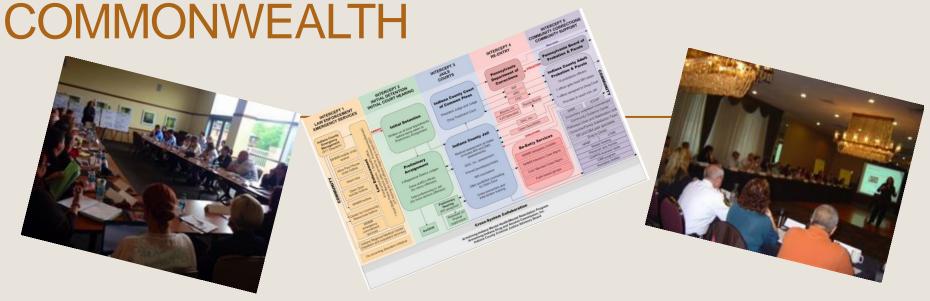
USING CROSS-SYSTEM MAPPING
INFORMATION TO IDENTIFY USEFUL AND
PROMISING PRACTICES ACROSS THE





2015 Criminal Justice Advisory Board (CJAB) Conference March 25, 2015

Patty Griffin, PhD, Senior Consultant, CoE

Honorable Jolene Grubb Kopriva, President Judge, Blair County Court of Common Pleas

James A. Hudack, Executive Director, Blair County Department of Social Services

Funded By:

- Pennsylvania Commission on Crime and Delinquency (PCCD)
- Pennsylvania Department of Human Services
 Office of Mental Health and Substance Abuse Services
 (OMHSAS)
- Oversight by the Mental Health and Justice Advisory Committee of PCCD

Collaboration between Drexel University and

Western Psychiatric Institute and Clinic University of Pittsburgh Medical School

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Web-based Resource Center

www.pacenterofexcellence.pitt.edu







Reducing Justice Involvement For People with Mental Illness.

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Videos Resources Services & Training Funding Opps. Trainers Corner Contact Us

The Pennsylvania Mental Health and Justice Center of Excellence is a collaborative effort of Drexel University and the University of Pittsburgh. It is funded by the Pennsylvania Commission on Crime & Delinquency and the Pennsylvania Office of Mental Health and Substance Abuse Services. The purpose of the Center is to work with Pennsylvania communities to identify points of interception at which an intervention can be made to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system. The Center will work collaboratively with the Commonwealth and locales in planning and implementing programs, providing information to promote their use of evidence-based practices and serve as a resource for technical assistance and training. The Center will also host a central repository for collected data and information on criminal justice/mental health responses throughout the Commonwealth of Pennsylvania.

Click here to view the official announcement from PCCD and OMHSAS regarding the creation of the Center of Excellence

News and Information

- Upcoming Conferences from April through August 2010
- View the video, <u>Voices of Jericho: Stories of Jail</u> Diversion
- The PA Mental Health and Justice Center of Excellence held the first "Train the Trainer" seminar in mid-January.
 Fourteen enthusiastic individuals participated and will work with the Center of Excellence team in conducting cross-systems mappings across the Commonwealth of DA

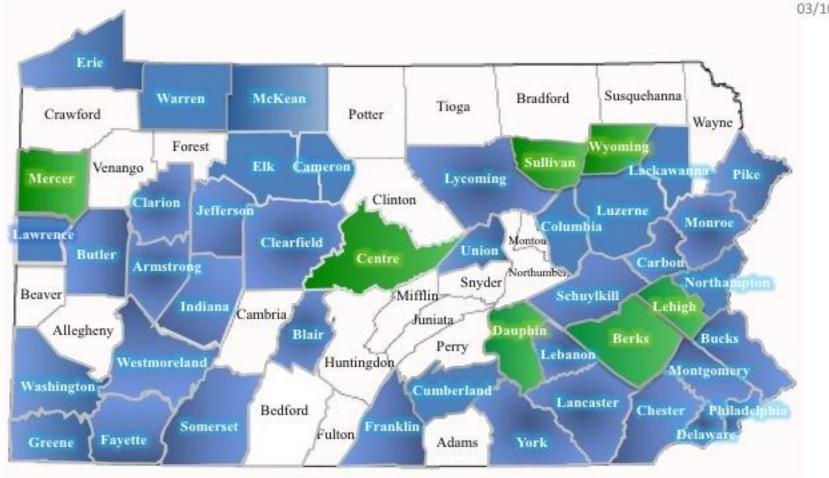
Up-To-Date County and Program Information



Feedback

- We would like your feedback about our site. <u>Click here</u> to send us your feedback and we will post it to our Bulletin Board.
- What has everyone been saying about the PA Center of Excellence? <u>Click here</u> to view our Bulletin Board.

This Web site is maintained by the Center for Research on Health Care (CRHC) Data Center. Contact the webmaster at download. All rights reserved,





Key:

Counties Mapped (38)

Counties Scheduled 2015 (7)

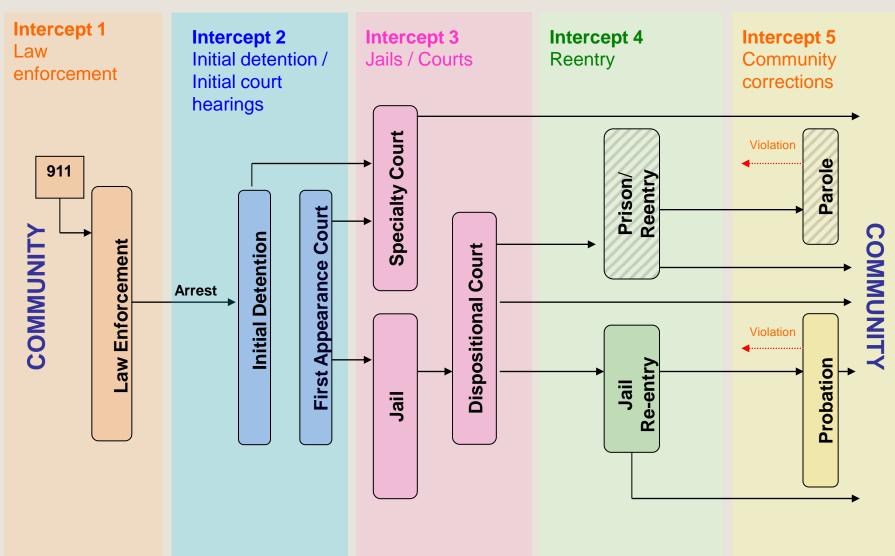
Cross-Systems Mapping Workshops

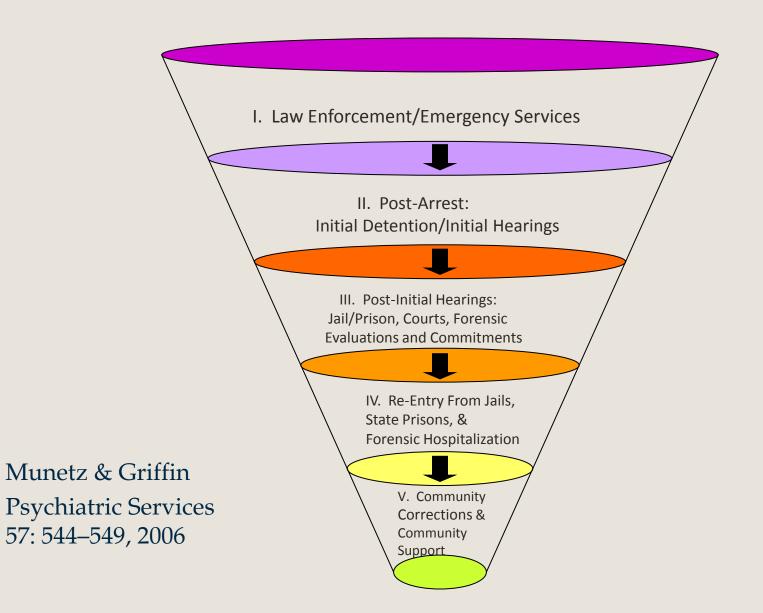
- Participation from behavioral health, criminal justice, and community providers
- Intercept-by-Intercept discussion of services, gaps, and opportunities
- Action planning around top priorities
- Final report reflects workshop discussion and goals

Workshop Tasks

- 1. Nurture cross-system collaboration
- 2. Map the local system
- Inventory current resources, gaps, and opportunities
- 4. Agree on priorities
- Build an Action Plan

Sequential Intercept Model





CSM Workshop: Day 1

Creating a Local Cross-Systems Map

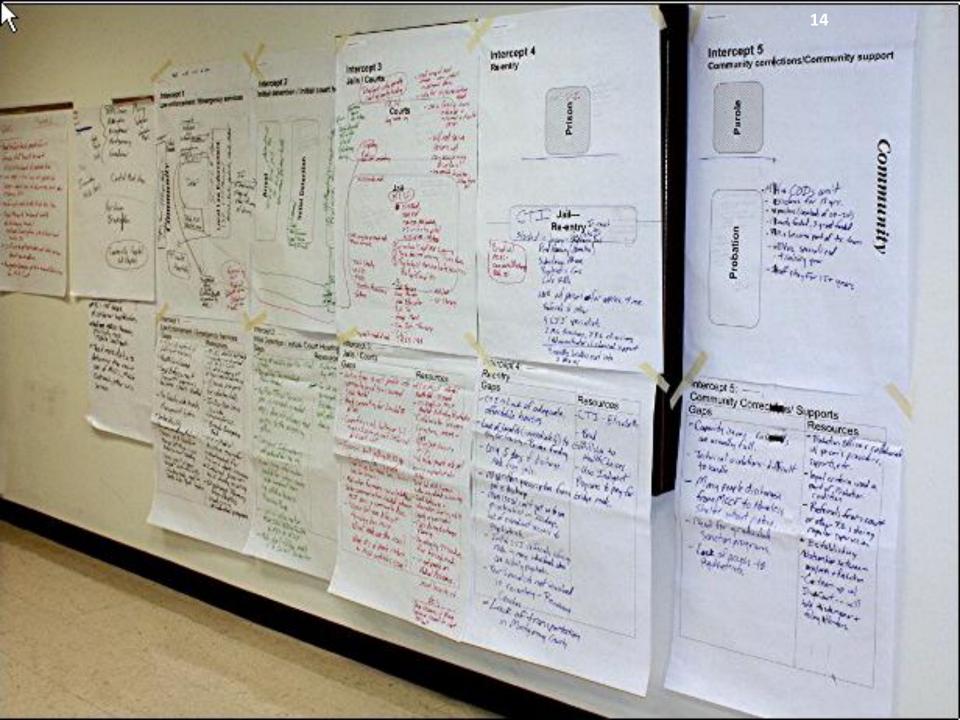
- ◆The first day of the workshop visually depicts how people with mental illness and often co-occurring substance use disorders come in contact with and flow through the criminal justice system
- It brings together key stakeholders to tap into local expertise
- A local map is created using the Sequential Intercept Model developed in conjunction with the CMHS National GAINS Center
- Opportunities and resources are identified for diverting and linking people to treatment
- Gaps in services are summarized



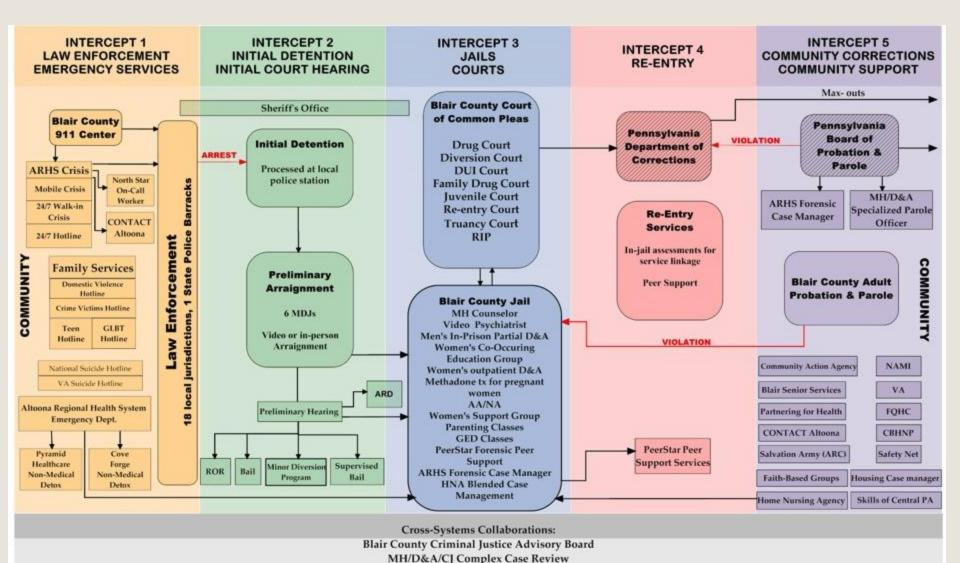
Cross-Systems Mapping: Creating a Local Map

Examine the process in a locality to identify ways to "intercept" persons with severe mental illness and co-occurring disorders to ensure:

- Prompt access to treatment
- Opportunities for diversion
- Timely movement through criminal justice system
- Linkage to community resources



Blair County Cross Systems Map



CSM Workshop: Day 1

- Facilitators provide examples of successful systems integration, promising programs, and collaborations from within Pennsylvania and around the U.S.
- Participants determine areas where immediate steps will promote a more cohesive, integrated approach to service delivery
- A local set of priorities for change are developed



Blair County - Top 8 Priorities

- Development of a Mental Health Court (20 Votes)
- Housing (18)
- Mental Health First Aid (16)
- Access to medication and psychiatric appointments upon re-entry (15)
- Sobering Stations (12)
- Level of Care Behavioral
 Health Assessments as
 early as possible in the
 criminal justice system (10)
- Determine when

assessments are needed Disperse assessments to the correct individuals

Crisis Intervention Team (CIT) Development (9)

Expediting access to Medical Assistance Benefits (8)

CSM Workshop: Day 2

Facilitated Action Planning

- Half-day activity immediately following a Cross-Systems Mapping Workshop
- Key stakeholders make specific plans for taking action
- Interactive, information-sharing, collaborative activity addresses the identified gaps in service and priorities established in the Cross Systems Mapping workshop
- Gaps are addressed through attainable, low-cost, prioritized action steps

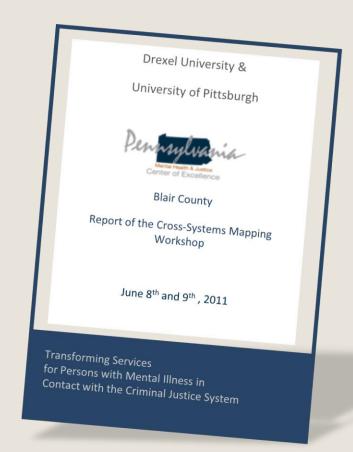
Blair County Priority Area 1: Development of a Mental Health Court

Action Planning Group: Diana, Theresa, Karen, Wade, Amanda, Judge Kopriva

Objective		Action Step	Who	When
1.1	Evaluate and request current MH courts to determine the most appropriate way to create and operate the court with a focus on the most effective time and manner to deal with the participants in the court.	 Court and DA researching Lycoming and York County Courts to report back to specialty court team. Tom and Lisa report after attending CJAB conference Create a Behavioral Health Subcommittee on CJAB Amanda will organize a road trip 		
1.2	Identify a MH Liaison staff position	Blair County MH office identifies the liaison staff member. Teresa and Jim take responsibility for this action. This will be accomplished within 45 days		

Final Report

- First cross-systems picture
- Wide distribution
- County-Specific Narrative for each Intercept
- Gaps and Opportunities
- Action Plan
- Support for future funding applications
- Reference/resource materials included

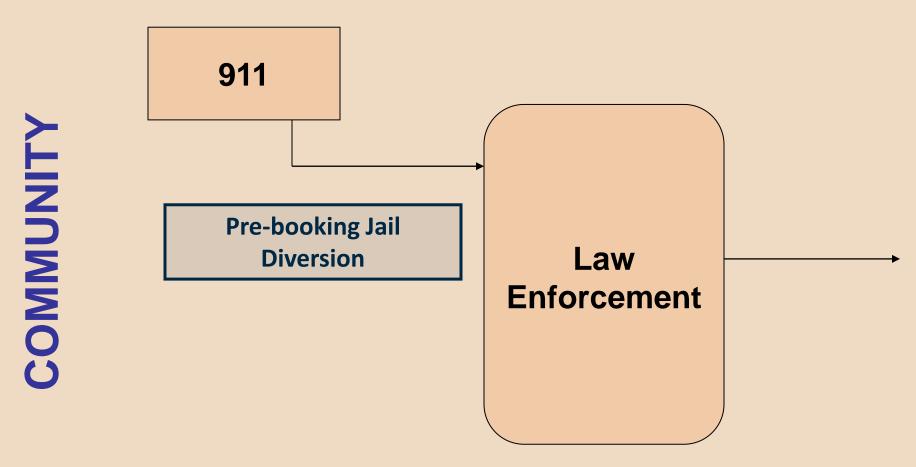


This Morning:

Intercept-by-Intercept review of findings

- Common gaps reported
- Promising practices within Pennsylvania

Intercept 1: Law enforcement



Specialized Police Response: Assessing the Need in PA

2010 – 2011 COE Survey Results:

- Less than ½ of counties reported receiving training on behavioral health issues (per law enforcement)
 - Most common reasons cited: lack of availability of training & budgetary concerns
- Strong overlap of viewpoint about needs, opportunities, and barriers
- Consistent identification of need for "training on mental health issues"

Intercept I: Common Gap

Limited specialized training for crisis responders

(61% of counties)

Delaware County

#	Intercept	Priority/Action Step
1	1	Crisis Intervention Team (CIT) Training
2	5	Expand Housing Options
3	4	Develop Systemic Re-entry Planning
4	5	Expand Behavioral Health Capacity
5	3	Expand Treatment Court



CRISIS INTERVENTION TEAM

Laurel Highlands Region

Police and Community Working Together

Serving The Commonwealth In West-Central Pennsylvania



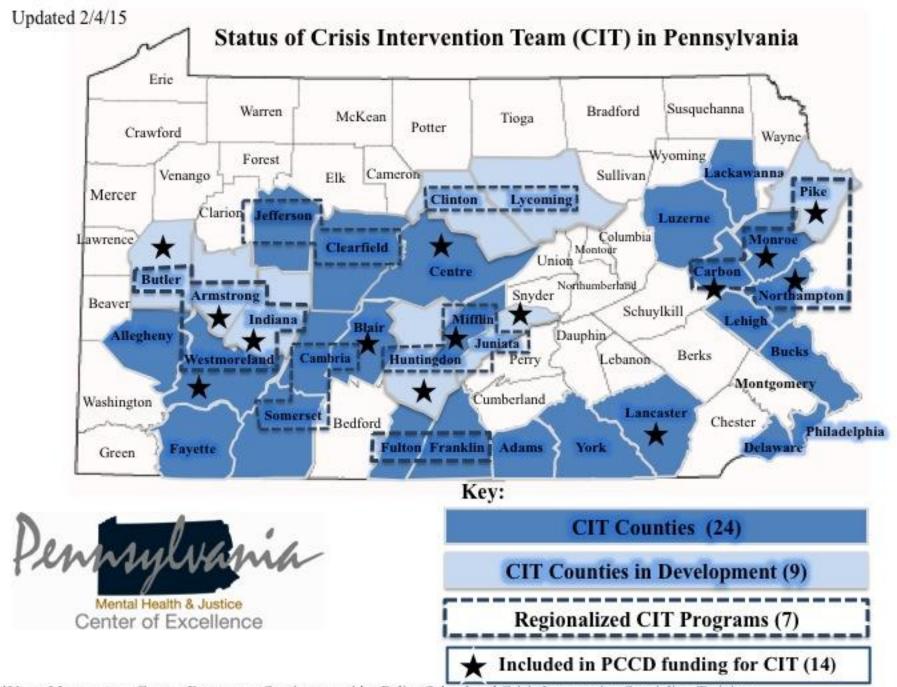
Class #3 Laurel Highlands Region CIT

April 11, 2008

Police Officers from Cambria, Somerset
Counties, Security from Torrance State
Hospital, Conemaugh Hospital and
Correction Officers from Cambria County
Prison were in attendance.

Blair County

- Winter 2011
 - o Began process of developing MHFA for Public Safety
- Spring 2011
 - First MHFA class
 - NAMI and local MH Providers began looking at how they could help with the development of MHFA in Blair County
- Fall 2012
 - Offered three Public Safety Courses
 - Created a MHFA Steering Committee
 - Offered 7 general public courses
 - Began working with local Chamber of Commerce
- September 2014
 - Offered first Crisis Intervention Team (CIT) Training

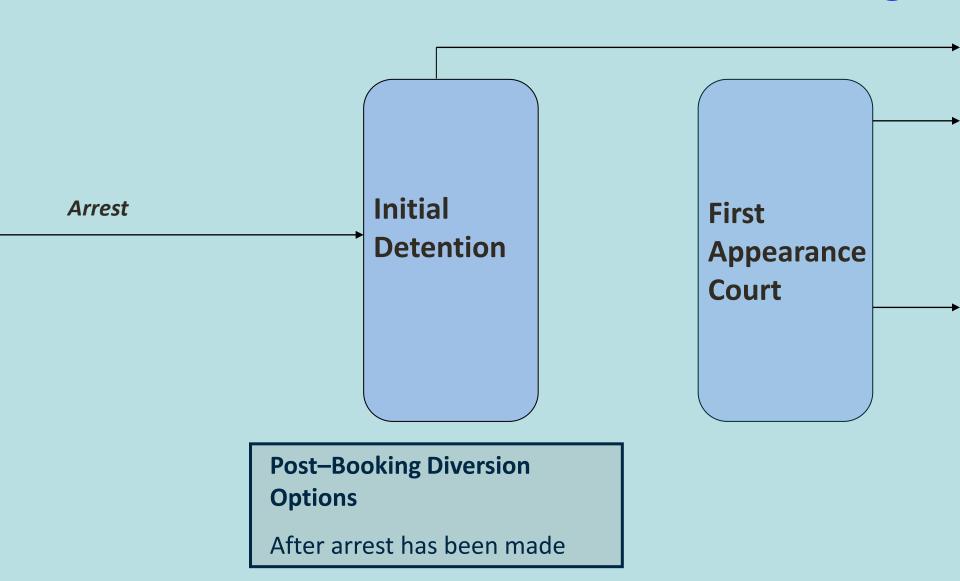


^{*}Note- Montgomery County Emergency Services provides Police School and Crisis Intervention Specialists Training

^{**} Note - Family Training and Advocacy Center (FTAC) provides relevant trainings

Intercept 2:

Initial detention / Initial court hearings



Intercept II: Common Gap

No specialized programming at Intercept 2

(73% of counties)

Magisterial District Judge Diversionary Program Washington County

- Diverted at preliminary arraignment
- Participants must <u>satisfy treatment</u> and <u>medication</u> requirements
- Evaluated by mental health caseworker who tracks progress and reports back to MDJ after 90 days
- Successful completion = charges dismissed
- 108 Participants to date
 - 88 (81%) successfully completed
 - 10 (9%) terminated
 - o 14 (13%) re-offended
 - 98% reported improved quality of life
 - 96% reported improved symptomology

Public Defender Caseworker Franklin County

- Assigned to work exclusively with individuals with treatment needs
- Initiates contact during the preliminary hearing
- Provides linkage to mental health, substance abuse, and sex offender treatment options
- Average caseload: 30 to 35 individuals per month
- Most common treatment need: substance abuse treatment

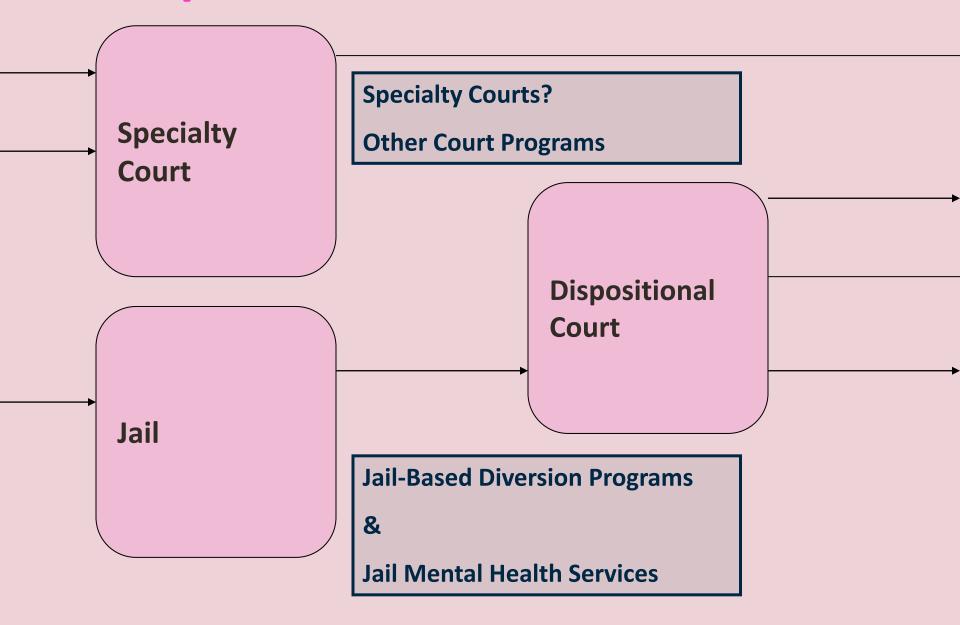
Intercept II:

Informal diversion in Lancaster County

- Crosses Intercept I and II
- Crisis Intervention worker stationed at Central Holding and Arraignment in Lancaster City --- second shift
 - Sits at front desk of police station
- Supported by MH/MR/EI



Intercept 3: Jails / Courts



Intercept III: Common Gap

Lack of cross-system communication and cooperation

(45% of counties)

Intercept III: Common Gap Cumberland County Prison (CCP)

- 2013 total admissions with SMI into Cumberland County Prison (CCP)
 - 209 individuals
- 2013 Admissions with SMI that Detoxed
 - 91 individuals (44%)
 - Multiple Detoxes 17%
 - Multiple Substances 27%
 - Multiple Detoxes and Substances 9%
 - Multiple Admissions 29%
 - Multiple Admissions and Detoxes 16%
 - Multiple Admissions/Detox/Substances 9%





Key:

In Operation (18)

http://www.pacourts.us/judicial-administration/court-programs/veterans-courts

^{**}Source: AOPC Website:

Pike County Correctional Facility A.R.R.O.W., H.O.P.E., M.O.R.E., & C.O.R.E. Program Participants Learn That You Must Work Hard To Be Successful!

Among other important topics, Program Participants learn to:

- Set Goals
- Care For Themselves and Others
- Overcome Addiction and Remain Sober
- Communicate Effectively
- Manage Their Emotions Effectively
- Develop Self Confidence
- Deal With Stress
- Become A Valuable Employee
- Maintain a Stable Career





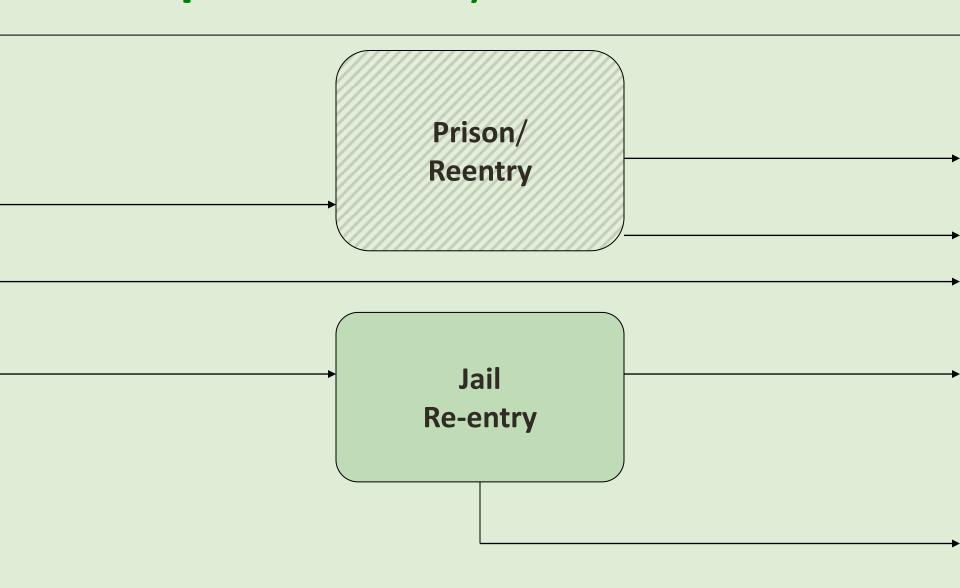
PEERSTAR LLC FORENSIC PEER SUPPORT

- Leading Forensic Peer Support Program in Pennsylvania
- •12 County Community Forensic Peer Support Programs
- •6 County Prisons (Blair, Cambria, Clearfield, Jefferson, Somerset, Franklin)
- •3 Different Models
 - •In-Prison Individual Mentoring/Reentry
 - •In-Prison Individual Mentoring + Yale Citizenship Group Classes
 - •In-Community Individual Mentoring-Probation/Parole/Alt. to Incarceration/Jail Diversion
- Developed by Peerstar LLC in collaboration with Yale University
- •28 Forensic Peer Specialists and Supervisors
- •1st Research Univ.-Evidence Based/Generating Forensic Peer Program in PA





Intercept 4: Reentry



Intercept IV: Common Gap

Discharge planning

(48% of counties)

Intercept 4 --- Typical Gaps

- Unpredictable releases from jail
- No psychotropic prescriptions/medications given at time of release from jail
- Post-release transportation
- Community mental health could enter jail 30 days prior to release to prepare for reentry if there was funding to support that work
- No systematic efforts to apply/reapply for benefits at time of release; COMPASS not used

Intercept IV: Common Practices

Psychotropic medication provided by jail upon release (73%)

- Mean = 4 days
- Range = **0-14 days**
- Mode = 3 days (reported in 16 out of 25 counties)

Prescriptions provided by jail upon release (15%)

- Range = 7-30 days
- Mode = 30 days (reported in 3 out of 5 counties)
- Provided solely (6%) or in addition to in-hand medication (9%)
- Usually contingent on psychiatry appointment

Six counties (18%) did not provide information

Intercept IV: Promising Practices

Several counties host regular cross-systems re-entry committee meetings

- Erie, Franklin, Lackawanna, Luzerne, Monroe, and Northampton counties
- Includes representation from behavioral health services, criminal justice, and community support services (normally hosted by local jail)
- Various schedules (weekly, monthly, bi-monthly)
- Discuss treatment plans and continuity of care postrelease for all inmates with special needs

Intercept IV: Promising Practices

Schuylkill County uses APIC Model of Re-Entry

- Assess, Plan, Identify, & Coordinate
- Recommended by National GAINS Center
- Recognizes and disperses responsibility for transition planning to all invested stakeholders, including the offender and the family
- Jail-based case manager with dense connections to county and community providers
- Focus on physical, emotional, and spiritual recovery



Medication Management for Jail Discharge

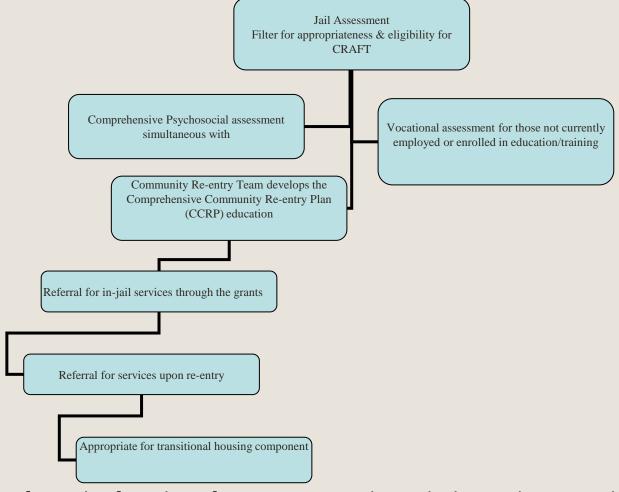


STREAMLINED PSYCHIATRIC APPOINTMENTS ARE MADE AVAILABLE FOR INDIVIDUALS BEING DISCHARGED FROM THE BUCKS COUNTY CORRECTIONAL FACILITY WITH PRESCRIPTIONS AND NO WAY OF FILLING THEM.

PROCEDURE:

- Case Manager establishes the consumer has no way of filling the prescription through normal channels.
- Case Manager completes a Medical Assistance application for the consumer then calls the Crisis Center at Lower Bucks for a psychiatric appointment
- An appointment is made for the client to see the psychiatrist prior to running out of medications
- At the time of the appointment, a psychiatric intake is completed for outpatient services and the consumer sees the psychiatrist for a psychiatric evaluation and medication management

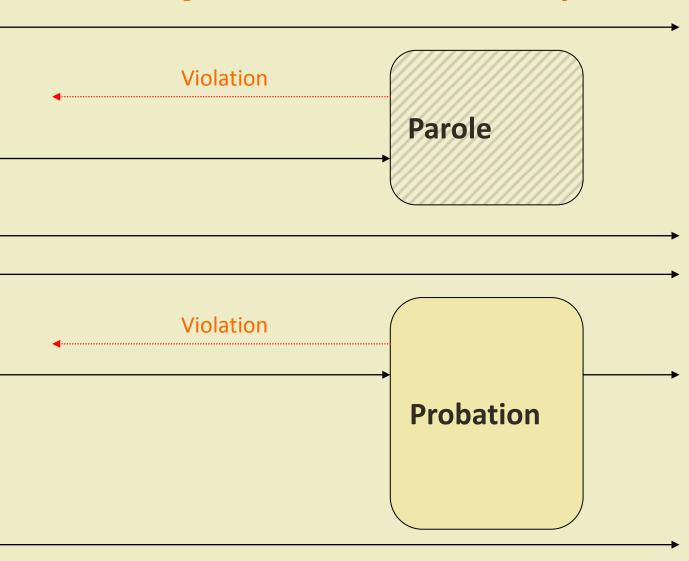
Elk-Cameron Comprehensive Regional Adult Forensic Treatment (CRAFT) Re-entry Team



Follow participants from the first day of incarceration, through their release, and subsequent supervision and treatment requirements

COMMUNITY

Intercept 5: Community corrections



Intercept V: Common Gap

Lack of housing options

(55% of counties)

Intercept V: Promising Practices

Many counties support regular Local Housing Options Team (LHOT) meeting

- Bucks, Clearfield/Jefferson, Lycoming, and Westmoreland Counties
- Members from behavioral health, criminal justice, and local housing providers
- Public and private housing providers
- Discuss system-wide options and individual cases
- Recognizing available resources, and coordinating to create new ones

Intercept V: Promising Practices

Justice Bridge Housing Program in Union County

- Collaboration with Housing Authority
- Supportive housing for 6 justice-involved participants with behavioral health diagnoses
- Participant and landlord sign lease
- Landlord and UCHA sign payment agreement
- Participant expected to pay 30% of rent (eventually 100%)
- Transitioned into permanent housing (Section 8 HCV program)—usually within 1 year

Lebanon County Probation & Parole Intensive Behavioral Health Unit

- Joint program between Lebanon County Probation & Parole and the Lebanon County MH/MR/EI Program
- Probation/Parole Officer and MH/MR/EI Forensic Case Manager work to:
 - Better serve individuals with a (severe) mental health diagnosis
 - Provide ongoing continuity of care by sharing information from the Probation Department and the treatment agencies
- Reduction in recidivism rates since started in 2006

"This collaboration greatly reduces miscommunication among the agencies and provides a unified front of treatment for high risk individuals."

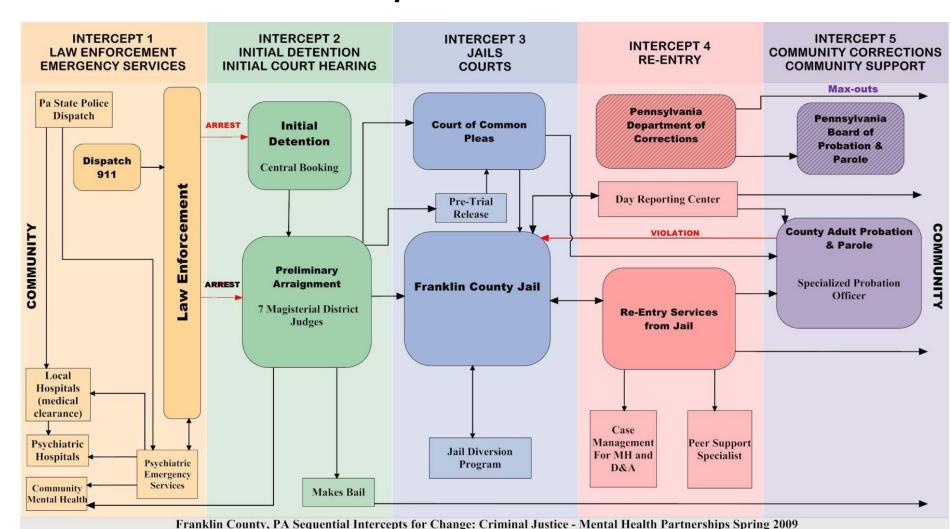
Follow-Up Mappings

Franklin County Follow-Up Mapping June 2012

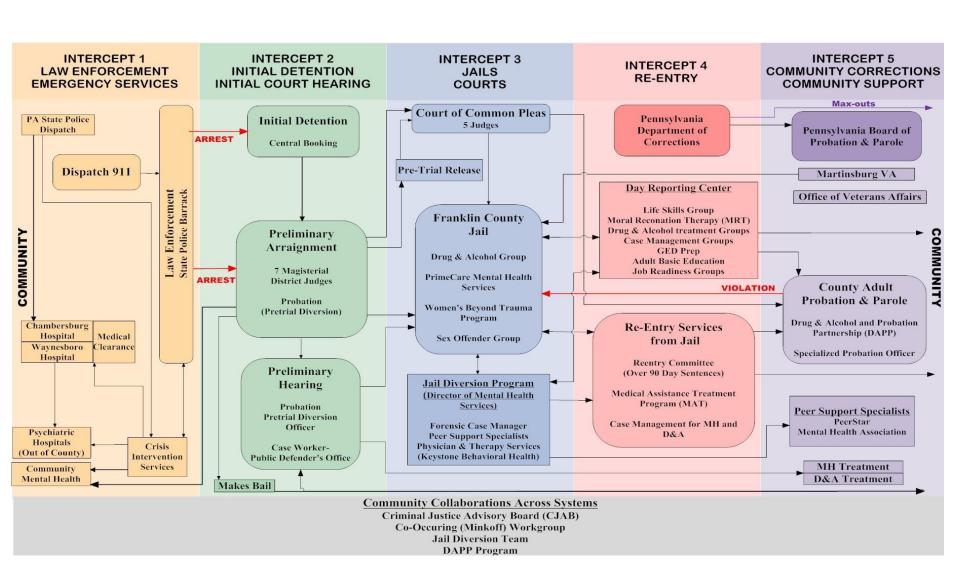
- April 2009 Franklin County Prison Board and Criminal Justice Advisory Board (CJAB) sponsored a National GAINS Center Cross-Systems Mapping workshop
- June 2012 Pennsylvania Mental Health and Justice Center of Excellence facilitated a one-day technical assistance meeting and update to this workshop

Participants in both 2009 (41 participants) and 2012 (35 participants) workshops included individuals representing multiple stakeholder systems

Franklin County Cross Systems Map – April 2009



Franklin County Cross Systems Map – June 2012



Comparison of Franklin County Priorities

2009

- 1. Housing (22 votes)
- 2. Improved Information Sharing (19 votes)
 - Data at front door of jail
- 3. Earliest identification and diversion (12 votes)
 - Increase diversion opportunities at police contact
 - Develop expanded alternatives to arrest
 - Drop off points, non-hospital, and crisis beds
- 4. Explore broad range of engagement strategies (10votes)
 - 1. Develop effective treatment and supports to help people recognize their mental illness
 - 2. Peer specialists from beginning to end
- 5. Recruit and keep psychiatrists/psychiatric nurse practitioners (9 votes)
- 6. Cross-system education (9 votes)
- 7. Increase strategies to get benefits back (4 votes)
- 8. Expand Pretrial Release and Jail Diversion Programs (3 votes)
- 9. Develop more strategies to increase non-county funding sources for human services (3 votes)
- 10.Increase transportation options (3 votes)

2012

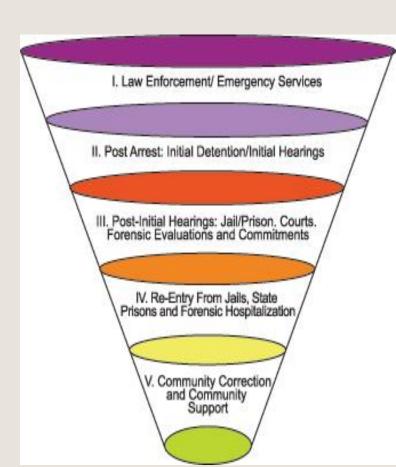
- 1. Expand housing options 30 votes (19 regular votes/11 high priority)
 - 1. Especially to sustain efforts
- 2. Address gaps in transportation 22 votes (16 regular votes/6 high priority)
- 3. Continuing funding in a tough fiscal environment 20 votes (12 regular votes/8 high priority)
- 4. Continue to improve information sharing 16 votes (14 regular votes/2 high priority)
- 5. Crisis Intervention Team 12 votes (10 regular votes/2 high priority)
- 6. Expand supportive employment 11 votes (9 regular votes/2 high priority)
- 7. Expand family support 9 votes (9 regular votes/ 0 high priority)
- 8. Continue cross systems education 7 votes (7 regular votes)
- 9. Continuity/System for dealing with D&A defendants in Criminal Justice system 6 votes (3 regular votes/3 high priority)

CROSS SYSTEMS MAPPING WORKSHOPS

What We've Learned About Pennsylvania

Common Gaps in Service

- Intercept 1
- Law enforcement agencies have limited time for training
- Law enforcement officers spend hours waiting with individuals at local hospital
- Lack of detoxification and sobering services
- Intercept 2
- Lack of pretrial services
- Intercept 3
- Many jail admissions requiring detoxification
- Lack of treatment staff
- Medical Assistance benefits terminated after admission
- Intercept 4
- Significant gaps in aftercare medication
- Limited continuity of care
- Limited re-entry efforts
- Need to reinstate or start MA and/or SS benefits
- Intercept 5
- Not enough housing



Many Opportunities As Well:

 Collaborative efforts among systems (CJABs, Problem Solving Courts, Forensic Treatment Teams)

Growing interest in Peer Support Services for forensic

settings

Support for Training at Intercept 1

Individuals dedicated to change



Most Common County Priorities

- Training at Intercept One
- Formalized detoxification resources and procedures
 - Goal of reducing strain on hospitals, jails, and law enforcement
- Continuity of care from local jails to community
 - Aftercare Meds
 - Activation/Re-activation of benefits
 - Psychiatric Appointments
- Housing
- Information sharing across systems

Challenge for the Future:

Sustainable Funding

DREXEL UNIVERSITY &

UNIVERSITY OF PITTSBURGH



Special Report:

Diversion Lessons Learned from Cross-Systems
Mappings in Pennsylvania Counties

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

Special Report

A Special Report is being drafted to more fully review and summarize current practices, trends in gaps across counties, and promising practices

To be published in 2015

To be presented at 2015 Forensic Rights and Treatment Conference



QUESTIONS?

Pennsylvania Mental Health & Justice Center of Excellence http://www.pacenterofexcellence.pitt.edu