

DREXEL UNIVERSITY &
UNIVERSITY OF PITTSBURGH



York County

Report of the Cross-Systems Mapping Workshop:

Resource Guide

September 28th and 29th, 2011

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



Table of Contents

List of Resource Guides

| | |
|---|----|
| Guide 1 . Evidence-Based and Promising Practices | 3 |
| Guide 2 . Resources for Specialized Police Response and Law Enforcement/Behavioral Health Collaboration at Intercept 1 | 5 |
| Guide 3 . Resources for Improving Re-Entry..... | 12 |
| Guide 4 . Assisting Communities in Planning for Housing | 14 |
| Guide 5 . Resources for Forensic Peer Support..... | 16 |
| Guide 6 . Community Corrections..... | 20 |
| Guide 7 . Information Sheet on Justice-Involved Veterans for Judicial System | 22 |
| Guide 8 . Resources for Veterans Involved in the Criminal Justice System | 24 |
| Guide 9 . Resources on Cultural Competence for Criminal Justice/Behavioral Health | 26 |
| Guide 10 . Resources for Community Education..... | 27 |
| Guide 11 . Resources for Data collection and Analysis | 28 |
| Guide 12 . Mental Health Procedures Act Training in PA | 31 |
| Guide 13 . Affordable HealthCare Act and Forensic Populations..... | 32 |
| Guide 14 . Additional Website Resources..... | 35 |

Guide 1 – Evidence-Based and Promising Practices

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

Criminal Justice

- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
 - Policy Research Associates provides cross-training to help criminal justice professionals and service providers to become trauma-informed [training@prainc.com]
- Need for gender-informed practices at all intercepts
- Information sharing across criminal justice and treatment settings
 - *Dispelling the Myths about Information Sharing Between the Mental Health and Criminal Justice Systems* and an example of an information sharing MOU, see www.gainscenter.samhsa.gov/pdfs/integrating/Dispelling_Myths.pdf

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, see <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
 - 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

- See the monograph *The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System*
<http://gainscenter.samhsa.gov/pdfs/courts/WomenAndSpects.pdf>
- Assertive Community Treatment and intensive forensic case management programs
 - *Extending Assertive Community Treatment to Criminal Justice Settings*; a fact sheet on ACT for forensic populations, see
www.gainscenter.samhsa.gov/text/ebp/Papers/ExtendingACTPaper.asp
- Illness Self Management and Recovery, see
<http://www.gainscenter.samhsa.gov/pdfs/ebp/IllnessManagement.pdf>
- *Supported Employment* --- supported employment programs that assist individuals in accessing mainstream employment opportunities, see
<http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/default.aspx>
- Services that seek to engage individuals and help them remain engaged in services beyond any court mandate
 - See *The EXIT Program: Engaging Diverted Individuals Through Voluntary Services*
www.gainscenter.samhsa.gov/pdfs/jail_diversion/TheExitProgram.pdf
- [CrimeSolutions.gov](http://www.crimesolutions.gov) is a resource to help practitioners and policymakers understand what works in justice-related programs and practices. It includes information on more than 150 justice-related programs and assigns ratings that indicate whether a program achieves its goals.

Guide 2 – 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

- **Mental Health First Aid**

Mental Health First Aid is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is managed, operated, and disseminated by three national authorities · the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

Mental Health First Aid is offered in the form of an interactive 12 hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 12-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

More information available at:

www.mentalhealthfirstaid.org

Rhode Island has modified this program specifically for Law Enforcement. See:

<http://www.thenationalcouncil.org/galleries/resources-services%20files/MHFA%20for%20Law%20Enforcement%20%5BCompatibility%20Mode%5D.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>

Also see: http://www.pacenterofexcellence.pitt.edu/web_resources_presentations.html

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

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

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

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

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

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

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

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

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

- An Innovative Community Collaboration to Enhance the Continuum of Care (page 3)

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

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

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

Available at:

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

- **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.

Also see:

http://www.pacenterofexcellence.pitt.edu/web_resources_presentations.html

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

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

Available at:

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

- **Crisis Care Services for Counties: Preventing Individuals with Mental Illness from Entering Local Corrections Systems, June, 2010.**

The National Association of Counties (NACo) released a publication on Crisis Care Services for Counties. Crisis care services work with law enforcement to divert individuals in mental health crisis from the criminal justice system. This publication features six county programs (Bexar County, TX; Buncombe County, NC; Yellowstone County, MT; Hennepin County, MN; Multi-County Partnership (Aitkin, Cass, Crow Wing, Morrison, Todd and Wadena Counties), MN; and King County, WA) that have implemented crisis care services to divert individuals with mental illness from the criminal justice system.

Available at:

<http://www.naco.org/research/pubs/Documents/Health,%20Human%20Services%20and%20Justice/Community%20Services%20Docs/CrisisCarePublication.pdf>

- **International Association of Chiefs of Police recent report entitled Building Safer Communities: Improving Police Response to Persons with Mental Illness.**

This report presents the findings and recommendations from a national summit held by IACP in May 2009 to address the millions of encounters between law enforcement and persons with mental illness in our communities.

Available at:

<http://www.theiacp.org/PublicationsGuides/ResearchCenter/Publications/tabid/299/Default.aspx?id=1290&v=1>

“Hearing Voices That Are Distressing” Exercise

Philadelphia RESPONDS Crisis Intervention Team

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

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

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

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

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

For more information on Philadelphia RESPONDS Crisis Intervention Team:

Michele Dowell, MSW, CIT Coordinator, (215) 546-0300 ext. 3511, mdowell@pmhcc.org
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

Venango County Exchange of Information Policy

Exchange of Information Between First Responders And the Venango County Mental Health System

Policy and Procedures

Policy

In response to a law enforcement official's request, Venango County Human Services, through its Integrated Crisis Services Unit (ICS) and Mental Health/Mental Retardation Department (MH), may disclose protected health information (PHI) in an emergency situation without the written authorization of an individual in situations involving first contact with law enforcement or other first responders. The intent of the disclosure is to promote the best possible outcome for an individual who is known to the County mental health system. Refer to the following sources for legal authority relative to this policy: 55 Pa. Code 5100; 45 C.F.R. 164.512(j); and the Venango County HIPAA Compliance Policies/Procedures

The ICS or MH/MR worker may disclose PHI to law enforcement or other first responders if it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public **and** if the disclosure is to a person or persons reasonably able to prevent or lessen the threat. If the worker believes in good faith that those two requirements are satisfied, s/he may disclose PHI and there is no limitation on the type of PHI which may be disclosed other than the worker must in good faith believe that the disclosure of PHI is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Procedures

1. Law Enforcement/first responders will contact the ICS/MH as outlined in the Individuals Needing Emergency Psychiatric Evaluation flowchart.
2. Requests for the information outlined above may be made to the ICS/MH worker who takes the call.
3. The ICS/MH worker will provide only the information noted above, to the degree that it is known to the ICS/MH worker, or can quickly be discovered by the ICS/MH worker. Strategies ICS/MH workers can use to discover information including, but not limited to, calls to the County Base Service Unit staff, and/or reference to mental health records on file at the ICS office).
4. The ICS/MH worker will document any information disclosed to a first responder on the Protective Services Emergency Examination Sheet or in the case record.

Date Implemented: August 2008

Approved by: Venango County MH/MR
CJAB approval

Guide 3 – Resources for Improving Re-Entry

- **“The Impact of the ‘Incarceration Culture’ on Reentry for Adults With Mental Illness: A Training and Group Treatment Model”.** Article in *Psychiatric Services*, 2005.
Best Practices article on Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM), an approach to client engagement that is based on an appreciation of the culture of incarceration and its attendant normative behaviors and beliefs. This column describes SPECTRM’s systematic development as an emerging best practice for clinical training and group treatment.

Available at: <http://psychservices.psychiatryonline.org/cgi/reprint/56/3/265>

- **“Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM)”**
GAINS Center report from 2007 on the SPECTRM initiative (NY).

Available at: <http://gainscenter.samhsa.gov/text/reentry/Spectrum.asp>

- **“A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC model”**
A 2002 GAINS Center report on the APIC Model, including a detailed overview of the model itself from a re-entry perspective. The APIC Model is a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail. The model is currently being used by the Jericho Project in Memphis, Tennessee, provides criminal justice, behavioral health, and others with a concrete model to consider for implementing transitional planning across all intercepts.

Available at: <http://gainscenter.samhsa.gov/pdfs/reentry/apic.pdf>

- **“Finding the Key to Successful Transition from Jail to the Community”**
A 2009 report from the Bazelon Center explaining Federal Medicaid and disability program rules as they apply to transitioning from jail to the community.

Available at: <http://www.bazelon.org/issues/criminalization/findingthekey.html>

- **“Interventions to Promote Successful Reentry among Drug-Abusing Parolees”.** Article in *Addiction Science & Clinical Practice*, 2009.
This article reviews research findings on principles of effective correctional treatment and the interventions that have been shown to be effective with drug abusing parolees or that have been tested with general drug-abusing populations and show promise for use with parolees. The article concludes with a discussion of several issues that clinicians need to consider in adopting and implementing these interventions.

Available at: <http://www.nida.nih.gov/PDF/ascp/vol5no1/Interventions.pdf>

- **“Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes”**

A monograph published by The Urban Institute that describes 13 key strategies to enhance reentry outcomes along with examples from the field. It is based on research literature and the outcomes of two meetings held in 2007 with national experts on the topic of parole supervision. The goal of the meetings was to articulate participants' collective best thinking on parole supervision, violation, and revocation practices and to identify policies and strategies that would help policymakers and practitioners improve public safety and make the best use of taxpayer dollars.

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

- **“Reducing Parolee Recidivism through Supportive Homes: Successful Programs by State”**

This is a Corporation for Supportive Housing report that describes various forensic supportive housing projects in New Jersey, New York, Illinois and Ohio.

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

- **“State of Recidivism: The Revolving Door of America’s Prisons”**

Released by the Pew Center on the States it is the first-ever national survey on the rate of people returning to prison that provides state-by-state data. The report (data from 1999 and 2004) updates the last national study of recidivism rates, conducted by the U.S. Department of Justice's Bureau of Justice Statistics and based on data from 1994. Pew found that the national recidivism rate remained nearly constant between the survey periods, though within many states there was a dramatic difference in recidivism rates over time.

More Information Available at:

http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=85899358500%20

- **“Criminal Justice Toolkit” Mental Health America**

This toolkit is designed to help advocates understand how their state can help reduce recidivism and promote recovery for individuals with mental health and substance use conditions who are involved in the criminal justice system by maintaining health benefits and providing appropriate reentry supports.

Available at: <http://www.nmha.org/go/criminal-justice>

- Utilization of a **systemic approach to accessing benefits for individuals who qualify for Medical Assistance, SSI, and SSDI**, including individuals who are homeless and those recently released from jail or prison

- *Maintaining Medicaid Benefits for Jail Detainees with Co-Occurring Mental Health and Substance Use Disorders*, see

- www.gainscenter.samhsa.gov/pdfs/integrating/Maintaining_Medicaid_02.pdf

- See Policy Research Associates' SSI/SSDI Outreach and Recovery (SOAR) website for planning and technical assistance efforts to improve access to Social Security benefits

- <http://www.prainc.com/SOAR/>

Guide 4 – Assisting Communities in Planning for Housing

- The Corporation for Supportive Housing has targeted this problem by assisting states and localities in developing supporting housing for people being diverted from the criminal justice system and those reentering the community from local jails or state prisons. Their work directly addresses the broad range of public organizations involved in serving this population --- corrections, courts, homeless shelters, behavioral health services, and others --- and coordinates these usually fragmented efforts to create housing and supportive services to break the cycle of incarceration and homelessness.+ Efforts in New York City, Chicago, Rhode Island, and a number of other communities have shown reductions in days spent in shelter and jail along with increases in stable housing. (See: www.csh.org/)
 - 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&noelID=81>
- The Council for State Governments Justice Center released a 2010 policymakersguide to reentry housing options which outlines three approaches to increasing housing capacity: creating greater access to existing housing units, increasing the number of housing units specifically available to the target population, and engaging in comprehensive neighborhood revitalization to expand affordable housing for at-risk populations. The benefits and limitations of commonly used housing approaches are described along with examples in place in communities. (See: http://reentrypolicy.org/jc_publications/reentry-housing-options/Reentry_Housing_Options.pdf)
- *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

- The Pennsylvania 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)

- Diana T. Myers and Associates is a housing and community development consulting firm based in Pennsylvania that specializes in planning affordable, accessible housing for people with disabilities and works with government and nonprofit clients to design and coordinate programs and develop housing for people with disabilities
 - The firm recently published a document entitled *Obtaining Housing for People with Criminal Histories* as part of their Housing Information Series.
 - See: <http://www.lttrainingpa.org/lib/media/pdf/Housing%20Information%20Series.Obtaining%20Housing%20for%20People%20with%20Criminal%20Histories.pdf>
 - The York County Criminal Justice Advisory Board (CJAB) engaged this group in 2007 to conduct a housing study targeting people with serious mental illness involved with the criminal justice system. The group recently completed a similar study in Centre County.
 - See: http://www.lebcounty.org/lebanon/lib/lebanon/PowerPoint_-_Housing_and_the_Sequential_Intercept_Model.pdf

Guide 5 – 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>

- **Devilley, G.J., Sorbello, L., Eccleston, L., & Ward, T. (2005). Prison-based peer-education schemes. *Aggression and Violent Behavior, 10*, 219-240.**
 An article that looks at peer programs in correctional settings and targets topics such as: HIV/AIDS and health education, drug and alcohol abuse, sexual assault/offending, and prison orientation.

Available at:
[http://www.deakin.edu.au/hmnbs/psychology/research/ease/2005%20Conference/files/Eccleston,-Lynne-et-al.\(2005\).Prison-based-Peer-Education.pdf](http://www.deakin.edu.au/hmnbs/psychology/research/ease/2005%20Conference/files/Eccleston,-Lynne-et-al.(2005).Prison-based-Peer-Education.pdf)
- **Goldstein, Warner-Robbins, McClean, & Conklin (2009). A peer driven mentoring case management community reentry model. *Family Community Health, 32(4)*, 309-313.**
 Article discussing Welcome Home Ministries (WHM) in San Diego . a peer driven re-entry program for women offenders that has had encouraging results regarding decreased recidivism and other positive outcomes.

Available at:
<http://www.nursingcenter.com/pdf.asp?AID=933344>
- **Medicaid Coverage of Peer Support for People with Mental Illness: Available Research and State Examples.**

Available at: <http://cms.hhs.gov/PromisingPractices/downloads/PeerSupport.pdf>
- **Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'Connell, M.J., Benedict, P...Sells, D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services, 58(7)*, 955-961.**
 A comparison of two interventions (a community-oriented program that incorporates peer support wrap-arounds, and a standard clinical treatment) designed to reduce criminality, alcohol use, and drug use in mentally ill individuals who had criminal charges in the preceding 2 years.

Available at:
<http://psychservices.psychiatryonline.org/cgi/reprint/58/7/955>
- **Bauldry, S., Korom-Djakovic, D., McClanahan, W.S., McMaken, J., & Kotloff, L.J. (2009). Mentoring formerly incarcerated adults: Insights from the Ready4Work reentry initiative.**

Available at: http://www.workingventures.org/ppv/publications/assets/265_publication.pdf

- **“The Interceptor: Newsletter from Community Advocates of Montgomery County”**
Newsletter devoted to Forensic Peer Support and jail diversion. Includes program specific data, recovery info, and success stories of both the people they support and the program as a whole. With this you can watch development and offers a contact for those with the %ow did you start, how are you doing this,+questions.

November 2010 Issue Available at:

<http://www.pacenterofexcellence.pitt.edu/documents/Nov%20%202010%20The%20Interceptor.pdf>

March 2010 Issue Available at:

http://www.mhapa.org/downloads/051410_TheInterceptorMarch2010.pdf

- **Wellness Recovery Action Plan (WRAP)-** Mental Health Recovery and WRAP was started in 1989 as Mary Ellen Copeland began her studies of how people help themselves, get well, and stay well.

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

- **PEERSTAR LLC FORENSIC PEER SUPPORT**

Specialized forensic peer support services in prisons and in the community to individuals involved with the criminal justice system who are suffering from mental illnesses and/or substance abuse disorders. Peerstar is a national leader in providing forensic peer support services, and is the first provider in Pennsylvania to use a research university-based program and curriculum. In-jail program includes re-entry planning and evidence-based Citizenship Group classes to assist individuals in returning to the community and breaking the cycle of re-incarceration. Peerstar works closely with law enforcement, corrections, probation and parole and the judiciary. Peerstar's forensic peer support program was developed in a unique partnership with the Yale University School of Medicine Program for Recovery and Community Health. Peerstar is currently working with Blair, Cambria, Clearfield, Jefferson, and Somerset criminal justice systems.

Contact James P. Kimmel, Jr., J.D., Esq., Vice President and Director of Forensic Programs (jkimmel@peerstarllc.com or 610.347.0780).

More Information Available at: www.peerstarllc.com

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



Statewide Forensic Peer Support Specialist Program

About the Program

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

Our Goals

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

Program Progress

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

Contact Us

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

Elizabeth Woodley (PMHCA Project Specialist)

Liz@pmhca.org

717-564-4930

Sarah Filone, M.A. (Project Coordinator)

Saf83@Drexel.edu

215-762-8275

Guide 6 – Community Corrections

Consider the growing empirical research working to identify which community corrections strategies improve outcomes (including reducing criminal recidivism) for people with mental illness under community corrections supervision. The Justice Center of the Council of State Governments recently published a monograph summarizing the most up to date research and thinking on this topic

- For instance, research suggests that three strategies by community corrections officers can reduce criminal recidivism or improve linkages to services for probationers with mental illness
 - Firm but fair+
 - Officers use of compliance strategies that favor problem solving rather than threats of incarceration and other negative pressures
 - Officers' boundary spanning+work to develop knowledge about behavioral health and community resources, establish and maintain relationships with clinicians, and advocate for services
- Specialized probation caseloads are regarded as promising practice for improving outcomes with this population+
 - Defining features of specialized caseloads include:
 - “ Smaller caseloads composed exclusively of people with mental illness
 - “ Significant and sustained training on mental health issues
 - “ Extensive collaboration with community-based service providers
 - “ Problem-solving strategies to enhance compliance with supervision requirements

For more information, see: Council of State Governments Justice Center Research Guide. *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice.*

- <http://consensusproject.org/downloads/community.corrections.research.guide.pdf>

Other Resources:

- Aos, S. & Drake, E. (August 2010). Washington State Institute for Public Policy's Benefit-Cost Tool for States: Examining Policy Options in Sentencing and Correction.+ Retrieved from <http://www.wsipp.wa.gov/pub.asp?docid=10-08-1201>.
- Aos, S. & Drake, E. (April 2010). Fight Crime and Save Money: Development of an Investment Tool for States to Study Sentencing and Corrections Public Policy Options . Progress Report.+ Retrieved from <http://www.wsipp.wa.gov/pub.asp?docid=10-04-1201>.
- CMHS National GAINS Center. (August 2010). Getting inside the black box: Understanding how jail diversion works. Retrieved from http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/Getting_inside_the_black_box.pdf

- Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community. Retrieved from <http://reentrypolicy.org/Report/About>
- Research Network on Mandated Community Treatment. Website: <http://www.macarthur.virginia.edu/researchnetwork.html>
- Skeem, J. L. & Louden, J. E. (2007). Toward evidence-based practice for probationers and parolees mandated to mental health treatment. *Psychiatric Services*, 57, 333-342.
- Skeem, J. L., Manchak, S., & Peterson, J. K. (2010). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior*, Online April 14, 2010.

Guide 7 – Information Sheet on Justice-Involved Veterans for Judicial System

The Veterans Health Administration (VHA) is the U.S. government's healthcare system for Veterans. This sheet provides basic information on identification of Veterans, VA healthcare services provided and general wait times, communication between the justice system and VA, and Veterans Justice Outreach Specialist contact information. VHA does not operate a formal diversion program and cannot take custody of Veteran-defendants, but can provide Veterans with healthcare services that the justice system determines are an appropriate alternative to incarceration.

How to identify veterans in your system:

The first step to providing VA healthcare services to Veterans is to identify them as Veterans. Ask: "Have you ever served in the United States Armed Forces or military?" Do not ask: "Are you a Veteran?" since many Veterans think this applies only to Veterans who served in combat. Building this question into the booking or arraignment process as soon as possible will facilitate eligibility determination for Veterans.

Basic VHA eligibility:

The second step is to determine whether a Veteran is eligible and can enroll for VA services. **VA eligibility offices determine eligibility; VA clinical staff cannot provide determinative information on eligibility.** This usually takes no more than 7 calendar days (per VHA Directive 2009-029). Veterans' discharge status can be upgraded, usually with the assistance of a Veterans Services Officer.

The following is general information on eligibility:

- Any Veteran who is interested in receiving healthcare services from VA should be encouraged to apply for enrollment at his or her local VA medical center Enrollment/Eligibility office. For specific program eligibility, priority group information, co-pay, and other service information, please consult Federal Benefits for Veterans, Dependents and Survivors 2009 Edition, available online at http://www1.va.gov/opa/vadocs/current_benefits.asp.
- A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA healthcare benefits. Reservists and National Guard members may also qualify for VA healthcare benefits if they were called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.
- Minimum Duty Requirements: Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to Veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

Other factors may arise as VA eligibility offices check a Veteran's status.

VA provides health care services:

Program availability varies by area (for example, not every region has a Domiciliary), so please check with your local Veterans Justice Outreach Specialist for details on local programs.

Available health care services may include:

- Hospital, outpatient medical, dental, pharmacy and prosthetic services
- Domiciliary, nursing home, and community-based residential care
- Sexual trauma counseling
- Specialized health care for women veterans
- Health and rehabilitation programs for homeless veterans
- Readjustment counseling
- Mental health services, including alcohol and drug dependency treatment, Compensated Work Therapy-Supported Employment, and PTSD treatment
- Medical evaluation for disorders associated with military service in the Gulf War, or exposure to Agent Orange, radiation, and other environmental hazards

Based upon the assessment of the Veteran, VHA clinicians will develop a specific treatment plan for each Veteran-defendant. For those Veterans not incarcerated, VA will provide treatment to the degree and duration needed in accordance with the appropriate standard of care.

Non-VA alternative treatment options may be needed if the Veteran is not eligible for VA care, or if VA does not provide treatment within the time frame or level required by the Justice System.

Wait Times for entry to VA services:

Generally, VHA outpatient services will see eligible Veterans within 30 days of referral. Veterans with service-connected disabilities receive priority. Veterans without service-connected disabilities may need to wait up to 120 days.

All new patients requesting or referred for mental health services must receive an initial evaluation within 24 hours, a more comprehensive diagnostic and treatment planning evaluation within 14 days, and ongoing mental health treatment to begin within 30 days.

Communication between the Justice System and VHA – Release of Information:

In order for VHA clinicians to communicate with the justice system, the Veteran must sign a Release of Information specifying the type of information to be communicated and the duration of the course of treatment for which the information is to be provided. (VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information). Because VHA is a comprehensive healthcare system, social, vocational, housing, substance abuse, mental health and physical healthcare services are all considered health information, so the form is required to transmit information regarding the Veteran's attendance, progress, treatment testing, and discharge plan/status in any of these areas.

National Veteran Suicide Prevention hotline: VA has a National Suicide Prevention Hotline number: 1-800-273-TALK (8255).

Guide 8 – 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 Centers 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>

- **Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury**

Available at www.dcoe.health.mil

- **Real Warriors, Real Battles, Real Strengths** public awareness campaign

Available at www.realwarriors.net

- **Crisis Intervention Team International Conference**

September 12th-14th, 2011

Virginia Beach, Virginia

Registration and more information available at www.citi2011.com

Guide 9 – Resources on Cultural Competence for Criminal Justice/Behavioral Health

These resources focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept. Also included are helpful resources that specifically address cultural competency issues in criminal justice and behavioral health settings.

- *Sensitizing Providers to the Effects of Treatment and Risk Management: Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness*, the SPECTRM program, uses a cultural competence model to help service providers better understand the needs of the population they serve and deliver services tailored to their unique needs.
www.gainscenter.samhsa.gov/pdfs/reentry/Spectrum.pdf
- *Adapting Offender Treatment for Specific Populations.* In Center for Substance Abuse Treatment, *Substance Abuse Treatment for Adults in the Criminal Justice System*. Treatment Improvement Protocol (TIP) Series 44. DHHS Pub. No. (SMA) 05-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration, pp 93 -95.
- New Freedom Commission on Mental Health, *Subcommittee on Criminal Justice: Background Paper*. DHHS Pub. No. SMA-04-3880. Rockville, MD: 2004.
- Primm, A., Osher, F, & Gomez, M. Race and Ethnicity, Mental Health Services and Cultural Competency in the Criminal Justice System: Are We Ready to Change? *Community Mental Health Journal*, Volume 1, Number 5, 557-569, 2005.
- *Statement on Cultural Competence.* In *Evidence-Based Practices: Shaping Mental Health Services Toward Recovery*.
<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/competence.asp>.
- U.S. Department of Health and Human Services. *Mental health: culture, race, and ethnicity: A report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Rockville, MD: 2001.

Guide 10 – Resources for Community Education

- **Open Minds Open Doors**

Open Minds Open Doors is a Mental Health Association of Pennsylvania initiative aimed at ending discrimination against people with mental illnesses. Open Minds Open Doors creates brochures and audio visual materials for use in educating and engaging audiences on the impact of stigma.

Available at: www.openmindsopendoors.com

- **National Alliance on Mental Illness PA**

NAMI PA provides various opportunities for training and education as well as specific forensics training for criminal justice professionals and a one day Criminal Justice Symposium held yearly.

Available at: www.namipa.org

Guide 11 – Resources for Data Collection and Analysis

At all stages of the Sequential Intercept Model, data should be developed to document the involvement of people with severe mental illness, substance use disorders, and co-occurring disorders involved in the local criminal justice system.

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

Online Resources:

- The ~~M~~Mental Health Report Card used by the King County Washington Mental Health, Chemical Abuse and Dependency Services documents 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>

- **“Justice Reinvestment at the Local Level Planning and Implementation Guide”**
This guidebook provides instruction for local leaders aiming to improve the efficiency of their justice systems by managing and allocating scarce resources more cost-effectively and generating savings that can be reinvested in prevention-oriented strategies. It describes the steps involved in this justice reinvestment process, the challenges that may be encountered, and how those challenges can be overcome. While the intended audience is local county and city managers and their criminal justice leaders, this document is designed to be accessible to a wide array of local government stakeholders, along with criminal justice practitioners, consultants, and researchers.

Available at: <http://www.urban.org/uploadedpdf/412233-Justice-Reinvestment.pdf>

- **“A Guide to Collecting Mental Health Court Outcome Data” (2005)**
Describes practical strategies for collecting data and evaluating the effectiveness of mental health courts. Written for mental health court practitioners and policymakers who want to measure the impact of court-based programs.

Available at: <http://consensusproject.org/mhcp/MHC-Outcome-Data.pdf>

- **“Mental Health Courts: A Guide to Research-Informed Policy and Practice” (2009)**
Reviews the design and function of mental health courts, outcomes of mental health court participation, and questions and implications for policy and practice. This guide is intended to assist policymakers and practitioners in assessing the utility of mental health courts. It includes information about outcomes and research findings relevant to mental health courts.

Available at: http://consensusproject.org/jc_publications/mental-health-courts-a-guide-to-research-informed-policy-and-practice/Mental_Health_Court_Research_Guide.pdf

- **“Spotlight on JMHCP: How Johnson County, Kansas, Used Data to Plan and Map a Systemwide Response”**
Each month, the Justice Center spotlights high-quality collaborative criminal justice/mental health initiatives that have received funding from the Bureau of Justice Assistance's Justice and Mental Health Collaboration Program (JMHCP). Justice Center staff members ask the practitioners in these programs to discuss some successes and challenges they have encountered in the planning and implementation process. This month's profile is from Johnson County, Kansas, a 2010 planning and implementation grantee.

Available at: <http://consensusproject.org/features/topics-in-cj-slash-mh-using-data-to-plan-and-map-a-system-wide-response>

Center of Excellence Resources:

- Pennsylvania Mental Health and Justice Center of Excellence personnel are available to consult with and assist locales with the following:
 - Assessing existing database structure and content
 - Planning for data collection (e.g. identification of outcomes) and analysis strategies
 - What to data to track and how to record it
 - Identifying outcome measures
 - Designing data collection instruments
 - Implementing standardized reporting components
 - In accordance with funding or other local requirements
 - Monitoring data quality
 - Discussing data-entry strategies to minimize errors.
 - Integrating relevant information from multiple sources
 - Analyzing data and interpreting analyses

- Data Technical Assistance services are led by Carol Schubert, M.P.H. (Senior Consultant) and Edward P. Mulvey, Ph.D. (Center Co-Director) with the assistance of Marcel Schipper (Data Specialist) at the University of Pittsburgh.
- See the Center website www.pacenterofexcellence.pitt.edu or call Carol Schubert at 412-647-4760 for additional information. Prioritizing requests for assistance will be done in conjunction with the Pennsylvania Mental Health and Justice Advisory Committee.

Guide 12 – Mental Health Procedures Act Training in Pennsylvania

The combined efforts of the Drexel University Department of Psychology, the Drexel University College of Medicine's Department of Psychiatry's Division of Behavioral Healthcare Education (BHE), and the Disability Rights Network of Pennsylvania (DRNP), in collaboration with the Center of Excellence Statewide offer a state-wide training curriculum on Pennsylvania's Mental Health Procedures Act of 1976 (MHPA) to a variety of relevant professionals across the Commonwealth that will (1) contribute to the Commonwealth's ongoing efforts to divert nonviolent offenders from the criminal justice system to the mental health and substance abuse treatment systems, and (2) promote uniformity throughout the Commonwealth in terms of the interpretation and implementation of the MHPA.

Pittsburgh Area

Crown Plaza Hotel
Coraopolis
July 13, 2011

Philadelphia Area

Crown Plaza Hotel
King of Prussia
July 20, 2011

Scranton Area

Radisson Lackawanna Station Hotel
Scranton
July 27, 2011

Harrisburg Area

Holiday Inn Harrisburg/Hershey
Grantville
November 29, 2011

For information visit:

www.drexelmed.edu/bhe

or call 1 877-243-3033 (after 4/17/11)

Guide 13 – The Affordable HealthCare Act and Forensic Populations

Community Oriented Correctional Health Services (COCHS)

A non-profit organization established to build partnerships between jails and community health care providers. COCHS commissioned four papers for a series that offers cutting-edge thinking on the implications of expanded eligibility for Medicaid and subsidized insurance to low-income childless adults under the Patient Protection and Affordable Care Act. Because a large subset of these newly eligible individuals will most likely cycle through our nation's county and local jails, local correctional facilities may serve as an entry point for bringing them into the health care system and connecting them with community health care providers.

- Bonita Vesey of the School of Criminal Justice, Rutgers -The State University of New Jersey, provides an overview of the issues in which health reform, public safety and criminal justice interact.

The Intersection of Public Health and Public Safety in U.S. Jails: Implications and Opportunities of Federal Health Care Reform

- Patricia Blair, Robert Greifinger, T. Howard Stone and Sarah Somers for the American Bar Association Criminal Justice Section describe the potential impact of the ACA on the segment of the expanded population that intersects with the criminal justice system.

FINAL PAPER - Eligibility of Pre-trial Detainees Under The Patient Protection and Affordable Care Act

- Allison Hamblin, Stephen A. Somers, Sheree Neese-Todd and Roopa Mahadevan of the Center for Health Care Strategies, Inc., discuss the role of state Medicaid agencies in stimulating the market for treatment services and assuring appropriate conditions of participation.

Medicaid and Criminal Justice: The Need for Cross-System Collaboration Post Health Care Reform

- Maureen McDonnell, Laura Brookes, Arthur Lurigio, Daphne Baille and colleagues of The Center for Health and Justice at TASC-IL supply a field-based analysis of the issues involved in system change.

Realizing the Potential of National Health Care Reform to Reduce Criminal Justice Expenditures and Recidivism Among Jail Populations

Justice Center Publications:

Frequently Asked Questions: Implications of the Federal Health Legislation on Justice-Involved Populations

The changes brought about by the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act, signed into law by President Barack Obama in March 2010 and commonly referred to as the "health reform" law, will have a significant impact on how people involved in the criminal justice system can access public health insurance and services. This document addresses the implications of the law for justice-involved adults.

Available at: [Frequently Asked Questions: Implications of Health Reform on Justice-Involved Populations](#)

SAMSHA Publications:

Posted resources such as tip sheets, webinars, and timelines available at:

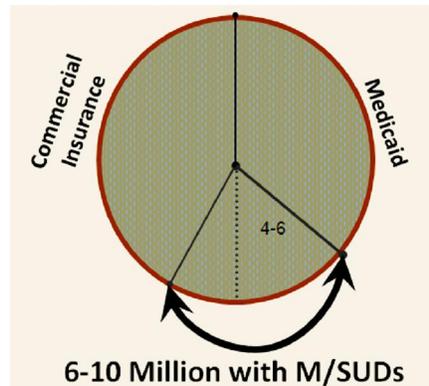
<http://www.samhsa.gov/healthreform>

Behavioral Health and Justice Involved Population: Presentation by Administrator Hyde, National Leadership Forum on Behavioral Health/Criminal Justice Services, April 5, 2011

Health Reform Impact of Affordable Care Act

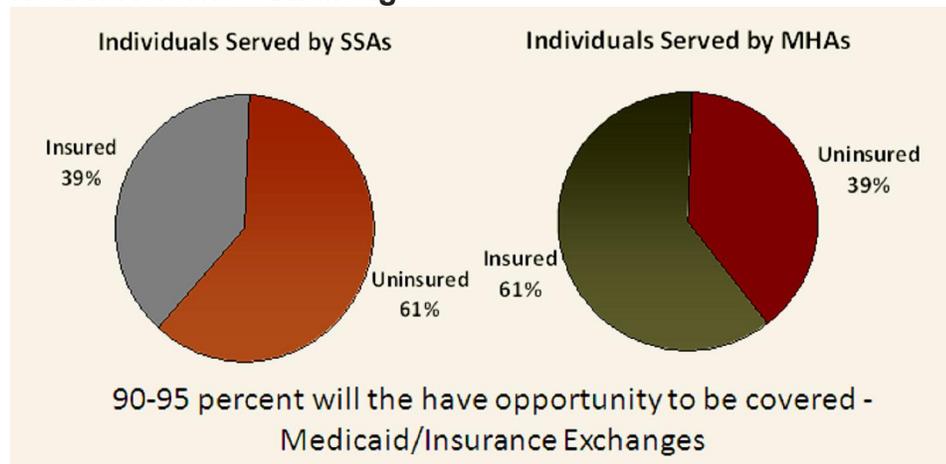
- More people will have insurance coverage
 - Increased demand for qualified and well-trained BH professionals
- Medicaid will play a bigger role in M/SUDs
- Focus on primary care and coordination with specialty care
- Major emphasis on home and community-based services; less reliance on institutional care
- Theme: preventing diseases and promoting wellness
- Focus on Quality rather than Quantity of care

In 2014: 32 Million More Americans Will Be Covered



6-10 Million with M/SUDs

Health Reform – Challenges



Affordable Care Act and Justice Involved Populations

- Coverage expansion means individuals reentering communities from jails and prisons (generally have not had health coverage in past) will now have more opportunity for coverage
- CJ population with comparatively high rates of M/SUDs equals an opportunity to coordinate new health coverage with other efforts to increase successful transitions
- Addressing BH needs can reduce recidivism and reduce expenditures in CJ system while increasing public health and safety outcomes
- SAMHSA and partners in OJP will develop standards and improve coordination around coverage expansions
 - Enrollment is the challenge
- ACA presents opportunities to improve outcomes related to trauma
- New home visiting funding to States includes programs proven effective in decrease traumatic events (e.g., child maltreatment)
- Coverage expansions through health reform equals more individuals with access to treatment for psychological trauma
- SAMHSA will work with Federal, State, and local partners to improve practices around prevention/treatment of trauma

Full PowerPoint is Available at: <http://store.samhsa.gov/shin/content//SMA11-PHYDE040511/SMA11-PHYDE040511.pdf>

Additional resources are located at <http://www.healthcare.gov> , a highly interactive website that can help people find health coverage and provides in depth information about the ACA

Guide 14 – Additional Website Resources

| | |
|--|--|
| Pennsylvania Mental Health and Justice Center for Excellence | www.pacenterofexcellence.pitt.edu |
|--|--|

| 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.floridatrac.org/ |