



Regional Planning in Pennsylvania: Using the Sequential Intercept Model in Five Counties

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Traditional Relationship Between Forensic Agencies:

Pistols & Sabers at Dawn

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- Clients have multiple needs and move in-and-out between multiple systems: juvenile justice, special education, MH/MR, probation, criminal justice , parole
- Staffs in the systems do not communicate with each other
- Each system sees the problem differently, which is reflected in our labels: “client,” “student,” “patient,” “inmate,” “consumer”
- As we speak, one system trying to change label of another: “justice system” vs. “criminal justice system”

Previous/Other Forensic Interagency Collaborations in PA

- History of intrepid boundary spanners
- DOC/OMH Task Force & Report (1981)
- Farview State Hospital/OMH/DOC/County regional meetings (late 1980s)
- Forensic Rights & Treatment Conference (1992)
- NAMI Forensic Interagency Task Force (1996) --
- stakeholders from key agencies meeting monthly
- Several counties have developed forensic task forces

DOC/OMH/Other Task Force & Report (1981)

- Prior to 1985, DOC inmates with mental illness received short- and long-term inpatient treatment at State Hospitals
- Difficulties committing offenders to the state hospitals.
- Long waiting lists at FSH, NSH, MSH, etc.
 - Occasional waits as long as 3 months
- Disagreements over offender needs & diagnoses: most often “Personality Disorder/Malingering” vs. “Psychosis”
 - Flora Schreiber, The Shoemaker, writing about serial killer Joseph Kallinger, gives a good picture of the debate
- Establishment of licensed inpatient beds inside the DOC for short-term mental health commitments

Farview State Hospital Regional Meetings (late 1980's)

- FSH/OMH/DOC/County MH/MR's and jails
 - Established to smooth acrimonious relation between FSH/DOC/OMH and other agencies
 - Clarify referral criteria
 - Cross training and visitations
 - Rotating meeting sites
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Forensic Rights & Treatment Conference (1992)

- FSH/OMH/DOC/PP&A/NAMI/Medical College of PA
- An endeavor by key stakeholders to “make nice” and cross training available for staff who work with these clients
- Honor workers in the “trenches” who have made significant contributions
- Conference is entering 15th year

NAMI Forensic Interagency Task Force (1996)

- NAMI, OMHSAS, DOC, ODAP, counties, and other stake holders meet monthly to update each other and iron-out differences
 - Stakeholders have collaborated on forensic projects
 - FReD (Forensic Recover and Development) – Women’s reentry program at SCI-Muncy
 - FIR-St (Forensic Intensive Recovery – State) – CCC for offenders with dual diagnoses in Philadelphia
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Several counties have developed Forensic Task Forces:

- Montgomery County Forensic Task Force
- Philadelphia County Forensic Task Force
- Schuylkill County Forensic Task Force
- Several other counties are looking into developing their own task forces



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Southeast Region Inter-Agency Forensic Task Force 2001 - 2002

- Five counties working together:
 - Bucks
 - Chester
 - Delaware
 - Montgomery
 - Philadelphia
 - Pennsylvania Department of Public Welfare
 - Pennsylvania Department of Corrections
 - Others: Wide range of participants from state and local level
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Goal of Promising Practices Subcommittee

- Review and describe the promising practices that support the development of a continuum of services in Southeastern Pennsylvania for:
 - Persons with severe mental illness and often co-occurring disorders involved or at risk of involvement in the criminal justice system

We set out to inform ourselves about:

- Existing local services and systems
- Issues considered important to local stakeholders
- Promising practices in Pennsylvania and the rest of the country

“Sequential Intercept” Model

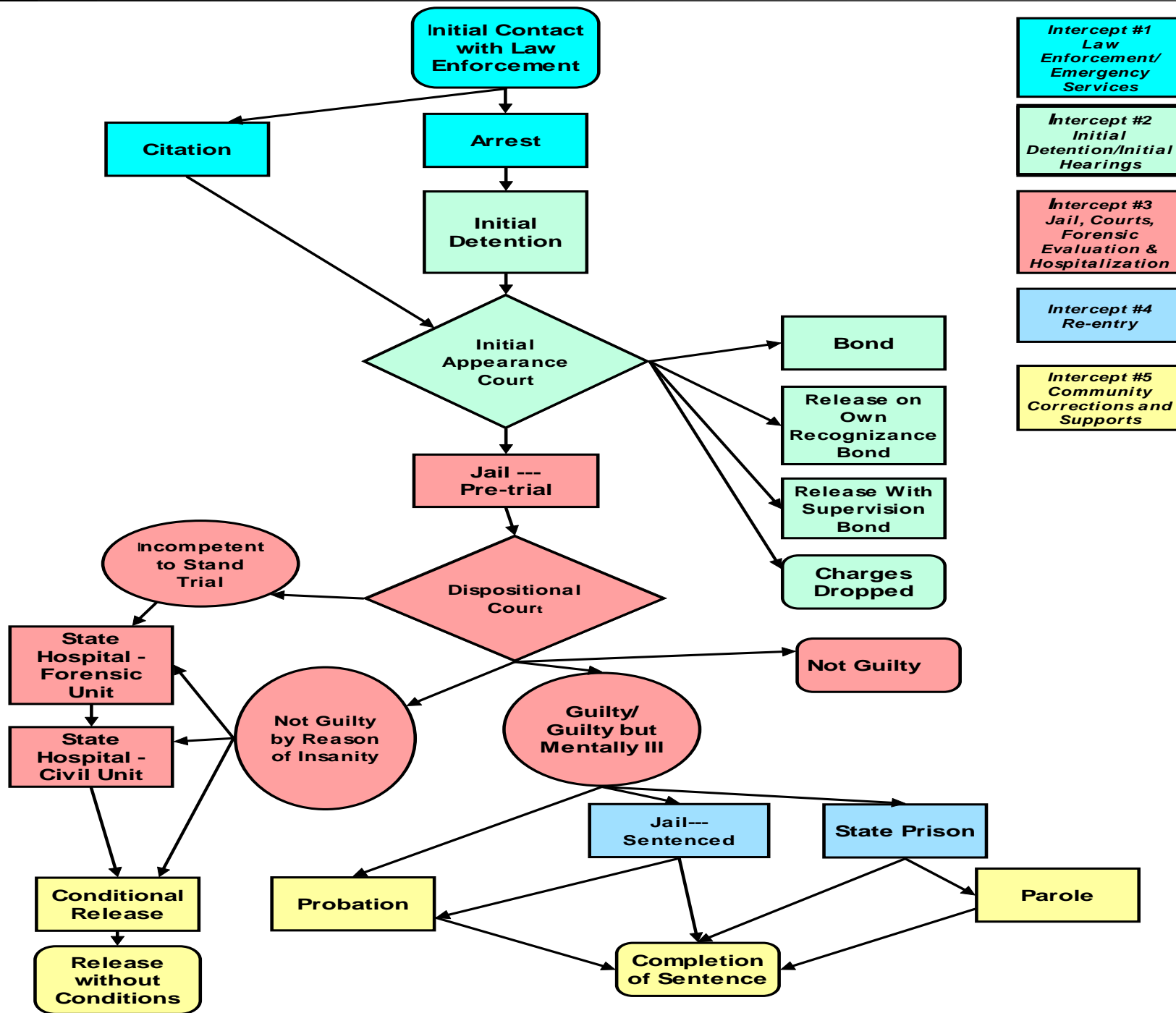
- People move through the criminal justice system in predictable ways
- You can examine this flow and look for ways to intercept persons with severe mental illness (and often co-occurring disorders) to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through criminal justice system

Munetz, M. & Griffin, P. (2006)

Based on the Work of:

- Mark Munetz, MD of Akron, Ohio
 - Patricia Griffin, PhD
 - Hank Steadman, PhD of National GAINS Center

 - Promising Practices Committee of the Southeast Region Inter-Agency Forensic Task Force
 - E. Camiel, L.Couturier, P. Griffin, J. Hunsicker, L. Keller, M. McGuire, R.Nell, N.Wieman, & R. Altenor
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Intercept #1
Law Enforcement/
Emergency Services

Intercept #2
Initial Detention/Initial Hearings

Intercept #3
Jail, Courts, Forensic Evaluation & Hospitalization

Intercept #4
Re-entry

Intercept #5
Community Corrections and Supports

For each intercept:

- Reviewed local systems and services currently available
 - Reviewed the research and program literature for learnings for an ideal system
 - Developed “ideal components”
 - Discussed with Task Force members
 - Developed “intercept review” tools to plan for future services/systems change
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Step #1 --- Asked counties to inventory their locality for each intercept

- Provided them inventory in advance
 - Examples for Intercept #3:
 - Does your county jail use an initial screening tool when individuals are booked into jail? If so, who administers the screening tool and how are they trained?
 - What is the triage process that is in place in the jail when a person is identified with mental illness through the screening tool? What is the second level of assessment and who completes that?
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Step #2 --- Provided readings of promising programs, practices, and research

- Examples from Intercept #3:
 - Steadman, et al (1994). A National Survey of Jail Diversion Programs for Mentally Ill Detainees.
 - American Psychiatric Association (1999). Psychiatric Services in Jails and Prisons, second edition.
 - NIJ (1999). Coordinating Community Services for Mentally Ill Offenders: Maryland's Community Criminal Justice Treatment Program.
 - Rensselaer County NY's Forensic Task Force Summary Report 1998: Diversion, Treatment, Aftercare for Individuals with Co-Occurring Disorders in Criminal Justice
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Step #3 --- At meeting, solicited ideas from each person

- “Round Robin” question to start off the discussion
- Example from Intercept #1:
 - If you or a family member with a serious mental illness was in crisis and law enforcement had been called, what would be most important to you?
- Later in the meeting, asked everyone to prioritize the ideas suggested
 - “Dot exercise”
 - Each county (and state level folks) had a different color

Step #4 --- Supported discussion with summaries of the readings

- Written summary of each reading:
 - Description of high points
 - Learnings for an ideal system

Step #5 --- Developed ideal components for each intercept

- Examples from Intercept #2:
 - Safe holding location that is suicide proof
 - Standardized screening and assessment tools to identify suicide risk and presence of mental illness and other co-occurring disorders
 - A continuum of diversion alternatives that address a variety of treatment and needs for structure

Step #6 --- Developed review tools for planning purposes

- Using components of ideal intercepts:
 - What's available?
 - Is new service needed? Expansion?
Reorganization?
 - Priority?
 - Who should take the lead?

Intercept Review Tool: Intercept #2 Ideal Components

COMPONENTS	AVAILABLE? Yes or no?	If "no", need: NS (new service), E (expansion), or RO (reorganization)	Priority	Comments
Safe holding location that is suicide proof				
Standardized screening & assessment for suicide risk, mental illness, & co-occurring disorders				
Prompt access to mental health assistance				
Continuum of diversion alternatives				

INTEGRATED TOOL TO DEVELOP SERVICES AND ASSESS SYSTEM: WHO MIGHT TAKE THE LEAD

COMPONENTS --- Intercept #2	BEHAVIORAL HEALTH	CRIMINAL JUSTICE	COMMUNITY
Safe holding location that is suicide proof			
Standardized screening & assessment for suicide risk, mental illness, & co-occurring disorders			
Prompt access to mental health assistance			
Continuum of diversion alternatives			

Outcomes:

- Educated members of task force
 - Familiar with local resources, issues, and promising national practices
 - Lively, informed, and productive discussions
 - Tools for each county and the region to plan improved continuum of care for people with severe mental illness and co-occurring disorders involved in the criminal justice system
 - Optimism that systems and services can be changed for the better
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The Task Force made the following recommendations:

- A Regional Task Force should be formalized to continue the discussion.
- Convene a statewide working group, with actual authority to implement change, to develop integrated strategies to addressing more effective approaches to persons with severe mental illness and often co-occurring disorders involved in the criminal justice system. The groups should promote service system development, cross-system training and development, and recommend and implement policy changes. Consideration should be given to the model successfully implemented in Texas, the Texas Council on Offenders with Mental Impairments.
- Each county should convene a similar inter-agency group to further the discussion on a local level.
- In order to take full advantage of the hard work of the Southeastern Region Inter-Agency Forensic Task Force, OMHSAS should review this report, consider meeting with participants for further discussion, and develop an action plan in response.

The Task Force made the following recommendations:

- Work with the Department of Corrections to strengthen the current jail mental health standards to be more meaningful and to develop mechanisms for oversight, monitoring, and enforcement.
 - Similar interagency planning processes should take place in the near future for other populations who may be involved in the criminal justice system such as those with brain injuries, mental retardation, or autism.
 - Establish a capacity in OMHSAS to oversee the development of forensic systems/service development. This division should, at a minimum, have a well qualified director and staff to support regional activities, set the standard for evaluation and treatment of forensic commitments in the state hospitals, and other work to improve the state's system and services for people with severe mental illness involved in the criminal justice system.
 - Adopt the "Sequential Intercept" model as the structure for systems development throughout the Commonwealth.
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The Task Force made the following recommendations:

- Require the development of forensic services, including addressing the need for mental health services in the county jail, as part of the annual planning process required by the counties.
- Develop state funding for community forensic services to prevent forensic commitment, shorten length of forensic commitment, and facilitate safe reintegration into the community of persons with severe mental illness involved in the criminal justice system. Community forensic services could include: crisis response teams to assist law enforcement, training for law enforcement provided by local community mental health staff, PACT teams that include criminal justice-involved clients, competency restoration teams that educate and treat individuals in inpatient and outpatient settings and while housed in local jails, continuum of housing options, a wide variety of diversion alternatives, and reentry services.
- OMHSAS should develop a variety of training programs for forensic evaluators, community and state hospital staff that treat this population, court and other criminal justice staff to ensure that the forensic system has well-qualified personnel to provide quality forensic evaluations, treatment, and management for this population. Disincentives to training inherent in the fee for services model of service provision should be addressed. Incentives for completion of training should be also addressed in this initiative.

The Task Force made the following recommendations:

- Develop a state wide standard protocol and system for accessing Medical Assistance benefits for eligible individuals immediately upon release from incarceration. Address and overcome unnecessary barriers at the state and local level. Disseminate widely across the state so that each county is able to implement the new procedures in a timely fashion and, in that way, ensure prompt access to treatment and promote public safety.
- DPW should develop a statewide agreement with the Social Security Administration to create a mechanism to initiate application for benefits prior to release and facilitate prompt reinstatement of benefits upon reentry to the community.
- A resource guide should be developed and widely distributed that lists and describes current promising practices in Pennsylvania counties to educate, share information and encourage development of new and expanded services in each county.



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Bucks County's Forensic Mental Health Panel 2002 - 2003

- Paid Program Coordinator
- 26 Key members chaired by a Judge and County Commissioner
- 8 member Steering Committee
- 5 Intercept Committees with at least 40 community participants
- Final Report published in August 2003 (Available upon request)



Bucks County's Project to Reduce Offender Recidivism

- Public Safety Model
- Focusing on Offender Risk Reduction and Recidivism Reduction
- With an integration and Coordination of the Corrections, Treatment and Community Systems
- Using the growing body of Evidence-Based Principles and Practice
- Grounded in a Basic 35-hour Training Experience with strong emphasis on developing Motivational Interviewing Skills

Ripple Approach



- **Seven Trainers from:**
 - **Adult Probation,**
 - **Department of Corrections and**
 - **Behavioral Health**

- **Basic Trainings two times a year for new Probation Officers, Parole Agents, Corrections Officers, Therapists, Case Managers, Social Workers, Administrators, Community Members, etc.**

- **Annual Refresher Training each Year for those who have previously completed the Basic Training**

- **Adult Probation and Parole also has quarterly Unit Meeting Refreshers and bi-monthly Management Team Refreshers**

35-Hour Effective Communication Training

- Risk Reduction and Risk Control
- “What Works” (Risk Principle, Need Principle, Responsivity Principle)
- Criminal Logic
- Social Learning Theory
- Stages of Change
- Cognitive Behavioral Theory
- Motivational Interviewing
- Basis for Evidence-Based Practice

What We Say and Do Matters!

"Every interaction between a correctional practitioner and an offender is an opportunity to do one of two things:

*either reinforce the offender's automatic thinking,
or
to purposefully disrupt that thinking."*

(R. Ferns, 2002)

Effective Communication / Motivational Strategies

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For a copy of the Southeast Region Inter-Agency Forensic Task Force Report, contact:

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