

Program Examples Cited in Report

STATE: **Alabama**

AGENCY/ORGANIZATION:

Birmingham Police Department

PROGRAM TITLE:

Community Service Officer Unit

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene Response

YEAR ESTABLISHED: **1976**

Overview

The Community Service Officer Unit responds to calls involving individuals in crisis, including people with mental illness, survivors of violent crimes, and missing persons.

Description

In 1976, the Crisis Intervention Taskforce in Birmingham decided to increase training and develop a Community Service Officer (CSO) unit in the Birmingham Police Department. The unit responds to every problem along the social work spectrum, including elder abuse, child endangerment, domestic violence, and mental illness. It was initially formed as a pilot program and was funded by the state of Alabama Community Education Training Act (CETA). The unit is now fully funded by the city of Birmingham.

When a patrol officer responds to a call for service involving a person with mental illness, the officer decides if a Community Service Officer (CSO) should provide secondary response. The CSO unit is staffed by six social workers that are housed within the department and report to the chief. The CSO unit can facilitate certain direct services that officers are not fully trained to provide (e.g., crisis intervention), make referrals, and transport consumers to the primary mental health-care facility.

Currently, University Hospital has been designated as the primary emergency health care facility for people with mental illness. Police officers can bring people who are in a mental

Birmingham Police Department
continued

health crisis to this location. This centralized location prevents confusion in coordinating follow-up services. The police department has developed a positive relationship with the psychiatric nurses who facilitate emergency care in the ER.

The CSO unit has developed a policy manual/ reference guide for sergeants. New recruits to the police force attend a 12-hour block of instruction in the academy on people with mental illness and crisis intervention. In 2001 the CSO unit also provided training to sergeants with a workshop/ training session about the unit's capabilities and resources.

Challenges/Areas for Improvement

The CSO unit would like to survey people who use the program's resources so that the department can evaluate its success in responding to community needs. Birmingham is also attempting to develop a CSO program for its Sheriff's Department, but its progress has been delayed due to funding considerations.

Contact Information

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STATE: **Alabama**

AGENCY/ORGANIZATION

Florence Police Department

PROGRAM TITLE

Community Mental Health Officer

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene Response

YEAR ESTABLISHED: **1997**

Overview

The Florence Police Department uses a modified Crisis Intervention Team approach, in which one officer serves as a “Community Mental Health Officer” and is the second responder to all calls involving people with mental illness. The officer in this position receives approximately 100 hours of mental health training.

Description

The Community Mental Health Officer (CMHO) responds 24 hours a day, seven days a week to pages and/or calls from officers who encounter a situation involving a person with mental illness who is in crisis or who appears dangerous or threatening. Upon responding, the officer determines whether the person requires immediate psychiatric evaluation. In Florence, the CMHO has the same authority as a probate court judge to make an involuntary commitment for 48 hours, but she can also file a petition with the judge for a longer period. It is not necessary for the CMHO to wait for a petition from the judge to bring the person in for evaluation and, consequently, responding patrol officers feel less inclined to find a “petty” complaint under which to take the person into custody.

The Community Mental Health Officer also reviews arrest reports weekly to check the status of arrestees who have been identified as having a mental illness that requires treatment, and determines whether arrestees are compliant with their medication or if their condition is worsening and emergency treatment is needed. The officer also maintains a log of arrestees and maintains contact with a liaison at the partnering mental health agency for follow-up.

The Community Mental Health Officer maintains a close relationship with the local hospital emergency room for responding to injuries or other medical conditions. The emergency room has developed a “fast track” procedure, in which the officer calls ahead to ensure that the arrestee will receive prompt service at the hospital.

In 2001, the CMHO and the Alabama State Department of Mental Health collaborated on the development of a statewide, 40-hour, post-academy training. This training will be provided for all officers in the state and will include role plays and lectures from doctors to teach basics in addressing issues related to mental illness and substance abuse.

Florence Police Department

continued

Challenges/Areas for Improvement

The Florence Police Department is developing methods for connecting people with substance abuse treatment, while avoiding unnecessary interactions with the corrections system. (Currently, the only way people with mental illness can access substance abuse treatment is through the jail.) The department also intends to address the perceived lack of adequate responses to people with mental illness who are adjudicated through the Drug Court.

Contact Information

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STATE: **Alaska**

AGENCY/ORGANIZATION:

Alaska Department of Corrections

PROGRAM TITLE:

Mental Health Management System

POLICY STATEMENT(S):

Receiving and Intake of Sentenced InmatesYEAR ESTABLISHED: **N/A****Overview**

The Alaska Department of Corrections has developed a screening tool that can be administered by trained, non-medical staff. The tool can be downloaded, administered, and immediately sent to the department's central office using handheld personal desk assistants or Palm Pilots. Mental health professionals in the central office can then make assessments and recommend or initiate appropriate interventions, if needed.

Description

There are 13 correctional and pretrial facilities within the state of Alaska, where geography and low population density present particular challenges. To ensure consistent, comprehensive inmate mental health screening, the Department of Corrections has developed the mental health management system.

The software for Alaska's program was written by Department of Correction's staff and has been copyrighted. The Palm Pilot serves not only as an electronic means of keeping medical records, but as a platform for the entire management information system. The platform-interactive database provides for a standardized assessment system. All clinicians perform the same, standardized exam on the Palm Pilot. It is structured as a psychiatric interview and produces comprehensive psychological diagnosis and treatment planning. The information is then uploaded to a statewide computer network and becomes available for printing for medical files. The system makes it possible to generate information in summary and/or aggregate form, thereby facilitating quality assurance and research. For example, information and reports can be generated by facility, by activity levels within a facility, or by diagnostic or prescription trends at a facility.

Contact Information

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Mental Health Services
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Anchorage, AK 99508
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STATE: **Arizona**

AGENCY/ORGANIZATION:

Maricopa County Adult Probation Department

PROGRAM TITLE:

Conditional Community Release Program

POLICY STATEMENT(S):

Intake at County / Municipal Detention FacilityYEAR ESTABLISHED: **2000****Overview**

The Conditional Community Release Program provides community-based supervision for offenders with mental illness and helps to ensure that program participants receive appropriate treatment.

Description

The Conditional Community Release Program employs a contract psychiatrist, probation officer, surveillance officer, and intake specialist to identify, diagnose, and supervise offenders with mental illness. Once referred, the inmate is evaluated within 72 hours by an intake specialist. If appropriate, the inmate is admitted to the program and jail-release planning is undertaken. The psychiatrist will see the person in jail in order to ensure continuity of care once released, and the probation officer will see the client to complete all necessary paperwork.

Once released, the probationer may be placed in a housing facility funded by adult probation, or released to his or her home if appropriate. While in the community, the probation officer and surveillance officer supervise the client. The psychiatrist provides follow-up treatment if the client is not enrolled in community treatment. Using contracts with a local medical services agency, the program provides medication at a reduced cost and ensures that the clients receive necessary psychological testing.

The program is 45 days in length, at which time the client is transferred back to his or her original probation officer or referred to a specialized mental health caseload. In the event the client is not stabilized, the county will continue to serve the client until this is accomplished.

Contact Information

Maricopa County Adult Probation Department
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Phone: (602) 506-7249
Web site: www.superiorcourt.maricopa.gov/adultPro/index.asp

STATE: **Arizona**

AGENCY/ORGANIZATION:

Maricopa County Sheriff's Office

PROGRAM TITLE:

Data Link Project

POLICY STATEMENT(S):

Intake at County / Municipal Detention Facility

YEAR ESTABLISHED: **1999**

Overview

The Data Link Project allows the Maricopa County Sheriff's Office to cross-reference names of detainees with the records of the local behavioral health provider in order to identify individuals who may be eligible for diversion from the criminal justice system.

Description

When individuals are booked into the county jail, their name, date of birth, social security number, and gender are entered into the Data Link Program database. The system electronically and simultaneously cross-references the individual's name with the database of the local behavioral health authority, which includes names and information for more than 12,000 clients who receive mental health services in the area. The data link provides for continued identification of clients throughout the day, regardless of booking charge, time of booking, or current mental status. The information flows only one-way—from the jail to the mental health provider.

Clients that match all categories are considered a full match and their names are immediately sent electronically to the jail diversion staff computer as well as the client's case manager. Full match screens contain the client's booking number, a maximum of three booking charges, court jurisdiction(s), and general demographic information. Clients that match at least one of the categories, with the exception of gender, are considered a partial match and are only sent to the jail diversion staff. The jail diversion staff further investigates partial matches, which are either converted to full matches or deleted from the system. If converted to a full match, the case manager then electronically receives notification of the client's admission to jail.

After full matches are determined, the jail diversion staff use various criteria to select candidates for the jail diversion program. The criteria include, but are not limited to:

- nature of the current offense(s)
- history of incarceration
- current mental status
- availability of community mental health resources
- public safety factors
- past performance in treatment settings.

Maricopa County Sheriff's Office

continued

The jail mental health diversion program consists of three types of intervention: Clients may be released from jail with conditions that include treatment; clients may be placed on summary (unsupervised) probation, which includes mandatory treatment; or clients may be given the opportunity for deferred prosecution in an intervention that includes increased judicial participation and supervision, and required treatment participation over a specified period of time. Successful completion of all requirements results in dropping criminal charges. All three types of diversion programs require mandatory group therapy sessions, including integrated treatment group for co-occurring disorders, which accounts for about 70 percent of the diversion population.

For individuals who are eligible for diversion, case managers are required to send pertinent clinical and care information to the jail diversion staff within 24 hours. They also must visit the client in the jail within 72 hours of incarceration, and at least once every 14 days thereafter until the inmate is released from jail.

Challenges/Areas for Improvement

One of the risks of the system is jeopardizing the offender's right to privacy by the automatic sharing of information that occurs. However, advocacy groups were involved with the formation of the program so as to try to eliminate many of these concerns from the outset.

Contact Information

Maricopa County Sheriff's Office

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STATE: **Arizona**

AGENCY/ORGANIZATION:

Pima County Pretrial Services

PROGRAM TITLE:

Mental Health Diversion Program

POLICY STATEMENT(S):

Prosecutorial Review of ChargesYEAR ESTABLISHED: **1997****Overview**

The Mental Health Diversion Program provides the court with an alternative to incarceration for defendants with mental illness who are charged with city court misdemeanors.

Description

The prosecutor, in conjunction with the case manager, determines eligibility for the Mental Health Diversion Program. Prosecution is deferred for eligible defendants, who are granted conditional release with certain requirements, including behavioral health treatment. Compliance with these conditions is monitored by pretrial services. If the defendant successfully completes the program, which lasts 180 days, charges are dismissed. If they fail to comply with program conditions, prosecution resumes.

Since the implementation of the Mental Health Diversion Program, there have been no filings for Rule 11 (competency to stand trial) hearings in the city court. This has resulted in great savings to the community. The number of misdemeanor defendants detained beyond their initial appearance has decreased significantly each year, and, just as significantly, the number of misdemeanor defendants remaining in custody more than 30 days has decreased to a negligible number (fewer than five in each jail population reviewed during the first quarter of 2000).

Contact Information

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Tucson, AZ 85701-1317

Phone: (520) 740-3322

Fax: (520) 620-0536

Web site: www.sc.co.pima.az.us/Pretrial/STATE: **California**

AGENCY/ORGANIZATION:

Board of Corrections

PROGRAM TITLE:

Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program

POLICY STATEMENT(S):

Obtaining and Sharing Resources, Collecting DataYEAR ESTABLISHED: **1998****Overview**

The MIOCRG was initiated in 1998 by the California State Sheriff's Association and the Mental Health Association in an effort to reduce crime, jail crowding, and criminal justice costs associated with offenders with mental illness. The California State Legislature first authorized the program in 1998 and reauthorized the program in 2000-2001. The program is overseen by the California Board of Corrections and has provided over \$104 million in grants for 30 projects in 26 counties.

Description

To be eligible for a grant, the program required counties to establish a Strategy Committee that included key leaders from the criminal justice and mental health communities (e.g., sheriff, superior court judge, county mental health director). The authorizing statute required the Strategy Committees to develop a Local Plan that described the county's existing response to offenders with mental illness, service gaps that had been identified, and proposed strategies for improving service to offenders with mental illness. The legislature earmarked \$2 million for noncompetitive planning grants to assist counties in developing these plans.

The grants were awarded in multiple phases based on the three separate legislative appropriations. The first set of appropriations was made in May 1999 and totaled \$22.9 million to seven counties. The 1999/2000 State Budget appropriated an additional \$27.7 million to the grant program; these funds were distributed to six counties. The Board of Corrections refers to the grantees from 1999 and 2000 as MIOCRG I. The 2000/2001 State Budget included an additional \$50 million for the grant program. In May 2001, 15 counties received grants totaling approximately \$45.7 million. The Board of Corrections refers to these fifteen counties as MIOCRG II.

The MIOCRG requires the Board of Corrections to develop a plan to evaluate the efficacy of the program in reaching its stated goals of reducing crime, jail crowding, and criminal justice costs associated with offenders with mental illness. The board staff developed a research design in conjunction with funded counties. This research plan requires counties to collect com-

Board of Corrections
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mon data elements concerning the population served, the services provided, and the efficacy of the programs. The counties submit data to the board every six months. In addition, the program requires counties to evaluate their project by establishing outcome and performance measures and conducting a process assessment. This two-tiered evaluation allows the board to focus on cross-site evaluations while the counties can concentrate on the unique aspects of their program.

Contact Information

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STATE: **California**

AGENCY/ORGANIZATION:
Department of Mental Health

PROGRAM TITLE:
California State Task Force

POLICY STATEMENT(S):
Workforce

YEAR ESTABLISHED: **2000**

Overview

In California, a state law directed a task force led by the Department of Mental Health to identify options for meeting the mental health staffing needs of state and county health, human services, and criminal justice agencies.

Description

In 2000, the California State Assembly passed a bill in response to the shortage of mental health professionals throughout the state of California. The bill directed the representatives of the task force funded by the Budget Act of 2000 to address and identify options for meeting the staffing needs of state and county health, human services, and criminal justice agencies. The task force has representatives from the Department of Mental Health, the California State University, the California Community Colleges, and a number of other educational and mental health stakeholders. The bill also instructed the task force to establish regional training centers and to develop a grant program for students in California colleges and universities that offer certain degrees in order to attract students to employment in publicly funded mental health services. The task force will report its findings to the Legislature by May 1, 2002.

Also in California, the Center for Health Professions at the University of California, San Francisco, has created the California Workforce Initiative to look broadly at needs in the health care workforce, including the behavioral health care field.

The programs have begun implementing several areas of development on the issue of staffing shortages. However, data has yet to be examined concerning the outcome of these programs.

Contact Information

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STATE: **California**

AGENCY/ORGANIZATION:

Long Beach Police Department

PROGRAM TITLE:

Mental Evaluation Team

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene ResponseYEAR ESTABLISHED: **1996****Overview**

The Mental Evaluation Team (MET) pairs a police officer and clinician to respond to calls for service involving people with mental illness.

Description

The MET program was designed with the following goals: to prevent unnecessary incarceration and/or hospitalization of individuals with mental illness; to prevent duplication of mental health services; to protect the community and individuals who may be a danger to themselves or others; and to enable police patrol units to return quickly to service.

MET units can be dispatched either directly to calls involving mental health issues or in support of a request for assistance from patrol units. In the latter case, the MET takes over the call, allowing the patrol unit to respond to other calls. The MET unit focuses on calm, supportive, and respectful interactions with individuals with mental illness and only uses force as a last resort. Currently, the MET program provides response to calls for service during 10 hours a day, seven days a week.

The MET has led to cost-savings for the county because officers can assess which individuals have private insurance, Medi Cal (which allows individuals to use private hospitals), or no insurance. If a person with MediCal is sent to the county hospital, the county pays twice for the person. Additionally, the MET is able to direct patients away from an already overburdened County Hospital.

One of the core strengths of the MET program is the training for participating officers.

The Long Beach Police Department mandates both academy and in-service training on issues related to responding to people with mental illness. New recruits must attend a six-hour course on issues involving people with disabilities. This portion of the training is mandated by the state. Additionally, recruits are required to attend a class called Field Contacts with People with Mental Illnesses. This training is not state-mandated. The Field Contacts course is also part of the in-service training.

The Los Angeles County Mental Health Department funds the MET team and its additional training. During its first three years of operation, the MET team handled 1,810 calls for service,

Long Beach Police Department

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hospitalizing 838 people, (46 percent). Of the persons hospitalized, 357 (43 percent) were hospitalized privately, for a cost-savings of \$785,400. During this same time period there were less than ten uses of force.

Challenges/Areas for Improvement

With additional funding, Long Beach would like to extend this program to provide 24- hour-a-day/seven-days-a-week response.

Contact Information

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STATE: **California**

AGENCY/ORGANIZATION:

**Pacific Clinics: Los Angeles, Orange, Riverside,
and San Bernardino Counties**

PROGRAM TITLE:

Pacific Clinics

POLICY STATEMENT(S):

Cultural Competency

YEAR ESTABLISHED: **1987**

Overview

The Pacific Clinics provide mental health treatment in a community environment to individuals in Southern California, with a special focus on cultural sensitivity to members of Latino and Asian populations.

Description

Pacific Clinics, a provider of behavioral health care services in Los Angeles, Orange, Riverside, and San Bernardino counties in California, has made a priority of establishing services to meet the needs of different cultural groups. Many of their 65 sites include staff from Spanish-speaking cultures that can provide culturally sensitive services to Latino clients. Pacific Clinics has also developed services that are sensitive to the needs of the multiple Asian populations living in that part of California. Services at the clinics include links to culture-specific family and consumer groups, as well.

Pacific Clinics has a budget of over \$52 million and a staff of more than 800 professionals. Among its many services, Pacific Clinics provides training and education to a variety of audiences, including consumers, families, and professionals.

Contact Information

Pacific Clinics

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Arcadia, CA 91006

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Pasadena, CA 91105

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Web site: www.pacificclinics.org/

STATE: **California**

AGENCY/ORGANIZATION:

Orange County Probation Department

PROGRAM TITLE:

Project IMPACT

POLICY STATEMENT(S):

Sentencing

YEAR ESTABLISHED: **1999**

Overview

Project IMPACT facilitates the transfer of offenders with mental illness from jails to community-based mental health services.

Description

Participants for Project IMPACT receive an individualized service plan, along with linkages to alcohol and drug abuse services, social services, housing, and medication. Specialized probation officers are assigned to a small number of cases and they coordinate the care of their clients. The program also provides a county-wide education and training program, a liaison and training with law enforcement, a Community Resource Center for offenders with mental illness, and an informational video for families and friends of offenders with mental illness.

Contact Information

Project IMPACT

Orange County Probation Department

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Web site: www.oc.ca.gov/Probation

STATE: **California**

AGENCY/ORGANIZATION:

Pasadena Police Department

PROGRAM TITLE:

Mental Illness Law Enforcement System

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene ResponseYEAR ESTABLISHED: **2001****Overview**

The Pasadena Police Department is involved in community partnerships that improve law enforcement's response to people with mental illness.

Description

The Pasadena Police Department works closely with Genesis, a social service provider that deals with issues affecting the elderly (specifically mental illness), to serve individuals with mental illness better. Genesis staff provide training and are on call 24 hours a day, 7 days a week to respond to police situations involving people with mental illness. Genesis offers this service free of charge.

The Pasadena Police Department also participates in the San Gabriel Valley Task Force, which addresses the law enforcement response to people with mental illness. The task force was initiated by the mental health community and began in 1998. The task force meets monthly and is comprised of mental health care service providers and representatives of the Pasadena Police Department and the Monterey Police Department. The name of the program is MILES (Mental Illness Law Enforcement System). This task force is also responsible for the annual MILES conference during which speakers discuss various issues involving people with mental illness.

The director of Pacific Clinics, a local mental health care agency, has also collaborated with the Training Division of the Pasadena Police Department to develop a roll-call training program on mental illness-related issues for each of the patrol teams.

Contact Information

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AGENCY/ORGANIZATION:

PERT, Inc

PROGRAM TITLE:

Psychiatric Emergency Response Team (PERT)

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene ResponseYEAR ESTABLISHED: **1996****Overview**

The Psychiatric Emergency Response Team (PERT) program in San Diego County is a partnership among eight county-wide law enforcement agencies, San Diego County Mental Health Services, and PERT, Inc., a non-profit organization formed to organize, supervise, and manage the operations of the program. Each PERT consists of a specially-trained officer/deputy and a licensed mental health clinician and responds to calls that may involve mental illness throughout San Diego County.

Description

The San Diego County PERT teams comprise specially trained officers or deputies who are paired with mental health professionals; together, they respond on-scene to situations involving people with mental illness. The 24 PERT teams represent a partnership between the Sheriff's Office and the eight law enforcement departments in the county.

Participating officers, deputies, and mental health professionals are specially selected and complete an 80-hour block of training. The training includes modules about on-scene assessment, payer systems, community-based organizations, and available hospitals. The goal of the program is appropriate placement for people with mental illness in the least restrictive environment possible.

The PERT model is funded by both county and state grants (which are actually pass-through federal SAMHSA funds). Partners determined that the most efficient way to manage these funds was to form a separate organization, known as "PERT, Inc." The board for PERT, Inc. is made up in part of NAMI board members and board members from the Community Research Foundation, which is the largest private, nonprofit mental health service provider in the county. PERT, Inc. supervises the PERT staff and coordinates billing for services rendered (a funding stream that provides considerable support for the program). The executive director of PERT, Inc. developed training and is viewed by the police and mental health professionals as a neutral liaison.

Important to the success of this program are the committees that meet to discuss the program and solve problems. The first committee is the coordinating council, which meets quarterly to examine policies. The coordinating council is made up of a captain or assistant chief from all nine departments and the

PERT, Inc
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director of the county department of mental health. The second group comprises supervisors from the divisions where PERT teams are active, who meet to discuss logistics and operations. The third group is an advisory board of 15 mental health stakeholders from around the county and two police coordinators. This group meets to provide oversight of the program and to establish accountability measures.

The Community Research Foundation has prepared a report on the operations of the PERT teams for the period from July 1, 1998, through June 30, 1999. This report details the incidents the teams responded to, including client information, how long the calls took, and what the outcome of each encounter was.

Contact Information

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San Diego, CA 92142
Phone: (858) 974-2319

STATE: **California**

AGENCY/ORGANIZATION:
San Bernardino County

PROGRAM TITLE:
San Bernardino Partners Aftercare Network (SPAN)

POLICY STATEMENT(S):
Development of Transition Plan

YEAR ESTABLISHED: **1998**

Overview

The San Bernardino Partners Aftercare Network (SPAN) connects individuals with mental illness to appropriate mental health services at the time of their release from jail.

Description

The San Bernardino Partners Aftercare Network (SPAN) was one of many programs to receive funding from California's the Mentally Ill Offender Crime Reduction Grant Program (MIOCRG). (See description of the MIOCRG above.)

SPAN is housed on the grounds of the San Bernardino County's West Valley Detention Center. The aftercare management team serves as a "bridge" between the offender's release from state custody and his or her reintegration in the community. SPAN provides a number of services such as early discharge planning so that the mental health needs of inmates' can be assessed early on. In addition, released inmates receive a 14-day supply of medication at the time of their release to cover the period until they can meet with a mental health service worker. Identification cards are provided to inform law enforcement personnel and treatment providers that the person with mental illness is part of the program.

The coordination of terms and conditions of probation is handled by a sub-program, STAR-LITE (Supervised Treatment After Release—Less Intense Treatment Expectations). STAR-LITE provides extensive front end case management to inmates who are at high risk of recidivism. This includes housing, financial support, and substance abuse counseling.

Contact Information

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STATE: **California**

AGENCY/ORGANIZATION:

San Diego County Public Defender's Office

PROGRAM TITLE:

San Diego Homeless Court

POLICY STATEMENT(S):

AdjudicationYEAR ESTABLISHED: **1999****Overview**

The San Diego Homeless Court conducts court proceedings in homeless shelters to facilitate the fulfillment of court orders and reduce subsequent contact with the criminal justice system for program participants.

Description

Many homeless individuals are charged with crimes and have outstanding warrants, usually for misdemeanors such as illegal lodging. These individuals may be wary of attending court proceedings or, due to their lack of a permanent address, do not receive notices to appear. Most studies estimate that at least 20-25 percent of the adult homeless population has a mental illness.

The San Diego Homeless Court is a program run by the San Diego Public Defender's Office that brings court proceedings into shelters, where legal issues are disposed of through progressive pleabargaining and alternative sentencing measures. The Homeless Court does not resolve felony cases. Prosecutors and defense attorneys work together to hold court sessions once-a-month. The program works on a four-week schedule.

- **week one:** participants sign up for a court proceeding
- **week two:** the court and prosecution prepare cases for the next scheduled hearing
- **week three:** the defense attorney meets with the participants to review and prepare for the cases
- **week four:** the court personnel arrive at the shelter and hear the cases

Sentences often involve participation in programs at local shelters or other community services instead of fines or jail-time. Also, shelters can then provide drug counseling, job placement, and access to additional public services (e.g. mental health care).

The Criminal Justice Research Division of The San Diego Association of Governments (SANDAG) conducted a project evaluation of the San Diego Homeless Court. The evaluation is available by contacting SANDAG at (619) 595-5383.

Contact Information

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233 A Street, Suite 800
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Phone: (619) 236-2523

STATE: **California**

AGENCY/ORGANIZATION:

Village Integrated Service Agency, Long Beach

PROGRAM TITLE:

Village Integrated Service Agency

POLICY STATEMENT(S):

Integration of ServicesYEAR ESTABLISHED: **1987****Overview**

The Village Integrated Service Agency provides comprehensive mental health services to individuals in Los Angeles County.

Description

The Village Integrated Service Agency in Long Beach, California, was initially developed through state legislation (1989) that attempted to remove administrative and funding barriers from the delivery of comprehensive, individualized mental health services. The three basic elements of the Village's program design are collaborative case management teams, case-rated funding, and a psychosocial rehabilitation/recovery philosophy. As in the ACT model, services at the Village are delivered to the client wherever he or she is. Teams of clinicians work with each client and bring complementary skills to the process. Case-rated funding is an important principle because it focuses on outcomes rather than on delivery of units of service. The overarching recovery philosophy encourages staff and clients to seek the rewards that come with higher risks, knowing that support will be available when needed. The Village offers a clear, single point of responsibility for everyone it serves and provides coverage 24 hours a day, seven days a week.

In 1987 a group of concerned parents, consumers, business people, and professionals, prompted the lieutenant governor to help form a task force to make recommendations for creating a better mental health system. Two years later, after 14 statewide community hearings, the task force's recommendations were incorporated into a bipartisan legislative bill, which was passed in 1989. The statute provided funding for three years, directly out of the state general funds, for three Integrated Service Agency (ISA) demonstration projects in three different settings—countywide, urban, and rural. The mission of the Village Integrated Service Agency is to support and teach adults with psychiatric disabilities to recognize their strengths and power to successfully live, socialize, and work in the community. In addition, the organization also seeks to stimulate and promote the system-wide changes necessary so that these individuals may achieve these goals.

Village Integrated Service Agency, Long Beach
continued

Challenges/Areas for Improvement

The Village has struggled with the difficulty presented in treating individuals with co-occurring mental health and substance abuse disorders. The division of funding sources for these different problems makes facilitating treatment especially difficult.

Contact Information

Village Integrated Service Agency
456 Elm Avenue
Long Beach, CA 90802
Phone: (562) 437-6717
Fax: (562) 437-5072
Email: mailbox@village-isa.org
Web site: www.village-isa.org/

STATE: **Connecticut**

AGENCY/ORGANIZATION:

Department of Mental Health and Addiction Services

PROGRAM TITLE:

Jail Diversion Program

POLICY STATEMENT(S):

Pretrial Release/Detention Hearing

YEAR ESTABLISHED: **1994**

Overview

The Connecticut Department of Mental Health and Addiction Services (DMHAS) has instituted jail diversion programs in all 22 geographical area courts across the state. These programs work with the courts to link to treatment services people with mental health and co-occurring substance abuse disorders arrested on minor offenses.

Description

In 1994 DMHAS developed in Hartford the first jail diversion program in the state for defendants with mental illness. The program was the outcome of interagency discussion about the frequent rearrest of people with serious mental illness. Prior to this program, the courts were helping defendants with mental illness to obtain mental health services by finding them incompetent to stand trial and admitting them to psychiatric hospitals. This approach, geared towards enabling the defendants to become competent to stand trial, generally did not focus on their long-term needs.

The goals of the diversion program include the following:

- reduce recidivism of people with mental illness by providing access to treatment
- reduce incarceration of individuals with mental illness for minor offenses
- free jail beds for violent offenders; provide judges with additional sentencing options
- increase the cost-effectiveness of the courts, Department of Corrections, and DMHAS

The jail diversion program allows the courts and community mental health centers to work together for the benefit of the defendant. The clinicians who operate the diversion programs work out of the local community mental health centers. When those centers are run by DMHAS, the clinicians are DMHAS staff; when the centers are not run by DMHAS, they receive funding and supervision from DMHAS. All of the clinicians are licensed practitioners (social workers, nurses, psychologists) who receive training from DMHAS Division of Forensic Services. The diversion programs also offer training to the local police departments to enhance police understanding of mental illness and the alternatives to arrest for certain individuals.

Department of Mental Health and Addiction Services
continued

The diversion staff conduct assessments of individuals who may be eligible for diversion, generally prior to arraignment. The diversion staff then propose a treatment plan as an alternative to incarceration, and work with the court and the treatment providers to ensure that the defendant complies with the diversion conditions. The only information that diversion staff provide to the court is a treatment plan and what options are available to the client. The nature of the illness and any diagnoses are kept confidential. The diversion team does not make the decision to divert; it simply offers options to the judges. If the client agrees to allow the clinician to share more information with the court it is easier to prepare a treatment plan that can be followed up by the court.

If the court does offer diversion to the defendant, possible outcomes include deferred prosecution with the condition of treatment, dismissal of charges, or probation with special condition of treatment. When possible, diversion staff follow-up on program participants to assess their success in the program.

In 1997, Connecticut's jail diversion program was selected as part of the SAMHSA study of the impact of jail diversion. Using initial data from that study, DMHAS prepared a report to the Connecticut General Assembly Joint Committee on the Judiciary, Public Health, and Appropriations. DMHAS's ability to demonstrate that individuals who participated in the programs spent significantly fewer days in jails and psychiatric hospitals helped convince the General Assembly to appropriate funding for an expansion of the program to all 22 geographical area courts in the state. Beginning in 1998, researchers in Connecticut have collected data comparing the experiences of two groups of defendants with mental illness—one group from courts with diversion programs and one group from courts without diversion programs.

The data collection period is complete and the study is currently in the data analysis phase. The researchers will look to compare the costs of serving the two groups, including costs associated with criminal justice services and mental health services.

Contact Information

Jail Diversion Program
Department of Mental Health and Addiction Services
410 Capital Avenue
Hartford, CT 06134
Phone: (860) 418-6914
Web site: www.dmhas.state.ct.us/pdf/jaildiversion.pdf

STATE: **Florida**

AGENCY/ORGANIZATION:

Broward County District Court

PROGRAM TITLE:

Broward County Mental Health Court

POLICY STATEMENT(S):

**Pretrial Release/Detention Hearing;
Adjudication**

YEAR ESTABLISHED: **1997**

Overview

The Broward County Mental Health Court seeks to link defendants with mental illness to appropriate diagnostic and treatment services. Only defendants who have been charged with misdemeanors are eligible for the court, excluding those charged with domestic violence, driving under the influence, or battery, unless the victim consents to the transfer of the defendant.

Description

Defendants can be referred for participation in the mental health court in a variety of ways including by the magistrate who presides at the bond hearing, the defense attorney, the defendant's family, the police, or a mental health caseworker, among others.

Defendants may either be in custody or out-of-custody (e.g., on pretrial release) when they are referred. For defendants who are in custody, clinicians from Nova Southeastern University assigned to the public defender's office screen defendants prior to the initial probable cause/bail hearing. When defendants exhibit symptoms of mental illness, the defender informs the court during the hearing, which is generally conducted via closed circuit television. Depending on the time of arrest, the magistrate presiding at the bond hearing will refer the individual to the mental health court either for the same day or the next day. Individuals who are deemed to be in crisis or a danger to themselves are referred to a crisis center until they are stabilized, at which point they may be eligible to again participate in the court.

Defendants who are referred to the court have a probable cause hearing in the court to review the charges. Those individuals whom the judge determines are eligible for the court are offered, after consulting with an attorney and mental health professionals, the opportunity to participate in treatment under the supervision of the court. For those defendants who agree to this arrangement, the state's attorney holds their charges in abeyance, pending the progress of the treatment.

After being selected for participation in the program, defendants are further assessed and then assigned to a case manager. The case manager is responsible for preparing a service plan, which is coordinated in conjunction with the defendant, family members, a treatment provider, and the mental health court. The court then holds a series of status hearings, as needed,

Broward County District Court
continued

to monitor the progress of the defendant. Defendants report to the court regularly, usually at two, three, or four-week intervals (intervals increase after continued satisfactory progress).

Challenges/Areas for Improvement

One of the key problems that the mental health court faces has been the lack of community placement options. Accordingly, the court appealed to the legislature and received funding for a three-year program to develop a residential treatment facility, more intensive case management, and independent housing options

Contact Information

Broward County Mental Health Court
Broward County Courthouse
201 S.E. 6th Street, Rm. 905
Ft. Lauderdale, Florida 33301
Phone: (954) 831-7805

STATE: **Florida**

AGENCY/ORGANIZATION:
Florida Bar

PROGRAM TITLE:
Florida Bar Continuing Legal Education Requirements

POLICY STATEMENT(S):
Training for Court Personnel

YEAR ESTABLISHED: **2001**

Overview

On February 8, 2001, the Florida Bar added mental illness awareness as a mandatory category of continuing legal education requirements.

Description

Continuing Legal Education Requirement (CLER) was adopted by the Supreme Court of Florida in 1988 and requires all Florida Bar members to further their legal education. The Florida Bar requires each member to complete 30 hours of CLE over a three-year period. Five of those hours of education must be obtained in one of four mandatory categories—ethics, professionalism, substance abuse, and mental illness awareness. Adding mental illness awareness as a mandatory category demonstrates the Florida Bar's appreciation of the importance of attorney's gaining education in this area. The Board of Governors of the Florida Bar voted 50 to 0 in support of mandatory CLE in mental illness awareness.

Challenges/Areas for Improvement

According to Angela Vickers, an attorney and mental health advocate who was a leading proponent of the inclusion of mental illness awareness as a mandatory category in the Florida CLER, there is a shortage of educational opportunities for attorneys in this area.

Contact Information

The Florida Bar
650 Apalachee Parkway
Tallahassee, FL 32399-2300
Phone: (850) 561-5600
Web site: www.flabar.org/

STATE: **Florida**

AGENCY/ORGANIZATION:

Seminole County Sheriff's Office

PROGRAM TITLE:

**Crisis Intervention Team /
Medical Bracelet Program**

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene ResponseYEAR ESTABLISHED: **1999****Overview**

A task force consisting of key stakeholders from the mental health care, substance abuse treatment, and criminal justice systems helped the Seminole County Sheriff's Office form a Crisis Intervention Team (CIT) in 1999. The goal of the team is to respond appropriately to people with mental illness who are the subject of calls for service.

Description

The Sheriff's Office funds all CIT training. When the program was first initiated, all CIT officers were required to complete a 40-hour block of training. The Crisis Intervention Team assigns one trained officer to every shift. This deputy is expected to respond to calls for service involving people with mental illness. If this officer is unavailable, any deputy can respond to the call. However, it is expected that the responding deputy will speak with the CIT officer to gain insight and develop a strategy to effectively manage the call. In order to better prepare and respond to the needs of people with mental illness, CIT staff create and maintain a file of information about each individual with whom they have contact, including the nature of the illness, family relations, the layout of the person's home, the availability of weapons, and any other relevant information. The Sheriff's Office collects these data from the Forensic Diagnosis team at the jail, the Crisis Intervention Team files, and the Medical Bracelet Program.

The Sheriff's Office also participates in the Seminole County Mental Health and Substance Abuse Task Force. The task force (which includes representatives from the State Attorney's Office, Public Defender's Office, Seminole Community Mental Health Center, NAMI, and the Coalition for the Homeless) meets monthly to discuss issues related to each agency's response and the collaborative initiatives developing among the agencies.

The Sheriff's Office has contracted with the Mental Health Association of Central Florida (MHACF) to set up the Medical Bracelet Program. The MHACF is a nonprofit organization and the project is funded entirely by the Sheriff's Office. The program offers free voluntary registration to people with mental illness. They can get a bracelet or an identification card that alerts law enforcement to a particular condition. Accordingly, if a citi-

Seminole County Sheriff's Office

continued

zen with mental illness fails to comply with medication or encounters the police, the responding officer will be aware that the person is in need of specific assistance. This information is stored in the department's communication center and is available 24 hours a day, seven days a week.

In 2000, the CIT responded to approximately 1200 calls for service involving people with mental illness. Also, participation in the task force has provided the Sheriff's Office with feedback on CIT program successes and barriers, and each participating agency's understanding of other agency's roles was significantly increased.

Challenges/Areas for Improvement

Since the initial training, the sheriff's office has recognized the need to locate alternate training opportunities. One resource that the sheriff's office has identified is the Florida Regional Community Policing Institute at St. Petersburg, which offers a class entitled "Managing Encounters with the Mentally Ill."

Contact Information

Seminole County Sheriff's Office

100 Bush Blvd

Sanford, FL 32773

Phone: (407) 665-6986 or (407) 331-8231

Fax: (407) 665-6797

Web site: www.seminolesheriff.org/

STATE: **Florida**

AGENCY/ORGANIZATION:

Pinellas County Sheriff's Office

PROGRAM TITLE:

Crisis Intervention Training Program

POLICY STATEMENT(S):

Training for Law Enforcement Personnel

YEAR ESTABLISHED: **2001**

Overview

Pinellas County Sheriff's Office personnel receive training on using crisis intervention skills in interacting with people for whom mental illness was a factor in the call for service.

Description

The Mental Health Commission of Pinellas County provides a 40-hour training program at no charge to the Sheriff's Office. The Mental Health Commission of Pinellas County comprises mental health providers, mental health advocates (e.g., NAMI), and law enforcement executives. Nonpolice personnel, including people with mental illness and family members, teach the training course. 150 employees of the Pinellas County Sheriff's Office have been trained, including civilian staff, corrections, and law enforcement. Specifically, Pinellas County has made an effort to train its communications/dispatch staff.

The Pinellas County Crisis Intervention (CI) program is based on the Memphis, Tennessee, Police Department's Crisis Intervention Team model, in which specially trained officers respond to calls involving people with mental illness. The county has helped other Florida police departments implement their own Crisis Intervention programs.

As a result of the crisis intervention training, dispatchers are prepared to ask the necessary questions to provide deputies on-scene with as much information as possible, and sworn staff are better able to respond to calls involving people with mental illness.

Challenges/Areas for Improvement

The department hopes to increase the number of its CI-trained officers. Unfortunately, there are not enough trained officers to have a CI officer respond to every call involving a person with mental illness. Usually, only 10 to 12 people per shift have received CI training. As a result, there are many instances in which a CI officer is not available to respond to a call involving a person with a mental illness.

The department would also like to hire social workers to follow up with a person who has been admitted to a mental health care facility. The social worker would speak with family members and caseworkers or locate resources. This intervention

Pinellas County Sheriff's Office

continued

might increase the number of people with mental illness who can be helped by access to ongoing services.

Contact Information

Patrol Operations Administration

Pinellas County Sheriff's Office

10750 Ulmerton Rd.

Largo, FL 33778

Phone: (727) 582-6293

Fax: (727) 582-6769

STATE: **Georgia**

AGENCY/ORGANIZATION:

Athens-Clarke County Police Department

PROGRAM TITLE:

Crisis Intervention Program

POLICY STATEMENT(S):

Training for Law Enforcement PersonnelYEAR ESTABLISHED: **1997****Overview**

The Athens-Clarke Crisis Intervention Program (CIP) trains every officer in the Athens-Clarke police department to respond effectively to calls for service involving people with mental illness.

Description

The Athens-Clarke Crisis Intervention Program (CIP) is based on the Memphis CIT program, particularly with regard to the training requirements. Unlike the Memphis model, however, the county government in Athens-Clarke determined that special teams alone could not provide an adequate law enforcement response to people with mental illness in Athens-Clarke County. County government officials believed that every officer must be able to respond effectively to a call for service involving a person with mental illness.

All new recruits are required to attend post-academy training in mental health crisis intervention. Currently, about half of the 210 sworn officers have been trained in this subject area. Advantage Behavioral Health, a community-based health care provider, conducts the training. Local mental health professionals donate their expertise, teaching the crisis intervention class. As part of the course, officers visit a local hospital or mental health facility to interact with and learn from consumers.

The training provides officers with a well-structured method for handling on-scene response. When arriving on-scene, an officer must first assess whether the consumer is a danger to him/herself or others. Based on their crisis intervention training, the officer must then decide if the person is in need of professional evaluation. During regular business hours, an officer may transport a consumer to the local mental health care provider, Advantage Clinic, for evaluation. During off hours, or if the person is considered violent, the officer may bring the individual to the emergency room where an Advantage staff person will meet them.

As a result of the Crisis Intervention Program, the Athens-Clarke County Police Department has established close relationships with local advocacy groups, particularly NAMI and the Mental Health Association. In April 2001, the captain who serves as the informal liaison to the mental health care providers won the Mental Health Association's annual award for public services as a result of his work with the CIP.

Athens-Clarke County Police Department

continued

Challenges/Areas for Improvement

The Athens-Clarke County Police Department plans to continue providing crisis intervention training to its officers until all sworn personnel have received the training. Also, the department has encountered difficulties in finding appropriate care and placement for youth who have mental illness, and would like to develop specialized responses for this population.

Contact Information

Career Development Unit Administrator
Athens-Clarke County Police Department
3035 Lexington Road
Athens, GA 30605
Phone: (706) 613-3330 ext. 325
Fax: (706) 613-3348

STATE: **Georgia**

AGENCY/ORGANIZATION:

Georgia Indigent Defense Council

PROGRAM TITLE:

Mental Health Advocacy Division

POLICY STATEMENT(S):

Appointment of Counsel

YEAR ESTABLISHED: **1992**

Overview

The Georgia Indigent Defense Counsel (GIDC) serves as an information clearinghouse for defense attorneys throughout the state, including information regarding the representation of persons with mental illness. The Mental Health Advocacy Division of the council is responsible for providing aid to attorneys representing clients suffering from a mental illness.

Description

The GIDC was established in 1979 but was not funded by the state until 1989. The Mental Health Advocacy Division was created internally in 1992 and was legislated in 1996.

The mental health division provides assistance in one of three specific areas. It can directly represent those who are incarcerated indefinitely in state mental hospitals due to an insanity plea. The division also offers training seminars and manuals for defense attorneys who represent clients with mental illness and for the judges who sentence those defendants. Finally, the division works as a consultation service for lawyers representing clients who are confined to mental hospitals or whose mental illness has a bearing on the disposition of their pending charges.

Contact Information

Mental Health Advocacy Division
Georgia Indigent Defense Council
985 Ponce de Leon Avenue
Atlanta, GA 30306
Phone: (404) 894-2595
Web site: www.gidc.com

STATE: **Hawaii**

AGENCY/ORGANIZATION:

Honolulu

PROGRAM TITLE:

Honolulu Jail Diversion Project

POLICY STATEMENT(S):

Pretrial Release/Detention Hearing

YEAR ESTABLISHED: **1988**

Overview

Honolulu's jail diversion program is a court-based program that transfers misdemeanants with mental illness from the jail into some form of treatment while they are awaiting trial.

Description

The post-booking program in Honolulu begins when detainees are transported from holding cells in the local precincts to the courthouse in the early morning, where they are seen by a case coordinator who determines before arraignment whether diversion is appropriate. Participants in the program sign a voluntary release of information form for medical and mental health records. A plan for services is arranged, and participants are arraigned and released on their own recognizance. Clients are then taken directly to treatment centers, and their progress is monitored by a case coordinator. The case manager helps defendants gain whatever aid they need, even if it means picking them up and driving them to their hearing. This program is designed to ensure that less time is spent in jail during the pretrial phase, regardless of the disposition of the case, and it also decreases the rate of failures to appear.

Contact Information

Jail Diversion Project
Oahu Intake Service Center
2199 Kamehameha Center
Honolulu, HI 96819
Phone: (808) 586-4683

STATE: **Illinois**

AGENCY/ORGANIZATION:

**Cook County Department of Corrections,
Illinois Office of Mental Health**

PROGRAM TITLE:

**Cook County Jail Electronic Access to
Information**

POLICY STATEMENT(S):

Intake at County / Municipal Detention FacilityYEAR ESTABLISHED: **2001**

Overview

The goal of the program is to notify mental health clinics electronically when their members go to jail to immediately begin the process of aftercare planning.

Description

Through an automated information system, the Cook County Jail electronically transfers its jail census on a daily basis to mental health clinics in the Chicago area. Clinic staff review the lists to determine whether they can identify any of their clients. The goal is to notify these clinics when one of their clients is in custody to aid in the continuation of treatment while in custody.

Contact Information

Cook County Department of Corrections
2700 South California Avenue
Chicago, IL 60608
Phone: (773) 869-7100
Email: corrections@cookcountysheriff.org
Web site: www.cookcountysheriff.org

STATE: **Illinois**

AGENCY/ORGANIZATION:

Cook County Adult Probation Department

PROGRAM TITLE:

Mental Health Unit

POLICY STATEMENT(S):

SentencingYEAR ESTABLISHED: **1988**

Overview

The Mental Health Unit provides intensive supervision to probationers with serious mental illnesses and/or developmental disabilities. The unit, which is Medicaid certified, is funded by the Illinois Department of Mental Health and Developmental Disabilities.

Description

To be eligible for supervision in the mental health unit, probationers must have a diagnosis of mental illness and/or mental retardation. Pedophiles and those who have been found unfit to stand trial are not eligible for the program. Probationers are mandated to receive mental health services ranging from outpatient counseling to psychiatric hospitalization and nearly all are on psychotropic medication. The most common diagnoses are Axis I psychotic disorders (e.g., schizophrenia, severe mood disorders, and bipolar disorder).

Staff in the unit have mental health–related experience and training. Officers supervise reduced caseloads of approximately 50 probationers and work closely with treatment providers and a contracted clinical consultant to ensure comprehensive case management. Officers perform a number of duties including: conducting clinical assessments; making referrals; completing detailed supervision plans; monitoring compliance with probation conditions, medication requirements, and other treatment objectives; helping probationers to obtain disability benefits, Supplemental Security Income, and medical cards; and serving as advocates for probationers in their effort to obtain mental health services.

Contact standards are dictated by the three phases. Each phase lasts a minimum of three months. Prior to advancing to a less restrictive phase, probationers must meet strict criteria. Probationers may be returned to a previous phase if compliance problems arise. Upon successful completion of all three phases, cases may be transferred to standard probation supervision if the following criteria have been met:

- all needs have been adequately addressed by appropriate referrals;
- there have been no violations of probation or involuntary hospitalizations during any of the probation sentence;

Cook County Adult Probation Department
continued

- there have been no inpatient treatment or hospitalizations in the past eight months; and
- all special conditions ordered by the court have been met

Contact Information

Adult Probation Department
Cook County Administration Building
69 West Washington Street, Suite 2000
Chicago, IL 60602
Phone: (312) 603-0240
Web site: www.cookcountycourt.org/services/programs/adult-probation/probation.html#8

STATE: **Illinois**

AGENCY/ORGANIZATION:

Thresholds Psychiatric Rehabilitation Centers

PROGRAM TITLE:

Thresholds Jail Program

POLICY STATEMENT(S):

Intake at County / Municipal Detention Facility

YEAR ESTABLISHED: **1997**

Overview

The Thresholds Psychiatric Rehabilitation Centers Jail Program helps offenders with mental illness in the Cook County Jail transition from jail to the community and provides them with a broad array of support services to ensure their successful reintegration.

Description

Most Thresholds members (as the program's clients are called) have a history of state inpatient psychiatric hospitalization and incarceration—the average member has been hospitalized 112 times and arrested 35 times.

Thresholds relies on the Bridge Model of assertive community treatment, which uses an intensive team approach to provide long-term, comprehensive, and integrated services. The Thresholds Program marks the first time that the Bridge Model has been specifically applied to the jail population. Thresholds staff forge relationships with clients while they are still in jail, sometimes even securing early release into Thresholds custody. Once released from the jail, the members are expected to adhere to treatment regimens, to work with a psychiatrist, and to nominate Thresholds as a payee. Thresholds provides services for substance abuse, vocational training, education, and peer supports. Thresholds has developed relationships with housing providers and the police department to ensure community support and to enlist assistance in monitoring program members. Thresholds provides 24-hour services; if a member is missing, Thresholds staff will go into the streets to locate the member. Thresholds staff do not carry individual caseloads; instead, a multidisciplinary team shares responsibility for each member, with a psychiatrist overseeing the treatment program. Unlike many programs that provide services for a limited time, Thresholds provides services as long as the member needs them.

Thresholds has compiled impressive outcome data concerning the success of its program. Thresholds has recently completed a study comparing data for thirty program participants who have completed one-year of Thresholds service with data from the one year prior to their involvement with the program. Prior to becoming involved in Thresholds these individuals had spent a combined 2,741 days in jail; during one year in Thresholds they spent a total of 489 days in jail, a reduction of

Thresholds Psychiatric Rehabilitation Centers
continued

82 percent. Similarly, in the year prior to being involved in Thresholds the group had been arrested a total of 101 times, while during their year at Thresholds they were arrested 49 times for a reduction of 51 percent. The group experienced a similar reduction in hospital days (85 percent) and total hospitalizations (82 percent). The Thresholds program costs approximately \$26 per day per member, whereas jails cost approximately \$70 per day and hospitals cost \$500 per day. According to these per diem rates, the Thresholds program saved \$157,000 in jail costs and \$917,000 in hospitalization costs in the one year studied. In addition, Thresholds received the American Psychiatric Association's prestigious Gold Achievement Award in 2001, that organization's highest honor.

Contact Information

Thresholds Psychiatric Rehabilitation Centers Jail Program
4101 North Ravenswood Avenue
Chicago, IL 60613
Phone: 1-888-99 REHAB
Email: thresholds@thresholds.org
Web site: www.thresholds.org

STATE: **Iowa**

AGENCY/ORGANIZATION:

Community Corrections Improvement Association (of Iowa)

PROGRAM TITLE:

Commission on the Status of Mental Health of Iowa's Corrections Population

POLICY STATEMENT(S):

Educating the Community and Building Community Awareness

YEAR ESTABLISHED: **2001**

Overview

In November 2001, the Community Corrections Improvement Association (CCIA) and the Commission on the Status of Mental Health of Iowa's Corrections Population held eight public hearings intended to bring the issue of mental health in prisons to the attention of corrections professionals, mental health professionals, policymakers, and citizens.

Brief Description

The concept behind the public hearings was to impress upon the public that mental health is a local concern. The forums sought to accomplish this by both educating those who attended and gauging feelings about how Iowa is currently handling the issue of mental health. Part of the strategy included attracting media attention in statewide newspapers.

The 240 participants in the hearings each completed a questionnaire that was then analyzed by the State Public Policy Group (SPPG). The survey sought to assess varying groups' perceptions of how the state was addressing the mental health issues within corrections treatment programs.

In the surveys, 80.8 percent of those polled said that access to mental health and substance abuse treatment services was an urgent matter in the state of Iowa. Additionally, reports concluded that there is poor communication between mental health providers and corrections staff. When asked how to address this issue, respondents showed strong support for a "no closed doors" program, which would make it a uniform protocol in all parts of the community. In this system, agencies from the police department to the department of human services immediately refer people with mental illness to a mental health provider. The commission will publicize the findings by developing a video based upon clips from the public hearings and interviews with incarcerated persons who suffer from mental illness. The follow up is a conference in the spring of 2002 intended to draw attention to not just the problem but possible solutions, including ideas that have worked in other states.

Community Corrections Improvement Association (of Iowa)
continued

Iowa is experiencing budget cuts and system restructuring. The public hearings are an effort to hedge against this problem by raising public awareness.

Contact Information

Community Corrections Improvement Association
200 10th St., 5th Floor
Des Moines, IA 50309
Phone: (515) 243-2000

STATE: **Kentucky**

AGENCY/ORGANIZATION:

Louisville-Jefferson County Crime Commission

PROGRAM TITLE:

Mental Health Diversion Program

POLICY STATEMENT(S):

Prosecutorial Review of Charges

YEAR ESTABLISHED: **1992**

Overview

The Mental Health Diversion Program identifies nonviolent felony and misdemeanor defendants with serious mental illness and works with the court system to provide incentives for involvement with community-based treatment in lieu of incarceration. Following completion of the diversion program, charges against the participant are dismissed.

Description

The Louisville-Jefferson County Crime Commission developed the Mental Health Diversion Review Board and is responsible for determining appropriate admissions to the diversion program, approving individual treatment plans, and overseeing the jail diversion program in general. The Review Board consists of seven volunteer members including a psychiatrist, psychologist, registered nurse, clinical social worker, attorney, veteran member of probation/parole or other law enforcement, and a mental health advocate.

The jail diversion program employs, in addition to the review board, a court liaison, three Community Treatment Alternatives Program case managers, and mental health workers at the jail to refer individuals for jail diversion and coordinate community treatment upon entry to the program. Treatment consists of a six-month to one-year intensive portion, and two years, court-ordered treatment for misdemeanor offenders and five years, court-ordered treatment for felony offenders. During the intensive portion, participants attend weekly meetings with the community mental health facility, group therapy (including dual diagnosis group therapy, if appropriate), and a weekly legal issues group meeting.

Upon admission to the program, the defendant's court case is suspended for a period of six months to a year. Following successful completion of the intensive portion of the court order and dismissal of charge, the participant is obligated to remain in treatment under the terms of the original court order (two to five years). The State of Kentucky Criminal Justice Council and the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders and Dual Diagnosis, are also currently establishing a joint subcommittee to address cross-systems issues at the state level.

Louisville-Jefferson County Crime Commission
continued

According to the executive director, the Mental Health Diversion Program has been successful in meeting its goals. In addition to the treatment, support, and rehabilitation services provided through the program, the program has helped reduce total jail days for program participants and in the process saved the county money.

Challenges/Areas for Improvement

Although from time to time there is difficulty maintaining a full review board, board members feel the program is reaching individuals in need of diversion services and treatment. One consistent problem, however, is a limited amount of money for additional services needed to treat this population effectively.

Contact Information

Louisville-Jefferson County Crime Commission
231 S. Fifth Street, Suite 300
Louisville, KY 40202
Phone: (502) 574-5088

STATE: **Maryland**

AGENCY/ORGANIZATION:

Anne Arundel County Police Department

PROGRAM TITLE:

Mobile Crisis Team

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene Response

YEAR ESTABLISHED: **1999**

Overview

The Anne Arundel County Mobile Crisis Team (MCT) comprises licensed mental health professionals—psychiatric social workers—to provide on-scene response to 911 calls at the request of the first responding officer.

Description

Anne Arundel County uses a Mobile Crisis Team modeled after a program implemented in Berkeley, California. The program is funded through grants from the federal government. The program was developed after representatives of law enforcement and the mental health representatives met and determined that the mental health professionals were better equipped than police to respond to the needs of people with mental illness. As a result, the county decided to expand funding for its crisis intervention teams. The specific plan was designed with the assistance of a focus group of officers and mental health professionals.

When the MCT responds to a call, the social worker helps the officer determine whether someone is a danger to themselves or others, assesses the need for intervention, and, if appropriate, assists the individual obtain access to mental health services. The team also coordinates follow-up to consumer cases and shares only essential, nonprivate information with the police after the initial call for service. A lieutenant on the police department serves as a liaison to the head of the county mental health agency.

The Mobile Crisis Team prompted the creation of a walk-in clinic, which serves as the base for the MCT, maintains a countywide bed registry, and provides counseling. An outreach team was also formed to provide community intervention and mental health services to people who are homeless.

Challenges/Areas for Improvement

The MCT on-scene response is available until late at night on the weekdays and weekends. Anne Arundel County would like to expand this service to make it available 24 hours a day, 7-days-a-week.

Contact Information

Commander of Management and Planning
Anne Arundel County Police Department
8495 Veterans Highway
Millersville, MD 21108
Phone: (410) 222-8651
Fax: (410) 222-8626

STATE: **Maryland**

AGENCY/ORGANIZATION:

Baltimore Crisis Response, Inc. (BCRI)

PROGRAM TITLE:

Mental health crisis beds

POLICY STATEMENT(S):

On-Scene Response

YEAR ESTABLISHED: **1992**

Overview

Baltimore Crisis Response, Inc. (BCRI) offers a variety of services for individuals experiencing a mental health crisis in Baltimore City. These services include an information hotline, a mobile crisis team, and residential crisis beds.

Description

BCRI is the result of collaboration among several local mental health agencies in an effort to better serve individuals in Baltimore City who are experiencing a mental health crisis. BCRI accepts referrals from any source, including the police, mental health agencies, members of the community, and professionals. BCRI works closely with the Baltimore City Police Department, providing a location to which police can refer individuals who do not fit the criteria for involuntary commitment and have not committed a crime that warrants arrest.

BCRI also has a mobile crisis team that can respond to situations in homes, shelters, or other community locations. When police respond to a call that involves a person with mental illness who is in crisis, BCRI provides an important resource—a location where the police can take the individual and be assured that he or she will be safe, housed, and provided with links to needed services. The ratio of BCRI mental health crisis bed case managers to clients is approximately 1:4, ensuring that BCRI staff will be able to provide needed attention to individuals in crisis.

Contact Information

Baltimore Crisis Response, Inc.
1105 Light Street, Second Floor
Baltimore, MD 21230
Phone: (410) 752-2272

STATE: **Maryland**

AGENCY/ORGANIZATION:

Department of Health and Mental Hygiene

PROGRAM TITLE:

Mental Hygiene Administration, Core Services Agencies (CSA's)

POLICY STATEMENT(S):

Access to Effective Mental Health Services

YEAR ESTABLISHED: **2002**

Overview

In Maryland, mental health and substance abuse services are organized through local “core service agencies,” positioned throughout the state. The core service agencies are responsible for maintaining relationships with local community providers, staying abreast of treatment needs, and communicating with the state mental health administration regarding the status of mental health and substance abuse treatment in their respective communities.

Description

The Core Service Agencies (CSA's) are the local mental health authorities responsible for planning, managing, and monitoring public mental health services at the local level. CSA's exist under the authority of the secretary of the Department of Health and Mental Hygiene and also are agents of the county government, which approve their organizational structure.

The functions of core service agencies are to plan, develop, and manage a full range of treatment and rehabilitation services for persons with serious mental illness in their jurisdiction. Organizationally, the CSA can exist in a number of forms: as a unit of county government (e.g., health department), as a quasi-public authority, or as a private, nonprofit corporation. The CSA is an agent of county government; accordingly, the county determines the organizational structure of the CSA, which must be governmental or not-for-profit in nature.

The CSA must be able to link with other human service agencies to promote comprehensive services for individuals in MHA's priority population who have multiple human needs.

Contact Information

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center
55 Wade Avenue
Dix Building
Catonsville, MD 21228
Phone: (410) 402-8300
Fax: (410) 402-8301
Web site: www.dhmd.state.md.us/mha/

STATE: **Maryland**

AGENCY/ORGANIZATION:

Montgomery County Department of Correction and Rehabilitation

PROGRAM TITLE:

Information-sharing with mental health providers

POLICY STATEMENT(S):

Incarceration at County / Municipal Detention FacilityYEAR ESTABLISHED: **2002****Overview**

The county detention center in Montgomery County ensures that local mental health providers are notified when their clients are incarcerated.

Description

The county detention center each day posts the names of detainees who have entered the facility in the previous 24 hours, makes this list available to local mental health providers. Providers recognizing names of current or past clients on the detention center list may then, without breaching confidentiality, contact mental health staff at the detention center with information, including diagnosis and medication, that might help the detention center provide appropriate services or make decisions regarding placement or diversion.

Contact Information

Montgomery County Department of Correction and Rehabilitation
51 Monroe Street
Rockville, MD 20850
Phone: (240) 777-9975
Web site: www.co.mo.md.us/services/docr/

STATE: **Maryland**

AGENCY/ORGANIZATION:

Montgomery County Department of Correction and Rehabilitation

PROGRAM TITLE:

Suicide Screening Initiative

POLICY STATEMENT(S):

Intake at County / Municipal Detention FacilityYEAR ESTABLISHED: **N/A****Overview**

In Montgomery County, staff use the same set of seven questions to screen inmates for suicide risk at three points of intake: at central processing, upon institutional intake, and as part of medical screening.

Description

The Suicide Screening Initiative is designed to maximize the likelihood of identifying inmates who are at risk of committing suicide. When an inmate is first processed through the Central Processing Unit, an officer completes the Suicide Screening Form, consisting of seven items relating to current suicidal ideation and past history of suicidal/self-destructive behavior. There are specific questions regarding mental health history and current psychiatric treatment (e.g., psychotropic intervention).

Inmates are then processed through intake, where the same form is completed a second time. The process is intentionally redundant and allows for the inmate to answer the same questions asked by different staff members. Third, inmates are screened at medical intake where nursing staff use the same Suicide Screening form. The document, initiated at Central Processing, follows the inmate throughout this process. If an inmate answers affirmatively to any of the questions at any point along this three-part process, a referral is generated to mental health services, at which point mental health staff conduct an assessment to determine the suicide risk of the detainee.

Procedures for accountability are in place to ensure that the form is completed correctly and that all inmates requiring an assessment are seen by mental health staff. Inmates who have a history of self-destructive behavior are put on a list and their institutional and medical records are placed in a special file. Facility staff monitor these inmates closely.

Contact Information

Montgomery County Department of Correction and Rehabilitation
51 Monroe Street
Rockville, MD 20850
Phone: (240) 777-9975
Web site: www.co.mo.md.us/services/docr/

STATE: **Maryland**

AGENCY/ORGANIZATION:

Montgomery County Police Department

PROGRAM TITLE:

Crisis Intervention Training

POLICY STATEMENT(S):

Training for Law Enforcement Personnel

YEAR ESTABLISHED: **N/A**

Overview

The Montgomery County Police Department provides a 40-hour certification course for Crisis Intervention Team officers regarding the proper response to individuals with mental illness. The course is also available to deputy sheriffs, corrections officers, non-sworn law enforcement personnel, fire rescue personnel, and mental health professionals.

Description

The Montgomery County Police Department covers a variety of topics in its CIT training course, including (but not limited to):

- Suicide prevention
- Methods of approach
- Interviewing techniques
- Co-occurring disorders
- Understanding and Assessing Mental Illness
- De-escalation techniques
- Psychotropic medications
- Post Traumatic Stress Disorder (PTSD)

The department uses a variety of training techniques in the course, including cassette tapes that simulate the experience of a person with mental illness who hears voices. Designed by someone who suffered from a psychiatric disability, the cassette tape series “Hearing Distressing Voices” simulates the experience of someone who hears voices. The program was developed in association with the Massachusetts based National Empowerment Center ([www. Power2u.org](http://www.Power2u.org)).

The curriculum calls for the participants to wear headphones that emit disturbing shuffling sounds, derogatory comments, and in some cases, racial slurs and profanity. The intent is to help trainees to understand the difficulties that people who hear voices experience. While listening to the tapes, participants are asked to complete forms or answer questions—tasks that inmates with mental illness must perform.

In addition, the department holds a portion of its training program in the physical space of a public mental health facility to familiarize officers with people with mental illnesses.

Montgomery County Police Department

continued

Contact Information

CIT Coordinator

Montgomery County Department of Police

Strategic Planning Division

2350 Research Blvd.

Rockville, MD 20850

Phone: (240) 773-5057

Fax: (240) 773-5007

Web site: [www: www.co.mo.md.us/services/police/](http://www.co.mo.md.us/services/police/)

STATE: **Maryland**

AGENCY/ORGANIZATION:

Mental Hygiene Administration, Division of Special Populations

PROGRAM TITLE:

Maryland Community Criminal Justice Treatment Program

POLICY STATEMENT(S):

Intake at County / Municipal Detention FacilityYEAR ESTABLISHED: **1994****Overview**

The Maryland Community Criminal Justice Treatment Program (MCCJTP) is a multiagency collaborative that provides shelter and treatment services to offenders with mental illness in their communities. Created to serve jail inmates with mental illness, the program now also targets individuals on probation and parole.

Description

The MCCJTP now operates in 18 of Maryland's 24 local jurisdictions. The program is overseen by local advisory boards comprised of state and local leaders and provides a wide range of services, including case management, screening, counseling, discharge planning, and community follow-up. The program also provides training for criminal justice and treatment professionals, both within Maryland and from outside the state. Researchers identified four of the key components of the program:

- strong collaboration between state and local providers;
- transitional case management services;
- long-term housing support; and
- a focus on co-occurring disorders.

Program participants are identified through a classification process at the local detention center, or through parole/probation. They are then referred to the local program director for assessment and eligibility and assigned to a case manager. A psychiatrist sees the patient to determine his or her mental illness or dual diagnosis needs, and to determine treatment possibilities. The case manager considers the client's needs and develops a service plan approved by the client, and then contacts relevant agencies, courts, families, etc. The plan is then presented to the court, and upon approval, the client is released and followed by the case manager into the community.

It is the job of the case manager to assure coordination with necessary providers. Case management services include crisis intervention, screening, counseling, discharge planning, and community follow-up. The program also provides routine training for criminal justice and treatment professionals. The MCCJTP is especially attentive to the housing needs of its clients; case man-

Mental Hygiene Administration, Division of Special Populations
continued

agers help clients become eligible for the U.S. Department of Housing and Urban Development Shelter Care Plus funds, which are supplemented by local matching funds. Case managers work with clients to find permanent housing options and to integrate supportive services into the housing arrangement.

From October 1, 1994, to September 30, 1995, the program served a total of 503 clients in eight jurisdictions. Of this number, 5 percent returned to state psychiatric hospitals, 20 percent returned to detention centers, and 5 percent returned to homelessness. Data from the first quarter of 1996 reflect a significant reduction in recidivism: the program served 241 clients, of which 1 percent returned to psychiatric hospitals, 7.4 percent returned to detention centers, and 2.4 percent returned to homelessness. The MCCJTP is discussed in-depth in a National Institute of Justice "Program Focus" piece entitled *Coordinating Community Services for Mentally Ill Offenders: Maryland's Community Criminal Justice Treatment Program*.

Contact Information

Division of Specific Populations
Mental Hygiene Administration
201 West Preston Street
Baltimore, MD 21201
Phone: (410) 767-6603
Fax: (410) 333-5402

STATE: **Maryland**

AGENCY/ORGANIZATION:

**Maryland Mental Hygiene Administration
Division of Special Populations; Calvert,
Dorchester, and Frederick Counties.**

PROGRAM TITLE:

The TAMAR Project

POLICY STATEMENT(S):

**Development of Treatment Plans, Assignment
to Programs, and Classification/Housing
Decisions**

YEAR ESTABLISHED: **1998**

Overview

The TAMAR (Trauma, Addiction, Mental Health, and Recovery) project provides integrated, trauma-oriented services for women with mental illness and co-occurring substance abuse disorders in the correctional system.

Description

The TAMAR Project's goal is to provide integrated services for women held in local jails who have interrelated trauma, victimization, substance abuse, and mental illness issues. Meeting in groups, the women are encouraged to share their stories with one another and to engage in therapeutic activities such as art therapy and journal writing. Upon release, women in TAMAR are able to meet in continuing support groups.

A specialized Clinical Trauma Specialist works within the county detention centers and the community to develop an integrated network of childhood trauma-informed mental health and substance abuse treatment and social support services for program participants. In addition to establishing a new psycho-educational group intervention for women in the detention centers, the Clinical Trauma Specialists and project staff on the assessment and management of childhood violent victimization and to develop a 'one-stop-shop' model of service delivery for these women when they are released into the community

The TAMAR project was developed with a grant from the Substance Abuse Mental Health Services Administration (SAMHSA). The program development phase of the project began in October 1998. The TAMAR Project is part of a broader study being coordinated by the Center for Mental Health Services and the Center for Substance Abuse Prevention, both divisions of SAMHSA.

Contact Information

Division of Specific Populations
Mental Hygiene Administration
201 West Preston Street
Baltimore, MD 21201
Phone: (410) 767-6603
Fax: (410) 333-5402

STATE: **Massachusetts**

AGENCY/ORGANIZATION:

**Committee for Public Counsel Services, Mental
Health Litigation Unit (MHLU)**

PROGRAM TITLE:

Certification Training Program

POLICY STATEMENT(S):

Training for Court Personnel

YEAR ESTABLISHED: **1991**

Overview

The Mental Health Litigation Unit provides training for defense attorneys in Massachusetts who wish to be certified to accept assignments in mental health proceedings (e.g., civil commitment, outpatient commitment, and "extraordinary treatment" cases). The MHLU also provides training concerning the representation of defendants with mental illness in criminal cases.

Description

The primary mandate of the Mental Health Litigation Unit (MHLU) of the Committee for Public Counsel Services is to "provide trial and appellate representation to indigent persons against whom are filed petitions seeking (a) commitment to public or private psychiatric facilities (b) judicial authorization to administer or terminate certain types of treatment (e.g., antipsychotic medication, aversive behavior modification, life-support mechanisms) or (c) day-to-life commitment as a "sexually dangerous person." Typically, representation is provided by private attorneys certified by the MHLU to accept such assignments."

Attorneys who wish to be certified to accept assignments in mental health proceedings must apply for the program and, if accepted, complete a two-part training. The training covers both aspects of mental health law and diagnoses and treatment of mental illnesses. Attorneys who are certified must attend at least eight hours each fiscal year of approved continuing legal education programs to maintain their certification.

The base text for MHLU training on mental health proceedings is *Mental Health Proceedings in Massachusetts: A Manual for Defense Counsel*, by Stan Goldman, director of the MHLU. The text covers in-depth various aspects of mental health law including voluntary admission, involuntary admission, the commitment process, competency determination, and other topics. The focus of this portion of the training is on litigation strategy and technique. In addition, attorneys who wish to represent defendants in mental health proceedings must attend trainings on clinical aspects of mental illness and treatment. This training is provided by psychiatric professionals in conjunction with legal professionals.

**Committee for Public Counsel Services, Mental Health
Litigation Unit (MHLU)**
continued

There are currently approximately 650 private attorneys in Massachusetts certified to accept assignments in cases involving mental health issues.

Challenges/Areas for Improvement

Due to budgetary constraints, the MHLU has had difficulty monitoring attorney compliance with MHLU performance standards (available at: www.state.ma.us/cpcs/mhp/MHPSTDS.htm#performance%20stds). At times, the MHLU has been able to use student/interns to provide such monitoring, after extensive training.

Contact Information

Committee for Public Counsel Services
Mental Health Litigation Unit
44 Bromfield Street, Boston, MA 02108
Phone: (617) 482-6212
Fax: (617) 988-8489
Web site: www.state.ma.us/cpcs/mhp/index.htm

STATE: **Massachusetts**

AGENCY/ORGANIZATION:

**Department of Mental Health, Forensic
Division**

PROGRAM TITLE:

Forensic Transition Team (FTT) Program

POLICY STATEMENT(S):

**Release Decision, Maintaining Contact between
Individual and Mental Health System**

YEAR ESTABLISHED: **1998**

Overview

The Forensic Transition Team program provides comprehensive transition planning services to juvenile and adult offenders with mental illness incarcerated in state correctional institutions and county facilities that are eligible for parole. The FTT also works with individuals in the pretrial stage, those who have completed their sentence, and those who are released under public safety supervision. An inmate's diagnosis or criminal history will not disqualify him or her from participating in the program.

Description

The Forensic Transition Teams (FTT) are the primary mechanism through which the Department of Mental Health, Department of Corrections, Department of Youth Services, and parole and probation agencies seek to implement the goals established in a 1998 Memorandum of Understanding (MOU). Signed in 1998, the MOU established a collaborative effort to improve services to offenders with severe mental illness. As part of the MOU,

The parole board agreed to:

- Identify and refer inmates with mental illness who have upcoming parole hearings and collaborate with DOC and DMH in developing a discharge plan for the inmates.

DOC agreed to

- Identify and refer inmates who are potentially eligible for continuing care services, obtain releases allowing for specified information to be shared between the clinician, the Parole Board and the DMH.
- Work with the DMH Forensic Transition Team (FTT) Coordinator and/ or DMH case manager at the inmate's institution, and collaborate on development of a service plan for potential parolees, especially by facilitating the entry of the FTT Coordinator or DMH Case Manager into an inmate's facility.

And the DMH agreed to:

- Assess individuals for potential continuing care eligibility who are referred by DOC clinical staff or DOC

- mental health service provider, arrange for the provision of community mental health services, including case management services, and, with the client's signed consent, communicate with assigned parole officers on information regarding attendance and progress in treatment.
- Provide mental health evaluations and consultation regarding potential continuing care parolees upon referral by the Parole Board and to provide technical support to clinical staff employed through the contract between DOC and their health service provider, who are filing applications for continuing care and facilitate communication between DMH/ vended staff and DOC/ vended staff.
 - Maintain a database on the target population and provide consistent feedback on effectiveness of release planning efforts for this population.

To be eligible for work with an FTT, inmates must fit certain clinical criteria (e.g., diagnosis, functional impairment, and duration of illness), need DMH services, and be without other means to access those services.

FTT staff meet with eligible inmates to determine the offender's needs upon release and the potential risks to public safety. The FTT works with criminal justice officials as well as local mental health and other service providers to determine what services will be offered. After release, the FTT monitors the client's adjustment during a three-month transition period. FTT supports client reentry by helping them maintain contact with service providers and adhering to the conditions of their release. Within three months of the offender's release FTT staff transition out of the case.

The Department of Mental Health has developed a database on offenders with mental illness to track the success of the initiative. From April 1998 to September 2001, 63 percent of releasees had remained engaged in mental health services at the end of the three-month transition period. Only 4 percent had been reincarcerated and the same percentage had required acute hospitalization.

Contact Information

Massachusetts Department of Mental Health
Forensic Division
Central Office
25 Stanford Street
Boston, MA 02114
Phone: (617) 626-8000
Web site: www.state.ma.us/dmh

STATE: **Massachusetts**

AGENCY/ORGANIZATION:

Department of Mental Health, Department of Corrections, and the Massachusetts Parole Board

PROGRAM TITLE:

Cross Training

POLICY STATEMENT(S):

Training for Corrections Personnel

YEAR ESTABLISHED: **1998**

Overview

As part of a Memorandum of Understanding signed in 1998 (see previous example), the Department of Mental Health (DMH) has organized cross-trainings for parole board members and senior parole officers and administrators. The DMH trains the members of the parole board on basic mental health issues. A separate training for parole administrators focuses on improved release planning for parolees with mental illness.

Description

The 1998 Memorandum of Understanding identified education and training as crucial to realizing the goal of improved services to incarcerated individuals with mental illness. The cross-training both covers basic mental health issues and helps staff from all agencies to understand the new policies and procedures developed as part of the broad agreement. Specifically, the Department of Mental Health educates the parole board and parole administrators about the Forensic Transition Teams—a collaborative program to identify inmates with severe and persistent mental illness, improve discharge planning, and ensure continuity of care for parolees.

Challenges/Areas for Improvement

The DMH hopes to extend its cross-training efforts to the various regional parole offices. These trainings would bring representatives together from hospitals, community mental health providers, and parole offices. The goal would be to improve the cross-system knowledge among these groups and ultimately to facilitate collaboration between the different agencies at the regional level.

Contact Information

Massachusetts Department of Mental Health
Forensic Division
Central Office
25 Staniford Street
Boston, MA 02114
Phone: (617) 626-8000
Web site: www.state.ma.us/dmh

STATE: **Massachusetts**

AGENCY/ORGANIZATION:

Harbor Inn Residential Facility (Boston)

PROGRAM TITLE:

Peer education

POLICY STATEMENT(S):

Consumer and Family Member InvolvementYEAR ESTABLISHED: **N/A****Overview**

In Boston, peer educators visit Harbor Inn weekly, a residential facility on Long Island in Boston Harbor. The peer educators meet with residents who are in transition from hospitals to community settings.

Description

Many residents of the Harbor Inn facility have histories of involvement with the criminal justice system. Educators, who themselves are in treatment for mental illness, show videotapes or share written materials that promote group discussion of issues such as housing, basic living skills, and tobacco use that are relevant to the lives of those in the residence.

Challenges/Areas for Improvement

Many of the residents have difficulty finding training or services in their own communities and remain at Harbor Inn for a longer term than was originally intended.

Contact Information

Harbor Inn Residential Facility
P.O. Box 690527
Quincy, MA 02269
Phone: (617) 472-7367

STATE: **Massachusetts**

AGENCY/ORGANIZATION:

Hampshire County Jail and House of Correction

PROGRAM TITLE:

Case Management

POLICY STATEMENT(S):

Intake at County/Municipal Detention FacilityYEAR ESTABLISHED: **Mid 1970s****Overview**

The Hampshire County Jail goes to unusual lengths to connect inmates released from the jail (including those with mental illness) to community-based services.

Description

Case managers, who typically carry a caseload of 30 inmates, meet with inmates within the first 72 hours following their intake. If initial screenings uncover a history of mental health problems or suicide, the inmate is referred immediately for a more in-depth assessment. Case management proceeds throughout an inmate's incarceration; case managers are responsible for making appropriate referrals for treatment and for discharge planning.

Staff identify inmates who have received mental health services in the community from a provider contracting with the state Department of Mental Health. In these cases, they assign a post-release mental health case manager to the inmate before he or she is released. This improves the likelihood that the inmate will be connected immediately to case management services upon his or her return to the community.

Contact Information

Hampshire County Jail and House of Correction
P.O. Box 7000
Northampton, MA 01061-7000
Phone: (413) 584-5911
Fax: (413) 584-2695

STATE: **Missouri**

AGENCY/ORGANIZATION:

Lee's Summit Police Department

PROGRAM TITLE:

Crisis Intervention Team (CIT)

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene Response

YEAR ESTABLISHED: **2000**

Lee's Summit Police Department

continued

Contact Information

Lee's Summit Police Department

10 NE Tudor Rd.

Lee's Summit, MO 64086

Phone: (816) 969-7388

Fax: (816) 969-7746

Overview

Lee's Summit Police Department has established a Crisis Intervention Team (CIT) to improve police officers' response to people with mental illness. The Police Department also has promoted collaboration among various leaders in the community and the mental health system.

Description

The Lee's Summit Police Department serves a community of 70,000 people with approximately 104 sworn officers. The Crisis Intervention Team that the department has developed is similar to other CIT programs. It differs from other CIT programs, however, in that staff who receive CIT training and serve on the team include a broad range of personnel who interact with people with mental illness: school resource officers; traffic officers; detention officers; and DARE officers.

The Lee's Summit Police Department has implemented a 40-hour training curriculum and trained 22 officers to date. They also provide two eight-hour training courses: 1) introductory training for recruits; and 2) in-service training for patrol officers.

The Lee's Summit Police Department also coordinates with the local mobile crisis team, which CIT officers can contact for on-scene assistance.

The Lee's Summit Police Department actively campaigned to have the Crisis Intervention Team program implemented in the community, and have seized many opportunities to discuss the program with community organizations, the media, and the general public. The department also offers citizen ride-alongs to facilitate understanding between officers and citizens. As a result of these actions, many family members of people with mental illness report that their level of trust in the police department has increased.

The department also founded a coordinating council, which includes mental health care providers, consumers and other representatives from NAMI, local law enforcement, the Missouri Department of Mental Health, Western Missouri Mental Health staff, Truman Medical Center, Metro-area private mental health service providers, Jackson County Sheriff's Office, and Kansas City Police Department. The council meets monthly, provides guidance on training, and identifies people to write training curricula and teach courses.

STATE: **Nebraska**

AGENCY/ORGANIZATION:

Lincoln Police Department

PROGRAM TITLE:

Emergency Protective Custody Policy

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene ResponseYEAR ESTABLISHED: **2000****Overview**

The Lincoln Police Department provides all patrol officers with mandatory recruit and in-service training regarding response to people with mental illness who appear dangerous to themselves or to others.

Description

There are approximately 200 patrol officers in the Lincoln Police Department. All of them receive mandatory recruit and in-service training concerning calls that involve the possibility of placing a person in emergency protective custody (EPC). In Nebraska, only peace officers (e.g., sheriffs, police, jailers) are allowed to place an individual in EPC. As a result, the police are notified when a service provider or family member feels a person with a mental illness is a danger to him or herself or others. If the officer suspects that the individual is dangerous, he or she will notify the Lancaster Mental Health center for an evaluation of the individual. The department has developed a partnership with the center for provision of these services.

The Lancaster Mental Health Center provides screening services 24 hours a day, 7 days a week for people referred by police officers. On-call staff may perform consumer assessment at the scene of the incident, the police station, or the center. After evaluation, if a person is determined to be potentially dangerous, he/she is taken to the County Crisis Center or Lincoln General Hospital. These services are entirely county-funded. The most likely outcome is that the person will be ordered to follow outpatient commitment.

The police department also participates in two interagency task forces: one involving adults with mental illness, and one that focuses on children/juveniles. During regular task force meetings, agency participants discuss specific cases and, if necessary, may share confidential information relevant to solving ongoing problems. These multi-agency meetings provide all involved parties with opportunities to share invaluable information and establish trust.

The Lancaster Mental Health Center is popular with officers from the Lincoln Police Department because of its effectiveness in engaging people with mental illness and in limiting their subsequent involvement with law enforcement

Lincoln Police Department

continued

Challenges/Areas for Improvement

The police department would like to establish a liaison within the department to develop further relations between law enforcement and mental health service providers. This liaison would be on call 24 hours a day, 7 days a week.

Additionally, the task force is attempting to identify resources for a juvenile assessment center, because limited placements exist for juveniles who require mental health evaluations. The task force is also working with the local courts to clarify information-sharing boundaries and to prevent confidentiality violations.

Contact Information

Lincoln Police Department
575 South Tenth Street
Lincoln, NE 68508
Phone: (402) 441-7754

STATE: **Nevada**

AGENCY/ORGANIZATION:
The National Judicial College

PROGRAM TITLE:
Courses on Co-Occurring Disorders

POLICY STATEMENT(S):
Training for Court Personnel

YEAR ESTABLISHED: **N/A**

Overview

The National Judicial College provides a training course for judges regarding co-occurring mental health and substance abuse disorders.

Description

Founded in 1964, the National Judicial College has provided educational opportunities for 58,000 judges worldwide. Based on the premise that the public benefits from an informed judiciary, the college offers continuing education for judges in a range of topics. Affiliated with the University of Nevada, Reno, the National Judicial College offers a master's and Ph.D. program in judicial studies. Academic programs also include two-day to three-week residential sessions offered throughout the year as well as national conferences focused on contemporary issues such as prison overcrowding and the role of media in the courts.

The College recently began offering a course regarding co-occurring disorders, which educates judges who handle criminal cases involving defendants with mental illness who also have alcohol and drug addictions. Judges improve their ability to determine which approaches to treatment are likely to be effective given the defendant's situation, and they improve their understanding of how to monitor individuals with mental illness and history of drug abuse and their compliance with conditions of release. Methods used in the teaching include presentations, panels, videotape exercises, role play in the National Judicial College courtroom, and visits to 12-step meetings.

The College believes that the course will make the treatment options themselves more effective because judges will have a better idea of which option is right for each offender. The course focuses on showing judges how to evaluate the extent of an offender's substance abuse and mental health problem, as well as how to recognize the physiological and pharmacological aspects of substance abuse. The course also covers the correlation between addiction and mental illness.

Contact Information

The National Judicial College
Judicial College Building/358
University of Nevada, Reno
Reno, NV 89557
Phone: 800-JUDGE (800-255-8343) or (775) 784-6747
Fax: (775) 784-4234
Web site: www.judges.org

STATE: **New Jersey**

AGENCY/ORGANIZATION:
Division of Mental Health Services

PROGRAM TITLE:
Peer-counseling

POLICY STATEMENT(S):
Consumer and Family Member Involvement

YEAR ESTABLISHED: **2002**

Overview

The New Jersey Division of Mental Health Services, Department of Human Services, is seeking to facilitate employment of consumers as peer counselors in Assertive Community Treatment programs operated in many counties in the state.

Description

The division of mental health services is currently considering the adoption of a rule that includes specific provisions for peer counselors in Programs of Assertive Community Treatment (PACT). The proposed regulations will provide objective standards for the operation of PACT teams statewide as well as for the employment of peer specialists. At least one of the mental health specialists shall be a primary consumer. These specialists shall meet, at a minimum, one of the following requirements:

- Hold a bachelor's degree in a behavioral health science from an accredited institution and have two years, post bachelor's experience in the provision of mental health services; or
- A primary consumer who does not possess a bachelor's degree as required in this section for the mental health specialist position shall be regarded as a full, professional member of the clinical team, function under the same job description as other mental health specialists, and receive salary parity. The primary consumer may substitute demonstrated volunteer or paid experience working with individuals with serious and persistent mental illness in lieu of a bachelor's degree.

Decisions regarding disclosure to consumer recipients of PACT services, their families, and significant others that a staff person is himself/herself a consumer shall respect the individual preference of that staff person, be clinically driven, and be made in consultation with the PACT director/coach and the PACT team. Two or more individuals may share the mental health specialist position, in which, as defined in this section, a consumer is employed.

Division of Mental Health Services
continued

Challenges/Areas for Improvement

Medicaid reimbursement regulations are a barrier to the employment of peer counselors. The state Medicaid agency's willingness to defer to state mental health agency guidelines will make it possible for this plan to move forward.

Contact Information

New Jersey Division of Mental Health Services
50 East State Street
P.O. Box 727
Trenton, NJ 08625-0727
Phone: (800) 382-6717
Web site: www.state.nj.us/humanservices/dmhs/

STATE: **New Mexico**

AGENCY/ORGANIZATION:

Albuquerque Police Department

PROGRAM TITLE:

Crisis Intervention Team (CIT)

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene Response

YEAR ESTABLISHED: **1997**

Overview

The Albuquerque Police Department established a Crisis Intervention Team (CIT), which expands upon the model that the Memphis Police Department developed.

Description

After a consortium of mental health providers communicated the need for the Police Department to improve its response to people with mental illness, the Department established a CIT team. To participate in the program, all CIT officers are required to complete a 40-hour certification course, which is similar to the course that the Memphis Police Department developed. The training includes courses on officer safety, legal issues, psychopharmacology, and also includes role-play activities. The training discusses alternatives to the use of force and minimizing injuries to officers and citizens.

Officers are carefully selected through a screening process and are given incentive pay for their CIT participation. When calls involving people with mental illness come into dispatch, they are directed to CIT officers for response. As of 2001, of 425 patrol officers, 250 have been trained and 108 were active team members.

Albuquerque has expanded upon the basic Memphis CIT model by adding a detectives' bureau housed within the Special Investigations division. This bureau is assigned to follow up with CIT cases with a focus on prevention. There are four full-time detectives supervised by a sergeant to review CIT reports and identify people at high risk for contact with law enforcement and conduct follow-up. An example of a high-risk case would be a person who has repeated contacts with the police and has not received additional services. These detectives interact regularly with the mental health community to keep high-risk individuals from falling through the cracks. The goal is to reduce their contacts with police by connecting them with the appropriate services.

The mental health providers continue to interact with the assigned detectives to conduct follow-up with people determined to be at-risk. Outreach and education has also been conducted with mental health groups such as NAMI. Education has been provided so that family members are aware of the program and can ask for a CIT officer as needed.

Albuquerque Police Department
continued

Challenges/Areas for Improvement

In the future, the Albuquerque Police Department intends to provide crisis intervention training to its school resource officers (so that they may respond adequately to teens with mental illness), and also to improve data collection for program evaluation and development. In addition, the CIT plans to develop and implement an early warning system to provide preventive services to high-risk or potentially dangerous individuals.

Contact Information

Crisis Intervention Team Coordinator
Albuquerque Police Department
400 Roma NW
Albuquerque, NM 87102
Phone: (505) 875-3500

STATE: **New Mexico**

AGENCY/ORGANIZATION:
Bernalillo County Pretrial Services

PROGRAM TITLE:
Jail Diversion through Pretrial Services

POLICY STATEMENT(S):
Pretrial Release/Detention Hearing

YEAR ESTABLISHED: **1994**

Overview

The Pretrial Services Division works as part of a team with law enforcement, judges and mental health professionals to identify people with mental illness and/or developmental disabilities who may qualify for pretrial release.

Description

A small (three-person) pretrial services team ensures that all individuals with mental illness formally charged in Albuquerque are screened for conditional release. The team monitors the defendant's compliance with the conditions of release.

The program began in 1994, when the New Mexico Alliance for the Mentally Ill, in response to a court order and lawsuit, convened community groups to open channels of communication between criminal justice and mental health providers. A jail diversion project emerged, consisting of both prebooking (CIT-Memphis model) and post-booking (the Pretrial Services Division) diversion efforts.

Judges, attorneys, jail staff, mental health providers, family members, and police refer cases to the Pretrial Services Division. Pretrial Services Specialists provide a highly structured and concentrated form of supervision with stringent reporting requirements, taking into consideration the defendant's mental illness. Specialists regularly visit the defendant in the community and maintain contact with family members, case managers, and service providers.

Pretrial Service Specialists work closely with the local mental health center, where a Forensic Case Manager facilitates client treatment and acts as a liaison between treatment services and the criminal justice system. In addition, to facilitate and support the diversion effort, the adult probation department in Albuquerque has assigned two agents assigned to work specifically with persons with mental illness.

From September 1999 to September 2000, the number of clients served through the Pretrial Services Jail Diversion program totaled 110 persons, at least 61 percent of whom had been charged with misdemeanors. At least 68 percent of those who received community-based services had a dual diagnosis of mental illness and substance abuse.

Bernalillo County Pretrial Services

continued

According to an article that appeared in the *Albuquerque Journal* in 1999, in the first one and a half years of the Pretrial Services Jail Diversion program, about 40 cases a year were diverted. Of these, six have been rearrested for failing to meet their terms of release and none have been rearrested for a violent felony.

Challenges/Areas for Improvements Identified

The community is currently in the process of establishing a Mental Health Court (based on the Broward County model) and potentially starting a Homeless Court as well (based on the Homeless Court in San Diego). These efforts are intended to strengthen the continuum of care for people with mental health problems who are involved with or at risk of involvement with the criminal justice system.

Contact Information

Pretrial Services
Bernalillo County Metropolitan Court
401 Roma Avenue, NW
Albuquerque, NM 87102
Phone: (505) 841-8235

STATE: **New Mexico**

AGENCY/ORGANIZATION:

Forensic Intervention Consortium (Bernalillo County)

PROGRAM TITLE:

Forensic Intervention Consortium (FIC)

POLICY STATEMENT(S):

Determining Training Goals and ObjectivesYEAR ESTABLISHED: **1994****Overview**

Founded in 1994 with help from the National Alliance for the Mentally Ill, the Forensic Intervention Consortium focuses on establishing jail diversion programs that will work to identify persons with mental illness who are involved with or at risk of becoming involved with the criminal justice system. FIC works with both jails and the police to provide education on how to best manage offenders with mental illness.

Description

Since its inception, FIC has trained 120 officers of the Albuquerque Police Department, receiving support from the chief of police there. Training sessions are closed to the public and take place over a few days. Classes are kept small, with usually no more than 20 officers in attendance, and officers receive follow-up training. The cornerstone of FIC's project is the jail diversion program. Its most recent project is the development of mental health services within the New Bernalillo County Jail so that individuals with mental illness can immediately be screened and treated on site. In addition, FIC keeps a Forensic Pretrial Specialist at metro court to assist offenders with mental illness. The program receives funding from the New Mexico Department of Health and is supported by the University of New Mexico Mental Health Center.

Contact Information

Forensic Intervention Consortium
P.O. Box 143
Sandia Park, NM 87047
(505) 281-0911

STATE: **New York**

AGENCY/ORGANIZATION:

Center for Alternative Sentencing and Employment (CASES) (New York City)

PROGRAM TITLE:

The Nathaniel Project

POLICY STATEMENT(S):

Adjudication

YEAR ESTABLISHED: **1999**

Overview

The Nathaniel Project is a two-year alternative-to-incarceration program in New York City that includes intensive supervision and case management for felony offenders with serious mental illness.

Description

The Center for Alternative Sentencing and Employment Services is an independent nonprofit corporation in New York City, which provides services and supervision for almost 4,500 offenders a year. The Nathaniel Project offers comprehensive community-based case management services and intensive supervision and support. Staff assist participants in obtaining and engaging in treatment, supportive housing, and benefits—all crucial elements in establishing stability and avoiding criminal involvement. The project monitors participant progress and offers guidance and supportive counseling for a two-year period.

Referrals can be made by anyone, but typically come through court personnel. Candidates undergo a multi-step screening and risk-assessment process to assess their current situation, psychiatric and criminal history, and potential for success in the program. The Nathaniel Project will consider any prison-bound defendant who has been indicted on a felony charge, has a serious mental illness, and requires on-going psychiatric treatment and supportive services to function in the community.

Upon referral, Nathaniel staff conduct a psycho-social assessment of the individual as well as an evaluation of the circumstances in the pending criminal case. This allows staff to determine whether he or she meets the program's basic criteria: that he or she has a serious and persistent mental illness (including Mentally Ill Chemically Addicted) and is jail or prison-bound. The screening also determines whether the individual is stable enough to make use of program services and whether staff can develop a reasonable, individualized plan for consideration by the court and the District Attorney's Office.

When the judge approves the offender's participation in the program, project staff make arrangements for temporary or transitional housing prior to the inmate's release from custody; staff then meet with each client at the time of their release and escort them to their housing provider. During the first year of the pro-

Center for Alternative Sentencing and Employment (CASES) (New York City)

continued

gram participants receive intensive case management and supervision services.

During the first year, the case management focus is to help clients apply for and receive Medicaid and other public benefits, obtain stable housing or enter a residential treatment program, become engaged in community-based psychiatric treatment, and develop other community-based links that will help them achieve stability. In the first 90 days, when the risk of relapse is greatest, project staff directly administer treatment so that there is continuity during the transition to new housing and treatment providers. The project budget also includes a "subsistence" allowance for medication and basic needs such as food, clothing, and temporary housing, and for any gap in benefits.

Project staff meet regularly with the participant and various service providers to monitor progress, collect information for the court, intervene as an advocate for the participant with providers, assist providers in treatment planning and working with the participant. Above all, staff foster a close relationship with the participant to reinforce treatment compliance. This relationship is the critical element to compliance and helps participants achieve the goals and objectives outlined in their service plan contract. If the participant does not fulfill his or her program obligations, project staff will inform the court and/or probation promptly. Staff also escort clients to all court dates and present progress reports to the court as requested.

During the second year, case management shifts to a monthly monitoring and supervision model. Participants are expected to have a stable living situation, to be engaged in treatment, and to have developed a community-based support network. Frequency of contact is determined in coordination with other mental health treatment providers and by court requests for continued progress reports.

Contact Information

Center for Alternative Sentencing and Employment

The Nathaniel Project

346 Broadway

New York, NY 10013

Phone: (212) 732-0076

Fax: (212) 571-0292

Web site: www.cases.org

STATE: **New York**

AGENCY/ORGANIZATION:

Center for Alternative Sentencing and Employment Services (CASES) (New York City)

PROGRAM TITLE:

Parole Restoration Project (PRP)

POLICY STATEMENT(S):

Modification of Conditions of ParoleYEAR ESTABLISHED: **2001****Overview**

The Parole Restoration Project serves detained technical parole violators with special needs, including individuals with mental illness, substance abuse problems, women with dependent children, and young people (under 22 years old).

Description

The Parole Restoration Project was developed with funding from the New York State Department of Criminal Justice Services and the New York City Department of Corrections. Project staff identify parole violators with mental illness who are willing to volunteer in the program.

After identifying eligible violators, project staff assess their treatment needs, links them with community-based service providers, advocate for support of the treatment plan from parole field staff, and, when appropriate, recommend the restitution of parole.

When project staff are successful in securing a restitution of parole to the offender (in lieu of incarceration), the staff facilitate contact with providers and escort the offender to services. The project capitalizes on relationships with the Osborne Association/El Rio (outpatient drug treatment); the Women's Prison Association (residential and community supervision, family preservation); Friends of the Island Academy (crisis intervention and education); and the CASES Nathaniel Project to connect the parolee to services. PRP staff also monitor participant compliance through ongoing contact with community-based service providers, provides monthly reports to the Division of Criminal Justice Services, the Department of Correction and Division of Parole on participant progress, and notifies appropriate authorities in instances of noncompliance.

Contact Information

Center for Alternative Sentencing and Employment Services
The Parole Restoration Project
346 Broadway, Third Floor
New York, NY 10013
Phone: (212) 732-0076
Fax: (212) 571-0292
Web site: www.cases.org

STATE: **New York**

AGENCY/ORGANIZATION:

Commission of Correction and Office of Mental Health

PROGRAM TITLE:

Suicide Prevention Screening Guidelines Tool (SPSG)

POLICY STATEMENT(S):

Intake at County / Municipal Detention FacilityYEAR ESTABLISHED: **1984****Overview**

New York State has developed a Suicide Prevention Screening Guidelines Tool (SPSG) that is used in all local lockups, county jails, and state prisons throughout the state.

Description

The New York Commission of Correction and the Office of Mental Health developed SPSG, which has been validated through numerous research projects. The guidelines consist of a structured interview conducted during the booking process by booking officers and examines risk factors from past behavior, the inmate's current situation, and mental status. If there are indications that the inmate may be suicidal, the booking officer contacts the shift commander for immediate intervention, who arranges for increased supervision of the individual.

The New York State Local Correctional Suicide Prevention Crisis Service Program is a multifaceted program designed to facilitate the identification and treatment of prisoners who are suicidal and/or seriously mentally ill. This program has been specifically structured to establish administrative and direct service linkages among county jails, police lockups, and local mental health programs. It clearly defines the roles and responsibilities of mental health and local correction agencies in the identification and management of high-risk prisoners. The model also provides materials for training both officers and mental health service personnel.

The Crisis Service Program was designed in 1984 by the NYS Office of Mental Health, the NYS Commission of Correction, Ulster County Department of Mental Health, and a statewide task force. The task force included representatives from the following agencies: NYS Association of Chiefs of Police; NYS Sheriffs' Association; NYS Division of Criminal Justice Services; NYS Division of Alcoholism and Alcohol Abuse; NYS Office of Mental Retardation and Developmental Disabilities; NYS Division of Substance Abuse Services; and the Governor's Task Force on Alcoholism and Criminal Justice.

The Local Correctional Suicide Prevention Crisis Service Program contains the following six major components (descriptions of the components relate to the current curriculum and materials):

1. An **Eight-Hour Training Program** for jail and lockup officers in Suicide and Suicide Prevention is a training program provided prior to the implementation of the procedures. The key elements of this program are: a) trainer's manual, b) 50-minute video, and c) officer handbook.
2. A **Mental Health Resource Manual** can be used to familiarize local mental health personnel with mental health and operational issues relevant to police lockups and county jails. The major components of the manual are: a) an overview of the criminal justice system; b) suggestions regarding the best ways of providing mental health services with local correctional facilities; and c) a detailed explanation of New York State laws relative to the delivery of mental health services to jail and lockup inmates.
3. **Policy and Procedural Guidelines** for county jail, police lockup, and mental health agency personnel. The policies and procedures outline administrative and direct service actions that will enable staff to identify, manage, and serve inmates who have mental illness or are at a high risk for suicide.
4. **Suicide Prevention Intake Screening Guidelines** that can be administered during the intake process to facilitate identification of high-risk inmates. The guidelines are administered by jail and lockup officers prior to cell assignment. Administration time is approximately five minutes.
5. A **Four-Hour Refresher Training Program** for Jails and Lockup Officers training is designed as an in-service refresher course focusing on the essential aspects of identifying and managing suicide risk in jails and lockups as well as responding to the impact of a facility suicide on jail/lockup staff. It is based upon the basic eight-hour program and includes: 1) trainer's manual and 2) set of six videotapes.
6. **Criminal Justice System Training for Mental Health Services Providers** is a 14-hour training program designed to provide mental health staff and other service providers with basic knowledge of the criminal justice system, suicide prevention, New York State Mental Hygiene Law, and alternatives to incarceration. The training addresses many of the same

areas presented in the suicide prevention training for corrections and police officers and contains considerable New York State-specific information. The Manual of Criminal Justice Interventions for Mental Health Providers focuses on alternatives to incarceration for persons with mental illness and is a supplement to the 14-hour training program.

This program was designed for implementation based on adoption of all six interrelated program components. No individual component is intended to be freestanding.

Following the demonstration and refinement of the program, a statewide initiative was implemented to provide all New York State counties with training and technical assistance in implementing the program. This initiative was administered by the NYS Office of Mental Health, Bureau of Forensic Services, and the NYS Commission of Correction, Medical Review Bureau, in cooperation with the NYS Division of Criminal Justice Services, Office of Public Safety. All of the counties in New York State implemented the program.

Contact Information

NYS OMH Bureau of Forensic Services
Ulster County Department of Mental Health
239 Golden Hill Lane
Kingston, NY 12401
Phone: (845) 340-4168
Web site: www.omh.state.ny.us/omhweb/Suicide/suicide.htm

STATE: **New York**

AGENCY/ORGANIZATION:

Common Ground (New York City)

PROGRAM TITLE:

Common Ground

POLICY STATEMENT(S):

HousingYEAR ESTABLISHED: **1991****Overview**

Common Ground provides permanent housing for formerly homeless individuals. The program relies on a network of partners including the Center for Urban Community Services (CUCS) whose staff provides in house support services for the formerly homeless who live in Common Ground housing.

Description

Based upon a holistic model as a response to homelessness, Common Ground goes beyond just shelter for the homeless, providing a supportive and community setting within one of the buildings it owns. In order to create a sense of belonging, Common Ground offers facilities such as clinics, libraries, mental health services, computer centers, and art studios within each building where members of the program can become part of a community. The comprehensive support system helps homeless people regain a sense of stability and independence.

Funding for the program comes from a range of sources, including government and private grants, as well as rents and fees from property management.

Rent at the buildings is set at 30 percent of a tenant's salary. Supportive housing generally costs between \$10,000 and \$18,000 per year per tenant compared to \$25,000 for homeless shelters and \$160,000 for a psychiatric hospital. Common Ground maintains three buildings in Manhattan. Since 1991, 1,850 tenants have been housed.

Challenges/Areas for Improvement

Common Ground is currently looking for additional sites to provide supportive housing. The program is also trying to extend the number and involvement of corporate sponsors.

Contact Information

Common Ground Community
14 East 28th Street
New York, NY 10016
Phone: 212-471-0859
Fax: 212-471-0825
E-mail: info@commonground.org

STATE: **New York**

AGENCY/ORGANIZATION:

Division of Parole (Buffalo, New York City)

PROGRAM TITLE:

Dedicated Mental Health Caseloads

POLICY STATEMENT(S):

Modifications of Conditions of Supervised ReleaseYEAR ESTABLISHED: **1994****Overview**

The New York State Division of Parole has established dedicated mental health caseloads for parolees in the New York City region and the Buffalo region.

Description

In 1994, as part of a Memorandum of Understanding between the New York State Office of Mental Health (OMH) and the New York State Division of Parole (DOP), the DOP established dedicated mental health caseloads for parolees in the New York City region. Since then, dedicated mental health caseloads have been added in the Buffalo region. Parole officers in this program carry a reduced caseload of approximately 25 cases and work closely with community mental health agencies to help parolees engage in treatment.

The DOP worked with its regional directors to establish this program without any specialized funding. The program recognizes that it often takes increased time and interagency coordination to serve parolees with mental illness. Accordingly, the program involves specialized training for the parole officers, reduced caseloads, and agreements between the DOP and the OMH.

Challenges/Areas for Improvement

Only individuals with serious and persistent mental illness, as defined by the OMH, are currently eligible for the Dedicated Mental Health Caseloads. The DOP would like to expand the program to serve parolees who have mental health problems that do not fit the OMH standard of serious and persistent. There is, however, currently a waiting list for the program. In addition, the DOP is actively considering the creation of two related programs: the Parole Support and Treatment Program and the establishment of a transitional housing unit in the Sing-Sing State Prison that will help inmates with mental illness prepare for their transition into the community. (See the entry later in this appendix for more on the Parole Support and Treatment Program.)

Contact Information

New York Division of Parole
97 Central Avenue
Albany, NY 12206
Web site: parole.state.ny.us/index.html

STATE: **New York**

AGENCY/ORGANIZATION:

Division of Parole, Office of Mental Health

PROGRAM TITLE:

Memorandum of Understanding (MOU) between New York State Office of Mental Health and New York State Division of Parole

POLICY STATEMENT(S):

Release Decision

YEAR ESTABLISHED: **1994 (an earlier MOU between the two agencies was signed in 1985)**

Overview

The Memorandum of Understanding between the New York State Office of Mental Health (OMH) and New York State Division of Parole (DOP) describes a variety of areas for interagency collaboration for inmates with mental illness who are applying for parole.

Description

This MOU was prepared to enhance the opportunities for parolees with severe and persistent mental illness to adapt to living in their communities and to reduce the potential for recidivism. The MOU addresses discharge planning, entitlement applications, post-release aftercare, cross-training, and resolutions of disputes arising between the two agencies.

Through the MOU, the DOP and OMH agree to engage in collaborative prerelease planning, including early identification of inmates with severe and persistent mental illness and developing linkages to community-based mental health programs. The MOU also established a new intensive case management program for parolees with mental illness.

In the MOU, the parties also agreed on the importance of helping inmates complete applications for various social services (public assistance, Medicaid, food stamps) prior to release. In addition, there are provisions covering joint-training for OMH and DOP personnel. This training is, in part, intended to help parole staff gain access to mental health services for parolees.

Contact Information

New York State Division of Parole
97 Central Avenue
Albany, NY 12206
Phone: (518) 473-5572
Fax: (518) 473-5573

STATE: **New York**

AGENCY/ORGANIZATION:

Division of Parole, Office of Mental Health

PROGRAM TITLE:

Project Renewal, Parole Support and Treatment Program (PSTP)

POLICY STATEMENT(S):

Development of Transition Plan

YEAR ESTABLISHED: **2002**

Overview

The PSTP works with parolees to develop a long-term plan for their transition back into the community and provides transitional housing until long-term housing can be located.

Description

PSTP is a program for which parolees with chronic mental illness and co-occurring substance abuse disorders with a minimum parole term of six months may volunteer.

The PSTP is a collaborative effort between the New York Office of Mental Health (OMH), the New York Division of Parole (DOP) and Project Renewal, a New York City-based nonprofit that provides a variety of housing and support services for individuals with mental illness and/or substance abuse. Project Renewal will provide the supported transitional housing and case management for the PSTP, which will include 50 residential beds scattered among several locations. Project Renewal hopes to maintain groups of units to provide an element of peer support for program participants.

Program participants will be identified by the prerelease coordinators in conjunction with the OMH Central New York Psychiatric Center Satellite/Mental Health Units. Once involved in the program, a team of community-based mental health workers will work with a parole officer with a dedicated mental health caseload to ensure that necessary services, including basic life needs, mental health and substance abuse treatment, and housing, are supplied to the participant. Some program participants may require some period of transition before entering PSTP housing. Once the parolee is placed in PSTP housing, Project Renewal staff will provide supportive services at the housing site, as opposed to requiring the participant to access services from providers outside of the housing location. While involved in the program, the support team and the parole officer will work with the parolee to establish a long-term housing and services plan. Long-term housing options will vary for different parolees; some may be transitioned to congregate living facilities with in-house, 24-hour support, and some may be moved to less intensively supported housing.

Division of Parole, Office of Mental Health
continued

In addition to its work with PTSP, Project Renewal administers a range of rehabilitation programs intended for homeless individuals in New York City. Starting with mobile medical and psychiatric outreach teams, Project Renewal workers reach out to homeless in the streets, shelters, and transit terminals. Once the homeless person is willing to accept help, the program provides services such as short-term and permanent housing, psychiatric and medical support, substance abuse treatment, and employment training/job placement. Completely renovated by 1995, Holland House in midtown Manhattan has become one of the nation's only large scale permanent housing centers serving the homeless and the homeless with disabilities, including mental illness and HIV/AIDS. Approximately 35 percent of the 450 member staff of Project Renewal are formerly homeless clients, who help reach over 20,000 homeless and formerly homeless people each year.

Contact Information

Project Renewal
Project Renewal, Inc.
200 Varick Street
New York, NY 10014
Phone: (212) 620-0340
Fax: (212) 243-4868

STATE: **New York**

AGENCY/ORGANIZATION:

Fountain House (New York City)

PROGRAM TITLE:

Fountain House

POLICY STATEMENT(S):

Integration of Services

YEAR ESTABLISHED: **Mid-1940s**

Overview

Fountain House is the founding site and leading example of the Clubhouse model of rehabilitation. It provides education, housing, employment programs, and social opportunities for its members and helps them to access clinical treatment.

Description

Fountain House is operated by its members in partnership with professional staff. It provides community-based programming including opportunities for joining in the running of the Clubhouse, working at participating businesses throughout New York City, and taking advantage of Fountain House's housing, education, advocacy, and social and recreation activities.

The program's roots date back to the mid-1940s, when ten patients in a state mental hospital formed a self-help group. When they were released, they continued to meet in nearby New York City, calling their group "We Are Not Alone," or "WANA." Their goal, based on the concept of self-help through mutual help, was to assist one and other and ex-patients like themselves find jobs, places to live, and friendship—paths back to independence and productivity. In 1948, they established their first clubhouse, which was the genesis of Fountain House, the first program of its kind in the field of community support and psychiatric rehabilitation.

While clubhouses such as Fountain House do not directly provide clinical treatment services, they generally have strong links with appropriate agencies to ensure that members who need treatment are able to receive it.

Fountain House is able to meet the needs of members who are elderly or disabled by illness or disability. Ten percent of its members, for instance, are deaf or hearing-impaired. Approximately half of its members have histories of substance or alcohol abuse. And one in five are elderly. Fountain House meets the needs of its clients by accepting them as they present themselves and working with them from that point forward.

According to a document developed jointly by Fountain House members and staff, "the Fountain House vision is that people with mental illness everywhere achieve their potential and are respected as co-workers, neighbors and friends." Fountain House today serves 1,300 active members annually. Since its founding in 1948, it has helped more than 16,000 men and women to

Fountain House (New York City)
continued

achieve more independent, more productive, and more rewarding lives.

Fountain House is also nationally recognized center for research into the rehabilitation of individuals with mental illness. It is a key training base for the worldwide replication of Fountain House's pioneering Clubhouse model. In 1995, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Fountain House Research Unit a five-year \$2.5 million grant to conduct a long-term experimental evaluation of a typical certified Clubhouse in Massachusetts. For its work on the project, the Research Unit was honored with the Massachusetts Commissioner of Mental Health's Award for Excellence in Research. The first published article from the project points out the advantages of programs, like Clubhouses, that blend employment services with other types of practical support.

Contact Information

Fountain House
425 West 47th Street
New York, NY 10036
Phone: (212) 582-0340
Fax: (212) 265-5482
Email: fhinfo@fountainhouse.org
Web site: www.fountainhouse.org

STATE: **New York**

AGENCY/ORGANIZATION:
Horizon Health Services (Erie County)

PROGRAM TITLE:
Alternatives to Incarceration (AIC)

POLICY STATEMENT(S):
Pretrial Release/Detention Hearing

Overview

The Alternatives to Incarceration program screens and assesses individuals at the Buffalo City Lock-Up or Erie County Holding Center, makes recommendations to the court at arraignment, provides case management services upon release, and links individuals with community service providers.

Description

The AIC program operates through Horizon Health Services, a private nonprofit behavioral health agency offering a range of mental health and substance abuse treatment services. The small AIC team, consisting of a court liaison, one case manager, and their supervisor, provides advocacy, case management, and mental health and addiction treatment services for individuals who have a history of nonviolent criminal behavior.

Each morning, the AIC court liaison arrives at the lockup to identify inmates who may be in need of mental health treatment. The court liaison speaks with lockup personnel, reviews new inmate arrival information, and walks through the lockup in search of individual behavior that may indicate serious mental health problems. Upon identification, the court liaison attempts to engage the individual and conduct a brief screening. The court liaison then returns to the AIC office to prepare for the individual's arraignment, usually a few hours later that day. Once an individual has been admitted to the program at arraignment, the AIC case manager is responsible for linking the individual to community treatment and following up with the client and the court regarding the progress for 90 days. All individuals are assessed for co-occurring disorders and provided a treatment group and other dual diagnosis treatment depending upon individual needs. Participants in the program also are assessed and treated for medical problems and provided medical care upon entry to the program.

Contact Information

Horizon Health Services
Transitions Counseling Center
3297 Bailey Avenue
Buffalo, NY 14215
Phone: (716) 833-3622

STATE: **New York**AGENCY/ORGANIZATION:
Office of Mental HealthPROGRAM TITLE:
Conference on Evidence-based PracticesPOLICY STATEMENT(S):
Evidence-Based PracticesYEAR ESTABLISHED: **2001**

Overview

The Office of Mental Health convened a statewide conference to acquaint county-level policymakers and local service providers with national best-practice trends.

Description

The New York State Office of Mental Health (OMH) held a Best Practices Conference in 2001 to advance the agency's efforts to bring best practices to the forefront of the mental health community. Conference sessions included the following:

- Evidence-based Practices: Challenges and Opportunities, Integrated Treatment for Schizophrenia: What does our research show?
- Promoting Medication Adherence: Overview and Discussion on Effective Treatment Strategies
- Best Practices for Effective Service for Children and Adolescents
- Theory and Practice: Assertive Community Treatment
- The Merging of Perspectives on Effective Use of Medications
- Practice Guidelines Development and Dissemination: Methods, Issues and Results, Updates from the Texas Medication Algorithm Project
- Self-Management Approaches: Promising Studies of an Emerging Best Practice,
- Framing the Significance of Evidence-based Practice for the Daily Lives of New York Families
- Understanding Best Practice in the Field of Supported Housing
- Supported Employment: Best Practices and Innovations
- The Implementation Challenge to State Mental Health Authorities

The New York conference was the first step in a projected series of initiatives designed to make adherence to best practices a top priority in the New York public mental health system. The OMH has developed its strategic statement around goals including striving to incorporate best practices into its priorities, which will shape these efforts to improve the effectiveness of the

Office of Mental Health
continued

adult and children's mental health system. Best practices should be incorporated whereby service design and delivery are based on the best research and evidence available, and best-practice guidelines are incorporated into treatment practices. Adherence to these guidelines is measured as part of the accountability process. This vision is part of the state's "ABCs of Mental health Care."

Contact Information

New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229
Phone: (518) 474-4403
Fax: (518) 474-2149
Webs site: www.omh.state.ny.us/

STATE: **New York**

AGENCY/ORGANIZATION:
Office of Mental Health

PROGRAM TITLE:
Pathways to Housing (New York City and Westchester County)

POLICY STATEMENT(S):
Housing

YEAR ESTABLISHED: **1992**

Overview

Pathways to Housing provides housing to individual who are homeless and have psychiatric disabilities and/or substance abuse problems. Unlike most programs that provide housing for this population, participation in Pathways housing is not contingent on the receipt of treatment. Instead, Pathways offers housing first, and then provides links to other clinical and support services.

Description

Pathways to Housing believes that housing is the key element in helping people with mental illness and substance abuse disorders to stabilize their lives and begin the process of recovery. Accordingly, Pathways focuses on clients who have been turned away from other programs because they refuse to participate in treatment, have histories of violence and incarceration, or have personality or behavioral problems.

Program participants are required to sign a standard lease agreement and must agree to two inspections a month, for up to six months. In addition they have access to support services through an Assertive Community Treatment (ACT) team. The service coordinator and tenant develop an individualized plan, based on the wishes of the tenant, which extends beyond housing to include education, vocation, mental health, physical health, alcoholism and substance abuse treatment, finances, self-care, and social and family network/support. About half of the program's staff are in recovery from substance abuse or a psychiatric disability, and oftentimes, were themselves once homeless.

Pathways was founded in 1992 by the Office of Mental Health. The program currently serves 300 individuals in scattered site locations throughout Manhattan, Queens, Brooklyn, the Bronx, and in Westchester County. Funding for the program comes from Section 8 vouchers, the HUD Shelter Plus Care Program, and the Office of Mental Health.

In a recent study, 225 homeless people with psychiatric disabilities were randomly assigned either to the Pathways program or to traditional New York City services. After one year, the self-reported quality of life improved at comparable rates and there were no differences in the levels of substance abuse be-

Office of Mental Health
continued

tween the two samples. The one significant difference that Pathways points to is that there was an 80 percent reduction in the amount of time spent homeless for the group assigned to Pathways versus a 23 percent reduction in time spent homeless among those assigned to traditional services. Additional data from 2000 indicates that 88 percent of the program's members remained housed after five years.

Contact Information

Pathways to Housing, Inc.
155 West 23rd Street
12th Floor
New York, NY 10011
(212) 289-0000

STATE: **New York**AGENCY/ORGANIZATION:
Office of Mental HealthPROGRAM TITLE:
Transitions TrainingPOLICY STATEMENT(S):
Training for Mental Health ProfessionalsYEAR ESTABLISHED: **2002**

Overview

The Office of Mental Health (OMH) sponsors the Transitions Training program to provide information to mental health and human services agencies regarding the difficulties faced by those people with mental illness who leave prison and must adjust to living in their community.

Description

The training program is designed for administrators and supervisors of mental health agencies that currently serve or intend to serve persons with mental illness who have been incarcerated. The goals of the training are to improve provider receptivity toward serving this population, increase the coordination between mental health providers and parole staff, and reduce the stigma surrounding involvement with the criminal justice system. The training is coordinated by the Howie T. Harp Advocacy Center.

The Transitions Training program employs forensic consumer co-trainers that have all experienced incarceration in state prison firsthand, and have struggled with recovery once released into the community. These consumers are especially effective trainers because they can assess how effective agency providers who attend the sessions have been in the past in helping this population in a positive and therapeutic manner. The training sessions cover topics such as the New York State criminal justice system, mental health services in prisons, and the experiences of incarceration, release, and reintegration.

Ten free sessions of training are offered to mental health provider agencies. Additional training sessions are available for a fee. The training manual itself also provides a wealth of contact information for agency providers looking for specific organizations that provide assistance to released inmates, ranging from ways to get involved in community service to programs for formerly incarcerated mothers.

Contact Information

NYS Office of Mental Health
Community Care System Management
Bureau of Adult Services Unit
44 Holland Avenue
Albany, NY 12229
Phone: (518) 402-6376
Fax: (518) 473-0066

STATE: **New York**AGENCY/ORGANIZATION:
University of Rochester, Department of PsychiatryPROGRAM TITLE:
Project LinkPOLICY STATEMENT(S):
SentencingYEAR ESTABLISHED: **1995**

Overview

Project Link is a collaborative effort among five community-service agencies. The project provides coordinated services to individuals with mental illness involved with, or at risk of involvement with, the criminal justice system.

Description

The Department of Psychiatry at the University of Rochester founded Project Link and continues to oversee the project. Project Link was developed in response to a 1993 study conducted by the Monroe County Office of Mental Health that identified a group of individuals with mental illness who had experienced repeated stays in the local jail and inpatient hospital over a period of three years. The project employs bachelor's-level "case advocates," who carry caseloads of 20 consumers and are supervised by a master's-level case coordinator. Consumers can be referred through a variety of avenues, including from the state correctional facilities, local jails, police, public defender's office, hospitals, and emergency rooms.

Project Link has a special focus on engaging consumers who are members of minority populations and, to this end, employs a diverse and well-trained staff.

Components of the project include a mobile treatment team that delivers services to 40 of the 100 project enrollees who are in the greatest need of assistance. The mobile treatment team includes a part-time forensic psychiatrist and a full-time psychiatric nurse practitioner. The project also operates a treatment residence for clients with chemical dependence, which is staffed around the clock.

Project Link staff work with consumers while they are still involved in the criminal justice system (e.g., in the courtroom, in the jail), working to have consumers placed in Project Link as an alternative to incarceration and a condition of release. Project Link staff also work with community corrections officials in using the leverage of sanctions to improve compliance.

Project Link staff conduct extensive training and cross-training efforts; they have presented seminars to representatives of the local parole, police force, bar association, and other criminal justice personnel.

Project Link has collected data concerning the effectiveness of the treatment program. The experiences of 46 individuals admitted to the mobile treatment team were examined between October 1, 1997 and December 1, 1998. The data for the period while involved with Project Link were then compared to data from the year prior to their involvement. Individuals involved in the project experienced a significant drop in mean number of days spent in jail per month (9.1 to 2.1) and mean number of hospital days (8.3 to 3). Using per diem rates, this translates to a reduction of \$30,908 to \$7,235 for total jail costs and from \$197,899 to \$42,247 in reduced hospital costs. In addition, consumer satisfaction ratings for the program were a mean of 4.6 out of 5 (5 being the highest level of satisfaction) and 35 of the 46 consumers reported that Project Link helped them cut down on their substance abuse.

Project Link received the American Psychiatric Association Gold Achievement Award in 1999 for its success in meeting the clinical, social, and residential needs of this difficult-to-serve population.

Challenges/Areas for Improvement

Maintaining ongoing funding support is the biggest obstacle to sustaining the program. To date, the principal source of funding for the project has been time-limited grants.

Contact Information

Project Link
Strong Ties Community Support Program
1650 Elmwood Avenue
Rochester, NY 14620
Phone: (716) 275-0300
Fax: (716) 461-9304

STATE: **New York**

AGENCY/ORGANIZATION:
Urban Justice Center

PROGRAM TITLE:

When a person with mental illness is arrested—How To Help: A New York City handbook for family, friends, peer advocates, and community mental health workers

POLICY STATEMENT(S):

Appointment of Counsel, Educating the Community and Building Community Awareness

YEAR ESTABLISHED: **2001**

Overview

Heather Barr, a staff attorney at the Urban Justice Center's Mental Health Project, prepared the handbook as a tool for people concerned about someone with a mental illness who is involved with New York City's Criminal Justice System.

Description

The handbook addresses questions ranging from how to track down someone who has been arrested to how to best work with a defense attorney to how to best advocate for a defendant during sentencing. In addition, it lists phone numbers and web sites that help the reader to access adequate legal services, psychological counseling, and information on how to handle a family member with mental illness. Included is a glossary of terms that someone new to the criminal justice system could find confusing.

Private foundations covered many of the costs that the Mental Health Project of the Urban Justice Center incurred to prepare the handbook.

Contact Information

Urban Justice Center Mental Health Project
666 Broadway, Tenth Floor
New York, NY 10012

STATE: **North Carolina**

AGENCY/ORGANIZATION:

Chapel Hill Police Department

PROGRAM TITLE:

Mobile Crisis Unit

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene ResponseYEAR ESTABLISHED: **1974****Overview**

The Chapel Hill Police Department formed a locally funded Mobile Crisis Unit to respond to vulnerable populations in the community, including people with mental illness or developmental disabilities and victims of domestic violence or sexual assault.

Description

As of 2001, four full-time crisis intervention advocates and a contract staff of six part-time advocates operate the Mobile Crisis Unit. The unit is on call 24 hours a day, 7 days a week to assist police officers who respond to people in crisis.

In addition to contracting intervention assistance from advocates, the Chapel Hill Police Department also trains all officers to appropriately respond to people with mental illness. Academy training is state-mandated but the department provides supplemental training as well. As part of the training, people with mental illness visit the classroom to speak to officers and interact informally with them. These consumers share their personal experiences with police encounters.

The departmental response protocol states that when an officer responds on-scene to a call, he or she will try to defuse the problem immediately, but may also contact the Mobile Crisis Unit for assistance. If necessary, the officer transports the person in crisis to North Carolina Memorial Hospital for emergency evaluation and/or commitment. The police department has a memorandum of understanding with North Carolina Memorial Hospital, which provides that individuals picked up by the police may be brought to the hospital and will be seen within a specified period of time.

The Mobile Crisis Unit also coordinates informal case conferences with the police department. Some individuals with mental illness frequently come into contact with officers. The unit can offer suggestions for officers on their interactions with those individuals whom they know well. The crisis unit can provide resources and measures to protect both the officer's and the individual's safety.

The Mobile Crisis Unit understands that providing an effective response to police situations involving people with mental illness depends on a community partnership among law enforcement, mental health care providers, crisis intervention advocates,

Chapel Hill Police Department

continued

and citizens. Relationships with a local community clubhouse and NAMI provide unit staff with the opportunity to interact with family members of people with mental illness and become actively involved in community education. Additionally, the crisis unit is hosting a support group for children of parents with mental illness.

Challenges/Areas for Improvement

Turnover among employees working in the local mental health center is high. As a result, the crisis unit regularly must form new relationships with staff at the mental health center. In addition, the Chapel Hill Police Department, with additional resources, would like to develop and implement a system for providing additional follow up and intervention to people who frequently come in contact with the police.

Contact Information

Director of Crisis and Human Services

Chapel Hill Police Department

828 Airport Road

Chapel Hill, NC 27514

Phone: (919) 968-2806

STATE: **North Carolina**

AGENCY/ORGANIZATION:
Department of Correction

PROGRAM TITLE:
**Sexual Offender Accountability and
Responsibility (SOAR) Program**

POLICY STATEMENT(S):
**Development of Treatment Plans, Assignment
to Programs, and Classification/Housing
Decisions**

YEAR ESTABLISHED: **1991**

Overview

SOAR is a voluntary day-treatment program for sex offenders. Correctional psychologists from state prisons across North Carolina refer candidates for the program.

Description

The SOAR program was established at Harnett correctional institution in North Carolina and is administered in two wings of one of the dormitories. Sexual offenders who admit their guilt and volunteer to enter the SOAR program are referred from prison units across the state. SOAR is based on the premise that 1) deviant sexual behavior is learned; 2) the treatment of sexual offenders involves learning appropriate and responsible social and sexual behavior to substitute for the negative behaviors that led to the commission of the offense.

SOAR is an intensive residential therapeutic community. Participants are in treatment six hours per day, five days per week for twenty weeks (approximately 600 hours of treatment). Approximately 40 participants are selected for each of two treatment cycles, with about 72 inmates completing SOAR each year. The program is staffed by psychologists with experience in working with sexual offenders as well as inmate peer counselors—inmates who have completed the SOAR program and who, as peer counselors, provide support services to staff and participants.

The SOAR program has an approximate annualized operating cost of \$183,000 per year, a cost of \$7.16 per inmate (which does not include the cost of incarceration). The primary criteria used for evaluating the program's success are periodic analyses of recidivism statistics. As of April 2000, 302 SOAR participants had been released into the community and lived in the community for an average of three years. Of these, 25 participants (8.3 percent) were readmitted to the North Carolina Department of Prisons (for any reason, including parole violations). Eleven participants (3.5 percent) returned to the department of prisons for either a conviction on a new sexual offense or a charge that may have been sexually motivated. SOAR staff is in the process

Department of Correction
continued

of collecting data regarding non-SOAR sex offenders released from custody for comparison purposes.

Challenges/Areas for Improvement

Treatment of sex offenders faces a number of challenges. Despite research to the contrary, the stigma that sex offenders cannot be treated persists. In addition, the lack of trained and experience staff to work with this population presents ongoing difficulties. Also, sex offenders who are identified as such by the prison population will often be reluctant to be housed in the general population for fear of harassment or violence by the other inmates.

Contact Information

Psychological Services Coordinator
SOAR Program
Harnett Correctional Institution. #3805
P.O. Box 1569
Lillington, NC 27546
Phone: (910) 893-2751
Web site: www.doc.state.nc.us/dop/health/mhs/special/soardesc3.htm

STATE: **Ohio**

AGENCY/ORGANIZATION:

Department of Mental Health

PROGRAM TITLE:

Coordinating Centers of Excellence

POLICY STATEMENT(S):

Evidence-Based PracticesYEAR ESTABLISHED: **2002****Overview**

The Ohio Department of Mental Health is in the process of establishing Coordinating Centers of Excellence (CCOE) responsible for disseminating evidence-based or promising practices across the state.

Description

The eight centers of excellence are planned with the hope that they can promote local initiative and raise statewide quality measures. Each center is “hosted” within an existing entity, such as a university or county mental health boards and agencies. At the time of this writing, there are four centers for excellence in place and four in the developmental stages. The centers work closely with the department of mental health to focus their efforts on particular interventions, treatments, and populations. The four extant centers of excellence are discussed below:

- *Learning Excellence* is a program for children and adolescents run by Ohio State University that assists “alternative schools” in addressing the educational, social, emotional, and behavioral needs of those involved in the program.
- The *Ohio Medication Algorithm Project (OMAP)* is a program run by the University of Cincinnati and Butler County CMH for adults, adolescents, and children that promotes utilization of medication algorithms to guide psychiatric medication decisions.
- *Substance Abuse/Mental Illness (SAMI)* is a program operated by Case Western Reserve University for adults with co-occurring substance abuse and mental illness that promotes utilization of the integrated treatment model for SAMI services.
- The *Use of Advance Directives* is a program setup by the Washington County ADAMHS Board to encourage the use of psychiatric advance directives among mental health consumers and clinicians in the state.

The four centers in the developmental stages are:

- Multi-Systemic Therapy (MST) is a program being coordinated by the Stark County CMH Board for children and adolescents that hopes to increase statewide use of MST.

Department of Mental Health

continued

- The Medical College of Ohio is setting up a program for people living with mental illness and their families in which evidence-based psychosocial rehabilitation practices to strengthen family involvement will be encouraged.
- The Ohio Council of Behavioral Health care Organizations is planning a program for adults living with mental illness to improve service quality by promoting client servicing “clustering” to organize services.
- A program for adults with mental illness involved with the criminal justice system is being organized to promote diversion programs using the GAINS Center model by Summit ADAMHS and NEOUCOM.

Calendar year 2001 marked the ending of the long-standing Longitudinal Study of Mental Health Services and Consumer Outcomes in a Changing System (LCO) and the beginning of a new study, the Innovation Diffusion and Adoption Research Project (IDARP). The fifth and final wave of data collection of the LCO study was completed in 1998. During the past two years LCO results were disseminated to a wide range of constituent groups (consumers, family members, agencies, boards, state and national leaders). In addition, efforts were made to evaluate the effectiveness of various dissemination methods and formats.

The IDARP project goes several steps further in the study of dissemination by seeking to identify factors and processes associated with the successful adoption and assimilation of innovative evidence-based practices by behavioral health organizations across Ohio. The study focuses on evidence-based practices that are being put forth by the Coordinating Centers of Excellence. Key informants (agency directors, clinical staff, CCOE leads) will provide information to better understand the processes by which evidence-based practices are adopted and what factors lead to their long-term success. This research is expected to provide valuable information to the centers of excellence and to pave the way for organizations wishing to adopt these practices in the future. The research will also reduce the likelihood that organizations will misattribute their successes or failures to factors that are irrelevant to the adoption of innovative practices.

Contact Information

Ohio Department of Mental Health
30 E. Broad Street, Eighth Floor
Columbus, OH 43266-0414
Phone: (614) 466-2596
Web site: www.mh.state.oh.us/

STATE: **Ohio**

AGENCY/ORGANIZATION:

Hamilton County Department of Pretrial Services

PROGRAM TITLE:

Hamilton County Early Intervention Services

POLICY STATEMENT(S):

**Appointment of Counsel; Pretrial Release/
Detention Hearing**

Overview

The Hamilton County Pretrial Services Department interviews arrestees, identifies defendants who may have a mental illness, and presents the court with various options for their adjudication.

Description

When pretrial services staff identify a defendant as possibly having a mental illness, the initial court appearance is postponed from the morning calendar to the afternoon. The defendant consults with an attorney, and a mental health clinician conducts an assessment. Options are then presented to the court at the afternoon hearing.

Pretrial services interviewers ask a series of questions developed by the Court Psychiatric Clinic to be used as a screening tool to identify individuals who may have a mental illness or developmental disability. These questions include:

1. Have you ever been in special education classes?
2. Have you ever been in a psychiatric/mental hospital?
3. Have you ever seen a psychiatrist, psychologist, or case manager?
4. Have you ever taken medications for psychiatric reasons for your nerves?
5. Have you ever been in psychiatric outpatient treatment?
6. Have you ever heard voices?
7. Have you ever thought about or attempted suicide?

A positive response to any of these questions triggers an additional inquiry by mental health staff. The mental health staff use BASIS-32, a standardized, self-report problem behavior and symptom identification tool, for this assessment. The tool yields an overall impairment score that results from scores of five specific domains: mental health functioning including relationships, depression, and anxiety; daily living skills; impulsivity; addictive behavior; and psychosis. Early identification with swift intervention to treatment services for arrestees who may have mental health problems is the primary objective of the project, which seeks to enhance the ability to quickly determine eligibility for pretrial diversion, pretrial release, and intermediate sanctions.

Hamilton County Department of Pretrial Services
continued

The county is conducting pilot studies involving persons entering the criminal justice system. The studies will collect information about rates of psychiatric and substance abuse disorders, extent of traumatic life events, and overall cognitive functioning. Such data will facilitate a more effective treatment strategy in the development of appropriate alternatives to incarceration.

Contact Information

Hamilton County Department of Pretrial Services
1000 Sycamore, Room 111
Cincinnati, OH 45202
Phone: (513) 946-6165

STATE: **Ohio**

AGENCY/ORGANIZATION:

Summit County Jail

PROGRAM TITLE:

Screening Procedure; Alcohol, Drug Abuse and Psychotherapy Team (ADAPT)

POLICY STATEMENT(S):

Intake at County / Municipal Detention FacilityYEAR ESTABLISHED: **1992****Overview**

The Summit County Jail uses a three-tiered approach to screen inmates for mental illness upon their admission to the facility. The Alcohol, Drug Abuse and Psychotherapy Team (ADAPT) serves inmates with mental health concerns incarcerated in the jail.

Description

Inmates admitted to the facility receive an initial screening from the booking officer. Next, a mental health worker performs a cognitive function examination, which is followed by an evaluation by a clinical psychologist. The county also employs a crisis intervention specialist who is a member of the jail's staff. The crisis intervention specialist receives 40 hours of training per year from the facility's mental health coordinator.

Inmates who are at high risk may be housed in the mental health housing units where they are more closely observed and monitored by ADAPT staff and deputies. These inmates may include those who are actively psychotic, suicidal, or in withdrawal.

The primary responsibilities of ADAPT staff include:

- psychosocial assessments
- crisis intervention
- management of acute psychotic episodes
- monitoring of detoxification
- suicide prevention
- prevention of psychological deterioration during incarceration
- chemical dependency treatment
- education focused on individual needs
- elective therapy services.

These services are available at no cost to all inmates of the jail and referrals are made to community agencies for follow-up services.

Corrections staff for the mental health unit are selected jointly by the ADAPT director and correction security supervisors. These deputies work only on the mental health unit. Jail mental health services are enhanced by the use of a computer-

Summit County Jail

continued

ized information tracking system. This system is used to track all inmates who have received a mental health evaluation. The information contained in the system includes demographics, diagnosis, staff time, and the number of inmates using each type of service.

Contact Information

Summit County Jail
205 E. Crosier Street.
Akron, OH 44311

Phone: (330) 643-2171

Fax: (330) 643-4138

Web site: www.co.summit.oh.us/sheriff/corrections.htm

STATE: **Oklahoma**

AGENCY/ORGANIZATION:

Broken Arrow Police Department

PROGRAM TITLE:

Mobile Outreach Crisis Intervention Services

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene Response

YEAR ESTABLISHED: **2001**

Overview

The Broken Arrow Police Department established a partnership with the Mobile Outreach Crisis Intervention Services (MOCS), a community-based mental health organization, to assist the police as second responders to crisis calls involving people with mental illness.

Description

The Broken Arrow Chief of Police is a member of the MOCS advisory board, along with representatives from NAMI, Parkside Hospital (a local mental health facility), and the Tulsa Police Department. In this role, the chief became acquainted with the MOCS services and their benefit to the police and their clients. As a result, the police department and MOCS jointly developed the following response protocols.

After an officer responds on-scene and encounters a person who may have a mental illness that appears to be a factor in the incident, the officer can call MOCS immediately for an evaluation. It is estimated that responding officers call MOCS about three times weekly for assistance. Once MOCS arrives on-scene, they can assess the mental health needs of the individual. If the individual is in need of services but is not violent, MOCS can take the person to a mental health facility without police escort. This saves time for the police and expedites services to the client. Also, in facilitating patient commitment, MOCS has more flexibility than the police—police can only detain and transport to the nearest mental health facility individuals who are a danger to themselves or others.

When not responding to these types of calls, MOCS also provides preventive and follow-up services to clients released from mental health facilities after commitment. The team is able to meet with family members and to coordinate services. MOCS is also available to the police to assist with SWAT team incidents. MOCS provides guidance and support in barricade situations in which the person may have a mental illness.

The State of Oklahoma mandates two hours of annual police in-service training on mental illness. Broken Arrow Police Departments requires four hours of training and provides the opportunity for an additional eight hours of in-service training on mental illness. Additionally, two hours of mandatory training for new recruits are provided in the academy.

Broken Arrow Police Department

continued

This service is funded through a grant from the Oklahoma State Department of Mental Health. A state law was passed to provide funds for a state-certified training program modeled after the Memphis Crisis Intervention Team. At the time of this writing, the training program was in the process of being made available to all Oklahoma law enforcement agencies.

Contact Information

Headquarters Division Commander
Broken Arrow Police Department
2302 S 1st Place
Broken Arrow, OK
Phone: (918) 259-8499
Fax: (918) 451-8242

STATE: **Oklahoma**

AGENCY/ORGANIZATION:

Tulsa County Division of Court Services

PROGRAM TITLE:

Jail Diversion of Mentally Ill

POLICY STATEMENT(S):

Pretrial Release/Detention HearingYEAR ESTABLISHED: **1999**

Overview

Tulsa Pretrial Services, in conjunction with a local hospital for people with mental illness, administers a jail diversion program for nonviolent defendants with mental illness.

Description

The jail diversion program targets defendants at five different points in the criminal justice system:

1. the initial contact made by law enforcement
2. screening and evaluation upon jail booking to assure continuity of treatment while in custody
3. screening for pretrial release
4. ongoing bail review process for those detained as situations change (i.e., amendment of charges by the district attorney)
5. assessment for the presentence investigation report.

In their annual report for the year 2000, pretrial services reported that one in four program participants with serious mental illness were reincarcerated within eight months, and 39 percent of those rearrested were booked on charges of drugs or an alcohol related offense.

Contact Information

Tulsa County Division of Court Services

Tulsa County Courthouse

500 S. Denver Room B-3

Tulsa, OK 74103

Phone: (918) 596-5795

STATE: **Oregon**

AGENCY/ORGANIZATION:

Lane County Public Safety Coordinating Council

PROGRAM TITLE:

Lane County Diversion Program

POLICY STATEMENT(S):

Prosecutorial Review of Charges and AdjudicationYEAR ESTABLISHED: **1997**

Overview

With the approval of the prosecutor, some defendants with co-occurring mental health and substance abuse disorders are referred to the drug court program and offered the possibility of community-based treatment in lieu of incarceration.

Description

Defendants identified as having co-occurring mental health and substance abuse disorders are referred to the same drug court program as defendants who have substance abuse problems only. Shared elements of the program include: a single judge; voluntary participation; the use of graduated sanctions; program progress monitored by the court, with appearances at least once a month; and dismissal of charges upon successful completion.

There are some important variations in the program for defendants with a co-occurring mental illness and a substance abuse problem. Eligibility for defendants with co-occurring disorders is determined by the jail mental health staff and negotiated with the district attorney and public defender. These individuals receive collaborative mental health and substance abuse treatment and the range of sanctions is sensitive to the mental health problems of this population. In addition, there is a mental health specialist/court liaison who serves the dual role of case manager and liaison to the judge.

Contact Information

Lane County Public Safety Coordinating Council

125 E. Eighth Avenue

Eugene, OR 97401

Phone: (561) 682-2121

STATE: **Oregon**

AGENCY/ORGANIZATION:
Lane County Sheriff's Office

PROGRAM TITLE:
Interim Incarceration Disenrollment Policy

POLICY STATEMENT(S):
Intake at County / Municipal Detention Facility

YEAR ESTABLISHED: **2001**

Overview

The Interim Incarceration Disenrollment Policy in Lane County helps detainees and inmates retain their benefits when incarcerated for short periods of time. For those individuals who are not receiving benefits when they arrive at the jail, or whose benefits are suspended while incarcerated, the program helps to expedite their enrollment in appropriate benefit programs upon their release.

Description

At the behest of officials in Lane County, Oregon has adopted the Interim Incarceration Disenrollment Policy, which specifies that individuals cannot be disenrolled from their health plan during their first 14 days of incarceration, during which the state makes the Medicaid payments. In addition, Lane County officials have developed a relationship with the local application-processing agency for Medicaid and Social Security Insurance. Now, the application process for those individuals who did not have benefits prior to incarceration or whose incarceration period lasts longer than 14 days can begin while the detainee is still in custody.

The jail has also started an initiative to ensure that inmates in their jail diversion program—all of whom are diagnosed with severe and persistent mental illness—can access their state health plan benefits upon their release. First, the inmates receive help from jail employees in filling out the plan application. Then staff members fax each application to the Senior and Disabled Services (SDS) office a day or two before the inmate's release. The applications are processed rapidly. Finally, the SDS office faxes to the jail the inmate's temporary cards, which can be used immediately to access all health plan benefits. A permanent care provider is sent after the inmate has a managed care organization. In case there are problems or inmates need help with other issues, the jail staff stays in regular contact with former inmates.

Prior to developing this initiative, inmates had to wait several weeks for their applications to be processed, during which time they were without health care coverage.

Contact Information

Lane County Sheriff's Office
125 East Eighth Avenue
Eugene, OR 97401
Phone: (541) 682-4150
Web site: www.lanesheriff.org

STATE: **Pennsylvania**

AGENCY/ORGANIZATION:
**Consumer Satisfaction Team, Inc.
(Philadelphia)**

PROGRAM TITLE:
Consumer Satisfaction Team (CST)

POLICY STATEMENT(S):
Accountability

YEAR ESTABLISHED: **1990**

Overview

The Consumer Satisfaction Team, Inc. (CST) was developed in Philadelphia in response to the closure of a state hospital. The CST visits various locations where mental health services are offered or where consumers are located and conducts informal interviews with consumers to determine their level of satisfaction with the services.

Description

In 1990, when the State of Pennsylvania closed the Philadelphia State Hospital, consumers, family members, and advocates in the city wanted to ensure that the needs and preferences of the people discharged from the hospital were incorporated into the design of community-based mental health services. A group of these individuals formed CST, Inc.

CST staff make unannounced visits to mental health and substance abuse treatment sites. They also visit consumers in their places of residence, in clubhouses, and in drop-in centers. In 1999 CST teams in Philadelphia and Delaware County made approximately 1,000 site visits and interviewed approximately 7,500 consumers. CST prefers informal interviews over surveys.

Through persistent advocacy CST has won support of local authorities for incorporation of CST's findings in the overall evaluation of the system's ability to provide services in the community. The Philadelphia Office of Mental Health funds CST, Inc.

The Philadelphia CST has served as a model for a number of state and local systems wishing to formalize methods for obtaining consumer feedback. The CST has provided training to a wide variety of audiences, including other CST teams, advocacy organizations, behavioral health professionals, state mental health officials, and many others.

Contact Information

Consumer Satisfaction Team, Inc.
520 N. Delaware Avenue, Seventh Floor
Philadelphia, PA 19123
Phone: (215) 413-3100
Web site: www.thecst.com

STATE: **Pennsylvania**

AGENCY/ORGANIZATION:

Department of Corrections

PROGRAM TITLE:

Forensic Community Re-Entry and Rehabilitation for Female Prison Inmates with Mental Illness, Mental Retardation, and Co-occurring Disorders

POLICY STATEMENT(S):

Release DecisionYEAR ESTABLISHED: **2002****Overview**

The program provides comprehensive transition planning for female inmates who have a mental illness.

Description

The forensic community re-entry and rehabilitation program was developed in response to the higher percentage of inmates with mental illness who serve their maximum sentences as compared to inmates without mental illness. The lack of sufficient community-based resources makes it difficult for the parole board to approve a parole plan, which leads to inmates with mental illness being denied parole at rates significantly higher than other inmates. In 2000, 16 percent of inmates served their maximum sentence, compared with 27 percent of inmates who have a mental illness. Of those inmates who were classified as having a serious mental illness, 50 percent served their maximum sentence. Once inmates with mental illness are released, they return home to neighborhoods where they are frequently unwelcome and where the lack of community services makes their successful reintegration very difficult.

The Pennsylvania Department of Correction (DOC), in conjunction of the Pennsylvania Board of Probation and Parole and the Pennsylvania Community Providers Association, collaborated to apply for funding for this program from the U.S. Department of Justice, Bureau of Justice Assistance. The funding was received in 2001 and the program will begin in May 2002. The program will employ Community Placement Specialists (CPSs) who will oversee the transition of the program participants from the prison to the community. The program will also provide transitional housing for a limited time (30 to 60 days) for those participants who do not have adequate community housing accommodations.

DOC mental health staff will refer inmates with mental illness, mental retardation, or substance abuse problems to the program approximately 12 months prior to their release. Mental health staff will then interview the inmates and develop an assessment of their needs and strengths and forward this information to the community placement specialist. The CPS will locate

Department of Corrections

continued

community-based treatment and support services (housing, mental health, substance abuse, childcare, employment training) in the inmate's home jurisdiction. The CPS will also ensure that the inmate is enrolled in any relevant pre-parole or reentry classes or services and will oversee the development of a transition plan that is acceptable to all of the relevant parties (providers, parole board, housing services, etc.) Once offenders are paroled, parole agents will supervise their treatment and supervision and the CPS will conduct follow-up with service providers to monitor the participant's progress.

The pilot program will be located at the State Correctional Institution at Muncy, a close security female institution that houses the inmates with the most serious mental illnesses. The DOC estimates serving 20-40 participants in the first program year.

Contact Information

Chief Psychologist
 Pennsylvania Department of Corrections
 2520 Lisburn Road
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 Camp Hill, PA 17001-0598
 (717) 731-7797
 Web site: www.cor.state.pa.us

SCI Muncy
 P.O. Box 180
 Muncy, PA 17756
 (570) 546-3171

STATE: **Rhode Island**

AGENCY/ORGANIZATION:
Department of Corrections

PROGRAM TITLE:
**Women's Discovery Program and
Safe Release Program**

POLICY STATEMENT(S):
Development of Transition Plan

YEAR ESTABLISHED: **1999**

Overview

The Department of Corrections (DOC) provides mental health treatment services and specialized discharge planning for female inmates with mental illness and co-occurring substance abuse disorders.

Description

Since 1993, the Women's Discovery Program has provided substance abuse treatment for female inmates in Rhode Island state prisons. Beginning in 1999, with the support of a grant from SAMHSA, the DOC added the Safe Release Program, which targets female inmates with mental illness or co-occurring substance abuse disorders.

Women who volunteer for the Discovery Program and remain active participants for 30 days become eligible for the Safe Release Program. The Safe Release Program is overseen by the Providence Center, a local community-based mental health provider. Eligible inmates receive mental health treatment and specialized case management services. (The Safe Release Program is not the only mechanism for inmates to receive psychiatric services; the Department of Corrections provides mental health services to eligible inmates even if they do not enter the Discovery Program.)

The case managers who oversee the discharge planning for inmates with mental illness are employed by the Providence Center, and they continue to provide case management services for up to one year after the inmate is released. This includes helping inmates locate community-based substance abuse and mental health services, housing, employment, and other services. When appropriate, Providence Center case managers will even provide transportation for the inmate from the prison to a mental health facility upon release. The use of community-based mental health providers as discharge planners ensures continuity of care after the inmate is released.

Challenges/Areas for Improvement

The Safe Release Program is funded by a grant from SAMHSA, which will ultimately expire. Continued funding of the program is not assured.

Department of Corrections
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Another challenge reported by program administrators is that individuals with co-occurring mental health and substance abuse problems remain extremely difficult to serve, both while incarcerated and once they are released. The lack of affordable housing, the small number of appropriate treatment programs, and the dearth of employment opportunities are all enormous obstacles to overcome.

Contact Information

Rhode Island Department of Corrections
John O. Pastore Government Center
40 Howard Avenue
Cranston, RI 02920
Phone: (401) 462-2611
Web site: www.doc.state.ri.us/

STATE: **Rhode Island**

AGENCY/ORGANIZATION:

Fellowship Health Resources

PROGRAM TITLE:

Fellowship Community Reintegration Services

POLICY STATEMENT(S):

Modification of Conditions of Supervised ReleaseYEAR ESTABLISHED: **2002****Overview**

The Fellowship Community Reintegration Services (CRS) provides discharge planning and advocacy for released offenders to help them receive appropriate community placements and services, as well as assistance with applications for entitlements and any necessary education or employment referrals.

Description

The Rhode Island Department of Mental Health, Retardation, and Hospitals contracted with the Fellowship Health Resources, a nonprofit agency, to administer Fellowship CRS. Clients may be placed in any of a variety of community agencies, including residential substance abuse treatment facilities or may be placed on home confinement with provisions made for service delivery. Fellowship CRS tracks its clients for one year post-release to gather outcome data and determine the appropriateness of available placements.

Contact Information

Fellowship Health Resources, Inc.
25 Blackstone Valley Place, Suite 300
Lincoln, RI 02865-1163
Phone: (401) 333-3980
Fax: (401) 333-3984
Web site: www.fellowshipr.org

STATE: **Tennessee**

AGENCY/ORGANIZATION:

Memphis Police Department

PROGRAM TITLE:

Crisis Intervention Team

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene ResponseYEAR ESTABLISHED: **1987****Overview**

The Crisis Intervention Team (CIT) is made up of specially-trained officers who provide immediate response to and management of calls for service involving people with mental illness who are in crisis.

Description

The Memphis Police Department's CIT program began when the mayor established a task force consisting of representatives from law enforcement, NAMI, mental health facilities in Memphis, local citizens, the University of Memphis, and the psychology department and medical center at the University of Tennessee. From this collaboration, a close partnership was initiated between the Memphis Police Department and the University of Tennessee Medical Center Psychiatric Unit (also called "The Med.") The CIT officers' goals are to de-escalate or to eliminate encounters that may be potentially injurious to consumers, police officers, or citizens.

The CIT consists of 213 patrol officers (approximately a quarter of the department's uniform officers) who receive extensive training in responding to people with mental illness. Officers in the department volunteer to become members of the CIT, and are compensated through income increases, written commendations, and annual awards ceremonies.

CIT officers complete a 40-hour training program, receive a week of annual in-service training (attended by all uniform officers), and then receive an additional eight hours of specialized training. Staff at the Med provide most of the officer training, and family members of consumers also contribute to the training curricula. Training topics include recognizing mental illness and medications, crisis de-escalation techniques, defense weapons training, and role-playing sessions. The CIT officers also visit patients' homes, the Veterans Administration hospital, and NAMI-facilitated state mental hospitals.

Each of Memphis's seven precincts employs CIT officers who are familiar with each area. When responding to a call for service involving a person with a possible mental illness, a CIT officer is guided by state statute and training guidelines to assess whether the subject should be transported to the Med for further assessment and provision of services and support. The Med has an open-door policy and will provide assessments 24

Memphis Police Department
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hours a day, 7 days a week, and is prepared to admit any person within 15 minutes of arrival. This ensures that officers are immediately available to return to patrol duties.

Once admitted to the Med, unit staff assess the need to transfer the consumer to the state hospital or provide referrals to community mental health programs and other resources.

The Memphis CIT has served as a model of an advanced, proactive response to mental illness in the community, and has been duplicated in numerous police departments nationwide.

As a result of the CIT officers transporting consumers in crisis to the Med, this mental health facility has experienced a 40 percent to 50 percent increase in the amount of new patients admitted. Before the CIT program, officers who made arrests would take the subject directly to jail. However, the jail is not fully equipped to diagnose and provide management of mental illness and substance abuse disorders.

Challenges/Areas for Improvement

The department is developing and identifying resources to create a detoxification unit at the Med. Officers responding to calls for service in which the subject appears to be intoxicated would transport the person to the Med instead of the city jail. As a result of this program, citizens with possible substance abuse disorders or co-occurring mental illness would be diverted from the jail to a medical facility that will focus on providing immediate and long-term care rather than incarceration.

Contact Information

Coordinator
Crisis Intervention Team
Memphis Police Department
201 Poplar Ave.
Memphis, TN 38103
Phone: (901) 576-5735

STATE: **Texas**

AGENCY/ORGANIZATION:
Department of Criminal Justice

PROGRAM TITLE:
Mentally Retarded Offender Program

POLICY STATEMENT(S):
Development of Treatment Plans, Assignment to Programs, and Classification / Housing Decisions

YEARS ESTABLISHED: **1984; expanded in 1995**

Overview

The Mentally Retarded Offender Program (MROP) was established to mitigate the negative effects of incarceration and to promote successful reintegration into the community for inmates with mental retardation.

Description

Programming is in place to provide habilitative, social support, continuity of care, and security services to offenders identified as mentally retarded or intellectually impaired. Interdisciplinary teams, including a physician or registered nurse, psychologist, social caseworker, vocational supervisor, social work supervisor, and rehabilitation aid, perform needs assessments to determine services. Services for the identified population remain in place through transitional/discharge planning.

MROP is operated within two specialized housing units: 731 beds for male intellectually impaired offenders at one location and an additional 106 beds at another location for female inmates. MROP is intended to ensure that mentally retarded offenders are provided sheltered housing and work conditions, fair discipline, and protection from other prisoners.

Offenders participate in a group intelligence test when they are processed into TDCJ-ID Diagnostic Unit. If an offender scores below 70, he or she is then administered the Culture Fair test. If the offender scores below 70, the offender is then sent to a diagnostic facility where the Wechsler test is individually administered. Those scoring below 74 on the full-scale IQ are transferred to the MROP for comprehensive evaluation.

The Interdisciplinary Team (IDT) will complete a comprehensive evaluation to determine the presence or scope of mental retardation within 30 days of arrival to the MRO facility. As a result of the evaluation/needs assessment, the team will develop an Individualized Habilitation Plan (IHP). Evaluations by the various disciplines of the team are conducted to assess, diagnose, and identify treatment requirements of individuals who are dually diagnosed (substance abuse and/or mental illness).

Department of Criminal Justice
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Offenders with mental retardation are housed in the least restrictive environment appropriate to their habilitation, treatment, safety, and security needs. MROP housing assignment and cell assignment status are initially determined on the day the client arrives at the sheltered facility.

MROP services include medical care; psychiatric services (for offenders who exhibit signs and symptoms of mental illness); education (academic, special education, prerelease and vocational classes), occupational therapy; substance abuse treatment; ongoing treatment planning and monitoring (to measure client progress and suitability of services); and continuity of care (transitional/discharge planning).

Contact Information

Texas Department of Criminal Justice
P.O. Box 13084
Austin, Texas 78711-3401
Phone: (512) 463-9988
Web site: www.tdcj.state.tx.us/

STATE: **Texas**

AGENCY/ORGANIZATION:

Department of Criminal Justice, Texas Tech University Health Sciences Center for Telemedicine

PROGRAM TITLE:

Telepsychiatry

POLICY STATEMENT(S):

Development of Treatment Plans, Assignment to Programs, and Classification/Housing Decisions

YEAR ESTABLISHED: **1994**

Overview

The Texas Technical University Health Sciences Center (TTUHSC) provides medical care in the western portion of Texas to inmates under the supervision of the Texas Department of Criminal Justice. In 1994, TTUHSC began using telemedicine to deliver health services, including mental health services, to adult inmates and juveniles in several facilities.

Description

TDCJ has contracted with TTUHSC to provide health services to 26 adult institutions, where approximately 33,000 inmates are incarcerated. TTUHSC conducts approximately 2,000 telemedicine consultations per year for inmates, via closed circuit, interactive video technology. Researchers there are currently developing a newer computer-based desktop system.

Prior to the implementation of telemedicine, most inmates needing specialized medical care were transported from the prison to a specialist, hospital, or other facility. Each trip cost between \$200 and \$1,000. The use of telemedicine in appropriate circumstances has helped to save significant transportation expenses.

Previously, the TTUHSC had provided telepsychiatry and telepsychology to inmates on a limited basis. A recent telepsychiatry initiative, however, has more than doubled the number of telepsychiatry consultations that TTUHSC conducts. Approximately one-third of all telemedicine consultations are in telepsychiatry and telepsychology. The TTUHSC telemedicine program has been recognized nationally as a leader in the field.

Contact Information

TTUHSC Center for Telemedicine
4BC416
3601 4th Street
Lubbock, TX 79430
Phone: (806) 743-4440
Fax: (806) 743-4010
Web site: www.ttuhs.edu/telemedicine/

STATE: **Texas**

AGENCY/ORGANIZATION:

**Department of Criminal Justice,
University of Texas Medical Branch**

PROGRAM TITLE:

Non-formulary Drugs

POLICY STATEMENT(S):

Development of Treatment Plans, Assignment to Programs, and Classification/Housing Decisions

YEAR ESTABLISHED: **1995**

Overview

The Texas Department of Criminal Justice (TDCJ) has developed policy and guidelines for facility-level providers to obtain non-formulary drugs for offenders in the custody of the Texas Department of Correction.

Description

TDCJ has spelled out the procedure for obtaining non-formulary drugs for offenders in custody as part of the Pharmacy Policy and Procedure Manual. The prescribing physician must provide documentation in the offender's health record about what role the desired drug will have in the offender's treatment plan (e.g., diagnosis, special considerations) and also provide documentation about the unavailability of an acceptable substitute in the formulary.

Procedures and a flow diagram have been developed to show the protocols for what happens when such a request is made. Requests for non-formulary medication are made to the clinical pharmacist assigned who, in turn, evaluates the request by a review of information provided by the prescribing physician/psychiatrist and/or a review of other relevant information including the target disease, previous medications used for the indication, dosages, compliance allergies, diagnostic procedure, TDCJ Disease Management guidelines, national standards and guidelines, and applicable scientific literature.

Contact Information

The University of Texas Medical Branch at Galveston
Texas Department of Criminal Justice Hospital
301 University Boulevard
Galveston, Texas 77555
Phone: (409) 772-3547
Fax: (409) 772-7623
Web site: www2.utmb.edu/tdcj/

STATE: **Texas**

AGENCY/ORGANIZATION:

Department of Mental Health and Mental Retardation

PROGRAM TITLE:

The Texas Medication Algorithm Project (TMAP)

POLICY STATEMENT(S):

Development of Treatment Plans, Assignment to Programs, and Classification/Housing Decisions

YEAR ESTABLISHED: **1996**

Overview

TMAP is a collaborative effort designed to improve the quality of care and achieve the best possible patient outcome by establishing a treatment philosophy for medication management. TMAP developed and instituted a set of algorithms to illustrate the order and method in which to use various psychotropic medications.

Description

The underlying principle of TMAP is that optimizing patient outcomes translates into the most efficient use of resources. TMAP is intended to develop and update continuously treatment algorithms and to train systems to utilize these methods to minimize emotional, physical, and financial burdens of mental disorders for clients, families, and health care systems.

TMAP was developed over four phases.

- **Phase 1:** Through the use of scientific evidence and the development of consensus among experts, TMAP developed guidelines, resulting in the development of algorithms for the use of various psychotropic medications for three major psychiatric disorders: schizophrenia, major depressive disorder, and bipolar disorder.
- **Phase 2:** During phase 2 a feasibility trial of the project was conducted and the suitability, applicability, and costs of the algorithms, were evaluated.
- **Phase 3:** The third phase was a comparison of the clinical outcomes and economic costs of using these medication guidelines versus traditional treatment/medication methods.
- **Phase 4:** The fourth phase is the implementation of TMAP throughout clinics and hospitals of the Texas Department of Mental Health and Mental Retardation and is known as TIMA, the Texas Implementation of Medication Algorithms. Collaboration for this project includes public sector and academic partners, parent

Department of Mental Health and Mental Retardation
continued

and family representatives, and mental health advocacy groups. Graphic presentations of algorithms and explanatory physicians' manuals are available on the TMAP Web site.

Contact Information

Texas Department of Mental Health and Mental Retardation
909 West 45th Street
P.O. Box 12668
Austin, TX 78711-2668
(512) 454-3761
Web site: www.mhmr.state.tx.us/centraloffice/medicaldirector/TMAPtoc.html

STATE: **Texas**

AGENCY/ORGANIZATION:
Houston Police Department

PROGRAM TITLE:
Crisis Intervention Team

POLICY STATEMENT(S):
On-Scene Assessment and On-Scene Response

YEAR ESTABLISHED: **1997**

Overview

The Houston Police Department established a Crisis Intervention Team to improve the response to people with mental illness who come in contact with law enforcement and who are considered potentially dangerous to themselves or to others.

Description

Representatives of the mental health community began working with the Houston Police Department in 1991 by participating in problem-solving discussions. In 1997, a committee consisting of the Houston Police Department, probation services, the sheriff's office, mental health professionals, and other agencies developed the Crisis Intervention Team (CIT). The team is modeled after the Albuquerque, New Mexico, program.

When a call for service involving a person with a mental illness is answered, the call-taker notes that it should be routed to a CIT officer. Dispatch will call a CIT officer to respond. On-scene, the CIT officer will first try to de-escalate the situation. The goal is to protect the officer, the individual who is the subject of the call, and all others. In the majority of cases, the person is brought to a mental health facility.

The Houston Police Department holds a 40-hour training course for officers who volunteer to become members of the Crisis Intervention Team. Crisis intervention, communication, officer safety, psychopharmacology, psychosis, and mental retardation are among the topics included in the curriculum. The Houston Police Department staff psychologist and another member of the department's psychological services division lead the course. An officer teaches one section of the course and a consumer (a former attorney who had numerous encounters with HPD) discusses the mental health code. Two psychiatrists (one from each of the major hospitals utilized by officers) speak with the class. The course also includes two afternoons of role-play activities.

Call-takers and dispatchers also receive training to learn what questions should be asked to determine if the call involves a person with a mental illness. This training is designed to educate the non-sworn personnel of the department how to provide a timely and appropriate response to people in the community who have a mental illnesses.

Houston Police Department
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Additionally, in 2002 all 5,500 officers were required to take an eight-hour basic training course on communication skills and de-escalation techniques appropriate for responding to people with mental illness.

As a result of the Houston CIT program, estimated time for obtaining a mental health warrant dropped from three to four hours to 15 minutes. This reduces the amount of time that a person with mental illness remains in police custody and it expedites treatment.

Challenges/Areas for Improvement

The Houston Police department's aim is to have 25 percent of patrol officers trained in the more extensive, 40-hour Crisis Intervention Unit training. As of 2001, 577 (10 percent) officers had received this training. Those officers will have the opportunity to use and maintain their CIT skills and become acquainted with the mental health providers, hospital staff, and the citizens with mental illness who have repeated contacts with the police.

There are only five categories of calls that are currently tracked by Houston Police Department's CIT. The unit is in the process of expanding their tracking system to include demographic information, alcohol or substance abuse usage, weapons involved, and other categories.

Contact Information

Houston Police Department
Training Division
17000 Aldine Westfield
Houston, TX 77073
Phone: (281) 230-2300
Fax: (281) 230-2314

STATE: **Texas**

AGENCY/ORGANIZATION:

Parole Board, Texas Council on Offenders with Mental Impairments

PROGRAM TITLE:

Medically Recommended Intensive Supervision Program (MRIS)

POLICY STATEMENT(S):

Release Decision

YEAR ESTABLISHED: **1989**

Overview

The Medically Recommended Intensive Supervision (MRIS) Program addresses inmates with mental illness applying for parole. It is a collaborative effort among the Texas Board of Pardons and Parole; the Texas Council on Offenders with Mental Impairments (TCOMI); Correctional Managed Health Care providers; and the Texas Department of Criminal Justice Parole Division.

Description

The Medically Recommended Intensive Supervision Program was formerly known as the Special Needs Program and was renamed in November 2001. TCOMI staff, in conjunction with Correctional Managed Health Care, identifies inmates who may be eligible for this program. Potentially eligible inmates go before a three-member MRIS Parole Board panel, which determines whether the inmates should be considered for MRIS and, if so, what the conditions of release will be. TCOMI provides background information for this hearing, including the offender's treatment history while incarcerated. Panel decisions are made by majority vote. TCOMI reports back to the parole board at least once a quarter on the status of the releasee's progress. On the basis of these reports the MRIS panel can modify the conditions of release.

Contact Information

Texas Board of Pardons and Paroles
Phone: (512) 406-5458
Fax: (512) 496-5483
Web site: www.tdcj.state.tx.us/bpp/index.html

STATE: **Texas**

AGENCY/ORGANIZATION:

Texas Council on Offenders with Mental Impairments

PROGRAM TITLE:

Post-release aftercare system

POLICY STATEMENT(S):

Release Decision; Development of Transition Plan; Modification of Conditions of Supervised ReleaseYEAR ESTABLISHED: **1987; redirected to focus on offenders with mental illness in 1989****Overview**

The Texas Council on Offenders with Mental Impairments was established to provide a formal structure for criminal justice, health and human services, and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs. Special needs offenders include those with serious mental illness, mental retardation, terminal or serious medical conditions, physical disabilities, and those who are elderly.

Description

The council is made up of nine appointed members with experience in managing special needs offenders, plus representatives from various state agencies that focus on issues such as alcohol and drug abuse and mental health matters, as well as mental health advocates. The council's responsibility is to identify mentally impaired offenders as well as the services that are needed by this special population. The council funds community-based alternatives to incarceration in order to deliver these needed services. It also works to develop a statewide plan for meeting the needs of offenders with mental health disabilities and to provide a continuum of care throughout the criminal justice system experience. To further this goal TCOMI oversees a wide variety of programs, including:

- Intensive Case Management (1 to 25 Ratio)
- Specialized Community Supervision / Parole Officers
- Joint Treatment Planning
- Pre-release Screening, Referral and Placement Services
- Vocational Rehabilitation
- Rehabilitative / Psychological Services
- Crisis Stabilization Services
- Local Advisory Committee

In order to assess the effectiveness of the community-based programs, the Legislative Budget Board (LBB) established an outcome measure of reduction in arrests as one indicator of

Texas Council on Offenders with Mental Impairments
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performance. Based upon the analysis of arrest rates for FY '99, the reduction in arrests was 34 percent. In addition to measuring arrest data, TCOMI also compiles data on the number of offenders with special needs sentenced or returned to prison during the fiscal year. Of the 1,882 offenders served by TCOMI programs 37, or 2 percent were admitted or returned to prison during FY '00.

Contact Information

Texas Council on Offenders with Mental Impairments
8610 Shoal Creek Road
Austin, TX 48757
Phone: (512) 406-5406
Fax: (512) 406-5416
Web site: www.tdcj.state.tx.us/tcomi/

STATE: **Utah**

AGENCY/ORGANIZATION:

Department of Corrections

PROGRAM TITLE:

The Adaptive Services for Environmental Needs Development (ASEND) Program

POLICY STATEMENT(S):

Development of Treatment Plans, Assignment of Programs, and Classification/ Housing Decisions

YEAR ESTABLISHED: **1997**

Overview

The Adaptive Services for Environmental Needs Development program designates space at the Utah State Prison to provide programming for those inmates who are mentally impaired or retarded. ASEND programming is designed to assist the inmate to live successfully in the population and to prepare for release to the community.

Description

Since 1986, the Utah Department of Corrections has been operating the Advantage Program at the Utah State Prison to address the needs of offenders with an IQ below 70. In 1999, space was designated at the prison and new policies, procedures and programmatic approaches were implemented under the name ASEND. ASEND operates in a segregated living unit within the Utah State Prison and falls under the Division of Institutional Operations (DIO).

ASEND's objective is to assist individuals in acquiring and maintaining skills that enable them to cope more effectively with the demands of their lives and to raise their levels of physical, mental, and social functioning. ASEND is also intended to increase offender safety.

The Division of Institutional Operations has an existing screening and referral process, which can provide referrals to ASEND. Referrals may also come from DIO psychologists, social service workers, correctional habilitative specialists, housing unit administrative staff, school staff assigned to work at DIO, and inmates themselves. In order to qualify for ASEND, offenders need to meet one of three primary criteria and three of a set of secondary criteria. Primary criteria include a) an IQ of 80 or below; b) cognitive or intellectual deficits as documented by testing instruments; c) documented history of being victimized by other offenders while living inside a correctional facility and which occurred in part as a result of the intellectual, cognitive, and social deficits. Secondary criteria include such issues as prior history of services for people with disabilities, poor personal hygiene, inappropriate behavior, difficulty completing tasks that

Department of Corrections

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are routinely completed by other offenders, poor work record (within the institution), low literacy level.

The program is comprised of the following components: 1) written individual habilitative plan; 2) education program component; 3) cognitive programming component; 4) employment job readiness component; 5) modified behavior privilege matrix; 6) additional services coordination for inmates who are mentally ill or have history of sexual abuse and/or substance abuse.

The project has and continues to develop in collaboration with advocates, volunteers, and leaders in the community. The relationships that have evolved around ASEND are cited as one of the key factors that enhance the work of the program.

Contact Information

Utah Department of Corrections

14717 S Minuteman Dr

Draper, UT 84020

Phone: (801) 545-5500

Web site: corrections.utah.gov

STATE: **Utah**

AGENCY/ORGANIZATION:

Multiple criminal justice and mental health partners

PROGRAM TITLE:

Forensic Mental Health Coordinating Council

POLICY STATEMENT(S):

Release DecisionYEAR ESTABLISHED: **2002**

Overview

The Forensic Mental Health Coordinating Council is a joint effort between a wide array of criminal justice and mental health partners in Utah. The participating organizations include: the Division of Mental Health; the State Hospital; the Department of Corrections; the Board of Pardons and Parole; the Attorney General's Office; the Division of Services for People with Disabilities; the Division of Youth Corrections; the Commission on Criminal and Juvenile Justice; the state court administrator; local mental health authority; and the Governor's Council for People with Disabilities.

Description

In 2002, the Utah State Legislature expanded the membership and responsibilities of the Mental Health and Corrections Advisory Coordinating Council and renamed it the Forensic Mental Health Coordinating Council. The council will develop policies for coordination between the Division of Mental Health and the Department of Corrections (DOC), advise the DOC on care issues for inmates with mental illness, promote communication between the various agencies, and generally serve as a central advisory body for the various agencies and issues at the intersection of corrections and mental health.

The Mental Health Advisory Council focused primarily on issues of care within the correction's system, especially the transfer of inmates between prison and the state hospital. In 2001, the council had begun to look at more systemic issues and eventually this shift in focus resulted in new legislation renaming the council and authorizing a broader scope and membership for its activities.

Contact Information

Utah Division of Mental Health
120 North 200 West #415
Salt Lake City, UT
Phone: (801) 538-4270
Fax (801) 538-9892

STATE: **Virginia**

AGENCY/ORGANIZATION:

Department of Corrections (Brunswick Correctional Center)

PROGRAM TITLE:

Sex Offender Residential Treatment Program (SORT)

POLICY STATEMENT(S):

Development of Treatment Plans, Assignment to Programs, and Classification/Housing DecisionsYEAR ESTABLISHED: **2001**

Overview

The SORT Program provides comprehensive assessment and treatment services for inmates who have been identified as being at a risk for committing a sex offense upon their release.

Contact Information

SORT Program Director
Virginia Department of Corrections
Office of Health Services
6900 Atmore Drive
Richmond, Virginia 23225

STATE: **Virginia**

AGENCY/ORGANIZATION:

Department of Corrections

PROGRAM TITLE:

Mental Health Services Training Program

POLICY STATEMENT(S):

Training for Corrections Personnel

YEAR ESTABLISHED: **1997**

Overview

The Virginia Department of Corrections (DOC) has developed a comprehensive mental health training program for security and other non-treatment staff.

Description

In 1997 the DOC established a full-time Mental Health Training Coordinator position at the Academy for Staff Development. The training coordinator oversees training for security and other non-treatment staff and training for clinical staff. The training program relies on a group of 50 adjunct trainers, all of whom are qualified mental health professionals who have completed a training class for trainers prior to offering classes on an institutional, regional, or statewide basis.

The training for security and non-treatment staff includes the following courses:

- Basic skills for correctional officers – includes six hours on mental health issues
- Basic skills in mental health issues – a three day class for security staff who work in special housing units
- Basic skills for counselors – a one day class on mental health issues
- Basic skills for probation and parole officers – includes four hours on mental health issues
- Basic skills for qualified mental health professionals – a three day class to be offered for the first time in September 2001

Training for treatment staff covers a range of topics including the MMPI-II; the PAI; psychotropic medications; criminal thinking and psychopathy; grief issues; risk assessment; and other topics.

Each class is evaluated by the participant and instructors and the feedback is provided to the mental health training coordinator and the director of the academy. The coordinator sits in on classes when feedback indicates areas for improvement and the coordinator has discretion on how revisions should be made. All classes are reviewed and revised, as necessary, on an annual basis. Focus groups are used to develop new training classes.

Department of Corrections

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Support from the academy and central office for the full-time position of mental health training coordinator was crucial for implementing this program. This position is funded through the departmental budget. The training coordinator and mental health program director maintain a strong collaborative relationship.

Contact Information

Virginia Department of Corrections
6900 Atmore Drive
Richmond, VA 23225
Phone: (804) 674-3299
Academy for Staff Development
Mental Health Training Coordinator
River Road West
Crozier, Virginia 23039
Phone: (804) 784-6869

STATE: **Virginia**

AGENCY/ORGANIZATION:

Fairfax County Sheriff's Office

PROGRAM TITLE:

Offender Aid and Restoration

POLICY STATEMENT(S):

Intake at County / Municipal Detention FacilityYEAR ESTABLISHED: **1981****Overview**

Discharge planning the Fairfax County Jail is conducted by Offender Aid and Restoration (OAR), a nonprofit organization.

Description

Discharge planning at the Fairfax County Jail links detainees with mental illness who are on release with mental health and related services and also helps to maintain the inmate's family ties during incarceration—providing the inmate with an additional support system. OAR is 90 percent funded by the county and consists of eight professional staff members, all of whom have at least a bachelor's degree in criminal justice, psychology, or sociology. Detainees deal with the same professional staff person from intake through discharge.

The program collaborates closely with criminal justice partners and offers a comprehensive array of services. OAR works closely with the county jail's mental health unit and holds weekly meetings with the jail's psychiatrist. OAR also communicates with the judge, the booking staff, and the jail's forensic unit. OAR provides the following services:

- transportation and housing assistance to individuals with mental illness on release;
- emergency services for those without plans at release;
- volunteers trained to teach, mentor, and tutor educational classes in the facilities and serve as post-release guides;
- teachers to instruct in life skills, such as parenting and preparation for release
- group therapy for inmates and their families;
- support groups for families and close friends of inmates; and
- emergency funds for family food, clothing, and other necessities during the former provider's jail stay.

Contact Information

Fairfax County Sheriff's Office

Correctional Services Division

10520 Judicial Drive

Fairfax, VA 22030

Phone: (703) 246-2100

Fax: (703) 273-2464

Web site: www.co.fairfax.va.us/ps/sheriff/csd/csd.htmSTATE: **Virginia**

AGENCY/ORGANIZATION:

Roanoke County Police Department

PROGRAM TITLE:

Crisis Intervention Team

POLICY STATEMENT(S):

On-Scene Assessment and On-Scene ResponseYEAR ESTABLISHED: **2000****Overview**

The Roanoke County Police Department Crisis Intervention Team (CIT) is modeled after the Albuquerque, New Mexico, Crisis Intervention Program and was initiated through a group discussion between Roanoke County Police Department, local mental health care providers, and the media.

Description

The 911 Call Center tries to flag any calls that involve people with mental illness. Dispatch makes an effort to assign these calls to CIT-trained officers. As of 2001, there were eight CIT-trained officers with at least one CIT officer on duty for each shift at the department. However, limited staffing makes it impossible to ensure that a CIT officer handles every call involving a person with a mental illness. In response to the lack of available resources, officers must fill out a special form for every call in which it is suspected that a person may have a mental illness that is a factor in the incident. This form includes all pertinent questions to help officers without CIT training to ask the appropriate questions. These forms are later reviewed by the sergeant to determine whether the officer reacted appropriately and to flag whether the person is acting in a way consistent with mental illness and is receiving necessary services.

Once an officer has determined that a person has a mental illness and may be a danger to him- or herself, or others, the officer must fill out paperwork for an emergency custody order (ECO). When the ECO is granted, the officer brings the individual to a designated facility for evaluation. Roanoke's designated facility is Blue Ridge Behavioral Healthcare. If, upon assessment, the facility agrees that the person is in imminent danger, they must go to the magistrate and get a temporary detaining order to have the person hospitalized for 72 hours. The department has an excellent relationship with Blue Ridge Healthcare (the designated facility) and the Louis Gale Clinic. The clinic has donated staff time to help develop the training and provide instruction for the CIT program.

At the time of this writing, the Virginia Department of Criminal Justice Services is reviewing this training for possible use as statewide in-service training. Additionally, the department will be working toward statewide adoption of their training.

Roanoke County Police Department
continued

Contact Information

Roanoke County Police Department
3568 Peters Creek Road
Roanoke, VA 24019
Phone: (540) 561-8067
Fax: (540) 561-8114

STATE: **Virginia**

AGENCY/ORGANIZATION:
University of Virginia

PROGRAM TITLE:
Institute of Law, Psychiatry, and Public Policy

POLICY STATEMENT(S):
Training for Court Personnel

YEAR ESTABLISHED: **1980**

Overview

The Institute of Law, Psychiatry, and Public Policy provides an interdisciplinary educational program made up of mental health law, forensic psychiatry, and forensic psychology. The institute also conducts research and provides support for attorneys and policymakers in this field.

Description

The mission of the institute is to better understand and manage violence in society, especially among individuals with mental disorders; to strengthen the rights of individuals with mental illness, improve law and policy in areas such as civil commitment, competence, and substance abuse; and improve the capacity of mental health professionals to provide information to the courts.

A major goal of the institute is the education and training of University of Virginia students who wish to enter the fields of law and psychiatry. The institute uses an interdisciplinary approach to further this goal. Students study with a faculty of attorneys, psychiatrists, psychologists, and social workers in order to synthesize the different facets of mental health law.

Staff members of the institute also offer an array of services, including consultation on capital cases involving mental illness, forensic evaluations, and a directory that helps courts to locate mental health professionals with forensic training. The institute also provides a number of training opportunities for lawyers and mental health professionals on various issues in mental health law.

Contact Information

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Charlottesville, VA 22908-0660
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Office: 1107 West Main St.
Web site: www.ilppp.virginia.edu/index.html

STATE: **Washington**AGENCY/ORGANIZATION:
Department of CorrectionsPROGRAM TITLE:
**Dangerous Mentally Ill Offender (DMIO)
Program**POLICY STATEMENT(S):
**Development of Transition Plan and
Modification of Conditions of Supervised
Release**YEAR ESTABLISHED: **2000****Overview**

The DMIO program was created by legislation passed by the Washington State Legislature. The relevant statute requires identification of eligible offenders, provision for financial and medical eligibility determination for eligible offenders, collaborative prerelease planning, and a study of the impact of the law. The statute also appropriates \$10,000 per person annually for up to five years to provide additional services to the offenders.

Description

The DMIO program requires substantial collaboration from the various criminal justice and mental health partners. The DMIO Implementation Council includes representatives from the Department of Social and Health Services (DSHS), Department of Corrections (DOC), Regional Support Networks (RSNs), WA Community Mental Health Council, National Alliance for the Mentally Ill—WA, Washington Advocates for the Mentally Ill, Washington Association of County Designated Mental Health Professionals, and mental health consumers.

After selection for the voluntary program, offenders meet multiple times with a transition planning team that includes representatives from mental health and substance abuse services, community corrections, the offender's family, DOC risk management specialists, family members, and developmental disability services (when appropriate). The planning team considers a wide range of issues including notification of victims and community, housing and mental health/substance abuse service needs, eligibility for benefits, crisis plans, daily life and recreation issues, and others. The planning teams are expected to follow the program participant for at least thirty days after his or her release after which the Regional Support Networks (components of the Washington State mental health system) and community corrections officers maintain oversight of the individual.

The DMIO legislation also requires an outcome study of the effects of the legislation to be conducted by the Washington State Institute for Public Policy and the Washington Instituted for Mental Illness research and Training.

Department of Corrections
continued

Preliminary findings concerning the implementation of the DMIO legislation were released in March 2002. This report detailed several challenges that the implementation of the legislation is facing; these challenges are discussed below. Obstacles to implementation notwithstanding, the program has achieved significant early success in providing treatment for participants. The implementation analysis uses data from a previous study that tracked the transition of offenders with mental illness prior to the DMIO legislation (Community Transition Study—CTS). Eighty-three percent of DMIO participants have received prerelease mental health services from community providers compared with 10 percent of CTS offenders. Similarly, 94 percent of DMIO program participants received community mental health services in the three months post-release compared with 29 percent of CTS offenders. Recidivism rates over the long term are not yet available.

Challenges/Areas for Improvement

The DMIO implementation process has encountered significant obstacles. First, the preliminary study suggests that the process for identifying eligible participants needs to be evaluated and standardized; there is currently insufficient consensus on what constitutes a “mental disorder” and “dangerousness.” Second, insurance providers have placed the program in jeopardy by refusing to provide insurance to RSNs who accept DMIO participants. At the time of this writing this situation had caused eight of fourteen RSNs to withdraw or not sign contracts of participation in the program.

Contact Information

DMIO Program Manager
Community Protection Unit
Washington State Department of Corrections
Office of the Secretary
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Olympia, WA 98504-1127
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Fax: (360) 586-9055

Mental Health Program Administrator
Mental Health Division
Washington State Department of Social and Health Services
Phone: (360) 902-0867

STATE: **Washington**

AGENCY/ORGANIZATION:

Dependency Health Services and Central Washington Comprehensive Mental Health

PROGRAM TITLE:

Integrated Mental Health Crisis and Detoxification Programs

POLICY STATEMENT(S):

Co-Occurring Disorders

YEAR ESTABLISHED: **1990s**

Overview

Dependency Health Services and Central Washington Comprehensive Mental Health collaborate to serve clients who have co-occurring substance abuse and mental health disorders.

Description

Dependency Health Services, also known as Yakima Human Services, provides a variety of substance abuse treatment services in Yakima County. One of the programs that Dependency Health Services runs is a detoxification center, which serves individuals in crisis situations involving drugs and alcohol. Clients can be referred by the court, hospitals, friends and family, the police, or others.

Central Washington Comprehensive Mental Health (CWCMMH) is a non-profit organization, which provides a full range mental health services, rehabilitation and support services, as well as community education to individuals, families and organizations in multiple counties in Washington. At their Yakima center, CWCMMH provides crisis services 24 hours a day, seven days a week. Mental health professionals assess and stabilize individuals in crisis by providing immediate intervention and by facilitating further treatment as needed.

The CWCMMH mental health crisis services and the Dependency Health Services detoxification center are located in the same building. These programs have collaborated for a number of years to provide integrated services to individuals with co-occurring disorders. Individuals admitted to the mental health crisis center who display signs of substance abuse can be immediately referred to treatment professionals from Dependency Health Services. The reverse is also true for individuals admitted to the detoxification center who display signs of mental illness. This collaboration allows for comprehensive treatment to be offered to individuals regardless of the agency to which they are originally referred. Integrated treatment has helped better prepare people for reentry into the community and thus cut down on subsequent hospitalizations, crisis situations, and involvement with the criminal justice system.

Dependency Health Services recently merged with CWCMMH.

Dependency Health Services and Central Washington Comprehensive Mental Health

continued

Contact Information

Detox Center Director
Dependency Health Services
401 South Fifth Avenue
Yakima, WA 98902
Phone: (509) 453-29000

Central Washington Comprehensive Mental Health
Yakima Center
402 South 4th Avenue
Yakima, WA 98902
Phone: (509) 575-4084
Web site: www.cwcmh.org

STATE: **Washington**

AGENCY/ORGANIZATION:

King County District Court

PROGRAM TITLE:

Mental Health Court

POLICY STATEMENT(S):

**Appointment of Counsel; Adjudication;
Institutionalizing the Partnership**YEAR ESTABLISHED: **1999****King County District Court**

continued

Contact Information

King County Mental Health Court

W-1034 King County Courthouse

Seattle, WA 98104

Phone: (206) 296-3502

Web site: www.metrokc.gov/kcdc/mhhome.htm**Overview**

The King County Mental Health Court seeks to increase the efficiency of case processing, improve access to public mental health treatment services, improve the well-being and reduce recidivism for misdemeanants with mental illness, as well as increase public safety.

Description

King County's Mental Health Court offers misdemeanor defendants with mental illness a single point of contact with the court system. The court is staffed by a judge, prosecutor, defender, treatment court liaison, and probation officers. Defendants may be referred to the mental health court by jail psychiatric staff, police, attorneys, family members, or probation officers. A defendant may also be referred by another district court at any point during regular legal proceedings if the judge feels the defendant could be better served by the mental health court. The court reserves the right not to accept cases into its jurisdiction.

Participation in the program is usually voluntary, as defendants are asked to waive their rights to a trial on the merits of the case and enter into a diversion or plea agreement with an emphasis on community-based treatment. The exception is that cases in which competency issues have been raised are always eligible for transfer to the mental health court. A court liaison to the treatment community is present at all hearings and is responsible for developing an initial treatment plan and linking the defendant up with appropriate services. Defendants receive court-ordered treatment; successful participation in the treatment plan may result in dismissed charges or reduced sentencing. If the defendant is placed on probation, the case will be assigned to a mental health specialist probation officer. The mental health specialist probation officers carry substantially reduced caseloads in order to provide a more intensive level of supervision to this traditionally high-needs population.

A one-year follow-up study of the court showed that those individuals who chose to participate in the program received an increased amount of treatment services and experienced less future problems within the criminal justice system, i.e., lower rates of new bookings.

STATE: **Washington**

AGENCY/ORGANIZATION:
Seattle Police Department

PROGRAM TITLE:
Crisis Intervention Team

POLICY STATEMENT(S):
On-Scene Assessment and On-Scene Response

YEAR ESTABLISHED: **2001**

Overview

The Seattle CIT program represents a collaboration between Seattle law enforcement and mental health and medical professionals. A committee of mental health practitioners, the police, and interested community members oversaw the creation of the program after reviewing and visiting relevant programs and responses used in other cities.

Description

The Seattle CIT program is based on the Memphis model and is very similar in most respects. Unlike Memphis, however, Seattle does not provide specialty pay for CIT officers, and the selection of personnel and job assignment procedures are different. CIT officers are in every patrol unit. Patrol officers responding to a call that involves a person with a mental illness will call in a CIT officer as necessary. CIT officers must undergo a 40-hour training course, which is conducted by local mental health professionals. As of 2001, Seattle had 203 CIT-trained officers and 160 actively working in patrol. In addition, Seattle CIT staff work closely with the Seattle Mental Health Court.

To complement the CIT program, King County health care providers have developed a Crisis Triage Unit Center for people in crisis. The unit is open 24 hours a day, seven days a week and is available for officers to bring individuals who appear to have a serious mental illness. Officers are not asked to diagnose individuals in crisis. As a result, many of the people brought into the triage unit may be abusing drugs or may have other conditions that can mimic the symptoms of mental illness. The crisis triage unit has agreed to accept individuals in crisis regardless of their diagnosis.

Seattle is currently attempting to replicate a program that Albuquerque has developed called "team within a team." In this program, a detective is assigned to the Crisis Intervention Team and serves as a liaison with the Mental Health Court, mental health practitioners, and the community. The detective can provide follow-up, be on call for the court, and go out on appointments with mental health providers as needed. This officer is also responsible for following up on cases that would normally fall through the cracks when an incident is largely the result of untreated mental illness and is basically noncriminal (e.g., a dispute between neighbors). Albuquerque has four detectives assigned to these tasks.

Seattle Police Department
continued

Challenges/Areas for Improvement

Though the Seattle Police Department CIT maintains its own database containing the number of people with mental illness involved in police calls for service, this information includes only cases that are coded and closed as mental illness calls. This does not include cases prioritized by the police department as robbery or assaults, but which also may involve suspects with mental illness. Because of this tagging system, the CIT's internal statistics may not accurately reflect the number of offenders with mental illness in the community.

Contact Information

Crisis Intervention Unit
Seattle Police Department
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Seattle, WA 98104
Phone: (206) 684-8183
Fax: (206) 233-3988

STATE: **Wisconsin**

AGENCY/ORGANIZATION:

National Alliance for the Mentally Ill (NAMI) Wisconsin

PROGRAM TITLE:

Mental Health Services for Mentally Ill Persons in Jail: A Manual for Families and Professionals Including Jail Diversion Strategies

POLICY STATEMENT(S):

Educating the Community and Building Community AwarenessYEAR ESTABLISHED: **1998**

Overview

The manual provides information on what happens when a person with mental illness becomes involved with the criminal justice system.

Description

NAMI Wisconsin has 34 affiliates serving 40 counties throughout the state, with a membership of nearly 5,000 people. NAMI Wisconsin published the *Manual for Families and Professionals Including Jail Diversion Strategies* in 1998 and distributed it to sheriffs, jail administrators, human services administrators, and legal professionals. A collaborative effort with 16 different contributors from various fields, the handbook's goal is for persons with mental illness to receive better services and appropriate jail diversion.

The manual focuses on the possible path of someone with mental illness in the criminal justice system. The manual begins by introducing and describing the major mental illnesses and proceeds to describe the mental health system, explains the workings of the criminal justice system and commitment procedures, shows the option of jail diversion programs, details mental health services for persons who are incarcerated, and defines statutes and terms used in the Wisconsin Mental Health System. NAMI Wisconsin distributed the manual to all of its affiliates.

Contact Information

NAMI Wisconsin
4233 West Beltline Highway
Madison, WI 53711
Phone: (608) 268-6000
Fax: (800) 236-2988

STATE: **Wisconsin**

AGENCY/ORGANIZATION:

Wisconsin Correctional Service

PROGRAM TITLE:

Community Support Program (Milwaukee)

POLICY STATEMENT(S):

Pretrial Release/Detention HearingYEAR ESTABLISHED: **1978**

Overview

Participation in the community-based program is offered as an alternative to incarceration for offenders with mental illness, or as a preventive measure for individuals with mental illness in the community who are at high risk for incarceration.

Description

Developed more than 20 years ago in response to overcrowded jails, a lawsuit, and a burgeoning number of persons with mental illness entering the criminal justice system, the Community Support Program (CSP) is designed to help offenders with mental illness live successfully in the community. The CSP operates out of a small clinic staffed by nurses, case managers, and a psychiatrist. In addition to providing mental health treatment, the CSP helps clients obtain benefits and housing. Services provided are clustered into groups, and one or more staff members handle a "clustered" service. For example, a full-time financial services advocate manages clients' benefits claims, while another caseworker handles housing services. This allows staff to develop expertise in their individual area, aiding in negotiations with the community.

Referrals to the program commonly come from other programs that the Wisconsin Correctional Service operates for the state's courts, such as pretrial services. Other referral sources include probation and parole, private attorneys, and psychiatric hospitals. Core elements of the model include the following: medical and therapeutic services, money management, housing and other support services, day reporting and close monitoring, and participation backed by firm legal authority.

The Milwaukee CSP collects a variety of yearly program-level and client-level outcome data. Highlights of their 1999 Annual Evaluation Report include the following:

- 93 percent of CSP consumers maintained their independent living status;
- 87 percent of CSP consumers remained arrest free during this time period.

In addition, new data will be collected and measured by the program in 2001. New information will include responses to a consumer survey regarding consumers' feelings about program

Wisconsin Correctional Service
continued

services, data on consumers' employment status, psychiatric symptom management, and a measure of independent living.

Challenges/Areas for Improvement

In 1995, two components were added to the existing CSP model: an employment program and a 24 hour a day, 7 days a week Forensics CSP to provide outreach to clients who were unsuccessful in the site-based CSP or who need assistance in their home. A more recent need identified by the program is more hospital and crisis beds available in the community.

Contact Information

Community Support Program
Wisconsin Correctional Service
2023 W. Wisconsin Avenue
Milwaukee, WI 53233
Phone: (414) 344-6111
Web site: www.wiscs.org

STATE: **West Virginia**

AGENCY/ORGANIZATION:

Division of Corrections, Mt. Olive Correctional Complex

PROGRAM TITLE:

Behavior Modification Treatment Level System

POLICY STATEMENT(S):

Development of Treatment Plans, Assignment to Programs and Classification/Housing Decisions

YEAR ESTABLISHED: **N/A**

Overview

The WV Division of Corrections has implemented a Behavior Modification Treatment Level System at the Mt. Olive Correctional Complex. Mental health staff at the facility have established this system to facilitate effective inmate management and to provide an incentive for inmates placed in the Mental Health Unit (MHU) to achieve an appropriate functioning level.

Description

Prior to the implementation of the system on the Mental Health Unit, inmates housed in this area were locked down in their cells for twenty-three hours per day. Programming levels were not in place and the inmates were not receiving individualized mental health treatment. Prior to implementation, four-point restraint techniques occurred on a regular basis; since its implementation, these techniques have been used only in one incident. Additionally, inmates on the MHU used to be single-celled with limited inmate-to-inmate contact. Since the implementation of this system, the MHU inmate population has been sufficiently stabilized to allow for double bunking.

Challenges/Areas for Improvement

One of the fundamental challenges for effective implementation of this system has been in the selection of staff that are philosophically aligned with an rehabilitative model as opposed to a punitive model. An interview selection board was used to screen potential staff to work on the mental health unit: employees more geared toward working in a punitive environment are less receptive to support the treatment level systems. Additional challenges include the perceptions of facility staff regarding inmates assigned to the MHU. Through a combination of education and incremental steps, the facility has integrated the otherwise segregated mental health population into the general population. Using structured recreation time and softball games helped to alleviate anxieties among both staff and members of the inmate population (both general and MHU). Inmate compliance with psychotropic medication regimens recommended by the treating psychiatrists also presented a challenge, which has been mitigated by consistent treatment and the building of rapport between the treatment team and the inmates.

Division of Corrections, Mt. Olive Correctional Complex
continued

Contact Information

Mount Olive Correctional Complex
1 Mountainside Way
Mount Olive, WV 25185
Phone: (304) 442-7213 or (304) 537-1407
Fax: (304) 442-7225

STATE: **N/A**

AGENCY/ORGANIZATION:
Federal Bureau of Prisons

PROGRAM TITLE:
Pharmacy and Therapeutics Committee

POLICY STATEMENT(S):
Development of Treatment Plans, Assignment to Programs, and Classification/Housing Decisions

YEAR ESTABLISHED: **N/A**

Overview

In order to deliver consistent and cost-effective medical care, the Pharmacy and Therapeutics Committee of the Federal Bureau of Prisons (BOP) established the National Formulary for the Federal Bureau of Prisons. The Committee's objectives are to ensure that inmate medical care will be delivered consistently and cost-effectively as a result of the Formulary's implementation.

Description

Implementation of the formulary includes review of evidence-based scientific literature for both new and existing drugs and to determine their appropriate role in BOP's pharmacotherapeutic armamentarium. It is the committee role, through the National Formulary, to stay current with BOP Clinical Treatment Guidelines for medical and mental health conditions, as well as to reflect the generally accepted professional practices of the medical community at large.

The committee meets annually and is composed of pharmacists and clinicians from the bureau and other institutions and includes the chief physician and chief psychiatrist. It is chaired by the chief pharmacist. The committee reviews the formulary and updates it according to evidence-based medicine. New drugs are reviewed by conducting literature searches and cost/benefit analyses to determine whether the side effect of a given drug is worth the benefit of administering it.

The committee promotes the use of atypical drugs over typical drugs due largely to the side effects attributed to more traditional or typical medication. They encourage clinicians to contact them with information about the use of new drugs in order to have outcome information available at the annual meeting. If there is a request at the institution level for a drug that is not on the formulary, the committee checks the diagnosis to ensure an appropriate correlation for the condition, checks whether there is an existing medication in the formulary that they believe is as effective and, if so, will not approve the request. The only experimental drugs that are approved are those that have been approved by the Federal Drug Administration.

Contact Information

Health Programs Section
Federal Bureau of Prisons
320 First St., NW
Washington, DC 20534
Phone: (202) 307-2867, ext. 106.

STATE: **N/A**

AGENCY/ORGANIZATION:
Federal Judicial Center

PROGRAM TITLE:
Handbook for Working with Mentally Disordered Defendants and Offenders

POLICY STATEMENT(S):
Training for Courts Personnel

YEAR ESTABLISHED: **N/A**

Overview

The Handbook for Working with Mentally Disordered Defendants and Offenders is a reference guide for federal probation and pretrial services officers. It details mental health disorders and ways to identify and supervise defendants and offenders with mental illness.

Description

The handbook discusses symptoms for which federal parole officers should look that may suggest a mental illness. The manual utilizes the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* to outline the typical features of a prisoner with a given illness, such as schizophrenia or post-traumatic stress disorder. The manual also covers the supervision of individuals with co-occurring disorders. The final section analyzes the different classes of child molesters and pedophiles so that officers of the court may better identify them. There is also a glossary defining much of the terminology found in mental health cases.

Contact Information

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One Columbus Circle NE
Washington DC 20002-8003
Phone: (202) 502-4000
Web site: www.fjc.gov

STATE: **N/A**

AGENCY/ORGANIZATION:
International Center for Clubhouse Development

PROGRAM TITLE:
Clubhouse Certification

POLICY STATEMENT(S):
Consumer and Family Member Involvement

YEAR ESTABLISHED: **2001**

Overview

The International Center for Clubhouse Development (ICCD) publishes standards for programs that receive its certification.

Description

Started at Fountain House in New York, clubhouses have become an integrated part of the mental health community in many areas. The International Center for Clubhouse Development (ICCD) publishes standards for programs that receive its certification. Among its most firmly held principles is the importance of employment in the recovery of clubhouse "members." Two of the ICCD standards are meant to encourage training and consistency in maintaining benefits of members who are working in transitional or more competitive employment. Clubhouses receiving ICCD certification are expected to provide sufficient training to ensure appropriate access to benefits by clubhouse members.

The International Standards for Clubhouse Programs, consensually agreed upon by the worldwide clubhouse community, define the Clubhouse Model of rehabilitation. The principles expressed in these standards are at the heart of the clubhouse community's success in helping people with mental illness to stay out of hospitals while achieving social, financial, and vocational goals. The standards also serve as a kind of "bill of rights" for members and a code of ethics for staff, board, and administrators. The standards insist that a clubhouse is a place that offers respect and opportunity to its members. The standards provide the basis for assessing clubhouse quality, through the International Center for Clubhouse Development (ICCD) certification process.

Every two years the worldwide clubhouse community reviews these standards, and amends them as necessary. The process is coordinated by the ICCD Standards Review Committee, made up of members and staff of ICCD-certified clubhouses from around the world.

Contact Information

International Center for Clubhouse Development
425 West 47th Street
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Email: iccdnyc@compuserve.com
Web site: www.iccd.org/

STATE: **N/A**

AGENCY/ORGANIZATION:

Mental Health Statistics Improvement Program

PROGRAM TITLE:

Consumer Surveys

POLICY STATEMENT(S):

AccountabilityYEAR ESTABLISHED: **1996****Overview**

Under the auspices of the Mental Health Statistics Improvement Program (MHSIP), consumers and professionals have worked together to develop consumer surveys that are now in use in a number of states. These surveys, which in some states have been translated into Spanish, Cambodian, traditional Chinese, Portuguese, Russian, and Vietnamese, among other languages, provide an opportunity for consumers to evaluate the services that they receive.

Description

The MHSIP, which is supported by the Center for Mental Health Services, seeks to provide objective, reliable and comparable information about mental health services to help mental health policymakers and providers improve those services. Originally organized in the 1970s, the MHSIP is guided by the MHSIP Ad Hoc Group, which is composed of representatives from local, state, and federal mental health agencies, recipients of mental health treatment, advocacy group representatives, and delegates from related social service providers.

The MHSIP Consumer Survey is a key component of the MHSIP Consumer Report Card, which is an effort to develop a tool to assess the quality and cost of mental health and substance abuse services. The Consumer Survey has been increasingly adopted by states and other entities for implementation since it became available in 1996.

The original version of the survey contained 40 questions, including questions about general satisfaction, access to services, appropriateness of treatment, and outcomes of care. A more recent version, developed in February 2000, has 28 questions. Since 1996, the survey has since been adapted and modified slightly by different states.

Contact Information

Mental Health Statistics Improvement Program

Phone: (405) 522-3824

Web site: www.mhsip.orgSTATE: **N/A**

AGENCY/ORGANIZATION:

NAMI (National Alliance for the Mentally Ill)

PROGRAM TITLE:

Training Courses

POLICY STATEMENT(S)/ISSUE:

WorkforceYEAR ESTABLISHED: **1990****Overview**

NAMI has developed a comprehensive course for mental health providers, which is taught by mixed teams of consumers and family members. NAMI has also developed training courses for consumers and families to help them better understand and manage their mental illness or support their family members who have mental illness.

Description

The NAMI Provider Education Program is designed to help mental health providers better understand the consumer experience of mental illness. The teaching team for the provider course consists of five people: two family members; two consumers; and a mental health professional who is also a family member or a consumer. All of the teaching team members are appropriately trained educators.

The provider course is currently being taught in 13 states: Connecticut, Indiana, Kentucky, Minnesota, Missouri, Montana, New Jersey, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, Vermont, Washington, Washington DC, and Wisconsin. Evaluations of early classes indicate that providers have changed clinical practice as a result of what they have learned in the course.

The NAMI Family-to-Family Education Program is a free 12-week course for family caregivers of individuals with severe brain disorders (mental illnesses). The course is taught by trained family members. All instruction and course materials are free for class participants. Developed by NAMI-Vermont in 1990, the course is now taught by more than 2,000 trained NAMI volunteers in 43 states, four large municipalities, and two provinces of Canada. To date, 50,000 family members have graduated, and the project continues to expand.

The Family-to-Family curriculum focuses on schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder, and obsessive-compulsive disorder (OCD). The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively.

NAMI (National Alliance for the Mentally III)
continued

NAMI also offers a course called “In Our Own Voices: Living with Mental Illness.” This course is an informational outreach program on recovery presented by trained consumers to other consumers, families, students, professionals, and all people wanting to learn about mental illness. The course is designed to help people better understand the process of coping with serious mental illnesses.

Contact Information

NAMI
Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201
Phone: (703) 524-7600
Web site: www.nami.org

STATE: **N/A**

AGENCY/ORGANIZATION:

National Association of State Mental Health Program Directors (NASMHPD) Research Institute

PROGRAM TITLE:

Center for Evidence Based Practices

POLICY STATEMENT(S)/ISSUE:

Evidence-Based Practices

YEAR ESTABLISHED: **2001**

Overview

The NASMHPD Research Institute is joining with the New Hampshire Dartmouth Psychiatric Research Center and the Medical University of South Carolina to develop methods for the dissemination of Evidence Based Practices.

Description

The Center for Evidence Based Practices, which is supported by various government and foundation sources, will provide hands-on assistance with replication of proven interventions. At the same time, the center will conduct research to determine those factors that improve acceptance and implementation of proven models.

The center’s mission is to help state mental health agencies (SMHA) develop and implement evidence based practices, performance measures, and quality improvement processes. To accomplish this mission the center will pursue three major activities. First, the center will identify, share and promote knowledge about evidence-based practices. This will involve serving as a repository of innovative programs and national trends, surveying states on key issues, hosting national and regional conferences, and maintaining a dedicated website. Second, the center will conduct research and develop knowledge about evidence-based practices, including studying emerging and promising practices to transform them to an evidence based foundation. Third, the center will provide technical assistance to individual states, including convening in-state focus groups, bringing in outside experts, and evaluating the design and implementation of state-based evidence based practice programs.

Challenges/Areas for Improvement

Over the last few years, states have implemented mental health performance measurement systems. As states move forward, they encounter issues related to standardization, implementation, benchmarks, and uses of the performance measures. Quality improvement initiatives to address these concerns are needed at the systemic level rather than at the programmatic or service levels. In addition, states need to better learn from ventures in different states.

National Association of State Mental Health Program Directors (NASMHPD) Research Institute
continued

Contact Information

NASMHPD Research Institute
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Alexandria, VA 22314
Phone: (703) 739-9333
Fax: (703) 548-9517
Web site: www.rdmc.org/nri

STATE: **N/A**

AGENCY/ORGANIZATION:
National Council for Community Behavioral Healthcare (NCCBH)

PROGRAM TITLE:
Governing Principles

POLICY STATEMENT(S)/ISSUE:
Consumer/Family Member Involvement

YEAR ESTABLISHED: **1970**

Overview

The National Council for Community Behavioral Healthcare (NCCBH) includes the following among the principles of governance it suggests to its members: “Governing boards should include members of or access to the views and input of individuals who are consumers and/or family members of consumers of the organization’s services.”

Description

NCCBH is a nonprofit trade association serving the education, advocacy, and networking needs of more than 800 community providers of mental health and addiction treatment services. Since 1970, the National Council has grown to become an important voice in the shaping of federal law, policy, and regulations that govern the behavioral health care world.

The goals of NCCBH are as follows:

- advocate for public policy that promotes their vision and secures adequate resources promote development of innovative, locally responsive services in nontraditional settings;
- promote development of fair exchange partnerships and alliances among and between consumers, public and private payers, providers and others; and
- provide business development and managerial training that empowers members to support their vision in a rapidly changing health care environment.

Contact Information

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Fax: (301) 881-7159
Web site: www.nccbh.org

STATE: **N/A**

AGENCY/ORGANIZATION:
National Parole Board of Canada

PROGRAM TITLE:
**Risk Assessment for Pre-Release Decisions/
Post-Treatment Report**

POLICY STATEMENT(S):
Release Decision

YEAR ESTABLISHED: **1995**

Overview

The National Parole Board of Canada conducts psychological and psychiatric examinations as part of its risk assessment procedures for certain inmates.

Description

Psychological and psychiatric examinations are standard elements of the National Parole Board risk-assessment procedures; there are no separate risk-assessment procedures solely for offenders with mental illness. Prerelease psychological and psychiatric examinations are required for some inmates and can be requested when information concerning the mental status of the offenders is not otherwise sufficient.

The National Parole Board standards are based on the consideration of two elements: 1) Information about the offender's criminal history risk factors and assessment of identified areas at time of incarceration; and 2) Information about the behavior of the offender during incarceration or on conditional release in the community. Issues relevant to offenders with mental illness that are considered include the impact of treatment programs in which the offender has participated (the offender must have benefited from these programs), the effect of medication that the offender is prescribed, and the release plan that addresses the programming and other community-based interventions that will contribute to the inmate's success.

Contact Information

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Ottawa, Ontario
K1A 0R1
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Web site: www.npb-cnlc.gc.ca

STATE: **N/A**

AGENCY/ORGANIZATION:
National Parole Board of Canada

PROGRAM TITLE:
New Board Member Training

POLICY STATEMENT(S):
Training for Corrections Personnel

YEAR ESTABLISHED: **1994**

Overview

New board members of the National Parole Board of Canada receive extensive training on issues regarding offenders with mental illness. The parole board utilizes standard reference materials on mental illness and risk assessment as well as materials developed internally.

Description

New Parole Board Members are acquainted with the *Diagnostic Manual for Mental Disorders*, a standard reference tool about mental illness. The *Diagnostic Manual* contains information on symptomatology and treatment of a wide variety of mental illnesses. The training also covers the *Historical and Clinical Risk Guide for Violent Offenders with Mental Illness* (also known as HCR20), which is a standard publication used in criminal justice and noncriminal justice situations (e.g., hospital emergency wards). In addition, one of the chapters of the National Parole Board's internal risk-assessment manual is devoted to issues related to offenders with mental illness, and the board is in the process of developing an even more in-depth guide to this subject for parole board members. The board uses case studies as part of the training and contracts with experts in the field of mental health and criminal justice to help deliver the training.

Challenges/Areas for Improvement

One of the biggest challenges noted by the director of Board Member Training is the difficulty in overcoming the stigma surrounding mental illness as well as keeping training information current.

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STATE: **N/A**AGENCY/ORGANIZATION:
N/APROGRAM TITLE:
Assertive Community Treatment (ACT or PACT)POLICY STATEMENT(S):
Integration of ServicesYEAR ESTABLISHED: **1970s****Overview**

ACT programs provide comprehensive, locally based treatment to people with serious and persistent mental illness.

Description

The Program of Assertive Community Treatment model was developed in Madison, Wisconsin, in the 1970s. Six states (Delaware, Idaho, Michigan, Rhode Island, Texas, Wisconsin) currently have statewide ACT programs. Nineteen states have at least one or more ACT pilot programs in their state.

Unlike many other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, around-the-clock staffing of a psychiatric unit, but within their own home and community. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation. Recently, ACT teams have placed a greater emphasis on inclusion of consumers as treatment team members, either in the traditional professional positions or as peer counselors able to communicate more effectively with a team's clients.

ACT teams provide services 24 hours a day, seven days a week, 365 days a year. To make ACT programs more accessible, states have adopted funding strategies approved by Medicaid for this purpose. As part of their contracting process, states monitor ACT programs for compliance with certain agreed-upon practice standards.

ACT strives to lessen or eliminate the debilitating symptoms of mental illness each individual client experiences and to minimize or prevent recurrent acute episodes of the illness, to meet basic needs and enhance quality of life, to improve functioning in adult social and employment roles, to enhance an individual's ability to live independently in his or her own community, and to lessen the family's burden of providing care.

The ACT model is indicated for individuals in their late teens to their elderly years who have a severe and persistent mental illness causing symptoms and impairments that produce

Assertive Community Treatment (ACT or PACT)
continued

distress and major disability in adult functioning (e.g., employment, self-care, and social and interpersonal relationships). ACT participants usually are people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder (manic-depressive illness); those who experience significant disability from other mental illnesses and are not helped by traditional outpatient models; those who have difficulty getting to appointments on their own as in the traditional model of case management; those who have had bad experiences in the traditional system; or those who have limited understanding of their need for help.

Challenges/Areas for Improvement

Despite the documented treatment success of PACT, only a fraction of those with the greatest needs have access to this uniquely effective program. In the United States, adults with severe and persistent mental illnesses constitute one-half to one percent of the adult population. It is estimated that 20 percent to 40 percent of this group could be helped by the ACT model if it were available.

Contact Information

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