Addressing the Intersection Between Behavioral Health and Criminal Justice Systems

January 23  3-4:00 PM EST

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Moderator

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Addressing the Intersection of the Behavioral Health and Criminal Justice Systems: Pennsylvania’s Work at the County Level

Patty Griffin, PhD
Senior Consultant, Pennsylvania MH & Justice Center of Excellence
National Picture

- High rates of people with serious mental illness being admitted to our jails

- Most recent research (Steadman, Osher, et al, 2009):
  - Estimates 16.9% of all jail admissions have a serious mental illness
    - 14.5% of males
    - 31.0% of females
  - Three to six times the prevalence of serious mental illness in the general population

- High rates of co-occurring substance use disorders and other challenges including trauma, medical, and homelessness

- Long lengths of stay in jail and significant recidivism

- Many challenges for behavioral health and criminal justice systems

- Especially in finding ways to collaborate effectively to address this issue
Collaboration at the state level to address these problems:

- Pennsylvania Commission on Crime and Delinquency (PCCD)
- Department of Public Welfare Office of Mental Health and Substance Abuse Services (OMHSAS)

  - Mental Health and Justice Advisory Committee of PCCD
    - Chair: The Honorable John Zottola, Allegheny County

Partnership between Drexel University and Western Psychiatric Institute and Clinic, Univ. of Pittsburgh Medical School
Sequential Intercept Model as our Organizing Tool

www.pacenterofexcellence.pitt.edu
Sequential Intercept Model

- A conceptual framework for communities to consider the interface between the criminal justice and behavioral health systems
- A systematic way to approach the over-representation of people with serious mental illness in the criminal justice system
  - Problem must be attacked from multiple levels
  - Originally, the “Sequential Filters” Model
    - We conceptualized a series of filters. Each filter provides a point to “catch” an individual with mental illness. Over time, the filter rate should increase earlier in the sequence.

Munetz & Griffin 2006
Sequential Intercepts

I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

III. Post-Initial Hearings: Jail/Prison, Courts, Forensic Evaluations and Commitments

IV. Re-Entry From Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community Support

Munetz & Griffin
Psychiatric Services
57: 544–549, 2006
Sequential Intercept Model

- **Sequential:** People move through the criminal justice system in predictable ways

- **Intercept:** Examine this process in your locality to identify ways to “intercept” persons with severe mental illness and co-occurring disorders to ensure:
  - Prompt access to treatment
  - Opportunities for diversion and community alternatives
  - Timely movement through criminal justice system
  - Linkage to community resources
Five Key Points of Interception

1. Law enforcement / Emergency services
2. Booking / Initial court hearings
3. Jails / Courts
4. Re-entry
5. Community corrections / Community support
Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships

Intercept 1
Law enforcement / Emergency services

Intercept 2
Initial detention / Initial court hearings

Intercept 3
Jails / Courts

Intercept 4
Reentry

Intercept 5
Community corrections/Community support

Adapted from Mietz & Griffin 2006
Cross-Systems Mapping Workshops
Sequential Intercept Mapping workshops
developed by
Policy Research Associates
the technical assistance contractor for SAMHSA’s GAINS Center

Since 1987, a national leader in mental health research and its application to social change.

www.prainc.com
Key:

Cross-Systems Mapping Completed (27)

Cross-Systems Mapping Scheduled (8)
Workshop Tasks

1. Nurture cross-system collaboration
2. Map the local system
3. Inventory current resources, gaps, and opportunities
4. Agree on priorities
5. Build an Action Plan
Day 1: Creating a Local Cross-Systems Map

- Brings together key stakeholders to tap into local expertise
  - Partnership with local Criminal Justice Advisory Board
- Creates a local map using the Sequential Intercept Model
  - Visually depicts local system
  - Identifies:
    - Existing local services and processes
      - Gaps in services
      - Strengths to build upon --- opportunities and resources
      - Data
    - Issues considered important to local stakeholders
- Helps everyone see the “big picture” and how they fit
  - Helps diverse groups from various systems understand where/ how everything fits
  - Intercepts provide manageable venues and opportunities for systems interventions
Blair County Cross Systems Map

INTERCEPT 1
LAW ENFORCEMENT
EMERGENCY SERVICES

Blair County 911 Center
ARHS Crisis
Mobile Crisis
24/7 Walk-in Crisis
24/7 Hotline
North Star On-Call Worker
CONTACT Altoona

Family Services
Domestic Violence Hotline
Crime Victims Hotline
Teen Hotline
GLBT Hotline

National Suicide Hotline
VA Suicide Hotline

Altoona Regional Health System Emergency Dept.
Pyramid Healthcare Non-Medical Detox
Core Forge Non-Medical Detox

INTERCEPT 2
INITIAL DETENTION
INITIAL COURT HEARING

Sheriff’s Office

Initial Detention
Processed at local police station

Preliminary Arraignment

6 MDJs
Video or in-person Arraignment

Preliminary Hearing

INTERCEPT 3
JAILS
COURTS

Blair County Court of Common Pleas
Drug Court
Diversion Court
DUI Court
Family Drug Court
Juvenile Court
Re-entry Court
Truancy Court
RIP

Pennsylvania Department of Corrections

Re-Entry Services
In-jail assessments for service linkage
Peer Support

Blair County Jail
MH Counselor
Video Psychiatrist
Men’s In-Prison Partial D&A
Women’s Co-Occuring Education Group
Women’s outpatient D&A
Methadone tx for pregnant women
AA/NA
Women’s Support Group
Parenting Classes
GED Classes
PeerStar Forensic Peer Support
ARHS Forensic Case Manager
HNA Blended Case Management

INTERCEPT 4
RE-ENTRY

Pennsylvania Board of Probation & Parole

ARHS Forensic Case Manager
MH/D&A Specialized Parole Officer

Blair County Adult Probation & Parole

INTERCEPT 5
COMMUNITY CORRECTIONS
COMMUNITY SUPPORT

Cross-Systems Collaborations:
Blair County Criminal Justice Advisory Board
MH/D&A/CJ Complex Case Review

Community Action Agency
NAMI
Blair Senior Services
VA
Partnering for Health
FQHC
CONTACT Altoona
CBHN
Salvation Army (ARO)
Safety Net
Faith-Based Groups
Housing Case Manager
Home Nursing Agency
Skills of Central PA
Mapping Workshop: Day 1

Priorities for Change

- Facilitators provide examples of successful systems integration, promising programs, and collaborations from within Pennsylvania and around the U.S.

- Participants determine areas where immediate steps will promote a more cohesive, integrated approach to service delivery.

- A local set of priorities for change are developed.
Blair County - Top 8 Priorities

- Development of a Mental Health Court (20 Votes)
- Housing (18)
- Mental Health First Aid (16)
- Access to medication and psychiatric appointments upon re-entry (15)
- Sobering Stations (12)
- Level of Care Behavioral Health Assessments as early as possible in the criminal justice system (10)
- Determine when assessments are needed
- Disperse assessments to the correct individuals
- Crisis Intervention Team (CIT) Development (9)
- Expediting access to Medical Assistance Benefits (8)
Mapping Workshop: Day 2

Facilitated Action Planning

- Half-day activity immediately following the Cross-Systems Mapping Workshop
- Key Stakeholders make specific plans for taking action
- Interactive, information-sharing, collaborative activity addresses the identified gaps in service and priorities established in the Cross Systems Mapping workshop
- Gaps are addressed through prioritized action steps
### Blair County Priority Area 1: Development of a Mental Health Court

*Action Planning Group: Diana, Theresa, Karen, Wade, Amanda, Judge Kopriva*

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Step</th>
<th>Who</th>
<th>When</th>
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</table>
| 1.1       | Evaluate and request current MH courts to determine the most appropriate way to create and operate the court with a focus on the most effective time and manner to deal with the participants in the court. | - Court and DA researching Lycoming and York County Courts to report back to specialty court team. Tom and Lisa report after attending CJAB conference  
- Create a Behavioral Health Subcommittee on CJAB  
- Amanda will organize a road trip |      |
| 1.2       | Identify a MH Liaison staff position | - Blair County MH office identifies the liaison staff member. Teresa and Jim take responsibility for this action. This will be accomplished within 45 days |      |
Final Report

- Cross-systems picture
- Available for wide distribution
  - Provided in PDF and Word formats
- County-Specific Narrative for each intercept
- Gaps and Opportunities
- Action Plan
- Resource for local Criminal Justice Advisory Board’s planning
- Support for future funding applications
- Reference/resource materials included
Cross Systems Mapping Workshops

What We’ve Learned About Pennsylvania
Common Gaps in Services

- **Intercept 1**
  - Law enforcement agencies are interested in mental health training but have limited time for training
  - Law enforcement officers spend hours waiting with individuals at local hospital
  - Lack of detoxification and sobering services

- **Intercept 2**
  - Lack of pretrial services
  - Problems with video arraignment equipment

- **Intercept 3**
  - Many jail admissions requiring detoxification
  - Limited treatment staff
  - Medical Assistance benefits terminated after admission

- **Intercept 4**
  - Significant gaps in aftercare medication
  - Limited continuity of care
  - Limited re-entry efforts
  - Few systematic efforts to reinstate or start Medical Assistance and/or Social Security benefits

- **Intercept 5**
  - Not enough housing
Most Common County Priorities

- Develop and/or expand training at Intercept One
  - Crisis Intervention Team (CIT)
  - Mental Health First Aid
- Formalize detoxification procedure
  - Reduce strain on hospitals, jails, and law enforcement
- Improve continuity of care from local jails to community
  - Aftercare Meds
  - Re-activation of benefits
  - Psychiatric Appointments
- Expand housing options
- Improve information sharing across systems
Cross Systems Mapping Workshops

Outcomes for Counties
Outcomes for the Counties

- Positive feedback from attendees
  - 94% would recommend to other counties

- More collaboration and communication between behavioral health and criminal justice systems

- Inclusion of Action Plan in local Criminal Justice Advisory Board’s strategic plan
  - Working subcommittees

- Springboard for other planning activities and pursuing grants and other funding
Program Enhancements and Development

- Development of Training
  - First Responders
    - Crisis training
    - Crisis Intervention Team (CIT)
    - Expansion of Mental Health First Aid to public safety staff
  - Court staff
  - Cross-training between systems

- Improvements to continuity of care into and upon release from jail

- “Improved our Jail Diversion program”

- Expanded housing opportunities and increased Master Leasing funding

- Increased inclusion of forensic peer specialists
Other uses of the Sequential Intercept Model and Mapping Workshops in Pennsylvania:

- Address veterans with trauma-related disorders involved in the criminal justice system
- Map the movement of inmates with mental illness into, through, and upon release from Pennsylvania’s Department of Corrections
  - Enhance services
  - Develop a “Correctional Sequential Intercept Model”
For more information:

- Pennsylvania Mental Health and Justice Center of Excellence
  - www.pacenterofexcellence.pitt.edu
  - Patty Griffin, PhD, Senior Consultant
    - pgriffin@navpoint.com

- To learn how to do mapping workshops:
    - www.prainc.com/ sequential-intercept-mapping
    - Contact training@prainc.com

- Sequential Intercept Model:
  - GAINS Sequential Intercept comprehensive planning brochure
To Learn about Pennsylvania’s:

- Commission on Crime and Delinquency
  - www.pccd.state.pa.us

- Department of Public Welfare’s Office of Mental Health and Substance Abuse Services
  - www.dpw.state.pa.us/ dpworganization/ officeofmentalhealthealthandsubstanceabuseservices
Addressing the Intersection Between Behavioral Health and Criminal Justice Systems - The Oklahoma Collaborative Mental Health Program

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Intercept Four: Reentry From Jails and Prisons

Collaborative Mental Health Reentry Program Partners:

- Oklahoma Department of Corrections
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Health Care Authority (Medicaid agency)
- Department of Human Services (determines Medicaid eligibility)
- Social Security Administration, State Office
- Department of Rehabilitation Services- Disability Determination Division
Why Do We Need a Mental Health Reentry Program?

- 50% of ODOC offenders have a history of or are currently exhibiting some form of mental illness. Approximately 26% currently exhibit symptoms of a serious mental illness.

- Approximately 25% of the 8,125 (FY12) ODOC offenders discharged had a serious mental illness.

- Prior to 2007, 41% of offenders with a serious mental illness who discharged returned to prison within three years after their release.
Why Do We Need a Mental Health Reentry Program?

Oklahoma Department of Corrections 1998-2006 Percentage Increases in Numbers of General Population vs. Inmates on Psychotropic Medications

- General Population: 19% increase (20,689 - 24,596)
- % on Medications: 289% increase (1,250 - 4,866)
How is This Interagency Mental Health Reentry Program Unique?

Beyond Collaboration

• The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has taken ownership for the continuity of mental health services for those offenders with the highest level of mental health need.

• Discharge managers, who are ODMHSAS employees, are boundary spanners with offices in DOC mental health units and serve as members of correctional mental health treatment teams.

• The discharge managers serve as part of the ODOC institution mental health treatment team that creates and implements the individualized treatment plan, including reentry planning for offenders with serious mental illness.
How is This Interagency Mental Health Reentry Program Unique?

Discharge Managers are Boundary Spanners

- Central office employees of ODMHSAS, based in correctional facilities
- Have undergone full training required by DOC for an employee to work in a correctional facility and ODMHSAS required training
- SOAR (+) (SSI/SSDI Outreach and Recovery) training
- Have credibility with DOC and community mental health staff
How is This Interagency Mental Health Reentry Program Unique?

Funding Source for Services

• Goal is for individual to leave prison with Social Security benefits in place and Medicaid entitlement aligned so funding is in place for medical and mental health services following release.

• Discharge managers start the Social Security and Medicaid application process 120 days prior to an offender’s scheduled discharge.

• Collaboration with SSA and OK Disability Determination Division has increased the “Allowance Rate” of SSI/SSDI applications from 36% to 90%.

• ODMHSAS funds the program with ~$1 million from its annual budget.
How is This Interagency Mental Health Reentry Program Unique?

“In-Reach” and Intensive Services Post Release

• Reentry Intensive Care Coordination Teams (RICCT) meet with offender a minimum of 90 days before projected release date from prison and work with offender in the community until offender has adjusted to life following incarceration.

• An innovative, vital component of RICCT is inclusion of a Certified Peer Recovery Support Specialist on the team. These specialists have life-experience with mental illness and/or substance abuse and are trained to offer peer support.
How is This Interagency Mental Health Reentry Program Unique?

“In-Reach” and Intensive Services Post Release

- 4 Community Mental Health Center-based teams
- Experience or training related to co-occurring disorders
- Ability to provide face-to-face services as needed during after-hours, weekends and holidays
- Work with the consumer in the community until integrated in traditional services (case management, PACT, etc.)
- Flex funds available to help with needs
Offenders Enrolled in Medicaid

MHRP offenders were over 4 times more likely to be enrolled in Medicaid at prison release than the baseline comparison group.

<table>
<thead>
<tr>
<th>Medicaid Enrollment at Release from Prison</th>
<th>Medicaid Enrollment within 90 Days of Release from Prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3%</td>
<td>14.5%</td>
</tr>
<tr>
<td>28.4%</td>
<td>46.8%</td>
</tr>
</tbody>
</table>

Baseline Comparison   RICCTS
Rate of Engagement
Offenders Receiving 4 Services Within 44 Days of Release from DOC

Service engagement rates for MHRP offenders were over 5 times more than the baseline comparison group.

- Baseline Comparison: 11.7%
- RICCTS: 63.6%
Inpatient, Outpatient & Pharmacy Services

MHRP offenders showed 80% less inpatient admissions than the baseline comparison group. ($776,000 estimated savings from 2/07 to 10/09)
MHRP offenders received over 50% more outpatient services than the baseline comparison group.
Offenders Returning to Prison Within 36 Months

Returns to prison for RICCTS offenders were 41% lower than the baseline comparison group.

- Baseline Comparison: 42.3%
- RICCTS: 25.2%
Offenders Returning to Prison Within 36 Months

Returns to prison for COTTS offenders were 10% - although not directly comparable to the baseline comparison or RICCTS, the low percentage is impressive/promising. This will be tracked in the future, including efforts to find an appropriate comparison group.
SAMHSA “SMART” Grant Awarded to ODMHSAS

- September 30th SAMHSA Awards 1.2 million for 3 year Substance Abuse & Mental Health Recovery Action/Recovery Teams (SMART)
- Design is similar to Reentry Intensive Care Coordination Teams (RICCT)
- Target group for RICCT is SMI
- Target group for SMART is Co-occurring DO
- Will allow collaborative reentry services to expand to serve offenders who did not previously meet criteria
Contact Information

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To submit questions for the presenters please use the chat feature on the right hand side of your screen.
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Q&A

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THANK YOU
FOR JOINING US

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