

Recommendations to Advance Pennsylvania Responses to People with Mental illness and/or Substance Use Disorders Involved in the Criminal Justice System

*Prepared for the Pennsylvania Office of Mental Health and Substance Abuse
Services (OMHSAS) and the OMHSAS Advisory Committees*

September 2006

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I. Introduction

In late 2005, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) convened a Forensic Workgroup to identify goals, priorities, and strategies for improving the response to people with mental illness and/or substance use disorders involved in the criminal justice system. The Forensic Workgroup's initial objective was to design a Mental Health and Substance Abuse System in which services and supports enable people to avoid incarceration, be diverted from incarceration, receive adequate treatment services while incarcerated and plan for successful return from incarceration. From this objective, the Forensic Workgroup's recommendations to OMHSAS are presented in this document, which is meant to serve as a strategic plan for the agency and its partners in the criminal justice system.

The Forensic Workgroup's efforts were guided by OMHSAS's 2005 report, *A Call for Change: Toward a Recovery-Oriented Mental Health Service Delivery System for Adults*. The *Call for Change* is a blueprint for transforming Pennsylvania's mental health and substance abuse treatment system into one that is "integrated, uses best practices, and most importantly, is recovery-oriented." OMHSAS defines recovery as "a self-determined and holistic journey that people undertake to heal and grow...facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that allow people to reach their full potential as contributing community members."¹

A commitment to transforming mental health service and substance abuse delivery is only part of the solution for the high numbers of individuals with mental illness and/or substance use disorders involved in the criminal justice system. For these individuals,

¹ Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services. (2005). *A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults*. Harrisburg, PA.

collaboration between the mental health/substance abuse and criminal justice systems is paramount to the recovery process. The need for such collaboration is not unique to Pennsylvania:

- Over the course of a six-year period (from 1998 to 2004), the Akron, OH Police Department responded to 10,004 calls related to a “mental disturbance.” This represents 6.55 percent of the total call load (1,527,281 calls) during that period.²
- Approximately 5 percent of the U.S. population has a serious mental illness,³ compared with up to 16 percent of the prison or jail population,⁴ according to U.S. Department of Justice reports.
- According to a 2004 report, Miami-Dade County taxpayers spend \$18 per day to house inmates from the general population and \$125 per day to house inmates with mental illnesses in the county jail.⁵

As described in the sections that follow, Pennsylvania is in a unique position to provide state-level leadership that fosters meaningful and effective ongoing collaboration between the mental health/substance abuse and criminal justice systems and improves the lives of individuals who come into contact with both of these systems. The Forensic Workgroup intends for the subsequent recommendations to be viewed within this context.

II. Summary of Forensic Workgroup Activity

From January through June 2006, the Forensic Workgroup met monthly to accomplish its objectives. The Workgroup consisted of advocates, self-advocates, and family advocates; county, regional, and state agency staff; service providers; and expert consultants.⁶

² Teller, J.L.S., Munetz, M.R., Gil, K.M., Ritter, C. (2006). Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Calls. *Psychiatric Services* 57 (2): 2006.

³ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2000). *Prison and Jail Inmates at Midyear 2000*. Washington, DC: Beck, A. J. & Karberg, J. C.

⁴ U.S. Department of Justice, Office of Justice Programs Bureau of Justice Statistics. (1997). *Correctional Populations in the United States 1997*. Washington, DC. These numbers will be updated based on the upcoming BJS report on people with mental illnesses in prisons and jails.

⁵ Circuit Court of the Eleventh Judicial Circuit of Florida. (2004). *Final Report of the Miami-Dade County Grand Jury*. Available at http://www.miamisao.com/publications/grand_jury/2000s/gj2004s.pdf.

⁶ For a complete list of participants, please see Appendix A

The Forensic Workgroup’s discussions were organized around the “Sequential Intercept Model,” which identifies the sequence of events that may occur for individuals with mental illness and/or substance use disorders who come into contact with the criminal justice system and identifies points at which they can be “intercepted” from further involvement.⁷ The five intercept points⁸ (which correspond with the components of the criminal justice and mental health/substance abuse systems with which individuals with mental illness and/or substance use disorders are most likely to come into contact⁹) formed the topic areas around which members of the Forensic Workgroup developed their recommendations.

Before developing the specific recommendations contained in this report, the Forensic Workgroup identified four general domains in which it aimed to produce outcomes:

- Increased options for access to community-based treatment and supports including access to safe and affordable housing (“A Plan for Promoting Housing and Recovery-Oriented Services”, OMHSAS report, September 2006) and immediate access to benefits
- Increasing ongoing collaboration with the criminal justice system
- Increasing opportunities for cross-training between mental health/substance abuse and criminal justice personnel
- Increasing communication and data sharing between the mental health/substance abuse and criminal justice systems at the state and local level

These broad outcomes, which framed the Forensic Workgroup’s discussions, are distilled into definite recommendations in this report.

III. Pennsylvania Context

⁷ Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Service* 57(4): 544 – 549.

⁸ *Ibid.* The five intercept points are 1) Law enforcement/emergency services, 2) initial detention/initial court hearings, 3) Post-booking Diversion, Jails, Courts, Forensic Evaluations, and Forensic Hospitalization, 4) reentry from jails, state prisons, and forensic hospitalization, and 5) community corrections and community support

⁹ i.e. law enforcement, courts, corrections, and treatment/ services systems

The Forensic Workgroup's objectives should be understood within the context of long-standing legislative interest and programmatic activity in Pennsylvania to improve the response to people with mental illness and/or substance use disorders involved in the criminal justice system.

Multiple efforts to address the needs of persons with mental illness and/or substance use disorders in the criminal justice system have taken place at the local, county, and state level within Pennsylvania over the last ten years. These efforts have been paralleled by increased attention at the national level. A confluence of these efforts can be seen in the work of the late Senator Robert Thompson (PA). Senator Thompson was the founding co-chair of the Council of State Governments Criminal Justice/Mental Health Consensus Project and served as chair of the Pennsylvania Senate Appropriations Committee. Thanks in large part to his commitment to the issue, the Pennsylvania legislature provided funding for research studies under Senate Resolution 125. The following studies, scheduled for completion in September 2006, will provide the field with much-needed data on the impact of local collaborative criminal justice/mental health programs:

- Researchers from the GAINS/TAPA Center for Jail Diversion are using a computerized cost simulation model to help Chester County project the impact of its efforts to divert individuals with mental illnesses from jail.
- Researchers from the RAND Corporation are assessing the fiscal impact of the Allegheny County Mental Health Court.
- Researchers from the Health Policy Program at the University of the Sciences in Philadelphia are assessing the fiscal impact of the Gaudenzia FIR-St. Residential Treatment Program for individuals with mental illness and/or substance use disorders released from prison.

At the local level, stakeholders from Pennsylvania county mental health, substance abuse and criminal justice systems have collaborated to develop initiatives designed to improve the response to their shared population. Examples include:

- The Allegheny County Mental Health Court—the first mental health court in Pennsylvania—was borne of a local commitment to the issue and blended funding sources, including state mental health block grant funds. Later, the program received a Bureau of Justice Assistance (BJA) Mental Health Courts Program grant.
- The Allegheny County State Forensics Support Services program is a winner of the prestigious Innovations in American Government Award from the Harvard University Kennedy School of Government. The program assists individuals who have served their maximum sentence and need behavioral health services.
- Philadelphia, a National Institute of Corrections (NIC) learning site for improving collaboration between correctional and mental health systems, is working to facilitate the re-entry of individuals with serious mental illnesses from the Philadelphia Prison System. Philadelphia is one of four NIC learning sites across the country.
- The Lancaster County Office of Special Offender Services provides court-funded probation officers and mental-health-funded case managers to clients with mental illnesses during their probation or parole sentences.
- The Montgomery County Emergency Service System has been providing Crisis Intervention Specialists training for over 30 years. The school is a 3 day training for law enforcement to help them understand and deal more effectively with individuals with a diagnosis of mental illness
- A number of counties have implemented specialized case management, jail liaison positions and peer specialists who maintain contact with individuals while incarcerated and assist with transition planning.

The Forensic Workgroup also recognizes the importance of considering local and cultural factors in developing a statewide strategy. Pennsylvania is home to large urban centers and small rural communities, and any statewide effort must consider this diversity.

IV. Collaboration between OMHSAS and Criminal Justice Agencies

The preceding section summarized Pennsylvania’s long-standing commitment to improve the response to people with mental illness and/or substance use disorders involved in the criminal justice system. The subsequent section looks forward, and outlines a strategic plan for OMHSAS to expand on these efforts.

In Pennsylvania, as is the case across the country, people with mental illness and/or substance use disorders come into frequent contact with the criminal justice system at every intercept point outlined by the Sequential Intercept Model. Professionals on the front lines of both the mental health/substance abuse and criminal justice systems tend to agree that the best way to reduce this contact is to provide treatment and other services in the community. This is all the more salient since many people with mental illness and/or substance use disorders currently receiving treatment in community settings have histories of contact with the criminal justice system, even if they are not currently involved. The Forensic Workgroup recognizes, that, with limited resources and an already overwhelmed treatment system, OMHSAS must partner effectively with its state-level criminal justice counterparts to develop a systemic response to both the public health and public safety concerns that this population raises.¹⁰

A. Effective partnership

While mental health/substance abuse and criminal justice professionals in Pennsylvania agree that they must better serve their shared population, effective partnership between these two systems can be complicated. Mental health/substance abuse and criminal justice agencies have different histories, traditions, missions, procedures, policies—even objectives and goals—and their staffs receive different types of training. For example, treatment providers and parole officers may view an individual’s incomplete adherence to the terms of a treatment plan (such as missing an appointment) very differently. Whereas many treatment providers might view this setback as a normal part of the recovery process, a parole officer might view it as grounds for revocation of parole and re-incarceration.¹¹

¹⁰ Adapted from *Criminal Justice / Mental Health Consensus Project*. Council of State Governments. New York: Council of State Governments. June 2002.

¹¹ *Ibid*

Just as representatives from criminal justice agencies need to understand the mental health/substance abuse system in order to collaborate effectively, representatives from the mental health/substance abuse system must appreciate these differences in culture in order to interact productively with their counterparts in the criminal justice system.¹² In order to bridge the natural boundaries—like the example illustrated above—that exist between the mental health/substance abuse and criminal justice systems, OMHSAS must work with its counterpart departments and agencies in the criminal justice system to develop communication strategies and opportunities for cross-training between the staffs of both systems.

B. Establishment of an Executive Branch Mental Health/Criminal Justice Workgroup

In order to address the comprehensive needs of individuals with mental illness and/or substance use disorders involved in the criminal justice system, the Forensic Workgroup recommends that OHMSAS initiate the formation of an executive-branch-level mental health/criminal justice workgroup to coordinate the Commonwealth's response to individuals with mental illness and/or substance use disorders involved in the criminal justice system and to provide guidance to collaborative efforts at the local level.

As described above, the Forensic Workgroup was tasked with developing a strategic plan for OMHSAS to better respond to individuals with mental illness and/or substance use disorders involved in the criminal justice system. Whereas the Forensic Workgroup comprised professionals on the front lines of mental health service provision, the executive-level workgroup should comprise individuals with the authority to implement the recommendations in this report.

This executive-level workgroup should include the Deputy Secretary of OMHSAS, the Secretary of DPW, Deputy Secretary and Secretary of DOC, as well as representatives of the Pennsylvania Board of Probation and Parole, the Department of Health, Bureau of Drug and Alcohol Programs, and the Pennsylvania Commission on Crime and Delinquency.

¹² *Ibid*

State-level workgroups typically include representatives from the judicial branch and justice department, and as the work of the executive-level workgroup develops, it will be important to solicit the participation of these and other state leaders. The scope of the recommendations in this report, however, is limited to executive branch agencies.

In addition to addressing the general principles of collaboration and partnership described above, the executive-level workgroup will review the results of the aforementioned state research endeavors to ensure that they inform statewide activity and oversee the implementation of the recommendations that follow.

C. Maximizing the success of local efforts

At the local level, one mechanism is already in place for building effective partnerships: the Pennsylvania Commission on Crime and Delinquency (PCCD) coordinates Criminal Justice Advisory Boards (CJABS) in counties across the state. The Forensic Workgroup recommends that OMHSAS support and promote mental health system participation in these groups to foster communication and opportunities for cross-training at the county level.

State-level leadership is required to maximize the success of local efforts. The Forensic Workgroup recommends that at the agency level, OHMSAS must prioritize efforts that focus on individuals with mental illness and/or substance use disorders involved—or at risk of involvement—with the criminal justice system by incentivizing these efforts among the providers that it funds. OMHSAS should incentivize its providers to prioritize populations involved with each sequential intercept point, but it cannot do so effectively without the support of the criminal justice system.

D. Implementation of a joint OMHSAS/DOC/PBPP Grant Program

Implicit in the preceding recommendations is the recognition that, while state-level leadership is prerequisite for success, the demographic diversity across Pennsylvania demands solutions that are grounded in local contexts. In order for OMHSAS to bolster local activity in a way that recognizes, respects, and relies on local contexts, the Forensic Workgroup recommends the implementation of a joint OMHSAS/DOC/PBPP grant program to fund local initiatives.

Different communities across Pennsylvania have different strengths with regard to the Sequential Intercept points on which they choose to focus their collaborative efforts. The joint grant program would encourage communities to identify those strengths and build upon them by requiring applications to be submitted on behalf of a mental health entity and a criminal justice entity. While either entity may take the lead and serve as the primary fiscal agent, the proposed project must be managed jointly. The grant would fund programs in the following areas:

- **Mental health/law enforcement collaboration:** Funds would be used to develop and implement strategies that make it easier for officers to connect people with mental illness and/or substance use disorders to services in order to increase the safety of officers, people with mental illness and/or substance use disorders, and the community.
- **Mental health/courts collaboration:** Funds would be used to develop and implement strategies that respond to the needs of defendants with mental illness and/or substance use disorders who cycle through the court system, while protecting public safety and the integrity of the court process.
- **Mental health/corrections/probation and parole – re-entry collaboration:** Funds would be used to develop and implement strategies to improve post-booking jail diversion, transition planning, and linkages between community corrections officers, parole officers and treatment providers.

Modeled on current federal program activity,¹³ the joint grant program should support varying levels of pre-existing mental health/substance abuse/criminal justice collaboration and varying degrees of proposal scope and impact. To those ends, the joint grant program should award grants of varying size across three categories: planning grants, implementation grants, and expansion grants.

¹³ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. (2006). *Justice and Mental Health Collaboration Program: FY 2006 Competitive Grant Announcement*. [http://grants.gov/announcement number : BJA-2006-1381](http://grants.gov/announcement%20number%20BJA-2006-1381).

- **Planning grants** should be available to communities with very little pre-existing mental health/criminal justice collaboration. The grants would fund the design of comprehensive local strategic plans that represent support from all levels of government, the criminal justice system, and the mental health and other social service systems.
- **Implementation grants** should be available to communities with moderate levels of pre-existing mental health/criminal justice collaboration. These grants would fund the completion of pre-existing strategic plans and the early implementation of an already-conceived program.
- **Expansion grants** should be available to communities with substantial levels of pre-existing mental health/criminal justice collaboration. These grants would fund the ongoing development and refinement of well-established programs.

Vital to any joint grant program is an emphasis on sustainability. Grant awards should be made to jurisdictions that demonstrate a commitment to sustain their programs beyond grant funding. Applicants may be asked to submit “year-after” budgets that forecast program support after the cessation of grant funding. In this sense, the collaborative grant application process should be understood as having a broader purpose than one-time funding.

Grants would be awarded to jurisdictions that addressed the four general domains outlined in Section II, but the specific requirements should be developed collaboratively by the executive-level workgroup described above.

E. Pennsylvania Coordinating Centers of Excellence: Dissemination of best practices/ Oversight of the grant program:

The executive-level workgroup described above should be charged with the stewardship of inter-agency collaboration and the design and implementation of the grant program described above. Ongoing oversight of the grant program and the efforts it funds, however, will require a combination of the centralized leadership and appreciation

for local contexts that the grant program seeks to foster. This administrative function will be beyond the scope of the executive-level workgroup.

In order to maintain state-level leadership while respecting the diversity of local responses, the Forensic Workgroup proposes the creation of Coordinating Centers of Excellence (CCoEs) modeled after Ohio's CCoEs to administer, support, and monitor the joint grant program. The Forensic Workgroup envisions these CCoEs as independent extensions of the state agencies that fund the grant program—in a certain sense, they are a means for the state to “outsource” oversight of the program to maximize its impact in as efficient a manner possible.

There are a number of different models for CCoEs across the country, but these organizations tend to be designed to coordinate three general activities: 1) evaluation, 2) programs, and 3) practice (e.g., clinical training). CCoEs can be sponsored publicly by state or local government, privately by foundations or other organizations, or autonomously by the CCoE itself. Regardless of what a CCoE focuses on or how it is sponsored, all tend to synthesize knowledge, translate research into practice, and broadly disseminate these efforts. CCoEs also tend to be interdisciplinary in nature. Some are organized regionally, some thematically, and some are associated with universities.¹⁴

The Pennsylvania CCoEs' administrative responsibilities would include, but would not be limited to, technical assistance to the jurisdictions awarded joint grants, general assistance to non-grantee programs, development of a web-based catalogue of programs and evidence-based practices in use in Pennsylvania, development of a Forensic Services Manual describing Pennsylvania's service system for individuals with mental illness and/or substance use disorders involved in the criminal justice system, development of training curricula, and development of cross-training opportunities.

For the purposes of administering the joint grant program, the Forensic Workgroup has identified a number of options for structuring CCoEs in Pennsylvania:

- **Issue area:** A different CCoE would be responsible for all activity in one of the five sequential intercept points (or alternatively, for all law

¹⁴ Adapted from Klitzner, Michael. *Centers for Excellence*. Microsoft PowerPoint presentation.

enforcement activity, all courts activity and all corrections/re-entry activity).

- **Region:** CCoEs would be responsible for all activity in a given region. The executive-level planning group would determine the best way to divide the state into three or four geographic areas.
- **Demographics:** CCoEs would be responsible for all activity in urban or rural jurisdictions.

Developing these administrative, training, and technical assistance functions should be one of the executive-level workgroup’s key responsibilities as it considers the CCoE concept for Pennsylvania.

V. Conclusion

The recommendations presented in this report are summarized in the following table and expanded in Appendix B.

Table 1: Summary of Forensic Workgroup Recommendations

Section	Page	Recommendation	Detail
IV.A	5 – 6	<i>Develop communication strategies and opportunities for cross-training</i>	OMHSAS should work with its counterpart departments and agencies in the criminal justice system to develop communication strategies and opportunities for cross-training between the staffs of both systems
IV.B	6	<i>Form executive-branch workgroup</i>	OHMSAS should initiate the formation of an executive-branch-level mental health/criminal justice workgroup to coordinate the Department of Public Welfare (DPW) and Department of Corrections (DOC), Department of Health, Bureau of Drug and Alcohol Programs (DOH, BDAP), Pennsylvania Board of Probation and Parole (PBPP), and Pennsylvania Commission on Crime and Delinquency (PCCD) response to individuals with mental illness and/or substance use disorders involved in the criminal justice system
IV.C	7	<i>Promote local mental health system participation on CJABS</i>	OMHSAS should support and promote mental health system participation on the Pennsylvania Commission on Crime and Delinquency (PCCD), Criminal Justice Advisory Boards (CJABS) to foster communication and opportunities for cross-training at the county level

IV.C	7	<i>Incentivize OMHSAS-funded providers</i>	OHMSAS should prioritize efforts that focus on individuals with mental illness and/or substance use disorders involved—or at risk of involvement—with the criminal justice system by incentivizing these efforts among the providers that it funds.
IV.D	8	<i>Implement joint DPW/DOC grant program</i>	OHMSAS and DOC should implement a joint grant program to fund local initiatives
IV.E	9	<i>Develop Pennsylvania CCoEs</i>	The executive-branch-level workgroup should develop Coordinating Centers of Excellence (CCoEs) modeled after Ohio’s CCoEs to administer, support, and monitor the joint OMHSAS/DOC/PBPP grant program and promote best practices through evaluation and training

The Forensic Workgroup and OMHSAS recognize that they did not engage their partners in the criminal justice system in the development of this report, even though the criminal justice system is heavily implicated in OMHSAS’s strategic vision for responding to individuals with mental illness and/or substance use disorders involved in the criminal justice system. This was an intentional, interim strategy to confirm the mental health/substance abuse stakeholders’ priorities and to reinforce strategies for their collaboration with criminal justice partners. The recommendations in this report will be reviewed internally at the DPW, and the next logical step is to use this report as a platform for engaging partners at DOC, PBPP, DOH, PCCD, County Wardens Association and County Commissioners Association of Pennsylvania. The Forensic Workgroup envisions this report as a “living” document: after it has been reviewed internally at DPW, it will be submitted to different partners in the criminal justice system for review and discussion. The Forensic Workgroup hopes that the initial meetings of the proposed executive-level workgroup will be used to collaboratively finalize this document; to these ends, the Forensic Workgroup also developed a list of proposed objectives¹⁵ for some of the recommendations that might act as discussion points for initial meetings and the basis of an inter-agency work plan moving forward.

¹⁵ Please see Appendix B for this list of proposed action items

Appendix A: Forensic Workgroup Participants

Altenor	Robbie	OMHSAS
Baldwin	Jill	County MH Admin
Batzel	Trudy	consumer advocate / family member
Benner	Jody	family member
Bishop	Shelley	OMHSAS
Bradley	Jessica	OMHSAS
Bright	Tory	County MH Admin
Caruso	Carol	NAMI
Castello	Jeanette	family member
Craig	Candy	County MH Admin
D'Atria	Kristen	provider
Davis	Robert	OMHSAS
Dickson	Mary Jo	County MH Admin
Dinich	David	provider
Fatula	David	family member
Folks	Charlie	provider D&A
Francise	Denise	advocate D&A
Frisbie	Sandy	advocate D&A
Funk	Celene	OMHSAS
Gipe	Chis	OMHSAS CRT Team
Golden	Judith	OMHSAS CSSH
Gray	Catherine	family member
Griffin	Patty	Consultant-County MH Admin
Gross	Richard	family member
Gully	Samuel	Drexel University
Hammann	Connie	Advocate
Henry	Bob	County MH Admin
Hermann	John	PMHCA
Hoffman	Jodi	advocate D&A
Holt	Bill	provider
Huskins	Barbara	family member
Huskins	Raymond	Family Member NAMI
Jordan	Mary	County MH Admin
Keyne	Simone	County MH Admin
Kline	Donald	MCES Provider
Koons	Glenn	MHASP/Horizon House consumer advocate / provider
Kosanovich	Pete	Provider
Kroll	Amy	Allegheny County Office of Behavioral Health Forensic Services
Kromer	Cynthia	provider and family member
Lichtman	Diane	Psychiatric Rehabilitation Provider, family member and consumer
Lukas	Rita	Provider
Maldonado	Kim	provider
Margulies	Debra	OMHSAS NSH
Marteslo	Vicki	provider case management
Martin	Donna	advocate D&A
MaSalle	Bob	Dauphin County Clubhouse
Mazza	Cynthia	provider
Miranda	Mimi	provider
Mull	Michelle	PMHCA
Nolan	Robert	Philadelphia Department of Behavioral Health

Notario-Smull	Heidi	advocate
Pedrazzani	John	OMHSAS NSH
Pennington	Stephen	advocate / attorney
Peoples	Bette	consumer advocate
Rogers	John	MHASP/P2C
Saleem	Yusuf	OMHSAS
Semerod	Keith	County MH Admin
Smith	Sharon	advocate D&A
Smith	Marlinda	OMHSAS TSH
Spangler	Dana	Provider/MHA
Spiese	Vivian	family member
Stewart	Wendy	family member
Swartzendruber-Landis	Tara	provider / advocate
Swint	Norma	County MH Admin
Swintosky	Delores	family advocate
Tarbutton	Louise	provider
Webster	David	provider
Wieman	Nancy	County MH Admin
Woods	Kim	County MH Admin
Wooledge	David	PMHCA, President
Wright	Susan	advocate co-occurring

Appendix B: Forensic Workgroup Proposed Objectives

Section	Page	Report Recommendation	Proposed Action Items
IV.A	5 – 6	<i>Develop communication strategies and opportunities for cross-training</i>	<p>OMHSAS should work with its counterpart departments and agencies in the criminal justice system to develop communication strategies and opportunities for cross-training between the staffs of both systems</p> <ul style="list-style-type: none"> • Hire and train case managers/boundary spanners who can provide transition services inside the county jail and into the community. • Develop system to secure documentation of identity and citizenship at no cost to inmate • Streamline benefits application process to ensure access to treatment at time of release • Develop a system with OIM/OMHSAS that suspends rather than terminate benefits during incarceration • Increase access to crisis intervention and treatment within county jails • Provide access to training for to corrections and law enforcement on mental illness and/or substance use disorders, suicide risk screening, and substance abuse screening • Work with criminal justice partners to develop a system for unified data sharing • Determine how OMHSAS training priorities are identified, what resources will focus on forensic diversion • Create web-based training options • Develop letters of agreement to increase continuity of approach
IV.B	6	<i>Form executive-branch workgroup</i>	<p>OHMSAS should initiate the formation of an executive-branch-level mental health/criminal justice workgroup to coordinate the Department of Public Welfare (DPW) and Department of Corrections (DOC), Department of Health, Bureau of Drug and Alcohol Programs (DOH, BDAP), Pennsylvania Board of Probation and Parole (PBPP), and Pennsylvania Commission on Crime and Delinquency (PCCD) response to individuals with mental illness and/or substance use disorders involved in the criminal justice system</p>

IV.C	7	<i>Promote local mental health system participation on CJABS</i>	<p>OMHSAS should support and promote mental health system participation on the Pennsylvania Commission on Crime and Delinquency (PCCD) Criminal Justice Advisory Boards (CJABS) to foster communication and opportunities for cross-training at the county level</p> <ul style="list-style-type: none"> • Recommend creation of CJAB in counties where there is not an existing CJAB • Ensure that Mental Health and Substance Abuse agencies have membership on all existing Criminal Justice Advisory Boards • Develop information sharing mechanism between county mental health staff and CJABs and PCCD <p>Provide information and technical assistance to CJABs to assist in development of training and support for law enforcement and first responders, development of mental health / treatment courts, and development of collaborative re-entry transition planning</p>
IV.C	7	<i>Incentivize OMHSAS-funded providers</i>	<p>OHMSAS should prioritize efforts that focus on individuals with mental illness and/or substance use disorders involved—or at risk of involvement—with the criminal justice system by incentivizing these efforts among the providers that it funds.</p> <ul style="list-style-type: none"> • Increase access to and quality of ongoing and crisis treatment in county jails, SCIs and state hospital forensic centers. • Provide training for law enforcement/first responders, probation and parole • Create central location for law enforcement to take individual for immediate assessment • Develop uniform screening tool to be used upon incarceration to identify special needs • Promote pre and post-booking diversion options, including mental health/treatment courts • Promote peer specialist/consumer-run programs • Development of a uniform re-entry checklist to be used by county MH/MR, OMHSAS, PBPP, County Jails, and SCIs • Develop transitional and permanent housing through local collaboration with Local Housing Options Teams for individuals who are being released from state prison or county jails
IV.D	8	<i>Implement joint DPW/DOC grant program</i>	<p>OHMSAS, DOC and PBPP should implement a joint grant program to fund local initiatives</p>

IV.E	9	<i>Develop Pennsylvania CCoEs</i>	<p>The executive-branch-level workgroup should develop Coordinating Centers of Excellence (CCoEs) modeled after Ohio's CCoEs to administer, support, and monitor the joint OMHSAS/DOC/PBPP grant program;</p> <ul style="list-style-type: none"> • Identify and promote best practices through evaluation and training. • Develop web-based directory / inventory of specialized services • Develop Forensic Services Manual • Develop standards and guidelines for training and program development of diversion and re-entry programs and core competencies for treatment programs
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Please direct any comments or questions about this report to Roberta Altener at raltener@state.pa.us or 717-787-6443.