Beaver County
Sequential Intercept Model and
System of Care

Forensic Rights Conference
December 1, 2011
Agenda

- Overview of Beaver County
- Progression of Forensic / Behavioral Health Initiatives
- The Sequential Intercept Model* Strategic Planning Project
- Beaver County System of Care Transformation
- Evaluation / Quality Assurance

* Developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.
BEAVER COUNTY Commissioners:
Tony Amadio – Chairman, Joe Spanik, Charles A. Camp

Beaver County Behavioral Health
Gerard Mike, Administrator

- Mental Health Administration
- Mental Retardation Administration
- Drug and Alcohol Single County Authority
- HealthChoices Medicaid Managed Care Administration
- Early Intervention Administration
- Human Services Development Fund Administration
- State, Federal and Private Foundation Grant Management
- Direct Services: Outpatient Assessment Center and Case Management
Beaver County - Overview

- Semi-rural county located in the southwestern region of the state about 30 miles northwest of Pittsburgh.
- Diverse area with pockets of affluence, as well as very poor districts, urban, and rural areas, and varying economic resources.
- The approximate population of Beaver County is 180,000 and 23% of the population is under the age of 18. Of these citizens, 9,067 (5.0 %) live in poverty.
- The average annual wage for Beaver County was stated at $25,254, as compared to the average annual wage for the Commonwealth of Pennsylvania of $30,081.
- The racial composition of Beaver County is predominantly Caucasian (92.5%), followed by African American (6%), and has not changed significantly in the past 20 years.
Available Forensic-Based Services

- Screening and Assessment
  - Jail, Courthouse and Community
- COD Treatment
  - Jail and Community
- Re-Entry Liaison
- FACT (Forensic Assertive Community Treatment)
- Seeking Safety / Trauma-Informed Care
- Housing / Outreach to the Homeless
- Vocational / Educational Services
- Peer Services
Sequential Intercept Model (SIM) Planning Project

- Collaboration between the Criminal Justice Advisory Board (CJAB) and Beaver County Behavioral Health (BCBH)
- Builds on the key relationships and history of collaboration established with previous projects.
Goal was to enhance the integration of the criminal justice and behavioral health systems for adults and juveniles in Beaver County.

Involved a systems review and needs assessment, resulting in a strategic plan that:
- Increases public safety by facilitating collaboration among systems
- Encourages early interventions and diversion opportunities for non-violent individuals
- Provides treatment options
- Promotes training
- Facilitates communication, collaboration, and the delivery of support services

Included cross-system trainings to increase collaboration and awareness

Used the Sequential Intercept Model as the guiding framework
### Sequential Intercept Model: Overview

#### Criminal Justice System

<table>
<thead>
<tr>
<th>Intercept</th>
<th>Description</th>
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<tbody>
<tr>
<td>Intercept 1</td>
<td>Pre-arrest Diversion</td>
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<tr>
<td>Intercept 2</td>
<td>Post-arrest Diversion</td>
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<tr>
<td>Intercept 3</td>
<td>Court/Jail Diversion</td>
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<tr>
<td>Intercept 4</td>
<td>Re-entry from jail</td>
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<tr>
<td>Intercept 5</td>
<td>Probation / Parole</td>
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#### Sequential Intercept Model

- Initial hearings / initial detention
- Special jurisdiction courts
- Transitional support back to community
- Community support services

#### Behavioral Health System

- Crisis support, residential and vocational support, SPA, outpatient

#### Diversion of appropriate non-violent juveniles and adults throughout CJ system
CJAB SIM Subcommittee

- The task force is a subcommittee of the local Criminal Justice Advisory Board
- Members represent all major behavioral health and criminal justice partners

<table>
<thead>
<tr>
<th>Community and Peer Representatives</th>
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<tbody>
<tr>
<td>• Victim’s Advocate</td>
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<tr>
<td>• Family members</td>
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<tr>
<td>• Community partners</td>
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<tr>
<td>• Peers</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Health Representatives</th>
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<tbody>
<tr>
<td>• Behavioral Health Administrator</td>
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<tr>
<td>• Behavioral health providers</td>
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<tr>
<td>• Crisis providers</td>
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</tbody>
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<table>
<thead>
<tr>
<th>CJAB Representatives</th>
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<tbody>
<tr>
<td>• County Commissioners</td>
</tr>
<tr>
<td>• Administrative Criminal Court Judge</td>
</tr>
<tr>
<td>• Magisterial District Judge</td>
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<tr>
<td>• District Attorney</td>
</tr>
<tr>
<td>• Chief Public Defender</td>
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<tr>
<td>• Deputy District Court Administrator</td>
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<tr>
<td>• County and State Adult and Juvenile Probation</td>
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<tr>
<td>• Warden of the County Jail</td>
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<td>• County Sheriff</td>
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<tr>
<td>• Local law enforcement</td>
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<tr>
<td>• 911 Center</td>
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</table>
**Scope**

302s petitioned by law enforcement; # of crisis calls involving police; Arrest data in Beaver County.

**Impact**

People with mental illness require specialized approaches during contact with police, a substantial amount of time is spent on these contacts.

**Existing Services**

- Existing options for police are detention or 302. 302’s are very time intensive.
- Mobile crisis services

**Identified Needs**

- Identification of people, who are involved with MH system, when police are dispatched
- Early assessment
- Alternatives instead of criminal justice system
- Short-term respite

**Potential Interventions**

- Cross-training for MH and CJ
- Training specific for first responders (CIT for police, EMS, and 911)
- Explore expanding the 911 system for early identification
- Explore a temporary residential option as a diversion to incarceration
- Additional coordination with existing crisis services to increase utilization, improve interface with police, and increase diversions
**Intercept 2: Post-arrest Diversion**

**Initial Detention / Initial Court Hearings**

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### Scope

# of summons; # of bookings/preliminary arraignments

### Impact

Many individuals with MI/COD have little or no resources & may be detained because they are unable to post bail and are not offered release on personal recognizance. An absence of supervised treatment/support alternatives for these offenders may lead to incarceration instead of more appropriate treatment.

### Existing Services

- Medical assessment and clearance by nurse

### Identified Needs

- MH evaluation and assessment earlier in CJ process

### Potential Interventions

- MH evaluation and assessment at booking and preliminary arraignment
### Intercept 3: Jail / Court Diversion

<table>
<thead>
<tr>
<th>Scope</th>
<th># of preliminary hearings; 165 - MH assessments at the courthouse in 2008-2009 (43 so far in 2010); # of plea agreements involving MI/COD</th>
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<tbody>
<tr>
<td>Impact</td>
<td>Opportunity for plea agreement and diversion to connect to appropriate community resources</td>
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</table>
| Existing Services | • MH assessment service at courthouse  
• DUI assessment program  
• Transition Independence Process System (TIPS) juvenile assessment and assistance program  
• Jail-based COD assessments and treatment (mental health and substance abuse) |
| Identified Needs | • Not all police and court staff are aware of existing in-house MH forensic programs at courthouse |
| Potential Interventions | • Additional cross-training on existing on-site MH assessment services to increase awareness of existing diversion options |
Intercept 4: Jail/Prison and Re-Entry

**Scope**
- 110 – average # of people per year screened for COD in jail (5 year average)
- 106 – average # of people per year receiving jail-based COD treatment (5 year average)

**Impact**
Connecting with community services and supports prior to and upon release to reduce recidivism.

**Existing Services**
- Jail-based assessments and treatment
- Re-entry Liaison
- Recovery, Evidenced-Based Supports and Treatment Options for Re-Entry (RESTORE) – re-entry vocational support program

**Identified Needs**
Increase awareness of existing programs

**Potential Interventions**
Additional cross-training on jail-based services and re-entry supports
### Intercept 5: Probation, Parole, Community Support

**Scope**

| # of people in probation and parole; # involved with the MH system; utilization data on FACT team |

**Impact**

Maintaining individuals in community to reduce recidivism and providing linkage between probation/parole and community MH & DA services and supports.

**Existing Services**

- Specialized probation officers
- Forensic Assertive Community Treatment (FACT) Team
- Re-entry Liaisons
- TIPS Coordinator

**Identified Needs**

Probation/parole officers may not be aware of available MH & substance abuse services that can serve as a diversion to incarceration given a violation of probation/parole.

**Potential Interventions**

- Training for probation/parole officers on existing crisis / respite services to provide alternatives to incarceration.
- Explore a temporary residential option as a diversion to incarceration.
## Summary of Potential Interventions

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</table>
| 1 | Training specific for first responders (EMS and 911). CIT for police.  
   |   | • Explore using mandatory police training curriculum  
   |   | • Explore DA Office’s new online police training medium or other online training |
| 1 | Explore expanding the 911 system for early identification of individuals involved in the behavioral health system. |
| 1 | Temporary residential option as a diversion to incarceration.  
   |   | • Explore using RTFA and possibly beds at other programs for accessibility to other areas of County |
| 1 | Cross-training with police on existing crisis services to increase utilization, improve interface with police, and increase diversions. |
| 2 | MH evaluation and assessment at booking / preliminary arraignment.  
   |   | • Must have fast turn-around given pre-arraignment must occur 6-8 hours after arrest  
   |   | • Results can influence setting bond. Order can include connecting with community services immediately.  
   |   | • Possibly expand courthouse service  
   |   | • Possibly use mobile crisis service  
   |   | • Possibly have MH staff at booking center |
| 3 | Cross-training on existing Courthouse MH assessment service to increase awareness of existing diversion options at preliminary hearing stage.  
   |   | • Results can influence setting bail or can be conditions in a plea agreement.  
   |   | • Training to include police officers and other court staff (magistrate, PD, DA, etc.) |
| 4 | Cross-training on existing jail-based services and re-entry supports. |
| 5 | Training for probation/parole officers on existing crisis; Respite services to provide alternative to incarceration. |
Prioritized Interventions

- Training for law enforcement and first responders - MHFA
- Development of a court-based assessment and diversion program that intercepts individuals earlier in the criminal justice process – Regional Booking Center
- Development of a safe alternative to incarceration, such as an adult residential respite program – Expanding Community Referrals at regional RTFA
- Ongoing cross-trainings on existing interventions and diversion programs - Ongoing SIM subcommittee meetings
System Transformation Vision

- SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment, and recovery support services provides a cost-effective opportunity to advance and protect the Nation’s health.

-SAMHSA Transformation Grant RFP
System of Care Vision

We envision a Beaver County where:

- All people can easily access a welcoming, effective, and efficient system of care that inspires hope, and integrates treatment based on the needs of the individual, not the needs or convenience of the system

- Individuals and families with lived experience have the opportunity to experience maximum success toward recovery or improved lifestyle
Beaver County Areas of Care

- Education & Employment
- Justice / Legal
- Housing
- Children
- Transition Age
- Adults
- Older Adults
- Integrated Healthcare: PH, BH, DS
- Natural Supports
- Peer Supports
- Recovery & Resiliency Based
- Data Driven
- Trauma Informed
- Family Focused
- Peer Centered
- CLC
Beaver County System of Care

People Served
- Children
- Transition Aged
- Adults
- Older Adults

Services & Supports
- Education & Employment
- Housing
- Integrated Healthcare
- Justice/Legal
- Family Supports
- Natural Supports
- Peer Supports

Guiding Principles
- Culturally & Linguistically Competent
- Data Driven
- Family Focused
- Peer Centered
- Recovery & Resiliency Based
- Trauma Informed
## System of Care Funding: HC – Base – Grants

<table>
<thead>
<tr>
<th>BEAVER COUNTY BEHAVIORAL HEALTH SUMMARY OF GRANTS</th>
<th>FUNDER</th>
<th>TERM</th>
<th>Purpose</th>
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</thead>
<tbody>
<tr>
<td><strong>FEDERAL:</strong></td>
<td></td>
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<tr>
<td>Sequential Intercept Program - Training</td>
<td>DOJ</td>
<td>2009-2012</td>
<td>Behavioral Health &amp; Justice System collaboration</td>
</tr>
<tr>
<td>RESTORE (substance abuse) ARRA Funds</td>
<td>DOJ/PCCD</td>
<td>4/2010-3/2012</td>
<td>Incarcerated or work release w/ COD</td>
</tr>
<tr>
<td>TIPS (kids) ARRA Funds</td>
<td>DOJ/PCCD</td>
<td>4/2010-3/2012</td>
<td>Alternatives to incarceration for youth</td>
</tr>
<tr>
<td>ChancesR</td>
<td>DOJ</td>
<td>10/2010-9/2011</td>
<td>Incarcerated with COD</td>
</tr>
<tr>
<td>Expanding BBBS Mentoring</td>
<td>PCCD</td>
<td>10/2010-9/2012</td>
<td>Mentoring Kids w/ caregivers in the forensic system</td>
</tr>
<tr>
<td>Project Recovery</td>
<td>HHS-SAMHSA</td>
<td>10/2010-10/2015</td>
<td>Prevention/housing/employment and develop infrastructure for communication of providers</td>
</tr>
<tr>
<td><strong>OTHER:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATHS</td>
<td>PCCD</td>
<td>10/2007-9/2011</td>
<td>Curriculum for kids 5-12 years old to facilitate self-control and skills</td>
</tr>
<tr>
<td>Comprehensive, Continuous, Integrated System of Care (CCISC)</td>
<td>Stauton Farms</td>
<td>10/2008-9/2011</td>
<td>Use a countywide quality improvement system so that all programs can serve those with COD</td>
</tr>
<tr>
<td>Mentors Offering Prevention and Intervention (MORE)</td>
<td>PCCD</td>
<td>10/2008-9/2012</td>
<td>Provide mentoring services to at-risk children ages 6-14 who do not receive services elsewhere</td>
</tr>
</tbody>
</table>
New Services

- Electronic Service Plan with Integrated Crisis and WRAP
- Transition to Independent Process Systems (TIPS)
- Mobile Employment Peers
- Re-entry Sponsors
- GAIN Assessments
- System of Care Website
- Focus of physical and behavioral health integration
Expanded Services

- CCISC Framework
- Standardization of SPA
- Housing Supports Teams
- Supported Employment
- Vocational Assessments and Psych Rehab in the Jail
- Re-entry Liaison services
- Big Brothers Big Sisters mentoring for kids
- Seeking Safety - trauma-informed care
- Training across all grants
- Certified Peer Specialists
System of Care Management Structure

Resident of Beaver County

Beaver County:
Board of Commissioners; Beaver County Behavioral Health

Leadership Committee
(Project Director, Steering Committee Co-Chairs, and Subcommittee Chairs)

Steering Committee
(Providers, Change Agents, and Subcommittee Representatives)

Stakeholder Group
(Provider Representatives, Change Agent Representatives, Subcommittee Representatives, Consumers, Families, Natural Supports)

Change Agents

BC-LAUNCH - Housing
SIM - Forensic
EPIC - Peer Leadership
BC-SCORES - Youth
Employment - Transformation
Quality Improvement

Leadership

Housing
Forensic
Peer Leadership
Youth
Transformation
Improvement
System wide Evaluation / Quality Improvement

- Aim is:
  - To support and sustain a **data-driven process**
  - Collect and report on consistent measures across programs or services as opposed to utilizing data collected differently within programs or services
  - Develop benchmarks, compare results against targets, implement corrective action plans
Aspects of Performance Measurement

Determine changes occurring as part of mental health system transformation at three levels:

- System
- Provider
- Consumer (Peer)
System Measures

- Adoption of core values
- Sustainment of Steering Committee and Subcommittees
  - Size, membership, peer involvement, frequency of meetings, attendance at meetings
- Fidelity to the CCISC model
- Number of trainings, topics, number of attendees, satisfaction with training
- Creation of a collaborative network by engaging physical health providers
- Development of a web-based electronic information system
Provider Measures

- Provider-based quality improvement activities
- Staff participation in training
- Implementation of Evidence-Based Practices
- Participation in Development and Updates of Service and Crisis Plans
Consumer/Peer Measures

- Enrollments
- Descriptive Characteristics
- Retention
- Placement in and retention of permanent housing
- Attainment of employment
Evaluation/QI Process

- Establish Evaluation/QI Committee
- Identify measures to monitor
  - e.g., Number of individuals screened and assessed
  - Number of individuals diverted from incarceration to treatment
- Collect and enter primary data, link with other secondary data, and measure changes over time
Data Warehouse
Dissemination and Utilization

- Obtain stakeholder input to help support continuous improvement
- Monitor changes over time
- Disseminate results through quarterly reports and annual reports, Fact Sheets, web site
Next Steps

● Continue system of care integration
  - Finalize Consensus Document
  - Recruit new Steering Committee and Change Agent members – ongoing
  - Implement new and expanded services
  - Formalize SOC structures
  - Determine County-wide system of care performance measures
  - Work with CJAB (Criminal Justice Advisory Board)

● Sustain jail-based treatment

● Expand community supports

● Expand Community Referrals for RTFA for Law Enforcement

● Train law enforcement and criminal justice system

● Complete strategic plan for CJAB which will expand on SIM strategic plan
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