USING CROSS-SYSTEM MAPPING INFORMATION TO IDENTIFY USEFUL AND PROMISING PRACTICES ACROSS THE COMMONWEALTH
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
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and
Western Psychiatric Institute and Clinic
University of Pittsburgh Medical School
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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.
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
3. Inventory current resources, gaps, and opportunities
4. Agree on priorities
5. Build an Action Plan
Sequential Intercept Model

Intercept 1
Law enforcement

Intercept 2
Initial detention / Initial court hearings

Intercept 3
Jails / Courts

Intercept 4
Reentry

Intercept 5
Community corrections

911

Communities

Law Enforcement

Initial Detention

First Appearance Court

Jail

Specialty Court

Dispositional Court

Prison / Reentry

Reentry

Parole

Violation

Violation

Probation

Community corrections
I. Law Enforcement/Emergency Services

II. Post-Arrest:
  Initial Detention/Initial Hearings

III. Post-Initial Hearings:
  Jail/Prison, Courts, Forensic Evaluations and Commitments

IV. Re-Entry From Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community Support

Munetz & Griffin
Psychiatric Services
57: 544–549, 2006
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
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)
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*

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Step</th>
<th>Who</th>
<th>When</th>
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| 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

911

Pre-booking Jail Diversion

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)
<table>
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<tr>
<th>#</th>
<th>Intercept</th>
<th>Priority/Action Step</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Crisis Intervention Team (CIT) Training</td>
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<tr>
<td>2</td>
<td>5</td>
<td>Expand Housing Options</td>
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<tr>
<td>3</td>
<td>4</td>
<td>Develop Systemic Re-entry Planning</td>
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<tr>
<td>4</td>
<td>5</td>
<td>Expand Behavioral Health Capacity</td>
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<tr>
<td>5</td>
<td>3</td>
<td>Expand Treatment Court</td>
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</tbody>
</table>
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
  o First MHFA class
  o NAMI and local MH Providers began looking at how they could help with the development of MHFA in Blair County

• Fall 2012
  o Offered three Public Safety Courses
  o Created a MHFA Steering Committee
  o Offered 7 general public courses
  o Began working with local Chamber of Commerce

• September 2014
  o Offered first Crisis Intervention Team (CIT) Training
Intercept 2: Initial detention / Initial court hearings

- Arrest
- Initial Detention
- First Appearance Court

Post-Booking Diversion Options
After arrest has been made
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 satisfy treatment and medication 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
  o 88 (81%) successfully completed
  o 10 (9%) terminated
  o 14 (13%) re-offended
  o 98% reported improved quality of life
  o 96% reported improved symptomology
• 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

- Jail
- Specialty Court
- Dispositional Court

- Specialty Courts?
- Other Court Programs
- Jail-Based Diversion Programs
- Jail Mental Health Services
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%
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 post-release for all inmates with special needs
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

- Jail Assessment: Filter for appropriateness & eligibility for CRAFT
- Comprehensive Psychosocial assessment simultaneous with...
- Vocational assessment for those not currently employed or enrolled in education/training

Community Re-entry Team develops the Comprehensive Community Re-entry Plan (CCRP) education

- Referral for in-jail services through the grants
- Referral for services upon re-entry
- Appropriate for transitional housing component

Follow participants from the first day of incarceration, through their release, and subsequent supervision and treatment requirements.
Intercept 5: Community corrections

- Parole
  - Violation
- Probation
  - Violation
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 – June 2012

Community Collaborations Across Systems
Criminal Justice Advisory Board (CJAB)
Co-Occurring (Minkoff) Workgroup
Jail Diversion Team
DAPP Program
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 (10 votes)
   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
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.

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.
QUESTIONS?

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