Lebanon County Report
February 9th and 10th, 2011

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System
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Lebanon County, Pennsylvania

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

Introduction

The purpose of this report is to provide a summary of the Pennsylvania Mental Health and Justice Center of Excellence Cross-Systems Mapping and Taking Action for Change workshop held in Lebanon County, Pennsylvania, on February, 9th and 10th, 2011 at the Pennsylvania Counseling Services Training Room (200 North Seventh Street Lebanon, PA). The Lebanon County Criminal Justice Advisory Board in conjunction with Pennsylvania Counseling Services hosted the workshop as part of an ongoing process of developing collaborative systems of support for individuals who have mental illness and who come in contact with criminal justice system. This report (and accompanying electronic file) includes:

- A brief review of the origins and background for the workshop;
- A summary of the information gathered at the workshop;
- A cross-systems intercept map as developed by the group during the workshop;
- A description of each intercept along with identified gaps and opportunities;
- An action planning matrix as developed by the group; and
- Observations, comments, and recommendations to help Lebanon County achieve its goals.

Background

The Lebanon County Criminal Justice Advisory Board and multiple other stakeholders requested the Center of Excellence Cross-Systems Mapping and Taking Action for Change workshop to promote progress in addressing criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system. As part of the workshop, they were requested to provide assistance to Lebanon County with:

- Creation of a map indicating points of interface among all relevant Lebanon County systems;
- Identification of resources, gaps, and barriers in the existing systems; and
- Development of priorities to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system.

Prior to the workshops, the Center of Excellence gathered information about Lebanon County through a Community Collaboration Questionnaire, a preliminary meeting by conference call, and gathering of documents relevant to the population.

The participants in the workshops included 37 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available in Appendix A of this document. Patricia A. Griffin, PhD, and Nancy Wieman, MS facilitated the workshop sessions. Sarah Filone, MA, Sarah Dorrell, MSW and Katy Winckworth-Prejsnar also provided support.
About the Workshop

Upon receiving a grant from the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Public Welfare’s Office of Mental Health and Substance Abuse Services in late 2009, the Pennsylvania Mental Health and Justice Center of Excellence was developed as a collaborative effort by Drexel University and the University of Pittsburgh. The mission of the Center of Excellence is to work with Pennsylvania communities to identify points of interception at which action can be taken to prevent individuals with mental illness from entering and penetrating deeper into the justice system.

The Center of Excellence workshops, Cross-System Mapping and Taking Action for Change, are unique services tailored to each Pennsylvania community. These workshops provide an opportunity for participants to visualize how mental health, substance abuse, and other human services intersect with the criminal justice system.

This workshop is unlike other types of consultations or staff development training programs. A key element is the collaborative process. Meaningful cross-system collaboration is required to establish effective and efficient services for people with mental illness and co-occurring substance use disorders involved in the criminal justice system. This makes the composition of the group extremely important. While some workshops involve advertising to the entire provider community, it is essential in the Cross-System Mapping workshops that the organizers gather a group that represents key decision makers and varied levels of staff from the relevant provider systems. Center of Excellence staff work with this group, serving as expert guides to help:

- Create a cross-systems map indicating points of interface among all relevant local systems;
- Identify gaps, opportunities, and barriers in the existing systems;
- Optimize use of local resources;
- Identify and prioritize necessary actions for change; and
- Develop an action plan to facilitate this change.

Upon completion of the workshops, the Cross-Systems Map included in the report is provided in both print and electronic formats. It is meant to be a starting point. The electronic files can be revised over time to reflect the accomplishments and changes in the planning process.

Objectives of the Cross-Systems Mapping Exercise

The Cross-Systems Mapping Exercise has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring substance use disorders move through the Lebanon County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.
Keys to Success

Existing Cross-Systems Partnerships

Lebanon County’s history of collaboration between the criminal justice and behavioral health systems is reflected in a number of existing local efforts that were identified prior to the mapping. For example:

- Lebanon County Criminal Justice Advisory Board
- Mental Health Committee (MHC), created in 2007, including key stakeholders such as MH/MR/EI Administrator, Chief of Adult Probation, Head Public Defender, the CJAB planner, and Executive Director of the Lebanon County Commission on Drug and Alcohol Abuse.
- Mental Health Jail Committee, which meets monthly and works with the Lebanon County Correctional Facility (LCCF) to better manage individuals who have a mental health diagnosis and are currently incarcerated. Committee members include: the Adult Probation Chief, the Director of Mental Health from MH/MR/EI, the Deputy Administrator of MH/MR/EI, the Intensive Mental Health Caseload Caseworker, the Intensive Mental Health Caseload probation officer, and the LCCF Psychiatrist and staff nurses.
- Lebanon County Correctional Facility Collaboration Meeting – held every 6 months for the past 18 months, this meeting gathers key stakeholders (VA, MH/MR/EI, Crisis, Probation, etc.) to discuss current issues at LCCF and how collaboration could be improved to better meet the needs of individuals with mental health, developmental, or substance use disorders.

Consumer/Family Involvement in the Workshops

- Consumers were represented by several individuals who have been or are currently involved in the criminal justice system and who have or have had a mental health diagnosis. These individuals included Eric Steele, Laurie Dohner, and Cherie Emery. Consumer Advocates included Diane Brown of the Lebanon County Mental Health Association, and Denise Wright. Consumers added valuable information to the discussion, particularly regarding actual questions asked regarding how they proceeded through the intercept points in the criminal justice system.

Representation from Key Decision Makers in the Workshops

- The workshops included wide cross-system representation and involved many of the key decision makers. Opening remarks by Kevin Schrum, MH/MR/EI Administrator set the stage and established a clear message as to the importance of the workshop. Dave Wingert, Court Administrator, welcomed participants and introduced the facilitators.

Data Collection

In addition to the information gained during the workshop, the information in this report was developed from conversations with and questionnaires completed by key stakeholders, as well as the “Summary of Probation Intensive Mental Health Caseload Statistics,” and the “LCCJAB Departmental Presentation, Detailed Review.”
Lebanon County Cross Systems Narrative

The Cross-Systems Mapping and Taking Action for Change exercise is based on the Sequential Intercept Model developed by Mark Munetz, M.D. and Patty Griffin, Ph.D., in conjunction with the National GAINS Center. In this workshop, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

This narrative reflects information gathered during the Cross-Systems Mapping and Taking Action for Change workshop. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Lebanon County Cross-Systems Map. The cross-systems local task force may choose to revise or expand information gathered in the activity.

The gaps and opportunities identified in this report are the result of “brain storming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are, therefore, subjective rather than a majority consensus.

General Description of Services and Cross-System Collaboration

Lebanon County is Located in south central Pennsylvania, approximately 25 miles east of the state capital. It is a 5th class county with a total land area of 362.9 square miles. Lebanon County is comprised of 26 municipalities and 7 boroughs. As of the 2010 census, the population was 133,568, an 11% increase since 2000. The county seat is the City of Lebanon.

The County has been building a continuum of criminal justice and mental/behavioral health services that provides a basic foundation for continued growth and reorganization on all levels. There are a number of established links, both formal and informal, between the courts, probation, police departments, corrections and the mental health system that include, including but not limited to:

- A forensic case manager and mental health probation officer who share a caseload
- Formal agreement between Adult Probation and MH/MR/EI regarding cases handled by the Intensive Mental Health Caseload probation officer and forensic caseworker.
- A strong relationship between law enforcement and crisis services
- Probation has an information agreement with White Deer Run detox facility for beds

The Lebanon County MH/MR/EI Program provides services to Lebanon County residents who have certain mental health diagnoses, a diagnosis of mental retardation, or to children from birth up to the age of three who have a developmental delay or are at risk for a developmental delay. Through case management, MH/MR/EI provides intake, assessment, and coordination of the following services: outpatient psychotherapy, psychiatric and psychological evaluation, medication monitoring, residential programs for the mentally retarded, vocational and social rehabilitation, short-term inpatient, partial hospitalization, early intervention services (birth to three years) and 24-hour emergency services. Consultation and education services are available upon request.

The Office works closely with the county Medical Assistance/Health Choices program to coordinate all publicly funded behavioral health services and supports. Many individuals with serious and persistent mental illness qualify for both Medical Assistance/Health Choices supports and county-funded supports.

Lebanon County provides an extensive and detailed network of care website for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features, and is available at:

http://lebanon.pa.networkofcare.org/mh/text/resource/prg_search.cfm?alpha=true&sw=L

Additionally the Lebanon County Human Services Directory and the “No Wrong Door” Lebanon Resource Guide, which provides information on services available to Lebanon County residents, may also be found at:

http://www.lebcounty.org/CAP/Pages/home.aspx
Intercept I: Law Enforcement / Emergency Services

911

The Lebanon County 911 Communications Center is a County Certified Public Safety Answering Point. The 911 center answers all emergency and non-emergency calls for Lebanon County and provides communications between Fire, Police, EMS, EMA, and Haz-Mat. The center also coordinates communications with other counties and state/federal agencies.

Law Enforcement

Lebanon County houses 17 police jurisdictions. Most of these jurisdictions are fairly small (10 officers or less) with the exception of Lebanon City Police Department, which currently employs 41 officers.

All Lebanon County officers complete the basic training and refresher training curricula required by the Municipal Police Officers’ Education and Training Commission (MPOETC). Two of the ‘refresher trainings’ since 2003 have been geared toward police interaction with individuals with special needs and/or mental health issues.

In January, 2009 Lebanon County received a joint Pennsylvania Commission on Crime and Delinquency (PCCD) and Pennsylvania Commission on Sentencing grant to provide training entitled “Mental Health Training for Police, Other First Responders, and Mental Health Advocates”. This was the first cross-training provided in Lebanon County.

Lebanon City Police Department may provide annual officer trainings regarding use of force and de-escalation in crisis situations, but this training is not always available to other police departments in Lebanon County.

Crisis Services

Lebanon County Crisis Intervention and County Information and Referral Center is a confidential and free seven day/24 hour service, provided by Philhaven Hospital and funded through a contract between the County Commissioners and Philhaven Hospital. The service is licensed through the Department of Public Welfare. The service bills medical assistance for appropriate services.

This service is available to all persons in Lebanon County and can be accessed at (717) 274-3363.
The Lebanon County Crisis Intervention and County Information and Referral Center currently employs 10 individuals (4 full-time, 6 part-time) and provides several services for Lebanon County including:

- A Walk-in Crisis Center at Good Samaritan Hospital
- County Information and Referral Services
- Mobile Crisis Services
- A Drug & Alcohol Commission 24/7 Hotline:
  - Arrangements for emergency detoxification services
  - Backup for calls coming into D&A line when they are closed, and
  - Emergency calls coming into Alcoholics Anonymous when their hotline is not covered. (Calls are forwarded by the answering service if they are an emergency.)
- MH/MR 24/7 Hotline for Crisis Intervention Services; 24/7 Mental Health Delegate services for MH/MR emergency services:
  - Screen for Intensive Case Management services for MH/MR (client calls crisis instead of ICM worker during on call hours). In addition, Crisis counselors follow these clients while in the ER and complete bed searches for these clients if a 302 commitment hospitalization is necessary
  - Backup for call coming into MH/MR line when they are closed
  - Supportive counseling for MH/MR chronic clients
  - Attends hearings at Philhaven or VAMC when counselor serves as petitioner for commitments.

Additionally, Lebanon County MH/MR/EI has a Disaster Crisis Outreach and Referral Services, and there is a Lebanon County Critical Incidence Stress Management Team that is comprised of mental health professionals and is designed to serve First Responders with support after they have dealt with an emergency situation.

**Crisis Hotlines**

Lebanon County has access to several crisis services hotlines including: Crisis Intervention (717-274-3363), Lebanon County MH/MR (717-274-3415), Domestic Violence Intervention (717) 273-7190), and a 24/7 blended crisis and referral Help Line (1-800-923-4357).

Additionally, the National Suicide Hotline number is 1-800-273-TALK (8255), and the National VA Suicide Hotline number is 800-273-8255.

**Detoxification Services**

Detoxification services are available through New Perspectives at White Deer Run of Lebanon. This is a 24/7 facility and is located at 3030 Chestnut Street Lebanon, PA 17042. Available services include: Inpatient Non-Hospital Detoxification (Adults), Inpatient Residential Chemical Dependency Rehabilitation (Adults), Intensive Outpatient Programs (Adults), and Outpatient Individual, Group, and Family Therapy.

**Hospitals**
Lebanon County residents have access to three area hospitals.  

**Good Samaritan Hospital-Lebanon** (Emergency Room and Crisis Intervention services)  
PO Box 1281  
Fourth & Walnut Streets  
Lebanon, Pennsylvania 17042  
(717) 270-7500  
Part of Good Samaritan Health System

**Philhaven Psychiatric Center** (inpatient and intensive outpatient psychiatric care for adults, children, and adolescents)  
283 S Butler Road  
PO Box 550  
Mt Gretna, Pennsylvania 17064  
(717) 273-8871

**VA Medical Center - Lebanon**  
1700 S Lincoln Avenue  
Lebanon, Pennsylvania 17042  
(717) 272-6621

- **Identified Gaps**
  - Lack of training at Law Enforcement can lead a person with SMI to have more charges  
  - Funding for Crisis Intervention is limited  
  - Not enough early intervention for acute folks  
  - No data right now for mobile crisis  
  - Vets ending up in ER – lack of communication between VA and Good Samaritan Hospital  
  - Needs to be increased communication between VA and Social Services  
  - VA does not have their own mobile crisis  
  - Fragile budget for Crisis Intervention  
  - Community shared responsibility to fund Crisis not there  
  - Hard to show cost/benefit of crisis across all systems

- **Identified Opportunities**
  - Police and Crisis can/do respond together  
  - Good collaboration among many Intercept 1 services  
  - 2 day TCI annually (Define TCI – What does the acronym mean?)  
  - New Chief of Police at the VA is increasing communication with other Police Departments.  
  - Other agencies such as ICM, Probation, and PA Counseling Services, meet consumers at Emergency Department  
  - Live call-in crisis line, not an answering service  
  - Crisis Intervention is a good resource for Law Enforcement and Emergency Department  
  - Many informal agreements and systems  
  - Philhaven has been working on a program to get numbers for mobile crisis  
  - Have 911 use codes to dispatch so we can breakdown who is calling  
  - Computer Assisted Dispatch (CAD)
Intercept II: Initial Detention / Initial Court Hearing

**Arrest and Initial Detention**

When an individual is arrested in Lebanon County, he/she is taken to **Lebanon County Central Booking** at 400 South 8th Street Lebanon, PA 17042, (717) 228-4413. Central booking has been operating in Lebanon County since 2003, and is overseen by the District Attorney’s Office. Effective January 1, 2005, all persons arrested in Lebanon County are to be processed at Central Booking (per Administrative Order No. 3-2004 from the President Judge).

Central Booking conducts a preliminary suicide risk and mental health crisis assessment based on the account of the transporting officer. If an individual is currently in crisis, he/she is transported to the emergency room at Good Samaritan Hospital to be cleared by Lebanon County Crisis Intervention before returning to Central Booking.

**Preliminary Arraignment**

Preliminary Arraignment is conducted at the Central Booking Center by one of Lebanon County's six Magisterial District Judges (MDJs). Arraignments may be completed using video arraignment technology or an in-person arraignment, depending on the schedule and location of the on-duty MDJ.

- **Identified Gaps**
  - More education needed at central booking re: what crisis can and cannot do
  - No mental health screening at Central Booking
  - No Pretrial Services
  - No MDJ relationship with Crisis
  - Back and forth for medical clearance
  - Detox ties up ED rooms

- **Identified Opportunities**
  - Central booking – People come to ED less agitated b/c they have a chance to calm down
  - DA oversees central booking
  - Lebanon County Law Enforcement provides some security for Central Booking
  - There is always a detox bed available for probation
  - Some suicide prevention measures
  - Good informal relationship between police officers and central booking
Intercept III: Jails / Courts

**Lebanon County Correctional Facility**

The Lebanon County Correctional Facility (LCCF) is a 5th Class county prison and short-term confinement facility. Inmates housed in the Lebanon County Correctional Facility must be sentenced by the court to no more than five (5) years, less one day.

Lebanon County Correctional Facility is also utilized as a community treatment center for the Federal Bureau of Prisons.

The average daily population for LCCF in 2010 was 454 individuals, and the current census as of February, 2011 is 462. It is estimated that the LCCF population is approximately 80% male, and that 75% of the current inmates are pre-trial, while 25% have been sentenced.

Since November of 2010, 271 individuals have been given some form of psychotropic medication in while in the Lebanon County Correctional Facility. Of these 271, the files for 136 individuals were examined more closely to provide some basic information regarding the LCCF population taking psychotropic medications. The analysis revealed that this subset of the population was roughly 72% male, had been incarcerated in LCCF an average of 4 times, and most commonly carried charges of theft, disorderly conduct, simple assault, terroristic threats, probation/parole violations, drug possession or manufacturing, DUI, burglary, or harassment.

As of August, 2010, the mental health caseload at LCCF consisted of 96 individuals (21.2% of the prison population - 8 open mental health cases and 88 closed mental health cases).

**Screening**

At intake, Individuals entering LCCF are screened for suicide risk with the Suicide Prevention Screening Questionnaire. Inmates are also given a physical examination that includes basic mental health and medication questions (see Appendix F).

If an inmate presents as a suicide risk, he/she is placed in an isolation cell with a ‘suicide blanket.’ These cells are checked in-person every 15 minutes by a correction officer, and are monitored constantly through video surveillance in the LCCF control center.
Mental Health/ Substance Use Treatment

The Lebanon County Correctional Facility employs a prison psychiatrist once a week, and a MH/MR/EI funded mental health counselor twice a week. In addition, LCCF offers the following services and treatment programs to qualifying inmates:

- **Anger Management Counseling: Stress and Anger Treatment Program**
  The Stress and Anger Management Treatment program was developed to address the problems of individuals who suffer with anger issues. It uses the basic format developed by the Pennsylvania Department of Corrections and is available to both male and female inmates. In order to be considered for this program, inmates must submit a “request slip” to a prison chaplain. Requests are assessed and if the inmate qualifies for the program, he/she is placed on the “waiting list” for future participation. The “waiting list” is due to the vast number of applicants and the relatively small group size of 12, which is necessary for optimal success. This type of counseling is provided by an assigned member of the Jubilee Ministries services of Lebanon County.

- **Chaplain/Religious Services**
  A prison chaplain is available to all inmates for counseling and coordination of all religious activities within the prison.

- **Counseling Services**
  The Treatment Team provides counseling services to inmates in need of guidance in personal problems. Individuals are assessed by a LCCF Counselor and treatment recommendations are given.

- **Drug and Alcohol Services**
  The Lebanon County Correctional Facility offers various Drug and Alcohol Treatment Programs including:
  - **AA/NA MEETINGS:** held weekly at the facility and follow the “Twelve Step Method.” Inmates who are committed to LCCF for drug or alcohol related offenses are required to attend weekly AA/NA meetings.
  - **Drug and Alcohol Therapy Group:** developed by Pennsylvania Counseling Services, Renaissance Outpatient Office in Lebanon, this group meets weekly and is run by a certified drug and alcohol therapist. It utilizes lectures, videos, and group dynamics as the basis for this treatment – educational program. A certificate of completion is available at the end of the program.

Drug and Alcohol counseling is provided by Pennsylvania Counseling Services-Renaissance of Lebanon County (618 Cumberland Street, Lebanon, PA 17042) at the prison.

- **Education Programs**
  The facility provides education services to those among the inmate population who desire their high school equivalency degree (G.E.D.), special education classes or classes that address “English as a Second Language.” These services are provided by the Lebanon - Lancaster Intermediate Unit 13, which is an educational provider to those individuals with learning disabilities and special needs.

- **Individual Treatment Services (One on One):**
  Upon initial commitment to the Lebanon County Correctional Facility, each inmate is seen by a prison counselor. During this meeting, a treatment intake process is completed for each inmate. The treatment intake consists of the completion of an intake classification form and the review of each inmate’s respective incarceration
circumstance. Appropriate legal forms are dispensed for retaining legal counsel, filing motions, etc.

Each inmate is given a recommended treatment plan for their projected incarceration period if requested, which coincides with his/her conditions for release.

LCCF, in conjunction with Crisis Intervention, also has a Critical Incident Stress Management Group (CISM) that helps debrief correction officers following crisis situations at the prison.

Courts
The Lebanon County Court of Common Pleas has instituted a D.U.I. Treatment Court that has been in existence since December of 2008. The capacity of the court is 70 participants. To qualify for DUI Treatment Court an individual must meet the following qualifications (although the characteristics of the participants chosen for this program may be altered based on the success of the program and/or special cases for first-time D.U.I. offenders):

- Adult (Age 18 or above)
- Diagnosis of alcohol abuse/dependence
- Participant must demonstrate an internal willingness to change
- Resident of Lebanon County for six (6) months prior to the offense.
- No prior violent arrest history
- Second D.U.I. offense – Blood Alcohol Content (BAC) of .16 or above
- Third D.U.I. Offense
- Multiple Simultaneous Offenses
- Sentencing guidelines provide for appropriate period of incarceration/probation to allow for offender’s participation in the program.

Participants in this program have direct and frequent contact with the D.U.I. Court Treatment Team Members. This team consists of a Treatment Court Judge, D.A. D.U.I. Coordinator/Representative, Probation Officer, Public Defender, and a Lebanon County Commission on Drug and Alcohol Abuse Representative.

The treatment program substitutes Electronic Monitoring and/or the use of a SCRAM unit (or other Alcohol Monitoring device) in lieu of incarceration, or the program may provide a combination of incarceration and Electronic Monitoring to fulfill the mandatory sentencing required by the “D.U.I./Driving after Imbibing” statute. Participants are enrolled in the program for a minimum of 2 years.

Successful completion of the program is recognized during a graduation ceremony, and an Aftercare Program is specifically designed to enable graduates of the D.U.I. Court program to maintain the momentum they have achieved through the treatments provided to them prior to their graduation.

Lebanon County also has an Accelerated Rehabilitative Disposition (ARD) program. This program is a one-time alternative to trial, conviction, or a possible jail sentence. Upon application and completion of a probationary period, charges are dismissed.
Identified Gaps

- No numbers for who is going in and out of the prison for 2 years b/c of budget, technology and resource issues
- Jail has data, but it has to be hand sorted
- Once a person is arraigned they become the jail's responsibility
- Issues with people in the jail having access to medications—continuity of care
- No Mental Health track in DUI Court
- Lack of data
- Treatment and security sometimes bump heads
- MH/MR case is closed when go to prison
- D&A in Jail limited, more education vs. treatment
- 20-30 people are taken to the jail prior to preliminary hearing. Increased length of stay for low level charges for people with Serious Mental Illness
- Identification of non-frequent users is difficult
- Many in the jail are not known to the MH/MR/EI system

Identified Opportunities

- Electronic records are being done in the last 2 months
- Collaboration meetings at the jail with crisis, MH, Probation, Jail and VA
- Video arraignment
- Jail has been tracking information, there is a list
- Jail does Suicide screening
- DUI court
- Decreased population in jail
- Early diversion available with minimum time served with electronic monitoring (SCRAM)
- ARD for other first time offenses besides DUI
- MH/MR/EI has a shared formulary with the Prison
- Work Release
- Collaboration between jail and crisis
- Physician Assistant in jail trying to keep people on their meds
- Lots of volunteer services in jail—work with chaplain and jubilee ministries to provide support services
Intercept IV: Re-Entry

Individuals are typically released from Lebanon County Correctional Facility at 6AM on the morning of their release date. Inmates who have a known release date and were on psychotropic medications within the jail typically leave LCCF with 6 days of medication and a prescription for an additional 30 days of medication.

An appointment with Lebanon County MH/MR/EI (typically within the two weeks following the release date) is also often scheduled before an inmate leaves the facility. MH/MR/EI prioritizes appointments for individuals with recent prison releases and is able to provide some funding to fill the first prescription post-release.

Lebanon County does not have a formal re-entry program. However, individuals qualifying for the Intensive Mental Health Caseload (IMHC; see Intercept V) through probation/parole are identified as soon as possible and as an individual’s parole date approaches the IMHC officer works with the Forensic Caseworker to connect the client to services.

This Forensic Caseworker position is funded through Lebanon County MH/MR/EI and was created to assist justice involved individuals with issues of re-entry and community adjustment.

Jubilee Ministries also provides some faith based re-entry assistance including ‘pre-release’ classes in the jail, an aftercare program, and temporary housing solutions upon release.

- **Identified Gaps**
  - Hard to find doctors who accept insurance
  - Do not get prescription if jail doesn’t know they are being released
  - Not using COMPASS system in jail
  - DOC list of Lebanon County inmates and potential release dates not utilized
  - ½ in Jail on psychotropic meds
  - Transportation from jail at time of release
  - Unplanned releases
  - Case management has a waiting list

- **Identified Opportunities**
  - Have data for everyone who is in State Corrections that has SMI
  - A person can go from jail to crisis to community
  - 6 days of in hand medication, 30 day prescription
  - MH/MR/EI has funding to pay for the 30 days of meds if person keeps their intake appointment
  - Volunteers in Medicine
  - Opportunity to work with County Assistance Office (CAO)
  - Work release folks can get treatment in the community
  - Transitional house program at Jubilee ministries
Lebanon County, PA Mental Health and Justice Center of Excellence Report, February 2011

Intercept V: Community Corrections / Community Support

**Lebanon County Adult Probation and Parole**

Lebanon County Adult probation and parole has a designated **Intensive Mental Health Caseload Probation Officer** and an **MH/MR/EI Forensic Caseworker** that collaborate on the handling of offenders with mental health diagnoses. This **Intensive Mental Health Caseload (IMHC)** is limited to approximately 35 individuals (approximately 2% of the probation/parole caseload). IMHC participants are selected based on past history, diagnosis, and medication. The program requires weekly meetings with both the IMHC Probation Officer and Forensic caseworker and provides offenders with assistance for housing, vocational/educational advancement, counseling, medication access, and other ancillary services as required. The intensive supervision and case management model is designed to reduce recidivism and provide support for symptom management.

As of October 2010, there were 39 individuals under supervision on the IMHC Caseload (20 on parole; 19 on probation). Thirty-three (85%) of those supervised were diagnosed with co-occurring disorders.

**Lebanon County Restrictive Intermediate Punishment**

The **Lebanon County Restrictive Intermediate Punishment (RIP)** Program is used to divert level 3 or 4 offenders into a long-term treatment program, who are initially identified prior to sentencing disposition by the District Attorney or Public Defenders, or more commonly, at the Pre-Sentence Investigation stage by the Adult Probation Officer are assessed. The program and supervision is usually completed within 34 months. During these months treatment is provided in 6 Phases. The 1st phase is the residential placement at Renaissance Crossroads, the 2nd phase is securing legal, full-time employment or another type of consistent daily activity, phase 3 is a transition to intensive treatment and independent living with electronic monitoring, the 4th phase is a transfer to Intensive Outpatient, the 5th phase is outpatient treatment and the final phase of treatment is general supervision.

**Housing**

The **Lebanon Rescue Mission Agape Family Shelter Women's Ministry** is a safe haven for homeless women and children. The average stay is approximately 2-6 months and the program has the capacity to serve approximately 16 females and children.
The Lebanon Rescue Mission also has a Men’s Ministry which provides a 9 month to one year housing program as well as a transient housing program available to serve 10 men for shorter lengths of stay.

Community Action Partnership provides help with temporary shelter or one month’s rent for people who are facing eviction or who are homeless or near-homeless. Services are intended for those who have suffered an emergency or loss. Eligibility depends upon income. Community Action Partnership also provides Extended Rental Assistance to clients who will be self-sufficient in 3-6 months and agree to case management services as well as Bridge and Transition Housing. Bridge and Transitional Housing Programs allow homeless families with children to move to supportive living arrangements which prepare them to move to permanent housing. Families must meet certain eligibility criteria and agree to case management services in order to be considered.

Philhaven Behavioral Healthcare Services Partners for Progress (PFP) program provides long term housing for homeless person with disabilities, in ten separate one bedroom apartments. The program is administered by the Housing Authority of the County of Lebanon; all eligible persons must be disabled, diagnosed with a serious mental illness, be a US citizen or have eligible immigration status and be homeless according to Housing and Urban Development.

Jubilee Ministries Transition House is a 6 month program providing transitional dormitory style housing for persons being released from prison or completing drug & alcohol inpatient treatment. Live-in house parents are available throughout the day, assisted by the County Probation & Parole Department, to provide a supervised, safe environment for each resident.

Lebanon County has a Community Residential Rehabilitation House (CRR), which provides 6 short-term beds.

In addition, Dowhower’s Personal Care Home housed some mentally ill individuals with previous justice involvement.

Community Resources

The Halcyon Day Support Program of Lebanon County is a peer-run, drop-in organization based on the ‘clubhouse model’ of community support.

- No Forensic Peer Specialists
- Some folks do not get identified as being SMI and don’t get the best access to services and supervision
- Case management waiting list
- Housing, for all and especially for high needs
- Med stabilization, no alternatives besides jail
- Connection to the community not as good when the Probation Department is not involved
- Difficult to place sex offenders in housing and other programs
- No sex offender counseling
- Lack of Trauma Informed care, or specific trauma services across all intercepts

Identified Opportunities

- MH Probation/Parole and Forensic Case manager work closely with CRR
- Forensic Caseworker works with MH Adult Probation and Parole and has a small caseload
- Stats on who is on Probation and Parole for this population—been tracking since 2009. Other basic offender information can be gathered from PA Board of Probation & Parole and the PA Commission on Sentencing
- Grow Programs such as Halcyon House by using models such as Mosaic in Berks
- Numbers on Probation and Parole
- Practice Community Based Supervision
- Probation has questionnaire as part of the home plan that includes info about medications and appointments
Lebanon County Priorities

Subsequent to the completion of the *Cross-Systems Mapping* exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the gaps and opportunities identified in the group discussion about the cross-systems map. Listed below are the priority areas identified by the workshop participants and the votes received for each proposed priority.

### Top Seven Priorities

- Developing jail diversion at Intercept 2 (15 Votes)
  - Central booking
- More proactive crisis intervention (as opposed to crisis response) (12 Votes)
  - Additional mobile crisis
- Expanding identification and treatment services in the prison (8 Votes)
  - Perhaps a mental health block
- Expand Transitional Housing (8 Votes)
- Developing a Data Plan (6 Votes)
- Inclusion of trauma-specific treatment and informed systems across intercepts (6 Votes)
- Develop Forensic Peer Supports across intercepts (4 Votes)
## Lebanon County Action Plan

### Priority Area 1: Developing jail diversion at Intercept 2
- **Central booking**

<table>
<thead>
<tr>
<th>Overall Objective – Keep those out of jail who don’t need to be there!</th>
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<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Step</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>1.1 Early Identification of Significant MH issues</td>
<td>• Education (CIT)</td>
<td>Police Central Booking DA Jail Officers</td>
<td>Time of Arrest</td>
</tr>
</tbody>
</table>
| 1.2 Determine one Tx options i.e.- community services (tx or prison tx) | • Screening Tool Info i.e.-
- Are they a vet?
  - If yes, contact VA
- Client past or present of MH/MR?
  - Tool could be used at time of arrest, at bail hearing – ask for bail conditions re: treatment | Central Booking | Time of Arrest Bail Hearing Preliminary Hearing |
<p>| 1.3 Develop a specialized MH/MR caseworker position to work with new pre-trial clients | • Examine caseloads at MH/MR/EI – Could work be redistributed among existing employees to not require a new hire? | New caseworker, or specialized caseload for existing case worker at MH/MR/EI | Time of Arrest Bail Hearing Preliminary Hearing |
| 1.4 Develop bail conditions with bail supervision &amp; direct referral to MH/MR | • Get template of paperwork (bail/bond piece) that is generated from MDJS by the MDJ | AOPC &amp; Court Admin. to oversee use of specific language and | Bail Hearing Preliminary Hearing |</p>
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<tr>
<th>Objective</th>
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<th>Who</th>
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<tbody>
<tr>
<td>2.1 Develop a system that uses interventions and diversions early in the crisis cycle to minimize psych. hospitalizations and police involvement</td>
<td>• Form a committee</td>
<td>• Police, EMS, Crisis, MH/MR, other crucial stakeholders</td>
<td>• March 2001</td>
</tr>
<tr>
<td></td>
<td>• Education for community re: crisis services</td>
<td>• Stakeholders</td>
<td>• Spring 2011</td>
</tr>
<tr>
<td></td>
<td>• Training- Needs evaluation for person in crisis</td>
<td>• Crisis Intervention</td>
<td>• By end of 2011</td>
</tr>
<tr>
<td></td>
<td>• Additional staff and funding for crisis</td>
<td></td>
<td>• Tomorrow!</td>
</tr>
</tbody>
</table>
## Priority Area 3: Expanding identification and treatment services in the prison

- Perhaps a mental health block

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<tr>
<th>Objective</th>
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</table>
| 3.1 Better Reentry upon leaving prison | • Complete GAINS reentry checklist (early on during incarceration) and give this checklist to staff members that will be working with the individual  
• Make GAINS checklist available to releasing staff | Prison counselor | Upon meeting with prison counselor  
Prison counselor | ASAP |
| 3.2 Increase screening & assessment tools upon entry | • Reassess current screening tools & efficiency  
• Think about using a standard tool for this screening | Prison counselor and collaboration team | |
| 3.3 Treatment and services during incarceration | • Get treatment and meds started more quickly  
• Review current policy for medication (30 day grace period)  
• Establish a policy/procedure to validate current prescriptions when entering prison | | |
| 3.4 Identify unmet treatment needs in prison | • Utilize collaboration team as a resource to do this | Collaboration team | |
### Priority Area 4: Expanding transitional housing

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<tbody>
<tr>
<td>4.1 To create housing for jail release/diversionary reentry for the MH/MR population</td>
<td>• The Building/s&lt;br&gt;• Collaboration&lt;br&gt;• Implementation&lt;br&gt;• Criteria for Operations&lt;br&gt;• Develop Community Relations&lt;br&gt;• General Operations</td>
<td>• A Funding Source&lt;br&gt;• All Associated Agencies&lt;br&gt;• An Elected Board&lt;br&gt;• The Board</td>
<td>ASAP</td>
</tr>
<tr>
<td>4.2 Expand supportive housing program into an expanding living program (Keystone Human Services)</td>
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<tr>
<td>4.3 Expand existing services (e.g. CRR Program and Jubilee Ministries)</td>
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## Priority Area 5: Developing a Data Picture

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| 5.1 Identify Population       | • Assessing data that already exists  
• Get data from Crisis  
• Collecting existing committees/resources/task force/etc  
• Stress outcome orientation – how data can be used and how to streamline data collection to maximize efficiency.  
• Start using MH screening tool | Catharine Kilgore | ASAP                        |
| 5.2 Identify Data Needs       | • Defining gaps in data – Digging deeper on questions/issues/gaps  
• Access Penn State data center and Pittsburgh folks to help develop data plan | Catharine Kilgore | March-June, 2011            |
| 5.3 Identify Needs with Data  | • Develop central data repository (HIPAA Compliant) forensic related  
• Automate collection of data- define resources to help research software  
• Educate stakeholders on how data can be used and why it is in the best interest of the county |                | July-September, 2011       |
### Priority Area 6: Inclusion of Trauma-Specific Treatment and Informed systems across all intercepts

Duane Miller, Alicia Arnold, Nancy Wieman

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</table>
| 6.1 Develop key stakeholders | • Use Map/Report to identify  
• Provide education (exposure) resources – articles, website etc.  
• Consensus that training about trauma across intercepts is needed | | ASAP |
| 6.2 Develop team to make a trauma informed plan | • Meetings  
• Grants/Demonstration Projects (Justice Mental Health Collaboration Grant Program, as an example)  
• Contacting other counties | | |
<p>| 6.3 As adopted/implement tie in with #5 to collect outcomes | • Set training targets (% of staff trained, etc.) | | |</p>
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<th>Objective</th>
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<tr>
<td>7.1</td>
<td>Begin Forensic Peer Support services in Lebanon County</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify who has current peer support certification in Lebanon County</td>
<td>• Shem</td>
<td>March 31st</td>
</tr>
<tr>
<td></td>
<td>o Call: Pennsylvania Mental Health Consumer Association (PMHCA)</td>
<td>• Shem</td>
<td>April 30th</td>
</tr>
<tr>
<td></td>
<td>• Identify interested Candidates for forensic training</td>
<td>Sarah F will keep Shem updated on training dates</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>o Send invitations for a meeting to Identified specialists</td>
<td>• Tam</td>
<td>March 31st</td>
</tr>
<tr>
<td></td>
<td>• Identify appropriate training opportunities</td>
<td>• Shem</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify employment options for FPS specialists in Lebanon County</td>
<td>• Shem</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify funding options for non-MA billable FPS services</td>
<td>Pilot Project?</td>
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<td></td>
<td>o Grant writing</td>
<td>Sarah F will send contact Info for Randy Loss</td>
<td></td>
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<td></td>
<td>o Reinvestment dollars</td>
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<td></td>
<td>• Look into collaborating with OVR for funding</td>
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</table>
| 7.2 | **Incorporate WRAP into the probation planning** | **Current**
- Initial collaboration between MH/MR/EI, MHA, and Adult Probation
- Meet with President Judge to see if this is something he will support.
- Coordinate with WRAP facilitators to schedule WRAP classes | **Meeting is in Planning stages** |
Conclusion

Participants in the Cross-Systems Mapping workshop showed genuine interest in improving the continuum of resources available for people with severe mental illness and often co-occurring substance use disorders involved in the Lebanon County criminal justice system. Lebanon County is poised to tackle a number of critical issues that will greatly improve services for this group. The assembled stakeholders spent time gaining a greater understanding of their shared systems, as well as crafting strategies related to improving the collaborative infrastructure for the group and addressing the gaps and opportunities at each intercept.

Considerable work has already been undertaken to improve services for people with severe mental illness and often co-occurring substance use disorders involved in the Lebanon County criminal justice system.

Local stakeholders participating in the Cross-Systems Mapping were clearly interested in building on these successes to better improve the continuum of services along the criminal justice/mental health system. Especially of interest to the county are:

- developing diversion strategies at intercept 2,
- expanding crisis prevention services, and
- developing more services for those with serious mental illness who are incarcerated.

The expansion of the planning group to tackle the priorities established during the Cross-Systems Mapping workshop is an essential next step in a true systems change process. It will be important to create effective working relationships with other groups that did not attend the workshop, including:

- other police jurisdictions,
- Magisterial District Justices,
- the Social Security Administration,
- HealthChoices and others.

Regular meetings should be held by this larger group to facilitate information sharing, planning, networking, development and coordination of resources, and problem solving. The use of the CJAB as a vehicle to host or/and facilitate these meetings will be investigated.

Closing

Lebanon County is fortunate to have a wide range of stakeholders across the mental health, substance abuse and criminal justice systems that have made significant efforts to understand and support the challenging issues discussed in this workshop. Lebanon County has many strengths including a group of individuals and organizations that have already established many informal collaborations focused on the criminal justice and mental health systems. The Cross-Systems Mapping workshop gave these stakeholders a chance to further develop a coordinated strategy to move forward with the seven identified priorities.

By reconvening and supporting the work of the group in coming months, it will be possible to maintain the momentum created during the Cross-Systems Mapping workshop and build on the creativity and drive of key local stakeholders. The Pennsylvania Mental Health and Justice Center of Excellence hopes to continue its relationship with Lebanon County and to observe its progress. Please visit the Pennsylvania Mental Health and Justice Center of Excellence website for more information, www.pacenterofexcellence.pitt.edu.
# Appendix A – Participant List

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Diane Brown</td>
<td>Consumer Advocate</td>
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</tr>
<tr>
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</tr>
<tr>
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<td>Assistant Program Director/supervisor</td>
<td>Lancaster MPR, Lebanon PSS, &amp; Lebanon SHP; CSG programs.&lt;br&gt;821 Chestnut Street, Lebanon, PA 17042&lt;br&gt;phone: 717-306-4385&lt;br&gt;fax: 717-306-4390&lt;br&gt;<a href="mailto:carmanyj@csgonline.org">carmanyj@csgonline.org</a></td>
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<tr>
<td>Julie Bergstresser</td>
<td>Veterans Justice Outreach Specialist</td>
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<td>David Berk</td>
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<tr>
<td>Jess Creter</td>
<td>Deputy Administrator</td>
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<tr>
<td>Alanna Bolan</td>
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</tr>
<tr>
<td>Jen Cutshell</td>
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<td>Dale Brickley, LPC, PhD</td>
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<td>Consumer</td>
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<tr>
<td>Name</td>
<td>Title/Position</td>
<td>Address</td>
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<tr>
<td>Sue Dowhower</td>
<td>Dowhower's Personal Care Home Administrator</td>
<td>120 South 10th Street, Lebanon, PA 17042</td>
</tr>
<tr>
<td>Phylis Holtry</td>
<td>Director</td>
<td>Lebanon County Human Services (community action partnership)</td>
</tr>
<tr>
<td>Cherie Emery</td>
<td>Consumer</td>
<td>803 Cedar Crest Drive, Lebanon, PA 17046</td>
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<tr>
<td>Mimi Keller</td>
<td>Coordinator, Family Ministries</td>
<td>Jubilee Ministries, 235 South 12th Street, Lebanon, PA 17042</td>
</tr>
<tr>
<td>M. Gish, MD</td>
<td>Emergency Room Physician</td>
<td>Good Samaritan Hospital, 4th and Walnut Streets, Lebanon, PA 17042</td>
</tr>
<tr>
<td>Catharine Kilgore</td>
<td>CJAB Planner/Grant Coordinator</td>
<td>Lebanon County Criminal Justice Advisory Board</td>
</tr>
<tr>
<td>Tamara Guilliams</td>
<td>Lebanon County MH/MR/EI Forensic RC, MH Case Manager</td>
<td>220 East Lehman Street, Lebanon, PA 17046</td>
</tr>
<tr>
<td>Holly Leahy</td>
<td>Director, Mental Health Services</td>
<td>Lebanon County MH/MR/EI</td>
</tr>
<tr>
<td>Anthony J. Hauck</td>
<td>Deputy Warden of Treatment</td>
<td>Lebanon County Correctional Facility, 730 E. Walnut St., Lebanon, PA 17042</td>
</tr>
<tr>
<td>Kimberly Mackey</td>
<td>CJAB Specialist-Southwest Region</td>
<td>PCCD, 3101 North Front Street, Harrisburg, PA 17110</td>
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<tr>
<td><strong>Shem Heller</strong></td>
<td><strong>Amber Schaeffer</strong></td>
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<tr>
<td>Executive Director</td>
<td>TANF Intake Income Maintenance Caseworker</td>
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</tr>
<tr>
<td>Mental Health Association of Lebanon County</td>
<td>Lebanon County Assistance Office</td>
<td></td>
</tr>
<tr>
<td>15 South 9th Street</td>
<td>625 South 8th Street</td>
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</tr>
<tr>
<td>Lebanon, PA 17042</td>
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<tr>
<td>(717) 273-5781</td>
<td>(717) 270-3666</td>
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</tr>
<tr>
<td><a href="mailto:director@mhaleb.org">director@mhaleb.org</a></td>
<td><a href="mailto:aschaeffer@state.pa.us">aschaeffer@state.pa.us</a></td>
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<thead>
<tr>
<th><strong>Duane Miller</strong></th>
<th><strong>Kevin Schrum</strong></th>
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<tr>
<td>VP of Program Development</td>
<td>Administrator</td>
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<td>PA Counseling Services</td>
<td>Lebanon County MH/MR/EI</td>
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<td>Lebanon, PA 17046</td>
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<td>(717) 560-7917</td>
<td>(717) 274-3415</td>
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<td><a href="mailto:dmiller@pacounseling.com">dmiller@pacounseling.com</a></td>
<td><a href="mailto:kschrum@lebcnty.org">kschrum@lebcnty.org</a></td>
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<tr>
<th><strong>Otis Nash</strong></th>
<th><strong>Cindy Simpson</strong></th>
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<tr>
<td>VISN Coordinator</td>
<td>Co-Administrator</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs’</td>
<td>American House Personal Care Home</td>
</tr>
<tr>
<td>1700 South Lincoln Avenue</td>
<td>25 South 9th Street</td>
</tr>
<tr>
<td>Lebanon, PA 17042</td>
<td>Lebanon, PA 17042</td>
</tr>
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<td>(717) 272-6621</td>
<td>(717) 272-6678</td>
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<tr>
<td><a href="mailto:Otis.nash@va.gov">Otis.nash@va.gov</a></td>
<td><a href="mailto:American_house@comcast.net">American_house@comcast.net</a></td>
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<tr>
<th><strong>Dr. Powers</strong></th>
<th><strong>Skip Snyder</strong></th>
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<tbody>
<tr>
<td>Prison Psychiatrist</td>
<td>Lebanon County Emergency Management Agency</td>
</tr>
<tr>
<td>Lebanon County Correctional Facility</td>
<td>400 South 8th Street</td>
</tr>
<tr>
<td>730 E. Walnut St.</td>
<td>Room 12</td>
</tr>
<tr>
<td>Lebanon, PA 17042</td>
<td>Lebanon, PA 17042</td>
</tr>
<tr>
<td>(717) 274-5451</td>
<td>(717) 272-7621</td>
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<td>911 Communication Center: x67-206</td>
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<tr>
<th><strong>Carol Saltzer</strong></th>
<th><strong>Eric Steele</strong></th>
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<tr>
<td>Director, Crisis Intervention</td>
<td>Consumer</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>25 South 9th Street</td>
</tr>
<tr>
<td>4th and Walnut Streets</td>
<td>Lebanon, PA 17042</td>
</tr>
<tr>
<td>Lebanon, PA 17042</td>
<td>(717) 269-3302</td>
</tr>
<tr>
<td>(717) 644-4604</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title/Position</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Joseph Alan Vangeli</td>
<td>Aftercare Administrator</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dan Wright</td>
<td>Chief of Police, Lebanon City</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>David Wingert</td>
<td>Lebanon County Court Administrator</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Denise Wright</td>
<td>Consumer Advocate</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Jamie Wolgemuth</td>
<td>County Administrator</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Sarah Dorrell, MSW</td>
<td>Project Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Patty Griffin, Ph.D.</td>
<td>Senior Consultant</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarah Filone, MA</td>
<td>Project Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Nancy Weiman, MS</td>
<td>Consultant</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Appendix B – Evidence-Based and Promising Practices

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

Criminal Justice

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

Screening, Assessment, Engagement, and Treatment

- Screening and assessment of co-occurring disorders
  - See the monograph Screening and Assessment of Co-Occurring Disorders in the Justice System for the most up to date information about screening and assessment tools in criminal justice settings
    - http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf
  - Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
    - Illness Management and Recovery; a fact sheet developed by the GAINS Center on the use of this evidence-based practice for criminal justice involved populations that may be of value to the jail mental health staff and community providers, see http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/
    - Integrating Mental Health and Substance Abuse Services for Justice-Involved Persons with Co-Occurring Disorders; a fact sheet focused on integrated treatment, see www.gainscenter.samhsa.gov/pdfs/ebp/IntegratingMentalHealth.pdf
- Services that are gender sensitive and trauma informed
  - Treatment of trauma-related disorders for both men and women in criminal justice settings is covered in Addressing Histories of Trauma and Victimization through Treatment
    - www.gainscenter.samhsa.gov/pdfs/Women/series/AddressingHistories.pdf
  - See the monograph The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System

- Assertive Community Treatment and intensive forensic case management programs

- Illness Self Management and Recovery

- *Supported Employment* --- supported employment programs that assist individuals in accessing mainstream employment opportunities

- Services that seek to engage individuals and help them remain engaged in services beyond any court mandate
  - See *The EXIT Program: Engaging Diverted Individuals Through Voluntary Services* [www.gainscenter.samhsa.gov/pdfs/jail_diversion/TheExitProgram.pdf](http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/TheExitProgram.pdf)
Appendix C – Lebanon County Mental Health Caseloads

MEMO

TO: Commissioner Shabler
FROM: Kevin J. Selhman (MH/MR/ID Administrator)
DATE: August 25, 2010
SUBJECT: Response to Request for Information

At the Criminal Justice Advisory Board (CJAB) meeting on Tuesday, August 17th, you requested data regarding individuals with mental illnesses who were involved in the local criminal justice system.

In response, we've cross-referenced MH/MR/ID's mental health cases with the list of inmates at the Lebanon County Correctional Facility (LCCF), as well as the court system's Call of the List. The review yielded the following results:

1. LCCF
   A. Total # of Open Mental Health Cases 8 (18%)
   B. Total # of Closed Mental Health Cases 58 (49.4%)
   C. Total # of Individuals Unknown to MH Program 253 (28.8%)
   D. Total # of Inmates 453 (100%)

2. Call of the List
   A. Total # of Open Mental Health Cases 3 (1%)
   B. Total # of Closed Mental Health Cases 55 (12.5%)
   C. Total # of Individuals Unknown to MH Program 238 (54.3%)
   D. Total # of Individuals on Call of the List 453 (100%)
Appendix D – Lebanon County’s Probation & Parole Data
Summary of Probation Intensive Mental Health Caseload Statistics

**Time Period Tracked: September, 2009 – May, 2010 (9 Months)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Average</th>
<th>Total</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised</td>
<td>21</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>Co-Occurring Disorders</td>
<td>13</td>
<td>39</td>
<td>(61% of Total Average Caseload)</td>
</tr>
<tr>
<td>Terminations</td>
<td></td>
<td></td>
<td>Most common reason is a Technical Probation/Parole Violation (TPV)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Only 1 person in 9 months has been terminated because of a New Charge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Only 1 person in 9 months has been terminated for both a TPV and a New Charge</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td>Usually the Number is 0  Occasionally it increases to 1.</td>
</tr>
<tr>
<td>Receive SSI or SSD</td>
<td>18</td>
<td>57</td>
<td>(85% of Total Average Caseload)</td>
</tr>
</tbody>
</table>

In June 2010, cases were re-assigned at the Probation Parole Department. This resulted in a number of additional cases being assigned to the IMHC Probation Officer. Data collection was paused during this month. Beginning in July, numbers of individuals supervised include a separate count for on those on Probation and those on Parole. In one (1) month, the number of cases supervised for the Intensive Mental Health Caseload Officer nearly doubled.

**Time Period Tracked: July, 2010 – October, 2010 (4 Months)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Average</th>
<th>Total</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised</td>
<td>20</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19</td>
<td></td>
<td>39 Individuals Supervised on Average for this Caseload</td>
</tr>
<tr>
<td>Co-Occurring Disorders</td>
<td>33</td>
<td>129</td>
<td>(85% of Total Average Caseload)</td>
</tr>
<tr>
<td>Terminations</td>
<td>2</td>
<td></td>
<td>2 Individuals in 4 months were terminated due to a Technical Probation/Parole Violation (TPV)</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td>0 Individuals in 4 months have been terminated only because of a New Charge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Only 2 Individuals in 4 months have been terminated for both a TPV and a New Charge</td>
</tr>
<tr>
<td>Employment</td>
<td>5</td>
<td></td>
<td>5 Individuals are Currently Employed (87% are Unemployed based on Total Average Caseload of 39)</td>
</tr>
<tr>
<td>Receive SSI or SSD</td>
<td>32</td>
<td>128</td>
<td>(82% of Total Average Caseload)</td>
</tr>
</tbody>
</table>
Lebanon County Adult Probation & Parole
Mental Health Intensive Caseload
Monthly Statistics

Name of Supervising Officer: ________________________________

Month: __________ Year: __________

Number of offenders **paroled** who have been diagnosed with a mental illness: ______

Number of offenders **on probation** who have been diagnosed with a mental illness: ______

Number of offenders on the Mental Health Intensive Caseload having a **dual diagnosis** (both drug/alcohol and mental health issues): ______

Number of offenders **currently supervised** on the Mental Health Intensive Caseload: ______

Number of offenders whose **supervision period expired** this month: ______

Number of offenders **terminated** from supervision due to **technical violations**: ______

Number of offenders **terminated** from this caseload due to receiving **new charges**: ______

Number of offenders **terminated** from this caseload due to both **technical violations and new charges**: ______

Number of offenders **currently employed**: ______

Number of offenders currently receiving **SSI or SSD**: ______
### IMHC Monthly Data

<table>
<thead>
<tr>
<th>Month, Year</th>
<th># Paroled with MI</th>
<th># IMHC with Dual Diagnosis</th>
<th>Overall # Currently Supervised</th>
<th># Supervision Period Expired</th>
<th># Terminated - Tech. Violation</th>
<th># Terminated - New Charges</th>
<th># Terminated BOTH Tech. and New Charges</th>
<th>Currently Employed</th>
<th># Receive SSI / SSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>7</td>
<td>4</td>
<td>21</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>October</td>
<td>9</td>
<td>7</td>
<td>18</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>November</td>
<td>12</td>
<td>10</td>
<td>21</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>December</td>
<td>11</td>
<td>10</td>
<td>19</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>10</td>
<td>20</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>February</td>
<td>15</td>
<td>20</td>
<td>23</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>March</td>
<td>15</td>
<td>22</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>April</td>
<td>19</td>
<td>14</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>May</td>
<td>19</td>
<td>14</td>
<td>19</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>June</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In June, cases were re-assigned. This resulted in a number of additional cases being assigned to the IMHC Probation Officer. Beginning in July, numbers will include a separate count for those on Probation and those on Parole. Due to the reassignment of cases, no numbers are recorded for June.
Appendix E – Lebanon County’s Data on Individuals in LCCF who have taken Psychotropic Medication at LCCF as of 1/24/2011

Individuals who take psychotropic medications in the jail began to be tracked by computer in November, 2010. Since that time, as of 1/24/2011, 271 individuals in the jail have been given some form of psychotropic medication.

The average daily population for LCCF for all of 2010 was 454. The average weekly population for LCCF for all of 2010 was 443.

When looking at the staggered commitment dates of these 271 individuals (understanding that sentences are different lengths), the number of people placed in jail per month that were on the medication list as on1/24/2011 are the following:

<table>
<thead>
<tr>
<th>Month*</th>
<th>Number of People Committed to LCCF in a Certain Month on Medication List in LCCF as of 1/24/2011</th>
<th>Average Monthly LCCF Population (Averaged from Weekly Population Report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January, 2010</td>
<td>8</td>
<td>405</td>
</tr>
<tr>
<td>February, 2010</td>
<td>7</td>
<td>400</td>
</tr>
<tr>
<td>March, 2010</td>
<td>9</td>
<td>411</td>
</tr>
<tr>
<td>April, 2010</td>
<td>25</td>
<td>403</td>
</tr>
<tr>
<td>May, 2010</td>
<td>24</td>
<td>413</td>
</tr>
<tr>
<td>June, 2010</td>
<td>16</td>
<td>438</td>
</tr>
<tr>
<td>July, 2010</td>
<td>47</td>
<td>451</td>
</tr>
<tr>
<td>August, 2010</td>
<td>28</td>
<td>471</td>
</tr>
<tr>
<td>September, 2010</td>
<td>27</td>
<td>504</td>
</tr>
<tr>
<td>October, 2010</td>
<td>19</td>
<td>487</td>
</tr>
<tr>
<td>November, 2010</td>
<td>16</td>
<td>474</td>
</tr>
<tr>
<td>December, 2010</td>
<td>19</td>
<td>461</td>
</tr>
<tr>
<td>January, 2011</td>
<td>4</td>
<td>445</td>
</tr>
</tbody>
</table>

*[22 Individuals were still in jail as of 1/24/2011 that were admitted from June-December of 2009.]

To get a slightly deeper understanding of the 271 people on the medications, the first 136 names were sampled and examined for average number of times incarcerated (in LCCF ONLY), average length of stay, basic nature of charges, homelessness, and gender. These items were selected to try to capture data close to what is requested on the “Jail Bookings” paper from the COE. Not everything on the form could be examined. Systems used to gather this information included the Jail Management System (JMS) and the Common Pleas Case Management System (CPCMS).

Other Basic Findings:

(N=136) 38 Women (28%)  98 Men (72%)
Most Common Charges: Theft (usually retail, but sometimes by unlawful taking), Disorderly Conduct, Simple Assault, Terroristic Threats, Probation/Parole Violations, Drugs (Possession/Manufacturing), DUI, Burglary, and Harassment.

General Mental Health Diagnosis Check at LCCF: At intake, paper forms are used to gather basic mental health information. Additionally, each inmate is required to have a physical within a certain period of time after intake and during this exam questions about mental health are asked. The data from these forms is recorded on paper, but is not entered in a computer program.
## Appendix F - Lebanon County Mental Health Intake Forms

### Suicide Prevention Screening Questionnaire

**LEBANON COUNTY CORRECTIONAL FACILITY**

**Booking #: 007-3808**

<table>
<thead>
<tr>
<th>Order</th>
<th>Question Asked</th>
<th>Y/N</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Arresting or Transporting Officer believes that detainee may be a suicide risk.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If the answer to question #1 was yes, was the Shift Supervisor notified?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Detainee lacks close family or friends in the community?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Detainee has experienced a significant loss within the last six months.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Detainee is very worried about major problems other than legal situation?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Detainee's family or significant other has attempted suicide?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Detainee has psychiatric history.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Detainee has a history of drug and/or alcohol.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Detainee holds position of respect in community and/or alleged crime is shocking</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>If the answer to question #8 was yes, was the Shift Supervisor notified?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Detainee is thinking about killing himself.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>If the answer to question #12 was yes, was the Shift Supervisor notified?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Detainee has previous suicide attempt.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Detainee feels that there is nothing to look forward to in the future.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>If yes to questions #13 &amp; 14, was the Shift Supervisor notified?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Have you ever been on suicide watch in our facility?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>If yes to #18, what year?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Detainee shows sign of depression (crying, emotional flatness)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Detainee appears overly anxious, afraid or angry</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Detainee appears too excited/unusually embarrassed or ashamed.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Detainee is acting out or taking in a strange manner (cannot focus.)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Detainee is apparently under the influence of alcohol or drugs.</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>If answer to #22 is yes, is detainee incoherent or showing signs of withdraw?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>If the answer to questions #23 &amp; 24 were yes, was the Shift Supervisor notified?</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>No prior arrests.</td>
<td>Y</td>
<td>PRIOR SB: 1993</td>
</tr>
</tbody>
</table>

**Received: APR-21-2006 TUE 11:00 AM**

**Screening Officer: MATTERS, C.O. ALLEN III**

**Screening Date/Time: 4/20/2006 10:46:05**
LEBANON COUNTY CORRECTIONAL FACILITY
PHYSICAL EXAMINATION FORM

NAME ___________________________________________ DATE ____________
RACE_ SEX_ AGE_ LEVEL OF EDUCATION ____________________________ MEDICAL HISTORY

FOOD/DRUG ALLERGIES
DIABETES _________________________ HEART DISEASE _________________________
BACK DISORDER ___________________ SEIZURES __________________________
FRACTURES ______________________ HEPATITIS ____________________________
HOSPITALIZATIONS _______ FOR ________________
TUBERCULOSIS ___________________ PREVIOUS SKIN TEST _______
IF POSITIVE, WHEN WHERE ___________________
DIAGNOSED _____________________
TREATMENT? ___________________ when/when/completed? ______________
STREET DRUGS _______________ LAST ________________
USED OF ROUTE LAST ALCOHOL LAST USED ______________________
AMOUNT ___________________ DENTIST __________________________
CURRENT MEDICATIONS ____________________________
PHYSICIAN ________________________ DENTIST __________________________
DENTURES ___________________ PARTIAL __________________________
CARIOS ________________________ ____________________
GLASSES CONTACTS L/R __________________________
FEMALES LAST MENSTRUAL PERIOD __________
PREGNANCIES-GRAVIDA PARA BIRTH CONTROL ______________
To the best of my knowledge, the above information is true and correct
Date __________ Signature ________________________________

PHYSICAL ABNORMALITIES
WITHDRAWAL SYMPTOMS NOTED
PHYSICAL EXAMINATION
BENT ________________ NECK __________________________
CARDIAC ________________ NEUROLOGICAL __________________
RESPIRATORY ________________ O/R __________________________
MUSCULO/SKELETAL ________________ GENITALIA __________________
DATE ___________________ SIGNATURE __________________________

#2 DATE ________________ #3 DATE ________________ #4 DATE ________________
VITAL SIGNS ___________________ VITAL SIGNS ___________________ VITAL SIGNS ___________________
HEIGHT ___________________ HEIGHT ___________________ HEIGHT ___________________
WEIGHT ___________________ WEIGHT ___________________ WEIGHT ___________________
ANY CHANGES FROM PREVIOUS COMMITMENTS WILL BE NOTED IN THE PROGRESS NOTE
PHYSICIAN __________________________

Pennsylvania
Center of Excellence
LEBANON COUNTY CORRECTIONAL FACILITY

*Current Psychotropic Medications:  
Name:  
Allergies:  
Date:  

*Current Condition:  

Nurse Signature  

Consultant Summary:  

Suicidal/Homicidal Ideation/Plans: NO YES (Describe)  

Intervention/Treatment Plan  
Medication Recommendations and Laboratory:  

Return Appointment:  
Dr. Signature:  
Client Number:  
Date of Birth:  
Program CNOA:  

* Completed by Nursing Staff prior to visit
Appendix G – Resources for Specialized Police Response and Law Enforcement/Behavioral Health Collaboration at Intercept 1

- **Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions.** Manuscript published by the Justice Center.
  This monograph assists communities develop effective specialized police response and collaboration between law enforcement and behavioral health systems tailored to the needs of the local community. It provides a step by step program design process and numerous examples of how localities have implemented collaborative police and behavioral health responses to produce better outcomes when law enforcement encounters a person with mental illness in crisis.

  Available at:  

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

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

  More information available at:  
  [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

  Rhode Island has modified this program specifically for Law Enforcement. See:  
  [http://www.thenationalcouncil.org/galleries/resources-services%20files/MHFA%20for%20Law%20Enforcement%20%5BCompatibility%20Mode%20%5D.pdf](http://www.thenationalcouncil.org/galleries/resources-services%20files/MHFA%20for%20Law%20Enforcement%20%5BCompatibility%20Mode%20%5D.pdf)

- **Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice.** Manuscript published by the Justice Center.
  Examines studies on law enforcement interactions with people with mental illnesses and translates the findings to help policymakers and practitioners develop safe and effective interventions. Supported by the John D. and Catherine T. MacArthur Foundation, it reviews research on the scope and nature of the problem and on a range of law enforcement responses.
• Ohio’s Crisis Intervention Team (CIT) Initiative. Video developed by the Ohio’s Criminal Justice Coordinating Center of Excellence.
This recently released brief video describes Ohio’s successful development and promotion of CIT programs. The video presents an overview of CIT and the Criminal Justice CCoE and provides a brief introduction of CIT. Ohio Supreme Court Justice Evelyn Stratton is among the speakers.
Available at http://cjccoe.neoucom.edu/

• Bucks County (PA) Crisis Intervention Team. NAMI PA Bucks County
Official website of the Bucks County CIT, include an overview of the program, news reports and more.
Available at: http://www.namibucks.org/bucks_cit.htm

• Laurel Highlands Region (PA) Crisis Intervention Team
Official website of the Laurel Highlands Region CIT, including a brief overview and description, resources and contact information.
Available at: http://www.laurelhighlandscit.com
Also see: http://www.pacenterofexcellence.pitt.edu/web_resources_presentations.html

• “A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs”. Article in Psychiatric Services, 2001.
This article covers three communities, including Montgomery County (PA), that have developed pre-booking diversion programs that rely on specialized crisis response sites where police can drop off individuals in psychiatric crisis and return to their regular patrol duties.
Available at: http://psychservices.psychiatryonline.org/cgi/content/full/52/2/219

This article reviews research of CIT programs nationally, specifically reporting on officer-level outcomes, the dispositions of calls eliciting a CIT response, and available models.
Available at: http://www.jaapl.org/cgi/content/full/36/1/47

• Presentations from the 2010 International CIT Conference website.
A catalogue of presentations from the 2010 International CIT Conference (June 2010) is included on this website. Chester County may be especially interested in the following presentations:
  o Persuading Policy Makers: Effective CIT Program Evaluation and Public Relations (page 1)
- A Co-response Model Mental Health and Policing (page 1)
- How CIT Works in a Small Rural County (page 1)
- Keys to the Successful Development and Implementation of a CIT Program (page 2)
- Steps to Successful Community Collaboration (page 3)
- An Innovative Community Collaboration to Enhance the Continuum of Care (page 3)

Available at: [http://www.slideshare.net/citinfo](http://www.slideshare.net/citinfo)

- **Making Jail Diversion Work in Rural Counties.** Presentation at the GAINS TAPA Center for Jail Diversion Easy Access Net/Teleconference, March 27, 2006. This is a presentation by Brown County (OH) and New River Valley (VA) on implementing CIT in rural communities. It covers initial barriers, planning stages, modifications and eventual implementation of pre-booking diversion programs in small, rural communities.


- **MCES Mobile Crisis Intervention Service**
  Montgomery County Emergency Service, Inc. (MCES) is a non-profit hospital founded in 1974 and is nationally renowned for its innovative programs to assist law enforcement agencies in dealing with mental health, behavioral and substance abuse issues, including their Mobile Crisis Intervention Service.

  Available at: [www.mces.org](http://www.mces.org)

- **Family Training and Advocacy Center**
  Official website of the Philadelphia Department of Behavioral Health/Mental Retardation Services Family Training and Advocacy Center (FTAC), which provides support to families and family groups dealing with a family member's behavioral health and/or addiction issues. Among its many activities, FTAC provides training to criminal justice staff.

  Available at: [http://www.dbhmrs.org/family-training-advocacy-center-ftac](http://www.dbhmrs.org/family-training-advocacy-center-ftac)

- **Exchange of Information Between First Responders And the Venango County Mental Health System: Policy and Procedures.**
  Example of an information sharing agreement in Venango County (PA) between law enforcement, Venango County Human Services Integrated Crisis Services Unit (ICS) and Mental Health/Mental Retardation Department (MH). Please contact: Jayne Romero, MH/MR Administrator Venango County, at (814) 432-9753.

  Also see: [http://www.pacenterofexcellence.pitt.edu/documents/VENANGO%20COUNTY%20CROSS%20SYSTEM%20COLLABORATION.pdf](http://www.pacenterofexcellence.pitt.edu/documents/VENANGO%20COUNTY%20CROSS%20SYSTEM%20COLLABORATION.pdf)

- **Police 3x5 Crisis Intervention Quick Referral Cards**
This set of nine 3x5 cards are provided to San Antonio Texas Crisis Intervention Team officers during their initial 40 hour training. They are provided as handy reference tools and updated before every new CIT class. Available at:
http://www.diversioninitiatives.net/search?updated-min=2009-01-01T00%3A00%3A00-08%3A00&updated-max=2010-01-01T00%3A00%3A00-08%3A00&max-results=22

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

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

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

  This report presents the findings and recommendations from a national summit held by IACP in May 2009 to address the millions of encounters between law enforcement and persons with mental illness in our communities. Available at:
“Hearing Voices That Are Distressing” Exercise
Philadelphia RESPONDS Crisis Intervention Team

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

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

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

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

For more information on Philadelphia RESPONDS Crisis Intervention Team:
Michele Dowell, MSW, CIT Coordinator, (215) 546-0300 ext. 3511, mdowell@pmhcc.org
Lt. Francis Healy, Philadelphia Police Department, (215) 686-3022, Francis.Healy@phila.gov

For more information on the “Hearing Voices That Are Distressing” Curriculum and Dr. Deegan videos:

National Empowerment Center
www.power2u.org
(978) 685-1494

Patricia Deegan, PhD
www.patdeegan.com
Venango County Exchange of Information Policy

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

Policy and Procedures

Policy

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

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

Procedures

1. Law Enforcement/first responders will contact the ICS/MH as outlined in the “Individuals Needing Emergency Psychiatric Evaluation” flowchart.

2. Requests for the information outlined above may be made to the ICS/MH worker who takes the call.

3. The ICS/MH worker will provide only the information noted above, to the degree that it is known to the ICS/MH worker, or can quickly be discovered by the ICS/MH worker. Strategies ICS/MH workers can use to discover information including, but not limited to, calls to the County Base Service Unit staff, and/or reference to mental health records on file at the ICS office.

4. The ICS/MH worker will document any information disclosed to a first responder on the Protective Services Emergency Examination Sheet or in the case record.

Date Implemented: August 2008

Approved by: Venango County MH/MR
CJAB approval
Appendix H – Resources for Improving Re-Entry

  Best Practices article on Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM), an approach to client engagement that is based on an appreciation of the “culture of incarceration” and its attendant normative behaviors and beliefs. This column describes SPECTRM’s systematic development as an emerging best practice for clinical training and group treatment.

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

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

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

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

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

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

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

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

  Available at: http://www.nida.nih.gov/PDF/ascp/vol5no1/Interventions.pdf
• “Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes”
A monograph published by The Urban Institute that describes 13 key strategies to enhance reentry outcomes along with examples from the field. It is based on research literature and the outcomes of two meetings held in 2007 with national experts on the topic of parole supervision. The goal of the meetings was to articulate participants’ collective best thinking on parole supervision, violation, and revocation practices and to identify policies and strategies that would help policymakers and practitioners improve public safety and make the best use of taxpayer dollars.

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

• “Reducing Parolee Recidivism through Supportive Homes: Successful Programs by State”
This is a Corporation for Supportive Housing report that describes various forensic supportive housing projects in New Jersey, New York, Illinois and Ohio.

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

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

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

• Utilization of a systemic approach to accessing benefits for individuals who qualify for Medical Assistance, SSI, and SSDI, including individuals who are homeless and those recently released from jail or prison
  o Maintaining Medicaid Benefits for Jail Detainees with Co-Occurring Mental Health and Substance Use Disorders, see www.gainscenter.samhsa.gov/pdfs/integrating/Maintaining_Medicaid_02.pdf
  o See Policy Research Associates’ SSI/SSDI Outreach and Recovery (SOAR) website for planning and technical assistance efforts to improve access to Social Security benefits
    • http://www.prainc.com/SOAR/
Appendix I – Assisting Communities in Planning for Housing

- The Corporation for Supportive Housing has targeted this problem by assisting states and localities in developing supporting housing for people being diverted from the criminal justice system and those reentering the community from local jails or state prisons. Their work directly addresses the broad range of public organizations involved in serving this population --- corrections, courts, homeless shelters, behavioral health services, and others --- and coordinates these usually fragmented efforts to create housing and supportive services to “break the cycle of incarceration and homelessness.” Efforts in New York City, Chicago, Rhode Island, and a number of other communities have shown reductions in days spent in shelter and jail along with increases in stable housing. (See: www.csh.org/)

  - The Corporation for Supportive Housing’s Frequent Users Initiative has been implemented in a number of cities and states across the country to foster innovative cross-system strategies to improve quality of life and reduce public costs among persons whose complex, unmet needs result in frequent engagement with emergency health, shelter and correctional services
  - These programs identify and target a small group of individuals whose overlapping health and mental health needs place them at high risk of repeated, costly and avoidable involvement with correctional and crisis care systems
  - The Corporation leverages local partnerships and community-based services linked with housing to improve outcomes at a reduced public cost for the frequent user population. The New York City Departments of Correction and Homeless Services, with assistance from the Department of Health and Mental Hygiene and the New York City Housing Authority have implemented the Frequent Users of Jail and Shelter Initiative
  - Initial results show that the average number of days in jail decrease by 52% among housed participants, while jail days actually increased for members of a comparison group
  - For information about the New York City and other Frequent User initiatives: http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pagelid=4456&nodeID=81

- The Council for State Governments Justice Center released a 2010 policymakers’ guide to reentry housing options which outlines three approaches to increasing housing capacity: creating greater access to existing housing units, increasing the number of housing units specifically available to the target population, and engaging in comprehensive neighborhood revitalization to expand affordable housing for at-risk populations. The benefits and limitations of commonly used housing approaches are described along with examples in place in communities. (See: http://reentrypolicy.org/jc_publications/reentry-housing-options/Reentry_Housing_Options.pdf)

- Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System; a fact sheet on safe housing for persons with mental illness involved with the criminal justice system, see www.gainscenter.samhsa.gov/text/ebp/EBPHousingPrograms_5_2006.asp
• The Pennsylvania’s Department of Public Welfare’s Office of Mental Health and Substance Abuse Services has recently disseminated a document to help communities address this issue, “Housing and the Sequential Intercept Model: A How-to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness.” The guide, tailored to Pennsylvania, comprehensively describes how to define the problem, collect data, get the right people at the table, identify housing resources and gaps, examine potential housing models, and formulate strategies to fill the gaps. A wide range of housing options are described including strategies for public housing authorities, private landlords, master leasing, emergency shelter/crisis residential, transitional or bridge housing, and permanent supportive housing. (See: www.parecovery.org/documents/Housing_SEI_Final_Handbook_030510.pdf)

• Diana T. Myers and Associates is a housing and community development consulting firm based in Pennsylvania that specializes in planning affordable, accessible housing for people with disabilities and works with government and nonprofit clients to design and coordinate programs and develop housing for people with disabilities
  o The York County Criminal Justice Advisory Board (CJAB) engaged this group in 2007 to conduct a housing study targeting people with serious mental illness involved with the criminal justice system. The group recently completed a similar study in Centre County.
  o See: http://www.lebcounty.org/lebanon/lib/lebanon/PowerPoint_-_Housing_and_the_Sequential_Intercept_Model.pdf
Appendix J – Resources for Forensic Peer Support

- **Pennsylvania Peer Support Coalition Website**
  
  Official website of the PA peer support network; Includes resources, contact information, newsletters, etc.
  
  Available at: [http://www.papeersupportcoalition.org/](http://www.papeersupportcoalition.org/)

  

  
  A CMHS National GAINS Center report regarding the barriers to hiring forensic peer specialists such as employment laws, public legal records, and current legal status. Available at: [http://www.gainscenter.samhsa.gov/pdfs/integrating/Miller_Massaro_Overcoming.pdf](http://www.gainscenter.samhsa.gov/pdfs/integrating/Miller_Massaro_Overcoming.pdf)

  
  A Review of 298 papers about involving consumers in mental health treatment- 5 randomized controlled trials and 7 other comparative studies were identified and used. Available at: [http://www.bmj.com/cgi/reprint/325/7375/1265](http://www.bmj.com/cgi/reprint/325/7375/1265)

- **Spikol, A. (2007). Peer specialists inspire hope for recovery. People First, Spring 2007, 7-10.**
  
  An article on peer specialists that highlights several individuals from Montgomery County and discusses the benefits of peer specialist programs. Available at: [http://www.mhapa.org/downloads/5.11.07Pages7to12.pdf](http://www.mhapa.org/downloads/5.11.07Pages7to12.pdf)

  
  An article that looks at peer programs in correctional settings and targets topics such as: HIV/AIDS and health education, drug and alcohol abuse, sexual assault/offending, and prison orientation.
Lebanon County, PA Mental Health and Justice Center of Excellence Report, February 2011

Available at:


  Available at:

- Medicaid Coverage of Peer Support for People with Mental Illness: Available Research and State Examples.

  Available at: http://cms.hhs.gov/PromisingPractices/downloads/PeerSupport.pdf


  Available at:
  http://psychservices.psychiatryonline.org/cgi/reprint/58/7/955


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

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

  November 2010 Issue Available at:
  http://www.pacenterofexcellence.pitt.edu/documents/Nov%202010%20The%20Interceptor.pdf
March 2010 Issue Available at:

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

  Available at: [http://www.mentalhealthrecovery.com/](http://www.mentalhealthrecovery.com/)

- **PEERSTAR LLC FORENSIC PEER SUPPORT**

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

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

  More Information Available at: [www-peerstarllc.com](http://www.peerstarllc.com)

- **OMHSAS**

  Assist counties and interested parties in preparing for and developing program components centered on forensic peer support. OMHSAS can connect you with other counties and providers doing the work, resources and answers, and introduce the concepts of FPS, brainstorming and troubleshooting.

  Contact DJ Rees, Program Manager- Forensic Peer Support OMHSAS (jorees@state.pa.us or 717.214.8200)

- **Lori Ashcraft, Ph.D., Executive Director, META Services Recovery Education Center.**

  “Peer Services in a Crisis Setting; The Living Room”

  The living room is an example of peer crisis workers within an Alternative Crisis Center in Phoenix, Arizona. This particular crisis center operates as part of a freestanding crisis center (META’s Services now called Recovery Innovations), but has separate space within the center’s building. The entire program centers on the recovery-delivered services.

  - Above Article Available at: [http://www.recoveryinnovations.org/pdf/LivingRoom.pdf](http://www.recoveryinnovations.org/pdf/LivingRoom.pdf)
• Peer Specialist Compensation/Satisfaction 2007 Survey Report by NAPS
  • Available at: http://www.ncmhcso.org/downloads/NAPS_survey_report.doc

• Mental Health Consumer Providers by the Rand Corporation
  • Available at: consensusproject.org/bja-ta-training-event-july-2009/materials-bja-ta-09/Rand_Article.pdf

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

About the Program

- This 18 month initiative began in July 2010 and is funded by the Pennsylvania Commission on Crime and Delinquency (PCCD) in cooperation with the Office of Mental Health and Substance Abuse Services (OMHSAS). The project goal is to establish a Statewide Forensic Peer Support Program serving justice-involved individuals with mental illness and/or co-occurring substance use disorders.

- A Collaborative effort between Drexel University Psychology Dept., Drexel University College of Medicine’s Department of Psychiatry’s Division of Behavioral Healthcare Education (BHE), the Pennsylvania Mental Health Consumers Association (PMHCA), and the Center of Excellence.

Our Goals

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

Program Progress

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

Contact Us

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

  Elizabeth Woodley (PMHCA Project Specialist)  Saf83@Drexel.edu
  Liz@pmhca.org  215-762-8275
  717-564-4930
  Sarah Filone, M.A. (Project Coordinator)
Appendix K – Community Corrections

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

- For instance, research suggests that three strategies by community corrections officers can reduce criminal recidivism or improve linkages to services for probationers with mental illness:
  - “Firm but fair”
  - Officers’ use of compliance strategies that favor problem solving rather than threats of incarceration and other negative pressures
  - Officers’ “boundary spanning” work to develop knowledge about behavioral health and community resources, establish and maintain relationships with clinicians, and advocate for services

- Specialized probation caseloads “are regarded as promising practice for improving outcomes with this population”
  - Defining features of specialized caseloads include:
    - Smaller caseloads composed exclusively of people with mental illness
    - Significant and sustained training on mental health issues
    - Extensive collaboration with community-based service providers
    - Problem-solving strategies to enhance compliance with supervision requirements

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

Other Resources:


• Research Network on Mandated Community Treatment. Website: http://www.macarthur.virginia.edu/researchnetwork.html


Appendix L – Information Sheet on Justice-Involved Veterans for Judicial System

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

How to identify veterans in your system:

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

Basic VHA eligibility:

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

The following is general information on eligibility:

- Any Veteran who is interested in receiving healthcare services from VA should be encouraged to apply for enrollment at his or her local VA medical center Enrollment/Eligibility office. For specific program eligibility, priority group information, copay, and other service information, please consult Federal Benefits for Veterans, Dependents and Survivors 2009 Edition, available online at http://www1.va.gov/opa/vadocs/current_benefits.asp.

- A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA healthcare benefits. Reservists and National Guard members may also qualify for VA healthcare benefits if they were called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.

- Minimum Duty Requirements: Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to Veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

Other factors may arise as VA eligibility offices check a Veteran’s status.
VA provides health care services:

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

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

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

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

Wait Times for entry to VA services:

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

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

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

In order for VHA clinicians to communicate with the justice system, the Veteran must sign a Release of Information specifying the type of information to be communicated and the duration of the course of treatment for which the information is to be provided. (VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information.)

Because VHA is a comprehensive healthcare system, social, vocational, housing, substance abuse, mental health and physical healthcare services are all considered health information, so the form is required to transmit information regarding the Veteran’s attendance, progress, treatment testing, and discharge plan/status in any of these areas.

National Veteran Suicide Prevention hotline: VA has a National Suicide Prevention Hotline number: 1-800-273-TALK (8255).
Appendix M – Resources for Veterans Involved in the Criminal Justice System

- **The Veterans Justice Outreach Initiative website**
  Official website of the VJO Initiative at the VA, including contact information, handbooks and guides, resources for courts and other related articles.
  
  Available at: [http://www1.va.gov/HOMELESS/VJO.asp](http://www1.va.gov/HOMELESS/VJO.asp)

- **Justice for Vets: The National Clearinghouse for Veterans Treatment Courts**
  Official website of Veterans Treatment Courts initiative of the National Association of Drug Court Professionals, including information regarding veterans treatment courts as well as a current list of these court models in the United States.
  
  Available at: [http://www.justiceforvets.org/](http://www.justiceforvets.org/)

- **“Leveling the Playing Field: Practical Strategies for Increasing Veterans’ Involvement in Diversion and Reentry Programs”**
  A CMHS National GAINS Center report on developing diversion opportunities for veterans in the criminal justice system, including 13 steps to take to implement such programming.
  
  Available at: [http://www.gainscenter.samhsa.gov/pdfs/veterans/levelingthefield_veterans.pdf](http://www.gainscenter.samhsa.gov/pdfs/veterans/levelingthefield_veterans.pdf)

- **“Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions”**
  A Consensus Report of the CMHS National GAINS Center’s Forum on Combat Veterans, Trauma, and the Justice System that provides background information as well as specific recommendations on how to better provide services for veterans with service-related trauma and mental health conditions.
  

- **“Incarcerated Veteran Re-Entry Programs Aimed at Reducing Recidivism”. Article in Veteran Journal, 2008.**
  This article is focused on incarcerated veterans re-entry specialists, as well as other programs. Also includes links to other related resources.
  
  Available at: [http://www.veteranjournal.com/incarcerated-veteran-re-entry-programs/](http://www.veteranjournal.com/incarcerated-veteran-re-entry-programs/)

- **Presentations from the 2010 International CIT Conference website**
  Presentations from the 2010 International CIT Conference specific to veterans’ issues.
  
  Available at: [http://www.slideshare.net/citinfo](http://www.slideshare.net/citinfo)
• Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
  Available at www.dcoe.health.mil

• Real Warriors, Real Battles, Real Strengths public awareness campaign
  Available at www.realwarriors.net

• Crisis Intervention Team International Conference
  September 12th-14th, 2011
  Virginia Beach, Virginia
  Registration and more information available at www.citi2011.com

• Veteran’s Conference 2011- Jail Diversion and Trauma Recovery for Veterans
  March 23rd-24th, 2011
  Ramada Inn and Conference Center in State College, PA
  
  o By the completion of this conference, participants will be able to:
    • Identify challenges of Diverting Veterans with Trauma-Related Disorders from the Criminal Justice System
    • Cite the utility of trauma informed care in treating persons with all types of traumatic experiences;
    • Describe the functions and outcomes of PA’s veteran’s courts;
    • Discuss application of CIT in suburban, rural and urban environments.
  o Target Audience
    • Veterans Service Organizations
    • Behavioral Health Clinicians
    • Criminal Justice professionals practicing diverting veterans from jail
    • State/local officials or citizens interested in this concept.
Appendix N – Resources on Cultural Competence for Criminal Justice/Behavioral Health

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

- **Sensitizing Providers to the Effects of Treatment and Risk Management: Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness**, the SPECTRM program, uses a cultural competence model to help service providers better understand the needs of the population they serve and deliver services tailored to their unique needs, see [www.gainscenter.samhsa.gov/pdfs/reentry/Spectrum.pdf](http://www.gainscenter.samhsa.gov/pdfs/reentry/Spectrum.pdf).


- Primm, A., Osher, F, & Gomez, M. Race and Ethnicity, Mental Health Services and Cultural Competency in the Criminal Justice System: Are We Ready to Change? *Community Mental Health Journal, Volume 1, Number 5, 557-569, 2005.*


Appendix O – Resources for Community Education

- **Open Minds Open Doors**

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

  Available at: [www.openmindsopendoors.com](http://www.openmindsopendoors.com)

- **National Alliance on Mental Illness PA**

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

  Available at: [www.namipa.org](http://www.namipa.org)
Appendix P – Resources for Data Collection and Analysis

At all stages of the Sequential Intercept Model, data should be developed to document the involvement of people with severe mental illness, substance use disorders, and co-occurring disorders involved in the local criminal justice system. Limited data was available to illustrate the scope and complexity of the problems discussed during the workshop.

- Efforts should be made to summarize important information on a regular basis and share with the larger planning group, other stakeholders, and funders.
  - For instance, develop data to document the impact homelessness or unstable housing has upon people with mental illness and other behavioral health problems involved in the criminal justice system
    - Consider including the jail in the annual “one day count” of homelessness in the county
      - Centre County included the county jail in their January 2009 study. This information has been useful in planning for housing resources specifically targeted for this population
  - Document the number of people being held in jail who could be released if they had suitable housing
  - Compile information on jail inmates under probation supervision who are waiting for an address in order to be released from jail
  - Consider the “Mental Health Report Card” used by the King County Washington Mental Health, Chemical Abuse and Dependency Services to document progress in meeting relevant client outcomes
    - For example, one outcome measure asks: Are we decreasing the number of times adults and older adults are incarcerated?
    - See: [http://www.kingcounty.gov/healthservices/MentalHealth/Reports.aspx](http://www.kingcounty.gov/healthservices/MentalHealth/Reports.aspx)

Pennsylvania Mental Health and Justice Center of Excellence personnel are available to consult with and assist locales with the following:

- Assessing existing database structure and content
- Planning for data collection (e.g. identification of outcomes) and analysis strategies
  - What to data to track and how to record it
  - Identifying outcome measures
- Designing data collection instruments
- Implementing standardized reporting components
  - In accordance with funding or other local requirements
- Monitoring data quality
  - Discussing data-entry strategies to minimize errors.
- Integrating relevant information from multiple sources
- Analyzing data and interpreting analyses
Data Technical Assistance services are led by Carol Schubert, M.P.H. (Senior Consultant) and Edward P. Mulvey, Ph.D. (Center Co-Director) with the assistance of Marcel Schipper (Data Specialist) at the University of Pittsburgh.

See the Center website [www.pacenterofexcellence.pitt.edu](http://www.pacenterofexcellence.pitt.edu) or call Carol Schubert at 412-647-4760 for additional information. Prioritizing requests for assistance will be done in conjunction with the Pennsylvania Mental Health and Justice Advisory Committee.
## Appendix Q – Additional Website Resources

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

### Pennsylvania Web Sites

| Pennsylvania Commission on Crime and Delinquency | www.pccd.state.pa.us/ |

### Additional Web Sites

| Center for Mental Health Services | www.mentalhealth.samhsa.gov/cmhs |
| Center for Substance Abuse Prevention | www.prevention.samhsa.gov |
| Center for Substance Abuse Treatment | www.csat.samhsa.gov |
| Council of State Governments Consensus Project | www.consensusproject.org |
| The Justice Center | www.justicecenter.csg.org |
| Mental Health America | www.nmha.org |
| National Alliance on Mental Illness (NAMI) | www.nami.org |
| National Alliance on Mental Illness Crisis Intervention Team Resource Center & Toolkit | www.nami.org/cit; www.nami.org/cittoolkit |
| National Center on Cultural Competence | www11.georgetown.edu/research/gucchd/nccc/ |
| National Center for Trauma Informed Care | http://mentalhealth.samhsa.gov/nctic |
| National Clearinghouse for Alcohol and Drug Information | www.health.org |
| National Criminal Justice Reference Service | www.ncjrs.org |
| National GAINS Center/ TAPA Center for Jail Diversion | www.gainscenter.samhsa.gov |
| National Institute of Corrections | www.nicic.org |
| National Institute on Drug Abuse | www.nida.nih.gov |
| Network of Care | networkofcare.org |
| Office of Justice Programs | www.ojp.usdoj.gov |
| Ohio Criminal Justice Center for Excellence | www.neoucom.edu/cjccoe |
| Partners for Recovery | www.partnersforrecovery.samhsa.gov |
| SOAR: SSI/SSDI Outreach and Recovery | www.prainc.com/soar |
| Substance Abuse and Mental Health Services Administration | www.samhsa.gov |
| USF CJ and Substance Abuse Technical Assistance Center | www.floridatac.org/ |