪ Pilot with one ER and one police department 	Kris Johnson Bill Supancic Westmoreland Community Action Ray Grabowski	
5.2	Examine process from first contact to disposition		
5.3	Examine and revise all steps that are not all value added	Might be some barriers with policies but may be able to be addressed	
5.4	Implement changes and re-evaluate		
5.5	Expand from the pilot		next week

Westmoreland County, Pennsylvania: 2010

Priority Area 6: Develop a coordinator/boundary spanner to keep track of criminal justice and behavioral health systems and resources in Westmoreland County

- Act as a resource center to point people in right direction to foster cross system collaboration
- Coordinate grants
- Collect data across systems
- Liaison with Supreme Court to identify database capacities to identify people with overlapping criminal justice and human service systems contacts

Objective	Action Step	Who	When
6.1	Create working group Ensure representation from all organizations attending the workshop <ul style="list-style-type: none"> ▪ Start with participant list from this workshop to identify people from each organization ▪ Email participants to solicit work group members 	Cindy Bahn Laurie Barnett Levine MH Subcommittee of the CJAB	
6.2	Aggregate resource information Gather information on agencies/systems represented on map	Work group	
6.3	Develop unduplicated count		
6.4	Organize the data in some kind of useable system that can be used to get grants --- create home for data aggregation Identify agency/individual to gather standardized data	Work group	
6.5	Promote resource information availability Live, print, electronic	All workshop participants	
6.6	Resources available		
6.7	Talk with Stanton Farm Foundation about possibly funding this effort Accepts proposals twice a year		
6.8	Create home for grant information <ul style="list-style-type: none"> ▪ Identify relevant sources of funding such as government, foundations, etc. ▪ Identify "home" for this information ▪ Maintain a list of freelance grant writers 	Work group	

Westmoreland County, Pennsylvania: 2010

Priority Area 7: Develop forensic peer specialist positions across the intercepts

Objective		Action Step	Who	When
7.1	Education	<ul style="list-style-type: none"> ▪ Educate across the intercepts ▪ Use the Sequential intercept model 	Barb Bruner, Rick Yasik, Vern Klingerman, and Austin Breegle	
7.2	Coordination amongst the agencies that currently offer peer support	Working together to establish common protocols		

Westmoreland County, Pennsylvania: 2010

Priority Area 8a: Expand jail mental health re-entry process

- Develop seamless continuity of care
- Address need for aftercare medications

Objective		Action Step	Who	When
8a.1	Link individuals to treatment and medications in the community	Meet with the jail to discuss medications at discharge		
8a.2		CJ representatives share info with CJAB, Warden, Prison Board, judges, etc to reevaluate policies and procedures		
8a.3				

Westmoreland County, Pennsylvania: 2010

Priority Area 8b: Coordinate with Magisterial District Judges and others to intercept much earlier in the criminal justice system

Objective	Action Step	Who	When
8b.1	Use the CJ Liaisons to address this issue	Eric Schwartz	
8b.2	Partner with the MDJs	Judge Conway	
8b.3	Quarterly outcome measurements to look at success	Eric Schwartz	

Conclusions and Recommendations: Summary

Participants in the *Cross-Systems Mapping* and *Taking Action for Change* workshops 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 Westmoreland County criminal justice system. Westmoreland County is poised to tackle a number of critical issues that will greatly improve services for this group. The assembled stakeholders spent time crafting strategies related to improving the collaborative infrastructure for the group and addressing the gaps and opportunities at each intercept.

The Westmoreland County Action Plan matrix should be completed by the planning group as soon as is feasible. The remaining priority areas will require additional work in order to clarify and complete the full matrix. Opportunities for both short-term changes and longer-term strategies should be identified in each priority area. We suggest that the group start by reviewing the Sequential Intercept cross-systems map and supporting information developed through the workshop for accuracy and completeness.

Westmoreland County is currently doing excellent work to enhance collaboration, improve services, and increase community alternatives for people with mental illness involved in the criminal justice system. The recommendations offered below can be used to build on recent accomplishments to enhance cross-system collaboration and the current service delivery system.

Summary of Recommendations

The priorities developed during the *Cross-Systems Mapping* workshop along with the first draft of the Action Plan provide a strong framework to improve services for persons with mental illness and co-occurring substance use disorders involved in the criminal justice system in Westmoreland County. The expansion of the planning group to tackle the priorities established during the *Cross-Systems Mapping* and *Action Planning* exercises is an essential first 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, 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.

The recommendations are organized according to the Sequential Intercept Model. Some of the recommendations cross all the intercepts and may reflect a need for larger regional and statewide initiatives or coordination. Please also see the appendices for more resource information.

Cross-Intercepts

- At all stages of the Sequential Intercept Model, data should be developed to document the involvement of people with severe mental illness and often co-occurring disorders involved in the Westmoreland County 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
 - 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>
- Initiate ongoing meetings with the Allegheny Veterans Affairs Medical Center (VAMC) including the new Veterans Justice Outreach Specialist (Contact: beverly.vanderhorst@va.gov) responsible for diversion of veterans. Otis Nash of Lebanon's VAMC is responsible for re-entry of veterans from state and federal prisons (Contact: Otis.Nash@va.gov)
 - Examine screening procedures to identify veterans entering the criminal justice system
 - Consider a list of questions for screening that might include some of the following:
 - Did you ever serve in the US Armed Forces?
 - In what branch(es) of the Armed Forces did you serve?
 - When did you first enter the Armed Forces?
 - During this time did you see combat in a combat line unit?
 - When were you last discharged?
 - Altogether, how much time did you serve in the Armed Forces?
 - What type of discharge did you receive?
 - Are you receiving services from the VA?
 - Do you receive VA benefits?
 - Identify resources to help veterans successfully reenter the community
 - See http://www1.va.gov/HOMELESS/Reentry_Guides.asp
 - See the recent GAINS monograph regarding addressing the needs of veterans who become involved in the criminal justice system; *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions*, see www.gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf
 - Justice Seamus McCaffery of the Pennsylvania Supreme Court and Michael Moreland, Director of the Department of Veterans Affairs VISN 4 region, have developed a state task force to address veterans in the criminal justice system
 - Contact Karen Blackburn, Problem Solving Courts Coordinator, of the Administrative Office of the Pennsylvania Courts for more information; karen.blackburn@pacourts.us
 - Pennsylvania recently received a five year grant to develop a statewide effort for jail diversion for veterans with trauma related disorders. The initiative will begin with pilots in Allegheny and Philadelphia and then expand throughout the state.
 - Contact Terry Moloney of DPW's Office of Mental Health and Substance Abuse Services for further information; tmoloney@state.pa.us
- Expand peer counseling, support, and specialists to promote recovery. Build on the energy and interest of consumers who attended the workshop by expanding the work of the peer specialists to criminal justice-involved populations. The consumers attending the workshop were knowledgeable, experienced, and had many thoughtful ideas about ways services can be improved in Westmoreland County.
 - Several localities around the country (New York City and Memphis, for example) have found that peer specialists with a personal history of involvement in the mental health and criminal justice systems have been effective in engaging individuals who have previously resisted traditional mental health efforts
 - Continue to include consumers in future planning efforts
- Continue to include and build upon the work of the family members who have shown interest in collaborating to improve the continuum of criminal justice/behavioral health services. Many communities have found family members and consumers to be the most effective "voices" in helping to bring increased resources to the community.

- Review screening and assessment procedures for mental illness, substance abuse, and co-occurring disorders across the intercepts.
 - As noted in Appendix D on Evidence Based and Promising Practices, the GAINS Center monograph by Peters, Bartoi, and Sherman, *Screening and Assessment of Co-Occurring Disorders in the Justice System*, includes the most up to date information about screening and assessment tools in criminal justice settings
 - See <http://www.gainscenter.samhsa.gov/html/resources/publications.asp>
 - The authors note: *Accurate screening and assessment of co-occurring disorders in the justice system is essential for rapid engagement in specialized treatment and supervision services. Screening for co-occurring disorders should be provided at the earliest possible point in the justice system to expedite consideration of these issues in decisions related to sentencing, release from custody, placement in institutional or community settings, and referral to treatment and other related services. Due to the high prevalence of co-occurring disorders among offenders, all screening and assessment protocols used in justice settings should address both disorders. The high prevalence of trauma and physical/sexual abuse among offenders indicate the need for universal screening in this area as well. Motivation for treatment is an important predictor of treatment outcome and can be readily examined during screening. Drug testing is also an important component of screening and serves to enhance motivation and adherence to treatment.*
- Explore grant-funded opportunities for diversion and reentry, specifically those planned to be offered in Pennsylvania in the near future.
 - Examine the state plan disseminated in 2009 entitled, *Developing a Statewide Strategic Plan to Guide Pennsylvania's Response to People with Mental Illnesses Involved with the Criminal Justice System*
 - The Mental Health Task Force developing the plan used the Sequential Intercept Model to frame the inquiry and partnered with the Council of State Governments, the Department of Public Welfare's Office of Mental Health and Substance Abuse Services, the Pennsylvania Commission on Crime and Delinquency, other state agencies, and other stakeholders to develop the plan
 - See: http://www.parecovery.org/documents/Adult_Justice_Strategic_Plan.pdf
 - Work closely with your assigned Pennsylvania Commission on Crime and Delinquency (PCCD) Regional Representative to identify upcoming PCCD funding opportunities.

Intercept I: Law Enforcement and Emergency Services

- Provide regular behavioral health training on responding to crises and accessing resources for local law enforcement, State Police, other first responders, probation, and other criminal justice staff.
 - Include local law enforcement agencies and State Police in the planning for this training
 - Include the 911 Dispatch Call Center staff and the State Police Call Center Dispatch in the training
 - Cross train and train collaboratively the mobile mental health crisis responders, 911, and State Police Dispatch staff, and other first responders
 - Include consumers and family members in the training

- Modify Crisis Intervention Team training (CIT) or other training to accommodate smaller jurisdictions with limited staffing and time for training
 - Consider current Pennsylvania work being done to provide training to law enforcement on mental health issues such as:
 - Family Training and Advocacy Center; contact John MacAlarney, JD (jmacii@comcast.net)
 - Montgomery County Emergency Services; contact Don Kline, PhD (dkline@mc.es.org)
 - Crisis Intervention Team (CIT) programs currently in operation or in planning:
 - Allegheny: contact Amy Kroll (AKroll@dhs.county.allegheny.pa.us)
 - Philadelphia: contact Michele Dowell (MDowell@pmhcc.org)
 - Laurel Highlands Region: see: www.laurelhighlandscit.com/
 - > The Laurel Highlands CIT is willing to provide training to law enforcement in Westmoreland County. They are familiar with working with smaller and multiple law enforcement jurisdictions.
 - Bucks County: see www.namibucks.org
 - York County is in the planning phase
 - Sgt. (ret.) Jeff Bare: Retired from Lancaster City Police
 - Completing a master's degree in marriage and family therapy
 - Provides training to Philadelphia's CIT on de-escalation and "suicide by cop"
 - Contact him at jeffbare@supernet.com or (717) 805-4309
 - Include the "Hearing Distressing Voices" Exercise
http://www.power2u.org/mm5/merchant.mvc?Screen=PROD&Store_Code=NEC&Product_Code=Curricula-HearingVoicesDistressing&Category_Code=hearingvoices
 - A recent publication by the Council of State Governments' Justice Center is a helpful resource in these efforts:
 - "Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions"
 - http://www.consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf
 - Consider incorporating Mental Health First Aid training currently being used by community providers into training for criminal justice staff

Intercept II: Initial Detention and Initial Hearing

- Provide additional training and resources to the Magisterial District Judges (MDJ) to enhance their role in diversion.
 - Provide resource information and 24/7 contact information for crisis staff to assist in identifying people with mental illness who could be diverted and allow for prompt referrals
- Increase information sharing to enhance rapid identification of current mental illness and history of services so diversion can be immediately initiated.
 - Develop “super release forms” across all relevant parties so information can be shared
 - In cases of critical mental health emergencies, develop a linkage system to the mental health crisis staff for consultation, collaboration, and information sharing to enhance law enforcement’s ability to make early diversion
 - Use an alert system in the prison to show past history of mental health issues in prison, so rapid identification can be enhanced
 - Network information across all relevant parties in this phase of diversion

Intercept III: Jails and Courts

- Develop protocols to provide exceptions to the jail formulary on a case by case basis. This would allow changes in medication when a client has been restored to competency to stand trial with a particular medication received from the state hospital and/or when a client has done particularly well historically on a medication or has struggled to find the right medication in the community

Intercept IV: Reentry

- Formalize and systematize the reentry process for all individuals with mental illness leaving the prison. This is an ideal opportunity to ensure continuity of care and work proactively to avoid return to the criminal justice system.
 - Consider using the APIC model and GAINS Center reentry check list
 - See <http://www.gainscenter.samhsa.gov/html/resources/publications.asp>
 - Develop a protocol for ensuring continuity of care when the release from prison was not anticipated by the prison mental health staff
 - Focus particular, intensive attention on those with repeated prison admissions
 - Focus on the “time served” surprise discharges
 - Consider developing a protocol with a court order that allows for some linkage efforts with judges, district attorney, and public defender
- Build on current behavioral health system work to systematically develop “in-reach” efforts into the prison to identify each inmate with severe mental illness and often co-occurring disorders in order to facilitate continuity of care and alternatives to incarceration.
 - Determine who might have been missed in these efforts
 - Coordinate the resources offered by the prison’s mental health staff, community providers, probation, and others

- Data from Pierce County, Washington indicates that individuals with severe mental illness were four times more likely to attend their first post-release mental health appointment if someone from the community mental health system met with them while they were still in prison
- Examine the work in Erie County where the criminal justice and behavioral health systems collaborate closely on two teams to work on developing discharge plans for people leaving their prison: the Aftercare Mental Health Team at the Erie County Prison and the Community Mental Health Treatment Team
 - The two teams meet on alternating weeks to anticipate, plan for, and follow up on transitions to the community; they focus on both individual cases and addressing systemic issues
 - Contact Sheila Silman, M.S. at ssilman@eccaremgmt.org or (814) 528-0601
- Address the lack of aftercare medication from the jail by exploring ways to develop the “bridge medication” needed when a person reenters the community from the jail so there is not a lapse in treatment that precipitates further criminal justice system involvement and potentially another jail admission.
 - Note that the Pennsylvania Department of Corrections provides 30 days of aftercare medication upon discharge. Jails in Pennsylvania typically provide aftercare medication, prescriptions, and close coordination with community mental health services to allow discharged inmates to immediately continue psychotropic medications upon release.
 - Consider the development of rapid reentry follow up appointments with select providers for people with serious mental illness or those who are on medication that needs to be maintained to reduce recidivism
 - Examine the work in Franklin County where the Court Liaison Intervention Project has contracted with a psychiatrist to prescribe transitional psychotropic medications and to treat the individual until the community psychiatrist is able to see them
 - Salvation Army assists with paying for medications
 - Contact Melyssa Flud at mhflud@co.franklin.pa.us or (717) 264-9513 X 21667
- Expand involvement of peer support specialists to help with reentry.
 - Utilize the experience and resources of The Main Link Forensic Peer Support program in Bradford and Sullivan counties
 - See: <http://www.themainlink.net/peer.php>
 - Contact D.J. Reese at jdjrees@gmail.com or (570) 265-0620
 - Examine the new Main Link work release program for prison inmates with severe mental illness
- Systemically expedite access to Medical Assistance, Social Security, and other benefits to facilitate successful reentry to the community.
 - Explore more consistent, rapid reinstatement of Medical Assistance benefits

- Include local and state Medicaid people in the process
- See further information about accessing Social Security benefits and the SOAR program in Appendix D

Intercept V: Community Corrections and Community Support

- Contact the Chesterfield County Virginia Day Reporting Center, Victoria Trent, Treatment Coordinator (804 706-1279), for more information about the Dual Treatment Track provided by their day reporting center. This program, established under a federal grant, provides a post-booking diversion option for offenders with co-occurring disorders. This integrated treatment program was developed as the result of a collaboration by the local Community Services Board and Community Corrections Services. Participants participate in psycho-education and therapeutic groups that address their mental health and substance abuse issues. They are also closely monitored in the community while able to remain with their present support systems and maintain family cohesion.
- Consider specialized probation caseloads
 - Consider the growing empirical research on 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
- In addition, 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
- This information may also be useful for inclusion in diversion efforts and the new day reporting center
- Expand supportive employment options.
- Explore expansion of housing options for people with mental illness involved with the criminal justice system. Housing is essential for successful reentry and to reduce recidivism.
 - Build on the interest of the Local Housing Options Team in developing further housing options targeted for this population.
 - Two resources offer thoughtful assistance in helping communities develop housing alternatives for this population:
 - 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 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)

- 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 prison in the annual “one day count” of homelessness in the county
 - Centre County included the county jail in their January 2009 study
 - That information has been useful in planning for housing resources specifically targeted for this population
 - Include this information in the Westmoreland County 10 Year Plan to End Homelessness
 - Document the numbers of people being held in jail who could be released if they had suitable housing
 - Probation has indicated their interest in compiling this information on jail inmates under their supervision who are waiting for an address in order to be released from jail
- Explore collaboration and coordination with the faith-based community, especially in the areas of reentry, housing, transportation, and community support.

Closing

Westmoreland 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 collaborative work demonstrated in the planning of the new Day Reporting Center and its inclusion of behavioral health services is particularly impressive. The *Cross-Systems Mapping* and *Taking Action for Change* workshop participants displayed genuine interest in improving the continuum of criminal justice/behavioral health services in Westmoreland County by developing a coordinated strategy to move forward with the identified priorities.

By reconvening and supporting the work of the group in coming months, it will be possible to maintain the momentum created during the *Cross-Systems Mapping* and *Taking Action for Change* workshops and build on the creativity and drive of key local stakeholders. Our understanding is that workgroups have already begun to meet to expand upon the progress made during the workshop. Pennsylvania Mental Health and Justice Center of Excellence hopes to continue its relationship with Westmoreland County and to observe its progress. Please visit the Pennsylvania Mental Health and Justice Center of Excellence website for more information and for additional services to assist in these endeavors, www.pacenterofexcellence.pitt.edu.

Appendix A: Participant List

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Appendix B: Westmoreland County Community Services Resources

Assertive Community Treatment (ACT) – ACT is a consumer-centered, recovery-oriented mental health service delivery model that is designed to work closely with individuals providing comprehensive community-based treatment. It is a self-contained program made up of a multidisciplinary mental health staff, including a peer specialist. ACT services are targeted to individuals with severe and persistent mental illnesses that cause significant impairments and symptoms. Individuals who have had a history of struggling to access or respond to traditional mental health services or difficulty fitting into their community are considered appropriate for this service. The ACT team provides a majority of their interventions in the home and community setting. The program also provides services to individuals who are homeless or in imminent risk of becoming homeless.

Case Management/Targeted Case Management (TCM) - Case managers assist in locating needed resources such as medical, social, educational and other services. TCM is the blending of intensive case management and resource coordination services into one "blended" model so that the same case manager can continue to serve the individual regardless of which level of service is indicated at any particular point in time.

Community Advocate- Assists individuals in a variety of settings which include but are not limited to civil and criminal justice systems, landlord/tenant disputes, and acquiring public benefits. They also are a resource for navigating the mental health and other systems.

Community Employment and Employment Related Services (CEER)- Specialized job training and placement services provided with the assistance of job coaches in the community including a Clubhouse model.

Medication monitoring and education program -- Services are delivered to consumers in nursing homes, personal care homes, temporary residential facilities as well as their own homes in the community. The main focus of the psychiatric mental health nurse is to promote and maintain optimal mental functioning, to prevent further dysfunction, and to help consumers regain or develop their coping abilities. The psychiatric nurse utilizes assessment, planning, intervention and evaluation as the mode of care delivery. Education and medication management also play key roles in service delivery not only to the consumer but also to their families, caretakers and human service system providers.

Community Support Program (CSP)- Collaboration of professionals, consumers, family members and other interested community stakeholders working together to improve opportunities for people with serious mental health problems.

Consumer and Family Satisfaction Team- A consumer/family member-run team who conducts interviews with consumers receiving services in the mental health system. The results are used to help programs refine and improve services needed.

Community Outreach through Resources and Education (CORE) –Community based support services that help 16-24 year olds as they move from the children's system of mental health services into the adult mental health system.

Crisis Intervention/Mobile Crisis - Crisis intervention/mobile crisis have staff available to meet with and/or speak to at any time if you are in crisis or have an emergency. Service delivery can be by phone (crisis hotline) or in person.

Crisis Residential Services/Diversion Stabilization Unit– Crisis Residential Services can be available to those who are in crisis and need 24-hour support. These services are not as intensive as

an inpatient psychiatric program, but can be used short-term (usually 5-7 days) to help you remain in the community. This service is available for adults and children.

Drop-In Centers - Both consumer-run and professionally staffed facilities are available to provide mental health consumers with activities and services to provide emotional support, education and skills training, employment skills and counseling, social skill development and promotion of independent living and empowerment of consumers.

Mobile Supports Program (MISA) - Services specialized in the prevention and treatment of drug and alcohol issues for mental health consumers. These services are provided in the CRR (community residential rehabilitation programs), Drop-In Centers, LTSR (Long Term Structured Residential Program) and various identified sites and individual homes throughout the county. These individual and group services can be provided on a weekly basis. There is an adult and transitional age program available.

Ombudsman Program- Representatives provide information about managed care, filing complaints and grievances, consumer rights, and help to solve problems for consumers of mental health and/or substance abuse services.

Partial Hospitalization/Acute Partial Hospitalization -Programming is available for children and adults who require less than 24 hour care, but more intensive mental health services than offered in outpatient. In service provision for children there is an educational component. Acute partial is delivered in a shorter and more intensive treatment time frame.

Peer Mentor - is a consumer support service in which a person who is a consumer of mental health services provides mentoring and support to another peer. The Peer Mentor builds and nurtures relationships between peers which assists in their journey of recovery and wellness. Characteristics include mutual respect, trust, hope and education. Peer Mentor compliments other services such as Peer Specialist; since Peer Mentor is not a Medicaid reimbursable service, there is more latitude for the type of services that can be provided

Peer Specialist - Peer support services are specialized therapeutic interactions conducted by trained professionals (certified peer specialists) who are self-identified current or former consumers of behavioral health services. This provides a unique opportunity for the individuals served to share their story and work on their goals with someone who has walked in their shoes. Services are self-directed and person-centered with a recovery focus and include individual advocacy, crisis management support and skills training.

Personal Care Home Supports Program

ACE (Achieving through Community Experience)- Individual support for the consumer is provided in the form of skills training, counseling, recreational activities, mobility training, budgeting etc. Services are also offered to individuals living in Domiciliary Care. Services delivered to personal care homes may offer training and supports for the staff working with the mental health consumer.

Psychiatric Rehabilitation (site based/mobile) - Psychiatric Rehabilitation staff work with you to develop the skills to live as independently as possible in the environment of your choice. The goals of this program are recovery, to establish a role for you in your community, and to create a support system for you. These services can be provided in an office or in your home.

Representative Payee Program - A program designed to help consumers who have difficulty with managing their finances.

Social Rehabilitation - Social rehabilitation includes programs or activities designed to decrease the need for structured supervision through teaching or improving self-care personal behavior.

Warmline is a non-emergency, toll-free peer support telephone line for mental health consumers and their family members. It is staffed by consumers who provide understanding, respectful, supportive conversation to each caller. The Warmline staff is trained to provide callers with community resource information and assist callers with problem solving and self advocacy strategies to facilitate recovery.

Appendix C: Westmoreland County Housing Options

Long Term Structured Residence (LTSR) - The Westmoreland LTSR is a program that provides a safe and therapeutic environment where residents can learn the critical skills needed to increase personal independence and social integration into the community. This highly structured residential mental health treatment facility is designed to serve individuals 18 years of age or older who do not need hospitalization, but who require mental health treatment and supervision on an ongoing 24-hour per day basis. The average length of stay is 6-12 months.

Community Residential Rehabilitation Services (CRR) - Both full care and partial care services are available. Full Care is a residential home like setting with 24/7 staff. Partial Care is apartment like setting with limited staff hours. These services are specifically designed and operated to assist persons 18 and older with chronic psychiatric disability, to live as independently as possible through the provision of training and assistance in the skills of community living and by encouraging the person to focus on their recovery. Services may include medication management, rehabilitation services, social and independent living skills instruction, emotional supports and renter skills.

Housing Support Services - Supportive Living Services are provided to consumers and landlords that help consumers to access and maintain housing. Some of the services provided are renter and home maintenance skills, landlord/tenant negotiations, housing location assistance, budgeting, vocational linkages, transportation education etc. These supportive services offer an alternative that is less restrictive than traditional supportive housing services. Service delivery is flexible with a responsive system of community supports put in place and is designed to increase housing options and maximize the length of stay in chosen housing.

Housing Assistance Program

The Housing Assistance Program assists eligible adults with mental illness, co-occurring disorders and other special needs populations who are in need of locating housing, rental subsidy and/or other financial supports to secure and/or maintain stable housing. The Coordinator will link with provider resources, assess appropriateness for financial assistance, gather housing options in Westmoreland County and develop a clearinghouse database.

Respite services for adults/Diversion and Stabilization Unit - Respite programs are staffed 24 hours a day, 7 days a week with awake staff. The respite units are intended to avoid and/or shorten community hospital inpatient stays. These services are designed to be utilized as a step down from an inpatient stay or diversion from a mental health inpatient unit as appropriate. The program will provide on an individual basis psychiatric assessment, medication monitoring, and service linking. In addition the program's daily schedule will include a variety of individual and group sessions aimed at promoting coping skills, symptom stabilization and preparing for discharge. In preparing for discharge, daily assessments are conducted to determine ability of the consumer to live in the community and appropriate contacts and service linkage is implemented.

Safe Harbor - This is a permanent supportive housing option for a maximum of 12 disabled men and women who are chronically homeless, specifically individuals with mental illness and/or substance abuse with a history of non-compliance and complex issues.

Pathways Permanent Supportive Housing Program - The goals of this program is to provide safe affordable housing and housing supports to individuals who meet the admission criteria of being chronically homeless and have a mental health diagnosis. There are 9 furnished apartment units with the maximum capacity of serving 10 individuals.

Westmoreland County Housing Authority

The Westmoreland County Housing Authority offers a multitude of housing and programs providing local preference to individuals who are homeless and/or have disabilities. These programs vary from HUD Section 8 housing to a Family Self-Sufficiency program to Home Ownership programs.

Other Housing Options

Independent Living – Independent living means to live in your own house or apartment with mental health supports available from community resources in Westmoreland County upon your request.

Other options allow you to own your home, or a portion of your home. However, this means that you are responsible for paying a mortgage and all repairs.

Home Ownership – When you buy your own home, you will need to save for a down payment. You are able to pick the location and type of home. Mental health supports will be available from community resources in Westmoreland County upon your request.

Shared housing - Shared housing is a living arrangement where two or more unrelated people share a home or apartment. Each person has a private room and shares common areas including the kitchen, dining room and living room. There are two models of shared housing, match-up and group shared residences. In a group shared residence you would be living cooperatively in a single large dwelling with 4-6 other people. In a Shared Housing Match-up model, you would be sharing a home with just one other person. **This housing option has recently been made available to Westmoreland County consumers.**

Fairweather Lodge - The Fairweather Lodge is currently in the planning phase and is a peer-based housing and employment program, with goals of providing emotional support, a place to live, and employment opportunities for all household members to work together in a paid job. Typically, 5-8 people share a home, and there is no on-site staff.

Shelters available to Westmoreland County

Emergency Shelter for women and families

This shelter has a capacity of 4 families and 10 single women and is located in Greensburg, PA.

Women and Families-

Welcome Home Contact Shelley Minnick

218 S. Maple Ave. Suite 200

Greensburg, PA 15601

724-838-9133

Shelter for men (Union Mission)

This program has a capacity of serving 10 men. Men's Shelter-

Union Mission Contact Dan Carney

2217 Harrison Ave.

Latrobe, Pa 15650

724-539-3550

Domestic Violence

Blackburn Center Against Domestic & Sexual Violence

PO Box 398
Greensburg, PA 15601
Contact: Cathy Reeves
724-837-9540 (office)
724-839-1122 (hotline)
1-888-832-2272 (hotline)

Alle-Kiski Area HOPE Center, Inc.

PO Box 67
Tarentum, PA 15084
Contact: Erin Gillette
724-224-1100
(located in Allegheny County)

Appendix D: Resources on Cultural Competence for Criminal Justice/Behavioral Health

Below is a short bibliography of helpful resources that address cultural competency issues in criminal justice and behavioral health settings:

“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>. Retrieved 8-14-07.

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 E: 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, Delaware County may want to assess its successful use of evidenced-based and promising practices in each of these areas. Key areas to examine are listed below. Many resources to illustrate these evidence-based practices can be found at the National GAINS Center website, www.gainscenter.samhsa.gov.

Criminal Justice

- A focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept
 - A short bibliography of helpful resources that address cultural competency issues in criminal justice and behavioral health settings [Appendix B]
 - *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
- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
 - Policy Research Associates provides cross-training to help criminal justice professionals and service providers to become trauma-informed [training@prainc.com]
- The need for gender-informed practices at all intercepts
- Facilitation of transitional planning and linkage of individuals to appropriate services in the community
 - *A Best Practice Approach to Community Re-Entry for Inmates with Co-Occurring Disorders: The APIC Model*; the APIC model and the transitional planning checklist, currently being used by the Jericho Project in Memphis, Tennessee, provides criminal justice, behavioral health, and others with a concrete model to consider for implementing transitional planning across all intercepts, see www.gainscenter.samhsa.gov/pdfs/reentry/apic.pdf
- Information sharing across criminal justice and treatment settings
 - *Dispelling the Myths about Information Sharing Between the Mental Health and Criminal Justice Systems* and an example of an information sharing MOU, see www.gainscenter.samhsa.gov/pdfs/integrating/Dispelling_Myths.pdf

Screening, Assessment, Engagement, and Treatment

- Screening and assessment of co-occurring disorders
 - See the monograph *Screening and Assessment of Co-Occurring Disorders in the Justice System* for the most up to date information about screening and assessment tools in criminal justice settings
 - <http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf>
- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
 - *Illness Management and Recovery*; a fact sheet developed by the GAINS Center on the use of this evidence-based practice for criminal justice involved populations that may be of value to the jail mental health staff and community providers, see <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/>

- *Integrating Mental Health and Substance Abuse Services for Justice-Involved Persons with Co-Occurring Disorders*; a fact sheet focused on integrated treatment, see www.gainscenter.samhsa.gov/pdfs/ebp/IntegratingMentalHealth.pdf
- Services that are gender sensitive and trauma informed
 - See the monograph *The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System*
 - <http://gainscenter.samhsa.gov/pdfs/courts/WomenAndSpects.pdf>
- Treatment of trauma-related disorders for both men and women in criminal justice settings is covered in *Addressing Histories of Trauma and Victimization through Treatment*; see www.gainscenter.samhsa.gov/pdfs/Women/series/AddressingHistories.pdf
- 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
- Services that seek to engage individuals and help them remain engaged in services beyond any court mandate
 - *The EXIT Program: Engaging Diverted Individuals Through Voluntary Services*, see www.gainscenter.samhsa.gov/pdfs/jail_diversion/TheEXITProgram.pdf

Service

- Utilization of a systemic approach to accessing benefits for individuals who qualify for Medical Assistance, SSI, and SSDI, including individuals who are homeless and those recently released from jail or prison
 - *Maintaining Medicaid Benefits for Jail Detainees with Co-Occurring Mental Health and Substance Use Disorders*, see www.gainscenter.samhsa.gov/pdfs/integrating/Maintaining_Medicaid_02.pdf
 - See Policy Research Associates' SSI/SSDI Outreach and Recovery (SOAR) website for planning and technical assistance efforts designed to improve access to Social Security benefits
 - <http://www.prainc.com/SOAR/>
- Employing consumers in delivery of in-reach, case management and training services
 - *Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists*, see www.gainscenter.samhsa.gov/pdfs/integrating/Davidson_Rowe_Peersupport.pdf
 - *Overcoming Legal Impediments to Hiring Forensic Peer Specialists*, www.gainscenter.samhsa.gov/text/integrated/Overcoming.asp
- The use of natural community supports, including families, to expand service capacity to this vulnerable population
- *Supported Employment*; a fact sheet on supported employment programs and programs that assist individuals in accessing mainstream employment opportunities, see <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/default.aspx>
- *Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System*; a fact sheet on safe housing for persons with mental illness involved with the criminal justice system, see www.gainscenter.samhsa.gov/text/ebp/EBPHousingPrograms_5_2006.asp
- Addressing the needs of veterans who become involved in the criminal justice system; *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions*, see www.gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf

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

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

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

Available at:

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

- **Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice. Manuscript published by the Justice Center.**
Examines studies on law enforcement interactions with people with mental illnesses and translates the findings to help policymakers and practitioners develop safe and effective interventions. Supported by the John D. and Catherine T. MacArthur Foundation, it reviews research on the scope and nature of the problem and on a range of law enforcement responses.

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

- **Ohio's Crisis Intervention Team (CIT) Initiative. Video developed by the Ohio's Criminal Justice Coordinating Center of Excellence.**
This recently released brief video describes Ohio's successful development and promotion of CIT programs. The video presents an overview of CIT and the Criminal Justice CCoE and provides a brief introduction of CIT. Ohio Supreme Court Justice Evelyn Stratton is among the speakers.

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

- **Bucks County (PA) Crisis Intervention Team. NAMI PA Bucks County**
Official website of the Bucks County CIT, include an overview of the program, news reports and more.

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

- **Laurel Highlands Region (PA) Crisis Intervention Team**
Official website of the Laurel Highlands Region CIT, including a brief overview and description, resources and contact information.

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

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

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

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

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

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

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

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

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

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

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

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

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

Available at:

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

- **MCES Mobile Crisis Intervention Service**

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

Available at: www.mces.org

- **Family Training and Advocacy Center**

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

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

- **Exchange of Information Between First Responders And the Venango County Mental Health System: Policy and Procedures.**

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

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

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

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

Available at:

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

“Hearing Voices That Are Distressing” Exercise

Philadelphia RESPONDS Crisis Intervention Team

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

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

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

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

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

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

For more information on the “Hearing Voices That Are Distressing” Curriculum and Dr. Deegan videos:

National Empowerment Center
www.power2u.org
(978) 685-1494

Patricia Deegan, PhD
www.patdeegan.com

Appendix G: Resources for Improving Re-Entry

- **“Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM)”**
GAINS Center report from 2007 on the SPECTRM initiative (NY).
Available at: <http://gainscenter.samhsa.gov/text/reentry/Spectrum.asp>
- **“The Impact of the ‘Incarceration Culture’ on Reentry for Adults With Mental Illness: A Training and Group Treatment Model”**. Article in *Psychiatric Services*, 2005.
Best Practices article on Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM), an approach to client engagement that is based on an appreciation of the “culture of incarceration” and its attendant normative behaviors and beliefs. This column describes SPECTRM’s systematic development as an emerging best practice for clinical training and group treatment.
Available at: <http://psychservices.psychiatryonline.org/cgi/reprint/56/3/265>
- **“A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC model”**
A 2002 GAINS Center report on the APIC Model, including a detailed overview of the model itself from a re-entry perspective. The APIC Model is a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail.
Available at: <http://gainscenter.samhsa.gov/pdfs/reentry/apic.pdf>
- **“Finding the Key to Successful Transition from Jail to the Community”**
A 2009 report from the Bazelon Center explaining Federal Medicaid and disability program rules as they apply to transitioning from jail to the community.
Available at: <http://www.bazelon.org/issues/criminalization/findingthekey.html>
- **“Interventions to Promote Successful Reentry among Drug-Abusing Parolees”**. Article in *Addiction Science & Clinical Practice*, 2009.
This article reviews research findings on principles of effective correctional treatment and the interventions that have been shown to be effective with drug abusing parolees or that have been tested with general drug-abusing populations and show promise for use with parolees. The article concludes with a discussion of several issues that clinicians need to consider in adopting and implementing these interventions.
Available at: <http://www.nida.nih.gov/PDF/ascp/vol5no1/Interventions.pdf>
- **“Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes”**
A monograph published by The Urban Institute that describes 13 key strategies to enhance reentry outcomes along with examples from the field. It is based on research literature and the outcomes of

two meetings held in 2007 with national experts on the topic of parole supervision. The goal of the meetings was to articulate participants' collective best thinking on parole supervision, violation, and revocation practices and to identify policies and strategies that would help policymakers and practitioners improve public safety and make the best use of taxpayer dollars.

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

- **“Reducing Parolee Recidivism through Supportive Homes: Successful Programs by State”**
This is a Corporation for Supportive Housing report that describes various forensic supportive housing projects in New Jersey, New York, Illinois and Ohio.

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

- **“Housing and the Sequential Intercept Model: A How to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness”**
This 2010 report by Diana T. Myers and Associates, Inc. explains why housing is a critical element to re-entry programming; describes the obstacles in locating housing; introduces a number of successful housing strategies and models; and provides a step by step guide to successfully incorporating housing players and resources into a planning process.

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

Appendix H: Resources for Forensic Peer Support

- **Pennsylvania Peer Support Coalition Website**

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

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

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

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

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

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

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

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

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

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

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

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

Available at:

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

- **Devilly, 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>

- **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>

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

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

- **The Veterans Justice Outreach Initiative website**

Official website of the VJO Initiative at the VA, including contact information, handbooks and guides, resources for courts and other related articles.

Available at: <http://www1.va.gov/HOMELESS/VJO.asp>

- **Justice for Vets: The National Clearinghouse for Veterans Treatment Courts**

Official website of Veterans Treatment Courts initiative of the National Association of Drug Court Professionals, including information regarding veterans treatment courts as well as a current list of these court models in the United States.

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

- **“Leveling the Playing Field: Practical Strategies for Increasing Veterans’ Involvement in Diversion and Reentry Programs”**

A CMHS National GAINS Center report on developing diversion opportunities for veterans in the criminal justice system, including 13 steps to take to implement such programming.

Available at: http://www.gainscenter.samhsa.gov/pdfs/veterans/levelingthefield_veterans.pdf

- **“Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions”**

A Consensus Report of the CMHS National GAINS Center’s Forum on Combat Veterans, Trauma, and the Justice System that provides background information as well as specific recommendations on how to better provide services for veterans with service-related trauma and mental health conditions.

Available at: http://www.gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf

- **“Incarcerated Veteran Re-Entry Programs Aimed at Reducing Recidivism”. Article in Veteran Journal, 2008.**

This article is focused on incarcerated veterans re-entry specialists, as well as other programs. Also includes links to other related resources.

Available at: <http://www.veteranjournal.com/incarcerated-veteran-re-entry-programs/>

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

Presentations from the 2010 International CIT Conference specific to veterans’ issues.

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

Appendix J – Additional Website Resources

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

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

Additional Web Sites

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