



# **Comprehensive Behavioral Health Task Force**

*A guide for counties seeking alternatives to incarcerating  
mentally ill and substance abusing offenders*

## **REPORT OF FINDINGS AND RECOMMENDATIONS**

August 7, 2016

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## TABLE OF CONTENTS

<b>Page 2</b>	Task Force Members, Advisory Committee and Staff
<b>Page 3</b>	Acknowledgements
<b>Page 4</b>	Table of Contents
<b>Page 5</b>	Introduction and History
<b>Page 8</b>	Comprehensive Behavioral Health Reform Priority
<b>Page 10</b>	Findings and Recommendations
<b>Page 14</b>	Goals Arrayed By Sequential Intercept
<b>Page 15</b>	Goal - Encourage counties to employ successful strategies to reduce the need for incarceration
<b>Page 24</b>	Goal - Expand training, education and awareness efforts to improve public perception and understanding
<b>Page 30</b>	Goal - Provide effective supports and services to avoid entry into the criminal justice system and improve outcomes for re-entry
<b>Page 37</b>	Goal - Understanding special populations and unique circumstances
<b>Page 44</b>	Goal - Address the needs of returning veterans
<b>Page 46</b>	Goal - Research larger policy issues and develop longer range policy strategies to assist county efforts
<b>Page 50</b>	DASHBOARD
<b>Page 59</b>	Meeting Agendas and Handouts
<b>Page 95</b>	Relevant State Legislation
<b>Page 100</b>	Relevant Federal Legislation
<b>Page 107</b>	Appendix

## INTRODUCTION AND HISTORY

**Background** – Pennsylvania county corrections systems are experiencing explosive growth in some sectors of their populations. While many county jails have developed and implemented effective population control measures, those same jails frequently indicate that the percentage of inmates with mental illness, serious mental illness, and untreated or undertreated substance abuse continue to grow. Pennsylvania statistics cited frequently suggest that as many as 65 percent of all county jail inmates have a substance abuse disorder, 10 to 30 percent have mental illness, and as many as 14 percent have a serious mental illness. The incarcerated population experiences behavioral health disorders between 3 times more frequently than the general population.

Outside of the jail and prison setting, about one in every five adults experience a mental illness and one in 25 experience a serious mental illness in the United States. Those receiving treatment within the prior 12 months make up just a small percentage. Across the country, county jails house more individuals with mental illness than psychiatric hospitals.

One in ten adults experience a substance abuse disorder, with approximately 10 percent of that group receiving treatment within the past year. Pennsylvania is consistent with trend. Yet, many counties struggle to maintain services within the community due to budget cuts which have been trending now for more than a dozen years. Finding resources to place staff within a jail who can help the changing populations force a balancing choice between funding corrections based services, and prevention in the community.

Counties nationwide spend nearly \$100 billion annually on health care for inmates and roughly 65 percent are pre-trial detainees. More than 95 percent of county jail inmates will eventually return to the community, and if mental health and substance abuse issues remain untreated, they are very likely to cycle back into the system through the county jail, again and again. Pennsylvania's incarceration rate was the highest among Northeast states in 2014, after an increase of 20 percent between 2004 and 2014 and the number of people in jails over that same time period increased by 9 percent. The average daily cost of incarceration in a county jail is approximately \$40,000 annually, compared to many community based alternatives that are estimated to cost less than half of that amount.

The Commonwealth, like many other states, has been reducing capacity for forensic services within state hospitals. Counties have reached a level of frustration over the inability to address mental illness in jails due to resource limits at the state level.

The opioid and prescription drug abuse crisis is further exacerbating the options for providing services to those inside the jail. Yet, each year the number of inmates who would otherwise be in the community if they were not substance abusing or suffering from mental health concerns is growing, challenging staff, causing decline for the inmates, and failing to meet the goals of taxpayers for safe and secure communities.

Counties have been considering solutions in a piece meal fashion for some time. Given the lack of a comprehensive plan, the counties are now stepping forward to develop their own.

**History** - During the CCAP Fall Conference in November 2015, the membership adopted a priority calling for the development of a plan for comprehensive behavioral health reform as frustrations continue to grow over the increasing number of inmates whose unaddressed behavioral health needs are the catalyst to their entry into the criminal justice system. These issues had been a priority for several years, and while progress had been made in a few areas, counties are still largely stymied by the lack of resources for treatment and the lack of a comprehensive state or federal approach. CCAP membership tasked the Human Services and Courts and Corrections Committees with studying causes, considering best practices, educating members on the issue as well as identification of barriers. For 2016, the committees jointly developed and advanced to the members a renewed approach which tasks a newly constituted task force with development of a comprehensive strategy.

The CCAP Human Services and Courts and Corrections Committees identified a concept for comprehensive behavioral health reform advanced to the full membership. Once the priority was adopted, CCAP President Bob Thomas determined that a task force approach would best facilitate the review needed for the committee to define the parameters of reform. He appointed CCAP Human Services Committee Chairman George Hartwick and CCAP Courts and Corrections Committee Chairman Kevin Barnhardt as co-chairs to facilitate the work of the group, and asked each chair to select members to serve on the task force comprised of commissioners to study the issue and develop findings. The CCAP human services affiliates with interest in behavioral health were asked to join as advisory members, and task force members included key staff from their counties to provide expertise and collaboration. This structure was designed to assure a rapid turnaround of a plan that could begin implementation in 2016.

**Task Force Structure, Membership, Leadership** – the task force is comprised of commissioners recruited by the co-chairs to serve for the first six months of 2016. Commissioners were permitted to appoint county staff of their choice. Staff support was provided by PACA MHDS Executive Director Lucy Kitner, and PACDAA Executive Director Michele Denk, JDCAP Executive Director Wayne Bear, Insurance Programs Legal Counsel Barb Zemlock, Executive Secretary Lori Dabbondanza, CCAP Policy Intern Laura Bleiler, and the CCAP Deputy Director, Brinda Carroll Penyak.

**Topics and Scope of Work** – The Task Force was charged with development of a plan that considers specific areas included in the priority and making recommendations in its final report. The areas of considerations were as follows:

- Veterans in the criminal justice system
- Availability of Medicaid and other coverage
- Availability of medications upon release
- Creation of the necessary structures for inmate qualification for health insurance

- Availability of diversion programs at the local level
- Sufficient capacity for community behavioral health treatment services
- The role of crisis intervention
- Improving staff training
- Potential for regionalization of critical service beds
- Risk management considerations
- Assessment tools
- Use of data to drive placement decisions
- The role of medications in treatment for substance
- Needs and concerns of special populations

**Timing and Process** – The task force met once monthly between March 2016 and June 2016 to consider each topic identified within the priority, and presented a final comprehensive plan to the CCAP membership during the CCAP Annual Conference in August 2016. The task force scheduled presentations on various topics to inform the final comprehensive report including legislative proposals, educational recommendations, networking opportunities or facilitation of options for regional collaborations, development and sharing of best practices, or other recommendations.



**County Commissioners Association of Pennsylvania  
2016 COUNTY GOVERNMENT PRIORITIES**

# COMPREHENSIVE BEHAVIORAL HEALTH REFORM

“Declining financial support for programs result in at-risk populations transitioning into the criminal justice system.”

**W**hile many county jails have successfully instituted best practices to reduce jail populations or reduce the rate of growth, nearly all report that they still have a fast growing sector of the population that challenges every aspect of their operations: Inmates with mental illness and substance abuse issues.

This trend has a clear and direct correlation to policy changes over the past several years. The commonwealth has closed state hospitals and reduced access to forensic services required for evaluation and treatment. Services in the community have been severely strained by more than a decade of declining state and federal financial support. Homelessness and unemployment have increased because of economic conditions, and veterans returning from service who experience depression, post-traumatic stress and other mental health issues are not accessing treatment. The result in each instance is at-risk populations ultimately transitioning into the criminal justice system.

No comprehensive approach exists to assure that inmates with substance abuse or mental health issues have the supports needed to keep them out of the prison system or to remain out of jail upon release. While there is a system in place to treat drug and alcohol problems, that system, just like the mental health services system, is strained financially and services are not provided in a coordinated fashion that would assure diversion before booking

an offender into a county jail, or that would assure a plan of care post-release.

The County Commissioners Association of Pennsylvania (CCAP) believes that a series of policy changes can materially lessen the problem of constantly incarcerating and releasing the same inmates. Numerous studies have shown that treating the reasons behind criminal behavior is the most effective way to reduce admissions and readmissions to county jails. Continuity of treatment post-release is an equally critical element, along with policies that encourage efforts to divert inmates and that assure a means of payment for services.

To better define a series of solutions that counties may pursue alone, in concert with other counties, or in partnership with state and federal government, the Association has formed a Comprehensive Behavioral Health Reform Task Force to develop a comprehensive plan examining the following areas:

## RAPID RESTORATION OF PUBLIC BENEFITS UPON RELEASE

In Pennsylvania, individuals receiving medical assistance lose their benefits immediately upon incarceration, and restoration of benefits following release can take weeks. However, federal Medicaid rules allow states to suspend, rather than terminate, benefits during the

period of incarceration. Suspension or rapid restoration will allow benefits to be restored at the time of release, ensuring better continuity of treatment, access to medications and therapy services, and improved chances against recidivating. Pennsylvania has cited administrative difficulties in changing existing technologies to facilitate suspension rather than termination, but CCAP believes the long-term program benefit of suspension easily exceeds the short-term practical difficulty of technology upgrades.

## CREATE THE NECESSARY STRUCTURES FOR INMATE QUALIFICATION FOR HEALTH INSURANCE

CCAP supports changes in law to provide inmates with health care coverage through low-cost benefit programs. CCAP believes such changes will result in both state and county inmates having improved access to health care services, including treatment for addictions and mental illness, even while incarcerated.

## DEVELOP DIVERSION PROGRAMS

Strategies that avoid an initial booking into the jail are crucial for reducing the impacts of incarceration on the individual, as well as for assuring direction to treatment services at the point of intercept. Diversion programs, particularly for

continued



## COMPREHENSIVE BEHAVIORAL HEALTH REFORM

Individuals with mental health and substance abuse problems, can lead to immediate reductions in county inmate populations, and so treatment and support options should be considered first where possible and where public safety remains assured. Diversion also requires local collaboration and cooperation with police and providers to assure that homelessness and unemployment are not drivers for incarceration decisions.

### EXPAND CAPACITY FOR DRUG AND ALCOHOL AND MENTAL HEALTH TREATMENT SERVICES WITHIN THE COMMUNITY

Counties' capacity for providing community services are stretched thin, and in most cases there are few if any resources available to assist with the development of effective programs such as re-entry and diversion programs. Recognizing that community services reduce overall system costs for both counties and the commonwealth, CCAP supports commonwealth investment of both financial and technical assistance resources in community programs and services.

### ENCOURAGE CRISIS INTERVENTION TRAINING

Local police are often the first to encounter someone who is experiencing a mental health problem and possibly acting out. If law enforcement officers have the training to deescalate and properly redirect individuals to treatment and other supports, jail admissions could be further reduced.

### IMPROVE STAFF TRAINING IN JAILS

Mental Health First Aid is a known concept that trains individuals in the most effective techniques for interacting with those experiencing mental health issues. The state Department of Corrections is expanding this training to its correctional facilities staff, and a similar training strategy for counties should be explored, taking into account the staffing challenges presented by having staff out of the jail for training. Further, with jails often last on the list as scarce county resources are triaged at the community level, suicide prevention training is often difficult to obtain given the stress of many years of budget cuts to county mental health administrative systems.

### EXPLORE REGIONALIZATION OF CRITICAL SERVICE BEDS

Many individuals languish in county jails and their conditions decline due to the nature of the confinement. Medical models are often more appropriate, especially for seriously mentally ill inmates. Counties are hard pressed to provide services within the jail setting, but may be able to find regional relationships that open up access to Medicaid and other resources. Counties seek opportunities to collaborate with their neighboring counties in the development of these models and urge support from state and federal funding programs.

### SERVICES FOR VETERANS

Diversion programs and re-entry services that specialize in the unique needs of veterans must be explored. Although there are veterans specialty courts available in many counties, not all counties have the volume or resources to establish them. A more appropriate approach, though, can be found in other types of direct assistance such as housing with supports for homeless veterans, community-based counseling, and job assistance. Counties seek partnership with the state in developing best practices and in expanding available options.

For more information on comprehensive behavioral health reform, contact Brinda Carroll Penyak at (717) 526-1010 x 3137 or [bpenyak@pacounties.org](mailto:bpenyak@pacounties.org).



## FINDINGS AND RECOMMENDATIONS

The universe of issues that the task force was charged with addressing is expansive, and as each area was explored, goals were developed and objectives identified to either change policy and practice, define a need for education, or to develop some general guidelines for county best practices. The task force felt that a number of societal issues that fall outside the scope of the task force study required mention, and further evaluation is needed to begin addressing the drivers of criminal behavior for some populations. To avoid getting bogged down by the barriers that challenge counties to devise local solutions, the task force considered the factors that could deter successful strategies and included some detail on the factors that can mitigate the challenges and permit forward progress.

The task force studied the state of affairs in Pennsylvania and across the country as they planned the process to study the issue. The task force worked closely with the advisory committee in the formation of several goals, and later found that the objectives often cross between goals. In many cases, the strategies for achieving positive results are similar from one focus area to the next. In discussing solutions, the task force found an enormous need to engage various communities, including lawmakers, local staff, citizens, judges, local partners, and others. Assuring local buy-in and collaboration were themes that transcended nearly every problem that was identified.

There are many efforts underway in Pennsylvania and nationally designed to address similar concerns. In 2014, the ["Stepping Up"](#) initiative was introduced through a partnership between the National Association of Counties, The American Psychiatric Foundation and The Justice Center of the Council of State Governments. The initiative is designed to reduce the number of people with mental illness in jails through communities coming together to develop action plans that can be used to achieve measurable impacts in the local criminal justice system. As we go to press, ten Pennsylvania Counties have adopted a resolution committing to the initiative, including Allegheny, Berks, Carbon, Chester, Dauphin, Franklin, Fulton, McKean, Pike and Westmoreland.

The [Pennsylvania Commission on Crime and Delinquency \(PCCD\)](#) has numerous grant programs in place, and more expected to be announced in the next several months addressing mental health, substance abuse, and the overdose crisis through a variety of means. Further, PCCD has taken major steps to bring together local officials in planning for criminal justice. A number of advisory committees are in operation, including the mental health and justice advisory committee, a sub-committee of the Criminal Justice Advisory Committee, assistance with problem solving courts, intermediate punishment programs and many more. PCCD recently held a symposium on the Opioid Crisis attended by 57 of the states' 67 counties. PCCD has been funding regional Criminal Justice Advisory Board specialists who work directly with county CJABs, and provides a grant to expand pre-trial services, a grant to expand the use of evidence based practices in adult probation, and many others.

The Pennsylvania [Department of Corrections](#) recently created an Office of Mental Health Advocate, headed up by Lynn Patrone, offering an independent approach to addressing the needs of inmates with mental illness in state correctional facilities. The Department has also been a leader in Medication Assisted Treatment options, and is always willing to share policy and procedures with counties seeking to utilize known and proven practices that have delivered results in the state system.

The Pennsylvania Department of [Drug and Alcohol Programs](#) has established a Heroin and Other Opioids Workgroup made up of state agencies under the Governor's jurisdiction. Also, an Overdose Rapid Response Workgroup is comprised of stakeholders and is focused on improving methods of reducing overdose. The Department of Human Services has developed a [certified behavioral health clinics planning grant](#), and proposed an initiative creating [Centers of Excellence](#) concurrent with the Governor's budget, although this initiative remains under discussion with the General Assembly as this report goes to press.

Governor Wolf has held numerous [Opioid Roundtables](#) across the state, and has made this issue a key focus for his administration. Working collaboratively with the General Assembly, legislative leaders recently announced agreement with the Governor to hold a special legislative session on the Opioid crisis. [The Center for Rural Pennsylvania](#) has also conducted numerous public events across the state with an eye toward addressing the opioid problem in rural communities.

[Justice Reinvestment II](#) is in the planning stages as a follow up to the JRI 2012 initiative. Several major areas under review through JRI2 are consistent with the goals of the task force, and CCAP is working closely with the Council of State Governments and the other stakeholders on developing a plan to initiate this second round effort that transfers funds from the state correctional budget saved through diversion of populations, and invests those funds in the front end of the system – at the local level.

There are numerous other efforts at the federal, state, and local levels, and a growing cadre of stakeholders with an interest in making a difference in the correctional setting where behavioral health issues are involved – far too many to mention. Still, the task force was dedicated to assuring that counties had the tools to create local solutions in addition to those from our state and federal partners. Many initiatives included in the findings come directly from the counties that have chosen innovation and stepped forward. The appendix to this report includes links and details that may be of interest.

To frame the findings, our report begins with the identification of basic goals. The task force identified areas where counties may experience complacency or opposition as they strive to implement or collaborate on new models and tools. Under each goal area, the task force has identified known issues or opposition and suggested strategies and action steps to allow for progress despite those issues. In the coming pages, each goal is outlined and includes specific objectives that include recommendations for local efforts, policy change, stakeholder engagement, best practices, research, and other recommendations. The task force believes all

counties can take away suggestions that will assist them in the short term as well as over the long haul.

**Encourage counties to employ successful strategies to control the need for incarceration –**

The task force suggests that counties understand the return on investing in community based options. This goal includes development of successful re-entry strategies, improving opportunities for veterans, improved judicial partnership at the local level, successful deployment of intercepts, and the effective use of medication assisted treatment to avoid incarceration.

**Expand training, education and awareness efforts to improve public perception and understanding –**

The task force suggests that awareness across the board would improve the environment for corrections systems working to address the changing populations they encounter. This goal includes recommendations on increasing commissioner understanding of risk and liability that accompany inmates with mental illness, and training of staff, police, judges, and the public.

**Provide effective supports and services to reduce entry into the criminal justice system and to improve outcomes for re-entry –**

The task force explored the types of supports and services that can reduce incarceration as well as recidivism. If a former inmate, including a veteran, can be provided with the tools proven as effective, overall outcomes for the criminal justice system will improve. This goal recommends provision of housing with supports, presumptive Medicaid eligibility determination, suspension vs. termination of Medicaid, and deployment of a warm hand off in emergency departments for those who survive overdose.

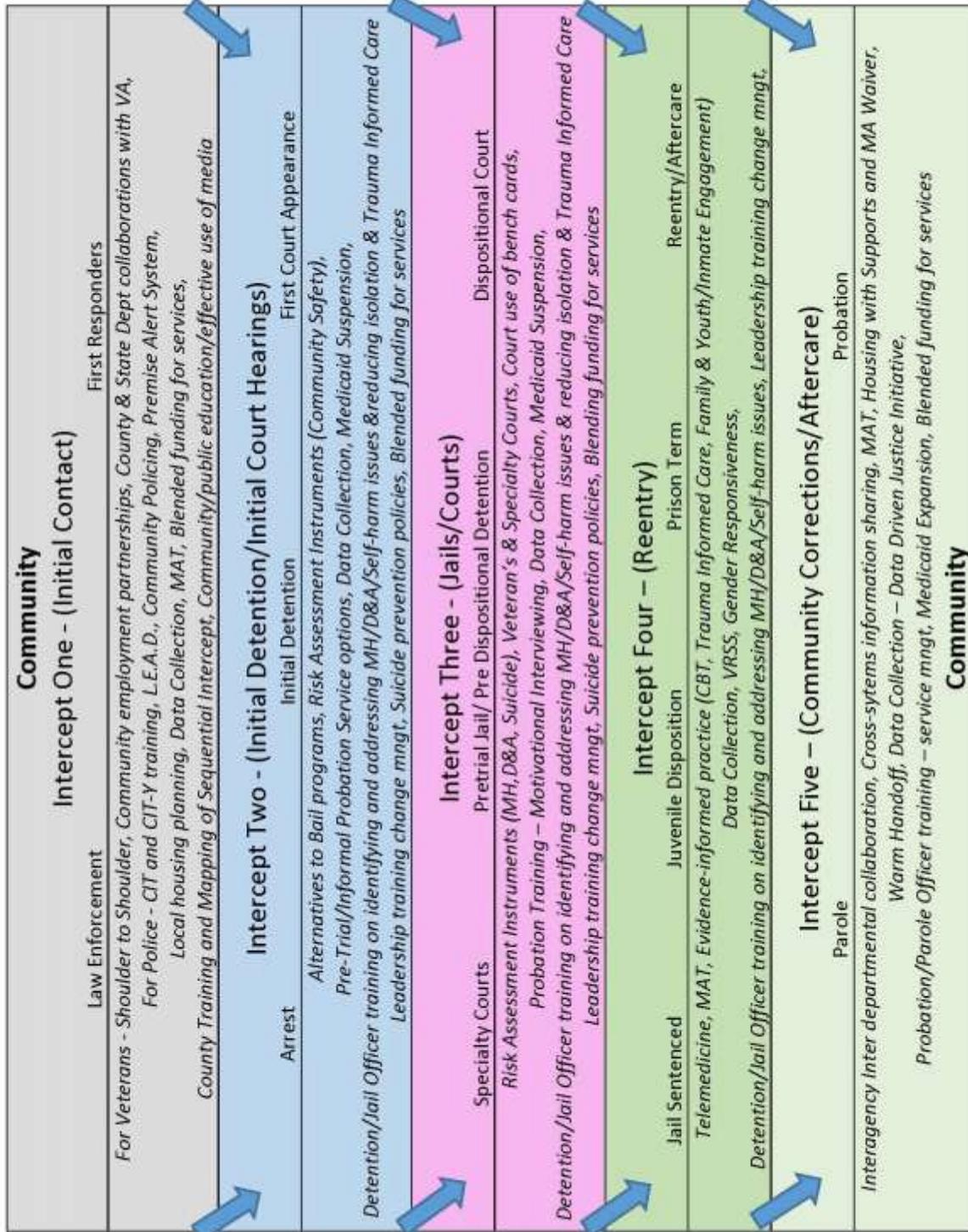
**Understand special populations and unique circumstances –** The task force researched how certain populations are more likely to experience negative consequences within the jail setting, or prior to an arrest and conviction sometimes due to behavioral health concerns or prior traumatic experiences. This goal encourages understanding of gender specific strategies for improved outcomes for women, for juvenile offenders, for veterans, and for addressing individuals who have developmental delays or autism.

**Address the needs of returning veterans -** Task force members felt strongly that issues of incarcerated veterans were important to include as an area of focus, but they also include a more basic set of recommendations that recognize the avoidance of circumstances that can lead a returning veteran down a difficult path. Communities need to create an environment that encourages successful reintegration of veterans returning from deployment and encourage access to services for those dealing with any service related challenges.

**Research larger policy issues and develop longer range policy strategies to assist county efforts –**

The task force encountered a number of issues where additional research or exploration would be needed before recommendations could be made. Knowing a bit more about each option could lead to additional strategies for counties. There are several short and longer range issues that comprise this goal, including a need for clarification on inmate

eligibility for Medicaid under federal rules, state responsibility for Medicaid managed plan details, counting inmates towards federal financial participation, and others.



## **Goal – Encourage counties to employ successful strategies to reduce the need for incarceration**

Counties with robust diversion options have improved ability to control the corrections population overall, and if the diversion options support a particular population, such as those with mental health and/or substance abuse disorders, the outcomes for the justice system improve even more. In order to get the ball rolling, counties must examine local services, law enforcement and judicial practices, community support options, potential partnerships, and conduct strategic planning to assure that avoidance of the criminal justice system drives decisions when possible. Effective diversion programs must focus on improving the interactions at the local level that will result in effective comprehensive criminal justice planning, employing the proven sequential intercept model by mapping local resources, and through consideration of medication assisted treatment options. *(Note – additional discussion on diversion programs can be found within the special populations' goal.)*

### **Objective - Develop effective diversion programs**

Counties should examine the options available to law enforcement if a better outcome can be achieved through the diversion of an offender at the time of arrest. If law enforcement officers have options that protect public safety while obtaining the proper interventions for an offender, the resulting reduction in impact on the criminal justice system will be enhanced by the improved future opportunities that present themselves to the individual who is not saddled by a criminal history.

Training for law enforcement in crisis intervention techniques for use with those who have a mental illness can be an effective diversion, especially when used in collaboration with mental health professionals in a team approach. Several counties have successful models that can serve as examples. The team uses proven methods to de-escalate the behavior of a person in crisis, then enabling opportunities for treatment rather than incarceration. [Training is available through PCCD](#), which recently held its annual statewide Crisis Intervention Training conference in State College. (CIT is also an effective tool in the jail setting and as a diversion tool for juvenile populations. See the goals on training and special populations for more information.)

There are effective models that could serve as pilots to gain public support and to draw in policy makers and local stakeholders. One way is to expand on successful pilot programs. A nationally-recognized [L.E.A.D. Program](#) (Law Enforcement Assisted Diversion) is one example of a program that can be replicated in interested counties.

Assuring that law enforcement officers have resources for diversion is a key component. If police are able to avoid taking an offender to jail, there must be a safe, appropriate place for the offender that has the means of meeting their needs. Beds for drug and alcohol treatment, homeless assistance, or community based mental health options may not be sufficient to meet the current demand. Local plans must include an analysis of the diversion options and address

any shortages in order to produce reduced need for jail beds. Funding to assure payment for services is also critical, and indirectly linked to available capacity.

[Bail](#) is not intended as a pre-trial punishment, but rather, a means of assuring that a defendant will appear for trial. In some cases, the inability to meet monetary bail is the only reason some defendants are in jail pre-trial. Counties, in collaboration with judges, should examine the bail system in place. Risk assessment tools can be utilized to determine risk to the community if the individual is released pending trial. Criminal justice systems that use risk rather than the ability of an individual to make bail in release determination not only utilize jail beds more effectively, but have proven that bail is no greater at assuring the appearance for trial than a release with conditions but no bail.

[Risk assessment tools](#) have a great deal of value, whether for purposes of setting bail, for determining the types of treatment that would best support the offender, or for classification at the jail. Risk assessments are used with no specific regularity or uniformity in Pennsylvania. There are some best practices around the use of risk assessments and using the right tool for the right decision making purpose is crucial.

[Pre-trial services](#) are an important element to supporting diversion efforts. Pre-trial programs may focus on treatment as a component to supervision. Even before an offender sees the judge for final sentencing, he or she is working on addressing behaviors that have been drivers in criminal behavior. Further, pre-trial services can assist with crisis and divert prior to the point of arrest.

### **Barriers and Challenges**

Some areas where counties may experience resistance to change may result from differences in philosophy. If law enforcement officers, judges and district attorneys do not embrace the concept of diversion, or fear a public reaction from a sense of reduced public safety, for instance, they may be unwilling to work on a collaborative approach that supports the use of treatment for non-violent offenders whose criminal activities are largely driven by addiction or mental health issues.

Even if counties achieve cooperation, plans may fail if a police officer is unable to find a bed to facilitate a diversion – if providers are unavailable to help on the spot, the officer will face a difficult choice and may simply hand the offender off to the jail in order to get back to their duties. If there are too few options and no payment for those who need the services of a given provider, there is truly no incentive to expand or open new services. In those situation, law enforcement will slowly but surely drift toward something more dependable – the jail. The same results prevail if providers are unavailable or unwilling to accept certain offenders with unaddressed mental health issues.

Pre-trial services can be a great means of supporting diversion efforts, but funds to support a program or lack of technical expertise can cause counties to avoid this option. Funds to pay for

risk assessments can also be a deterrent, not only with initial implementation but when ongoing costs for upgrades or training become burdensome. Funding for adult probation has not been provided to counties consistent with decades old formulas and case-loads have increased overtime. Not all probation staff embrace evidence based practices.

A move toward non-monetary bail options can be thwarted by politically active groups seeking to maintain the current system of bail. There have already been expressions of opposition to legislation around bail reform and it has yet to be developed and introduced. The public may become concerned about safety if alleged offenders are not behind bars. The concerns of the public sometime translate into a step backward if policy makers are not willing to become educated on options and outcomes from the best practices examples and may be unwilling to help educate their constituencies on the benefits of bail reform.

### **Strategies and Action Steps**

Counties are urged to take advantage of tools to improve the working relationships within their criminal justice advisory boards. Through a grant from [PCCD](#), CCAP is able to provide assistance directly to counties by connecting them with regionally based CJAB Specialists. Strategic planning and facilitation, access to technical support, techniques that enhance local collaborations can be achieved through this resources which is provided free of charge to counties. CJAB's should be encouraged to examine the value of implementing risk assessment into the criminal justice planning process and in using data to determine whether outcomes are being achieved.

**The Task Force Recommends** that counties work locally to encourage judges to embrace evidence-based change. The **Task Force Recommends** assisting counties in improving local interaction with the courts by providing data on successful programs that commissioners can share with their local judiciary. Data can be used to drive local planning efforts and to improve the support of the public if a county is to utilize non-monetary bail opportunities to reduce jail utilization for non-violent offenders.

The **Task Force Recommends** that CCAP continue close interaction with the Administrative Office of the Pennsylvania Courts (AOPC), and in particular, open discussions with AOPC on their position on bail reform and diversion efforts. Together, a partnership on jointly educating judges, commissioners, Magisterial District Judges and pre-trial personnel could result in effective public policy changes.

The **Task Force Recommends** that counties explore the opportunities presented through effective, evidence based pre-trial programs. Pre-trial services can include a range of supports for the accused offender and options for supervision, and can often be designed around a specific goal. Again, technical support is available to assist counties through a grant provided by PCCD. PCCD will award grants of up to \$236,000 per county, totaling \$1.7 million for pretrial projects to run 10/1/16 – 9/30/18. Pre-trial supervision must be viewed for its global impact at the county level, and not simply trading jail days for increased adult probation case load. Pre-

trial must be implemented as a goal driven approach to not only population control, but to achieve better outcomes for offenders – treatment services and other assistance that will result in offenders succeeding without future arrests.

The **Task Force Recommends** that CCAP support a comprehensive reform of the bail system in PA. The Justice Reinvestment Initiative II is expected to contain a recommendation on bail reform when its report is released in late 2016, which will likely call for legislation.

The **Task Force Recommends** that CCAP support state funding for pilot projects such as pre-trial services, and the L.E.A.D. program, and options for probation violations that use community supervision rather than jail. Further, the **Task Force Recommends** that CCAP seek funding options for county risk assessment tools and explore the options for counties sharing the costs of development of tools.

The **Task Force Recommends** that CCAP encourage counties to learn about risk assessment options and incorporate them where appropriate using a collaborative systems based approach to determine how risk assessments will be utilized in that counties.

The **Task Force Recommends** that CCAP consider developing policy positions with regard to mandated crisis intervention training for law enforcement and explore opportunities for expanded community policing models. Although most counties are not responsible for law enforcement a stronger partnership can exist. The **Task Force Recommends** that CCAP reach out to the Municipal Police Officers Education and Training Commission to learn what the minimum requirements are now, and what they may be willing to support.

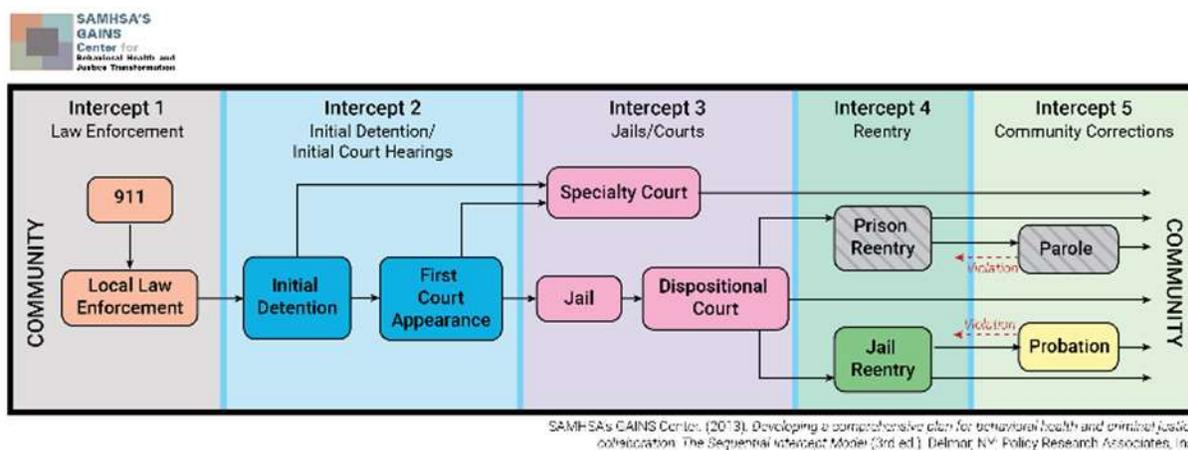
While grant programs have provided some support for counties willing to head into new but proven territory, the consistency of state funding support remains an issue. The **Task Force Recommends** that CCAP continue its support for funding for adult probation through increased grant in aid. Further, sustainable funding options must be developed. The Justice Reinvestment II proposal is expected to support the shifting of savings from state correctional facilities achieved through reductions in population to the front end of the system. The **Task Force Recommends** that CCAP support targeting adult probation and community supervision options from state and federal sources. **The Task Force Recommends** that CCAP examine resources that can be used to expand telemedicine options for mental health treatment in counties without psychiatrists.

The **Task Force Recommends** that CCAP share successes of county based pilots and grant programs with the media. Improving the understanding of the public and helping our county residents understand the value of the investments being made into alternative options vs. the costs of jail. If our citizens understand that the efforts will provide for public safety while reducing the costs to taxpayers, state policy makers will be less likely to adopt legislative proposals that harm our efforts or force a step backwards.

## Objective – Apply Sequential Intercept Mapping

Various county departments interact with justice involved individuals throughout the continuum from pre-trial diversion through and including parole/release. At each step of the process, there are opportunities to connect individuals with appropriate mental health and/or substance abuse services which should improve outcomes for the individual and reduce the reliance on incarceration.

The [Sequential Intercept Model](#) is a research-based approach for responding to justice-involved individuals with behavioral health needs at each contact point. The approach engages county administrative/department leadership, law enforcement, service providers, courts, (many of the same individuals currently involved in County Criminal Justice Advisory Boards (CJAB's), who engage in a mapping exercise to identify the points of interception and the correlating opportunities for intervention. Results of this mapping process should provide leadership with a thorough assessment and graphic presentation of their resources, gaps and opportunities at each contact point (see example below). Through 2015, 45 counties were cross-systems mapped.



In 2009 the Office of Mental Health and Substance Abuse Services conducted a [forensic survey](#) and identified the following intercept points for Pennsylvania Counties:

- Law enforcement and emergency services
- Initial hearing and initial detention
- Jails/detention centers and courts
- Reentry from jails, prisons, and hospitals
- Community corrections and community support services

## Barriers and Challenges

While points of contact may be universal across Pennsylvania counties, the identification and development of services will vary based upon the unique needs of each jurisdiction.

Unfortunately, many counties lack local data that can drive decision-making. Subsequently, key

stakeholders may disagree about where to prioritize investments in time and services. Often, highly publicized incidents or immediate crisis may influence decisions toward solutions that cannot be supported over time. Additionally, limited resources and funding may lead agency leaders to fund projects that address issues within their “siloeed” funding streams.

### **Strategies and action steps**

As stated earlier, counties are urged to develop working relationships within their criminal justice advisory boards. These boards can create a catalyst for interagency collaboration and increase opportunities for resource sharing. Additionally, through this collaboration, local jurisdictions can access technical experts who can facilitate processes which can be unbiased and designed to improve local buy-in, examine the effective use of local time and dollars, and identify measurable data elements associated with positive outcomes.

The **Task Force Recommends** that counties engage local adult and juvenile justice systems’ experts along with county behavioral health departments and service providers in a comprehensive Sequential Intercept Mapping exercise. Through this process, stakeholders can identify and target specific strategies to increase diversion and linkages to community supports as well as to address service gaps. The mapping process also results in increased opportunities for joint projects, blended funding, and information sharing and cross-training.

The **Task Force Recommends** that counties employ the resources from the Pennsylvania Commission on Crime and Delinquency (PCCD). PCCD funded projects through the Pennsylvania Mental Health and Justice Center for Excellence resulting in a statewide assessment of service access points for local jurisdictions. The Center was designed to work with Pennsylvania communities to identify “points of interception” where jurisdictions may prevent individuals with mental illness from entering or penetrating deeper into the justice system, plan and implement programs and provide technical assistance.

To increase awareness, the **Task Force Recommends** that CCAP encourage counties to learn about the Sequential Intercept Model through communications, articles and success stories arising from local county experience. This will involve targeted communications to county administrators as well as department heads and court officials. Engaging local service providers and department heads as local experts increases the likelihood of local buy-in and improves outcomes by improving ownership in problem identification as well as solution development.

### **Objective – Utilize Medication Assisted treatment as a diversionary measure**

[Medication Assisted Treatment \(MAT\)](#) is currently a hot topic in the criminal justice community and the substance abuse treatment community. While much of the focus is on utilizing MAT just prior to release, and in the community following release, it can be an effective tool combined with the appropriate level of treatment and recovery support, in preventing incarceration.

The Pennsylvania Department of Corrections has implemented pilot programs that incorporate non-narcotic medication assisted treatment (Vivitrol) along with counseling and other treatment for substance abuse disorders upon release from correctional facilities. Vivitrol is a long acting medication that reduces cravings for alcohol and for opioids such as heroin. Individuals generally receive one injection per month in addition to attending other treatment or working on a comprehensive recovery plan. Research has shown that incorporating Vivitrol along with an appropriate level of care leads to better clinical outcomes and a reduction in recidivism among offenders. Vivitrol projects involve assessment and evaluation of an individual's need for substance abuse treatment. The evaluation is completed approximately six weeks prior to a scheduled release.

This evaluation includes an assessment of the level of severity of an individual's addiction and a recommendation for an appropriate level of care (inpatient, outpatient etc.). An additional evaluation is required to make sure the individual will benefit from Vivitrol. The individual must be free from opiates and willing to follow protocols for Medication Assisted Treatment. Once all of the evaluations are complete; the initial bloodwork and first injection are completed prior to release, and referrals are made for treatment and recovery supports within the individual's community. Alkermes, the manufacturer of Vivitrol has committed to providing the first injection free of charge and will work with jail medical staff to develop policies and procedures. Once an individual is released to the community, Medical Assistance, specifically the physical health insurance programs, will pay for the injections.

As this document is written, the Department of Corrections is soliciting proposals to fund up to five Vivitrol pilots at county jails. Other counties and Single County Authorities are funding similar programs with existing resources.

Vivitrol is increasingly popular for use with criminal justice involved individuals because it is non-narcotic, and non-addictive. Individuals do not become dependent on it; they don't feel "high" and it has virtually no street value, making it unlikely to be diverted.

There are other medications such as Methadone, Suboxone and Buprenorphine that are also effectively used to treat addiction. A comprehensive clinical evaluation is required to be sure that an individual is receiving the most clinically appropriate medication and that any MAT is part of a treatment and recovery plan.

### **Barriers and Challenges**

MAT is a tool, there is no medication that alone is a cure for addiction. MAT has the greatest chance of assisting someone's success if it is incorporated into a recovery support system within the community.

Physicians who dispense Suboxone and Buprenorphine are loosely regulated, and often fail to ensure that individuals they see are engaged in other treatment or recovery supports. Another

criticism is the failure to ensure that individuals are complying with dosage requirements and the medication is diverted.

Methadone is probably the most widely used and inexpensive MAT. Methadone providers have been criticized for failing to provide adequate counseling and monitoring for patients. The most successful methadone programs provide counseling and closely monitor other medications that are prescribed by family and other physicians that produce dangerous interactions when combined with Methadone.

One of the most significant challenges to developing a Vivitrol program is finding physicians in the community who are skilled in the administration of it and who are willing to work with treatment and other recovery resources in the community to make sure the individual continues to work a recovery plan and remain engaged in treatment.

Many in the criminal justice system see Medication Assisted Treatment as replacing one addiction for another and are reluctant to implement MAT programs. Quite often, methadone is not available to inmates in county jails. Local jail policy generally addresses medical monitoring for individuals who are in withdrawal.

Drug courts have long standing history of not accepting individuals who are taking methadone.

Providers that rely on abstinence based treatment philosophies are often reluctant to accept individuals who are receiving MAT. Some of this resistance is related to the lack of resources to continue the MAT in the community upon discharge.

### **Strategies and Action Steps**

The **Task Force Recommends** that commissioners should discuss the policies used at jails regarding medical monitoring for individuals in withdrawal with jail administration and medical providers.

Medicaid pays for Vivitrol injections through the physical health plans. Counseling and other support services are funded through HealthChoices behavioral health plans and Single County Authorities. Enrollment in Medicaid prior to discharge from jail is a critical component to the reentry process. Other medications are covered under behavioral HealthChoices, making an expedited enrollment process even more critical.

The **Task Force Recommends** that counties meet with their medical providers, SCA and drug and alcohol treatment providers to determine the need and readiness for implementing Medication Assisted Treatment protocols within the jail and for individuals upon discharge. Individuals will be successful only if community based resources are available upon discharge.

The **Task Force Recommends** additional training for jail staff and treatment providers who need to recognize the role of Medication Assisted Treatment in comprehensive recovery planning.

Governor Wolf has requested funding for fifty Opioid Centers of Excellence in the 2016-17 fiscal year. The plan is to serve 11,000 new individuals who need Medication Assisted Treatment. The **Task Force Recommends** further discussion to learn how these programs could best serve the target population if they are funded in the 2016-17 budget.

## **Goal - Expand training, education and awareness efforts to improve public perception and understanding**

The public sentiment on criminal justice, and those who are incarcerated, mentally ill, or addicted to drugs and alcohol, is rarely positive and usually driven by perceptions that are inaccurate. Statistics proving those with mental illness are no more prone to violent behavior, and are actually more likely to become victims of crime is not widely known, leading to pressures on policy makers to seek public protection measures that do little or nothing to solve the problem. In fact, the problems of those with mental illness or abusing drugs and alcohol can actually become worse as a result of incarceration. Counties also need education on the costs and unique concerns that accompany the growth of inmates with behavioral issues in the county corrections system.

## **Objective - Counties will improve risk management practices related to inmates with behavioral health issues**

There are many aspects of liability and risk associated with incarcerating individuals with both identified and unidentified behavioral health treatment needs. Counties have legal obligations to the inmates they house. Whether the inmate is a pretrial detainee or a sentenced individual is irrelevant. The task force discussed the need to assure wide spread buy-in at the state and national policy levels as well as locally to create improved attitudes about using jails to house those with mental illness and substance abuse.

## **Barriers and Challenges**

Perceptions by staff working with impacted inmates and the understanding of taxpayers regarding the cost and social implications have to be addressed before any comprehensive policy and practice changes are likely to be accepted. County commissioners may not fully understand the risk implications of certain decisions, and may need opportunities to expand their knowledge in this area.

In an effort to control the cost of health care provided in local correctional facilities, often a restricted formulary is established which may include older psychotropic and generic drugs, as opposed to newer potentially more expensive medications. The formulary in place should be assessed against the health care needs of the inmate in order to determine that effective treatment options are provided. Research demonstrates that a restrictive approach regarding medication may be a cost driver instead of producing the intended savings as inmates, who are provided with the appropriate treatment for their conditions, may actually help to lower overall healthcare costs.

Jail staff also must be trained in recognizing the signs of overdose and withdrawal. An inmate may experience serious health complications when in withdrawal from opiates. Often this occurs if an inmate has used illicit drugs before entering the facility, but serious withdrawal also can

occur for individuals who do not continue prescribed medication upon entering the facility, including prescribed opiates and methadone. Staff needs to be trained to monitor individuals who may be in withdrawal and provide appropriate medical interventions.

Many inmates being released have significant mental health and/or substance abuse issues. A large majority those re-entering communities across the Commonwealth will do so with only a few day's supply of medication and no immediate access to a healthcare provider. Typically, these individuals then have minor interactions with law enforcement, commit a petty crime and ultimately end up back in the county judicial system which perpetuates a costly and counterproductive cycle of repeated re-incarceration. Research has established that those who are released and successfully connected to health care and appropriate medication are much more likely to do well in the community and break the cycle of re-incarceration. Medicaid Expansion in Pennsylvania has granted increased access to government sponsored healthcare and many in the population leaving correctional facilities are eligible.

There are often significant delays before an inmate has an initial mental health competency evaluation. These delays may be detrimental to the incarcerated individual as they may not be receiving appropriate treatment during the interim which can result in behaviors that may escalate tensions with staff or other inmates. Treatment delays may leave counties vulnerable should there be a serious incident and it is found that an inmate was not evaluated within a reasonable amount of time.

The effects of isolation were cited in a suit brought against the Pennsylvania Department of Corrections in 2013 to address, "the cruel and unusual punishment of prisoners in Pennsylvania prisons diagnosed with mental illness." Those involved in the suit were confined to Residential Housing Units. The effects of isolation on an individual with a mental health issue must be balanced with the Prison Rape Elimination Act, which requires sight and sound separation as a protection for certain classes of inmates, and should be considered when developing local jail policy.

Any change in the traditional approach to placing a population in isolation will require extensive training of correctional officers in alternative approaches and skill development in de-escalation practices.

### **Strategies and Actions Steps**

The **Task Force Recommends** that all facilities review all written policies in regard to inmates with behavioral health issues.

The **Task Force Recommends** that counties work with medical care providers to carefully evaluate all policies and procedures regarding formularies and drug distribution to ensure that they are producing effective outcomes for inmates.

The **Task Force Recommends** that commissioners convene meetings of BHMCO's, Medical providers for the jail, Single County Authorities, Administrators of Mental Health and Intellectual

Disability Programs, Jail and Probation staff to coordinate services and funding and ensure the best use of scarce resources.

The **Task Force Recommends** that counties evaluate policies in place in jails or through third party providers regarding medication available to inmates at the time of release. There is an array of successful programs that showcase how counties can facilitate accessing services. One strategy for counties to help balance costs is to seek funding for a Medication Pilot that would match formularies and practices used in the community.

The **Task Force Recommends** that county facilities have a suicide prevention program in place.

The **Task Force Recommends** that counties understand potential risks and liability associated with inmates with serious mental illness and that the state provide resources and technical assistance to counties regarding isolation and suicide prevention. (See Objective 2 – Improve Staff Training).

The **Task Force Recommends** that CCAP provide training for commissioners, solicitors and jail wardens regarding risk, liability and suicide prevention.

### **Objective - Improve staff training in jails, juvenile facilities and police departments**

The nature of adult and juvenile justice prevention, intervention and post intervention has been evolving rapidly within the past century. Access to data and research has created a better understanding of brain development, learning theory, crisis intervention, addictions as well as other behavioral health factors which are only a few of the topic areas in which front line officers have begun to employ new skills for effective response. However, as in any work culture, organizational and employee performance improvement processes involve deliberate and focused attention and access to resources.

To ensure new practices are implemented in a manner that impacts outcomes, they must be employed with fidelity. This requires many departments to not only increase instructor skills and incorporate new training tools in the classroom environment, but to also ensure supervisory staff have the skills and resources to evaluate and provide immediate constructive feedback in the field.

### **Barriers and Challenges**

We know evidence-informed practice improves outcomes globally, however we also know that traditional practices (old habits) are hard to break. While the adult and juvenile justice system has evolved to endorse a balanced approach to offender response, public sentiments still lean far more heavily toward accountability and public safety than toward competency development and victim and community restoration. There are still many popular “feel good” solutions that garner public support such as Scared Straight programs and Boot Camps. While the evidence shows these programs generally produce worse outcomes, programs that are designed to take into account past trauma, mental health, substance abuse issues, and skill building lack support

and are more difficult to fund. Medical strategies proven effective in addressing overdose and addictions such as Naloxone may be viewed as a poor investment with the criminally involved as anecdotal reports of repeat behavior sometimes overshadow the success stories.

Correctional settings and law enforcement agencies also face workforce issues which significantly impact staff development. To ensure new programs are engrained in the organizational culture, all staff (from leadership to front line) must participate in the training program with specific focus on the unique roles for each position. In order to engage all staff in training, organizations in this field must also provide shift coverage so staff can experience uninterrupted focus during training sessions. Generally, shift coverage is addressed through the use of overtime or increased utilization of casual/part-time employees. However, training expenditures and overtime are often the first lines to be impacted during the budget approval process.

### **Strategies and Action Steps**

The **Task Force Recommends** that counties support performance improvement strategies for adult and juvenile justice agencies that include current best practice informed by research. Staff development should target areas demonstrated to improve outcomes for justice involved individuals specifically focused on those factors impacting recidivism and reducing unnecessary penetration further into the criminal justice system.

The **Task Force Recommends** that counties target joint cross-jurisdictional training programs that not only instructs participants on these evidence-informed practices but also provide implementation guidelines for transferring the knowledge back to the home environment. These regionalized events allow for cost sharing to access experts in the field. They also allow local participants an opportunity to network and share application success and failures which enhance the learning process and improve instructor ability to plan how to overcome common barriers.

The **Task Force Recommends** that CCAP members and staff investigate and share long-term cost benefit analysis of training investments to better arm corrections agencies with supporting data when preparing budget proposals aimed at improving staff development. These proposals should include strategies for training leadership and mid-management in organizational change and program sustainability. They must also account for costs associated with shift coverage and potential overtime so that staff can fully participate in uninterrupted training.

The **Task Force Recommends** that counties collaborate with the PA Department of Corrections and federal partners as well as foundations and other private stakeholders who are willing and interested in sharing resources and in investing in local initiatives which show promise in addressing the behavioral health population. Some of these initiatives include;

- Implementing [Motivational Interviewing](#) skills and Cognitive Behavioral Training techniques as front line basic communication strategies for staff

- Expanding the use of [Mental Health First Aid](#)
- Supporting expansion of [Crisis Intervention Team \(CIT\) and \(CIT-Y\)](#) training for law enforcement and first responders
- Integrating crisis intervention tactics in institutional settings that not only address physical skills but also the use of de-escalation and group dynamics management
- Implementing [Trauma Informed Care](#) as an organizational approach to populations that are highly likely to have been exposed to significant trauma (focusing initially on females in the adult justice system and globally in the juvenile system)
- Implementing suicide risk screening and assessments with identified response protocols

The **Task Force Recommends** that county jails and justice service providers participate in a validated training needs assessment. The assessments must be designed to identify deficits in staff understanding and application of evidence-informed practice as well as organizational barriers to application of the identified skills. Often times, training assessments focus on identifying and addressing staff perceptions (increasing access to tools to reinforce traditional or outdated approaches) rather than staff comfort or level of expertise in applying desired skills.

**Objective - Improve education and awareness for public, stakeholders, families, providers, commissioners, policy makers**

Attitudes and biases make it difficult to affect change, especially where the treatment of substance abuse is concerned. Taxpayers may not be willing to support the investment of public funds into programs and services that assist those addicted to drugs or alcohol. The lack of support can translate into unwillingness to consider new options for treatment. Improved understanding can go a long way to change these attitudes. To change the misperceptions and prejudices that exist with regard to addictions, treatments and mental illness, counties should consider changing the debate to one which demonstrates a return on investment of tax payer funds. CCAP must assist counties through the development of talking points and educational materials that can be used locally and statewide.

Many misperceptions about the impact of punitive approaches vs. balanced approaches can lead to a lack of support for state and county options for community supervision. Public attitudes about punishment can challenge a county seeking to utilize less costly and more effective options. Judicial concerns about community protection can lead to high bail, longer sentences, excessive probation sentences that increase costs, and challenge adult probation officers' case-loads without producing a better result in the end. In fact, overuse of jail and prison and excessive sentencing can actually produce a much worse result and lead to increased criminal behavior as an offender finds the deck stacked against them in future employment options.

**Strategies and Action Steps**

The **Task Force Recommends** that CCAP regularly seek opportunities to leverage media coverage that demonstrates the return on investment for the public. CCAP can help to identify

valid research resources that demonstrate cost/benefit associated with specific approaches and help counties present that information more effectively with local audiences. Opportunities to educate the public about successful strategies that may require an up-front investment for reduced negative public impact down the road should be a recurrent theme.

The **Task Force Recommends** that CCAP continue the task force for the remainder of the year and charge them with the development of local media materials and talking points to be shared with counties for their use with local media.

## **Goal - Provide effective supports and services to reduce entry into the criminal justice system and improve outcomes for re-entry**

The Task Force explored the value of providing supportive options within the community and their value for reducing the potential for mental health and substance abuse issues being the catalyst to a person's entry into the criminal justice system. Basic needs for housing, health care, and access to services are key components on the front end – avoiding a jail admission – and the back end – re-entry planning and avoidance of recidivism. Lack of available, affordable housing with supports for re-entering inmates or for those identified for diversion can result in failure. Expanding presumptive Medicaid eligibility for those with substance abuse issues and mental illness who are leaving jail/prison can result in better continuity of treatment or services that began during incarceration. Finally, suspension as opposed to termination of Medicaid for inmates in county jails and state prisons will enable improved continuity of care, resulting in better outcomes. *(Note – more specific recommendations for diversion can be found within Goal 4 discussing special populations.)*

### **Objective - Assure available, affordable housing with supports for re-entering inmates and for those identified for diversion.**

The task force identified important issues for counties to consider when developing housing policies. Issues include: 1) the expense associated with housing inmates in correctional facilities is often twice the cost of utilizing community resources for housing; 2) as a result of the lagging economy, homelessness has grown in Pennsylvania; 3) the Department of Housing and Urban Development's (HUD) approach has been to focus on chronic rather than episodic homelessness; and 4) homelessness counts do not include incarcerated individuals.

Research shows that in order to successfully re-enter the community inmates must secure safe, affordable and stable housing.

### **Barriers and Challenges**

One consistent barrier is that [rules](#) preclude those with certain convictions, such as those found guilty of producing methamphetamines on public housing property and those with required lifetime registration on the sex offender list from occupancy in HUD operated housing. Placement on the sex offender registry further restricts where individuals may live (e.g. near a school). Landlords are often unwilling or reluctant to work with certain populations and may use criminal convictions as a basis to deny applications, which is against federal law.

The collection of reliable data regarding the number of inmates who are returning or about to re-enter communities and what their needs will be is inconsistent at best and non-existent at worst.

For any inmate housing priority to succeed adequate and sustainable funding is key. As housing supports programs are not thought of as part of an overarching strategy designed to assist the criminal justice population, a significant barrier to success in this regard is obtaining the money

needed for housing with the embedded supports that returning individuals will need in order to be successful. One of the ramifications of inadequate funding is the unavailability of affordable housing stock in many parts of the state; especially specialized units for the physically or mentally/intellectually disabled. There is also an increasing need for drug free living arrangements across the Commonwealth.

Local authorities may not have the tools required to assess the needs of those inmates re-entering their communities and may not have knowledge of the resources that currently exist. The lack of education aimed at counties as to why it is important to prepare for the transitioning inmates is a barrier to having community services and supports in place.

One barrier to effective partnership between various agencies has been the silos that have been created at various levels within the Department of Corrections (DOC). Much effort has gone into cultural change but obstacles still persist.

A significant barrier to a successful housing effort is the lack of coordination and data collection regarding homelessness at the state level. In order to understand the magnitude of the problem in the Commonwealth, agencies must not only have an accurate count of inmates returning to the community but also understand the homelessness problem in general and be able to make reasonable projections regarding the need for additional low income housing units. Until the global problem is quantified across the Commonwealth it will be difficult to access the federal funds required to help alleviate the problem.

### **Strategies and Action Steps**

The **Task Force Recommends** that counties provide educational resources so that housing providers understand what their rights are as well as the rights of potential re-entering inmate renters as outlined in the [Fair Housing Act](#).

Many rural counties simply do not have the resources to conduct effective counts and therefore do not participate in re-entry data collection efforts. The **Task Force Recommends** a statewide coordination effort which must include all levels of the justice system. This effort will need to include an educational component as to why it is important for counties to know about and prepare for inmates who are transitioning back into their communities. All stakeholders will need access to a uniform database so that information may be shared appropriately.

The **Task Force Recommends** statewide training, required at all levels, regarding the barriers that exist for inmates, strategies to mitigate those obstacles and the available linkages for appropriate housing. The training will foster understanding and interaction between housing and corrections systems including: jail staff and probation and parole officers. Counties should be included in the development of the curriculum.

The **Task Force Recommends** that CCAP work with the Department of Corrections to create partnerships that leverage DOC funds to create innovative housing programs, especially those that could be modeled after successful programs focused on people with disabilities, potentially

leveraging the [National Housing Trust Fund](#) to provide larger subsidies to Pennsylvania and evaluating the possibility of using HUD Section 811 program dollars to help support initiatives.

The **Task Force Recommends** CCAP support efforts for Pennsylvania to obtain a waiver allowing Medical Assistance (MA) dollars to be used to assist housing with supports. Currently, MA can pay for some supports but not housing itself unless re-investment dollars are approved to be allocated to housing concerns (MA related funding streams are a stated focus for the new Executive Housing Director & Special Advisor to the Pennsylvania Secretary of Human Services). In order to remain viable, any re-entry program must demonstrate success. One avenue is to target high Medicaid utilizers in order to demonstrate how good practices translate into success and potentially tie into HUD efforts. The [Statewide Housing Strategy](#) discusses options for Pennsylvania.

Additionally, the **Task Force Recommends** the exploration of pilot projects in counties and successful programs from other states be researched. Berks County has utilized a [Permanent Supportive Housing Plan](#) for MA Eligible Adults with a diagnosis of serious mental illness/substance abuse, or co-occurring disorders living alone or with families. This may serve as a model for other counties. Details can be found in the appendix.

### **Objective - Warm hand off at emergency departments**

Efforts to develop comprehensive responses to the current overdose epidemic include all service delivery systems throughout the Commonwealth. Engaging an overdose survivor in treatment and recovery support services as quickly as possible following an overdose saves lives and prevents subsequent overdose. Individuals with addiction issues who have been incarcerated are at high risk for overdose upon release because their tolerance level decreases while abstinent during incarceration. Without medication and treatment, cravings continue and using drugs becomes one of the first activities upon release.

One model that is currently being deployed across the state seems to have the greatest promise. Recovery specialists are assigned to hospital emergency departments to engage overdose survivors before they have an opportunity to leave the hospital. Certified peer specialists can interact on a very personal level, and share experiences on the positive outcomes of treatment and recovery.

### **Barriers and Challenges**

Single County Authorities and providers must work collaboratively to find funding for these initiatives. Emergency funding was available in 2015-16, but continued funding is not guaranteed. It has been very difficult to engage emergency staff and establish communication. Privacy and liability concerns make it difficult to convince hospital administrations to allow outside staff in to the emergency rooms. Overdose survivors are often reluctant to engage in

treatment or any follow-up service. Another barrier is the apparent lack of data regarding the availability of detox and rehab beds upon discharge for overdose survivors.

The **Task Force Recommends** that local programs work collaboratively with the Departments of Health and Drug and Alcohol Programs to identify an accurate inventory of beds available and a determination of adequate capacity.

The **Task Force Recommends** continued work to develop and implement [warm hand-off projects for overdose survivors](#). County stakeholders should be community partners along with the Department of Health, DDAP, and the various associations representing emergency department physicians and hospitals.

**Objective – Implement suspension vs. termination of Medicaid benefits and rapid enrollment at the time of release for those not previously enrolled, and expand presumptive Medicaid eligibility**

Whenever a person is admitted to jail or prison, their access to government benefits is immediately terminated, even before they have been convicted of a crime. Since county jails house mostly pre-trial inmates, the number of impacted individuals is significant. Veterans benefits, Medicare, Medicaid, and SSI all immediately terminate upon admission, leading to a force re-enrollment process once released that can take many weeks or even months. For inmates with substance abuse or mental health issues, the lack of coverage for crucial treatment often results in relapse, which further exacerbates health conditions, and leads to a revolving door of jail admissions.

When it comes to Medicaid, states have options. A state may determine that suspension rather than termination will be the rule, resulting in benefits restoration as the offender leaves the jail or prison. However, Pennsylvania has opted to terminate benefits requiring a re-application and enrollment process that delays access to treatment and services. As this report goes to press, that is changing, with Pennsylvania committing to a change in process.

This goal has been a CCAP priority for more than a decade and is shared in many states across the country and supported by [NACo](#) and numerous advocacy groups. CCAP thanks Senator Pat Vance, Department of Corrections Secretary John Wetzel, and Governor Wolf for leading this effort and the Pennsylvania House and Senate for supporting a budget initiative to make this a reality for Pennsylvania.

There is more to be done, however. Those entering jail may have never accessed Medicaid, so suspension of a benefit program that they have never been enrolled in will not provide access to the services they need. The additional step requires action that will assure rapid Medicaid enrollment with benefits availability immediately upon release. The task force explored the potential system improvements to be gained through enabling county jail personnel/providers to assume initial eligibility through income analysis. Currently the Department of Human

Services only permits presumptive eligibility for women who are pregnant and allows hospitals to make determinations for children, youth aging out of foster care and some parents or caregivers.

Taken together, ease of access to benefits for which the re-entering inmate qualifies will allow for continuity in treatment. For those with mental illness, access to psychotropic medications is often dependent on enrollment in a benefits program. The jail provides for the health care needs of the individual during incarceration, and with many in-jail treatment options available more frequently, extending those options beyond the walls of the jail is efficient and cost effective.

### **Barriers and Challenges**

Counties report inconsistencies between county assistance offices when working to enroll re-entering inmates. Not every office has the same volume of cases that involve inmates or re-entering inmates and staff may not have experience in processing certain types of cases. Additionally, release of inmates from county jails often occurs with little notice. The process of enrollment, understanding benefit program rules, paperwork requirements, and lack of advance notice can present significant new pressures within the jail. Inmates who are housed in a county jail yet have plans for release to a home in another county can result in confusion and extra challenges in the process of benefits enrollment. The Department of Human Services may be unwilling to expand presumptive eligibility, and providers/counties may be unwilling to use presumptive eligibility without a limit on risk.

### **Strategies and Action Steps**

The **Task Force Recommends** that all jails become PA Department of Human Services community partners and train staff to complete [COMPASS applications](#). The **Task Force Recommends** that counties consider the benefit of navigators within the jail to assist with enrollment.

The **Task Force Recommends** that CCAP work closely with the administration to understand the process for suspension so that counties can be educated on the need for practice or policy change to assure inmates are enrolled when they are ready for release. The **Task Force Recommends** close contact with the Department of Corrections in the development of implementation procedures to assure that the unique circumstances of each corrections system are understood and factored into procedures. The **Task Force Recommends** that CCAP work with the Department of Corrections and the Department of Human Services to develop strategies for encouraging families to assist in obtaining benefits for family members being released from jail and prison. Easy to understand printed materials could facilitate county staff interaction with families in this regard.

The **Task Force Recommends** that counties consider a means of arranging for connections to SSI/SSDI for qualified inmates. CCAP should consider providing educational programming for commissioners and jail administrators on the best practices for counties in this regard. The **Task Force Recommends** that counties explore a Memorandum of Understanding with Social Security Administration to submit SSI applications prior to release.

The **Task Force Recommends** that counties consider adding a County Assistance Office representative to county reentry councils. Lancaster County has achieved this and noted the results. CCAP may help facilitate this model through efforts with the Department.

The **Task Force Recommends** that CCAP work with the administration to assure joint training of PA Department of Human Services staff and county staff simultaneously to assure consistent understanding of process changes. The **Task Force Recommends** that a state/county Memorandum of Understanding be established similar to what is in operation for county jail inmates leaving for residential drug and alcohol treatment facilities applying the same principles to non-residential and to mental health treatment.

The **Task Force Recommends** that CCAP work with PCCD or other agencies for ways to facilitate the ability for counties to get inmates enrolled in Medicaid. The **Task Force Recommends** that CCAP support and encourage funding for staff at the state and county level tasked with enrolling inmates in Medicaid. The PA Department of Human Services is currently sending County Assistance Office personnel into jails in Montgomery and Philadelphia counties to help with enrollment.

The **Task Force Recommends** that CCAP work with the administration to secure a primary contact within each county assistance office who will serve as liaison to the jails. If an inmate is preparing to leave a county jail but returning to live in a different county, a county assistance office liaison could quickly resolve cross-county issues through contact in the receiving county benefiting the Commonwealth as well as counties. When inmates leave a state correctional institution to return to the community they frequently cross county lines.

The **Task Force Recommends** expanding technology to facilitate the Medicaid enrollment process. The **Task Force Recommends** that CCAP support funding assistance for counties in obtaining this technology.

The **Task Force Recommends** that CCAP continue working toward a rapid restoration process, similar to the process used for enrolling inmates who are ready for release to a residential drug and alcohol treatment program. **The Task Force Recommends** that CCAP continue to work with DHS on expansion of expansion of options for presumptive eligibility.

Finally, the **Task Force Recommends** that CCAP explore data that demonstrates return on investment for counties that are employing successful strategies and share with those that are

not. PCCD may be a source to help facilitate studies as well as county education on best practices.

## **Goal - Understand special populations and unique considerations**

Veterans, juvenile offenders, women and individuals with intellectual disabilities and autism present a heightened need for specialized approaches within the criminal justice system. By understanding unique circumstances and applying research proven techniques, successful diversion from jail and reduced recidivism can be achieved. Tools to assist counties in understanding needs and the means to address them will further enhance the ability of counties to avoid jail placements that simply exacerbate the conditions that lead to the justice system encounters in the first place.

The committee spent several hours exploring this area, and found it to be one of the least understood among those who work with justice involved individuals. Yet, the return for counties is safer communities that direct criminal justice resources more appropriately and ensure enhanced public safety can be achieved through implementation of best practices and expanded education.

## **Objective – Successful diversion from jail and reduced recidivism for veterans**

Successful diversion from jail and reduced recidivism for veterans can be achieved through focused options at the front end, and assistance to incarcerated veterans. Just like the priority for implementing diversion programs for inmates with mental illness and substance abuse issues, veterans can benefit from diversion programs that consider their unique needs and circumstances. Strategies should consider similar best practices, such as options for non-monetary bail, veteran's courts, use of risk assessments, assurance of community based options and closer connections with the behavioral health and veteran's health care systems.

## **Barriers and Challenges**

In addition to the difficulties presented under the diversion goal above, special challenges are present when a veteran is involved. Often a veteran may not identify themselves as such, and the offender is never connected to the veterans' support services in the community. Lack of capacity for community treatment, lack of transportation options, particularly in rural communities, lack of employment opportunities, and the lack of mentors to support a veteran can result in a recurrent cycle of arrest and re-arrest.

## **Strategies and Action Steps**

The **Task Force Recommends** that counties work closely with their veterans affairs directors to assess the status of options for diversion and specialized programs and plan to implement appropriate options in collaboration with the criminal justice advisory boards and community partners. Counties should establish connections with regional veterans support programs and facility personnel. Counties should encourage partnerships between county veterans' affairs directors and community based behavioral health system partners.

Working with veterans affairs directors on techniques to encourage veterans to disclose their status when encountered by law enforcement and at jail admission can assist with more appropriate referrals. The **Task Force Recommends** that CCAP explore whether options for identifying veterans at the Magisterial District Justice level are possible.

The **Task Force Recommends** local discussion around options for [veterans' courts](#), if they are not currently in place. Support for a veterans' court may be available through Pennsylvania Commission on Crime and Delinquency or the [Administrative Office of the PA Courts](#). Still, the decision on whether a county veterans' court is a viable option should be made collaboratively at the county level with engaged and willing partners, and should not be mandated. The **Task Force Recommends** that CCAP collect data on the return on investment into treatment courts that can be made available to counties. Sources likely exist for this data at the state and national levels, as well as through peer to peer connections. Further, the **Task Force Recommends** that CCAP explore funding opportunities through Veterans Administration.

The **Task Force Recommends** that counties assess the options for diversion of veterans within county boundaries or nearby. Counties should assess the availability of treatment and shelter beds in the community and determine whether barriers exist to veterans accessing those services. Counties should work with local law enforcement on a strategy for veterans' diversion. Counties should use this partnership to expand the use of crisis intervention techniques. Counties should consider working with county veterans' affairs directors to provide training for local police on special services available to veterans.

The **Task Force Recommends** that counties work to develop connections with landlords or housing authorities to assist with homelessness. Further, the **Task Force Recommends** that counties consider whether transportation options can be leveraged through current funding options or through public private partnerships.

The **Task Force Recommends** that counties consider options such as the [Veterans Reentry Search Service \(VRSS\)](#) that quickly and systematically identifies incarcerated individuals with a record of military service so that reentry planning and connection to the Department of Veterans Affairs can occur. VRSS is a secure web site that enables correctional and other criminal justice system entities to identify inmates or defendants who have served in the United States (U.S.) military. The U.S. Department of Veterans Affairs (VA) makes this service available to facilitate its own direct outreach to these veterans, and to inform the development of veteran-specific programs in the criminal justice system. Access to this site is authorized to correctional entities. VRSS is currently active in 218 jurisdiction in 28 states. The **Task Force Recommends** that CCAP arrange educational presentations for county commissioners and county corrections professionals.

## **Objective – Meeting the needs of juvenile populations**

Pennsylvania's juvenile justice system continues to take a lead role in many areas of juvenile justice reform by collecting and using data to drive decision-making. Counties that provide services to address the needs of young offenders at the earliest possible point may reduce the likelihood or even avoid future involvement with the adult criminal justice system. However, juvenile populations create additional challenges which require unique solutions.

## **Barriers and Challenges**

Recent findings in the areas of adolescent development now show that youth perceptions about the environmental experience relate to later community adjustment. Important factors include whether the youth believes that the adults responsible for their oversight care about them, they feel safe, they are treated fairly, there is institutional order, and consequences are not harsh. However, as institutional populations decline, the remaining higher-risk youth tend to present with more intense needs in the areas of mental health and addictions. These youth present more challenging and sometimes aggressive behavior to evade delving into emotionally difficult therapeutic discussions.

Juvenile and adult correctional facilities must keep up with requirements to ensure the safety of individual young offenders. One example of a conflicting rule is that young offenders in adult facilities must be separated from older offenders, however in rural settings where young offenders are infrequently incarcerated this may leave youth alone in an area resulting the use of isolation. Another example is that all facilities face increasing scrutiny around the use of physical restraints, yet institutions are reserved primarily for high-risk offenders. This results in a disconnect between the need to create an environment where youth feel safe enough to focus on their treatment goals and the need to protect the individual rights of each youth despite the risks they pose to the community within the institution.

There is a common debate about the need to keep youth close to their home which allows improved family interaction, continuity of services (educational, behavioral health, etc.) and the need to access specialized services. The numbers of youth with specialized needs (such as problem sexual behavior and fire setting) varies which makes proximity an ongoing issue.

Substance Abuse and Mental Health treatment programs are generally designed to address the specific medical necessity of the diagnosis associated with the need for removal from home. In order to access many of these programs, youth must undergo behavioral health assessments that generally target issues that meet a mental health or medical diagnosis. Treatment is therefore funded when it addresses the identified medical necessity resulting in conflict with the court system when community protection issues are still unresolved.

Juveniles tend to move between facilities to a greater degree than do their adult counterparts. This results in continuity of care issues specifically in the areas of psychotropic medication management, academics, and other medical issues.

### **Recommendations for juvenile populations**

The **Task Force Recommends** that counties encourage juvenile and adult facilities that house young offenders to continue to build collaborative agreements between the various human service, educational, and supportive service programs locally. County agencies should explore opportunities for blended funding to create a holistic approach that addresses the behavioral health needs of the youth as well as issues relating to conduct or community protection.

The **Task Force Recommends** counties encourage local human service agencies, court personnel and state agencies such as AOPC and DHS to engage in cross systems collaboration and education to share new research findings that clarify the unique needs of youth and to improve the likelihood of a timely and comprehensive response. Cross systems training should be designed to improve the understanding of medical necessity and how to identify and measure service delivery outcomes. Some training tools recommended for use include the [Behavioral Health Services Guide](#) and the [Bench Cards](#) available through the PA Council of Chief Juvenile Probation Officers.

The **Task Force Recommends** that counties complete a system-wide review to assess the extent to which evidence-informed practices geared toward improving outcomes are applied. Some of the successful intervention strategies identified by the task force include; Cognitive Behavioral interventions, Trauma Informed Approaches and Family Engagement models.

The **Task Force Recommends** counties collaborate with the Department of Human Services to identify means to increase access to data. Data elements must be identified and standardized to improve statewide evaluation of incidents that introduce youth to the juvenile justice system, that entrench youth within the system and that interfere with positive outcomes. Data collection points exist across various touch points where effective interventions may take place. School environments are often the first point in which at-risk youth may be identified and diverted. Without proper training, first responders may miss valuable opportunities for proper engagement and re-direction. Training on newly identified and complex issues such as autism, traumatic brain injury, past exposure to violence, etc., must be shared in order to ensure responders and treatment providers do not mislabel behaviors as oppositional.

The **Task Force Recommends** counties encourage facilities/providers to identify methods for soliciting feedback from youth to gain insights about their perceptions of their experiences with justice staff and within institutional settings. Youth who perceive that they are treated overly harsh, punitive and/or unfair are likely to experience failure and may consequently end up more deeply entrenched in the criminal justice system.

## **Objective – Encourage the value of gender specific response**

The number of women incarcerated in the United States has increased by more than 800 percent since 1974. The majority of women who become involved with the criminal justice system are victims of domestic violence, or found to have experienced significant trauma in their lives. Implementation of Trauma Informed Criminal Justice Responses has proven effective, yet is not often a standard approach. Improved understanding regarding the implications of incarceration for women can reduce the dependence on other systems, such as child welfare. Studies have proven that parental incarceration is an adverse factor for children. Systems should strive to reduce the high incidence of survivors of domestic violence and child abuse among incarcerated women, and shift the approach to provide services and supports to address the needs of women, especially for women with children.

### **Barriers and Challenges**

There are unique challenges for women who are incarcerated that occur during the period of custody and long after release. To assure effective outcomes, women include the need access to jobs, housing, transportation and child care to be successful. For those who encounter women in the criminal justice system there is often a lack of understanding regarding the impact of trauma as a factor in criminal behavior; further, a lack of diversion opportunities. Probation officers can become frustrated by the time required to address the needs of women in supervision. It is often difficult for re-entering women to find jobs that pay sufficiently to support a family. Availability of dependable transportation can reduce job prospects. Other medical issues relating to lifestyle and poverty may be unaddressed. There is often a lack of programming for self-esteem, skills development, and vocational skills, and for those with a record, housing options limited.

### **Strategies and Action Steps**

The **Task Force Recommends** that CJAB's familiarize members in this regard and ensure that the continuum of care that begins at the point of entry to incarceration, and further development of alternatives to incarceration for female offenders. The **Task Force Recommends** that counties consider ways to develop shelter services that encourage family unity and provide a means to connect women to their communities upon release.

The **Task Force Recommends** that counties examine their procedures and/or training methods for staff to expand Trauma Informed Care, and educate them on the use of trauma history screen.

The **Task Force Recommends** further research, by CCAP and by counties into the options for specialized assessment tools for women that better determine needs.

The **Task Force Recommends** that CCAP provide information for counties on [Trauma Informed Criminal Justice Responses](#), especially as it relates to [women](#). Many county commissioners may lack knowledge of the challenges presented by women who are incarcerated and ways in which

a responsive approach can produce a return on investment through better outcomes. The **Task Force Recommends** that CCAP assist in providing education to county staff in probation, jails, and throughout the county human services system on incorporating gender specific approaches.

The **Task Force Recommends** that CCAP explore options to expand pilot programs, such as the Chester County WRAP program. The **Task Force Recommends** that training on gender responsive approaches be provided to the judiciary, and urges CCAP to work with AOPC to find opportunities to make that happen.

### **Objective - Promote techniques for developmentally disabled population**

Increasing numbers of developmentally delayed individuals are entering the criminal and juvenile justice system, leading to the need for diversion planning and the use of techniques to increase universal awareness and understanding at all levels within both systems. Negative outcomes with law enforcement and even emergency room personnel can result in a developmentally disabled individual becoming initially engaged in the criminal system. The use of proven communications and de-escalation techniques can lead to successful diversion.

### **Barriers and Challenges**

Counties need to improve identification of those who have developmental challenges by utilizing dedicated risk assessment tools.

One obstacle to understanding the needs of the developmentally disabled population across the Commonwealth is the lack of data regarding incidents/involvement with the criminal justice system.

Understanding and awareness of autism and other developmental disabilities is not universal within the justice system or in the public sector. One key component to any educational effort should be the fact that people with mental illness and those with developmental delays are much more likely to be the victims rather than to perpetrate a serious crime.

### **Strategies and Action Steps**

The **Task Force Recommends** training in identifying at risk individuals and diversionary protocols for police officers and various sectors of the system including judges, probation, jail staff, detention staff, etc. Understanding how developmentally disabled individuals may react while being questioned or detained or in initial custody in a jail/prison environment can minimize misunderstandings regarding certain behaviors and reduce the likelihood of serious involvement in the criminal justice system and should be encouraged whenever possible. It is recommended that any curriculum include juvenile CIT training in an effort to identify any specific techniques that should be employed when interacting with developmental delays in children.

The **Task Force Recommends** that counties encourage public awareness campaigns regarding successful interaction with individuals who may be developmentally delayed and work to improve understanding of how families can access services including information regarding identification of any development issues – autism for example can be very challenging to diagnose in adolescents. The campaign should include training for professional staff including physicians, community home staff, and program managers regarding all levels of MH/ID services delivery systems.

The **Task Force Recommends** the development of a statewide system to collect information regarding justice system interaction with developmentally delayed individuals and the outcome of diversion focused initiatives.

The **Task Force Recommends** that counties increase awareness of the [Premise Alert System](#) which is a free, voluntary safety program that allows individuals and families to notify the police, fire fighters and other first responders about disabilities, health conditions or other access or functional needs. Individuals fill out a form with their specific needs, give it to their local police department and that information is provided to the local 9-1-1 center in case of an emergency.

The **Task Force Recommends** that counties explore protocols successfully in use in a [Berks County Diversion Model](#) that allows district attorneys to make decisions regarding whether to file charges when there are certain disabilities present. Counties can also utilize team meetings to determine appropriate placements and follow through with any additional supports that might help an individual avoid jail. In order for any program of this nature to be successful the counties must develop reliable reporting mechanisms between the courts and providers to assure that conditions are being met and encourage providers to establish relationships with local law enforcement, state police and the Chiefs of Police Association.

## **Goal - Address the needs of returning veterans**

The CCAP Military and Veterans Affairs Committee was asked to join the task force for a discussion on veterans' needs upon returning to civilian life. The topics were centered on avoidance of a justice approach for veterans wherever possible. However, in the course of the discussion, the task force determined that having a community approach to returning veterans should be a goal of every citizen, every policy maker, and every county commissioner whether the veteran is justice involved or not. Without those supports, all veterans are at risk of becoming justice involved.

The task force members felt strongly about including some very specific recommendations outside the standard conclusions of the report parameters with regard to veterans. While the report includes recommendations for addressing the issues of veterans who become entangled within the criminal justice framework, the task force included a set of suggestions regarding how veterans are supported by communities upon their return from deployment, putting in place a system that could eliminate or reduce the need to even consider veterans needs in the criminal justice system. Prior to the goal based recommendations, the **Task Force Strongly Recommends** that CCAP and policy makers take affirmative steps in support of veterans in Pennsylvania and across the country.

## **Objective – Develop a community approach to assisting returning veterans and create supports and linkages**

The **Task Force Recommends** that CCAP consider a joint policy coordination approach where the chairs of the CCAP committees with shared jurisdiction (Military and Veterans Affairs, Human Services, and Courts and Corrections) should meet annually to discuss policy positions of the organization that cross over, and to assure an update on activities from the various systems present a comprehensive understanding.

The task force received excellent suggestions from the CCAP Military and Veterans Affairs members, including input from county veterans' affairs directors who are tasked with direct support. The **Task Force Recommends** that CCAP and counties work to raise the awareness of families of veterans to the services that are available at the county level. Veterans should be encouraged to utilize the option of listing status as a veteran on their driver's license so that outreach can be initiated at the earliest possible time. The task force members shared that veterans may be unwilling to accept assistance, so broader outreach may enable family members to help encourage a veteran to seek supports that ease transition back into the community from deployments. The type of communication platform utilized can be important to successful outreach efforts, especially if they focus on most recently re-integrated veterans. The task force suggests that counties examine the "[shoulder 2 shoulder](#)" approach and similar best practices.

The **Task Force Recommends** support for the development of employment opportunities for veterans that assure availability of family sustaining jobs. County leaders should work within

their communities to encourage businesses to consider veterans, and work to develop strong public private partnerships.

The **Task Force Recommends** locally developed integration strategies that connect county veterans' affairs directors with county human services administrators. Further, a collaborative opportunity to meet with local veterans' affairs organizations and state Office of Veterans Affairs could include county human services staff to expand understanding and coordination between the support systems available. Opportunities for training on best practices for outreach for returning veterans should be made available through CCAP or county veterans' directors. Commissioners should be encouraged to make connections with Veterans hospitals.

## **Goal – Research larger policy issues and develop longer range policy strategies to assist county efforts**

The task force discussed larger societal issues that may increase the potential for criminal behavior, or increase the risk of behavioral health issues, including poverty, support and funding for basic education and identification and treatment of learning differences, and reduction of trauma and domestic violence, and the need to engage schools more effectively on the county level.

These matters are related, however, they are outside the scope of the task force as identified through the CCAP member priority. Funding for state and federal human services programs has been on the decline for well over a decade, and the ability of counties to provide services to everyone who needs them is severely challenged. While Medicaid expansion is having some impact on improving access, there are few, if any options for prevention as a focus, particularly for families and children. Additional mandates keep coming, with counties expected to step into ever increasing roles to address family issues without any increase in resources or support.

CCAP has maintained its support for restoration of human services funding for many years and continues to educate policy makers on the increased costs to all systems that result from a failure to provide funds. Those efforts are likely to continue and to expand, especially in the area of child abuse prevention and intervention. Investment at the earliest stages of life is a cost effective approach, clearly more cost effective than supporting a burgeoning criminal justice system, but outside the parameters of this report.

Instead, the task force is suggesting a few areas where some additional research and understanding may inform the goals for the future, and lead to a significantly reduced incidence of using a criminal justice approach to address behavioral health concerns.

## **Objective – Improve the availability of data in the criminal justice realm, and establish linkages between the human services system data and jail admission/inmate treatment data**

County jails are funded by local property tax payers and are not funded by a larger state based system. No comprehensive supports exist for county data systems that collect information on inmate behavioral health issues, or tie together with community based treatment systems. Commissioners should understand who makes up the population of their jail and why they are there. To do so effectively, we must find a connection between community-based services and treatment and jail admissions to be able to plan resources.

### **Barriers and Challenges**

There are no significant or widely available funding options to create or expand county treatment data systems, and privacy laws and regulations can prevent the sharing of information that can lead to better local planning and targeting of resources.

## Strategies and Action Steps

CCAP has been approached by the White House Office of Technology [Data Driven Justice Initiative](#) that will create linkages around inmate behavioral health needs and the community system. The **Task Force Recommends** that CCAP explore this opportunity and inform counties on the potential results of partnering in this project.

### **Objective – Explore the linkages between an indigent defendants access to effective public defense and potential for release on bail, length of time incarcerated pre-trial, and the length of sentence and probation**

Pennsylvania is the only state where counties are singularly responsible to fund public defense of indigent clients. States where public defenders are supported by state dollars have shown success in addressing population control, effective pre-trial services, and a reduction in the use of jail when a person in custody has a mental illness. Several key studies have been conducted in Pennsylvania, yet no action has been taken by the legislature to fund county costs for indigent defense or to increase resources for training and education.

## Barriers and Challenges

The Commonwealth has been challenged by tight state resources making it extremely difficult to achieve funding objectives. There is no professionally staffed organization representing the concerns of public defenders, creating difficulty for defenders to advocate for policies.

## Strategies and Action Steps

Review recent state level activities where until recently, public defense was funded by counties to determine whether similar legislative or policy efforts could be employed in Pennsylvania. Several states have acts that could serve as models for Pennsylvania, including the [Texas Fair Defense Act of 2001](#). **The Task Force Recommends** that CCAP members discuss developing a strategy for achieving funding for indigent defense and whether this issue should become a priority for the association in future years.

### **Objective – Explore recent CMS clarification on inmate eligibility for Medicaid to assure that Pennsylvania permits every possible option for covering inmates**

Barriers and Challenges – The Department of Human Services decisions may limit a managed care plan's willingness to reach into a public institution in order to engage with individuals who are ready to be released. Additionally, local jurisdictions must be careful about how they contract with jail health providers.

## Strategies and Action Steps

Previously, jurisdictions had interpreted that if an individual were on the role count of a correctional facility, then they remained inmates and ineligible for FFP. The CMS clarification

leaves states with greater flexibility in managing and identifying how justice-involved individual's records are maintained. The **Task Force Recommends** that CCAP research and monitor developments in this area and share information with counties.

**Objective - HIPAA and privacy rules must not be a barrier to providing assistance**

**Barriers and Challenges**

Data sharing between the treatment system and jails is problematic due to privacy laws and lack of support for data integration costs.

**Strategies and Action Steps**

Research ways that authorizations can be obtained to streamline sharing appropriate information. Understand state/federal disparities in requirements. Investigate practices of counties that successfully obtain consent forms from clients early in the criminal justice process (e.g., Bucks, Montgomery) and provide counties with templates or procedural plans.

**Objective - Explore the relationship between funding for education and involvement with the criminal justice system for potential future policy position development by CCAP.**

**Barriers and Challenges**

Funding for education is a politically charged issue and not immediately germane to the county platform.

**Strategies and Action Steps**

Initiate research as required to determine the linkages and initiative more discussion is needed among CCAP members.

**Objective - Fully explore the benefits of prevention and the extent to which funding challenges have forced counties to focus on immediate needs rather than invest in prevention**

**Barriers and Challenges**

Funding has declined for more than 12 years across many budget lines. Counties are challenged to meet demand for services. Without new dollars, counties would be forced to divert precious treatment dollars to prevention and the pay-off is not immediate.

**Strategies and Action Steps**

The **Task Force Recommends** that CCAP research options for evidence based models for prevention and provide information for counties and share information from the [National Evidence Based Practices and Programs website](#). Consider whether Justice Reinvestment II creates new opportunities to find dollars for prevention.

The **Task Force Recommends** that commissioners become familiar with the [PA Youth Survey \(PAYS\)](#) which captures risk and protective factors within a community and incorporates PAYS data into criminal justice planning and encourage school districts to participate.

# Comprehensive Behavioral Health Task Force Dashboard

*The "Dashboard", or matrix included in this report was the means utilized to plan the research areas, to collect suggestions and recommendations resulting from the group's discussions, and to establish a framework for the report. The document was used as a blueprint for developing the goals and objectives that address the areas of concern identified by the task force and as a mechanism for identifying barriers and strategies associated with each goal and objective. The task force reviewed and referred to the dashboard in-between and at the conclusion of each meeting in order to assure a complete recounting of the discussions. The task force determined that the document may have value to counties that are planning to conduct a local review.*

### Comprehensive Behavioral Task Force – Recommendations Matrix

<b>GOAL: ENCOURAGING COUNTIES TO EMPLOY SUCCESSFUL STRATEGIES TO CONTROL THE NEED FOR INCARCERATION</b>		
<b>OBJECTIVES</b>	<b>BARRIERS</b>	<b>STRATEGIES AND ACTION STEPS</b>
<p>Develop Effective Diversion Programs, including reform of the bail system, use of assessments to make bail/jail outcome dependent on risk rather than ability to raise cash, Expansion of risk assessment at the point of arrest and in pre-trial, assure available pre jail option for police when behavioral health issues are evident, avoid jail for those who are non-violent and when the ability to make bail is the only reason for incarceration</p>	<ul style="list-style-type: none"> <li>• Counties don't control police department policies, MDJ, DA's, others to enforce the philosophy of diversion</li> <li>• Lack of capacity for drug and alcohol, mental health, housing and other supports leaving no place for police to contact for diversion to occur, No funding to create capacity</li> <li>• Insufficient pre jail option for police when behavioral health issues are evident</li> <li>• Cost of implementing pretrial risk assessment</li> <li>• Bail Bondsmen will lobby in opposition</li> <li>• Public concerns about safety</li> </ul>	<ul style="list-style-type: none"> <li>• Consider a pilot of the LEAD program (law enforcement assisted diversion)</li> <li>• Examine the recent NJ statute on risk assessment and risk based pre-trial practices, analyze return on investment for counties and the community and seek funding for county risk assessment tools &amp; consider multi-county sharing of expenses Meet with AOPC to gain support for bail reform and understanding of barriers to diversion from their point of view</li> <li>• CIT training as a mandate for police officers and assist in sharing the philosophy of crisis intervention tactics, Mobile Crisis Intervention Support Teams as an option for police departments, reach out to MPOETC to determine if there is a requirement for this in the training</li> <li>• State funding support for adult pretrial and/or probation departments using evidence based practices to supervise pretrial detainees, Provide training for MDJs, CCP judges, &amp; pretrial personnel re: best pretrial practices and expand the use of pre-trial supervision &amp; programming at the county level and seek funding for pilot projects in counties (PCCD will award grants of up to \$236,000 per county, totaling \$1.7 million for pretrial projects to run 10/1/16 – 9/30/18) .Monitor grant opportunities and advise counties of those opportunities when they become available</li> <li>• Encourage CJABs to use risk assessment tools, and publicize the work of new pretrial programs with media, explain how risk-based decisions make communities safer, encourage counties to convene stakeholders in a constructive way, consider the concepts behind effective pre-trial diversion</li> <li>• Educate the public and peers on the value of pre-trial practices – reduced costs for non-jail supervision options, use statistics from successful models to help counties work with judiciary and DA's on bail matters</li> <li>• CJAB stakeholders should agree to stand together and not point fingers if a person on pretrial release commits a new crime (Allegheny model)</li> <li>• Probation violation options – jail vs. community supervision</li> </ul>
<p>Positive Judicial Interactions will lead to comprehensive local planning –</p>	<ul style="list-style-type: none"> <li>• Political issues</li> <li>• Concerns with being viewed as soft on crime</li> <li>• Public support and understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage judges to embrace evidence-based changes &amp; join/support other stakeholders in implementing them.</li> <li>• develop and share best practices for establishing positive local relationships and expand Interaction with AOPC</li> <li>• Meet with AOPC and PCCD to identify opportunities for collaboration (WB)</li> </ul>
<p>Sequential Intercept Model/Mapping Provide a visual depiction of the ways in which treatment systems interact with the local criminal justice system</p>	<ul style="list-style-type: none"> <li>• Must assure local cooperation and buy-in</li> <li>• Cost factors and the need to involve technical experts</li> <li>• Lack of local data</li> <li>• May be a struggle in developing services where gaps in services are identified</li> </ul>	<ul style="list-style-type: none"> <li>• Educate counties on the value of mapping and indicates points for intervention or diversion of people with mental illness</li> <li>• Employ resources from PCCD to provide technical support</li> <li>• Show successful outcomes</li> </ul>

OBJECTIVES	BARRIERS	STRATEGIES AND ACTION STEPS
<p>Medication Assisted Treatment options including Vivitrol which is non-narcotic and is indicated for prevention of relapse for opioid dependence as well as alcohol abuse. Methadone has been in use for many years to address heroin addiction as a maintenance therapy.</p>	<ul style="list-style-type: none"> <li>• Some view medically assisted treatment as trading one addiction for another and Long term use by some individuals is viewed negatively by policy makers</li> <li>• Quality of clinics varies from location to location, and not all clinics have the same client control regulations</li> <li>• Some major rehabilitation facilities do not want to initiate injection of Vivitrol without arranged follow up treatment and some treatment providers will not permit medically assisted treatment as part of an individuals' program</li> <li>• Difficult to manage without cooperation with probation staff</li> <li>• Access to medication can be delayed waiting for approvals for payment</li> <li>• Must be opiate free when they begin Vivitrol County policies and programs can dictate it's availability</li> </ul>	<ul style="list-style-type: none"> <li>• "Drug free" providers may be more willing to accept a non-narcotic treatment</li> <li>• Medication should be based on client need and circumstances, not just a single option</li> <li>• Provide training for providers to improve their understanding of the use of these tools. Include law enforcement and policy makers and jail staff.</li> <li>• Education is needed for policy makers and others</li> <li>• Manufacturers are able to assist released inmates with co-pays</li> <li>• Must be a warm handoff in the community</li> <li>• Provide assistance with Medicaid enrollment</li> <li>• Vivitrol programs are voluntary on the part of the inmate</li> <li>• Established close relationship with county jail health care provider</li> <li>• Center of Excellence initiative is expanding use and availability, and will initiate mobile units</li> <li>• Cost of medication is covered by the physical health portion of Medicaid, not the behavioral health budget</li> </ul>

<b>GOAL: EXPAND TRAINING, EDUCATION, AND AWARENESS EFFORTS</b>		
<b>OBJECTIVES</b>	<b>BARRIERS</b>	<b>STRATEGIES AND ACTION STEPS</b>
<p>Counties should understand the risk management aspects related to handling inmates with behavioral health issues, and will understand best practices</p> <p>Counties should Understanding issues relating to drug fomularies and consider policies on medication available to inmates at the time of release</p>	<ul style="list-style-type: none"> <li>• Third party medical providers, contracts may conflict</li> <li>• Conflicting laws/regulations like PREA</li> <li>• No uniform practices among county jails</li> <li>• Culture and traditional approach to disruptive inmates</li> </ul>	<ul style="list-style-type: none"> <li>• Train county staff in suicide prevention</li> <li>• Provide commissioners with best practices advice for working with third party medical providers</li> <li>• Seek funding for Medication Pilot</li> <li>• Provide training for county commissioners and county solicitors on the emergence of litigation in this area</li> <li>• Eliminate delays for mental competency evaluations</li> </ul>
<p>Improve staff training in jails and juvenile facilities, police departments, expand the use of Mental Health First Aid, integrate Crisis Intervention Tactics staff training, and encourage Trauma Informed Care Training for those involved special populations</p>	<ul style="list-style-type: none"> <li>• Suicide prevention training is often difficult to obtain given the stress of many years of budget cuts to county mental health administration</li> <li>• Difficult to schedule training, especially in jails with limited staff</li> </ul>	<ul style="list-style-type: none"> <li>• Support for Training for Trainers (facilitation skills) focused on improved transfer of learning.</li> <li>• Provide Leadership Training for Executives and Mid-management. Provide regional training opportunities for county staff</li> <li>• Work with DOC to allow for piggyback on trainings offered at the academy</li> <li>• Survey jails to determine what training is needed/sought</li> </ul>
<p>Improve awareness and provide education for public, stakeholders, families, providers, commissioners, policy makers on Naloxone, Medication Assisted treatment, Return on investment for avoiding jail for certain populations, help public and policy makers understand why they should care about the use of jail for substance abusing and mentally ill offenders</p>	<ul style="list-style-type: none"> <li>• Many misperceptions and prejudices exist about addictions, treatments, mental illness, etc.</li> <li>• Many misperceptions about the impact of punitive approaches vs balanced approaches (community protection &amp; restorative justice) WB</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage local media</li> <li>• Identify valid research resources that demonstrate cost/benefit associated with specific approaches</li> </ul>

<b>GOAL: PROVIDE EFFECTIVE SUPPORTS AND SERVICES TO REDUCE ENTRY INTO THE CRIMINAL JUSTICE SYSTEM AND IMPROVE OUTCOMES FOR RE-ENTRY</b>		
<b>OBJECTIVES</b>	<b>BARRIERS</b>	<b>STRATEGIES AND ACTION STEPS</b>
Assure available, affordable housing with supports for re-entering inmates or for those identified for diversion can result in failure	<ul style="list-style-type: none"> <li>• HUD rules may preclude those with certain convictions</li> <li>• Funding for housing with supports must be developed and expanded; if PA obtains a waiver, MA will pay for supports but not housing itself</li> <li>• Housing stock not available in many parts of the state</li> </ul>	<ul style="list-style-type: none"> <li>• Explore pilot projects in counties</li> <li>• Examine other states for ideas</li> <li>• Encourage CCAP to adopt a position</li> <li>• DHS's new Executive Housing Director &amp; Special Advisor to the Secretary of Human Services expects to focus on Medicaid options for payment</li> </ul>
Warm hand-off at emergency departments		
Suspension vs. Termination of benefits and rapid enrollment at the time of release for those not previously enrolled, expand presumptive Medicaid eligibility for those with substance abuse issues and mental illness who are leaving jail/prison. assure Medicaid enrollment immediately upon release, and assure benefits approval upon release for new Medicaid enrollees, assure rapid connection to SSI/SSDI for qualified individuals	<ul style="list-style-type: none"> <li>• DHS must change procedure for suspension vs. termination and assure no harm to the inmates family/case</li> <li>• Inconsistencies among individual County Assistance Offices</li> <li>• Counties need contacts at the county assistance offices to assure inmate cases achieve special handling</li> <li>• Inmates released without notice present challenges</li> <li>• The process can be labor intensive for jails to implement</li> <li>• Addressing the problems when an inmate being released lives in another county creates special challenges</li> <li>• Department of Human Services only permits presumptive eligibility for women who are pregnant and allows hospitals to make determinations for children, youth aging out of foster care and some parents or caregivers</li> <li>• DHS may be unwilling to expand presumptive eligibility</li> </ul>	<ul style="list-style-type: none"> <li>• Work with DHS to continue efforts to achieve suspension</li> <li>• Establish an MOU similar to what is in operation for county jail inmates leaving for residential drug and alcohol applying the same principles to non-residential and to mental health treatment</li> <li>• All jails become DHS community partners and train staff to complete COMPASS applications</li> <li>• Work with DHS to have CAO representation on county reentry councils. (Lancaster County Example) and meet with DHS to get cooperation &amp; policies in place; local CAOs to implement</li> <li>• Counties should encourage families to understand their options for obtaining benefits</li> <li>• Consider the use of technology to facilitate the ability of counties to make the process easier</li> <li>• Examine return on investment for counties that are employing strategies and share with those that are not</li> <li>• Discuss with PCCD ways they may be able to help facilitate the ability for counties to get inmates enrolled</li> <li>• Seek funding for staff at the state and county level who would be tasked with enrolling inmates in MA to help with enrollment.)</li> <li>• Provide training for CAO staff, jail staff, probation staff on the enrollment process, obtaining benefits, etc.</li> </ul>

<b>GOAL: UNDERSTAND SPECIAL POPULATIONS AND UNIQUE CONSIDERATIONS</b>		
<b>OBJECTIVES</b>	<b>BARRIERS</b>	<b>STRATEGIES AND ACTION STEPS</b>
<p>Successful diversion from jail and reduced recidivism for veterans, pre jail option for police when behavioral health issues are evident, reform of the bail system and use of risk assessments to base bail/jail outcomes on risk to the community rather than ability to pay</p>	<ul style="list-style-type: none"> <li>• Lack of capacity for drug and alcohol, mental health, housing and other supports leaving no place for police to contact for diversion to occur</li> <li>• Lack of ability to identify a veteran if they don't self-disclose</li> <li>• Lack of available transportation</li> <li>• Availability of employment</li> <li>• Lack of mentors and/or support systems</li> </ul>	<ul style="list-style-type: none"> <li>• Foster connections to community based behavioral health system</li> <li>• Expand Crisis Intervention Tactics as a diversion tool</li> <li>• Identification of veterans status as early in the criminal justice process as possible</li> <li>• Create Job and housing supports for the long term</li> <li>• Connection with veterans assistance programs and services</li> <li>• Explore the information obtained at the MDJ level to determine if there is a means of adding a designation for veterans on the forms</li> <li>• Take advantage of new systems, such as the Veterans Reentry Search Service (VRSS) that quickly and systematically identifies incarcerated individuals with a record of military service so that reentry planning and connection to the Department of Veterans Affairs</li> <li>• Provide training for local police in special services available to veterans</li> <li>• Provide support for counties interested in creating veterans courts when there is resistant judiciary</li> <li>• Provide education for counties on the benefits of VRSS and how to access the service - now active in 218 jurisdictions in 28 states.</li> </ul>
<p>Juvenile populations create additional challenges, services to address the needs of youthful offenders at the earliest possible point are necessary to avoid future involvement with the adult criminal justice system</p>	<ul style="list-style-type: none"> <li>• Physical restrictions to encourage separation. (youthful offenders)</li> <li>• Lack of availability of specialized services for certain youth is limited (problem sexual behavior)</li> <li>• Disconnect between the need for treatment for youthful offenders and the goals of public safety</li> <li>• Substance Abuse treatment may not address the youthful behaviors that lead to delinquency</li> <li>• Behavioral Health assessments may not consider community safety where youthful offenders are involved</li> <li>• Continuity of care for youth who move between placements on psychotropic medications results from lack of options for placement</li> </ul>	<ul style="list-style-type: none"> <li>• Increase understanding of Trauma Informed Care and employ evidence based practices for youthful offenders including CBT</li> <li>• Encourage the use of interagency meetings at the county level to improve information sharing and provide cross systems education in understanding the unique needs of youth</li> <li>• Develop shelter services that encourage family unity</li> <li>• Meet with AOPC to expand the knowledge of tools, such as the bench cards and the behavioral health services guide and encourage judicial utilization of Bench cards available through PA Council of Chief Juvenile Probation Officers</li> <li>• Share information on the availability of the Behavioral Health Services Guide produced by the Behavioral Health Subcommittee of the PA Council of Chief Juvenile Probation Officers</li> <li>• Understanding of medical necessity should be expanded</li> <li>• Need to determine behavioral health data elements for case management and begin gathering data</li> <li>• Identify tools for responsivity assessment</li> <li>• Meet with DHS to find ways to obtain data</li> </ul>

OBJECTIVES	BARRIERS	STRATEGIES AND ACTION STEPS
<p>Define tools to address women involved with criminal justice- Gender Responsive approaches, and encourage Trauma Informed Criminal Justice Responses</p>	<ul style="list-style-type: none"> <li>• Jobs, housing, transportation and child care availability are crucial for success</li> <li>• Lack of understanding regarding the impact of trauma as a factor in criminal behavior</li> <li>• Lack of diversion opportunities</li> <li>• Probation officers can be frustrated by the time required to address the needs of women in supervision</li> <li>• Re-entry difficulties for women returning to their children and families</li> <li>• Difficulty for re-entering women to find jobs that pay sufficiently to support a family</li> <li>• Other medical issues relating to lifestyle, poverty</li> <li>• Lack of programming for self-esteem, skills development, vocational skills</li> <li>• Services available don't match the needs of re-entering women</li> </ul>	<ul style="list-style-type: none"> <li>• Educate county practitioners on gender responsiveness</li> <li>• Consider specialized assessment tools for women that better inform the needs of women</li> <li>• Expand Trauma Informed Care, educate on the use of trauma history screen</li> <li>• Develop shelter services that encourage family unity</li> <li>• Train staff on effective tactics</li> <li>• Provide means to connect women to their communities upon release</li> <li>• Increase co-occurring drug and alcohol and trauma care</li> <li>• Expansion of programs like WRAP (Chester)</li> <li>• Continuum of care that begins at the point of entry to incarceration</li> <li>• Encourage alternatives to incarceration</li> <li>• Availability of free gender responsive risk assessment tools (WRNA)</li> <li>• Seek legislation to...</li> <li>• Seek funding for...</li> <li>• Meet with</li> <li>• Provide training for judiciary on gender responsive approaches</li> </ul>
<p>Developmentally Disabled Population Issues should be understood and options developed to avoid the use of jail over diversion, and the use of proven communications and de-escalation techniques can lead to successful diversion.</p>	<ul style="list-style-type: none"> <li>• Negative outcomes with first responders can result in a developmentally disabled individual becoming initially engaged in the criminal system.</li> </ul>	<ul style="list-style-type: none"> <li>• consider training in identifying at risk individuals and diversionary protocols for police officers and various sectors of the system including judges, probation, jail staff, detention</li> <li>• encourage public awareness campaigns regarding successful interaction with individuals who may be developmentally delayed</li> <li>• families can access services including information regarding identification of any development issues.</li> <li>• development of a statewide system to collect information regarding justice system interaction with developmentally delayed individuals and the outcome of diversion focused initiatives.</li> <li>• Premise Alert System which is a free, voluntary safety program that allows individuals and families to notify the police, fire fighters and other first responders about disabilities, health conditions or other access or functional needs.</li> <li>• protocols successfully in use in a Berks County Diversion Model that allows District Attorneys to make decisions on whether to file charges when there are certain disabilities present.</li> </ul>

<b>GOAL: ADDRESS THE NEEDS OF RETURNING VETERANS</b>		
<b>OBJECTIVES</b>	<b>BARRIERS</b>	<b>STRATEGIES AND ACTION STEPS</b>
Create an environment that encourages successful reintegration of veterans returning from deployment and encourage access to services for those dealing with any service related challenges	<ul style="list-style-type: none"> <li>• Identifying veterans and their families so that outreach can be initiated is difficult</li> <li>• Veterans unwilling to accept assistance</li> <li>• Employment challenges</li> <li>• Benefit restrictions based on discharge status</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness to veterans and families to the services that are available in an effort to understand and accept benefits and encourage veterans to utilize the option to identify veteran status on drivers' license</li> <li>• Use communications methods that match the intended target, such as social media and focus on most recently reintegrating veterans through intensive outreach, provide training for counties in the best practices for outreach to returning veterans</li> <li>• Encourage the development of public/private partnership for jobs and housing</li> <li>• Approach county veterans affairs directors on how to interact with county human services and in avoidance of criminal justice involvement and meet with Veterans Affairs organizations and state Office of Veterans Affairs</li> <li>• Investigate issues with identifying that a veteran is returning from deployment, "shoulder to shoulder approach, best practices", look into county outreach materials</li> <li>• Make connections with Veterans Hospitals to encourage best practices to provide support</li> </ul>

<b>GOAL: RESEARCH LARGER POLICY ISSUES AND DEVELOP LONGER RANGE POLICY STRATEGIES TO ASSIST COUNTY EFFORTS</b>		
<b>OBJECTIVES</b>	<b>BARRIERS</b>	<b>STRATEGIES AND ACTION STEPS</b>
Explore recent CMS clarification on inmate eligibility for Medicaid to assure that PA permits every possible option for covering inmates	<ul style="list-style-type: none"> <li>DHS decisions may limit a managed care plan's willingness to reach into a public institution in order to engage with individuals who are ready to be released.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Previously, jurisdictions had interpreted that if an individual were on the role count of a correctional facility, then they remained inmates and ineligible for FFP.</li> <li>Review CMS clarification to assure that PA is taking advantage of every option for covering inmates.</li> <li>Jurisdictions must be careful about how they contract with jail health providers.</li> </ul>
Explore the linkages between an indigent defendants access to effective public defense and potential for release on bail, length of time incarcerated pre-trial, and the length of sentence and probation.	<ul style="list-style-type: none"> <li>The Commonwealth has been challenged by tight state resources making it extremely difficult to achieve funding objectives.</li> <li>There is no professionally staffed organization representing the concerns of public defenders, creating difficulty for defenders to advocate for policies.</li> </ul>	<ul style="list-style-type: none"> <li>Review recent state level activities where until recently, public defense was funded by counties to determine whether similar legislative or policy efforts could be employed in PA.</li> <li>Several states have acts that could serve as models for PA, including the Texas Fair Defense Act of 2001.</li> <li>CCAP members should discuss developing a strategy for achieving funding for indigent defense and whether this issue should become a priority for the association in future years.</li> </ul>
HIPPA and privacy rules must not be a barrier to providing assistance	<ul style="list-style-type: none"> <li>Difficulties in sharing between HS and corrections system</li> <li>Problems for third party provider</li> </ul>	<ul style="list-style-type: none"> <li>Research ways that authorizations can be obtained to streamline sharing appropriate information</li> <li>Understand state/federal disparities in requirements</li> <li>Investigate practices of counties that successfully obtain consent forms from clients early in criminal justice process (e.g., Bucks, Montgomery) and provide counties with templates or procedural plans</li> </ul>
Improve the availability of data regarding inmates with mental illness, substance abuse issues	<ul style="list-style-type: none"> <li>Privacy rules prevent sharing</li> </ul>	<ul style="list-style-type: none"> <li>Work with White House Technology Office on options</li> </ul>
Explore the relationship between funding for education and involvement with the criminal justice system for potential future policy position development by CCAP	<ul style="list-style-type: none"> <li>Funding for education is a politically charged issue and not immediately germane to the county platform</li> </ul>	<ul style="list-style-type: none"> <li>More discussion is required to determine the linkages</li> <li>More discussion is needed among CCAP members</li> </ul>
Fully explore the benefits of prevention and the extent to which funding challenges have forces counties to focus on immediate needs rather than invest in prevention	<ul style="list-style-type: none"> <li>Funding has declines for more than 12 years across many budget lines</li> <li>Counties are challenged to meet demand for services</li> <li>Without new dollars, counties would be forced to divert precious treatment dollars to prevention and the pay-off is not immediate</li> </ul>	<ul style="list-style-type: none"> <li>Consider the use of evidence based models</li> <li>Consider whether Justice Reinvestment 2 creates new opportunities to find dollars for prevention and treatment</li> <li>Encourage local discussions of the PAYS student survey</li> </ul>

**Task Force  
meeting agendas  
and handouts**

**CCAP Comprehensive Behavioral Health Task Force**  
**Friday March 4, 2016**  
**CCAP Office, Liberty South**  
**9:30 a.m. – 2:30 p.m.**  
**Kick-Off Meeting**  
**AGENDA**

**I. Introductions**

Committee members and advisory committee members will introduce themselves, talk briefly about their background and share their greatest frustration with behavioral health issues that impact county jail and juvenile justice populations. Members will be asked to share the one thing they would do immediately if they had the power to change any policy, law, or practice that presents a barrier to addressing these problems.

**II. Status of Efforts in PA, Nationwide**

Staff will provide an update on related state and federal activities consistent goals for the task force.

**III. History, Mission, Process, Schedule, Topics**

Staff will share the history of CCAP's inmate priority and the current priority. The Committee and Advisory Committee members will discuss the mission of the Task Force, the work-plan and schedule, recommend topics for consideration during the meetings and include in the final report. Speakers for specific topics and focus areas will be identified.

**IV. Lunch**

**V. Medicaid and Its Impact on Inmates with Substance Abuse Issues**

A panel discussion will feature key staff of the Department of Human Services, the Department and Drug and Alcohol Programs, and the Department of Corrections who will share information on suspension vs. termination of benefits, Medicaid Expansion, and efforts underway to change and improve options for providing and paying for treatment and services

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**VI. Wrap up, next meeting, homework, etc.**

**VII. Schedule of Meetings**

The schedule of meetings follow:

- Tuesday, April 22, 9:30 a.m. – 2:30 p.m. – *CCAP Office*
- Friday, May 6, 9:30 a.m. – 2:30 p.m. – *CCAP Office*
- Monday, June 6, 9:30 a.m. – 2:30 p.m. – *CCAP Office*
- Monday, July 11, 9:30 a.m. – 2:30 p.m. – *CCAP Office*

**VIII. Adjourn**

## **Inmates and Behavioral Health**

### **Activities, Issues, Programs, Initiatives**

#### **PA Department of Drug and Alcohol Programs**

**Heroin and Other Opioids Workgroup:** Similar to rising trends across the nation, overdose deaths in Pennsylvania have been on the rise over the last two decades. To strengthen and expand current initiatives, the Department called for a unified and concerted effort across all of state government to deal with these issues. All cabinet-level agencies and other state offices under the Governor's jurisdiction were directed to recommend multi-disciplinary initiatives to effectively combat opioid abuse and the loss of life by drug overdose in the commonwealth.

**Overdose Rapid Response Workgroup:** In an effort to directly address the overdose problem in Pennsylvania, DDAP created the Overdose Rapid Response Task Force (ODRRTF) as a diverse statewide group of individuals comprised of law enforcement, healthcare professionals, coroners, and government officials. The task force is focused on improving methods of reducing overdoses by establishing rapid and reliable lines of communication about drug trends between emergency health care providers, law enforcement, and drug treatment providers.

#### **PA Department of Health**

**Traumatic Brain Injury Grant:** The Pennsylvania Department of Health (DOH) has a traumatic brain injury (TBI) grant from the Health Resources and Services Administration (HRSA), the purpose of which is to address barriers to access to brain injury services encountered by children, youth and adults with TBI. Grant projects are required to address information and referral services, professional training, screening for TBI and resource facilitation. The DOH has partnered with the Brain Injury Association of Pennsylvania (BIAPA) to create and implement protocols for the early identification of juvenile detainees with brain injuries so that youth identified with brain injury can be offered strategies and support that will allow them to become successful and make positive contributions to their communities. The project educates professionals working with juvenile detainees at various trigger points in the juvenile justice system about brain injury, how to identify it, and about what interventions are available. A NeuroResource Facilitator with expertise in brain injury works in the Detention Centers to implement protocols and made connections to resources. The Project is being initially piloted in Bucks and Montgomery Counties in Pennsylvania.

#### **PA Department of Human Services**

**Forensic Beds Settlement with ACLU:** The Department of Human Services (DHS) announced that it has entered into a settlement agreement with the American Civil Liberties Union (ACLU) regarding individuals served through Pennsylvania's forensic mental health system. The forensic mental health system serves individuals who have been declared incompetent by the courts to stand trial on criminal charges and who have been ordered to be committed to Norristown State Hospital ("Norristown") or Torrance State Hospital ("Torrance") for treatment to help them attain competence. On October 22, 2015, the ACLU filed a class-action lawsuit challenging the amount of time individuals served by the forensic system stay in

jail before being transferred to Norristown or Torrance. The agreement focuses on increasing placement options for those who have been committed by the courts to ensure that they can get the mental health services they need more quickly and to reduce the negative impact that prolonged stays in jail have on their mental health and competency for trial. Highlights of the agreement include:

- Creating 120 new placement options within the commonwealth, with the first 60 to be created within the first 120 days of the agreement and the final 60 to be created within 180 days of the agreement;
- Making at least \$1 million available within the first 90 days of the agreement to create supportive housing opportunities in the City of Philadelphia; and
- Assessing every person currently on a waiting list or being served at Norristown and Torrance's forensic units within 60 days of the agreement to determine if they are receiving the appropriate level of service.

**\*Suspension vs. Termination of Medicaid Benefits for State Inmates:** Department of Human Services Secretary Ted Dallas says if his agency can reduce or eliminate that waiting period, it'll be easier for people addicted to drugs to get help. That can include inpatient or outpatient care, counseling, or vital medication that can keep people from going back to heroin, and maybe eventually returning to prison. Dallas says the change should happen by the middle of this year. Dallas says it will take complicated IT changes to make the switch work, but didn't know what it might cost. The Department of Corrections estimates about 12-percent of inmates in state prison are addicted to drugs.

**Certified Community Behavioral Health Clinics (CCBHC) Planning Grant:** The Department of Human Services (DHS) was recently awarded a planning grant that will assist us with the creation of). The Substance Abuse and Mental Health Services Administration grant will allow us to determine how CCBHCs fit into system redesign efforts, and support our efforts to improve the behavioral health of Pennsylvanians by providing community-based mental health and substance use disorder treatment. CCBHCs will serve adults with serious mental illness, children with serious emotional disturbance and individuals with substance use disorders. The clinics will provide intensive, person-centered, multidisciplinary, evidence-based screen, assessment, diagnostics, treatment, prevention and wellness services. This grant will allow Pennsylvania to develop an application to participate as a demonstration state which will help us further bridge the gap between physical and behavioral health and enable us to treat all health issues equally and comprehensively. This approach builds trust with those we serve and the result will be better outcomes and better health.

## **PA Department of Corrections**

**Pa. Department of Corrections names new mental health advocate for offenders:** Lynn Patrone will head up the Pennsylvania Department of Correction's newly-created Office of Mental Health Advocate in an effort to ensure offenders are getting the treatment they need in and out of prison. Lynn Patrone will head up the Pennsylvania Department of Correction's newly-created Office of Mental Health Advocate in an effort to ensure offenders are getting the treatment they need in and out of prison.

**\*Disability Rights Network:** From Pittsburgh Post Gazette, June 2015 The Pennsylvania prison system will stop putting inmates with serious mental illnesses in solitary confinement, instead moving them to special treatment units that allow them more time outside

their cells. This shift could impact thousands of inmates in one of the country's largest prison populations, moving away from practices that the Justice Department described last year as "unjustifiably harsh" for many prisoners. The change was announced Tuesday as part of a [settlement](#) between the Pennsylvania Department of Corrections and the Disability Rights Network of Pennsylvania, nearly two years after the rights network filed a lawsuit against the corrections department. [This suit](#), filed in the U.S. District Court for the Middle District of Pennsylvania, argued that the Department of Corrections had violated the constitutional rights of inmates with serious mental illnesses by moving them to isolated cells. Inmates placed in isolated cells, known within the Pennsylvania system as "restricted housing units," are confined there for at least 23 hours a day. Many inmates were placed in these cells for actions that were attributable to their serious mental illness, and this isolation would only exacerbate their symptoms, the Disability Rights Network's lawsuit.

## Special Populations

**Technical Resource Guide: The National Partnership for Juvenile Services has created a Desktop Guide to Quality Practice for Working with Youth in...** [Read more →](#)

**Strengthening Our Future:** The [National Center for Mental Health and Juvenile Justice](#) (NCMHJJ) at [Policy Research Associates, Inc.](#) and the [Technical Assistance Collaborative, Inc.](#) announce the release of *Strengthening Our Future: Key Elements to Developing a Trauma-Informed Juvenile Justice Diversion Program for Youth with Behavioral Health Conditions*. Developed as part of the [2014-15 Policy Academy Action Network Initiative](#), a joint effort supported by the John D. and Catherine T. MacArthur Foundation (as part of [Models for Change: Systems Reform in Juvenile Justice](#)) and the [Substance Abuse and Mental Health Services Administration](#), this report:

- identifies 9 implementation domains for achieving a trauma-informed juvenile justice diversion program, and
- highlights case examples from each of the 2014-2015 Policy Academy-Action Network states (Georgia, Indiana, Massachusetts, and Tennessee).

**Resource Centery on Mental Health and Juvenile Justice:** The [National Center for Mental Health and Juvenile Justice](#) at [Policy Research Associates](#) is pleased to announce the official launch of its new online Resource Center. The [Mental Health and Juvenile Justice Collaborative for Change](#) is one of four new Resource Centers supported by the [John D. and Catherine T. MacArthur Foundation](#) as part of the new [Models for Change Resource Center Partnership](#). The Collaborative for Change promotes the mental health reforms that came from Models for Change by actively supporting their adaptation, replication, and expansion in the field. Its primary areas of focus include pertinent topics such as:

- Mental health screening within juvenile justice settings
- Diversion strategies and models for youth with mental health needs
- Adolescent mental health training for juvenile justice staff and police
- Guidance on implementing evidence-based practices
- Training and resources to support family involvement in the juvenile justice system
- Juvenile competency

## Pennsylvania Commission on Crime and Delinquency

**Vivitrol pilots awarded through PCCD awaiting funding:** Target is 15 counties with the highest rate of returning inmates with drug usage. These counties have been identified and determined by the highest cumulative points for PA Department Of Correction (PADOC) commitments based on Socioeconomic Rates that include the following: Index Crime Rate, Drugs, DUI, Unemployment, Poverty, Homelessness, Reading and Math percentages below basic, Releases, Overall recidivism rates, High school degree rates.

- Philadelphia
- Dauphin
- Lehigh
- Fayette
- Monroe
- York
- Berks
- Allegheny
- Lancaster
- Indiana
- Delaware
- Lackawanna
- Erie
- Mifflin
- Fulton

**Re-Entry Assistance:** PCCD's reentry coordinator works with agencies and non-profit service providers to bring consistency to how prisoner reentry is managed before and after release from incarceration. PCCD's reentry coordinator acts as a liaison with groups vested in the problem and interested in finding ways to remove those barriers, prevent recidivism, and adapt services better to the real needs of released offenders. Coalitions of local stakeholders meet regularly around the state to assess reentry practices, identify service gaps, and develop projects to fill those gaps. PCCD awards grants to assist in that process. Most important, a reentry strategic plan emerges from these exchanges, which gets blended into county strategic plans and leads to action. As expected, there are many barriers to offender reentry. However, the dialogue and planning are working, as groups tap into existing community resources and innovate approaches to help those leaving prison transition smoothly back into their communities.

**Problem Solving Courts:** Problem-solving courts represent a shift in the way the justice system traditionally handles offenders with substance abuse, mental health, or other behavioral health issues. The goal of these courts is to bring about long-term, quality recovery while preventing criminal activity from continuing. Working with prosecutors, public defenders, and other justice system partners, court personnel create strategies that promote positive reinforcement to offenders. Those offenders must have successfully completed treatment programs and abstained from repeating the behaviors that brought them to court. PCCD funds county initiatives that advance problem-solving courts. The primary vehicle for support at the county level is Criminal Justice Advisory Boards (CJABs), which PCCD views as exceptional for collaborating, planning, and making decisions. Since funding the first drug treatment court in Philadelphia in 1999, PCCD has provided financial and technical support to dozens of drug, DUI, and mental health courts statewide. PCCD sponsored the first Treatment Court

Symposium in Pennsylvania, and, through training assistance to drug court practitioners, helped give rise to the Pennsylvania Association of Drug Court Professionals. The Administrative Office of Pennsylvania Courts (AOPC) oversees technical assistance and procedural development of all problem-solving courts, and has established accreditation standards for drug and DUI courts in Pennsylvania. For those counties requesting funding to start problem-solving courts, PCCD gives preference to organizations accredited by AOPC.

**Intermediate Punishment:** Offenders at Levels 3 and 4 of the Pennsylvania Sentencing Guidelines can receive treatment for alcohol and drug issues related to crimes. Sentencing of non-violent offenders; for example, those with DUI-related charges, can involve a mix of incarceration and two or more sanctions that consider both the offender and public safety. This sentencing method is called Intermediate Punishment. Prior to sentencing, a drug and alcohol assessment determines the degree of dependency and the most effective treatment. The restrictive intermediate punishment must be consistent with that evaluation, regardless of standard sentencing guidelines. Courts can impose full or partial confinement—not to exceed 90 days—without parole, but only when intermediate punishment follows confinement. Participating counties regularly assess the local impact of Intermediate Punishment programs. Specifically, the evaluation documents the extent to which the programs divert offenders from incarceration and from re-involvement with drugs and related criminal activity. All participating counties have approved Intermediate Punishment plans that comply with PCCD regulations.

Sanctions can include:

- House arrest
- Intensive supervision
- Electronic monitoring
- Community service
- Drug testing
- Drug and alcohol treatment
- Fines and restitution

**Criminal Justice Advisory Committee:** The Criminal Justice Advisory Committee develop long-range plans and policies and sets priorities for justice projects supported by PCCD's various funding streams. CJAC is chaired by the Honorable Mike Vereb and was created to continue the work of the Public Safety Advisory Committee which was supported by two subcommittees, the County Systems Subcommittee and the Local System Subcommittee. CJAC has one subordinate committee, Local Technology Subcommittee, with a specific focus and expertise to provide guidance to CJAC. The mission of the Criminal Justice Advisory Committee (CJAC) is to support a comprehensive strategy to reduce crime that prioritizes evidence-based policy and practice at every stage of the Commonwealth's justice system.

**Mental Health and Justice Advisory Committee:** The advisory committee provides guidance and structure to ensure statewide coordination and effectiveness of Pennsylvania's criminal justice and mental health systems. The Committee includes representatives from state agencies, county leadership, the courts, district attorneys, public defenders, consumers, families, and other criminal justice and mental health advocates and practitioners from across the Commonwealth. The Committee also oversees a strategic plan, which calls for a Center of

Excellence (CoE) for developing and improving programs to serve adults with mental illness who are involved in the criminal justice system. The CoE supports statewide strategies that:

- o Direct technical assistance to evidence-based practices
- o Guide the operation and sustainability of jail diversion and re-entry programs

Provide a clearinghouse for resources related to criminal justice, mental health, and substance abuse. Their mission is to support Pennsylvania's initiative to expand the successful implementation of evidence-based practices for justice-involved individuals with mental illness and co-occurring substance use disorders and advance the capabilities of local communities to reduce the involvement of individuals with mental illness and co-occurring disorders in the criminal justice system, while enhancing public safety and the well-being of our communities.

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

**Justice Reinvestment II:** Pennsylvania currently has the highest incarceration rate among all states in the Northeast, despite reducing its prison population in recent years. The Council of State Governments (CSG) Justice Center, a nonprofit, nonpartisan organization assisting the state in its justice reinvestment approach, today released an [overview](#) of the state's criminal justice system. Preliminary findings include:

- Pennsylvania is one of only four states in the nation where corrections spending exceeds expenditures on higher education;
- Between 2004 and 2014, corrections expenditures increased by 40 percent, from \$1.5 billion to \$2.2 billion.
- Over the same period, the state's incarceration rate increased by 20 percent. Conversely, New York and New Jersey saw their incarceration rates drop by 20 percent and 21 percent, respectively.
- The Department of Corrections has requested \$2.3 billion in state funds for the 2015–2016 budget, a 7-percent increase over the prior year.

**Veterans services:** Since 2013, PCCD, along with the Department of Human Services, has invested nearly \$1 million to support veterans in the criminal justice system. This has included creating and supporting Veteran's Courts. Currently, Pennsylvania has 18 Veteran's Courts, amongst the most in the nation. These courts have proven successful in assisting veterans and reducing recidivism. PCCD recognizes that many of our veterans have experienced severe trauma and are suffering as a result. That is why PCCD supports Trauma-Informed Recovery Services for Veteran's. PCCD also has trained over 500 first-responders and allied professional in Mental Health First Aid for Veterans. It is critically important that those in our communities who are likely to be the first to respond to a veteran in crisis know how to react. In addition, PCCD has provided approximately \$1 million towards Mental Health Housing programs. These programs are designed to help those with mental health issues who are

transitioning from prison back into the community with a safe place to live while ensuring that they continue to get the treatment they need. PCCD hopes to steer eligible veterans towards this program.

**Non-Violent Drug and Alcohol Dependent Offenders:** The Pennsylvania Commission on Crime and Delinquency (PCCD) announced the receipt of over \$1.7 million in competitive grant funds from the U.S. Department of Justice for a pilot program that will divert non-violent drug and alcohol-dependent offenders directly to treatment after arrest. PCCD intends to release a competitive solicitation to partner with up to seven counties that will participate in this pilot program. Specific consideration will be given to those counties that historically place the highest number of individuals into the state prison system. Consideration will also be given to those counties that already have experience in diversion programs and substance abuse treatment.

**Federal Grant to Study Impact of Diversion Programs:** Fifty-six counties throughout Pennsylvania, receive PCCD funding in support of County Intermediate Punishment Programs that address alcohol and drug dependency among non-violent offenders. These programs support treatment as well as assessment, evaluation, case management, and supervision services for offenders. The goal of these programs is to provide offenders with treatment to reduce recidivism rates.

On average, PCCD supports the diversion of approximately 1,600 offenders annually from incarceration to Intermediate Punishment Programs, which equates to thousands of total jail days averted. An initial study of the Intermediate Punishment Program also indicates a low recidivism rate for the participants (22%), demonstrating that the program has a positive impact on future behaviors.

The Department of Justice Bureau of Justice Statistics has awarded PCCD \$100,995 which will allow for a comprehensive study comparing offenders who participated in Intermediate Punishment Programs versus similar offenders who received incarceration sentences. The study seeks to measure the impact of diversionary programs on recidivism in the Commonwealth against a control group. In addition, funds will be used for GIS-mapping projects to allow for greater accessibility for the public and decision makers.

#### **Methadone and Buprenorphine During Incarceration**

Posted May 11, 2014 by janaburson in Government Behaving Badly. Tagged: methadone in jail, Suboxone in jail. [45 Comments](#)

**\*‘Stepping Up’ to Reduce the Number of People with Mental Illnesses in U.S. Jails** Launch of New National Initiative Offers Counties Research-Based Support to Address a Growing Crisis and Create Measurable Change WASHINGTON, D.C.—May 5, 2015—The National Association of Counties (NACo), the Council of State Governments (CSG) Justice Center and the American Psychiatric Foundation (APF) today launched *Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails*, an unprecedented national collaboration designed to generate action in communities across the country. The number of people with mental illnesses in U.S. jails has reached a crisis point: 2 million adults with serious mental illnesses—such as schizophrenia, bipolar disorder, and major depression—are admitted to jails each year, many of whom also have drug and alcohol use problems. Allowing them to continually cycle through jails does nothing to improve public safety, stresses already strained budgets, and hurts people with mental illnesses and their loved ones. *Stepping Up* provides counties with a clear direction for developing an action plan that makes effective use of budgets to facilitate access to treatment and promote appropriate alternatives to jail. County leaders who embrace this call to action are asked to pass a resolution committing to key actions, including collecting data to determine the extent of the problem within each jail, developing a plan with a team of diverse stakeholders that draws on sound research, and designing an approach to track progress. With support from the Department of Justice’s Bureau of Justice Assistance (BJA) and with direction from other national organizations, the initiative offers practical guidance and support to counties, including expert direction on collaborative planning and evidence-based practices. Some communities have already signed on.

## **Federal Initiatives**

**Improving Access to Mental Health Services: SAMHSA / Mental Health / Kana Enomoto, Acting Administrator, Substance Abuse and Mental Health Services Administration**  
**Summary:** The President’s Fiscal Year 2017 Budget proposes \$500 million to increase access to mental health care. As part of his January announcement of new Executive Actions to reduce gun violence and make our communities safer, the President announced that his Fiscal Year 2017 Budget would propose \$500 million in new investments to increase access to mental health care. The President’s announcement builds on the Administration’s efforts over several years to increase access to mental health services. The Affordable Care Act has expanded behavioral health coverage for millions of Americans in three critical areas. The law ends insurance company discrimination based on pre-existing conditions. It requires coverage of mental and substance use disorder services in the Health Insurance Marketplace. It also expands behavioral health parity. As a result, more than 60 million Americans have better coverage for, and improved access to, mental health and substance abuse services.

The *Now is the Time* initiative launched by the President and the Vice President in 2013 has expanded access to training and supports to help teachers and others learn the signs and symptoms of mental health issues and connect young people to treatment. It has also expanded our federal investments in training the behavioral healthcare workforce, so that we can support more mental and substance use disorder treatment providers in communities across the country. Yet, more work is needed to ensure that families can access the care they need. Only about half of children and less than half of adults with diagnosable mental disorders get the treatment they need. Despite the expansion of behavioral health coverage through the Mental Health Parity and Addiction Equity Act and the Affordable Care Act, we must do more. That’s why the President’s Fiscal Year 2017 Budget proposes \$500 million in a new two-year mandatory funding initiative to improve access to mental health services. The Administration understands the need and is answering the call.

- **Accountable Health Communities Model:** A Center for Medicaid and Medicare Innovation grant opportunity to help communities address a broad range of needs across vulnerable populations, including health, social services, and more, to reduce high utilization of emergency room and hospital visits. 44 grants and up to \$157 million in funding is available. You can read more about the grant in a White House blog post here<<https://www.whitehouse.gov/blog/2016/02/02/can-helping-patients-social-needs-also-be-good-their-health>>.
- **Bringing Technology Partners to the Table:** We are working with both private sector technologists and leading designers, developers and data scientists within the federal government in 18F<<https://18f.gsa.gov/>> and our new round of Presidential Innovation Fellows<<https://presidentialinnovationfellows.gov/>> to identify tools, platforms and resources which could be built in collaboration with jurisdictions to help accelerate the adoption of data-driven reforms.
- **Leveraging and aligning existing resources:** We are working across federal agencies, including DOJ, HUD and HHS to identify upcoming grant opportunities. We have also begun to reach out to state-level leadership to explore ways to coordinate across state agencies to collaborate with interested counties. We are also speaking with a number of national non-profit organizations which have projects underway in communities across the country, including in health care, housing, and service delivery alignment to ensure that criminal justice leaders are aware of existing work that could be leveraged to provide support for vulnerable populations as they are diverted away from jails and into community-based services.
- **Continuing to learn from local efforts:** As we speak with more and more county and state leaders, we continue to learn about innovative, impactful work underway across the country which will provide valuable models, best practices, and lessons learned.

**CCAP Comprehensive Behavioral Health Task Force**  
**Tuesday April 12, 2016**  
**9:30 a.m. until 2:30 p.m.**  
**CCAP Offices**

**AGENDA**

**I. Call to Order, introductions of new members**

**II. Risk and Liability Considerations –  
Barb Zemlock, Esq. CCAP Insurance Programs Legal Counsel**

The session will focus on various issues with risk and liability, including medication policy, access to forensic evaluation services, solitary confinement, etc.

**III. Veterans with behavioral health issues –  
CCAP Military and Veterans Affairs Committee Members**

Chairman Rod Ruddock, Indiana County  
Basil Huffman, Forest County  
Wayne Nothstein, Carbon County

While considering the Comprehensive Behavioral Health Task Force Priority, CCAP members directed that the task force consider the needs and concerns of veterans who are involved in the criminal justice system within the priority and include specific recommendations in the final report. The CCAP Military and Veterans Affairs Committee members will join the Task Force meeting to share their perspectives.

**IV. Lunch**

**V. Dashboard review**

Staff has developed a dashboard with assistance from our Advisory Committee to help define the issues that focus the agenda for review during the balance of meetings. The Dashboard includes the general areas that the Task Force was charged with considering for inclusion in the final report. Task Force and Advisory Committee members will use the document to determine where research will be required before finalizing a plan of approach.

**VI. Wrap up, recap, next meeting**

**VII. Adjourn**

**CCAP Comprehensive Behavioral Health Task Force**

**Friday, May 6, 2016**  
**9:30 a.m. - 2:30 p.m.**  
**CCAP Offices**

**AGENDA**

**I. Call to Order, Introductions**

**II. Juvenile population's special considerations**

Jay Leamy, Deputy Chief Probation Officer - Juvenile Probation Dept., Chester County Chair, Behavioral Health Committee for the Council of Chief Juvenile Probation Officers.

**III. Special issues for justice involved women with mental illness/substance abuse issues**

Jennifer Lopez and Chris Murphy – Chester County Probation Women's Reentry, Assessment & Programming Initiative (WRAP). A Program of the Chester County Adult Probation and Parole Department

**IV. Lunch**

**V. Medication Assisted Treatment**

**Amanda Cope** RN, Partner - Positive Recovery Solutions  
**Tammy Cravener**, Director, Government Affairs and Policy, Alkermes, Inc.

**VI. Dashboard edits review**

Staff has developed a dashboard with assistance from our Advisory Committee to help define the issues that focus the agenda for review during the balance of meetings. The Dashboard includes the general areas that the Task Force was charged with considering for inclusion in the final report. Task Force and Advisory Committee members should consider the document as an outline for the report and recommendations we will be finalizing for the CCAP membership at annual conference.

**VII. Wrap up, recap, next meeting planning**

**VIII. Adjourn**



## YLS & CASE PLAN BENCH CARD

The YLS/CMI (Youth Level of Service/Case Management Inventory) examines eight criminogenic risk factors, which are static and dynamic in nature, across the following domains:

1. **Prior and Current Offenses/Dispositions (static risk factor):** Includes dispositions resulting in informal adjustment; consent decree; and adjudications of delinquency in a "pattern of offending over time" of the youth. Also includes the youth's failure to appear, probation violations, prior placements and escapes.
2. **Family Circumstances/Parenting (dynamic risk factor):** Includes the factors of inadequate supervision; difficulty in controlling behavior; inappropriate discipline; inconsistent parenting; poor relations between father and the youth and poor relations between the mother and the youth.
3. **Education/Employment (dynamic risk factor):** Includes instances of disruptive classroom behavior; disruptive school yard behavior; low achievement; problems with peers; problems with teachers; truancy; and unemployed, not seeking employment.
4. **Peer Relations (dynamic risk factor):** Includes the youth having some delinquent acquaintances; some delinquent friends; no/few positive acquaintances; and no/few positive friends.
5. **Substance Abuse (dynamic risk factor):** Includes the youth's occasional drug use; chronic drug use; chronic alcohol use; substance abuse interferes with life; and substance use linked to the offense.
6. **Leisure/Recreation (dynamic risk factor):** Includes the youth's limited organized activities; ability to make better use of time; no personal interests.
7. **Personality/Behavior (dynamic risk factor):** Includes whether the youth has an inflated self-esteem; is physically aggressive; exhibits tantrums; short attention span; poor frustration tolerance; inadequate guilt feelings; and is verbally aggressive.
8. **Attitudes/Orientation (dynamic risk factor):** Includes whether the youth has antisocial/pro-criminal attitudes supportive of a criminal or anti-conventional life style (does not believe social rules apply to him/her); is not seeking help; is actively rejecting help; defies authority; and is callous, with little concern for others.

**Static risk factors** are those that have occurred in the past and cannot be changed—Prior and Current Offenses/Dispositions.

**Dynamic risk factors** are those traits or attributes linked to recidivism that can be changed during the supervision process to reduce the likelihood of recidivism.

### **"Top Four, Plus One", Criminogenic Risk/Need Factors**

Research has shown there are four dynamic criminogenic risk factors that have the greatest impact upon potentially reducing recidivism if addressed by the appropriate intervention or treatment.

1. Attitudes/Orientation (Thinking/Beliefs)
2. Personality/Behavior
3. Peer Relations
4. Family Circumstances

In addition to these four dynamic risk factors, *Prior and Current Offenses/Dispositions* - a static risk factor, is an important indicator of recidivism risk and represents the "Plus One" noted above.

1



While the other dynamic risk factors (Education/Employment, Substance Abuse, and Leisure/Recreation) are important and certainly should not be ignored, addressing the “Top Four” with appropriate interventions will have a more significant impact on reducing recidivism.

The YLS yields an overall score that indicates a juvenile’s risk to recidivate:

- Low (0-8)
- Moderate (9-22)
- High (23-34)
- Very High (35-42)

#### Case Plan

The Case Plan is the blueprint for the juvenile while under the Court’s supervision and is recommended for all juveniles under a consent decree, on probation, or in placement. It identifies strategies and interventions that address the criminogenic risk factors identified by the YLS and incorporates additional Balanced and Restorative Justice goals and activities for the juvenile to address while under supervision. It should be updated and activities are scored and modified based on the juvenile’s progress or lack thereof.

The Case Plan becomes more involved as a juvenile penetrates deeper into the system, building on strengths and addressing needs to reduce the likelihood of recidivism and move the juvenile toward productive citizenship. Initial activities should be limited to the top three criminogenic needs.

The Case Plan outlines the following:

- Monitoring the reporting requirements related to community protection
- Specific Court directives and requirements
- Specific programming and interventions that address the top criminogenic risk/need factors identified by the YLS (e.g. ART or Drug and Alcohol Treatment)
- Victim-related responsibilities such as restitution and attendance at the Victim Awareness Curriculum
- Community Service obligations
- Education/career and technical plan/workforce development plans

The Case Plan also considers the responsivity factors that must be considered when developing Case Plan activities. The following responsivity factors are non-criminogenic but should be considered in the development of the Case Plan to enhance a juvenile’s ability to succeed:

- |                     |                         |
|---------------------|-------------------------|
| • Self esteem       | • Motivation            |
| • Personal distress | • Developmental Age     |
| • Intelligence      | • Learning disabilities |
| • Health Issues     | • Learning style        |
| • Mental health     | • Culture               |

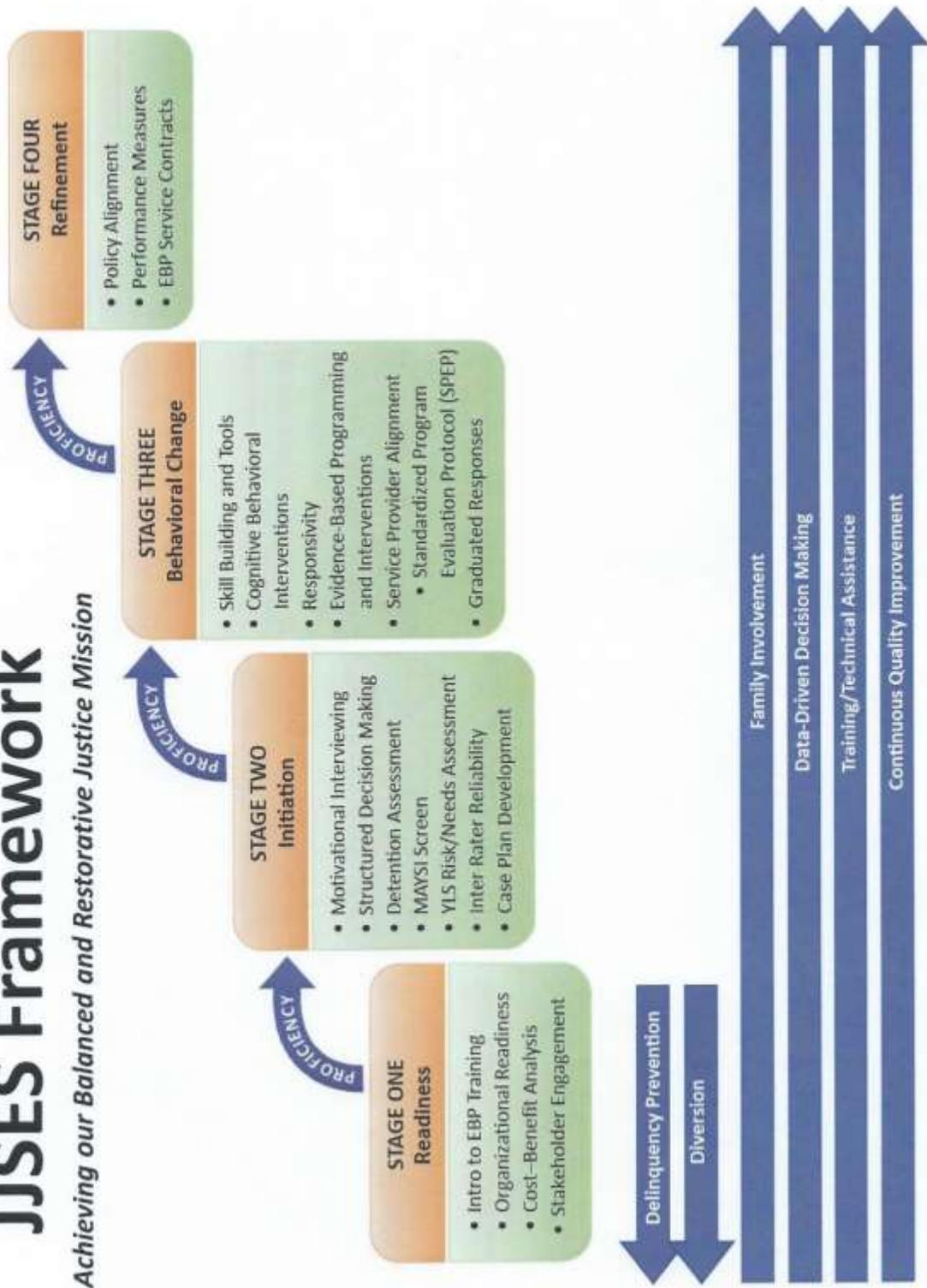
The probation officer should develop dispositional and Case Plan recommendations to the Court based on the results of the YLS, as well as Balanced and Restorative Justice principles, and should highlight the juvenile’s progress with the Case Plan when appearing before the Court in dispositional review proceedings.

*(This bench card was modeled after the YLS & Case Plan Bench Card developed by the Allegheny County Juvenile Court) – December 2013*

2

# JJSES Framework

*Achieving our Balanced and Restorative Justice Mission*



# Chester County Women's Reentry Assessment and Programming Initiative



The # of Justice-Involved Women in Chester County

**110 Women in Chester County Prison**

A 47% increase 2011-2013

**2,339 Women on Community Supervision**

A 74% increase from 2005

## 105 Women

Supervised in WRAP



**In 2013, 30% Incarcerated for Probation/Parole Violations**

557 Separate Commitments to Jail

## WRAP Elements



### Gender-Responsive

Gender Makes a Difference  
Safety, Respect, Dignity



### Assessment

Service Planning Instrument for Women SPIn-W  
Trauma History Screen  
Self-Sufficiency Matrix (PA Dept. Drug & Alcohol)

### Community Case Management

Family Service of Chester County  
Master's Level Social Worker  
Women Offender Case Management Model (NIC)



### Programming

Moving-On a Program for At-Risk Women (Orbis Partners)  
S.E.L.F. a Psycho-Educational Trauma Curriculum (Community Works)

### Community Support



Crime Victims of Chester County, Volunteers, Transformation Yoga, Wings for Success, County Corrections Gospel Mission, Cornerstone Christian Fellowship Church...

## THE RESULTS

61%

Decrease in Recidivism Rate

72%

Decrease in Technical Violation Rate

1,542 in Reduced Jail Days

Early Parole for Moving On Graduates

Partially Funded by the Pennsylvania Commission on Crime and Delinquency Subgrant JG-04-25228

**Case Management**

Case Management Services are available to all women in the WRAP Program. Services may include assistance with:

-  Housing
-  Employment and Education
-  Childcare
-  Transportation
-  Mental Health
-  Drugs and Alcohol
-  Life Skills and Basic Needs

The case manager will help

- ❖ Identify strengths and needs
- ❖ Identify and work towards goals
- ❖ Link participants with community Resources
- ❖ Advocate for their rights and needs
- ❖ Coach participants in "role plays" for situations with employers or service providers
- ❖ Monitor participants' progress

**Family Service of Chester County**  
610-696-4900

**Supportive Programming**

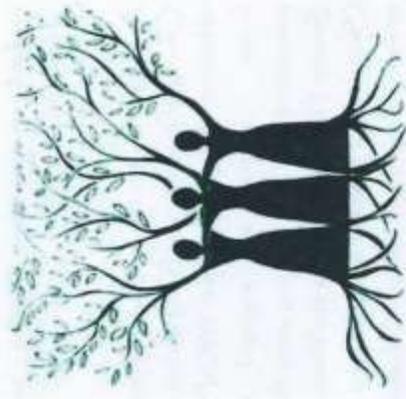
Community organizations and volunteers partner with the Chester County Adult Probation and Parole Department in providing free workshops to our women in:

- ❖ Yoga
- ❖ Parenting
- ❖ Resume Building
- ❖ Art Therapy
- ❖ Goal Setting
- ❖ Health and Nutrition




Chester County Adult Probation and Parole Department  
201 West Market Street  
West Chester, PA 19380  
For Additional Information please call  
610-344-4426

**Women's Reentry, Assessment & Programming Initiative (WRAP)**



A Program of the Chester County Adult Probation and Parole Department

### The WRAP Program

The Women's Reentry Assessment & Programming Initiative (WRAP) is a specialized assessment and supervision unit of the Adult Probation Department that integrates gender-responsive risk/need assessment, supervision and programming in collaboration with community case management to reduce recidivism, decrease technical violations of community supervision and increase the health and well-being of justice involved women, their families and communities.

At-risk women who are transitioning from County incarceration or facing technical violations of supervision are WRAP's focus. Women are engaged in assessment and case planning using the Service Planning Instrument for Women (Spin-W) and provided supervision by a team including a specialized probation officer and case manager.

### A Different Approach

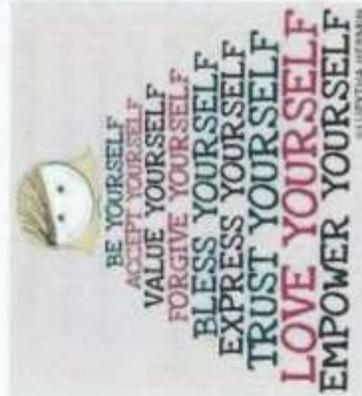
Assessment not only includes risk for re-offense, but places emphasis on a woman's strengths with the goal of increasing pro-social skills to reduce criminal behavior. Program intake also includes the *Trauma History Screen* to identify barriers to women's sobriety and engagement in services.

Programming for WRAP participants includes Moving On, A Program for At-Risk Women. Moving On™ is an evidence-based program developed exclusively for women at risk for criminal justice involvement. The primary goal of this program is to provide women with alternatives free from criminal activity by assisting them to mobilize and build personal strategies, natural supports and community resources.

To contend with the issue of a past history of exposure to trauma among WRAP clients, programming also includes the *SELF Program* a trauma-informed psycho-educational group to begin addressing the fundamental problems surrounding exposure to violence

### Eligibility

- Women returning to their Chester County communities from incarceration
- Women struggling to succeed while on probation or parole
- Women, who, without evidence-based interventions may be at increased risk for re-offending
- Women struggling with basic survival needs (housing, employment, health, family)
- Women with histories of victimization and trauma



The past two decades have been an exciting time in women's services with new research, improved practices, and an emerging recognition that the differences presented by women contributes to their justice involvement.

The rates of women in our justice systems has experienced exponential growth over the past 15 years and women, once a population deemed too small to address, has turned into a challenge for correctional administrators. Research has identified areas that are either unique to or occur with greater frequency with women, and left unaddressed may increase her likelihood of justice involvement. The National Institute of Corrections (NIC) continues a commitment to providing research based and gender informed services and support to the field to improve outcomes in the management of justice involved women.

### TECHNICAL ASSISTANCE

Technical assistance (TA) is offered to organizations and agencies interested in improving outcomes for justice involved women and is offered across the correctional continuum (pre-trial, jails, prisons, probation, parole and community based programs). The TA can cover a broad range of identified needs from operational issues to programming to policy development and can also support implementation and support for the models of practice in the following sections.



**NIC JUSTICE INVOLVED WOMEN'S INITIATIVE**  
IMPROVING OUTCOMES WITH WOMEN



RESOURCES FOR PRE-TRIAL, PRISONS, JAILS,  
PROBATION, PAROLE & COMMUNITY-  
BASED RESIDENTIAL PROGRAMS

**S E R V I C E *f* o r R E S U L T S**

[WWW.NICIC.GOV/WOMENOFFENDERS](http://WWW.NICIC.GOV/WOMENOFFENDERS)



NATIONAL CORRECTIONS ACADEMY

11900 East Cornell Avenue

Unit C

Aurora, CO 80014

Phone: (800) 877-1461

E-mail: [Support@nic.ninick.com](mailto:Support@nic.ninick.com)

## TRAINING PROGRAMS

### BEING GENDER RESPONSIVE EFFECTIVE OPERATIONS AND MANAGEMENT OF WOMEN'S PRISONS

The needs of women in a correctional setting pose unique challenges to implementing operational practices that may have been designed without their gender differences in mind. While some operations may apply broadly in the handling of all types of inmates, other operations need to be tailored to this unique medical, social, and legal needs of women inmates. **Target Audience:** Wardens, Deputy Wardens, and Senior Supervisors of Women's Prisons.

(Classroom) Contact: Evelyn Bush e.bush@bop.gov

### SAFETY MATTERS: RELATIONSHIPS IN WOMEN'S FACILITIES

Designed to assist corrections leadership and practitioners to examine the intent and practical implementation of PREA standards specific to women's relationships while incarcerated, explore key dynamics and behaviors of women's relationships in facilities, enhance the impartiality of institutional culture in promoting sexual safety in women's facilities, and support staff in intervening effectively and mitigate inappropriate inmate sexual relationships and conflicts. **Target Audience:** Open to correctional professionals working directly with female inmates in adult prison and jail. (blended delivery)

### WOMEN OFFENDERS: DEVELOPING AN AGENCY-WIDE APPROACH

This training event is designed to assist agencies in using evidence based gender-informed research and know-how to make policy-driven and systemic changes to improve outcomes for women offenders. In addition to decreasing recidivism, intermediate outcomes include family reunification where appropriate, improved self-efficacy, community stabilization and successful reintegration and reentry work. **Target Audience:** Executive, management level staff that can develop and ensure policy is implemented. (Blended delivery)

### WORKING WITH JUSTICE INVOLVED WOMEN

This 5-course online sequential learning program addresses the following topics: 1) Who Are Justice Involved Women (research & theory); 2) The Impact of Interpersonal Violence; 3) Effects of Trauma; 4) Effective Gender-Responsive Practices and 5) Building Individual and Organizational Resilience. **Target Audience:** Correctional professionals who work with populations of justice involved women in prison, jail and/or community corrections settings.

### WORKFORCE DEVELOPMENT AND WOMEN OFFENDERS

Male and female offenders face barriers as when making the transition from incarceration to life and employment on the outside. However, women face additional barriers, including primary parenting responsibilities, the need for acceptable childcare services, and a lack of support through the transition period from incarceration to community release. Women offenders often have very limited knowledge and unrealistic expectations about the world of work, and are often unaware of the employment options they have.

## MODELS OF GENDER-INFORMED PRACTICE

### COLLABORATIVE CASE WORK – WOMEN (CCW-W)

The CCW-W merges evidence-based and gender-informed research to enhance outcomes with justice involved women. Correctional professionals are introduced to the model's guiding principles and core elements of effective practices and to the advances that have been made in gender-responsive assessment and collaborative case management and supervision. CCW-W is a dynamic, seamless process that can begin at sentencing and continues beyond discharge from prison and/or community supervision and stabilization in her community. The CCW-W model uses a team management model with representatives from corrections, external stakeholders and incorporates the active participation of the woman. As she moves through the phases of the model, the focus is on risk, need as well as encouraging her to identify and employ her strengths.

### GENDER-INFORMED PRACTICES ASSESSMENT (GIPA)

The GIPA provides agency and prison leadership with a measured assessment of their delivery of sound principles of evidence-based, gender-informed policy, programming and practices. Each of the 12 domains of the GIPA is supported by research and standards of practice recommended by experts in the field. Domains cover Leadership and Philosophy; External Support; Physical Plant (facility); Management and Operations; Staffing and Training; Facility Culture; Offenders Management (methods and disciplines); Assessment and Classification; Case Management and Reentry Planning; Research-based Program Areas; Gender-Informed Services and Quality Assurance and Evaluation. Identified experts will work collaboratively with agency staff to assess and prepare a report of observations to include areas of challenge and opportunity.

### GENDER-RESPONSIVE POLICY AND PRACTICES ASSESSMENT (GRPPA)

A self-directed template developed to guide an agency's internal assessment of current evidence-based, gender-informed policies, programs and practices in jails, prisons, probation, parole and community-based residential programs. The assessment is step by step and is comprised of a manual, the instrument, scoring information and a template for action planning.

### WOMEN'S RISK AND NEED ASSESSMENT (WRNA)

The WRNA is a series of risk and need instruments that assess both gender-neutral and gender-responsive factors across the correctional continuum (prison, pre-release, and probation). Initially developed in 2008 entirely in samples of justice involved women, the tools have continued to be re-evaluated, with revisions to improve predictive validity. The WRNA can be used as a risk prediction tool and/or a needs assessment and are best suited for sites that have invested in the strategic development of gender-responsive programs, practices, and services.

## ADDITIONAL RESOURCES

### GENDER RESPONSIVE BULLETIN SERIES

- No Place for Youth: Girls in the Adult Justice System
- Employment and Female Offenders: An Update of the Empirical Research
- Facility Planning to Meet the Needs of Female Inmates
- Gender-Responsive Policy Development in Corrections: What We Know and Roadmaps for Change
- A Summary of Research, Practice, and Guiding Principles for Women Offenders
- Responding to Women Offenders: The Department of Women's Justice Services in Cook County, Illinois
- Supervision of Women Defendants and Offenders in the Community
- The Gender-Responsive Strategies Project: Jail Applications

### HEALTH, JUSTICE, AND WOMEN: TRANSFORMING SYSTEMS-CHANGING LIVES (BROADCAST)

### HEALTH, JUSTICE, WOMEN: BEHAVIORAL HEALTH AND OB/GYN (BROADCAST)

### GENDER RESPONSIVE STRATEGIES: RESEARCH, PRACTICE AND GUIDE PRINCIPLES FOR WOMEN OFFENDERS

### GENDER-RESPONSIVE NEWS ABOUT WOMEN AND GIRLS

Weekly email blast that lists emerging research, articles, upcoming training, funding opportunities for correctional professionals and stakeholders interest in improving outcomes with justice involved women. Go to [WWW.NJCCGOV](http://WWW.NJCCGOV) and click on NEWS, enter email address and click

## CONTACT INFORMATION

### MAUREEN BUELL

### CORRECTIONAL PROGRAM SPECIALIST

**Phone:** 800-995-6423 ext. 40121

**Email:** MBuell@bop.gov

**Address:** Maureen Buell  
500 First St, NW  
Washington, DC 20534

## **Comprehensive Behavioral Health Task Force**

**Monday June 6, 2016**  
**9:30 a.m. - 2:30 p.m.**  
**CCAP Offices**

### **AGENDA**

- I. Call to order and Introductions**
- II. Autism Spectrum Disorder and the Justice System**  
Paul Turcotte, MPH, ASERT Collaborative  
Kate Hooven, MS, Justice System Consultant (see note from Kate below)
- III. Diversion and ID Individuals - Berks County Strategies and Experience**  
Edward Michalik, Psy.D, Administrator, Berks County MH/DD
- IV. Housing with supports**  
Ben Laudermilch, PA Department of Human Services, Executive Housing Director
- V. Berks Housing Pilots**  
Lydia Singley, HealthChoices Program Director, Berks County MH/ DD
- VI. Lunch**
- VII. Dashboard Review**  
Review of dashboard for content and updates
- VIII. Comprehensive Behavioral Health Task Force Report**  
Presentation and discussion - draft report outline
- IX. Next Steps**
  - July meeting and agenda –Monday, July 11, 2016, 9:30 am - 2:30 pm
  - Process for report drafting and review
  - Presentation to CCAP Board, Committees and Membership
- X. Adjourn**

## Autism Services, Education, Resources & Training Collaborative (ASERT)

Stay connected with us to learn about new information and resources as soon as they become available.



Call our toll-free number 877-231-4244 in English or Spanish



Sign up for our newsletter at [www.PAautism.org](http://www.PAautism.org)



Follow us on Facebook or Twitter



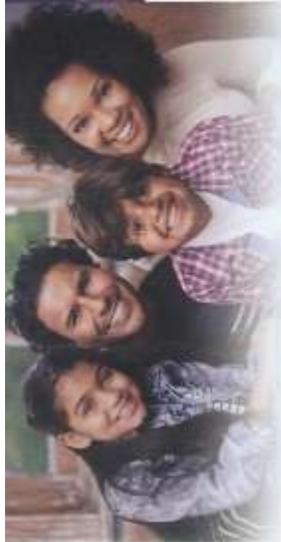
Come visit us at local community or professional events



Invite us to attend a local support group meeting, conference or event



Learn about support groups in your region



### Contact ASERT in Spanish!

ASERT is pleased to support Pennsylvanians who speak Spanish by phone or email. We also offer online resources in Spanish on [PAautism.org](http://PAautism.org).

*This brochure is available in Spanish. Please contact ASERT for copies.*

### ¡Contacto a ASERT en Español!

ASERT se complace en apoyar a los residentes de Pennsylvania que hablan español, por teléfono o correo electrónico. También ofrecemos recursos en español en el sitio web en [PAautism.org](http://PAautism.org)

*Este folleto está disponible en español. Por favor, contacte a ASERT por las copias.*



website: [www.PAautism.org](http://www.PAautism.org)  
 email (English): [info@PAautism.org](mailto:info@PAautism.org)  
 email (Spanish): [ASERTespanol@PAautism.org](mailto:ASERTespanol@PAautism.org)  
 phone (English & Español): **877-231-4244**  
 (M-F: 8:00AM - 5:00PM)



[/ASERTPAutism](https://www.facebook.com/ASERTPAutism)  
[/ASERT\\_PAutism](https://twitter.com/ASERT_PAutism)

Please contact us to be added to our email distribution list. You can select or modify the items you want to receive by visiting [www.PAautism.org](http://www.PAautism.org) or calling 877-231-4244.



877-231-4244

## ASERT Statewide Resource Center



### Pennsylvania's leading source of autism-related resources and information.

Phone: **877-231-4244**  
 Monday – Friday + 8:00 a.m. – 5:00 p.m.

Website: [www.PAautism.org](http://www.PAautism.org)  
 Email: [Info@PAautism.org](mailto:Info@PAautism.org) (English) or [ASERTespanol@PAautism.org](mailto:ASERTespanol@PAautism.org) (Español)

ASERT is funded by the Bureau of Autism Services, Pa. Department of Human Services

## What is the Resource Center?

With a database of information, our resource specialists are able to provide up-to-date and accurate information and resources. ASERT is here to help individuals, families, professionals, and community members learn about services and resources available, and assist them in navigating the service system in Pennsylvania.



**Statewide Toll-Free Number**  
**877-231-4244**  
*available in English and Spanish*  
*disponible en Inglés y Español*  
*(M – F 8:00 a.m. - 5:00 p.m.)*

Offering personal assistance to callers, providing them with general autism resources as well as up-to-date and accurate information about autism services in Pennsylvania.



## What is ASERT?

A partnership of Pennsylvania medical centers, autism research and service centers, universities, community organizations, and other providers of services working to improve the lives of adults and children with autism.



**Website - [www.PAutism.org](http://www.PAutism.org)**  
Offering information about local, regional and statewide events, professional trainings, community resources, services, current research and other information relevant to the autism community.



**Community Outreach**  
Outreach specialists who are available to attend local and regional conferences, support group meetings and community events.



## Create an Account at PAutism.org!

Whether you are an individual with autism, parent or caregiver, family member, professional, or community member, create your free account to:

➤ Easily save your favorite autism resources, events, news, and training information

➤ Receive suggestions about information and resources that match your interests and location

➤ Set up additional profiles for family members, colleagues, or individuals you support to identify and organize information that may be beneficial to them

# S.A.F.E.R.



877-231-4244

Many individuals living with autism have difficulties processing information, processing sensory input, communicating effectively, and responding in socially appropriate ways. Here are some ways to help alleviate those difficulties so that you, the offender, and the community will be **S.A.F.E.R.!**

# S. A. F. E. R.

**Stay calm:** Talk in a quiet, calm voice

**Ask clearly:** Do not use vague language or metaphors.

**Facilitate understanding:** Don't assume what you said was understood.

**Explain the process:** Clearly tell the individual what is going to happen next.

**Repeat commands:** Reiterate instruction to be sure that you have been understood.

*ASERT is funded by the Bureau of Autism Services, PA Department of Human Services.*



# Appearing in Court:

## Strategies for Justice System Professionals

1

Provide a visual schedule of the court day at least a day in advance to the individual with autism.



2

Give specific guidance on what to wear to court.



3

Practice addressing the judge.



4

If possible, walk through the courtroom to give the individual a visual to help prepare for the court appearance.



5

Give the individual warning about the metal detectors and wands.



6

Prepare all court personnel about the individual's autism diagnosis (Judge, District Attorney, Public Defender, Victim Witness Advocate, Stenographer, Bailiff) and try to make the courtroom "sensory friendly" (dim lights, minimize noise).



7

Allow extra processing time for questions and testimony from the individual due to language difficulties and remind all staff to avoid vague and abstract language.



8

Explain to all court staff, especially to the victim, his/her family, and the victim advocate, that expressing empathy may be difficult.



9

Prepare individual for the various dispositions that could happen at the hearing.



For more information, contact:  
ASERT PA  
877-231-4244

The Autism Service, Education,  
Resources and Training  
Collaborative (ASERT) is a  
non-profit initiative funded by the  
Pennsylvania Department of  
Public Safety, Bureau of  
Professional and Technical  
Services.



# **Pennsylvania Autism Needs Assessment**

A Survey of Individuals and Families  
Living with Autism

Report #4: Unwanted Outcomes—  
Police Contact & Urgent Hospital Care

**Pennsylvania Department of Public Welfare**  
**Bureau of Autism Services**

## Pennsylvania Autism Needs Assessment: A Survey of Individuals and Families Living with Autism

### About the Autism Needs Assessment

The Bureau of Autism Services, in its effort to improve care and quality of life for Pennsylvanians with autism and their families, conducted the **PA Autism Needs Assessment**. This effort has been a key task of the ASERT (Autism Services, Education, Resources and Training) Collaborative and has been led by University of Pennsylvania School of Medicine, Center for Mental Health Policy and Services Research and the Center for Autism Research at The Children’s Hospital of Philadelphia.

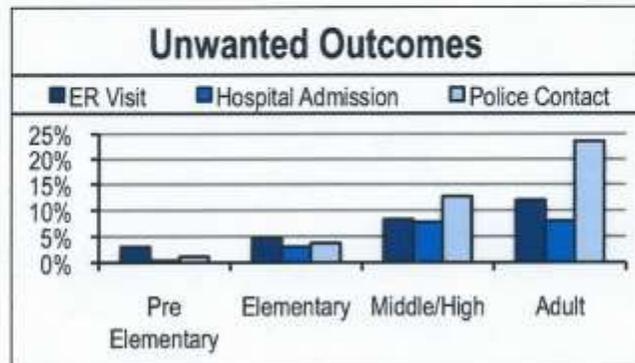
Autism Spectrum Disorders (ASD), referred to as autism throughout these reports, include Autistic Disorder, PDD-NOS, Asperger’s Disorder, Childhood Disintegrative Disorder and Rett’s Disorder. With more than 3,500 responses, the survey is the largest of its type to date in the nation. The findings from this needs assessment highlight challenges that Pennsylvanians with autism, of all ages, face everyday.

*This report is the **fourth** in a series. The recommendations in this report address **unwanted outcomes** among Pennsylvanians living with autism.*

### Why Look at Police Contact & Urgent Hospital Care?

Both the untreated or undertreated symptoms of autism and co-occurring disorders can result in unwanted outcomes including police contact, emergency room visits, and inpatient psychiatric hospital care. These experiences are traumatic and costly for individuals with autism and their families, and could be prevented or addressed more effectively and cost-efficiently through community-based services. This report looks at how often individuals with autism have contact with police and use emergency hospital-based care. The report concludes with specific recommendations to address the unwanted outcomes that Pennsylvanians living with autism and their families face across the lifespan.

Please note that caregivers of adults completed the survey for their adult child and adults completed the survey for themselves. For the purposes of the reports, these responses are grouped together. Please visit [www.paautism.org/asert](http://www.paautism.org/asert) to view responses from each group.



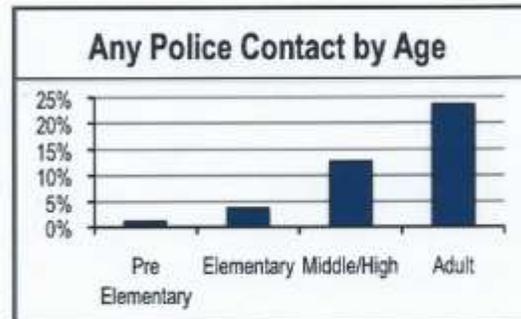
## Pennsylvania Autism Needs Assessment:

### A Survey of Individuals and Families Living with Autism

#### Police Contact

Police contact includes calls to the police, warnings issued by police, being charged and/or sentenced, and time spent in jail or a juvenile detention facility. 1 in 10 individuals with autism in Pennsylvania report past police contact.

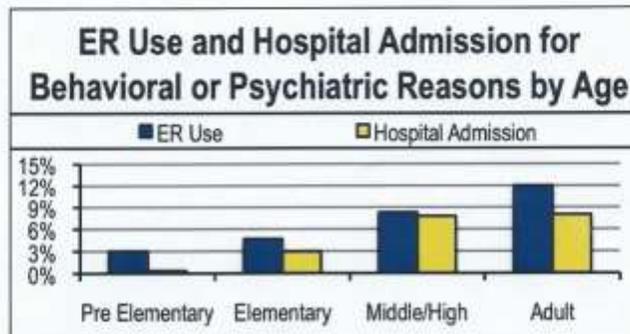
- ◆ As individuals with autism age, they are increasingly likely to have police contact. Almost 25% of adults with autism report police contact, as opposed to less than 8% of all other age groups.
- ◆ In most cases, contact involved a call to police, with 1% of individuals with autism serving jail time.
- ◆ Half of individuals who had police contact also report being hospitalized at some point.



#### Emergency and Inpatient Hospital-Based Care

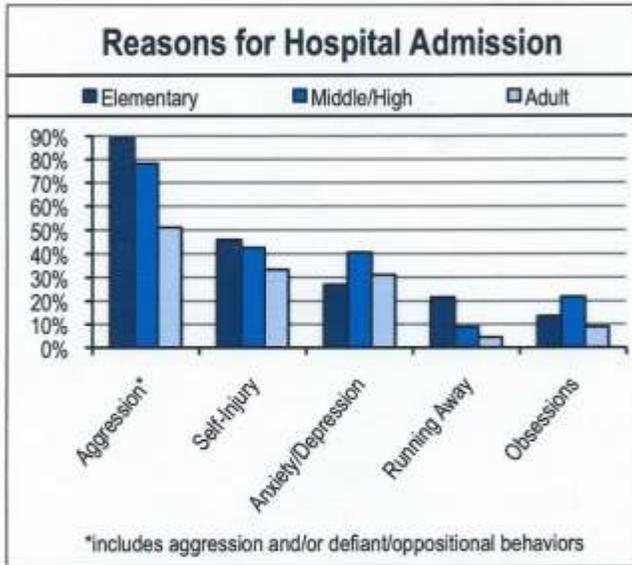
Hospital-based care consists of emergency room (ER) visits and admission to a hospital for behavioral or psychiatric reasons.

- ◆ Out of all age groups, adults with autism report the most ER visits and hospitalizations for behavioral or psychiatric reasons.

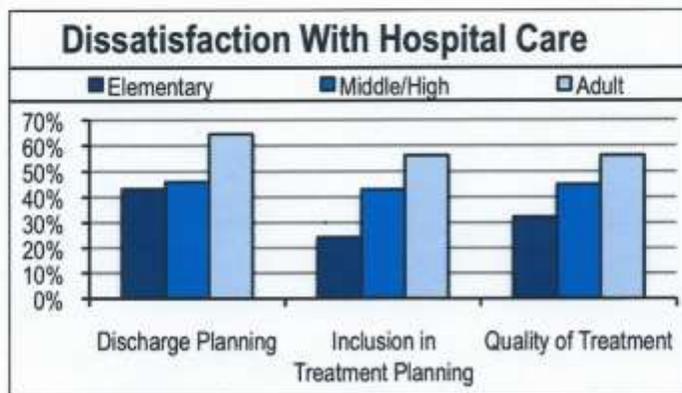


## Pennsylvania Autism Needs Assessment: A Survey of Individuals and Families Living with Autism

### Emergency and Inpatient Hospital-Based Care



- ◆ The most common reasons for hospital admission across all age groups are:
  - Aggression and/or defiant/oppositional behaviors (74%)
  - Self-injury (41%)
  - Anxiety and depression (36%)
- ◆ Dissatisfaction with hospital care increases with age.
  - Over half of caregivers of adults report dissatisfaction with discharge planning, inclusion in treatment planning, and quality of treatment.
  - Caregivers in all age groups report the most dissatisfaction with discharge planning (43% to 65%).



## Pennsylvania Autism Needs Assessment: A Survey of Individuals and Families Living with Autism

### Recommendations

- 1. Implement statewide first responder training for law enforcement and other first responders.**  
Police contact is traumatic for both the individual with autism and the family. In order to decrease unwanted outcomes, law enforcement personnel need tools and training to prepare them to effectively interact with individuals with autism who are in crisis.
- 2. Prevent hospital-based care by connecting individuals with autism and their families to community-based services, and develop services where they are lacking.**  
Hospital-based care is one of the most distressing and expensive ways to deal with behavioral crises resulting from untreated behavior issues or co-occurring disorders, both for families and the Commonwealth. For most individuals, emergency room use and hospitalizations may be avoided with access to appropriate community services.
- 3. Ensure better access to quality care for individuals with autism who are hospitalized for behavioral or psychiatric reasons.**  
Aggression and self-injurious behavior are the two primary causes for adults with autism to be hospitalized for behavioral or psychiatric reasons. Strategies used to treat those behaviors in other individuals are often ineffective for people with autism, and in some cases even increase their level of distress. Consultation with regional care professionals could increase the effectiveness of psychiatric management. Another option would be to create autism-specific units within the hospital. The dissatisfaction with the treatment planning process suggests the need for training of hospital staff members to ensure that individuals and their families feel valued and included from intake to discharge.
- 4. Link hospitals into community-based systems of care.**  
Too often, families are responsible for the transition from hospital care to community care. Hospital staff may not be trained to help families of individuals with autism implement treatment plans at home and in the community. In order to address the dissatisfaction with discharge planning, hospitals should take an active and leading role in preparing for successful transition. They should also be more closely linked with community providers. This link should include appointment scheduling and sharing of information that will allow the community provider to successfully address the challenges that led to hospitalization in the first place. In addition, hospital-based treatment plans should include training for family members so that they can effectively implement behavioral strategies at home.



For Unwanted Outcomes data findings, please visit the ASERT website [www.paaautism.org/asert](http://www.paaautism.org/asert) or contact your regional ASERT Collaborative:

- ◆ Eastern Region: 1-877-408-0154
- ◆ Western Region: 412-235-5484
- ◆ Central Region: 1-877-231-4244

We encourage you to review the complete series of reports, and data by geographic region for each topic: *Statewide Snapshot, Service Needs, Barriers to Accessing Services, Unwanted Outcomes, Diagnosis, Employment Challenges, and Family Impact.*



## COUNTY OF BERKS, PENNSYLVANIA HealthChoices Program

Services Center, 8th Floor  
633 Court Street  
Reading, PA 19601-4301

Phone: 610.478.3271  
Fax: 610.478.4980

Christlan Y. Leinbach, Chair  
Kevin S. Barnhardt, Commissioner  
Mark C. Scott, Esq., Commissioner

Edward B. Michalik, Psy.D., MH/DD Administrator  
Lydia J. Singley, LSW, HealthChoices Program Director

### BERKS COUNTY HEALTHCHOICES Permanent Supportive Housing (PSH) Reinvestment Plan

**Description:** The Permanent Supportive Housing (PSH) Plan is for MA eligible adults with diagnoses of serious mental illness, substance use, or co-occurring disorders. The plan focuses on two different target populations, both of which are listed as high priority. The first population includes individuals with serious mental illness (SMI)/substance use/co-occurring disorders living alone or with families. The second target population includes individuals leaving institutions or transitional housing programs such as CRR's.

This plan is comprised of the following components: Capital Investment, Rental/Bridge Subsidy, Clearinghouse, and Housing Support Services. Berks County contracts with Berks County Redevelopment Authority for capital investment projects and with Service Access and Management, Inc. (SAM) to operate the clearinghouse.

To date, Berks HealthChoices has allocated over \$9 million to this Reinvestment Plan, with \$2.1 million being invested in 4 development projects. The apartment units in these projects range from efficiencies to two bedrooms and will be available to HealthChoices consumers for 15-30 years depending on the project.

**Timeframe:** Berks HealthChoices received initial approval for the Reinvestment Plan in September 2008 with extensions granted since then.

Go live date- April 2009

Program Duration and Evaluation timeframe- 8 years: FY 08/09- FY 15/16.

**Goal of Initiative:** To provide access to safe, decent, and affordable housing to HealthChoices consumers.

Open enrollments occurring on a quarterly basis have resulted in an average of 180 applications received per enrollment. Emergency applications are accepted at any time.

*Dedicated to public service with integrity, virtue & excellence*

[www.co.berks.pa.us](http://www.co.berks.pa.us)

1

**Application Steps:**

- Consumer completes application with treatment provider verifying diagnosis.
- Application is reviewed by SAM to verify the information and to determine the priority category of need for the consumer.
- Consumer chooses a residence that is available at fair market rent.
- Tenant pays 30% of his/her income towards the rent and is responsible for all utilities.
- Housing Plan can cover security deposit, first month's rent and 1 year of rental assistance for first-time applicants; . Tenant can re-apply up to a maximum of 2 times, for an additional 6 months of rental assistance each time.
- Housing Plan can cover SD, hook- up and/or arrears for utilities.
- SAM obtains copy of codes and apartment permit to verify validity of Landlord owning the property.
- SAM conducts a safety check of the residence.
- SAM develops contract with Landlord and Tenant.
- Lease is between Landlord and Tenant. SAM obtains copy for file.
- SAM provides PREP classes (Prepared Renters Program) - a tool to equip consumers with the information needed to become successful renters. These classes are provided prior to the consumer renting the unit.

**Housing Support:**

Housing Support Services are provided to all individuals receiving rental assistance and those consumers residing in units acquired with Capital Funding. The goal of these Housing Support Services is that 75% of the individuals and families served will successfully maintain their housing both during and after their period of assistance. This overall goal is then broken down into one of two primary goals – increasing income or living within means. Self-Sufficiency Matrix documents as well as Monthly Progress Reports and a Discharge Summary are completed to reflect which primary goal is being worked on, at both the beginning and end of Housing Support Services.

SAM contracts with two providers who administer the Housing Support Services: NHS PA and Threshold Rehabilitation Services, Inc. These services are provided during rental assistance and for three months post rental assistance. Individuals who receive case management services receive Housing Support Services directly from their case manager.

**Forensic Population:**

Referrals for the Housing Plan have typically been made by case managers once the consumer has been released from jail and has established a source of income. Other options include:

- a) Drug & Alcohol Recovery Housing Programs for consumers who are diagnosed with drug & alcohol disorders or who have co-occurring mental health disorders.
- b) Shelter Plus Care- a HUD funded program for chronically homeless consumers with mental health disorders that is managed by SAM and the Reading Housing Authority. Consumer receives a housing voucher for 5-6 years provided they participate in treatment services.

- c) SAM is currently searching for a “test case” for the Housing Plan- a consumer recently released from jail who has mental health disorders. The income requirements will be waived and the entire rent and utility costs will be covered by the Housing Plan for 6 months with the possibility of a 6 month extension if the consumer is not able to maintain the unit on his/her own.

**Evaluation Component:** From FY 08/09 – present, SAM’s tracking includes:

- Total number of consumers and type of household
- Current housing at application
- Plan priority category
- Diagnosis
- Referral source
- Contract Type
- Housing Support outcomes

**Results:**

As of 12/31/15 to date, the following results are noted:

Total # of consumers served- 1075 with 56% being families.

Homeless or Substandard Housing- 91%.

Diagnosis- Mental Health 78% and Substance Use Disorder 20%.

Contract Type- Bridge Subsidy 73% and Housing Contingency 27%.

During FY 11/12, tracking of outcomes for Housing Support Services began.

Results are as follows:

- Total # of consumers served- 397
- Successful discharges- 75%  
Examples include remaining in bridge subsidy apartment or transitioning to another subsidized apartment.
- Unsuccessful discharges- 25%  
Examples include eviction or no progress made on goals.

SAM has also surveyed consumers and Landlords and the results have been very positive.

**Lydia Singley, Berks County HealthChoices Program Director**  
[lsingley@countvofberks.com](mailto:lsingley@countvofberks.com)  
610-478-3271 ext. 6581



**Comprehensive Behavioral Health Task Force  
Meeting Agenda  
Monday July 11, 2016  
9:30 am until 2:30 pm  
CCAP Office, Harrisburg**

**Call to order and Introductions**

**Comprehensive Behavioral Health Task Force Report**

Review report content and recommendations  
Discuss publication/distribution plans

**Lunch Break**

**Presentation of Report - Planning**

- CCAP Board
- CCAP Human Services Committee
- CCAP Courts and Corrections Committee
- CCAP Membership
  - General Session Presentation
  - Breakout Presentation
- Media Event
  - Date/Time/Location
  - Speakers

**Recap**

Instructions to staff

**Adjourn**

# **Relevant State Legislation**

## Relevant State Legislation

### **Goal – Encourage counties to employ successful strategies to reduce the need for incarceration**

*HB 363:* Establishes task force to study and identify causes of heroin and opioid addictions, as well as come up with solutions to epidemic; doesn't set up parameters for solutions, but states that this is an emergency in state of Pennsylvania

*HB 1511:* Establishes long-term addiction treatment centers (and licensed halfway houses), for individuals who are unable to get treatment in timely or appropriate manner; increase program accessibility; will include an impact fee for anyone producing, manufacturing, or distributing opioids.

*HB 2128:* Mandates that recovery houses receiving public funding will be required to keep Naloxone on site as well as have trained individuals present to administer the medication properly in the event of an drug overdose.

*SB 524:* Non-narcotic Medication Assisted Substance Abuse Treatment Grant Program: established for counties to provide non-narcotic, non-addictive medication and substance abuse treatments to "eligible offenders" after release from county correctional facilities. County must have correctional facility with substance abuse treatment program, and must be able to establish contract with provider for these services

*SR 267:* Resolution directing the Joint State Government Commission to establish an advisory committee to study issues relating to the need for, availability of and access to effective drug addiction treatment in this Commonwealth.

### **Goal – Expand training, education and awareness efforts to improve public perception and understanding**

*SB 1218:* Make available and standardize mental health crises training for all mental health administrators, and other designated representatives.

*HB 1630:* Amending the act of July 9, 1976 (P.L.817, No.143), entitled "An act relating to mental health procedures; providing for the treatment and rights of mentally disabled persons, for voluntary and involuntary examination and treatment and for determinations affecting those charged with crime or under sentence," establishing an Assertive Community Treatment Program in the Department of Human Services.

*SB 569:* Amends the PA Commission on Crime & Delinquency Law further providing for the PA Commission on Crime & Delinquency. Committee will serve in an advisory capacity to the commission through the committee's participation in the development of that part of the commission's comprehensive plan relating to the provision of treatment and services to individuals with mental illness involved in the juvenile justice and criminal justice systems; improve the effectiveness of treatment

services for individuals with mental illnesses, substance abuse disorders or co-occurring mental health and substance abuse disorders who are involved or at risk of involvement with the criminal justice system.

SB 1336 - Amends the Administrative Code, in powers and duties of Department of Drug and Alcohol Programs, providing for drug overdose death reporting.

### **Goal – Provide effective supports and services to avoid entry into the criminal justice system and improve outcomes for re-entry**

*SB 1279:* Suspend versus terminate - Suspension of Medical Assistance for individuals incarcerated, for no more than 2 years. Assistance will resume after individual is released from incarceration.

*SB 750:* Provide Assisted Outpatient Treatment to individuals with mental illnesses before events occur that would cause them to be institutionalized. This is an alternative to the "clear and present danger" parameters that are currently being used.

*SB 870:* The secretary shall ensure that pre-release plans are developed for inmates with substance-use disorders that provide transition to a broad range of integrated reentry services. The duties under this section include development of procedures that ensure enrollment in Medicaid is in effect at the time of release.

*SB 859:* Providing for dispositions of persons found guilty but mentally ill, providing for certain offenders residing in group-based homes; further providing for probation and parole, for right of access to inmates.

*HB 1699:* A health care practitioner shall refer an individual for treatment if the individual is believed to be at risk for substance abuse while seeking treatment in an emergency department or urgent care center and shall use the prescription drug monitoring program in accordance with section 8 of the Achieving Better Care By Monitoring All Prescriptions Program (ABC-MAP) Act. Effective in 60 days. This act also places limits on dispensing opioids in emergency room settings.

### **Goal – Understanding special populations and unique circumstances**

*HB 2047:* This Bill (and *SB1224*) essentially do the same thing: giving judges "pre-adjudication" ability for underage drinking cases. First and second offenses can be routed through diversionary programs, instead of immediate jail sentences

*SB 1224:* This Bill (and *HB 2047*) essentially do the same thing: giving judges "pre-adjudication" ability for underage drinking cases. First and second offenses can be routed through diversionary programs, instead of immediate jail sentences

*SB 870:* Provide training to DOC and DDAP staff to identify substance abuse issues, develop screening and risk assessments, provide evidence-based prevention and treatments for inmates, and insure they have access to proper treatment for addiction(s). At the time of arraignment a defendant shall be directed by the court to undergo preliminary screening for substance abuse and addiction. At the time of setting bail, the court may include drug and alcohol treatment based on a complete assessment in accordance with criteria set by the department as a condition of bail.

*HB 1047:* Sets up an advisory committee for addressing mental health issues in juveniles and other individuals in the criminal justice system. Come up with priorities for accessibility of treatment and services for these individuals. Committee will provide grants to facilities who will use funding to reduce

criminal justice spending, and try to improve care and treatment for those with mental illness and substance abuse problems. This is for individuals either involved in justice system, or at risk to be in justice system.

*SB 1096:* Amends Title 35 (Health & Safety) codifying in law the Pennsylvania Premise Alert System. Requires that all police departments to accept and process all Premise Alert Forms that are submitted; that all Human Services Department Supports Coordinators to offer a copy of the Premise Alert Form once per year for each family that they serve; and that School Districts offer a copy of the Premise Alert Form once per year at every Individual Education Plan meeting

*HB 2246:* Amends Title 61 (Prisons & Parole) providing for Veterans Alternative Punishment Program; and making an appropriation.

### **Goal – Address the needs of returning veterans**

*HB 2246:* Amends Title 61 (Prisons & Parole) providing for Veterans Alternative Punishment Program; and making an appropriation.

*SB 227:* The Preventing Veterans' Homelessness Act establishes a Veterans' Housing Assistance Program to implement a program identifying homeless veterans and establish guidelines to help implement the act. The Pennsylvania Housing Finance Agency shall establish a housing ombudsman or contract with a nonprofit to provide housing location, relocation and stabilization services, provide credit counseling services, and award financial assistance to eligible homeless veterans. The act provides for enrollment and the conditions of the program. The act also provides for rental vouchers to be awarded to qualified veterans as well as renewal of the vouchers based upon the veteran's employment status, personal finances, and compliance with conditions set forth in the act.

*SB 1019:* Amends Title 51 (Military Affairs) providing for the delivery of services and programs to veterans with cognitive mental disability and emotional trauma; and establishing the Office of Veterans' Mental Health Awareness within the Department of Military and Veterans Affairs.

*SB 491:* The Peer-to-Peer Support for Veterans Act provides for the establishment of a minimum of four regional peer support service programs for veterans to provide services of peer support counseling for mental health issues, alcohol or substance abuse, military sexual trauma, co-occurring disorders, or any other counseling service approved by the department. The act also provides for certification requirements for peer counselors and the ability for the department to contract with nonprofit organizations to provide similar services to veterans.

*SB 1133:* Similar to *SB 491*, this is an Act providing peer-to-peer support for veterans; and making an appropriation.

*HB 1014:* Amending Title 51 (Military Affairs), providing for the delivery of services and programs to veterans with cognitive mental disability and emotional trauma; and establishing the Office of Veterans' Mental Health Awareness.

**Goal – Research larger policy issues and develop longer range policy strategies to assist county efforts**

*HB 222:* Any person convicted of felony drug distribution applying for TANF, Federal Food stamps, general assistance, or state general assistance, is ineligible to receive these services

*HB 842:* Purpose is to ensure that tax-payer funds aren't misused to buy drugs, requires mandatory drug tests in order to secure public assistance; individuals convicted of drug-related felonies may receive public assistance as long as they comply with drug testing and don't test positive. Public assistance is defined as any service(s) provided by state or federal government.

*SB 411:* Specifies what information can be legally requested by inmates, and what information must be given to them upon their request from agencies. Also specifies who can request information, and sets those regulations.

*SB 859:* Records will be made available of history of mental illnesses, (or other illness), substance abuse, and a 48 hour supply of any prescriptions inmate is taking, all medical records from the inmate's stay at correctional facility will be made available, not just to correctional facility, but also upon release. This information is required to be given to the Parole board/ officers.

# **Relevant Federal Legislation**

## Relevant Federal Legislation

### Goal – Encourage counties to employ successful strategies to reduce the need for incarceration

*Comprehensive Justice and Mental Health Act (S. 993) (H.R. 1854): Reauthorization of the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) and build upon its successes, and to increase funding for MIOTCRA in the annual appropriations process. These funds can be used to develop and implement programs designed to improve outcomes for individuals with mental health conditions who are involved in the criminal justice system.*

*S.2123 - Sentencing Reform and Corrections Act of 2015 - It amends the federal criminal code to expand safety valve eligibility to permit a court to impose a sentence below the mandatory minimum for certain nonviolent, cooperative drug defendants with a limited criminal history.*

*S.502 - Smarter Sentencing Act of 2015 - Requires the Attorney General to: report on how the reduced expenditures on federal corrections and cost savings resulting from this Act will be used to help reduce overcrowding in the Bureau of Prisons, increase investment in law enforcement and crime prevention, and reduce recidivism*

*H.R.1854 - Comprehensive Justice and Mental Health Act of 2015 – Authorizes the Attorney General to make grants to an eligible entity for sequential intercept mapping and implementation for: mental health and criminal justice stakeholders to develop a shared understanding of the flow of individuals with mental illnesses through the criminal justice system, and identify opportunities for improved responses, including emergency and crisis services, specialized police-based responses, and community and post-prison supervision. Also provides funding for veterans' courts, as well as mental health screenings.*

*H.R.5046 - Comprehensive Opioid Abuse Reduction Act of 2016 - (Sec. 4) The bill also authorizes DOJ to award grants to state, local, and tribal governments to establish or expand programs for veterans, including: veterans treatment courts; peer-to-peer services; treatment, rehabilitation, legal, or transitional services to incarcerated veterans; or training for relevant personnel to identify and appropriately respond to incidents.*

*S.524 - To authorize the Attorney General and Secretary of Health and Human Services to award grants to address the national epidemics of prescription opioid abuse and heroin use, and to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes - This bill requires the Department of Health and Human Services (HHS) to convene a Pain Management Best Practices Inter-Agency Task Force to: (1) review, modify, and update best practices for pain management and prescribing pain medication; and (2) examine and identify the need for, development of, and availability of medical alternatives to opioids (drugs with effects similar to opium, such as heroin and certain pain medications).*

*S.2256, H.R.4841 - Co-Prescribing Saves Lives Act of 2016 - To establish programs for health care provider training in Federal health care and medical facilities, to establish Federal co-prescribing guidelines, to establish a grant program with respect to naloxone, and for other purposes.*

*S.1654 - Overdose Prevention Act - This bill amends the Public Health Service Act to require the Substance Abuse and Mental Health Services Administration (SAMHSA) to enter into cooperative agreements to reduce deaths from drug overdoses by: (1) purchasing and distributing naloxone (a medication that rapidly reverses*

overdose from heroin or other drugs with effects similar to opium) or a similar drug; and (2) educating or training the public, first responders, or health professionals on drug overdose prevention or response.

*H.R.3680 - Co-Prescribing to Reduce Overdoses Act of 2016 - (Sec. 2) This bill permits the Department of Health and Human Services (HHS) to establish a grant program to support prescribing opioid overdose reversal drugs, such as naloxone, for patients at an elevated risk of overdose, including patients prescribed an opioid. (Opioids are drugs with effects similar to opium, such as heroin and certain pain medications.) Grant recipients may use the funds to purchase opioid overdose reversal drugs, establish a program for prescribing such drugs, train health care providers and pharmacists, track patients and outcomes, offset patient cost sharing, conduct community outreach, and connect patients to treatment.*

*H.R.2850 - Stop Overdose Stat Act of 2015 -This bill amends the Public Health Service Act to require the Substance Abuse and Mental Health Services Administration (SAMHSA) to enter into cooperative agreements to reduce deaths from drug overdoses by: (1) purchasing and distributing naloxone (a medication that rapidly reverses overdose from heroin or other drugs with effects similar to opium) or a similar drug; and (2) educating or training the public, first responders, or health professionals on drug overdose prevention or response.*

*S.993 - Comprehensive Justice and Mental Health Act of 2015 - This bill amends the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Department of Justice (DOJ) to make grants to an eligible entity for sequential intercept mapping and implementation for: mental health and criminal justice stakeholders to develop a shared understanding of the flow of individuals with mental illnesses through the criminal justice system, and identify opportunities for improved responses, including emergency and crisis services, specialized police-based responses, and community and post-prison supervision; and hiring and training personnel, identifying target populations, and providing services to reduce recidivism.*

### **Goal – Expand training, education and awareness efforts to improve public perception and understanding**

*H.R.5046 - Comprehensive Opioid Abuse Reduction Act of 2016 - (Sec. 4) The bill also authorizes DOJ to award grants to state, local, and tribal governments to establish or expand programs for veterans, including: veterans treatment courts; peer-to-peer services; treatment, rehabilitation, legal, or transitional services to incarcerated veterans; or training for relevant personnel to identify and appropriately respond to incidents.*

*S.1654 - Overdose Prevention Act - SAMHSA must establish a coordinating center and develop a plan to reduce drug overdose deaths by educating the public about overdose prevention and recommending improvements to overdose prevention programs. The Centers for Disease Control and Prevention must improve drug overdose surveillance by entering into cooperative agreements to: (1) provide training to improve identification of drug overdose as the cause of death, and (2) establish a national program for reporting drug overdoses.*

*S.1134 - Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015 - The Office of National Drug Control Policy (ONDCP), in coordination with HHS and the Department of Justice (DOJ), must establish a national drug awareness campaign that emphasizes the similarities between heroin and prescription opioids and increases awareness of the dangerous effects of mixing fentanyl (a prescription opioid painkiller) with heroin. DOJ, in coordination with HHS and ONDCP, may make grants to state, local, or tribal governments to create demonstration programs to allow first responders to prevent opioid overdose death by administering an opioid overdose reversal drug (e.g., naloxone). Priority must be given to entities in*

*states that provide civil liability protection for first responders administering a drug to counteract opioid overdoses.*

*H.R.2850 - Stop Overdose Stat Act of 2015 - SAMHSA must establish a coordinating center and develop a plan to reduce drug overdose deaths by educating the public about overdose prevention and recommending improvements to overdose prevention programs. The Centers for Disease Control and Prevention must improve drug overdose surveillance by entering into cooperative agreements to: (1) provide training to improve identification of drug overdose as the cause of death, and (2) establish a national program for reporting drug overdoses.*

*S.163 - Avonte's Law Act of 2015 - Requires grant awards to be used to: (1) provide education and resources to law enforcement agencies, first responders, schools, clinicians, and the public in order to reduce the risk of wandering by such individuals, help to identify signs of abuse in such individuals, increase their personal safety and survival skills, and facilitate effective communication with individuals who have communication-related disabilities; (2) provide training and emergency protocols for school administrators, staff, and families; (3) provide response tools and training for law enforcement and search-and-rescue agencies, including tracking technology; or (4) provide response tools and training to law enforcement agencies in order to recognize and respond to individuals with intellectual and developmental disabilities*

*S.2002 - Mental Health and Safe Communities Act of 2015 - The bill expands the purposes for which grant funds may be used under existing programs related to: (1) public safety and community policing, (2) staffing for adequate fire and emergency response, (3) school security, and (4) residential substance abuse treatment for inmates.*

*S.1738, H.R. 3722 - Safer Communities Act of 2015 -This bill provides grants to expand mental health crisis assistance programs, to support comprehensive school mental health programs, and to enhance mental health and substance abuse needs of prison inmates. The bill directs the Department of Health and Human Services to expand research on violence associated with mental illness and substance abuse disorders.*

*H.R.731 - Justice and Mental Health Collaboration Act of 2015 - Authorizes the Attorney General to award grants to enhance the capabilities of a correctional facility to: (1) identify and screen for mentally ill inmates; (2) plan and provide assessments of the clinical, medical, and social needs of inmates and appropriate treatment and services that address mental health and substance abuse needs; (3) develop, implement, and enhance post-release transition plans that coordinate services and public benefits, the availability of mental health care and substance abuse treatment services, alternatives to solitary confinement and segregated housing, and mental health screening and treatment for inmates placed in solitary confinement or segregated housing; and (4) train employees in identifying and responding to incidents involving inmates with mental health disorders or co-occurring mental health and substance abuse disorders.*

### **Goal – Provide effective supports and services to avoid entry into the criminal justice system and improve outcomes for re-entry**

*The Second Chance Act (P.L. 110- 199) authorizes federal grants that assist states, counties and nonprofit organizations in developing and implementing programs to help formerly incarcerated individuals successfully reintegrate into the community after their release from correctional facilities. Administered through the Office of Justice Programs at the U.S. Department of Justice, Second Chance Act programs have helped numerous counties provide reentry services – like employment assistance, substance abuse and*

*mental health treatment, housing, family-center programming and mentoring – to adults and juveniles returning to the community from prisons or jails.*

*S.467 - Corrections Oversight, Recidivism Reduction, and Eliminating Costs for Taxpayers In Our National System Act of 2015 or the CORRECTIONS Act: Conduct a review of recidivism reduction programming and productive activities, including prison jobs, offered in correctional institutions; submit to the House and Senate Committees on Appropriations and the Judiciary a strategic plan for the expansion of recidivism reduction programming and productive activities, including prison jobs, in Bureau of Prison facilities*

*H.R.759 - Recidivism Risk Reduction Act- Directs the Attorney General to: (1) develop a Post-Sentencing Risk and Needs Assessment System; (2) make recommendations regarding recidivism reduction programs and productive activities (programs); (3) conduct ongoing research and data analysis on the best practices relating to the use of offender risk and needs assessment tools.*

*S2123 – Sentencing Reform and Corrections Act of 2015 (Sec. 203) - DOJ must develop the Post-Sentencing Risk and Needs Assessment System for use by the BOP to assess prisoner recidivism and violence risk and ensure appropriate housing, grouping, and program assignments.*

*S.449 - A Bill to Reduce Recidivism and Increase Public Safety - Directs the Attorney General to: (1) evaluate best practices used for the reentry of federal prisoners released from custody, (2) select an appropriate number of federal judicial districts to conduct federal reentry demonstration projects using such best practices, and (3) report on the impact of reentry of prisoners on communities in which a disproportionate number of individuals reside upon release from incarceration.*

*H.R.2806 - Recidivism Reduction Act - Requires automatic reinstatement of the benefit eligibility under SSAct title XVI upon discharge or release of an individual who has become an inmate of a jail, prison, penal institution, or correctional facility, without the need to reapply for the benefits, if the period of sentence to the institution does not exceed 90 days. Also reinstates Medicare services to an inmate upon release from incarceration.*

*S.675, H.R. 1672 - Record Expungement Designed to Enhance Employment Act of 2015 or the REDEEM Act - Amends the federal criminal code to provide a process for the sealing or expungement of records relating to nonviolent criminal or juvenile offenses. Requires a court considering a petition to seal a nonviolent offense to balance factors including the harm of the protected information to the ability of the petitioner to secure and maintain employment.*

### **Goal – Understanding special populations and unique circumstances**

*S.1770 – Youth PROMISE Act – Serves to provide for evidence-based and promising practices related to juvenile delinquency and criminal street gang activity prevention and intervention to help build individual, family, and community strength and resiliency to ensure that youth lead productive, safe, healthy, gang-free, and law-abiding lives*

*H.R.2823 - Protecting Youth from Solitary Confinement Act - This bill amends the federal criminal code to prohibit solitary confinement for juveniles in federal custody at juvenile facilities.*

*H.Res.322 - Recognizing the importance of providing services to children of incarcerated parents - Recognizes that more resources and services need to target the specific needs of children of incarcerated parents in order to reduce the cycle of families in the criminal justice system.*

*H.R.5100, S.2874 - At-Risk Youth Medicaid Protection Act*

*S.1851 - Human Rights for Girls Act - Specifically, the legislation requires a state's juvenile justice plan to: (1) contain a plan to limit restraints during pregnancy and eliminate restraints during labor, delivery, and post-partum recovery, unless a pregnant juvenile offender poses a serious threat of harm or credible risk of escape; and (2) describe the policies, procedures, and training for state correctional facility staff to eliminate dangerous practices related to pregnant juveniles, including unreasonable restraints.*

*S.1850 - Prohibiting Detention of Youth Status Offenders Act of 2015 - Requires that procedures be put in place to ensure that a juvenile held in a secure detention or correctional facility does not remain in such facility longer than three days or the length of time authorized by the court, or authorized under state law, whichever is shorter. Prohibits the detention of a juvenile more than once in any six-month period.*

*H.R.2797 - Student Disciplinary Fairness Act of 2015 - The Office must collect and publish data on the arrests or incarceration of juvenile students for violations of school rules or policies. It must also collaborate with states and local governments to expand alternatives to juvenile detention and incarceration. The legislation amends the Omnibus Crime Control and Streets Act of 1968 to require state or local governments that apply for public safety and community policing grants to provide assurances that the administration of juvenile justice in their jurisdictions is consistent with constitutional guarantees, including due process and equal protection, and that probation terms for a juvenile meet certain conditions.*

*H.R.2736 - Youth Mental Health Research Act - This bill authorizes the National Institute of Mental Health (NIMH) to establish a Youth Mental Health Research Network for the conduct or support of youth mental health research and intervention services. The NIMH may award cooperative agreements, grants, and contracts to governments and private nonprofit entities for: (1) conducting youth mental health research or training for researchers in youth mental health research techniques; (2) providing youth mental health intervention services; and (3) collaborating with NIMH to build on the scientific findings and clinical techniques of earlier programs, studies, and demonstration projects.*

*S.2565 - Protecting Families Affected by Substance Abuse Act - This bill amends part B (Child and Family Services) of title IV of the Social Security Act to reauthorize for FY2017-FY2021 grants to assist children affected by methamphetamine, opioid, or other substance abuse under the promoting safe and stable families program.*

### **Goal – Address the needs of returning veterans**

*H.R.4063 - Jason Simcakoski PROMISE Act - (Sec. 2) This bill directs the Department Veterans Affairs (VA) to expand its Opioid Safety Initiative to include all VA medical facilities. The VA shall establish guidance that each VA health care provider, before initiating opioid therapy, use the VA Opioid Therapy Risk Report tool, which shall include: (1) information from state prescription drug monitoring programs; and (2) a patient's most recent information in order to assess the risk for adverse outcomes of opioid therapy, including the concurrent use of controlled substances such as benzodiazepines.*

*S.2487 - Female Veteran Suicide Prevention Act*

*S.2048 - Keeping Our Commitment to Ending Veteran Homelessness Act of 2015*

*S.684 - Homeless Veterans Prevention Act of 2015*

*S.2527 - Sergeant Daniel Somers Classified Veterans Access to Care Act*

*S.2049 - A bill to establish in the Department of Veterans Affairs a continuing medical education program for non-Department medical professionals who treat veterans and family members of veterans to increase knowledge and recognition of medical conditions common to veterans and family members of veterans, and for other purposes.*

*S.223 - A bill to require the Secretary of Veterans Affairs to establish a pilot program on awarding grants for provision of furniture, household items, and other assistance to homeless veterans to facilitate their transition into permanent housing, and for other purposes.*

*S.1105 - A bill to amend title 38, United States Code, to authorize per diem payments under comprehensive service programs for homeless veterans to furnish care to dependents of homeless veterans, and for other purposes.*

*S.2210 - Veteran PEER Act: This bill directs the Department of Veterans Affairs (VA) to establish peer specialists in patient aligned care teams at VA medical centers to promote the use and integration of mental health services in a primary care setting.*

**Goal – Research larger policy issues and develop longer range policy strategies to assist county efforts**

*S.2601 - A bill to direct the Secretary of Veterans Affairs to disclose certain information to State controlled substance monitoring programs.*

*H.R.4279 - To direct the Secretary of Veterans Affairs to disclose certain information to State controlled substance monitoring programs.*

*S.449 –A Bill to Reduce Recidivism and Increase Public Safety - Amends the federal criminal code to require a presentence report to include: (1) information about the defendant's history of substance abuse and addiction; (2) information about the defendant's service in the Armed Forces and veteran status; and (3) a detailed plan that the probation officer determines will reduce the likelihood that the defendant will abuse drugs or alcohol, will reduce the defendant's likelihood of recidivism by addressing the defendant's specific recidivism risk factors, and will assist the defendant in preparing for reentry into the community.*

# Appendix

## Appendix

### Goal – Encourage counties to employ successful strategies to reduce the need for incarceration

*Mental Health and Criminal Justice Case Study: Bexar County – NACO Case Study (June 1, 2016).* “In 2000, Bexar County was facing a severe jail overcrowding problem. As a result, the state was considering taking over operations of the jail, and the federal government was threatening to issue sanctions until appropriate conditions were met. County commissioners were facing the possibility of having to build 1,000 new jail beds. Instead, they supported what would become the Bexar County Jail Diversion Program. Today, the jail is about 1,000 people below capacity, and Bexar County has become a national model for jail diversion for people with mental illnesses.”

*The Stepping Up Initiative – NACO.* Stepping Up urges county leaders to pass a resolution and convene teams of agency decision makers and diverse stakeholders to develop a six-step action plan to reduce the number of people with mental illnesses in jails.

*Procedural justice in **mental** health court: an investigation of the relation of perception of procedural justice to non-adherence and termination –* Kelli Canada, Virginia Hiday, [Journal of Forensic Psychiatry & Psychology](#). Jun2014, Vol. 25 Issue 3, p321-340. 20p.

*Ramsey County **Mental** Health Court decreases recidivism –* Scott Carson, 2013 Dolan Media Newswires.

*AN EVALUATION OF THE CHESTER COUNTY (PA) DRUG COURT PROGRAM –* Mary P. Brewster - [Journal of Drug Issues](#). Winter2001, Vol. 31 Issue 1, p177-206. 30p. 14 Charts, 5 Graphs.

### Goal – Expand training, education and awareness efforts to improve public perception and understanding

*Improve Health Services for Individuals in County Jails and Provide Savings to Taxpayers – NACO Policy Brief (January 30, 2016).* “Urge your Senators and Representatives to pass legislation that supports counties’ efforts to improve health services for justice-involved individuals and reduce the number of people with mental illness in jails. In addition, urge your Senators and Representatives to pass legislation allowing an otherwise eligible person who is in custody (pending disposition of charges) to continue receiving Medicaid and other federal benefits until they are convicted, sentenced and incarcerated.”

*Jails: Revolving doors for the mentally ill -* Clifton Adcock, [Journal Record Legislative Report \(Oklahoma City, OK\)](#). 07/22/2015.

*A Community Mental Health Model in Corrections -* Terry A. Kupers, [Stanford Law & Policy Review](#). 2015, Vol. 26 Issue 1, p119-158. 40p.

*Responding to Probationers with **Mental Illness** –* Lauren C. Babchuk, et. al., [Federal Probation](#). Sep2012, Vol. 76 Issue 2, p41-48. 8p.

*Identification of mental illness in police cells: a comparison of police processes, the Brief Jail Mental Health Screen and the Jail Screening Assessment Tool –* Gennady Baksheev, et. al., [Psychology, Crime & Law](#). Jul2012, Vol. 18 Issue 6, p529-542. 14p.

*A court where the emphasis is on treatment, not jail* – Caryn Tamber, *The Daily Record*, (Baltimore, MD). 09/29/2006.

*Mental Illness in Correctional Populations: The Use of Standardized Screening Tools for Further Evaluation or Treatment* – Arthur Lurigio, James Swartz, [Federal Probation](#). Sep2006, Vol. 70 Issue 2, p29-35. 7p.

*Screening for suicide risk factors in prison inmates: Evaluating the efficiency of the Depression, Hopelessness and Suicide Screening Form (DHS)* – Jeremy Mills, Daryl Kroner - [Legal & Criminological Psychology](#). Feb2005, Vol. 10 Issue 1, p1-12. 12p. 3 Charts.

## **Goal – Provide effective supports and services to reduce entry into the criminal justice system and improve outcomes for re-entry**

*Ensure Sustainable Funding for Substance Abuse and Mental Health Services – NACO Policy Brief (January 29, 2016)*. “Urge your Senators and Representatives to maintain consistent funding for substance and mental health services provided through the Substance Abuse and Mental Health Services Administration (SAMHSA) and pass legislation that enhances counties’ abilities to provide local systems of care. Funding in the FY 2016 Labor-Health and Human Service (HHS)-Education appropriations bill should be held to at least FY 2016 levels, especially the Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) block grants.”

*Protect the Federal-State-Local Partnership for Medicaid – NACO Policy Brief (January 31, 2016)*. “Urge your Senators and Representatives to support the federal-state-local partnership structure for financing and delivering Medicaid services and to oppose any measure that would further shift federal and state Medicaid costs to counties – including cuts, caps, block grants and new limits on counties’ ability to raise the non-federal match or receive supplemental payments.”

*Commentary: Housing and helping the homeless* - Dane Smith, Finance & Commerce (Minneapolis, MN). 01/23/2010.

*FACT SHEET: During National Reentry Week, Reducing Barriers to Reentry and Employment for Formerly Incarcerated Individuals* - The White House, Office of the Press Secretary (April 29, 2016)

*The Way Forward in Reentry - Courtesy of Attorney General Loretta E. Lynch and Director of the White House Domestic Policy Council Cecilia Muñoz, United States Department of Justice (July 6, 2016)*.

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## **Goal – Understanding special populations and unique circumstances**

*OUTCOMES FOLLOWING PRISON AND JAIL-BASED TREATMENT AMONG WOMEN RESIDING IN METRO AND NON-METRO COMMUNITIES FOLLOWING RELEASE* – Michelle Stanton-Tindall, et. al., [Journal of Drug Issues](#). Spring2011, Vol. 41 Issue 2, p197-215. 19p.

*CLIENT GENDER AND THE IMPLEMENTATION OF JAIL-BASED THERAPEUTIC COMMUNITY PROGRAMS* – Jeffrey Bouffard, Faye Taxman, [Journal of Drug Issues](#). Fall2000, Vol. 30 Issue 4, p881-900. 20p.

REVISITING THE NEED FOR FEMINISM AND AFROCENTRIC THEORY WHEN TREATING AFRICAN-AMERICAN FEMALE SUBSTANCE ABUSERS – Amelia Roberts, et. al., [Journal of Drug Issues](#). Fall2000, Vol. 30 Issue 4, p901-917. 17p.

PREGNANT WOMEN INMATES: EVALUATING THEIR RIGHTS AND IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT IN THEIR TREATMENT – Kelly Parker - Journal of Law & Health. 2004/2005, Vol. 19 Issue 2, p259-295. 37p.

The effects of treatment exposure on prison misconduct for female prisoners with substance use, **mental health**, and co-occurring disorders – Kimberly Houser, et. al. - [Criminal Justice Studies](#). Jan2014, Vol. 27 Issue 1, p43-62. 20p.

### **Goal – Address the needs of returning veterans**

Countywide Macomb County program working with VA, court system to rehabilitate those who served - Douglas J. Levy, Michigan Lawyers Weekly. 03/02/2012.

Measure to consider PTSD in sentencing advances - Journal Record Staff, Journal Record, The (Oklahoma City, OK). 02/18/2016.

State lawmaker wants PTSD to be mitigating factor in **veterans' crimes** - Dale Denwalt, Journal Record, The (Oklahoma City, OK). 12/16/2015.

District Court **veterans** program gets \$754K grant - Matt Yas, Rhode Island Lawyers Weekly. 10/28/2014.

Building on a system that Michigan pioneered: Specialty courts help cut costs, keep recidivism rate down – Gary Gosselin, [Michigan Lawyers Weekly](#). 09/07/2013.

Jefferson County Sheriff's Office program aims to help area **veterans** – Cathy Kingsley, [Missouri Lawyers Media](#). 10/18/2012.

### **Goal – Research larger policy issues and develop longer range policy strategies to assist county efforts**

Managed Health Care in Prisons as Cruel and Unusual Punishment – Ira Robbins, [Journal of Criminal Law & Criminology](#). Fall99, Vol. 90 Issue 1, p195. 44p.

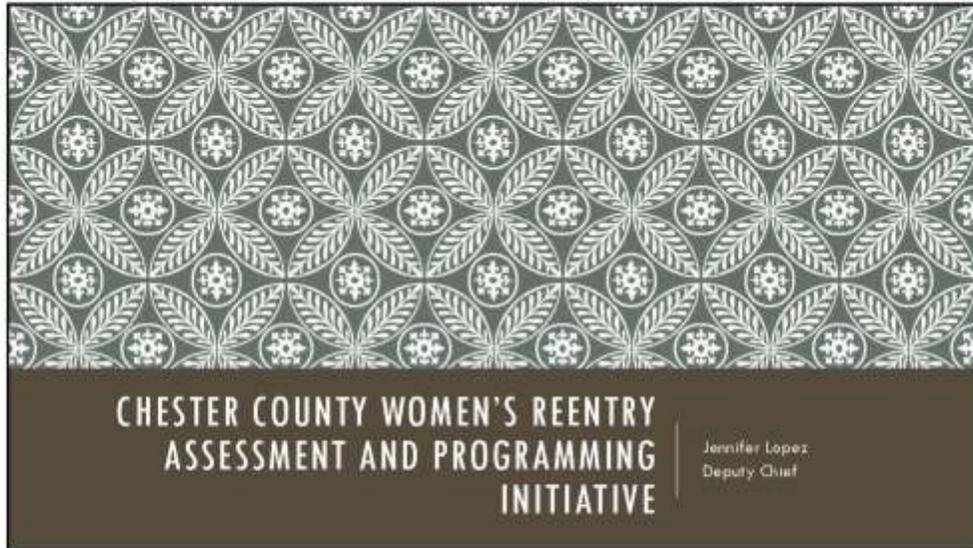
A Better Way: Rethinking SB 123 Probationary Drug Treatment in Kansas - [Kansas Law Review](#). 2014, Vol. 62, p1365-1399. 35p.

Chapter 405: The Time No Longer Needs to Fit the Crime for Dying Inmates – Kendra Bertschy - [McGeorge Law Review](#). 2011, Vol. 42 Issue 3, p641-676. 36p.

Privilege and the prison inmate medical record – Keith Rix - [Journal of Forensic Psychiatry](#). Dec2000, Vol. 11 Issue 3, p654-665. 12p.

Exploring The Moderating Effects of **Mental Illness** on Parole Release Decisions – Jason Matejkowski - [Federal Probation](#). Jun2011, Vol. 75 Issue 1, p19-26. 8p.

# **Chester County's WRAP Program**



## CHESTER COUNTY INITIATIVES

1991 Intermediate Punishment Program

1997 Drug Treatment Court

2007 Recovery Court

2008 Mental Health Recovery Court

2010 Veterans Treatment Court

## TRAUMA



77-98% of incarcerated women have experienced trauma

National Resource Center on Justice-Involved Women

"Working with Justice-Involved Women"

## TRAUMA HISTORY

ALCOHOL & DRUG DEPENDENCE  
HIGH-RISK BEHAVIORS  
SEX WORK  
PHYSICAL & MENTAL HEALTH CHALLENGES  
CRIMINAL JUSTICE INVOLVEMENT

## TRAUMA

2008 *Grant Trauma Recovery Empowerment Model*

2013 SAMHSA's *How Being Trauma Informed Improves Criminal Justice Responses*

## FOCUS GROUP: PO'S

Difficult population  
Hard to deal with  
"Manipulative"  
Need a different approach  
Complex issues  
Demand more time

## FOCUS GROUP: INCARCERATED WOMEN

*I need to find a job, w/ record it'll be hard with my background, finding reliable transportation especially late at night*

*I'm worried about returning home, being a stable parent for children, thrown back into household, will be an adjustment, embarrassed of what others will think about me upon my return,*

*If things don't work out at mom's house, I'll be homeless. I need to find a job and I have medical issues: diabetes, neuropathy,*

*Who will watch my kids and how will I pay for it? Where will the money come from?*

*"We need a case manager to contact us long before release to help plan and address housing, sobriety, parenting and employment concerns."*

*"I need someone to offer family counseling to ease the transition back into family life. It should start before I'm released."*

## FOCUS GROUP: INCARCERATED WOMEN

### We asked them how the system could be better

*There are no programs here, we have no self-esteem, we need skills, vocational rehab, etc.*

*We should have our Medicaid paperwork filled out.*

*They could have classes on realistic needs people will be facing and how to obtain housing, child welfare, parenting skills.*

*All of probation should be reformed. When can't pay, they lock you back up, tell you have 30 days to find a job. People cannot find a job because of unreliable transportation; they don't have the skills. There are different ways about setting up probation/parole – create tailored plans for the individuals because most of them are in for Violations and multiple violations.*

*Start a violations center. Make it mandatory that we get training, skills etc; for those with children, let there be alternate babysitting, one group watches children while the other group is in classes and each switch off accordingly. People violate conditions because they have no other skills, none are being taught and everything here is all about the money, so the cycle continues.*

## THEIR NEEDS:

Jobs

Skills

Self-sufficiency

Safe Transportation

Childcare

Housing

Substance Abuse and Mental Health treatment

Healthcare

Help reconnecting with children

Self-esteem, fear of stigma

## “THE SPECIAL PROBLEM OF FEMALE OFFENDERS”

DR. EDITH ELISABETH FLYNN, 1971

Female prisoners largely ignored

Very little data available

1967 President's report not a single paragraph/statistic

Focus:

1. Theories of criminal conduct inapplicable to women
2. Understanding causes of conduct has important implications on managing and treating

## DR. FLYNN'S RECOMMENDATIONS:

Develop equal opportunity training for staff;

Re-examine the issue of victimless crime and re-evaluate the wisdom of investing extensive resources in the prosecution of prostitution, vagrancy, abortion and disorderly conduct;

Develop crime prevention and diversion programs to screen socio-medical problems from criminal prosecution

Increase the use of pretrial diversion/Maximize alternatives to incarceration;

Develop suitable prison programs but follow recommended patterns of community based programs, such as:

- Restore community and family ties
- Use community resources
- Create educational/vocational programs to develop self-sufficiency, self-respect and functioning community members
- Reduce the line of distinction between community and institutions and pursue regionally localized facilities

Conduct research to combat the dearth of information on women offenders.

## JUSTICE INVOLVED WOMEN

<h3>1975</h3> <ul style="list-style-type: none"><li>Minority</li><li>Young</li><li>Married</li><li>Mothers</li><li>Lower Socio-Economic</li><li>No HS Diploma</li><li>Unemployed</li><li>Limited Vocational Training</li><li>Property Crimes</li></ul>	<h3>Today</h3> <ul style="list-style-type: none"><li>Disproportionately Minority</li><li>Young</li><li>Unmarried- Fragmented Families</li><li>Mothers</li><li>Lower Socio-Economic</li><li>HS Graduates</li><li>Sporadic Work History</li><li>Limited Vocational Training</li><li>Drug Related Crimes</li></ul>
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Survivors of Abuse  
Substance Abuse  
Physical Health  
Mental Health

## HEALTH -1975

Less likely than men's prisons to have F/T medical staff or adequate hospital facilities

No access to preventive care

- No regular pap tests
- No gynecologist on staff

Pregnant women

- No healthcare for new mothers or newborns
- Pressured to release for adoption
- Denied right to have an abortion

## HEALTH - TODAY

92% report at least 1 physical health, mental health or substance use challenge

62% had multiple conditions

Chronic disorders association with poor nutrition and poverty

\* Asthma, obesity, diabetes, hypertension, anemia, seizures and ulcers

HIV

10-20x higher rate of Sexually Transmitted Infection

59% more likely than men to have chronic/infectious health condition

25-40% abnormal pap vs. 7% in general population

Medicaid and Medicare revoked in 90% of States

## THEIR NEEDS

### 1975

JOBS

EDUCATION

CHILD CARE

READJUSTING TO FAMILY LIFE

COPING WITH STIGMA

### Today

JOBS

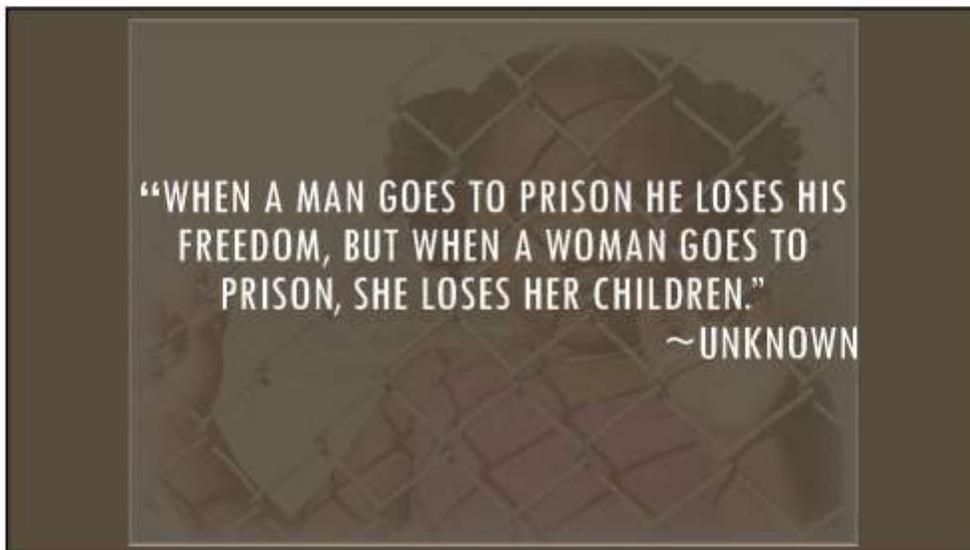
EDUCATION/VOCATIONAL TRAINING

HOUSING

CHILDCARE & PARENTAL STRESS

STIGMA

SERVICES



More than **5 million U.S. children** have had a

## PARENT BEHIND BARS

Research connects parental incarceration with poor health and academic outcomes for children.

**1 in 8** poor children  
**1 in 9** black children  
**1 in 14** all children

childrens.org 

### THIS ISN'T JUSTICE.

There are **832% MORE** women in prison now than in 1977

Black women are incarcerated **3 TIMES MORE** than white women

**1 IN 25** will give birth SHACKLED in prison.

**75%** ARE DOMESTIC VIOLENCE SURVIVORS

**1 IN 10** will be sexually assaulted in prison

**82%** are survivors of SEVERE CHILD ABUSE

[www.of-change.org](http://www.of-change.org) @ultraviolet

SHARE IF YOU THINK IT'S TIME TO STOP CRIMINALIZING WOMEN AND SURVIVORS.

## CHESTER COUNTY PROBATION, PAROLE & PRETRIAL SERVICES

9,000+ INDIVIDUALS

2,000+ WOMEN

• 64% MISDEMEANOR

• 32% FELONY



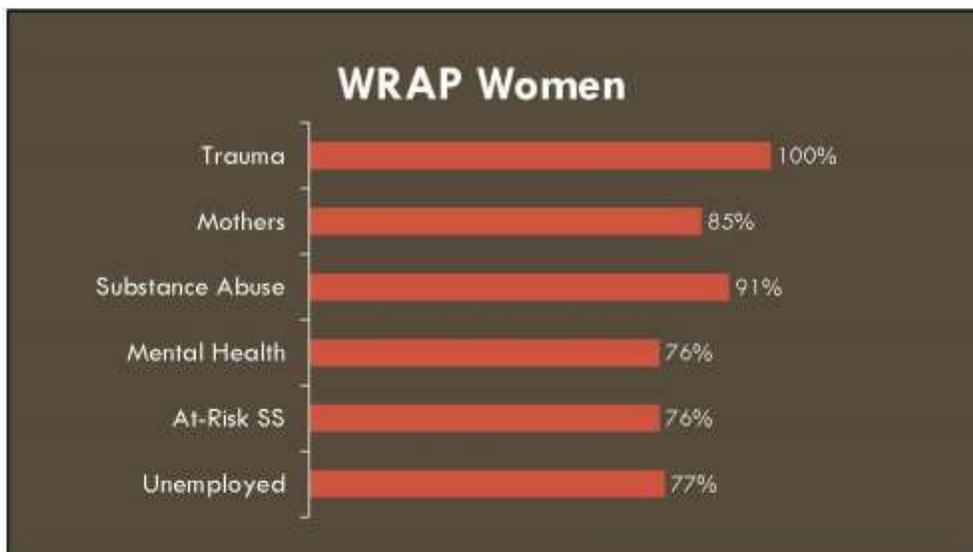
### THE #'S

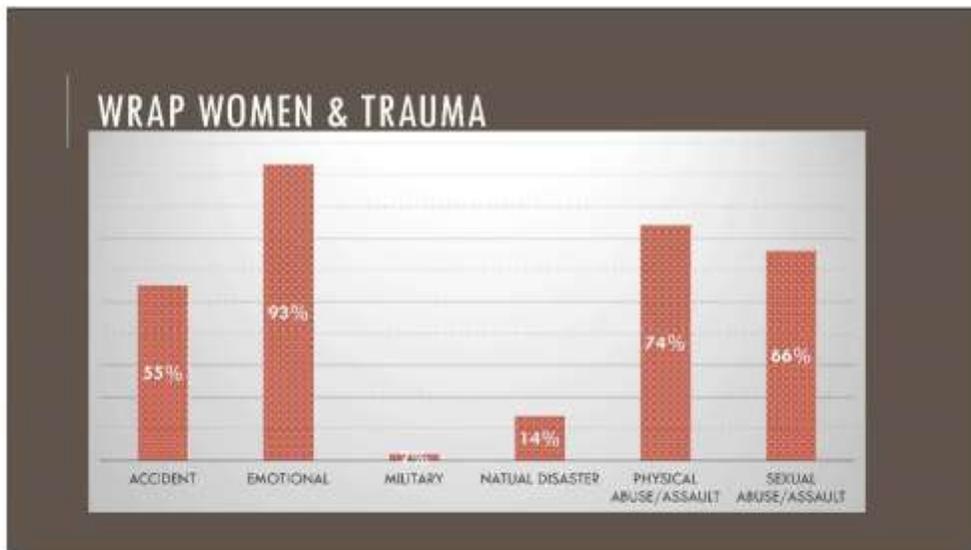
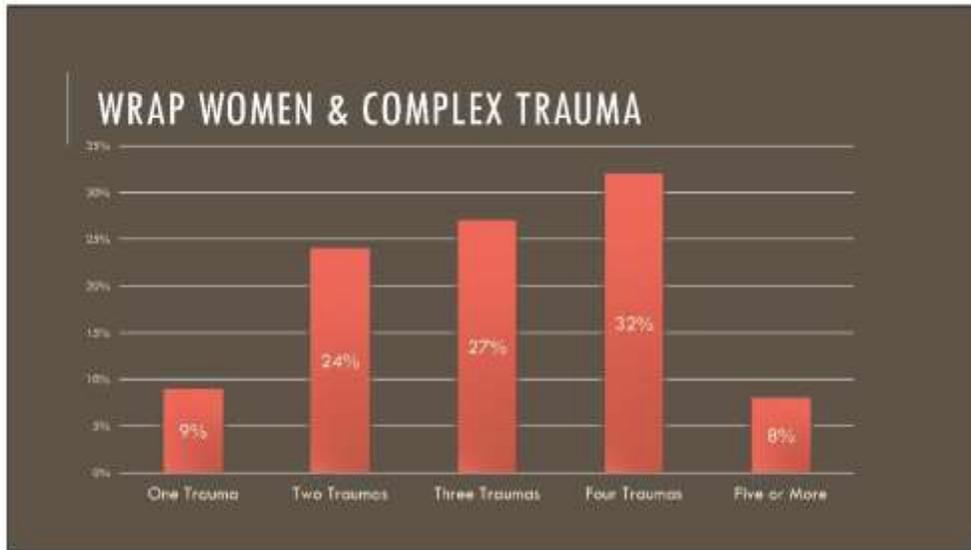
74% Increase of Women on Probation and/or Parole since 2005

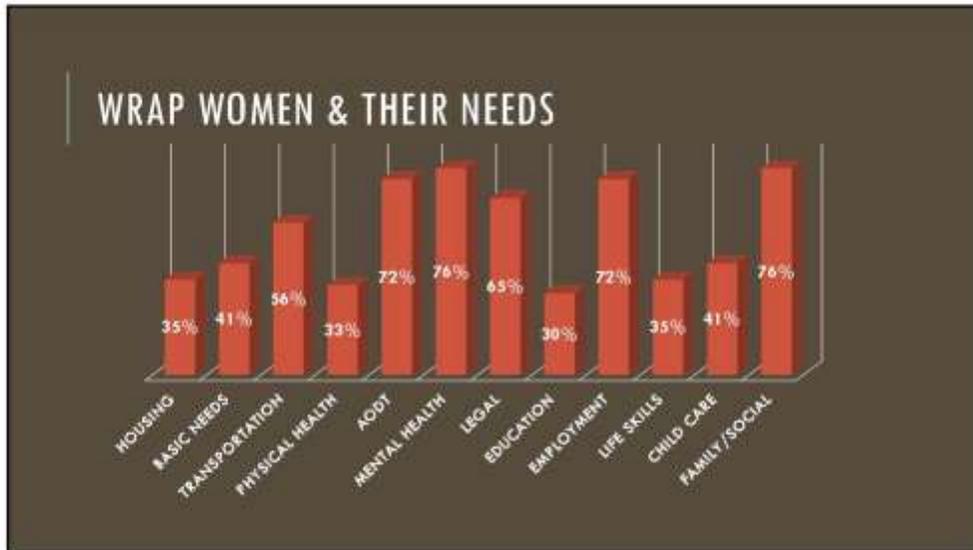
47% Increase of Incarcerated Women between 2011-2013

30% were incarcerated on VOP's in 2013

**THE WOMEN OF WRAP**  
105 Women  
129 Children  
557 Separate Commitments







## GENDER RESPONSIVENESS

ACKNOWLEDGE THAT GENDER MAKES A DIFFERENCE

CREATE AN ENVIRONMENT BASED ON SAFETY, RESPECT,  
AND DIGNITY

## ASSESSMENT

Service Planning Instrument for Women (SPIn-W™)

• Orbis Partners Inc.

PA Department of Drug & Alcohol Self Sufficiency Matrix

Trauma History Screen

• Carlson, 2005

Client Experience/Life Satisfaction Survey

• Greenley, Greenberg, & Brown, 1997

## COMMUNITY CASE MANAGEMENT

The Women Offender Case Management Model

(WOCMM-National Institute of Corrections 2006)

Engage and Assess

Enhance Motivation

Implement the Case Plan

Review Progress

Work with each participant until she is fully stabilized in her community.

## PROGRAMMING

### Moving-On a Program for At-Risk Women

• Orbis Partners Inc.

### Safety Emotion Loss Future -S.E.L.F.

• A Trauma-Informed Psycho-Educational Group

• Community Works

## MOVING-ON

*"I found the Moving On program to be extremely beneficial during my time spent in prison. Beyond the tools and coping skills I learned for challenges I face outside of prison, the program forced me to step out of my box. I had an extremely hard time interacting with the women when I first got to prison. All I wanted to do was isolate. I was much more comfortable interacting with all of the women. This helped me realize how important having a social network is and motivated me to work on establishing friends and a support system that is outside of my family."*

## MULTI-FACETED APPROACH FROM INTAKE TO SERVICE PLANNING TO AFTERCARE THAT IS:

- Relational
- Strengths-based
- Trauma-Informed
- Culturally Competent
- Holistic

The Five Core Practice Areas of Gender Reproductive, CARE Association

**TRANSFORMATION YOGA PROJECT**  
HEALING THROUGH EMPOWERMENT

**Wings of Success**  
TAX FINISHING TOUCH

**County Corrections Gospel Mission**  
Serving the incarcerated, pregnant women and children since 1973

**CVC The Crisis Victim Center of Lincoln County, Inc.**  
A 501(c)(3) Agency

**Cornerstone Christian Fellowship**

**2016 Women's Program**

Summer 2016 Calendar of Events

- Monday July 4 - Women's Training with Tracy Thomas
- Monday July 11 - Yoga and Holistic Strategies of The Yoga Transformation Project
- Monday July 18 - Empowerment @ Ebenezer with Joyce Hill from the Transformation Ministry (Book the room 4272)
- Monday July 25 - Women "Thinking Ahead" The personal journey of Tracy Hill
- Monday July 31 - The Last Day that will leave you inspired and empowered with Tracy Hill

Please join us at 11am  
CYWA, 427 East Lincoln Highway  
Crestonville  
56300 & 201-711-0000 & 735

Volunteering available

**Ebenezer Fall Gospel Baptist Church Presents:**  
"Living My Life" Women's Empowerment Journal  
By Community Women's Edge  
Hosted by the Daughters of Justice Ministry

- Booklet and book
- Empowerment Training
- Empowerment Workshop
- Community Education Series
- Women's Empowerment
- Dinner

**Saturday, September 27<sup>th</sup> - 11am-3pm**  
188 Wallace Avenue, Danvers, MO 64835

**FREE Registration!**  
Contact 417-731-4767 or [transform@cc-bc.org](mailto:transform@cc-bc.org) to register

Tracy Hill M.A., Davis, Senior Pastor  
Ebenezer Fall Gospel Baptist Church

**WE ♥ VOLUNTEERS**

**LESSONS LEARNED**



**Recidivism has decreased by  
61%**

**Technical Violations decreased  
by 72%**

**1,542**

**JAIL DAYS SAVED THROUGH EARLY PAROLE**



