Clearfield-Jefferson County Mental Health Plan For Adults, Older Adults and Transition-Age Youth with Serious Mental Illness and Co-occurring Disorders

FISCAL YEARS 2013-2017
(FY 2012/2013)

Community Connections of Clearfield and Jefferson Counties
Formerly Clearfield Jefferson Mental Health/Mental Retardation Program

May 2011
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1. **Executive Summary**

The purpose of this plan is to satisfy the legal requirements of the MH/MR Act of 1966 though its true value is to define the vision and mission of the Behavioral Health Department (the Department) of Community Connections of Clearfield and Jefferson Counties (Community Connections) and to guide the Department in fulfilling this vision and mission over the course of the plan.

The Department continues to advance the transformation of the county mental health system towards a recovery oriented one and Health Choices Reinvestment funds are being utilized to expand available services. Recent progress includes:

- Community Connections has developed a strategic plan which renamed the program using person first language, clarified the vision and mission of the program, reduced the size of the program, and relocated the program to a central location.
- Continued growth of Certified Peer Specialist (CPS) services in Clearfield and Jefferson Counties. Three providers employ approximately 55 CPS’s that provide services to over 220 individuals.
- Both counties have participated in the cross systems mapping and action planning facilitated by the PA Mental Health and Justice Center of Excellence. Services to promote community safety and reduce recidivism that have been implemented to date include: behavioral health counseling during incarceration in the two county jails, CPS and case management during incarceration with bridges to outpatient services upon release, and the creation of CJAB subcommittees focusing on diversion of individuals with mental illness from the criminal justice system. The CPS program in the county jails has participated in specialized training to work with forensic populations and the BCM services will be trained in Critical Time Intervention (CTI). Both CPS and BCM providers have developed service delivery models specific to this population. The Department and community partners continue to pursue funding opportunities for housing, employment, and transportation to support individuals with mental illness involved in the criminal justice system.
- Established three Fairweather Lodges each housing four individuals and working to expand the program by one additional Lodge.
- Expansion of Warm Line availability from two to seven days per week.
- Development of four Psychological Rehabilitation programs to assure access and choice of this new service throughout the counties.
- Expansion of housing resources. The Department has joined the Northwest Regional Housing Alliance Chronically Homeless Project along with Lawrence, Clarion, Cameron, and Elk Counties administered by the Lawrence County Community Action Partnership. The Department has four of ten slots available
through a Housing and Urban Development (HUD) McKinney-Vento grant to provide housing assistance to the chronically homeless. Clearfield County has also received funding through the American Recovery and Reinvestment Act to fund a Homeless Prevention and Rapid Re-housing Program (HPRP) program in the county.

- The Department supports an Anti-Stigma task force which hosts an annual community awareness event and distributes public service announcements. The Department also supports the Clearfield Jefferson Suicide Prevention Team. The goals of both groups are to educate the public to reduce the stigma surrounding mental illness and encourage help seeking behaviors.
- Community Connections continues to expand the Dual Services Team (DST), an interdisciplinary program to identify and address the needs of individuals with both a mental illness and an intellectual or developmental disability.

The Department has identified some key areas to work towards to further enhance recovery opportunities.

1. The Pennsylvania Department of Public Welfare Olmstead Plan's goal is to "return all individuals residing in state psychiatric hospital units to their communities". To comply with this Plan Community Connections will fully participate in the Service Area Planning for Warren State Hospital and develop a Comprehensive Service Integration Plan that identifies with specificity all types of services, supports, and infrastructure that will need to be developed to meet the needs of individuals discharged from state hospitals and the diversion population. The following actions are planned to support the goals of the SAP:

   - Continue working with our behavioral health managed care organization, Community Care Behavioral Health Organization (CCBH), our Blended Case Management (BCM) providers, our crisis providers, and our Base Service Unit (BSU) to: 1. improve telephone and mobile crisis services to reduce involuntary commitments and unnecessary voluntary hospitalizations 2. Divert individuals from more restrictive levels of care 3. Return individuals to our community from inpatient treatment.
   - Continue to work with both Criminal Justice Advisory Boards and related committees to divert individuals from the criminal justice system and engage them in appropriate mental health treatments.
   - Continue to utilize reinvestment and grant funding to provide integrated housing opportunities in our communities for individuals with mental illness.

2. Continue building a system of care based on the principles of recovery and strategies put forth by the President’s New Freedom Commission on Mental Health Report; A Call for Change, Toward a Recovery Oriented MH Service System for Adults; and William A. Anthony in A Recovery-Oriented Service System: Setting Some System Level Standards. These planned efforts to strengthen a strong recovery infrastructure include:
Community Connections is promoting the implementation of Trauma Informed Care by providing training opportunities for clinicians in the county mental health system.

Continue to support, expand, and fund as available the C/FST, Drop Ins, warm line, family surrogate, and CPS programs that employ individuals with serious mental illness or their family members and use quality improvement practices to assure this work is meaningful and fulfilling. In cooperation with CCBH, our goal is to expand the number of positions within the existing programs and to expand employment opportunities for individuals with mental illness.

Expand the capacity of the Psychological Rehabilitation programs in our counties.

Provide opportunities to train Wellness Recovery Action Plan facilitators among our Certified Peer Specialist programs and Psychological Rehabilitation programs.

Offering a range of housing and supported living options for individuals and families forms a critical foundation for recovery to build upon. The efforts to expand all forms of safe and affordable housing continue under the leadership of the Program’s housing specialist as described in the County Housing Plan (Attachment M).

The Clearfield-Jefferson Community Support Program (CSP) is supported and promoted by Community Connections and remains a focus of empowerment and transformation to a recovery based system of care. The CSP Principles are incorporated into each activity to educate and empower the members. Individuals with mental illness, their family members, representatives from CCBH, mental health professionals, and other support providers meet monthly to share information about recovery, community resources, and issues related to mental health. The meetings alternate monthly between sites in Clearfield and DuBois. Community Connection’s CSP Ambassador continues to chair the meetings and to obtain speakers and programs of interest for each meeting. The CSP holds two major events each year, CSP Day in May and a Recovery Resources Festival in October. Both are celebrations of recovery and empowerment. Plans for future activities include continuing the monthly meeting and annual events. The CSP also hosts the Anti Stigma Task Force and the Recovery Oriented Services Inventory (ROSI) Quality Management Panel which conducts the annual Administrative Data Survey and makes recommendations to the Program to promote recovery and resiliency.

3. Community Connections will work with community partners to address the needs of special populations including individuals with co-occurring substance abuse disorders, individuals with co-occurring intellectual/developmental disabilities, transition-age youth, older adults, and individuals with mental illness in danger of or returning from incarceration.
• Community Connections will continue to participate in the Drug Free Communities Coalition and the Heroin Task Forces spearheaded by the Clearfield Jefferson Drug and Alcohol Commission. Health Choices reinvestment funds have been utilized to develop a Buprenorphine treatment program for opioid addiction. Community Connections will continue to work with CCBH to invite providers to develop and adopt treatment programs for individuals with co-occurring mental illness and substance abuse disorders.

• Community Connections will continue to support the efforts of the Behavioral Alliance of Rural Pennsylvania (BHARP) and CCBH to develop and expand upon services available for individuals with both an intellectual/developmental disability and mental illness such as the Specialized Dual Residential Treatment Facility, the Community Stabilization and Reintegration Program, and the Dual Diagnosis Treatment Team.

• Provide additional opportunities for housing and employment for transition-age youth with a mental illness.

• Promotion of the Joint Older Adult Crisis Team (JOACT) in both counties. Continued participation in the Integrated Case Conference Series (ICCS) hosted by the PA Behavioral Health and Aging Coalition.

• Continue working with both CJAB’s, Local Housing Options Teams (LHOT), and related committees to provide housing opportunities, supported living, and employment opportunities for individuals with mental illness that are released from jails.

4. Community Connections will sustain the capacity of the Disaster Crisis Outreach and Referral Team (DCORT) to respond to the growing number of threats our communities face and to respond to the needs of returning veterans. Our current capacity can sustain a team of 5 trained DCORT members at one site on a 24 hour basis for 7 days or two teams at two locations on a 12 hour basis for 7 days.

2. Vision & Mission Statements
The Behavioral Health Department of Community Connections’ Vision and Mission statement remain unchanged for this plan. The Vision and Mission statements are:

It is The Vision of the Behavioral Health Department of Community Connections to ensure exceptional supports are available in our Counties to adults, older adults, and transition-age youth with serious mental illness and co-occurring disorders utilizing recovery, resiliency, and self determination principles.

The Mission of the Behavioral health Department of Community Connections is to:
- Ensure all Department employees are trained in recovery, resiliency, and self-determination models
- Ensure that all Department employees treat people with dignity and respect free of discrimination and stigma
- Ensure that families and individuals are at the table and given a strong voice when developing services in Clearfield and Jefferson Counties
- Ensure that support plans focus on quality of life issues that incorporate natural community supports that ensure true inclusion
- Ensure that we as a support system for individuals and families help to foster empowerment and hope in all collaborations.
- Ensure that supports identified by individuals and families as necessary to achieve recovery are available in our Counties.
- Enhance community understanding of mental illness to reduce stigma and encourage help seeking behaviors.
- Ensure that individual's and family's choices are recognized and supported by treatment teams.

3. **Process Used for Completing the Plan**

This plan sought to be inclusive of individuals with mental illness, their family members, advocates, the behavioral health managed care organization, providers, other stakeholders, and the community at large. The Department regularly meets with our contracted providers to monitor service delivery and identify gaps in the system. The Department is represented at each CSP meeting and the county plan is discussed throughout the year to update the CSP on progress and identify new needs. Our expanded and consumer driven C/FST service has proved invaluable in obtaining data on what services and supports are vital to our adults and their families. We worked closely with the counties in the CHIPP Consortium served by Warren State Hospital. The Department regularly participates in the meetings of the Behavioral Health Alliance of Rural PA (BHARP), which represents the 23 counties on our Health Choices contract, and with the counties in our sub region of the Health Choices Contract thorough the Regional Service System Transformation meetings hosted by our behavioral health managed care organization, CCBH. The concepts of recovery continue to be the basis for future planning. Input into our planning is ongoing throughout the year. The process used has resulted in enhanced input and commitment of the community to implement changes - from the neighborhood through county to our region.

The primary forums for obtaining input and planning include:

- Participation at the monthly Community Support Program (CSP) committee meetings. Included on the agenda of each CSP meeting is input into county planning and how to solve problems as a community. A committee of the CSP completes the ROSI Administrative Data Profile and makes recommendations to promote recovery and resiliency. Community social service agencies including the Area Agency on Aging, mental health providers, CCBH, individuals with mental illness, and family members of individuals with mental illness are invited to the CSP meetings.
- Participation at the Community Connections Advisory and Governing Boards meetings to inform them of the activities of the Department and garner their input on the direction and goals of the Department.
Participation in the Warren State Hospital Service Area Plan Committee, Continuity of Care Committees, and the regional CHIPP Consortium to identify regional needs and develop regional services.

Participation at the monthly BHARP Executive and Central Governing Board meetings and BHARP Children’s, CPS, Dual, School Based Behavioral Health, Early Childhood Mental Health, Reinvestment, and Recovery subcommittees to identify regional needs and develop regional services.

The Department participates in both the Clearfield and Jefferson County CJABs that are comprised of the County Judges, Commissioners, Probation and Parole Directors, County Jail Wardens, D&A Director, District Justices, Children and Youth, Emergency Management Directors, and other stakeholders. The JCABs actively work toward strategic planning for services, including behavioral and substance abuse, for inmates and parolees. Both CJABs have established subcommittees comprised of MH, D&A, Probation, the Jail and Victim-Witness members to address diversion of individuals with mental illness from the criminal justice systems.

This Department regularly meets with representatives from both county Area Agencies on Aging to review existing joint ventures, monitor and revise the MOUs, and develop new services.

Responding to the needs of the homeless and near homeless draws the community together. Two formats, founded in 2000, continue to serve the two-county area dedicated to meeting the needs of the homeless and of adolescents transitioning into adulthood. These two groups remain very effective because they are cross agency and braid funding to try to meet the growing needs of people who are homeless, many of who are mentally ill or mentally ill and abuse substances (co-occurring disorder). The Department’s Housing Specialist provides leadership and resources to the groups. The two groups are:

- Clearfield County Homeless Prevention Task Force (LHOT) with representatives from: Housing Authorities, shelters, Community Action, CYFS, D&A Commission, Department of Welfare, representatives living in the shelters, the county jail, MH/MR Program, and mental health providers. This group meets every month to seek grants, monitor current grants and conduct planning. This group has become a subcommittee of the newly formed Clearfield County Housing Task Force and also participates in the CJAB.
- Clarion/Jefferson County Shelter Task Force with representatives from: Community Action, Jefferson County Prison, Adult Probation, Area Agency on Aging, CYFS, Housing Authority and the MH/MR Program. This group meets every two months.

An internal dual (mental health/intellectual/developmental disability) task force was formed in 2005 to establish needs and strategies to better meet the needs of children and adults who are mentally ill and intellectually/developmentally disabled. The dual task force was designed to address the needs of specialized services in mental health assessment, behavioral analysis and planning, residential options, outpatient treatment, partial hospitalization and inpatient care. Within Community Connections the Administrator and Department
Directors meet on a regular basis to monitor the delivery of Dual Services and adjust the program to meet the needs of our residents. This model will be expanded to include all co-occurring needs.

- A Public hearing was held on the County Plan as described in Attachment B.
- The Department participates in a consortium of counties in a PATH Grant as described in Attachment C. The MH/MR Program (Cameron/Elk) managing the grant will provide the intended use plan and budget.
- Twice annual outpatient and nontraditional provider meetings hosted by the Department.
- The Department is an active participant of the North West Central Emergency Response Group (Counterterrorism Task Force) Medical Subcommittee. Through this group ongoing Disaster Crisis Outreach and Referral Teams (DCORT) planning takes place.
- The DCORT has coordinated trainings with our Veterans Affairs offices for working with our returning military in the past and the VA is currently involved with the Clearfield CJAB in inviting psychological first aid training into our county.
- Regional CCBH Provider meetings

4. Overview of the Existing County Mental Health Service System

This section summarizes the existing Clearfield and Jefferson County mental health service system. These services are available for adults, older adults, and transition-age youth with serious mental illness and co-occurring disorders and others served by the county system. Many of these services are described in the Bill Anthony article *A Recovery-Oriented System: Setting Some System Level Standards* and are summarized in Attachment E, “Existing County Mental Health Services”; Attachment F, “Evidence-Based Practices Survey”; and Attachment G, “County Development of Recovery-Oriented/Promising Practices”.

### INPATIENT MENTAL HEALTH SERVICES

Residents of Clearfield and Jefferson County that experience an exacerbation of the symptoms of their illnesses have a variety of facilities to choose from if inpatient treatment is necessary.

In County Facilities:
- DuBois Regional Medical Center (children and adults)
- Brookville Hospital Senior Transitions (geriatric)
- Clearfield Hospital Bright Horizons (geriatric)

Regularly Used Regional Facilities
- Clarion Psychiatric Center (children and adults)
- The Meadows Psychiatric Center (children and adults)
- Elk Regional Medical Center Generations (geriatrics)

PA State Mental Hospital
• Warren State Hospital (adults)

OUTPATIENT MENTAL HEALTH SERVICES
In addition to a variety of private providers offering services in Clearfield and Jefferson Counties the Department has contracts with following DPW licensed outpatient mental health providers to serve individuals in the county system:

• Clearfield-Jefferson Community Mental Health Center (CMHC), (children, adults, and co-occurring substance abuse; traditional OP, intensive OP, children’s and adult partial)
• The Community Guidance Center (BCM, traditional OP)
• The Meadows Psychiatric Center (children – partial, crisis)
• Cen-Clear Child Services (children, adults, and co-occurring substance abuse)
• The Counseling Center of Punxsutawney Hospital (adults and older adults)
• Bright Horizons of Clearfield Hospital (adults and older adults)
• BBH, LLC (adults and children, telepsychiatry)
• Nulton Diagnostic and Treatment (telepsychiatry)
• Service Access and Management, Inc. (OP)

FAMILY BASED MENTAL HEALTH SERVICES (FBMH) PROVIDERS
(Many transition-aged youth are served by FBMH)
• Cen-Clear Children Services
• Community Guidance Center (CGC)
• Clearfield-Jefferson Community Mental Health Center (CJ CMHC)
• Community County Services, Inc.

BEHAVIORAL HEALTH REHABILITATIVE SERVICES (BHRS) PROVIDERS (Many transition-aged youth are served by BHRS)
• NHS Highpoint Center for Human Services
• Cen-Clear Family Services
• New Story
• Behavioral Advancements
• Universal Community Behavioral Healthcare
• BBH, LLC
• Breezewood Behavioral Health
• Children’s Behavioral Health
• Family Behavioral Resources
• Sharon Regional Hospital
• Alternative Community Resources Program

TELEPHONE AND MOBILE CRISIS SERVICES (DPW Licensed)
The Telephone Crisis Service can handle three simultaneous crisis calls and Mobile Crisis Service has the capacity of handling up to three mobile crisis dispatches 24-hours a day, 7-days a week. The provider of the two services is the Meadows Psychiatric Center.
The Department, the provider, and both county AAA’s have developed a joint protocol for mobile crisis and AAA protective services to work together for a quicker and more efficient resolution of crises for older adults. We call this the Joint Older Adult Crisis Team (JOACT).

MENTAL HEALTH CASE MANAGEMENT
SAM, Inc. and the Community Guidance Center both provide BCM services to all ages throughout both counties.

PSYCHOLOGICAL REHABILITATION
Four providers offer site based Psychological Rehabilitation for residents of Clearfield and Jefferson County including SAM, Inc. in DuBois, CJ CMHC in DuBois, CGC in Punxsutawney, and Skills in Philipsburg. SAM, Inc. will also provide Mobile Psychological Rehab from the DuBois location.

EMPLOYMENT SUPPORTS
The Department offers vocational rehab services through Venango Training and Development and community employment through Goodwill.

NON-TRADITIONAL SERVICES (INCLUDING EVIDENCE BASED PRACTICES [EBP])
In addition to traditional inpatient and outpatient mental health services this Department has worked with local providers to develop an array of nontraditional services to help adults, older adults and transition-age youth with serious mental illness and co-occurring disorders and others served by the county system on their path towards recovery. Many of these services are modeled after the EBP as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are reported on Attachment F. These services are funded through a combination of Base and CHIPP funds and are used to divert individuals from the state hospital.

The following is a list of non-traditional services that are available. Other services will be added to the list as they are developed. Non-traditional services are individualized to the specific person’s recovery needs through the service plan and the referral & authorization process.

1. **Guardianship** provides comprehensive personal financial management for individuals who have been deemed incompetent by the court.
2. **Representative Payee** is a service for individuals who are not deemed incompetent by the court, but have sufficient money management needs as to require a payee by the Social Security Administration.
3. **Medication Check** is provided in home to individuals whose medication efficacy is in question, or when there is a need for medication education. A nurse provides the service.
4. **Medication Monitoring** is an in-home and telephone support service to assure an individual is taking his/her medication as prescribed. This service is provided by an LPN or Certified Nursing Assistant.

5. **Telephone Medication Monitoring** is a telephone support service to assure an individual is taking his/her medication as prescribed. This service does not require a Registered Nurse; however a Licensed Practical Nurse must provide the service.

6. **Social Rehabilitation** assists individuals in developing basic social skills including the enhancement of employment skills.

7. **Community Counseling** is divided to individuals for whom center based psychotherapy is not an option or has not been effective.

8. **Supported Living** is a home-based program of instruction. It is an individualized program focusing on the development of skills in the areas of homemaking, money management, taking medications, meal preparation, and personal hygiene and personal scheduling.

9. **Consumer Transportation** service enables individuals to get to various locations to attend necessary meetings or obtain needed services.

10. **Mental Health Respite** (children and adults) provides temporary in-home or out-of-home placement for individuals to provide a planned break for caregivers.

11. **Crisis Mental Health Respite**: (children) provides temporary out-of-home placement of an individual during times of crisis, or extreme family stress situations. Crisis Mental Health Respite has 24-hour awake staff to provide support.

12. **Dual Services Assessment** provides a real-time assessment of an individual’s current situation. The Assessment covers four domains: Self and Medical Care; Ability to Communicate; Psychiatric and Behavioral and Housing and Supports.

13. **Dual Services Support Services** includes Behavioral Assessment and Support services. A behavioral assessment is conducted by Master’s level behavioral specialists. Assessments are provided by community providers who can respond to an URGENT assessment (within the next business day) and a STANDARD assessment (within ten business days).

14. **Support Services** Master’s or Bachelor level staff who works with an individual, and significant others in the person’s life, to help the individual, and his/her supporters, work toward reducing or eliminating behavioral issues.

15. **Family Surrogate** provides support to individuals that do not have family available

**RECOVERY-ORIENTED PROMISING PRACTICES**
As outlined on Attachment G, the following recovery-oriented promising practices are available in the counties. Consumer and Family Satisfaction Team services are provided through Roads to Recovery. The Dream Team Drop In has operated a Warm Line since March 2008 which has expanded availability from two nights per week to seven nights per week through Health Choices reinvestment. CJ CMHC provides Dialectical Behavioral Therapy groups through their Intensive Outpatient Program (IOP) and Partial Hospitalization Program.
PEER SUPPORT SERVICES
Three providers offer Certified Peer Support Services in Clearfield and Jefferson Counties. Cen-Clear Services, Nulton Diagnostic/Peerstar, and Dickenson Mental Health Center are all licensed and contracted with CCBH to provide CPS. They currently employ over 55 CPS’s and serve over 220 individuals. Health Choices reinvestment funds have been used to train CPS’s and supervisors.

DROP IN CENTERS
The Dream Team Drop In Center is located in Clearfield. They are open six days a week and offer, bingo, outings, meals, holiday parties, fundraisers, crafts, games, and other recreation. They host adult education through the Mid State Literacy Council and Intermediate Unit 10. They run a consumer operated warm line.

The COVE Drop In in DuBois is currently open five days a week from 1 – 8pm.

HOUSING SUPPORTS
Many of the housing supports available in Clearfield and Jefferson Counties are described in the EBP list above. Additionally, the following housing options are currently available:

**Mo-Valley Apartments in Houtzdale, PA:**
- Funded through the Department of Housing and Urban Development (HUD) Section 202 grant. Building opened 1993
- Administered by the Central PA Community Action
- 8 -1 bedroom units for tenants 1 apartment for live-in manager
- Community Connections funds in-home support services

**Punxsutawney Place in Punxsutawney, PA:**
- Funded by HOME monies through the state Department of Community and Economic Development (DCED). Building opened 2001
- Administered by Community Action, Inc.
- 4 unit apartment building
- Community Connections funds in-home support services

**Tenant Based Rental Assistance (TBRA):**
- Administered by Community Connections
- Individual must be eligible for HUD Section 8 voucher
- Community Connections funds in-home support services
- Funds may be used for security deposits, rent assistance, and/or utility deposits/payments

**Shelter Plus Care (S+C):**
- 4 grants awarded through the McKinney-Vento Homeless Assistance Process by HUD to the CHIPP Consortium Counties of Clearfield-Jefferson, Cameron, Elk, McKean and Forest/Warren
• The S+C Program currently serves 72 individuals, including 2 families.
• Administered by the DuBois Housing Authority
• S+C slots are available to persons who meet the HUD definition of homelessness and have a Mental Health diagnosis.
• S+C has served over 300 persons have been served since 1999

**Homeless Prevention and Rapid Rehousing Program (HPRP):**
• Administered by Clearfield County Planning and Development Office
• Rental Assistance, security and utility deposits
• Available up to 18 months
• Available to both individuals and families

**Transitional Apartments:**
Community Connections maintains up to two fully furnished apartments – available in Clearfield and DuBois - for consumers experiencing a housing crisis.

**Community Living for Independent Persons (CLIP)**
This Department was successful in obtaining a three year SHP Grant. CLIP provides assistance for 15 individuals at any one time with paying rent and providing supports that include case management, skill assessment, and needed daily living supports for individuals with serious mental illness aged 18 to 60.

**Projects for Assistance in Transition from Homelessness (PATH)**
The PATH Program provides help to adolescents with mental illness who are or will become homeless. Supports include referral to community resources, assistance in filling out applications and other paperwork, assistance in securing work or vocational supports, referral to physical and mental health treatment, and other supports the adolescent needs and is willing to accept to live safely and successfully in the community. The PATH Program serves a six county area and is based in Ridgeway.

**Fairweather Lodge**
Venango Training and Development Center has established three four-person Fairweather Lodges in our Counties. A fourth lodge has been budgeted for and the provider is searching for a suitable house.

**SUICIDE PREVENTION PROGRAM**
The Clearfield Jefferson Suicide Prevention Team is an ongoing community based effort to reduce suicide. The suicide prevention team held an awareness and prevention walk in September 2010 which raised over $15,000 to be used for education and awareness. The group has recently been awarded 501(c)3 status and is developing a sustainability plan.
5. Identification and Analysis of Service System Needs

As outlined in Section 4 above, Clearfield and Jefferson County offer an abundance of traditional and nontraditional services to assist adult, older adults and transition-aged youth with serious mental illness and co-occurring disorders in their recovery. In addition to recognizing needs based on anecdotal cases, the Department has compared the existing services to those suggested by the President's New Freedom Commission on Mental Health Report; A Call for Change, Toward a Recovery Oriented MH Service System for Adults; and the aforementioned Anthony article. Further the Department has sought and accepted input from stakeholders on needed services. This process has identified underserved target groups and service system gaps the Department will attempt to remedy during this planning period.

CURRENT RESOURCES AND STRENGTHS

As outlined in Section 4 above:

- 24/7 telephone and mobile crisis system
- Local inpatient treatment including multiple facilities offering services for older adults.
- A comprehensive array of traditional outpatient mental health services.
- CPS and Psyche Rehab available throughout both counties offered by multiple providers
- Non traditional support services including EBP’s to divert individuals from more restrictive environments.
- Mental Health Housing Specialist and multiple housing options for adults, older adults, and transition-aged youth with serious mental illness and co-occurring disorders.
- Mental Health services offered for and by peers with an emphasis on recovery and creating job opportunities for individuals with mental illnesses.

ANALYSIS OF UNMET NEEDS

- Housing supports to divert transition-aged youth from Residential Treatment Facilities (RTF) and to support transition-aged youth returning from RTF’s. Many of the issues brought to the attention of the administrator involve transitioning youth from RTF’s back into the community. Few transition-aged youth referred to our CLIPP program from RTF’s have successfully been able to maintain independent living. As many youth are placed in RTF’s without Department involvement it is common for the Department to only become aware of them as they age out of the RTF’s and help is sought in community placement. The Department is working closely with CYS and JPO to identify the mental health needs of this population sooner and become involved with discharge planning. Through the Clearfield County Integrated Children’s Service Plan the county was awarded funding to create a Personal Life Support Coordinator to assist individuals in this population to access and coordinate services across multiple systems. The Coordinator has been hired and is working with the County categorical programs to assure all systems are aware of all individuals with multi-system needs. We are working with RTF’s through BCM’s and the Child and...
Adolescent Service System Program (CASSP) Coordinator to address troubling behaviors and setting up community treatment prior to discharge. We have also explored and successfully used the Positive Practices Resource Team (PPRT) to assist youth dually diagnosed with a Developmental Disability to transition back to the community in 2008. Though this age group is eligible for the current housing supports available in the community, more slots are needed and additional and improved supported living programs are needed.

- The Dual Services Team (DST) has identified the need for additional housing opportunities for individuals with both a mental illness and a developmental/intellectual disability - particularly respite and transitional housing for individuals in the borderline range of intelligence. This group and the transition age youth in the group above could benefit from a housing option that provides life skills training.
- Additional peer supports and development and implementation of Wellness Recovery Action Plans. The Department is encouraging providers to have CPSs trained as WRAP facilitators and have offered to provide financial support through base funds to train those peers. The Department is also seeking the assistance of the Office of Vocational Rehabilitation to provide training for peers. Reinvestment funding is also being used to train additional CPSs
- Increased availability of and utilization of Evidence Based Practices (EBP) and Recovery Oriented/Promising Practices. This planning process has led to the recognition that EBP’s are not being fully utilized in our Counties. Though some programs have adopted methods of the EBP, they are not following the EBP model. The Department will require providers to be trained in EBP’s and to implement available fidelity measures to assure quality.

STAKEHOLDER INPUT AND DATA USED TO IDENTIFY UNMET NEEDS
In addition to the information gathered during the “Process Used for Completing the Plan” described in Section 3 above, additional stakeholder input and data used to identify unmet needs includes:

- At the March 28, 2011 Community Support Program meeting the progress towards the FY 10-11 MH Plan goals were reviewed and stakeholder input towards the goals for the FY 12-13 MH Plan was accepted. This meeting was attended by individuals with mental illness, their family members, and providers.
- Literature review including the President’s New Freedom Commission on Mental Health Report, A Call for Change, Toward a Recovery Oriented MH Service System for Adults, and A Recovery-Oriented System: Setting Some System Level Standards
- Census and POMs data
- Data provided by CCBH and BHARP on existing services and utilization.

REGIONAL PLANNING AND NEEDS
The Department participates in a variety of regional planning efforts including:

- The Department participates in both the Continuity of Care and Service Area Plan meetings for Warren State Hospital. ATTACHMENT H
• We are also members of a regional CHIPP consortium. The Department hosts the consortium liaison who takes the lead in developing and implementing regional projects.
• The Department participates in the medical subcommittee of the Northwest Central Emergency Response Group (Counterterrorism Task Force)
• The Department attends provider meetings sponsored by CCBH.
• The Department participates in the monthly BHARP meetings and subcommittees.
• The Department hosts twice annual provider and nontraditional provider meetings and quarterly crisis system meetings.

UNDERSERVED TARGET GROUPS
Through the planning process the Department has identified the following subgroups that are underserved by the current system through lack of planning or funding:
• Older adults
• Transition-aged youth
• Individuals with co-occurring substance abuse disorders
• Individuals in danger of incarceration or returning to the community from incarceration
• Individuals with co-occurring intellectual/developmental disabilities

OLDER ADULTS DIRECTIVE
• The Department has been working with both County Area Agencies on Aging to improve mental health services available to older adults. The Department has a current Memorandums of Understanding (MOU) with each County Office of Aging (Attachments I-1 and I-2), which have been revised to reflect the changes in delivery of mental health case management.
• In 2006 the Department and the Jefferson County AAA recognized inconsistencies in access to and delivery of emergency services for older adults in the County. Mental health mobile crisis and aging protective services were not versed in the others services leading to a lack of cooperation between the programs and poor service delivery. Leaders from the Department, the crisis service provider, and Jefferson AAA developed and implemented a Joint Older Adult Crisis Team (JOACT). This involved two full days of training for the mobile crisis and protective service workers on the clinical issues of older adults and operational procedures of the JOACT. Both the mobile crisis provider and the AAA protective services have committed to working on joint cases to resolution. This has resulted in better and faster emergency services for this population and fewer complaints about services. In 2008 the JOACT program expanded to Clearfield County. This innovative project has been recognized by the PA Behavioral Health and Aging Coalition as a potential EBP and is being used as an example of cooperation for the southeastern Integrative Case Conference Series.
• The Department and both county AAAs participate in the monthly Integrative Case Conference Series sponsored by the PA Behavioral Health and Aging Coalition.

6. **Identification of the Recovery-Oriented Systems Transformation Priorities**

**Recovery-Oriented Systems Transformation Priorities:**

The following priorities are summarized in Attachment J and the funding necessary to accomplish them are summarized in Attachment K:

• One of the Department’s missions is to ensure that supports identified by individuals and families as necessary to achieve recovery are available in our Counties. The Community Support Program through the meetings described above has identified housing as one of the biggest needs to support recovery in our Counties. There are not enough slots in the available housing programs, many individuals are not eligible for existing housing programs, stigma among landlords restricts availability to individuals with mental illness or criminal histories, and existing housing programs do not offer education and training to promote skill transfer to individuals to live successfully on their own. The Department housing plan, Attachment M, addresses these needs by proposing additional slots to existing programs. The Department will seek funding through Health Choices reinvestment and CHIPP programs to fund new housing opportunities. The Department will also provide educational opportunities through community trainings and by supporting the CSP in anti-stigma events. These initiatives will be especially focused towards transition-age youth, individuals with dual developmental disabilities, and individuals involved in the forensic system.

• The Department’s mission to ensure that support plans focus on quality of life issues that incorporate natural community supports that ensure true inclusion embraces the development and use of WRAP’s to support and promote individual recovery. The Department will assist training peer specialists as WRAP facilitators and encourage the development of WRAP’s as a goal for all individuals receiving peer specialist services. The Department will use base funds as available, seek alternate vocational preparation funding through agencies such as OVR and reinvestment for peer specialist and WRAP training, or seek additional state funding to support this priority.

• The Department recognizes the role trauma has played in the lives of the individuals served by our programs and will seek to develop clinical models based on Trauma Informed Care.

In collaboration with the Community Support Program the Department completed the ROSI Administrative Data Profile Authority Characteristics and Quality Improvement Plan submitted separately to Natalie Shaffer at OMHSAS.
7. Fiscal Information

In September of 2008, the program contracted with SAM Inc. to provide fiscal services. This relationship has expanded the capabilities of managing our resources by improving our contracting with providers to assure they are recovery oriented and practice sound methods of service delivery. They are also able to provide fiscal data in real time helping us to monitor our spending and adjust budgets as needed. We are hopeful that Health Choices Reinvestment and CCBH contracting for EBP supplemental services and an APA for crisis will allow the Department to move forward with the transformation towards a recovery based system in our Counties.

The Department will need additional funds to develop a new transitional housing model to support individuals returning to the community after extended inpatient treatment or incarceration and to assist transition aged youth prepare for independent living. We would like to fund start up for this small individualized program and ideally the provider will be licensed and able to provide services under health choices funding such as an RTFA. The department would fund non-managed care eligible individuals.

The Department also plans to provide accessible training opportunities for our provider network. In particular our clinical providers would like to develop trauma based therapy models and utilize motivational interviewing – particularly for individuals with co-occurring disorders. The Department would also like to provide specialized training for our peer support programs on specializing with transition aged youth, older adults, and individuals with co-occurring disorders.
FY 12-13 County Plan

-LOCAL AUTHORITY SIGNATURES: COUNTIES

I/We assure that I/we have reviewed and approved the attached FY2012-13 County Mental Health Plan.

CLEARFIELD COUNTY

Chairperson/County Commissioner:
Name __________________________ Signature __________________________

Date __________

County Commissioner:
Name __________________________ Signature __________________________

Date __/__/____

County Commissioner:
Name __________________________ Signature __________________________

Date __/__/____
FY 12-13 County Plan

-LOCAL AUTHORITY SIGNATURES: COUNTIES

I/we assure that I/we have reviewed and approved the attached FY2012-13 County Mental Health Plan.

JEFFERSON COUNTY

Chairperson/County Commissioner:

Name: Paul Core. Signature: Paul Core.

Date: 5-5-11

County Commissioner:

Name: James S. Harris. Signature: James S. Harris.

Date: 5-5-11 98 PM

County Commissioner:

Name: Jeffrey Beer. Signature: Jeffrey Beer.

Date: 5-5-11
Community Connections

FY 12-13 County Plan

PUBLIC HEARING NOTICE

The following publications published notification of the public hearing on the FY 09-12 County Plan:

<table>
<thead>
<tr>
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<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Progress</td>
<td>3/14/11</td>
</tr>
<tr>
<td>The Courier-Express</td>
<td>3/14/11</td>
</tr>
<tr>
<td>The Punxsutawney Spirit</td>
<td>3/14/11</td>
</tr>
</tbody>
</table>

Copies of the actual public notices follow.
PROOF OF PUBLICATION

STATE OF PENNSYLVANIA:

COUNTY OF CLEARFIELD:

On this 4th day of April, A.D. 2011, before me, the subscriber, a Notary Public in and for said County and State, personally appeared Margaret E. Krebs, who being duly sworn according to law, deposes and says that she is the President of The Progressive Publishing Company, Inc., and Associate Publisher of The Progress, a daily newspaper published at Clearfield, in the County of Clearfield and State of Pennsylvania, and established April 5, 1913, and that the annexed is a true copy of a notice or advertisement published in said publication in the regular issues of March 14, 2011.

And that the affiant is not interested in the subject matter of the notice or advertising, and that all of the allegations of this statement as to the time, place, and character of publication are true.

Sworn and subscribed to before me the day and year aforesaid.

Margaret E. Krebs

COMMONWEALTH OF PENNSYLVANIA

Notary Public
Clearfield, Pa.

Notarial Seal
Cheryl L. Robison, Notary Public
Clearfield Borough, Clearfield County

Notary, Pennsylvania Association of Notaries
PROOF OF PUBLICATION OF NOTICE APPEARING IN THE COURIER EXPRESS/TRI-COUNTY SUNDAY/JEFFERSONIAN DEMOCRAT PUBLISHED BY McLEAN PUBLISHING COMPANY, DUBOIS PENNSYLVANIA Under act 587, Approved May 16, 1929, P.L. 1784

PENNSYLVANIA OF CLEARFIELD

Advertising Director or Dory Farm, Classified Advertising Supervisor of the Courier-Express/Tri-County Democrat of the County and State aforesaid, being duly sworn, deposes and says that the Courier-Express, a daily newspaper, the Tri-County Democrat, a weekly newspaper, and Jeffersonian Democrat, a weekly newspaper, a daily newspaper and the weekly version, have been regularly issued in said County, and that a copy of the printed notice of publication was attached hereto exactly as the same was printed and published in the regular editions of the paper on the following dates, viz.:

14th day of March A.D. 2011

Affidavit further deposes that he is an officer duly authorized by the Courier-Express, a daily newspaper, Tri-County Democrat, a weekly newspaper, and Jeffersonian Democrat, a weekly newspaper to verify the foregoing statement under oath, and also declared that the officer is not interested in the subject matter of the aforesaid notice of publication, and that all allegations in the foregoing statement are true.

McLEAN PUBLISHING COMPANY Publisher of COURIER-EXPRESS/TRI-COUNTY SUNDAY/JEFFERSONIAN DEMOCRAT

By

This is NOT A BILL

Statement of Advertising Cost
McLEAN PUBLISHING COMPANY Publisher of COURIER-EXPRESS/TRI-COUNTY SUNDAY/JEFFERSONIAN DEMOCRAT

TO

Clearfield Jefferson MH/MR

For publishing the notice or advertisement attached hereto on the above stated date. $32.50

Probating same. $7.50

Total $40.30

Publisher's Receipt for Advertising Costs

The Courier-Express, a daily newspaper, Tri-County Sunday, a weekly newspaper, and Jeffersonian Democrat, a weekly newspaper, hereby acknowledges receipt of the aforesaid advertising and publication costs, and certifies that the same have been fully paid.

Office: Jefferson Street and Beaver Drive, Dubois, PA 15801
Established 1870. Phone 814-371-2206
McLEAN PUBLISHING COMPANY Publisher of COURIER-EXPRESS/TRI-COUNTY SUNDAY/JEFFERSONIAN DEMOCRAT

By

I hereby certify that the foregoing is the original Proof of Publication and receipt for the Advertising costs in the subject matter of said notice.

ATTOYER FOR
Testimony of MH Plan
March 28, 2011

Testimonies from:
Corinne Charles
Shelia Spencer

Shelia Spencer:
At the last CSP meeting we talked about possible ways to help families get funding or get some type of help to provide independent living if they had an area near their home that they could set up and I use the example of the mobile home that we set up for our son and how we did it ourselves. At that meeting we also talked about possibly providing an employment link with that type of housing and in other words you would use people who receive services and have problems with employment and to go out and do what is necessary; weather its helping laying water line or septic lines. With a mobile home you have pillars that you have to put up and whatever needed done that could possibly be linked as a housing solution and an employment solution for people that have services.

Corinne Charles:
Transportation is an issue for Clearfield and Jefferson counties that hasn’t been addressed very well. We are aware of Air-Ride and Health-Ride being available for folks for health appointments and so on, but something needs to be made available to them to keep the things that pertain to health appointments like going to get their prescriptions or going to a meeting that has to do with mental health or other conferences that deal with that subject and I think that needs to be addressed and even elaborated on that they have a better idea of what I am touching on now.
FY 12-13 County Plan

PATH INTENDED USE PLAN AND BUDGET
Clearfield and Jefferson Counties are members of a consortium of mental health programs that participate in joint PATH Program. The PATH Grant is managed by the Cameron Elk MH/MR Program and the Intended Use Plan and budget will be submitted on their County Plan.
COMMUNITY SUPPORT PROGRAM (CSP) COUNTY PLAN DEVELOPMENT PROCESS

Instructions: The following checklist should be completed by County CSP Committees to guide and document their input into the development of the County Annual Mental Health Plan. Check the appropriate “Yes” or “No” column to indicate sources of information or completion of each task. Use the “Comments” section to qualify your answers.

YES  NO

1. Representatives of what group(s) below provided reports/information to help the CSP develop its recommendations for the County Mental Health Plan?
   [X] [ ] Consumer Satisfaction Team
   [X] [ ] County Office of Mental Health
   [X] [ ] Consumer groups
   [X] [ ] Family groups
   [X] [ ] Provider organizations
   [X] [ ] Mental Health Association
   [X] [ ] Other (OVR, Employment programs, Certified Peer Specialists)
   Comments:

2. The CSP Committee prioritized at least one or more CSP service components and exemplary practices they would like the county to develop.
   [X] [ ]
   Comments:
   Stigma reduction: the CSP would like financial support to provide training and education
   Forensic programs: the CSP would like additional supports – particularly employment and housing – for individuals returning from incarceration

3. The CSP Committee held meetings with county Office of Mental Health representatives to discuss CSP recommendations for the mental health plan prior to public hearing sessions.
   [ X] [ ]
   Comments:
   The MH Program is represented at monthly CSP meetings and progress on the plan is reviewed regularly.
4. The CSP Committee received written notification of when and where the public hearings on the mental health plan will be held.

[X] [ ]
Comments:

**YES NO**

5. The CSP Committee endorses the County’s Annual Mental Health Plan.

[X] [ ]
Comments:

6. The CSP Committee sees evidence that the CSP Recovery Model Wheel and/or “Call for Change” is used by the County Management Office to guide planning activities.

[X] [ ]
Comments:

7. The CSP Committee members are invited to attend the OMHSAS review of the County’s Annual Mental Health Plan if the review occurs.

[X] [ ]
Comments:

8. The county office of Mental Health responded to the County CSP Committee outlining how it intends to implement the Committee’s recommendations.

[X] [ ]
Comments:
Community Connections will financially support the efforts of the anti stigma subcommittee and participation in CSP Conferences

9. The County CSP Committee and the County Office of Mental Health have jointly developed a process to report on progress in implementing the current year’s Plan.

[X] [ ]
Comments:
Name of CSP Committee: _______ Clearfield Jefferson CSP _______

CSP Committee Chair: _____ Corrine Charles _____________________________

Address: PO Box 268, 375 Beaver Drive ___

City, State, Zip: _____ DuBois, PA 15801 ____________________________

Phone_ (814) 371-5100 Ext 369 __ Fax_ (814) 371-5102 ______________

E-Mail_ ccharles@cljmhr.com__ Date___ 3/28/2011 ______

SIGNATURES:

Member(s) Representing Consumers: ___See attached sign in sheet___

Member(s) Representing Families: _________________________________

Member(s) Representing Professionals: _______________________________

Names of other participants:

1. ___See attached sign in sheet___

2. __________________________

3. __________________________

4. __________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Phone</th>
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# Community Connections

**2012 – 13 MH Plan Hearing**

**CSP Plan Development**

**March 28, 2011; 1:00 pm; 375 Beaver Dr, DuBois, PA 15801**

<table>
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<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Phone</th>
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<tbody>
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# Community Connections
## 2012 – 13 MH Plan Hearing/
## CSP Plan Development
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<th>Name</th>
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### EXISTING COUNTY MENTAL HEALTH SERVICES

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<th>FUNDING SOURCE * (County, HC, or Reinvestment)</th>
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<td>Treatment</td>
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<td>Symptom Relief</td>
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<td>Crisis Intervention</td>
<td>Controlling and resolving critical or dangerous problems</td>
<td>Personal Safety Assured</td>
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<td>Case Management</td>
<td>Obtaining the services consumer needs and wants</td>
<td>Services Accessed</td>
<td><strong>Cost Center (Bulletin OMH-94-10)</strong>&lt;br&gt;1. Administrative Management (3.20)&lt;br&gt;<strong>HealthChoices Rate Code Service Grouping</strong>&lt;br&gt;1. Targeted CM blended (provider Type 21 – specialties 222)</td>
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<td>Role Functioning</td>
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<td>1. County&lt;br&gt;2. County, HC, Reinvestment&lt;br&gt;3. County</td>
<td>ALL</td>
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</table>

**HealthChoices Rate Code Service Grouping**<br>1. BHRS for Children & Adolescents (all BHRS provider types and specialties under HC Behavioral Health) |

| Enrichment       | Engaging consumers in fulfilling and satisfying activities | Self Development | **Cost Center (Bulletin OMH-94-10)**<br>1. Adult Developmental Training (3.11)<br>2. Facility Based Vocational Rehab Srvcs (3.13)<br>3. Social Rehab Services (3.14) | 1. County<br>2. County<br>3. County | |

| Rights Protection| Advocating to uphold one’s rights | Equal Opportunity | **Cost Center (Bulletin OMH-94-10)**<br>1. Administrator’s Office (3.1) | 1. County | ALL |

| Basic Support    | Providing the people, places, and things consumers need to survive (e.g., shelter, meals, healthcare) | Personal Survival Assured | **Cost Center (Bulletin OMH-94-10)**<br>1. Housing Support Services (3.22)<br>2. Family Support Services (3.15) | 1. County, Reinvestment<br>2. County | ALL |

| Self Help        | Exercising a voice and a choice in one’s life | Empowerment | **HealthChoices Rate Code Service Grouping**<br>1. Peer Support Services | 1. County, HC | ALL |

| Wellness/Prevention | Promoting healthy life styles | Health Status Improved | **Cost Center (Bulletin OMH-94-10)**<br>1. Community Services (3.2) | 1. County | ALL |
## FY 12-13 County Plan

### Community Connections

#### EVIDENCE-BASED PRACTICES SURVEY

<table>
<thead>
<tr>
<th>Provider Name and Master Provider Index (MPI) Number (List all providers offering EBP)</th>
<th>List the Evidence-Based Practices provided (please see the list below)</th>
<th>Approximate # of consumers served</th>
<th>Name the Fidelity Measure Used</th>
<th>Who measures Fidelity</th>
<th>How Often is fidelity measured</th>
<th>Is the SAMHSA EBP toolkit used to guide EBP implementation</th>
<th>Have staff been specifically trained to implement the EBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goodwill (99000174)</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Senior Assist (99000371)</td>
<td>3</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Senior Assist (99000371)</td>
<td>7</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Helpmates (99000083)</td>
<td>3</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Helpmates (99000083)</td>
<td>7</td>
<td>22</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Samaritan Services (99000228)</td>
<td>3</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Samaritan Services (99000228)</td>
<td>7</td>
<td>3</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Second Chances (99000515)</td>
<td>3</td>
<td>25</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Second Chances (99000515)</td>
<td>7</td>
<td>19</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>County Homemakers (99000520)</td>
<td>3</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>County Homemakers (99000520)</td>
<td>7</td>
<td>7</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Venango Training (99000128)</td>
<td>2</td>
<td>11</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Evidence-Based Practices

1. Assertive Community Treatment
2. Supported Employment
3. Supported Housing
4. Family Psycho-Education
5. Integrated Treatment for Co-occurring Disorder (Mental Health/Substance Abuse)
6. Illness Management/Recovery
7. Medication Management
## Community Connections

### FY 12-13 County Plan

#### COUNTY DEVELOPMENT OF RECOVERY-ORIENTED/PROMISING PRACTICES**

<table>
<thead>
<tr>
<th>Services Exist (Check all appropriate)</th>
<th>Services Planned (Check all appropriate)</th>
<th>#’s Served</th>
<th>$$ Existing</th>
<th>$$ Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Satisfaction Team</td>
<td></td>
<td></td>
<td></td>
<td>$6,000</td>
</tr>
<tr>
<td>Family Satisfaction Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compeer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Help / Advocacy (Specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach for Older Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm Line</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Services/In Home Meds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairweather Lodge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Funded Peer Specialist Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Funded Peer Specialist Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialectical Behavioral Therapy</td>
<td></td>
<td></td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>Trauma Informed Care</td>
<td></td>
<td></td>
<td></td>
<td>$12,000</td>
</tr>
<tr>
<td>Wellness Recovery Action Plan (WRAP)</td>
<td></td>
<td></td>
<td></td>
<td>***</td>
</tr>
<tr>
<td>Advanced Directives</td>
<td></td>
<td></td>
<td></td>
<td>***</td>
</tr>
<tr>
<td>Shared Decision making</td>
<td></td>
<td></td>
<td></td>
<td>***</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**This form is an effort to identify the existence of or plans for some of the services that traditionally have been under-developed and that adults, older adults, and transition-age youth with serious mental illness and family members would like to see expanded. Current cost centers do not capture this level of detail. Please report on both County & HealthChoices funding.

Reference: a. Please see the County Mental Health Plan Outline Section 4.

b. Please see www.parecovery.org and www.nrepp.samhsa.gov for more information on some of the practices.

* Health Choices data not available for C/FST
** Warm Line funded by reinvestment
***DBT incorporated into PHP and IOP programs
****WRAP part of CPS programs
# Community Connections

## FY 12-13 County Plan

### SERVICE AREA PLAN CHART

<table>
<thead>
<tr>
<th>Service Area Plan Goals</th>
<th>Update for County Plan- Request for County specific information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Within five years no person will be hospitalized at a State Mental Hospital for more than two years.</td>
<td>Please review attached data regarding length of stay prior to answering the following questions <a href="http://www.dpw.state.pa.us/PartnersProviders/MentalHealthSubstanceAbuse/StateHospitals/">http://www.dpw.state.pa.us/PartnersProviders/MentalHealthSubstanceAbuse/StateHospitals/</a>. How many of the individuals with length of stay greater than 2 years have gone through Community Support Plan (CSP) process with a peer-to-peer assessment*, clinical assessment, and family assessment* and have had CSP meetings? 4 How many of those individuals have a targeted discharged date during the current fiscal year? 1 Next fiscal year? 0 * If applicable.</td>
</tr>
<tr>
<td>Goal 2: Within five years no person will be committed to a community hospital more than twice in one year.</td>
<td>For Goal 2 different counties have different data points that are being followed. Please be consistent – if the county has selected to report on involuntary admissions- report involuntary admissions, if the county has selected voluntary- report on voluntary. If the data are not available please check no data.</td>
</tr>
<tr>
<td></td>
<td>Previous Fiscal Year (FY 08-09)</td>
</tr>
<tr>
<td>Involuntary Admissions-</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary Admissions- no data</td>
<td>Voluntary Admissions- no data</td>
</tr>
<tr>
<td>All Admissions-</td>
<td>All Admissions-</td>
</tr>
<tr>
<td>No Data-</td>
<td>No Data-</td>
</tr>
<tr>
<td>Goal 3: Within five years the incarceration rate of the target population will be reduced.</td>
<td>How many individuals are currently incarcerated in the county jail in the target population- please select a point in time and report data that is available after working with county jails?</td>
</tr>
<tr>
<td></td>
<td>As of 12/31/09</td>
</tr>
<tr>
<td># individuals</td>
<td>147</td>
</tr>
<tr>
<td>No data</td>
<td>No data</td>
</tr>
</tbody>
</table>
| How many individuals are going to max-out from the county jail in the target population during this fiscal year? | *
| How many individuals is the county planning for the possibility of parole from the county jail in the target population during this fiscal year? | *
| *all inmates in the county jails are expected to either max out or be paroled within two years. |
| How many individuals are currently incarcerated in the State Correction Institution from your county in the target population? | |
| 2/16/10 | March 2011 |
| # individuals | 169 | 176 |
| No data | No data |
| How many individuals are going to max-out from a SCI in the target population during the current Fiscal Year? | 8 |
| How many individuals is the county planning for the possibility of parole from a SCI in the target population during current fiscal year? | all |
The Memorandum of Understanding (MOU) / Letter of Agreement is a collaboration between the County Office of Mental Health and Mental Retardation and the County Office of Aging.

Is a current, dated and signed MOU in place affirming this collaborative relationship between the county office of MH / MR and the county Office of Aging?

Yes X NO______

Last Updated: January 1, 2011

Copies attached as: Attachment I-1 “Jefferson County”
Attachment I-2 “Clearfield County”

The MOU with Jefferson County was completed in March 2006 and revised in 2008 and again effective January 1, 2011. The MOU with Clearfield County was completed in July 2006 and revised effective January 1, 2011. In October 2006 the Department received verification from OMHSAS and the Department of Aging that the MOU’s met or exceeded a satisfactory response. As described in the text of the plan (Section 5 “Older Adult Directive”) the Department is actively engaged with both County Area Agency on Aging programs in joint projects.
FY 12-13 County Plan

Letter of Agreement
Between
Clearfield-Jefferson Mental Health/Mental Retardation Program
And
Jefferson County Area Agency on Aging
Updated 1-1-2011

I. General Provisions

A. Legal Base

The legal base for the agreement includes:

- Commonwealth of Pennsylvania Department of Aging Directive: Memorandum of Understanding between the Pennsylvania Department of Aging Office of Community Services and Advocacy (OCSA) and the Department of Public Welfare, Office of Mental Health and Substance Abuse Services: APD# 06-29-01
- Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services Bulletin: Memorandum of Understanding Between the Office of Mental Health and Substance Abuse Services and the Pennsylvania Department of Aging; OMHSAS-06-01
- the Pennsylvania Mental Health/Mental Retardation Act of 1966 as amended;
- the Mental Health Procedures Act of 1976 as amended;
- the federal Public Law 102-321 of 1992 and federal Mental Health and Substance Abuse Block Grant Legislation;
- the federal Older Americans Act (42 U.S.C.); and the Commonwealth legislation creating the Department of Aging (71 P.S.).
- Department of Welfare, Office of Mental Health and Substance Abuse Services Bulletin: Service Priority for Older Adult Population; OMHSAS-06-02
- Department of Welfare, Office of Mental Health and Substance Abuse Services Bulletin: Serious Mental Illness Adult Priority Group: OMH-94-04
B. Non-Discrimination Clause

Admissions, the provision of services, and referrals of individuals shall be made without regard to race, color, religious creed, handicap, ancestry, national origin, or sex.

II. Purpose

A. A description of each agency and the agency’s mission.

MH/MR Program Description

The Clearfield-Jefferson Mental Health/ Mental Retardation Program was established in July, 1969. The purpose of the C-J MH/MR Program, as an office of County Government, is to make mental health and mental retardation services available to citizens of Clearfield and Jefferson Counties.

Services are established in accordance with the Pennsylvania Department of Public Welfare through its Office of Mental Retardation (OMR) and Office of Mental Health and Substance Abuse Services (OMHSAS).

Most MH services are provided through contracts with various local agencies. Some services are funded through the State’s Medical Assistance Program, some are covered by other types of health insurance, and some are available to individuals free of charge or based on the individual’s ability to pay.

MH/MR Program’s Mission Statement

*The mission of Clearfield-Jefferson MH/MR is to provide the people of its communities with the resources needed to live meaningful lives.*

Jefferson County Area Agency on Aging

In 1976, under the Older American’s Act, the Jefferson County Area Agency on Aging was set up to administer and develop a program of comprehensive services for the elderly, to act as an advocate for the elderly, to provide various services to help the elderly remain in their homes for as long as possible and to assist the older person to remain a citizen in his or her community.

JCAAA Mission Statement
The Jefferson County Area Agency on Aging’s mission is to develop and administer a program of comprehensive community services for the elderly. The Focus includes, but is not limited to the following:
- To serve as a community planning agency to improve services to the elderly
- To act as an advocate for the elderly
- To provide services which help the elderly remain in their own homes as long as possible
- To assist the older person to remain active as a citizen of his or her community

B. A description of the service area and the population to be served, including culturally defined groups and other significant factors.

**General Population Trends**

(source: The Center for Rural Pennsylvania, a Legislative Agency of the Pennsylvania General Assembly, [www.ruralpa.org](http://www.ruralpa.org) and the U.S. Census Bureau, [www.quickfacts.census.gov](http://www.quickfacts.census.gov)).

**Jefferson County.**

- Jefferson County dropped 0.3 % in population from 1990 to 2000 (from 46,083 to 45,932) and the drop in population is expected to continue. The projected total population for 2010 is 42,061 and for 2020 is 40,533.
- The future youth population, individuals under age 20, is expected to slowly shrink from 26.3 % in 2000 to 24.1 % in 2020.
- The population over age 65 is projected to increase from 17.9% in 2000 to 21.4 % in 2020.
- In 2000, 66.1 % live in rural areas with 33.9% living in towns.
- In 1999 the percentage of people living the below poverty line was 11.8% compared to the State average of 11.0%.

**Clearfield County.**

- Clearfield County increased by 6.8% in population from 1990 to 2000 (from 78,097 to 83,382); however, the population increase is not expected to continue. The projected total population for 2010 is 73,427 and for 2020 is 70,760.
- The future youth population, individuals under age 20, is expected to slowly shrink from 25.2 % in 2000 to 22.8 % in 2020.
- The population over age 65 is projected to increase from 16.9% in 2000 to 22.5 % in 2020.
- In 2000, 54.1% of the populations live in rural area with 45.9% living in towns.
- In 1999 the percentage living below the poverty line was 12.5% compared to the State average of 11.0%.

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An analysis of this data for future program planning includes:

- The reduction in future population growth, with the possible reduction of future funding, in both counties underscores the importance of area service planning and collaboration with other agencies and programs within the counties to meet the overall needs of individuals with mental illness.
- Maintain and improve the quality of current service capacity but there is less need to plan on expansion for general behavioral services to children and adults.
- In both counties, there must be a focus on expanding services to individuals over the age of 65.
- Both counties will need to address the cultural and service delivery needs of a population that live in towns and rural and with families and individuals living in poverty.
- A significant number of Old Order Amish live in the county and this cultural minority requires special service planning and delivery.

C. A description of the purpose for the memorandum of understanding/letter of agreement.

To ensure that the Clearfield-Jefferson MH/MR Program and the Jefferson County Area Agency on Aging have a written agreement that addresses the needs of older adults with mental health issues in their communities. This agreement addresses how to eliminate barriers to effective joint planning and delivery of service at the community level.

III. Scope

A. A description of the population to be jointly served by the behavioral health system and the Area Agency on Aging.

The scope of the Memorandum of Understanding covers all older adults, 60 years of age and older who suffer from a serious mental illness as defined by OMH-94-04, who reside in or who are passing through Clearfield and Jefferson Counties.

B. Services provided by each agency.

**CLEARFIELD JEFFERSON MH/MR PROGRAM**

**MH Services for Older Adults:**

- Outpatient services including individual, group and couples therapy;
- Psychological assessment and treatment;
- Psychiatric evaluations and medications;
- Psychiatric nursing services;
• Medication monitoring and medication checks;
• Crisis intervention and emergency services;
• Referral to Acute inpatient treatment;
• Mental Health Case Management;
• Liaison Services to Warren State Hospital and CHIP Program;
• Consumer Drop-In Center;
• Specialized Housing options for persons with a serious mental illness;
• Recovery Services and Community Support Programming;
• Developmental disability services and supports.

MH Outpatient Providers:

• Clearfield-Jefferson Community Mental Health Center
• The Guidance Center (CGC)
• Service Access and Management, Inc. (SAM, Inc)
• Cen-Clear Child Services
• The Counseling Center of Punxsutawney Hospital
• Bright Horizons of Clearfield Hospital
• BBH LLC

Mental Health Crisis Services

The Meadows Psychiatric Center provides DPW licensed Mental Health Telephone and Mobile Crisis Services 24-hours a day, 7-days a week. The service can be accessed by calling: **1-800-341-5040.**

JEFFERSON COUNTY AREA AGENCY ON AGING

Aging Services for Older Adults

• **Information and Assistance** Service that gathers consumers needs and refers them to the appropriate person within the agency or to another community agency.
• **Protective Services** To safeguard the rights of Older Adults.
• **Outreach** To seek out and identify eligible individuals in need of service.
• **Ombudsman** Advocacy to protect and enhance the welfare of older citizens who are receiving long term care.
• **Emergency Placement Services** Service that places a consumer in a safe place for their own protection.
• **Family Care Giver** A program that gives assistance to a family member who is taking care of their relative.
• **Care Management** Provides for all activities based on a needs assessment.
• **Personal Care Services** A hands on service that helps consumers with everyday tasks and chores.
• **Home Support** Housekeeping, home maintenance for consumers that have difficulty maintaining their household.
• **Home Bound Meals** Balanced nutritious meals that are delivered to home bound consumers.
• **Congregate Meals** Meals that are provided at our centers during the week.
• **Volunteer Services** Opportunities for members of the community to assist seniors in the community.
• **MA Waiver** AN alternative to nursing home care for adults over 60 that is home and community based.
• **Apprise** Medical Insurance Counseling
• **Transportation** A service that is available through ATA of North Central PA.
• **OPTIONS Assessment** The process of assessing a consumer applying for services in the community or in long term care.
• **Socialization/Recreation/Education/Health Promotion** A service that is provided at our centers.

**Adult Protective Services**

The Jefferson County Area Agency on Aging offers Adult Protective Services 24-hours a day, 7-days a week. This service is accessed by calling: **1-800-852-8036.**

**CROSS SYSTEM REFERRALS AND COLLABORATION**

1. Describe process for cross-systems referral.

Services funded through insurance or Medicaid should be made directly to the service provider. Either agency may make a referral to the other using screens and checklists that identify needs. Referrals for MH/MR Program funded services or mental health information and referral requests are routed through the Base Service Unit operated by SAM, Inc.: DuBois: (814)372-7020; Clearfield: (814)765-1820; or Brookville: (814)715-7141.

In **emergency situations**, the Mental Health Crisis and Adult Protective Services toll free numbers are used to access an immediate response. Both systems will accept referrals and link families and individuals to the appropriate services. In the event an individual has emergency or crisis needs in both systems, the Joint Older Adult Crisis Team (JOACT) may be activated to pool resources and respond to the situation

2. Describe process for cross-systems collaboration and case review/planning and service delivery.

Collaboration and mutual case planning takes place at the case management and case management supervisor level via telephone calls, meetings and joint-home visits, as needed. Mental health case management is offered through SAM, Inc. and the CGC.
The MH/MR Program closely monitors delivery of case management and requires collaboration with the Area Agency on Aging through their contract.

3. Describe how funding issues will be resolved.

Part of the collaborative service planning process is the identification of needs and what agency will be responsible for funding the service.

4. Describe how privacy and confidentiality issues will be resolved.

The HIPPA regulations are followed by both agencies. All sharing of Private Health Information (PHI) is done following the HIPPA privacy standards. These standards allow for non-consensual release of information in response to emergency and crisis situations.

5. Describe how community and natural supports will be incorporated in service delivery.

Both agencies share a strong commitment to respecting the individual, his or her family and the existing informal supports for the individual. Service planning begins with the identification of the individuals’ strengths and informal supports.

6. Describe collaborative outreach efforts for identification and engagement of persons needing services.

Personnel at both agencies use the “Joint Older Adult Assessment”, JOAA, to identify individuals in the community who could benefit from services from either agency. This form and the policies and procedures supporting it provide guidance on how to refer a person for services. The crisis and emergency services of each agency are trained to access each others’ 24 hour crisis and emergency response services. The personnel who respond to crisis and emergency situations are trained on what the other agencies capacities are and how to access them on behalf of an older adult.

C. Describe cross-systems training and in-service efforts to enhance collaboration and joint service delivery.

Cross-training and in-service efforts take place between the agencies and their provider organizations on an ongoing basis. As a part of new staff training, all personnel receive specific training on:

- Use of each others crisis and emergency services;
- Services of each other’s agencies and systems of care;
- Mandated reporting laws;
- Use of the “JOAA”.

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During the year presentation to personnel by each other’s agencies are made to update staff knowledge on new services and how to access these services.

Mental health personnel attend external training on issues of service the older adult population.

Mental Health Crisis and Protective Service staff review joint (JOACT) cases quarterly and train together one time per year.

MH/MR Program personnel attend AAA Program planning groups and AAA personnel are active in the MH/MR Program’s Community Support Programming (CSP) meetings and activities.

IV. Assignment of Staff

A. Describe how staff will be designated for lead responsibility in cross-systems activity.

- AAA Protective Service personnel take the lead in an active case involving abuse or neglect.
- AAA takes the lead in a PDA Waiver funded case.
- Whichever agency has guardianship of the person will lead in service planning.
- MH/MR Program takes the lead in a CHIPP Program involved case.
- MH/MR Program takes the lead in a MH Court Ordered involuntary commitment case (in a hospital or in the community).
- Whichever agency is paying for a residential placement takes the lead in case management.
- Whatever agency is in the best position to meet the needs of the individual will take the lead. The lead case manager may shift as the needs of a person change. The two involved agency supervisors will consult with each other to make the initial determination of lead case manager and just what is expected in this role.

B. Describe staff responsibilities, authority, oversight and supervision.

Agency staff will follow the established policies and procedures of his or her agency relevant to authority to act, supervisory oversight and supervision, including the case manager identified as taking the lead in a case.

V. Conflict Resolution
Describe conflict resolution process and procedures, including final authority for resolution of difficult situations

Conflicts arising during the course of service to an individual will initially be resolved at the provider level. Conflict resolution is a required part of contracted providers’ Continuous Quality Improvement (CQI). Typically, resolution is sought at the direct care level first then through supervisors and finally directors. When a satisfactory resolution is not achieved the issue may then be referred to the Area Agency on Aging Director and MH/MR Administrator for final resolution.

VI. Amendments

Describe the process for amending the memorandum of understanding/letter of agreement. Under what circumstances, how frequently will it be reviewed for possible amendments, who may initiate an amendment, and who must authorize amendments.

This Memorandum of Understanding may be amended by unanimous approval of the Agency Director/Administrator.

VII. Effective Date and term of agreement

The effective date of this Memorandum of Understanding is upon its signing by the Program Director and Administrator.

This Memorandum shall continue in force until terminated. This Memorandum may be terminated upon the mutual agreement in writing of the Program Director/Administrator.

Attachments:
1. AAA Referral form
2. JOAA
VIII. Signatures and Effective Dates

The County MH/MR Administrator and the Area Agency on Aging Director have agreed to abide by the conditions set forth in this Memorandum effective January 1, 2011. The Agreement will be reviewed and updated as needed or by January 1, 2014, whichever comes first.

Randy Davis, Executive Director
Jefferson County Area Agency on Aging

Colette Dushac, Administrator
C/J MH/MR Program
I. General Provisions

A. Legal Base

The legal base for the agreement includes:

- Commonwealth of Pennsylvania Department of Aging Directive: *Memorandum of Understanding between the Pennsylvania Department of Aging Office of Community Services and Advocacy (OCSA) and the Department of Public Welfare, Office of Mental Health and Substance Abuse Services: APD# 06-29-01*
- Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services Bulletin: *Memorandum of Understanding Between the Office of Mental Health and Substance Abuse Services and the Pennsylvania Department of Aging; OMHSAS-06-01*
- the Pennsylvania Mental Health/Mental Retardation Act of 1966 as amended;
- the Mental Health Procedures Act of 1976 as amended;
- the federal Public Law 102-321 of 1992 and federal Mental Health and Substance Abuse Block Grant Legislation;
- the federal Older Americans Act (42 U.S.C.); and the Commonwealth legislation creating the Department of Aging (71 P.S.).
- Department of Welfare, Office of Mental Health and Substance Abuse Services Bulletin: *Service Priority for Older Adult Population; OMHSAS-06-02*
- Department of Welfare, Office of Mental Health and Substance Abuse Services Bulletin: *Serious Mental Illness Adult Priority Group: OMH-94-04*

B. Non-Discrimination Clause

Admissions, the provision of services, and referrals of individuals shall be made without regard to race, color, religious creed, handicap, ancestry, national origin, or sex.
II. Purpose

A. A description of each agency and the agency’s mission.

MH/MR Program Description

The Clearfield-Jefferson Mental Health/ Mental Retardation Program was established in July, 1969. The purpose of the C-J MH/MR Program, as an office of County Government, is to make mental health and mental retardation services available to citizens of Clearfield and Jefferson Counties.

Services are established in accordance with the Pennsylvania Department of Public Welfare through its Office of Mental Retardation (OMR) and Office of Mental Health and Substance Abuse Services (OMHSAS).

Most MH services are provided through contracts with various local agencies. Some services are funded through the State’s Medical Assistance Program, some are covered by other types of health insurance, and some are available to individuals free of charge or based on the individual’s ability to pay.

MH/MR Program’s Mission Statement

The mission of Clearfield-Jefferson MH/MR is to provide the people of its communities with the resources needed to live meaningful lives.

Clearfield County Area Agency on Aging

In 1977, under the Older American’s Act, the Clearfield County Area Agency on Aging was set up to administer and develop a program of comprehensive services for the elderly, to act as an advocate for the elderly, to provide various services to help the elderly remain in their homes for as long as possible and to assist the older person to remain a citizen in his or her community.

Clearfield County Area Agency on Aging Mission Statement

The Clearfield County Area Agency on Aging, Inc. is a charitable, non-profit corporation dedicated to providing a comprehensive array of the highest quality health and human services to residents of Clearfield County. We will accomplish this mission by committing to our guiding principles of Integrity, Coordinated Community Partnerships, Best
Service, Progressive Attitudes, Professionalism, Teamwork and Investment in our Employees and Volunteers.

B. A description of the service area and the population to be served, including culturally defined groups and other significant factors.

**General Population Trends**


Clearfield County.

- Clearfield County increased by 6.8% in population from 1990 to 2000 (from 78,097 to 83,382); however, the population increase is not expected to continue. The projected total population for 2010 is 73,427 and for 2020 is 70,760.
- The future youth population, individuals under age 20, is expected to slowly shrink from 25.2% in 2000 to 22.8% in 2020.
- The population over age 65 is projected to increase from 16.9% in 2000 to 22.5% in 2020.
- In 2000, 54.1% of the populations live in rural area with 45.9% living in towns.
- In 1999 the percentage living below the poverty line was 12.5% compared to the State average of 11.0%.

Jefferson County.

- Jefferson County dropped 0.3% in population from 1990 to 2000 (from 46,083 to 45,932) and the drop in population is expected to continue. The projected total population for 2010 is 42,061 and for 2020 is 40,533.
- The future youth population, individuals under age 20, is expected to slowly shrink from 26.3% in 2000 to 24.1% in 2020.
- The population over age 65 is projected to increase from 17.9% in 2000 to 21.4% in 2020.
- In 2000, 66.1% live in rural areas with 33.9% living in towns.
- In 1999 the percentage of people living the below poverty line was 11.8% compared to the State average of 11.0%.

An analysis of this data for future program planning includes:

- The reduction in future population growth, with the possible reduction of future funding, in both counties underscores the importance of area service planning
and collaboration with other agencies and programs within the counties to meet the overall needs of individuals with mental illness.

- Maintain and improve the quality of current service capacity but there is less need to plan on expansion for general behavioral services to children and adults.
- In both counties, there must be a focus on expanding services to individuals over the age of 65.
- Both counties will need to address the cultural and service delivery needs of a population that live in towns and rural and with families and individuals living in poverty.
- A significant number of Old Order Amish live in the county and this cultural minority requires special service planning and delivery.

C. A description of the purpose for the memorandum of understanding/letter of agreement.

To ensure that the Clearfield-Jefferson MH/MR Program and the Clearfield County Area Agency on Aging have a written agreement that addresses the needs of older adults with mental health issues in their communities. This agreement addresses how eliminate barriers to effective joint planning and delivery of service at the community level.

III. Scope

A. A description of the population to be jointly served by the behavioral health system and the Area Agency on Aging.

The scope of the Memorandum of Understanding covers all older adults, 60 years of age and older who suffer from a serious mental illness as defined by OMH-94-04, who reside in or who are passing through Clearfield and Jefferson Counties.

B. services provided by each agency.

**CLEARFIELD JEFFERSON MH/MR PROGRAM**

**MH Services for Older Adults:**

- Outpatient services including individual, group and couples therapy;
- Psychological assessment and treatment;
- Psychiatric evaluations and medications;
- Psychiatric nursing services;
- Medication monitoring and medication checks;
- Crisis intervention and emergency services;
- Referral to Acute inpatient treatment;
- Mental Health Case Management;
• Liaison Services to Warren State Hospital and CHIP Program;
• Consumer Drop-In Center;
• Specialized Housing options for persons with a serious mental illness;
• Recovery Services and Community Support Programming;
• Developmental disability services and supports.

MH Outpatient Providers:

• Clearfield-Jefferson Community Mental Health Center
• The Guidance Center (CGC)
• Service Access and Management, Inc. (SAM, Inc)
• Cen-Clear Child Services
• The Counseling Center of Punxsutawney Hospital
• Bright Horizons of Clearfield Hospital
• BBH LLC

Mental Health Crisis Services

The Meadows Psychiatric Center provides DPW licensed Mental Health Telephone and Mobile Crisis Services 24-hours a day, 7-days a week. The service can be accessed by calling: 1-800-341-5040.

CLEARFIELD COUNTY AREA AGENCY ON AGING

Aging Services for Older Adults

Registered Nurse Assessors and Care Managers visit older persons in their homes to more fully understand their circumstances and to determine the type of assistance necessary. Family members are encouraged to be involved in these visits and to assist the older person in the decision making process. RN Assessors and Care Managers then coordinate and arrange for the help needed. Services are coordinated with assistance provided by family, friends, and by community programs for which the older is determined eligible.

Some of the more common service options are:

INFO-LINK is a free information and referral service that links people in need of information or services with the appropriate resources.

The APPRISE Health Insurance Information Program assists Medicare and Medicaid beneficiaries and Pennsylvanians age 60 and over needing help understanding their Medicare and other health insurance benefits.
The Long **Term Care Ombudsman Program** investigates complaints made against long term care providers by, or on behalf of, consumers of those services.

**Personal Care** provides hands on assistance to persons who have difficulty with bathing, dressing, grooming, and toileting. Some light housekeeping tasks may be included.

**Meals on Wheels & More** provides an in-home, nutritious, mid-day meal to persons who meet eligibility requirements.

The **Family Caregiver Support Program** seeks to reduce caregiver stress and reinforce the care provided to a dependent adult relative at home. The program includes assessment and care management, benefits counseling, caregiver education and training, and a support group. Reimbursement for services, supplies, adaptive devices, and home modifications are also available on a cost-sharing basis.

**Nursing Facility Diversion Services** provide a higher level of care management and more intense services to assist individuals who are nursing home eligible to remain in the community. Services may include skilled nursing, therapies, or home health aide in addition to more traditional in-home services.

The **Aging Waiver Program** is for people age 60 and older who require the level of care of a nursing home. Consumers would choose community-based services rather than a nursing home. Individuals also need to meet Medicaid financial requirements. The following is a list of services available through the Aging Waiver that may be available:

- Adult Daily Living Services
- Community Transition Services
- Companion Services
- Counseling Services
- Environmental Modifications
- Financial Management Services
- Home Delivered Meals
- Home Health Services
- Home Support Services
- Non-Medical Transportation Services
- Participant-Directed Goods and Services
- Participant-Directed Community Supports
- Personal Assistance Services
- Personal Care Services
- Personal Emergency Response System
- Respite Services
- Specialized Medical Equipment and Supplies
Older Adult Protective Services

Sometimes older persons neglect their own care or they are so forgetful that their nutritional and medical needs become great. Other times, older persons are neglected or abused by others or they are taken advantage of financially. The Clearfield County Area Agency on Aging offers Older Adult Protective Services for those age 60 and over, 24-hours a day, 7-days a week. This service is accessed by calling: **1-800-233-0249.**

Should a report be received by the Clearfield County Area Agency on Aging on a victim who resides in another county, the CCAAA will complete a report of need, refer it by phone to the correct county, and follow up by submitting a copy of the report of need to the appropriate county. If, during intake, it is determined that the case is an emergency, the CCAAA will utilize the state-wide listing of 24 hour emergency telephone numbers provided to the network by the Pennsylvania Department of Aging to access the appropriate county, thereby assuring immediate entry into the correct PS system.

Should a report be received concerning an adult under 60 years of age, the CCAAA will complete a report of need and refer the victim to another appropriate community agency.

**CROSS SYSTEM REFERRALS AND COLLABORATION**

1. Describe process for cross-systems referral.

   Services funded through insurance or Medicaid should be made directly to the service provider. Either agency may make a referral to the other using screens and checklists that identify needs. Referrals for MH/MR Program funded services or mental health information and referral requests are routed through the Base Service Unit operated by SAM, Inc.: DuBois: (814)372-7020; Clearfield: (814)765-1820; or Brookville: (814)715-7141.

   In **emergency situations**, the Mental Health Crisis and Adult Protective Services toll free numbers are used to access an immediate response. Both systems will accept referrals and link families and individuals to the appropriate services. In the event an individual has emergency or crisis needs in both systems, the Joint Older Adult Crisis Team (JOACT) may be activated to pool resources and respond to the situation.

2. Describe process for cross-systems collaboration and case review/planning and service delivery.
Collaboration and mutual case planning takes place at the case management and case management supervisor level via telephone calls, meetings and joint-home visits, as needed. Mental health case management is offered through SAM, Inc. and the CGC. The MH/MR Program closely monitors delivery of case management and requires collaboration with the Area Agency on Aging through their contract.

3. Describe how funding issues will be resolved.

Part of the collaborative service planning process is the identification of needs and what agency will be responsible for funding the service.

4. Describe how privacy and confidentiality issues will be resolved.

The HIPPA regulations are followed by both agencies. All sharing of Private Health Information (PHI) is done following the HIPPA privacy standards. These standards allow for non-consensual release of information in response to emergency and crisis situations.

5. Describe how community and natural supports will be incorporated in service delivery.

Both agencies share a strong commitment to respecting the individual, his or her family and the existing informal supports for the individual. Service planning begins with the identification of the individuals’ strengths and informal supports.

6. Describe collaborative outreach efforts for identification and engagement of persons needing services.

Personnel at both agencies use the “Joint Older Adult Assessment”, JOAA, to identify individuals in the community who could benefit from services from either agency. This form and the policies and procedures supporting it provide guidance on how to refer a person for services. The crisis and emergency services of each agency are trained to access each others’ 24 hour crisis and emergency response services. The personnel who respond to crisis and emergency situations are trained on what the other agencies capacities are and how to access them on behalf of an older adult.

C. Describe cross-systems training and in-service efforts to enhance collaboration and joint service delivery.

Cross-training and in-service efforts take place between the agencies and their provider organizations on an ongoing basis. As a part of new staff training, all personnel receive specific training on:

- Use of each others crisis and emergency services;
- Services of each other’s agencies and systems of care;
- Mandated reporting laws;
- Use of the “JOAA”.

During the year presentation to personnel by each other’s agencies are made to update staff knowledge on new services and how to access these services.

Mental health personnel attend external training on issues of service the older adult population.

Mental Health Crisis and Protective Service staff review joint (JOACT) cases quarterly and train together one time per year.

MH/MR Program personnel attend AAA Program planning groups and AAA personnel are active in the MH/MR Program’s Community Support Programming (CSP) meetings and activities.

IV. Assignment of Staff

A. Describe how staff will be designated for lead responsibility in cross-systems activity.

- AAA Protective Service personnel take the lead in an active case involving abuse or neglect.
- AAA takes the lead In a PDA Waiver funded case.
- Whichever agency has guardianship of the person will lead in service planning.
- MH/MR Program takes the lead in a CHIPP Program involved case.
- MH/MR Program takes the lead in a MH Court Ordered involuntary commitment case (in a hospital or in the community).
- Whichever agency is paying for a residential placement takes the lead in case management.
- Whatever agency is in the best position to meet the needs of the individual will take the lead. The lead case manager may shift as the needs of a person change. The two involved agency supervisors will consult with each other to make the initial determination of lead case manager and just what is expected in this role.

B. Describe staff responsibilities, authority, oversight and supervision.

Agency staff will follow the established policies and procedures of his or her agency relevant to authority to act, supervisory oversight and supervision, including the case manager identified as taking the lead in a case.
V. Conflict Resolution

Describe conflict resolution process and procedures, including final authority for resolution of difficult situations

Conflicts arising during the course of service to an individual will initially be resolved at the provider level. Conflict resolution is a required part of contracted providers’ Continuous Quality Improvement (CQI). Typically, resolution is sought at the direct care level first then through supervisors and finally directors. When a satisfactory resolution is not achieved the issue may then be referred to the Area Agency on Aging Director and MH/MR Administrator for final resolution.

VI. Amendments

Describe the process for amending the memorandum of understanding/letter of agreement. Under what circumstances, how frequently will it be reviewed for possible amendments, who may initiate an amendment, and who must authorize amendments.

This Memorandum of Understanding may be amended by unanimous approval of the Agency Director/Administrator.

VII. Effective Date and term of agreement

The effective date of this Memorandum of Understanding is upon its signing by the Program Director and Administrator.

This Memorandum shall continue in force until terminated. This Memorandum may be terminated upon the mutual agreement in writing of the Program Director/Administrator.
VIII. Signatures and Effective Dates

The County MH/MR Administrator and the Area Agency on Aging Director have agreed to abide by the conditions set forth in this Agreement effective January 1, 2011. The Agreement will be reviewed and updated as needed or by January 1, 2014, whichever comes first.

John Kordish, Executive Director
Clearfield County Area Agency on Aging

Colette Dushac, Administrator
C/J MH/MR Program
**FY 11-12 County Plan**

**TOP THREE TRANSFORMATION PRIORITIES**

<table>
<thead>
<tr>
<th>TRANSFORMATION PRIORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Housing opportunities and supports for transition aged youth, individuals with mental illness and a developmental/intellectual disability, and individuals in the forensic system</td>
</tr>
<tr>
<td>2. WRAP and peer specialist training</td>
</tr>
<tr>
<td>3. Training in Trauma Informed Care</td>
</tr>
</tbody>
</table>

Reference: County Plan Guidelines Section 6 – *Identification of Recovery-Oriented Systems Transformation Priorities*
**EXPENDITURE CHARTS & FUNDING REQUESTS**

Information in this Attachment is intended to provide stakeholders with a better understanding of resource/funds utilization in the county mental health system. The tables and charts below show Service Description/OMHSAS cost centers and the corresponding Service Categories (as defined in Bill Anthony’s article “A Recovery-Oriented System: Setting Some System Level Standards”) funded by Community Connections (the County Program) and Health Choices. The expenditures for each service category are then illustrated in the corresponding Expenditure and Percentage charts.

<table>
<thead>
<tr>
<th>Service Category/Service Description Table 1 for County Funds table for current FY 2011-2012</th>
<th>Service Category</th>
<th>Expenditure (in 1000s of $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Description/Cost Center (Bulletin OMH-94-10)</td>
<td>Treatment</td>
<td>$541,368</td>
</tr>
<tr>
<td>1. Outpatient (3.6)</td>
<td>2. Psych Inpatient Hospitalization (3.7)</td>
<td>3. Partial Hospitalization (3.8)</td>
</tr>
<tr>
<td>4. Family-Based MH Services (3.17)</td>
<td>5. Community Treatment Teams (3.23)</td>
<td></td>
</tr>
<tr>
<td>1. MH Crisis Intervention Services (3.10)</td>
<td>2. Emergency Services (3.21)</td>
<td></td>
</tr>
<tr>
<td>1. Intensive Case Management (3.4)</td>
<td>2. Resource Coordination (3.19)</td>
<td>3. Administrative Management (3.20)</td>
</tr>
<tr>
<td>4. Children’s Psychosocial Rehab (3.25)</td>
<td>5. Other Services (3.98)</td>
<td></td>
</tr>
<tr>
<td>1. Adult Developmental Training (3.11)</td>
<td>2. Facility Based Vocational Rehab Srvcs (3.13)</td>
<td>3. Social Rehab Services (3.14)</td>
</tr>
<tr>
<td>1. Administrator’s Office (3.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Housing Support Services (3.22)</td>
<td>2. Family Support Services (3.15)</td>
<td>Specify if used</td>
</tr>
<tr>
<td>1. Community Services (3.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any services not identified above</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Rights Protection</td>
<td>$582,572</td>
<td></td>
</tr>
<tr>
<td>Basic Support</td>
<td>$342,068</td>
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</tr>
<tr>
<td>Self Help</td>
<td>$9,479</td>
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</tr>
<tr>
<td>Wellness/Prevention</td>
<td>$33,663</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$0</td>
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</table>
Expenditure Chart 1: Expenditure chart for County Funds for the fiscal year 11-12.

COMMUNITY CONNECTIONS EXPENDITURES FY 11-12

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$800,000</td>
<td>18%</td>
</tr>
<tr>
<td>$600,000</td>
<td>17%</td>
</tr>
<tr>
<td>$400,000</td>
<td>11%</td>
</tr>
<tr>
<td>$200,000</td>
<td>0%</td>
</tr>
<tr>
<td>$0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Percentage Chart 1: Percentage chart for County Funds for the fiscal year 11-12

COMMUNITY CONNECTIONS PERCENTAGES FY 11-12

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 11-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>11%</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>1%</td>
</tr>
<tr>
<td>Case Management</td>
<td>0%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>18%</td>
</tr>
<tr>
<td>Enrichment</td>
<td>0%</td>
</tr>
<tr>
<td>Rights Protection</td>
<td>17%</td>
</tr>
<tr>
<td>Basic Support</td>
<td>23%</td>
</tr>
<tr>
<td>Self Help</td>
<td>1%</td>
</tr>
<tr>
<td>Wellness/Prevention</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
<tr>
<td>Service Description/Cost Center (Bulletin OMH-94-10)</td>
<td>Service Category</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>6. Outpatient (3.6)</td>
<td>Treatment</td>
</tr>
<tr>
<td>7. Psych Inpatient Hospitalization (3.7)</td>
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<tr>
<td>9. Family-Based MH Services (3.17)</td>
<td></td>
</tr>
<tr>
<td>10. Community Treatment Teams (3.23)</td>
<td></td>
</tr>
<tr>
<td>3. MH Crisis Intervention Services (3.10)</td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>4. Emergency Services (3.21)</td>
<td></td>
</tr>
<tr>
<td>4. Intensive Case Management (3.4)</td>
<td>Case Management</td>
</tr>
<tr>
<td>5. Resource Coordination (3.19)</td>
<td></td>
</tr>
<tr>
<td>6. Administrative Management (3.20)</td>
<td></td>
</tr>
<tr>
<td>6. Community Empl &amp; Empl Related Srvcs (3.12)</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>7. Community Residential Services (3.16)</td>
<td></td>
</tr>
<tr>
<td>8. Psych Rehab (3.24)</td>
<td></td>
</tr>
<tr>
<td>9. Children’s Psychosocial Rehab (3.25)</td>
<td></td>
</tr>
<tr>
<td>10. Other Services (3.98)</td>
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<tr>
<td>4. Adult Developmental Training (3.11)</td>
<td>Enrichment</td>
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<tr>
<td>5. Facility Based Vocational Rehab Srvcs (3.13)</td>
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<tr>
<td>6. Social Rehab Services (3.14)</td>
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</tr>
<tr>
<td>2. Administrator’s Office (3.1)</td>
<td>Rights Protection</td>
</tr>
<tr>
<td>3. Housing Support Services (3.22)</td>
<td>Basic Support</td>
</tr>
<tr>
<td>4. Family Support Services (3.15)</td>
<td></td>
</tr>
<tr>
<td>Specify if used</td>
<td>Self Help</td>
</tr>
<tr>
<td>2. Community Services (3.2)</td>
<td>Wellness/Prevention</td>
</tr>
<tr>
<td>Any services not identified above</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Expenditure Chart 2:** Expenditure chart for **County Funds** for plan fiscal year 12-13.

**COMMUNITY CONNECTIONS EXPENDITURES FY 12-13**

- $1,500,000  
  - Treatment  
  - Crisis Intervention  
  - Case Management  
  - Rehabilitation  
  - Enrichment  
  - Rights Protection  
  - Basic Support  
  - Self Help  
  - Wellness/Prevention  
- $1,000,000  
- $500,000  
- $0
**Percentage Chart 2:** Percentage chart for **County Funds** for the fiscal year 12-13

**COMMUNITY CONNECTIONS PERCENTAGES FY 12-13**

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>1%</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>1%</td>
</tr>
<tr>
<td>Case Management</td>
<td>0%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>12%</td>
</tr>
<tr>
<td>Enrichment</td>
<td>10%</td>
</tr>
<tr>
<td>Rights Protection</td>
<td>28%</td>
</tr>
<tr>
<td>Basic Support</td>
<td>5%</td>
</tr>
<tr>
<td>Self Help</td>
<td>9%</td>
</tr>
<tr>
<td>Wellness/Prevention</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Any services not identified above</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Services Funded Thru HealthChoices**

<table>
<thead>
<tr>
<th>Service Category/Service Description Table for Health Choices Funds for FY 09-10</th>
<th>Expenditure Table 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rate Code Service Grouping</strong></td>
<td><strong>Service Category</strong></td>
</tr>
<tr>
<td>1. Inpatient Psychiatric (provider type 01 – specialties 010, 011, 022, 018)</td>
<td>Treatment</td>
</tr>
<tr>
<td>2. Outpatient Psychiatric (provider type 08 – specialties 110, 074, 080; provider type 11 – specialties 113, 114; provider type 19 – specialty 190)</td>
<td></td>
</tr>
<tr>
<td>3. RTF – Accredited (provider type 01 – specialties 013, 027)</td>
<td></td>
</tr>
<tr>
<td>4. RTF – Non-Accredited (provider type 56 – specialty 560; provider type 52 – specialty 520)</td>
<td></td>
</tr>
<tr>
<td>5. Family Based Services for Children and Adolescents (provider type 11 – specialty 115)</td>
<td></td>
</tr>
<tr>
<td>1. Targeted Intervention (provider type 11 – specialty 118)</td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>2. Targeted CM, ICM (provider Type 21 – specialties 222)</td>
<td></td>
</tr>
<tr>
<td>3. Targeted CM, blended (provider type 21 – specialty 222)</td>
<td>Case Management</td>
</tr>
<tr>
<td>4. Targeted CM, RC (provider type 21 – specialty 221)</td>
<td></td>
</tr>
<tr>
<td>5. Targeted CM, ICM-CTT (provider type 21 – specialty 222)</td>
<td></td>
</tr>
<tr>
<td>1. BHRS for Children &amp; Adolescents (all BHRS provider types and specialties under HC Behavioral Health Services Reporting Classification Chart)</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>2. Rehabilitative Services (provider type 11, specialty 123)</td>
<td></td>
</tr>
<tr>
<td>Specify if used</td>
<td>Enrichment</td>
</tr>
<tr>
<td>Specify if used</td>
<td>Rights Protection</td>
</tr>
<tr>
<td>1. Residential and Housing Support Services (provider type 11 – specialty 110)</td>
<td>Basic Support</td>
</tr>
<tr>
<td>2. Family Support Services (provider type 11 – specialty 110)</td>
<td></td>
</tr>
<tr>
<td>1. Peer Support Services (provider types 08, 11, 21 – specialty 076)</td>
<td>Self Help</td>
</tr>
<tr>
<td>1. Mental Health General (provider type 11 – specialty 111)</td>
<td>Wellness/Prevention</td>
</tr>
<tr>
<td>Any services not identified above</td>
<td>Other</td>
</tr>
</tbody>
</table>
Expenditure Chart 3: Expenditure Chart for Health Choices for fiscal year 09-10

HEALTH CHOICES EXPENDITURES FY 09-10

$15,000,000

$10,000,000

$5,000,000

$0

Percentage Chart 3: Percentage Chart for Health Choices for fiscal year 09-10

HEALTH CHOICES FY 09-10

- Treatment
- Crisis Intervention
- Case Management
- Rehabilitation
- Enrichment
- Rights Protection
- Basic Support
- Self Help
- Wellness/Prevention
- Other

49%

1%

7%

1%

40%
<table>
<thead>
<tr>
<th>Services Funded with Reinvestment Funds</th>
<th>Health Choices Reinvestment FY 09-10 (in 1000s of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW 9 Master Leasing</td>
<td>$414</td>
</tr>
<tr>
<td>NW 9 Bridge Subsidy</td>
<td>$96</td>
</tr>
<tr>
<td>NW 9 Forensic Housing</td>
<td>$475</td>
</tr>
<tr>
<td>NW 9 Forensic Program</td>
<td>$100</td>
</tr>
<tr>
<td>Psyche Rehab Site Based</td>
<td>$185</td>
</tr>
<tr>
<td>Psyche Rehab Mobile</td>
<td>$52.6</td>
</tr>
<tr>
<td>Warm Line</td>
<td>$18.4</td>
</tr>
<tr>
<td>Forensic Case Manager</td>
<td>$32.5</td>
</tr>
</tbody>
</table>

**Note:** Clearfield Jefferson is involved in regional reinvestment projects with the other seven counties in our Health Choices contract subregion. The other counties are: Cameron, Elk, McKean, Forrest, Warren, Potter, and Clarion (which along with Clearfield and Jefferson comprise the “Northwest Nine” [NW 9])
### NEW FUNDING REQUESTS

<table>
<thead>
<tr>
<th>Identify the Request</th>
<th>Target Population *</th>
<th>Cost Center**</th>
<th>6 Month Cost</th>
<th>Annualized Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Housing start up</td>
<td>Transition aged youth, dual BH/DD, adult forensic</td>
<td>3.22</td>
<td>$150,000</td>
<td>$0</td>
</tr>
<tr>
<td>2 Housing support</td>
<td>Transition aged youth, dual BH/DD, adult forensic</td>
<td>3.22</td>
<td>$75,000</td>
<td>$150,000</td>
</tr>
<tr>
<td>3 Clinical training</td>
<td>Co-occurring, adult forensic</td>
<td>3.20</td>
<td>$10,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>4 CPS training</td>
<td>Dual BH/DD, older adult, transition aged youth</td>
<td>3.20</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* These requests for new state funds are to be prioritized for Adult Priority Group (adults with serious mental illness who also meet some other requirements as outlined in OMHSAS bulletin OMH-94-04). The counties are strongly encouraged to target one of the top five requests to older adults or transition-age youth (provided the targeted populations meet the Adult Priority Group criteria).

** This column should indicate the cost centers (see below) for the new services (as defined in OMHSAS bulletin OMH-94-10):

- Administrator’s Office (3.1)
- Community Services (3.2)
- Intensive Case Management (3.4)
- Outpatient (3.6)
- Psych Inpatient Hospitalization (3.7)
- Partial Hospitalization (3.8)
- MH Crisis Intervention Services (3.10)
- Adult Developmental Training (3.11)
- Community Empl & Empl Related Srvcs (3.12)
- Facility Based Vocational Rehab Srvcs (3.13)
- Other Services (3.98)
- Social Rehab Services (3.14)
- Family Support Services (3.15)
- Community Residential Services (3.16)
- Family-Based MH Services (3.17)
- Resource Coordination (3.19)
- Administrative Management (3.20)
- Emergency Services (3.21)
- Housing Support Services (3.22)
- Community Treatment Teams (3.23)
- Psych Rehab (3.24)
- Children’s Psychosocial Rehab (3.25)
- Other Services (3.98)
FY 12-13 County Plan

HOUSING PLAN

COUNTY PROGRAM: Community Connections (Clearfield/Jefferson)

CONTACT:

Name: Bill Mendat
Title: BH Program Director
Address: PO Box 269, DuBois, PA 15801
Phone: (814) 371-5100
Email: bmendat@cljmhmr.com

SUMMARY OF COUNTY HOUSING PLAN:

I. SUMMARY OF PROPOSED ACTIVITY (TYPE OF ACTIVITY) proposed activity includes any new CHIPP, Reinvestment or other Projects that are being planned, whether or funded or not. This includes any activity approved within the last fiscal year that is in the implementation process.

☐ 1. Capital Projects

Description: Transition Housing start up: Community Connections is seeking a provider to offer transitional housing to individuals returning to the community after extended inpatient treatment at state hospitals or residential treatment facilities, jails or prisons, for transition age youth, and for individuals with a co-occurring intellectual/developmental disability. The provider will work with these individuals to transfer the necessary skills to become good tenants and maintain community tenure. The facility will also offer short term respite.

Amount and Sources by type: (sources may include federal, base, other state, local funding: Reinvestment, Base, or CHIPP funds will be used for startup including furnishings, office equipment, a vehicle, and staff training – up to $150,000. Base or CHIPP funds along with rent collected from the residents will program fund the facility.
2. **Project Based Operating Program** (this includes any program where the County invests to assure rental units are available to priority consumers in a rental program—the funds are available to the project owner or manager and are not portable; it typically is used to secure set asides in new or existing federal Low Income Housing Tax Credit programs; it is different than either tenant based or master leasing where specific funds for are made available for tenants regardless of their location):

Description: Community Connections has no plans for a project based operating program.

Amount and Sources by type: (sources may include federal, base, other state, local funding:

3. **Tenant Based Rental Program**

3a. **Bridge Subsidy Program**

Description (include plans for people on bridge subsidies to get permanent subsidies): Community Connections is part of a nine county bridge subsidy plan through Health Choices Reinvestment. The other counties are Potter, Forrest, Warren, Cameron, Elk, McKean, and Clarion. A regional housing coordinator will administer the plan with slots awarded to the individual counties based on percentage of covered lives. Referrals will be made to the Community Connections Housing Coordinator and eligible applications will be forwarded to the administrator.

Amount and Sources by type: (sources may include federal, base, other state, local funding: Reinvestment: $96,000 for entire NW 9

3b. **Master Leasing Program**

Description (include plans for people on master leasing to get permanent subsidies): Community Connections is part of a nine county master leasing subsidy plan through Health Choices Reinvestment. The other counties are Potter, Forrest, Warren, Cameron, Elk, McKean, and Clarion. A regional housing coordinator will administer the plan with slots
awarded to the individual counties based on percentage of covered lives. Referrals will be
made to the Community Connections Housing Coordinator and eligible applications will be
forwarded to the administrator.

Amount and Sources by type: (sources may include federal, base, other state, local funding:
Reinvestment: $414,000 for entire NW 9

4. Program Management/ Clearinghouse

Description and Source: Community Connections has no plans for Program
Management/Clearinghouse

Amount and Sources by type: (sources may include federal, base, other state, local funding:

5. Housing Support/ Support Services

Description: Community Connections will continue to fund training and support for
activities of daily living and medication management to assist individuals in being good
tenants

Amount and Sources by type: (sources may include federal, base, other state, local funding:
Base and CHIPP funds: $100,000

6. Housing Contingency Funds:

Description:
Community Connections is part of a twenty three county housing contingency plan through
Health Choices Reinvestment. A regional housing coordinator will administer the plan with a
budget awarded to the individual counties based on percentage of covered lives. Referrals
will be made to the Community Connections Housing Coordinator and eligible applications
will be forwarded to the administrator.
Amount and Sources by type: (sources may include federal, base, other state, local funding: 
Reinvestment: $351,748 for entire 23 counties

☐ 7. Enhanced Personal Care Home(s):
Description: Community Connections has no plans for an enhanced personal care home though we have contracted with an out of county provider in the past for this service using base funds

Amount and Sources by type: (sources may include federal, base, other state, local funding:

☐ 8. CRR Development or Conversion:
Description and Source: Community Connections has no plans for CRR Development

Amount and Sources by type: (sources may include federal, base, other state, local funding:

☐ 9. Fairweather Lodge:
Description: Community Connections will continue to fund the existing four Fairweather lodges and will expand the program pending continued success and need.

Amount and Sources by type: (sources may include federal, base, other state, local funding:
Base and CHIPP: $120,094/year

☐ 10. Other:
II. EXISTING RESOURCES, RESOURCES BEING DEVELOPED, LOCAL CAPACITY AND PARTNERSHIPS:

A. Existing Resources: Please describe your existing Services: CRRs, LTSRs, E-PCHB, Supportive Housing, Fairweather Lodges by the number and size of your facilities/programs, your current occupancy levels by facility or program and your annual turnover rate if applicable and the total number of people served in each of these programs in the last fiscal year.

Community Connections helps fund four four-person Fairweather Lodges operated by Venango Training and Development Corporation. These homes are situated in residential neighborhoods and have met no neighbor or community resistance. Turnover has been limited and if the program continues to be successful for the current residents Community Connections will consider expanding the size of the project.

Community Connections also contracts with five programs that provide in-home training and assistance with daily living skills and medication compliance. Case Managers may request authorization for short term use of these services and the programs work to transfer skills to the individuals they serve.

As described in section 4 above Community Connections also has available:

**Mo-Valley Apartments in Houtzdale, PA:**
- Funded through the Department of Housing and Urban Development (HUD) Section 202 grant. Building opened 1993
- Administered by the Central PA Community Action
- 8-1 bedroom units for tenants 1 apartment for live-in manager
- Community Connections funds in-home support services

**Punxsutawney Place in Punxsutawney, PA:**
- Funded by HOME monies through the state Department of Community and Economic Development (DCED). Building opened 2001
- Administered by Community Action, Inc.
- 4 unit apartment building
- Community Connections funds in-home support services

**Tenant Based Rental Assistance (TBRA):**
- Administered by Community Connections
- Individual must be eligible for HUD Section 8 voucher
- Community Connections funds in-home support services
- Funds may be used for security deposits, rent assistance, and/or utility deposits/payments
Shelter Plus Care (S+C):
- 4 grants awarded through the McKinney-Vento Homeless Assistance Process by HUD to the CHIPP Consortium Counties of Clearfield-Jefferson, Cameron, Elk, McKean and Forest/Warren
- The S+C Program currently serves 72 individuals, including 2 families.
- Administered by the DuBois Housing Authority
- S+C slots are available to persons who meet the HUD definition of homelessness and have a Mental Health diagnosis.
- S+C has served over 300 persons have been served since 1999

Homeless Prevention and Rapid Rehousing Program (HPRP):
- Administered by Clearfield County Planning and Development Office
- Rental Assistance, security and utility deposits
- Available up to 18 months
- Available to both individuals and families

Transitional Apartments:
Community Connections maintains up to two fully furnished apartments – available in Clearfield and DuBois - for consumers experiencing a housing crisis.

Community Living for Independent Persons (CLIP)
This Department was successful in obtaining a three year SHP Grant. CLIP provides assistance for 15 individuals at any one time with paying rent and providing supports that include case management, skill assessment, and needed daily living supports for individuals with serious mental illness aged 18 to 60.

Projects for Assistance in Transition from Homelessness (PATH)
The PATH Program provides help to adolescents with mental illness who are or will become homeless. Supports include referral to community resources, assistance in filling out applications and other paperwork, assistance in securing work or vocational supports, referral to physical and mental health treatment, and other supports the adolescent needs and is willing to accept to live safely and successfully in the community. The PATH Program serves a six county area and is based in Ridgeway.

Fairweather Lodge
Venango Training and Development Center has established three four-person Fairweather Lodges in our Counties. A fourth lodge has been budgeted for and the provider is searching for a suitable house.

B. Resources Being Developed-Please describe your progress on implementing new CHIPP projects, Re-Investment funding (2006-2010) or other programs being created (or partially funded) by other sources. Please identify the proposed number of people (by priority group) being served and slated to be served by program and housing type, size of facility, lease arrangement type (tenant or master lease where appropriate) and any specific implementation challenges.
The NW-9 Master Leasing, Bridge Leasing, and Housing Contingency Program to be funded through Health Choices are described in Section I of the Housing Plan above.

C. **Unmet Needs, Successes and Challenges** - Please describe your greatest unmet needs (quantify if possible) by target group, type and amount of housing and or type and amount of services. Please describe your greatest challenges for increasing housing, building management capacity and forming relationships necessary to secure housing resources. Please describe your community’s provider capacity to provide evidenced based supportive housing services. Include in this description your success in using Health Choices In Plan services for evidenced based pre-tenancy, move-in and post tenancy services. Also include in this reference examples of your success and challenges for serving your priority populations. Describe your success in securing other services resources for each of your priority groups listed below.

The greatest housing challenge in Clearfield and Jefferson County for individuals with mental illness is transitional housing for individuals not eligible for public subsidized housing. This includes transition age youth and individuals returning to the community after extensive institutionalization like inpatient hospitalization or jail/prison. These populations need training to transfer the skills necessary to obtain and maintain permanent housing. They also frequently need “bridge” housing support to build tenure and credit to become eligible for public housing programs.

Community Connections is exploring opportunities with providers to create housing options for these individuals. The success of the Fairweather Lodges is encouraging; however, not all individuals have vocational goals – making them inappropriate for the Fariweather model. Community Connections has encouraged our providers to propose a model which could be funded through Health Choices reinvestment, base, and new CHIPP’s.

D. **Housing Resource Mgmt and Services Capacity** - Please describe your capacity to manage and contract current and proposed housing resources. Within that description, include capacity your have in house including but not limited to your Housing Specialist (if you have one) and your contract assistance you are getting or need to successfully implement your housing plan. For example, do you get or need assistance (short term and long term) in working with developers, the Public Housing Authority(ies) or other housing groups to assure your plans will be successful. Please identify how you assure you are getting and using information on best practices particularly for providing services and housing for priority populations.

Community Connections employs a full time housing program specialist who manages many of the grant funded housing programs described above in section II(A). Community Connections is also exploring the possibility of hiring an individual in recovery to assist the housing specialist as an aid. BHARP also provides support through
a regional housing specialist to help manage the Health Choices reinvestment housing programs.

E. **Partnerships:** (Please describe your agreements with organizations listed below. Describe the type of agreement (written agreement, liaison activity, working group, informal relationships)? If you do not have an agreement(s), please describe your past, current or planned efforts to achieve one.

1. **Public Housing Authorities:** The DuBois Housing Authority provides inspections of units under the Community Connections CLIPP and Housing First programs. In the past DHA also acted in a fiduciary role for these programs.

2. **Community Development Authority(ies):** Participate in the groups described in part E4 below.

3. **Other Housing Organizations including Developers:** The Community Connections housing specialist maintains an informal network of landlords that have been receptive of providing units for the programs we manage in the past and will consider new tenants referred by Community Connections and our provider network.

4. **Other groups (LHOTs, CoCs, planning groups, etc.):**

Two LHOT groups meet regularly to support current efforts to provide affordable safe housing in the 2-county area and to plan for new housing initiatives. Regarding the implementation of this Plan, each group will assist with housing needs assessments, program development ideas, community education and advocacy, and regular review of the projects proposed in the County Plan. Each LHOT was represented on the County Housing Planning Team; each LHOT will be informed at least quarterly regarding the County’s progress in meeting Plan objectives. Representatives of the following groups are included in the LHOT membership lists: Community Action agencies, the PATH program, MH/MR programs, Community Mental Health Center, domestic violence programs, emergency shelters, county government departments, LIFT, Public Housing Authorities, Salvation Army, consumers, and private landlords/developers.

The Housing Specialist also is a member of the Western Region Housing Options Coalition and the Clearfield County LIFT Commission which includes representatives of the County government, SKILLS, ATA, Community Action, OVR, LIFT, and MH/MR. The group is charged with addressing the housing, employment, and transportation needs of county residents with disabilities. The group meets quarterly and is currently working on housing and employment issues. Both Clearfield and Jefferson counties have included a “Housing” section in their respective Comprehensive Plans. Issues of housing availability, affordability, quality, and needs are addressed with stated objectives.
and goals. The LHOT groups and MH/MR will collaborate with those county Planning and Development Offices in order to meet common goals. MH/MR Program staff participates in the Warren State Hospital Continuity of Care and Service Area Plan meetings regularly. Those meetings address Housing needs of patients who are about to be discharged.

F. Partnerships with Consumer, Family and Other advocacy groups- Please describe your partnerships, formal and informal, with advocacy groups to promote housing, get feedback on satisfaction and to help set your County’s housing agenda and develop your housing plan.

The Community Connections housing specialist also supervises the program’s CSP ambassador. She participates in the monthly CSP meetings and housing is standing agenda item at those meetings.

G. Partnerships with Provider agencies- Please describe your working relationships with your provider community to promote best practice in supportive housing and to increase the capacity of your provider community to provide evidenced based supportive housing services. Include in this description any efforts underway to assist providers with changing or shifting practice models if you are in the process of adopting new practices approaches.

As described above in 4E above

H. Sustainability Plan for Housing related Reinvestment Plans-Please describe your overall sustainability strategy and specific strategies by type of resource (rental assistance, clearinghouse, supportive services and contingency funds) for any housing related Reinvestment Plans approved by DPW since 2007.

OMHSAS, BHARP, and CCBH have been consulting with the Technical Assistance Center (TAC) to use the reinvestment funds to leverage grants and investment opportunities to sustain the projects.

III. IDENTIFICATION OF PRIORITY CONSUMER GROUPS

A. OMHSAS has identified persons from your county residing in institutions including Personal Care Homes that have over sixteen residents as the highest priority group for access to supportive housing in your community as it most often the most integrated setting possible for this target group. This includes identifying your housing goals for serving this target group in FY 2011, what services will be made available to them to assure they have access to the most integrated setting possible and steps you will take to do as part of your housing planning. The most integrated settings possible include permanent supportive housing with both In Plan services and other services. If your plan
is to assist people leaving institutions to move into CRRs and people from CRRS to move into supportive housing, please describe below your plan to assure this is a one-for-one exchange.

Individuals living in Personal Care Homes will be given the same opportunity to participate in the bridge and master leasing programs as the other priority populations. Additionally, case management providers will provide opportunities to individuals in Personal Care Homes to explore other living options including permanent supportive housing.

B. Identify up to three additional priority groups (who are MA eligible) for these targeted housing resources. You have a choice of listing them all as “high” priority or may be listed in descending priority order; please indicate which method you are using. Counties can choose to identify the priority group by age, type of disability/need or other designation. In the rationale for priority, please discuss why the priority group is “most in need” of permanent housing to be created by this initiative. Provide local or state data and statistics to support your priority consumer targeting plan. Keep in mind that Reinvestment funds must be targeted to address the “unmet need” for permanent supportive housing among MA eligible persons in your County. In the rationale for priority, please describe any strategic, systems considerations for identifying a priority consumer group.

**Priority Group 1: MH Forensic Population – High Priority**

<table>
<thead>
<tr>
<th>Rationale for Priority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>This “high” priority group is selected to support the research and work of the Clearfield Homeless Prevention Task Force LHOT. The LHOT has determined the need for a pilot project to address the stability of County Jail inmates with an MH disability in the community after their release. Affordable, stable housing is considered the major factor in the transition from jail to independent living. Data regarding the inmate population, the prevalence of MH disabilities in that population, and the recidivism rate was provided by the Clearfield Prison MH Liaison, the County Prison Warden, and the County probation officer. That data convincingly defined the need for the Project. SAMHSA studies as well as data from state and national forensic projects support the success of these programs in reducing recidivism and promoting recovery for participants. Concerns for the lack of MH treatment available upon release, the high cost of incarceration, and the high incidence of homelessness and unemployment among this population motivated the LHOT to research the need for services. The C-J MH/MR Program and the Housing Planning Team endorsed the LHOT’s efforts to pursue efforts to obtain meaningful services for this population.</td>
</tr>
</tbody>
</table>
Priority Group 2: Dually-diagnosed Individuals – High Priority

Rationale for Priority:
This group, those individuals with both an MH disability and an Intellectual disability, is identified as a “high” priority group within the MH/MR Program. National statistics indicate that about 3% of the general population has an IQ lower than 70; of those, 20 – 25% also are diagnosed with a mental health disability. Housing preference assessments with individuals and family members indicate that independent living with community supports is an important goal for these individuals. It is of particular importance to individuals who are transitioning from a family home, a PCBH, or other group setting into the community. Choices such as shared living and Fairweather Lodge in the community will also be explored and supported as needed.

Priority Group 3: Unemployed Transition-age Youth – High Priority

Rationale for Priority:
This group is included as a “high” priority group. Data from the MH/MR Program’s CLIP (Community Living for Independent Persons) permanent housing program and the Transition Apartment program supports the inclusion of this group’s housing needs in the Plan. We believe that this will continue to be a priority group as young people are discharged from RTFs into the community without the support of family or adequate income to meet housing needs. Case management supports the employment efforts and needs of this group through supported living services, OVR, Goodworks/Goodwill Industries, and other local providers. These efforts will continue.
Both County CJABs have participated in the PA Mental Health and Justice Center of Excellence Cross System Mapping and Action Planning activities. As a result mental health services in the county jails have been supplemented, bridges to community services upon release have been established, and Jefferson County is developing a Crisis Intervention Team. The reports are included as Attachments M-1 and M-2.

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<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>Intercept 1: Law Enforcement and Emergency Services; Pre-Arrest Diversion Programs</strong></td>
<td></td>
<td>X</td>
<td>911 training need identified during Clearfield Jan 2011 action planning and will be addressed</td>
</tr>
<tr>
<td>911 Training:</td>
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<td>X</td>
<td>911 training need identified during Clearfield Jan 2011 action planning and will be addressed</td>
</tr>
<tr>
<td>Police Training:</td>
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<td>X</td>
<td>Jefferson County forming CIT – train the trainer April 11 – 15, 2011</td>
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<tr>
<td>Documentation of Contact:</td>
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<td></td>
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</tr>
<tr>
<td>Emergency/Crisis Response:</td>
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<td>X</td>
<td>Mobile Crisis available 24/7; meets with individual departments to train; participates on CJABs</td>
</tr>
<tr>
<td>Follow Up:</td>
<td></td>
<td>X</td>
<td>Mobile Crisis completes follow up on all dispatches</td>
</tr>
<tr>
<td>Evaluations of Services:</td>
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<td>X</td>
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</tr>
<tr>
<td>Other:</td>
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<tr>
<td>Contact information for Intercept 1:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name, email, and Phone number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bill Mendat, <a href="mailto:bmendat@cljmhmr.com">bmendat@cljmhmr.com</a>, (814)371-5100</td>
<td></td>
<td></td>
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<tr>
<td><strong>Intercept 2: Initial Hearings and Initial Detention; Post-Arrest Diversion Programs</strong></td>
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<tr>
<td>Screenings:</td>
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<td>Service Linkage:</td>
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<td>Name, email, and Phone number</td>
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<tr>
<td>Tina Fauls, <a href="mailto:tfauls@cljmhmr.com">tfauls@cljmhmr.com</a>, (814)371-5100</td>
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<tr>
<td><strong>Intercept 3: Jails and Courts</strong></td>
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<tr>
<td>Screening:</td>
<td>X</td>
<td>Completed upon incarceration</td>
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<tr>
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<tr>
<td>Court Coordination:</td>
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<tr>
<td>Service Linkage:</td>
<td>X</td>
<td>County intakes, case management, and Certified Peer Specialist start during incarceration and link with community services</td>
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</tr>
<tr>
<td>Court Feedback:</td>
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<tr>
<td>Jail-Based Services:</td>
<td>X</td>
<td>Psychiatric &amp; D&amp;A counseling, CPS, and ACM and BCM available during incarceration</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact information for Intercept 3:</td>
<td></td>
<td>Tina Fauls, <a href="mailto:tfauls@cljmhmr.com">tfauls@cljmhmr.com</a>, (814)371-5100</td>
<td></td>
</tr>
<tr>
<td>Name, email, and Phone number</td>
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</tr>
</tbody>
</table>

**Intercept 4: Re-Entry from Jails, Prisons and Hospitals**

- **Assess:** X  Forensic counselor and BSU intake
- **Plan:** X  Case management
- **Identify:** X
- **Coordinate:** X
- **Other:**

| Contact information for Intercept 4: | | John Geist, jgeist@sam-inc.org, (814)771-3185 |
| Name, email, and Phone number | | |

**Intercept 5: Community Corrections and Community Support Services**

- **Screening:** Screened during incarceration
- **Maintain a Community of Care/Service Linkage:** ACM, BCM, and CPS follow into community
- **Implement a Supervision Strategy:**
- **Graduated Responses and Modification of Conditions of Supervision:** X
- **Other:**

| Contact information for Intercept 5 | | Larry Straitiff, lstraitiff@jeffersoncountypa.com, (814)849-1622 |
| Name, email, and Phone number | | |

*Please summarize other Cross Systems Initiatives (Forensic Peer Support, Collaborative efforts with CJABS, etc) not included above:*
Jefferson County
Report of the Cross-Systems Mapping Workshop
Indiana University of Pennsylvania – Punxsutawney Campus
Punxsutawney, PA
August 19 – 20, 2010

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

Introduction
The purpose of this report is to provide a summary of the Pennsylvania Mental Health and Justice Center of Excellence Cross-Systems Mapping workshop held in Jefferson County, Pennsylvania, on August 19-20, 2010, conducted by the Pennsylvania Mental Health and Justice Center of Excellence. The workshop was hosted by the Clearfield-Jefferson MH/MR Program and the Jefferson County Adult Probation & Parole Department as part of an ongoing process of developing collaborative systems of support for individuals who have mental illness and who come in contact with criminal justice. This report (and accompanying electronic file) includes:

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

Background
The Clearfield-Jefferson MH/MR Program, the Jefferson County Adult Probation & Parole Department and multiple other stakeholders requested the Center of Excellence Cross-Systems Mapping workshop to promote progress in addressing criminal justice diversion and the treatment needs of adults with mental illness in contact with the criminal justice system. As part of the workshop, they were requested to provide assistance to Jefferson County with:

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

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

The participants in the workshops included 21 individuals representing multiple stakeholder systems, including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available in Appendix A (pg. 40) of this
document. Patricia A. Griffin, PhD, Senior Consultant from the Pennsylvania Mental Health and Justice Center of Excellence and the CMHS National GAINS Center and Christina Finello, JD, PhD, facilitated the workshop sessions. Sarah Filone and Casey LaDuke of the Center of Excellence also provided support.

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

The Center of Excellence workshop, Cross-System Mapping, is a unique service tailored to each Pennsylvania community. The workshop provides an opportunity for participants to visualize how mental health, substance abuse, and other human services intersect with the criminal justice system.

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

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

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

The Cross-Systems Mapping Exercise has three primary objectives:

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

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

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

Keys to Success

Existing Cross-Systems Partnerships

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

- The Jefferson County Criminal Justice Advisory Board Re-Entry Subcommittee, started in March 2010 and including involvement across the behavioral health and criminal justice systems.
- The Clarion/Jefferson Local Housing Options Team (LHOT), a longstanding collaboration that meets every other month with representatives from key programs within the behavioral health, criminal justice and housing systems.
- The Drug and Alcohol Restrictive Intermediate Punishment Program, a collaboration between the Clearfield-Jefferson MH/MR Program, the Jefferson County Adult Probation & Parole Department and the Jefferson County Court of Common Pleas that provides a sentencing alternative for offenders with substance abuse disorders to receive treatment in lieu of incarceration.
- The Jefferson County Communities for Family and Children (COFAC) Annual Service Provider Cross Training, which in 2010 included interactive panel discussions and break out sessions devoted to crisis response services and police-based crisis intervention, specifically the Crisis Intervention Team model.
- Mental health and Drug & Alcohol case management in the local jail system and in the community, including MH Blended Case Management.

Consumer Involvement in the Workshops

- Consumer services were represented by Elissa Gies, Director of Forensic Peer Support for Nulton Diagnostic & Treatment Center, P.C. & Peerstar LLC. Consumer
services. Elissa added valuable information to the discussion, especially regarding upcoming forensic peer specialist trainings available to Jefferson County.

Representation from Key Decision Makers in the Workshops

- The workshops included wide cross-system representation and involved many of the key decision makers. Opening remarks by Bill Mendat, Behavioral Health Program Director, Clearfield-Jefferson MH/MR Program, and Larry Straitiff, Chief Adult Probation Officer, Jefferson County Adult Probation Department and representative of the Jefferson County Criminal Justice Advisory Board, set the stage and established a clear message as to the importance of the workshop. Mr. Mendat also welcomed participants and introduced the facilitators.

Data Collection

In addition to the information gained during the workshop, the information in this report was developed from conversations with and questionnaires completed by key stakeholder
Jefferson County Cross Systems Narrative, Gaps, and Opportunities

The Cross-Systems Mapping exercise is based on the Sequential Intercept Model developed by Mark Munetz, M.D. and Patty Griffin, Ph.D.,¹ in conjunction with the National GAINS Center. In this workshop, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

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

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

General Description of Services and Cross-System Collaboration

Jefferson County was established in 184 and now covers 657 square miles in the northwest corner of Pennsylvania. As of the 2000 US census there were 45,932 people living in Jefferson County, the average household size was 2.45, and the average family size was 2.96. The County’s population is predominantly white (99% in 2000), and is fairly evenly distributed among age groups. Brookville is the seat of Jefferson County, and Punxsutawney (pop. 6,271 in 2000) is the County’s largest town. Due to its small size, services are usually shared with neighboring counties, particularly Clearfield County (east) and Clarion County (west).

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

- The Jefferson County Criminal Justice Advisory Board, including a Re-Entry Subcommittee;
- The Clarion/Jefferson Local Housing Options Team (LHOT); and
- The Drug and Alcohol Restrictive Intermediate Punishment Program.

The Clearfield-Jefferson Mental Health/Mental Retardation Program is the community mental health authority that oversees programming in Jefferson County. Clearfield-

Jefferson MH/MR assures access to a comprehensive array of quality services that are reflective of the needs of the residents of the two-county area. The services are managed by an array of behavioral health providers, including private organizations, hospitals, county-run services providers, and more.

The Clearfield-Jefferson Mental Health/Mental Retardation Program works closely with the county Medical Assistance/Health Choices program to coordinate all publicly funded behavioral health services and supports. Many individuals with serious and persistent mental illness qualify for both Medical Assistance/Health Choices supports and county-funded supports. The Clearfield-Jefferson Mental Health/Mental Retardation Program contracts with local agencies throughout the county to provide services.

Additional descriptions of resources for adult services in Jefferson County are available at http://www.cljmhmhr.com/.
**Intercept I: Law Enforcement / Emergency Services**

**911**

Jefferson County 911 is a county-run emergency dispatch service, housed within a single dispatch office within Emergency Management Agency (EMA). Punxsutawney Borough is the only jurisdiction in the County that has its own dispatch, which is not connected to the county-run 911 but rather receives calls directly.

The State Police in Jefferson County also dispatch separately, out of DuBois and Punxsutawney.

Jefferson County 911 has no direct link to Crisis (see below), however dispatchers will call Crisis to follow up with individual callers in crisis, or with police officers on the scene of a crisis.

**Law Enforcement**

Jefferson County has two state police barracks and five community police departments. Punxsutawney Borough is the largest jurisdiction in the area, and typically has 2 officers per shift; Brookville is also staffed full time but the other departments are smaller, typically with 1 officer on duty per shift, and may not be staffed 24 hours/day. State Police fill gaps in staffing, and the relationship between local jurisdictions and state police was described as "pretty good."

All county officers receive basic municipal training from IUM for approximately 5.5 months. It is unclear how much of this training is devoted to legal, mental health, drug and alcohol, or crisis training. This initial training is followed by 2-day updates yearly, which sometimes cover legal issues. Clearfield Jefferson Mental Health/Mental Retardation and Punxsutawney Borough are currently trying to schedule training on mental illness. This training would explain the crisis and hospital systems to officers, the process at these institutions, a summary of the 302 process, and answer any questions the officers have. Drug & Alcohol may also become involved.

Officers in Jefferson County are able to call in back up support to cover while they drop individuals off at Jefferson County Jail, however they may not wait when dropping individuals off at area hospitals; nevertheless this seems to occur every weekend due to hospitals’ lack of security personnel. Additionally, individuals can call Drug & Alcohol providers directly. The County experienced one death in 2009 while the individual was in custody of law enforcement.

**Crisis Services**
If in crisis, individuals/family members are expected to call Crisis. This service is run separately from Jefferson County 911, and is a 24/7 service run by The Meadows Psychiatric Center. Crisis receives approximately 95-120 calls per month from Jefferson County, with a 2010 (year to date) average of 113 calls per month. Approximately 1/3 of the calls to Crisis come from law enforcement. Crisis may be reached at 800-341-5040.

Crisis call-takers are also able to send mobile crisis units, also operated by The Meadows Psychiatric Center. Mobile Crisis is a 24/7 service staffed by 15-20 on-call workers, covering both Jefferson and Clearfield Counties. Daily Mobile Crisis Shifts are scheduled as follows with Jefferson and Clearfield County assigned 1 crisis worker each: from 7am to 5pm; 5pm to 12 am, and 12 am to 7am. Additionally, another crisis worker is scheduled from 5pm to 1am, and is centrally located in DuBois for response. The Mobile Crisis Coordinator is responsible for coverage of any heavier volumes on the system. Mobile Crisis also employs one Mobile Crisis Coordinator. Mobile Crisis is dispatched between 55 and 68 times each month in Jefferson County, with a 2010 average of 60 Mobile Assessments/month.

Mobile Crisis Workers receive monthly supervision/reviews and two mandatory 8 hour trainings each year. If individuals are acutely psychotic and admission seems necessary, Mobile Crisis workers will problem solve on scene and get individuals in crisis to emergency rooms or other services, as appropriate, and release police officers whenever it is deemed safe. Mobile Crisis Units are also available to provide services within the Jefferson County Jail (see Intercept 3 below), however this is usually limited to assessments and formal diversion does not occur.

Additionally, there is a longstanding Mental Health Crisis System group that meets quarterly to discuss crisis response issues and programs. The group includes representation from Clearfield Jefferson Mental Health/Mental Retardation, Crisis Providers (telephone, mobile, and supports), emergency rooms, inpatient psychiatric services, Drug & Alcohol, and is open to any other stakeholder in the crisis system.

Jefferson County Communities for Family and Children (COFAC) Annual Service Provider Cross Training

Facilitated by Jefferson County Commissioner Jim McIntyre on February 19, 2010, this training included an interactive panel discussion among administrators from key organizations that provide immediate crisis response in Jefferson County. Panel members gave an overview of crisis services they provide, and discussed service gaps. Panel members also explained protocols for involving other agencies and organizations, and discussed how services work together in emergency situations through an interactive review of scenarios submitted by attendees. Panel members included administrators from Jefferson County school districts, Jefferson County Children and Youth Services, Probation, Clearfield Jefferson Mental Health / Mental Retardation, PASSAGES, Inc., Clearfield-Jefferson Drug and Alcohol Commission, Pennsylvania State Police, Clearfield-Jefferson Mobile Crisis, Community Action, Inc., and DuBois Regional Medical Center.
Additional breakout sessions included, “Police Based Crisis Intervention Team: A Nationally Recognized Model,” detailing the Laurel Highlands Region Crisis Intervention Team (CIT). Presenters included Patti Costic, Cambria County Mental Health/Mental Retardation Crisis Director, Officer Daniel Marguccio of the Johnstown Police Department, and Wendy Stewart of the National Alliance on Mental Illness.

This cross training was sponsored by The Jefferson County Commissioners, Jefferson County Children and Youth Services, and The Meadows Hospital/Universal Community Behavioral Health.

Other Crisis Hotlines
DuBois Regional Medical Center operates a 24/7 Behavioral Health helpline, which is typically answered by a therapist or psychiatric nurse. The majority of calls come from individuals released from area hospitals with issues, or those previously released and considering readmission. The Behavioral Health helpline can be reached at 1-877-797-1685.

The Regional warm line is also available to Jefferson County residents, limited to 2 hours Friday and 2 hours on Saturday. This warm line is run by a consumer-operated and delivered drop-in center, and can be reached at 1-877-683-3507.

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

Drug & Alcohol
The Drug and Alcohol Commission operates Monday through Friday 8:30 to 4:30. It provides Case Management and funding for individuals going into detox. During business hours, consumers and law enforcement contact the Drug and Alcohol Commission at 1-800-892-9002 to arrange for detox services. After hours, the consumer or officer contacts the Drug & Alcohol detox provider directly.

There are five Drug & Alcohol detoxification providers available to Jefferson County though none of these are housed within the County itself. These “detox” providers operate 24 hours a day/7 days a week, and are contracted to provide on call services and transportation to Jefferson County individuals in need of services. As these providers are typically a 2-3 hour drive outside the county, calls must be made ahead of time to ensure that beds are available; if none are immediately available, this process may take up to 2-3 days.

Hospitals
There are three emergency rooms available to Jefferson County: DuBois Regional Medical Center (DRMC) (Clearfield County), Brookville Hospital, and Punxsutawney
Hospital. DRMC is the only hospital in the area with security. DRMC and Brookville Hospital are both approved to conduct evaluations for involuntary (302) inpatient admissions though Brookville will only consider individuals over age 65. All of the hospitals are able to provide transport via ambulance for insured individuals, and family transportation is typically the first choice. Law enforcement is not typically involved in the transport of patients to the hospitals, though they may be called in certain instances (e.g. 302 admissions).

In Jefferson County Brookville Hospital has a geriatric special unit that provides inpatient psychiatric treatment for individuals over age 55. Also Jefferson County residents have access to general inpatient psychiatric treatment in the surrounding area, including Clarion Psychiatric Center (Clarion County), Bright Horizons Inpatient Unit at Clearfield Hospital (Clearfield County – over age 55), The Meadows Psychiatric Center (Centre County), and DuBois Regional Medical Center (DRMC; Clearfield County). In the first 7 months of 2010, Jefferson County Mobile Crisis reported a total of 129 voluntary (201) admissions, and 13 involuntary (302) admissions to these facilities.

- ** Identified Gaps**
  - Training for 911 for mental health calls – how much?
  - Accessing on-call detox providers, need one local number to call
  - 911/Crisis should have a list/number of detox providers
  - Drug and alcohol services – all voluntary
  - Different criteria for co-occurring disorders
  - Hospitals have limited security so police need to stay with consumer
    - Time consuming, happens every weekend
    - Also call state police
  - Emergency Rooms not willing to take people if they are violent, need seclusion rooms to keep them safe
  - Funding?
  - Relationship between crisis and police
  - Training for patrol officers on de-escalation and treatment
  - No direct link between 911 and crisis
  - Hit and Miss Collaboration between law enforcement and emergency response
  - Transportation

- ** Identified Opportunities**
  - Special Crisis Number, 24/7, staffed
  - Mobile Crisis
  - Regional warm line, peer-operated and delivered
  - Regional behavioral health hotline through Medical Center, 24/7
  - State police dispatch
  - Punxy Chief of Police Training – Mental health, crisis, potentially add drug and alcohol
- Officers currently call crisis line
- 1/3 of calls from law enforcement
- Try to limit law enforcement for transport
- Certain treatment centers offer 24 hour hotline
**Intercept II: Initial Detention / Initial Court Hearing**

**Initial Detention**

After arrest, offenders are initially detained within holding cells at the local police department. Punxsutawney Borough, the area’s largest jurisdiction, has four holding cells. Offenders must be medically cleared before they can be placed within these holding cells. After booking and paperwork are completed, police officers provide transportation to the site of Preliminary Arraignment, either the Magisterial District Courts (during regular hours) or the Jefferson County Jail (after hours). Transport to Jefferson County Jail requires two officers.

**Preliminary Arraignment**

Jefferson County has three Magisterial District Judges that oversee Preliminary Arraignment and initial court hearings. The Honorable Richard D. Beck is located in Brookville (182 Main St; Phone: 814-849-3673); the Honorable David B. Inzana is located in Reynoldsville (311 Main Street, P.O. Box 26; Phone: 814-653-9611); and the Honorable Douglas R. Chambers is located in Punxsutawney (221 East Union Street; Phone: 814-938-9381). The Magisterial District Courts located in Punxsutawney is open Monday-Friday 8:00am – 4:00pm, while the Courts in Brookville and Reynoldsville are open Monday-Friday, 8:30am - 4:30pm.

Preliminary Arraignment can occur two ways. If the offender is brought in during regular hours, Preliminary Arraignment is done face-to-face at the local Magisterial District Court. If the offender is to be arraigned after regular hours, they are brought to the Jefferson County Jail and placed in a secured waiting area. Preliminary Arraignment is then done via video arraignment at pre-appointed times, after which the offender is either released or booked. There are anywhere between 3 and 20 Preliminary Arraignments weekly in Jefferson County, the majority of which occur after hours.

The Magisterial District Judges have two main options at Preliminary Arraignment: release on bail (with conditions) or commit in lieu of posting bail. Jefferson County Adult Probation and Parole is the formal bail agency in Jefferson County. No formal mental health screening is provided. If the defendant is committed in lieu of bail, offenders are placed within general population at Jefferson County Jail while awaiting trial.

Within 3-10 days after the Preliminary Arraignment, the Preliminary Hearing is held. This will typically include the offender, the Magisterial District Judge, the arresting officer, representatives of the Public Defender and the District Attorney. Bail and release conditions can be fine-tuned, and Formal Arraignment can be scheduled (see “Courts”
below), which typically occurs 3-4 weeks after Preliminary Arraignment (depending on type of counsel being used by the offender, e.g., those with private counsel are usually seen earlier).

According to the Honorable Douglas Chambers, Magisterial District Judges rarely see an offender for preliminary court appearances who is noticeably showing signs of mental illness, as these individuals would have been noted earlier and placed in the appropriate services. He also noted that he has limited communication with these services (i.e., Crisis).

- **Identified Gaps**
  - No pretrial services
  - No formal screening
  - Mobile crisis for diversion
  - No drug and alcohol diversion

- **Identified Opportunities**
  - Long after hours transport eliminated by video arraignment
  - Video arraignment
**Intercept III: Jails / Courts**

**Jefferson County Jail**

The Jefferson County Jail has a capacity of 155 inmates. In 2009 the average daily census was 121.2 and from January to August 2010 the average daily census has been 112.36. The jail population is primarily male (10% female) and predominantly (98%) white. There are approximately 800 admits to the jail per year. Approximately 50% of inmates are in the Jefferson County Jail due to probation violation.

Jefferson County Jail has four isolation cells on-site which are under video surveillance and 15-minute officer walk-bys; the Jail currently has no mental health-specific cells. If offenders require inpatient psychiatric hospitalization and carry serious enough charges to warrant incarceration, they are initially brought to the jail until a bed opens up; this process may take 30-40 days.

There are currently 50 “open” clients with severe mental illness in the Jefferson County Jail (about 50% of the inmate population), 1/3 of which may already be “open” cases with the public behavioral health system when entering the jail. 43 of these inmates are currently on psychiatric medication. Services for this population are limited to inmates with a severe mental illness and under sentence in Jefferson County. Also, any inmate in crisis may be evaluated.

The Deputy Warden of the Jefferson County Jail submits a list monthly to the Social Security Administration (SSA) of jail inmates.

All individuals in the jail are screened for both Mental Health and Drug & Alcohol. All inmates are initially screened at booking utilizing a brief screen, and may be referred to Mental Health services or the psychiatrist, if required (especially if currently taking medications). Another more comprehensive assessment must occur within 14 days of booking, which is completed by Prime Care, a third party provider who has a contract with Jefferson County. This comprehensive screen is used for classification and placement of inmates, who are then linked to the appropriate services within the Jail. Due to recent legislation requiring comprehensive screenings at intake, this procedure may be changing as early as January 2011, especially as it is related to placement of incoming offenders.
The Jefferson County Jail currently hosts two counselors employed by CJ CMHC covering one full-time Mental Health counseling position, funded by Clearfield Jefferson Mental Health/Mental Retardation. The same two counselors have additional hours dedicated to Drug & Alcohol counseling as well. Originally these positions were less formal and provided counseling to general population, but more recently these positions have been limited to those inmates with severe mental illness. Currently these counselors screen all inmates for mental illness and conduct assessments for mental illness when indicated by the screens. The counselors provide one-on-one and group counseling for inmates with severe mental illness. Jail counselors regularly make referrals to case management, and services can start during incarceration and follow individuals into the community. A psychiatrist also provides video conferencing in the Jail, for approximately 1 hour per week. Released inmates are typically given a 2-3 day supply of prescriptions. Last year Clearfield Jefferson Mental Health/Mental Retardation spent approximately $240,000 on jail services for both counties; The Clearfield Jefferson Drug & Alcohol Commission spends approximately $100,000 annually on jail services, which required them to limit community services during the last fiscal year.

Even before inmates receiving Mental Health and Drug & Alcohol services are given a release date, the Forensic Liaison becomes involved via in-reach services, who ensures continuity of care via Mental Health Blended Case Management (for more information, see Re-Entry below).

Inmates also have access to Drug & Alcohol outpatient services, provided by Community Mental Health. Once inmates request this service, they are seen by a therapist, and after intake begin treatment. Typically these clients receive one individual session and 3 one-hour group sessions per month, and are provided follow-up services once released.

Previously the Jefferson County Jail was able to provide tele-video screening with Probation and Parole violators with Drug & Alcohol issues to determine level of care recommendations. This initiative has since run out of funding, and it is hoped that with reallocation of funds, this service will be offered again in the future.

Additional services provided in the Jefferson County Jail are once-a-week Drug & Alcohol Prevention Services, including relapse prevention and alcohol education, and Alcoholics Anonymous. Finally, Mobile Crisis is available at the Jail to assess suicidal risk, and has also met released offenders at the door to conduct assessments.

Jefferson County (54th Judicial District) Court of Common Pleas

Approximately three or four weeks after Preliminary Arraignment, offenders are formally arraigned by the Jefferson County Court of Common Pleas, overseen by the Honorable John Foradora. The Court of Common Pleas operates within the Jefferson County Courthouse (200 Main Street, Brookville, PA) and is open Monday through Friday, 8:30am – 4:30 pm.

Jefferson County received a PCCD Planning Grant in 2009 to plan for the establishment of a treatment court at the Court of Common Pleas. Initial support for the initiative was linked to the main goal of the grant to save space in the jail. Instead, the County
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established the Drug & Alcohol RIP Program (see Intercept 5 below), with the Court of Common Pleas serving as the decision point.

Identified Gaps

- Limited mental health services, inpatient hospitalization in holding cell
- About 50 open serious mentally ill cases out of 100, 130 inmates total
- Don’t know numbers on psychotropic medication
- Some malingerers – seasonal or avoid prosecution
- Need numbers on jail admissions
- Not clear about what type of screening happens and when
- No specific mental health holding cell
- AA can’t always get in and groups must be run according to block
- Lack of treatment courts due to funding
- Inmates have trouble getting medication in jail because of cost
- Programming in Jail is not mixed by block (due to classification; limits group exposure)
- Unpredictable releases, no time to plan; doesn’t help with medications
- Lack of data sharing upon release regarding crisis, treatment, etc. to Probation (D&A provides info to jail, but not shared – might need consent from Prevention, or could sign release when applying for parole)
- Unpredictable communication re releases with SCI

Identified Opportunities

- Screening during booking
- Mobile crisis available at jail for assessment – go to jail
- Preliminary hearing allows for fine tuning of bail – 8-10 days
  - Possible intercept and screening and could be diversion point for detainees, community alternatives
- Formal arraignment for those with defense attorneys – 3-4 weeks later
- Mental health/mental retardation office pays for 2 counselors for 40 hours total, limited to serious mentally ill and in county
  - Additional drug and alcohol hours
- In January, jail is required to do a formal mental health screen
- Forensic blended case management to help with referrals
- Televideo conference in probation may be able to begin again, pending
- Plan for treatment court exists but no funding
- Look into having medications in jail reviewed by case
**Intercept IV: Re-Entry**

**Forensic Liaison**

The **Forensic Liaison** is an administrative case manager, employed by Services Access and Management and funded through Clearfield Jefferson Mental Health/Mental Retardation. The Forensic Liaison is able to provide voluntary in-reach services into the Jefferson County Jail, including conducting an individual assessment of offenders referring offenders to services in the jail or community, and authorizing payment by the Clearfield Jefferson MH/MR Program for those services. Since beginning in January 2010, the Forensic Liaison has opened 18 people with severe mental illness and criminal justice system involvement (50% female), and provides monthly statistics to Clearfield Jefferson Mental Health/Mental Retardation. The Forensic Liaison can also assist with placing cases into residences upon release, though these are typically time-limited.

**Mental Health Blended Case Management**

Within 30 days of release, individuals may be referred to **Mental Health Blended Case Managers** to provide follow-up services. Referrals go through the Forensic Liaison to authorize funding through Clearfield Jefferson Mental Health/Mental Retardation. The Mental Health Blended Case Manager typically carries a caseload of 30 clients and provides services for approximately 30 days prior to release and may continue services in the community. Service Access and Management, Inc. (SAM) and the Community Guidance Center provides this service, though SAM offers a forensic specific tract which will be trained in the Critical Time Intervention model of case management (CTI; an empirically supported training model designed to prevent homelessness, relapse, and other adverse outcomes following community re-entry). Among other services, these positions begin the process of restarting clients’ Medical Assistance benefits, typically starting at their first meeting, and getting clients into permanent housing.
**Drug and Alcohol Case Management**

Within 30 days of release, individuals may be referred to **Clearfield-Jefferson Drug and Alcohol Case Management Services** to provide level of care assessments, referrals to treatment or community support services. The Drug and Alcohol Case Manager typically carries a caseload of 25 individuals and may provide services in the community. Case Managers are able to assist in linking and accessing services within the 12 domains of: treatment, housing, education, employment, transportation, family, social, basic needs, medical, legal, childcare and mental health referrals.

**Clearfield-Jefferson Community Mental Health Center**

The Clearfield Jefferson Community Mental Health Center (CMHC) does in-reach into jail and is able to assist with community planning and aftercare arrangements. Those offenders who have a history of public behavioral health services, and whose charges allow them to choose service providers after release, can be linked back to these providers once released from incarceration, the CMHC manages this transition as of January 2010, working with the Mental Health and Drug & Alcohol counselors in the Jefferson County Jail.

CMHC also provides **Advanced Intake**, where released offenders are able to see an intake worker and a psychiatrist on the same day.

**Outpatient Services**

Once released from the Jefferson County Jail, inmates receiving Mental Health and Drug & Alcohol counseling while in the jail can continue this service on an outpatient basis from the same providers (see above).

**Nulton Diagnostic & Treatment Center, P.C. & Peerstar LLC**

The Peerstar/Nulton Diagnostic Center will be providing a forensic peer training in Jefferson County in September. Between 1 and 2 of the 50 individuals trained will be Jefferson County peers. 25 of the 50 consumers registered have criminal justice experience, and other consumers without criminal justice involvement will also be trained to be forensic peer specialists. Eligibility requirements for training include having a high school diploma, and participants can be a current mental health consumer in recovery. The peer support services will be Medical Assistance reimbursable.

**Re-Entry Subcommittee**
In March 2010, the Jefferson County Criminal Justice Advisory Board formed a Reentry Subcommittee, which includes representation by the Clearfield-Jefferson County Mental Health/Mental Retardation Program, the Jefferson County Adult Probation and Parole Department, Drug & Alcohol Commission, Victim/Witness Program, the Jefferson County court system, and the Jefferson County Jail.

**Pennsylvania Department of Corrections**

Currently there are no formal re-entry services for Jefferson County residents in State Correctional Institutions. Tina Fauls, Mental Health Program Specialist for CJ Mental Health/Mental Retardation, and Forensic Program Specialist for Jefferson County, is responsible for developing these services. Currently she receives a quarterly list from the Department of Corrections, and is working to allow intake to be done. She reports a good relationship with some SCIs, but not all. The Forensic Liaison also reports some informal contact with Jefferson County residents leaving State Correctional Institutions.

- **Identified Gaps**
  - Limited housing and aftercare options
  - Long waits for psychiatric services in the community
  - Individuals are released with only 2-3 days of medication, and sometimes have difficulty getting prescriptions from doctors,
  - Unpredictable jail releases -Inadequate time to plan for appropriate services
  - Limited ability to transport people to services after release
  - Re-entry program may be serving a disproportionate number of women (about 50% of program participants are female, compared with only 15% of the jail population
  - No D&A recovery specialists in County (not MA reimbursable)
  - Inability to begin Medical Assistance applications prior to release
  - Lack of communication between parole, probation, service providers, and case management makes it difficult to know what services a person has or has not received
  - Lack of information sharing between Crisis and forensic case managers
  - Some local jails not willing to let any former inmate back into their jail to work doing in-reach

- **Identified Opportunities**
  - Ongoing restrictive intermediate punishment (RIP) grant for drug and alcohol treatment
  - Forensic liaison to help with planning for re-entry
    - John keeps records of monthly data
    - Opportunity to look at the gender break-down of this re-entry service and fix any gender bias.
  - Program in place to help people return to specific providers, as well as to
help with continuity of care (e.g. keeping the same counselor during the transition from inpatient to outpatient treatment)

- Upcoming training for forensic peer support specialists (September)
  - A lot of data being collected in Blair Co. that may be useful
  - Peers without criminal justice involvement can also be trained to avoid problems with jail access.

- 2 providers that can offer blended case management for the 9 months following release
- CMHC can provide advanced intake to previous clients and get appropriate medication more quickly
- Opportunity to find out how inmate information gets transferred to DPW
- Open communication and negotiations regarding a release form inmates can sign so program information can be made available to parole board
- Opportunity to push for the ability to begin applying for Medical Assistance prior to release
  - Look at Blair Co.’s successful initiative
**Intercept V: Community Corrections / Community Support**

**Drug & Alcohol Restrictive Intermediate Punishment (RIP) program**

Started in 2006, and continued in 2008 through funding from the Pennsylvania Commission on Crime and Delinquency, the **Drug & Alcohol RIP Program** in Jefferson County is a sentencing alternative for offenders with significant drug and alcohol-related problems. This program is open to those individuals with significant alcohol or drug problems, who have been found to be a level 3 or 4 offender (either by a current offense or a previous offense from which they have violated their probation, probation of IP sentence), and who are eligible for intermediate punishment.

Any offender who is deemed eligible for IP (usually though a court-ordered Pre-Sentence Investigation), is categorized as a level 3 or 4 offender, and is suspected of committing a drug and/or alcohol related offense is referred by the Jefferson County Adult Probation and Parole Department to the Clearfield-Jefferson Drug and Alcohol Commission, whose Case Management Unit then completes a full drug and alcohol assessment. A part-time case manager has been hired to assist in these assessments, and provide intensive case management as needed. This assessment occurs no sooner than 30 days prior to sentencing, and typically includes the PA Department of Health’s Bureau of Drug and Alcohol Assessment Tool, Level of Case Management Determination and summary sheets for the Pennsylvania Client Placement Criteria or Level of Care Index, among others.

Once the assessment is complete, the Clearfield-Jefferson Drug and Alcohol Commission relay their recommendation to the Jefferson County Adult Probation and Parole Department, to be included in the Pre-Sentencing Investigation. If the offender meets all of the criteria for the Drug & Alcohol Restrictive Intermediate Punishment program an affirmative recommendation will be made to the Court of Common Pleas President Judge, who may then sentence the offender to the program as recommended.

The typical sentence includes a period of partial confinement with work release for 30 days. Partial confinement is followed by a period of electronically monitored (GPS) house arrest (which typically includes a drug and alcohol detection component), which averages about 90 days. Those offenders whose drug of choice is alcohol are also placed on a SCRAM unit for a minimum of 60 days.
Upon completion of the RIP program, offenders are placed on intensive supervision by the Jefferson County Adult Probation Unit, meaning the offender is seen at least once per week by their probation officer. To handle this increased amount of supervision, Jefferson County has hired an additional probation officer. Legal leverage is provided by the Court to promote the offender’s compliance of the treatment recommendation, and monitors sobriety via SCRAM, electronic monitoring and weekly urine analysis. At the end of the first 6 months of intensive supervision, the offender is reassessed, after which it is determined whether supervision should be increased or decreased accordingly.

The Drug & Alcohol RIP program is proposed to serve approximately 25 eligible offenders in a year’s time, and there is a current caseload of 18 offenders. Assuming 90 days of incarceration per offender, this program may save the county approximately 2,000 jail days per year. The Drug & Alcohol RIP program aims to decrease or replace the time of incarceration for eligible offenders with appropriate community-based drug and/or alcohol treatment, assisting them in overcoming their addiction and leading to positive life changes.

**Mobile Engagement Position**

The Clearfield-Jefferson Drug and Alcohol Commission received funding from Community Care Behavioral Health (Managed Care Organization) to develop a **mobile engagement staff position**. This position will follow up on Drug & Alcohol clients who fail to appear in treatment or other appointments. The position is projected to being in October 2010.

**Jefferson County Adult Probation and Parole Department**

The **Jefferson County Adult Probation and Parole Department** has a current caseload of 875 clients, with approximately 10-15% estimated as having a serious mental illness; 80-90% of probationers have Drug & Alcohol problems. Jefferson County Adult Probation and Parole is staffed by 7 full-time officers and .25 FTE for the Juvenile Unit. A risk/needs assessment is performed based on the one used by the Pennsylvania Department of Corrections.

There is also no formal screening for Drug & Alcohol clients, although all clients undergo a risk/needs assessment and all DUI clients undergo Drug and Alcohol assessment. DUI clients account for approximately 30% of the Probation and Parole caseload. Jefferson County Adult Probation and Parole also provides screening for all offenders in the Drug & Alcohol Restrictive Intermediate Punishment program (see above).

Jefferson County Adult Probation and Parole oversees offenders released from State Correctional Institutions, who have consecutive probation sentences.

Jefferson County Adult Probation and Parole also contracts with Gateway Rehab to provide correctional rehabilitation. Gateway Rehab is a non-licensed inpatient rehabilitation service.
There has been limited interaction with the PA State Board of Probation and Parole, though initial linkages are being made. It is estimated that about 100 individuals residing in Jefferson County are on state parole.

**Housing**

The Clarion/Jefferson Local Housing Options Team (LHOT) is a longstanding collaboration that meets every other month. Stakeholders include County Mental Health/Mental Retardation, Drug & Alcohol, Probation, Community Action, housing authorities, aging, Project for Assistance in Transition from Homelessness (PATH), the Regional Housing Coordinator, Community Care Behavioral Health (BHMCO), and the Clarion University of Pennsylvania, whose Sociology Department assists with surveys and data. The LHOT is currently looking into assessing need in Jefferson County.

There are three housing authorities that serve Jefferson and Clearfield Counties and generally these housing authorities will not consider applications from individuals with histories of drug use, drug dealing, or violent crimes. However, not all applicants with a criminal history are automatically disqualified. The DuBois Housing Authority administers the Shelter Plus Care Program for Jefferson County, as well as for 4 additional counties in the region. Some but not all applicants may be excluded from that Program due to criminal history.

The Community Action Agency in Jefferson County offers emergency shelter for men, transitional housing, and some permanent housing. Other emergency shelter options are in DuBois (Haven House), Clearfield (Marian House for women/children only and the Good Samaritan Center for men only), and Brockway (Just for Jesus Ministries). These options are often limited by space and length of stay.

Clearfield-Jefferson Mental Health/Mental Retardation currently has one permanent supportive housing project, funded through a McKinney Vento permanent supportive housing grant and overseen by a Program Housing Specialist. These are scattered site units with private landlords in which tenants pay a share of the rent, and the rest is paid for by the grant. Having a criminal record does not bar eligibility. The grant is able to fund 14 slots, all of which are currently filled and there is a waiting list of approximately 31 people. The goal is to have individuals in permanent housing for at least six months. A new project has also been approved, which will provide an additional nine slots, four of which will be family slots. The program maintains 2 Transition Apartments for temporary use by MH consumers who are returning to the community from hospitals or who are otherwise experiencing a housing crisis, including MH consumers who are being released from jail. MH/MR also participates in the Northwest Regional Housing Alliance and supervises 4 housing slots for chronically homeless individuals with 2 slots allotted to Jefferson County.

Venango Training and Development Center currently has two Fairweather Lodge housing projects in Clearfield County, with one additional Lodge slated to be opening in Jefferson County. These projects house individuals with mental illness that are employed or have vocational goals. The project also accepts clients with criminal justice
system involvement, and currently has one client with mental illness and criminal justice
system involvement. Once the Fairweather Lodge opens in Jefferson County, residents
will make a charter to determine who they will accept into the project; accessibility to
individuals will mental illness and criminal justice involvement will be determined by this
charter.

Additional housing is provided to veterans in the area through the Veterans Affairs
Medical Center in Altoona, and also by the VA Medical Center in Butler County. Homeless veterans may also find housing at Tomorrow’s Hope in Beccaria Township, Clearfield County. This is a privately operated facility.

Additional housing is provided to veterans in the area through the Veterans Affairs
Medical Center in Altoona, and also by the VA Medical Center in Butler County.

**Advocacy**

A small local branch of the National Alliance on Mental Illness (NAMI) represents
Jefferson County. The NAMI chapter meets outside of Jefferson County, and is
relatively inactive.

**Community Support**

Vocational and employment training for consumers is provided by VTDC at their CJ
Packing and Distribution Center in DuBois and Goodwill. It is unclear what services
are offered by OVR. There are two Community Action Agencies that provide services
to residents of Jefferson County, including GED training, food pantries and emergency
housing. There is also a Free Medical Clinic in DuBois that provides services to
Jefferson County residents who do not have health insurance. Faith-based
organizations in Jefferson County also run food pantries and other services.

- **Identified Gaps**
  - No formal mental health or drug and alcohol assessment is used for each
    probationer
  - Some housing programs will not accept people that have utilized their
    services in the past
  - Housing Authorities will not look at applications from individuals with
    histories of drug use, drug dealing, violent crimes, or sexual crimes (not
    always the case in Jefferson)
  - Housing options do not address Drug & Alcohol abuse
  - No active family advocacy group
  - Lack of accessibility to the free medical clinic for the unemployed

- **Identified Opportunities**
  - Federally funded permanent housing program providing leasing
    assistance
    - Recently received nine new places
A new residence (Fair Weather Lodge) is slated to come to Jefferson Co.
Part-time mobile engagement staff position was recently created to keep newly released individuals compliant with treatment and release conditions
Jefferson County Action Planning

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

### Top Priorities

1. Improve Reentry Process from the Jail in Order to Reduce Recidivism and Improve Reintegration into the Community (16 votes)

2. Improve Law Enforcement/911 and Behavioral Health System Collaborative Response at Intercept 1
   a. This priority is a combination of two sub-priorities voted on by the stakeholders, namely:
      i. Crisis Intervention Team model modified to suit Jefferson jurisdictions (11 votes)
      ii. 15 minute drop off options – make division/treatment alternatives easier than incarceration (10 votes)

3. Develop Diversion Alternatives at Preliminary Hearing (7 votes)

4. Improve Continuity of Care as Individuals Enter Jail and Return to the Community (4 votes)

5. Early Prevention for Mental Health (3 votes)

6. Cross-training Efforts

7. Cross-system communication that addresses screening and assessment (intake)
# Jefferson County Action Plan

## Priority: Moving Forward

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<th>Objective</th>
<th>Action Step</th>
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| **CJAB**  | ● Review at next meeting of the CJAB (Bill and Larry will take to the meeting)  
            ● Feedback to COE re the draft of the report | Sept 3 at 9 a.m. at the conference room of the Commissioners' Office | |
| **Center of Excellence will complete a report on the workshop** | ● First draft of the narratives of each intercept, the gaps and opportunities, and the map, updated participant list, and action plan  
            ● Email to Bill and he’ll email to the full group  
            ● Bill, et al meeting with jail warden on Thursday  
            ● Final draft | COE | August 25, Wednesday |
| **Planning Group --- Reentry Subcommittee of the CJAB** | ● Expand committee to address across all intercepts  
            ● Susan will join the Reentry Committee | Larry Straitiff  
                                                  Bill and his staff  
                                                  Susan | |
<table>
<thead>
<tr>
<th>Priority Area 1: Improve Reentry Process from the Jail in Order to Reduce Recidivism and Improve Reintegration into the Community</th>
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<tr>
<td><strong>Objective</strong></td>
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</table>
| 1.1 | Develop grant proposal for the federal Second Chance Act reentry initiative | ● Consider other alternatives like BJA, PCCD, and private foundations  
● Do a search for funding options | Susan/Judy Courson | Sept. 3 CJAB meeting |
| 1.2 | Housing | ● LHOT currently assessing need for housing in the county (early October); Next meeting is next Thursday at 1:30  
● Goal: Include the jail in this survey and the MDJs (now seeing 4 a month homeless)  
● Get numbers on inmates with mental illness from CMHC  
● York County report for their CJAB | Sue Ann Blakeslee | COE will provide |
| 1.3 | Employment | ● Invite Colleen Stewart, CEO of Venango Training Develop, to assist in creating other opportunities, including Fairweather Lodge  
● Develop volunteer opportunities that might lead to employment  
● Include Ruth Paulinelli | Rob  
JR Sutter, Work Release for Probation  
Tina Fauls  
Linda  
Suzanne Coder | |
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<tr>
<th>1.4</th>
<th>Benefits</th>
<th>Goodwill</th>
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<td></td>
<td>Contact Jim Hudak, Blair County MH/MR Director, for their protocol for working with the County Assistance Office</td>
<td>• Include OVR</td>
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<td>• Include CareerLink</td>
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<td>• Include North Central Regional Planning and Development, Teresa Neal</td>
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<td>• Americorps and Job Corp</td>
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<td></td>
<td></td>
<td>Elissa Gies</td>
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<td></td>
<td></td>
<td>Daniele</td>
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<td></td>
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<td>John Geist</td>
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<td></td>
<td></td>
<td>Carol</td>
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<td></td>
<td></td>
<td>Kelly Turner</td>
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<td></td>
<td></td>
<td>Lindy McQuinn</td>
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<td></td>
<td></td>
<td>Bill Mendat</td>
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<tr>
<th>1.5</th>
<th>Education</th>
<th>JR (certified teacher)</th>
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<tr>
<td></td>
<td>Include Community Action</td>
<td>Mike Knobloch</td>
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<td></td>
<td>Include Jeff Tech (votech) who do GED training (not in the jail) and adult classes</td>
<td>Kathy Stamler of Community Action</td>
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<td>Include OVR</td>
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<td></td>
<td>Any other literacy groups?</td>
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<td></td>
<td>Include Even Start who work with parents (to work with the children and help parents get their GED) and children on literacy</td>
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## Jefferson County, PA Mental Health and Justice Center of Excellence Report, August 2011

<table>
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<tr>
<th>1.6</th>
<th>Transportation</th>
<th>Include Community Action for their MATP (Medical Assistance Transportation Program)</th>
<th>Bill Mendat</th>
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<td></td>
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<td>• Tie in with the benefits efforts</td>
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<td>1.7</td>
<td>Medication</td>
<td>• Get a copy of the jail formulary to compare with community formulary for both medical and mental health medication</td>
<td>Tina Fauls</td>
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<td>• Tina will talk with jail medical staff to get a better picture of this process from entrance to jail through release into the community</td>
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<td>• Focus on the aftercare process including how long it takes individuals to get an aftercare appointment for mental health; Look at options available for different time of day releases and day of week releases</td>
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<td>• Consider including as part of the benefits efforts</td>
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<td>1.8</td>
<td>Community Reintegration</td>
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<tr>
<td>1.9</td>
<td>Case Management to improve access to services and ensure follow up</td>
<td>Recently implemented the Forensic Case Manager position; still developing the work</td>
<td>Daniele Tristan Bentch</td>
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<td>over time</td>
<td>of this position</td>
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<td>● Develop parameters of transitioning to blended case managers after release from the jail</td>
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<td>● Training to be provided on Critical Time Intervention (CTI) by BHARP</td>
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<td>● Montgomery County CTI program</td>
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<td>● Continue building networks with jail</td>
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<td>● Build network with Jefferson County probation</td>
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<td>● Build relationships with district attorney</td>
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| 1.10 Peer Supports | Training in September for Forensic Peer Specialist; already have trainees identified |
|                   | ● Implementation date to be set |
|                   | ● Develop a small meeting re sharing information around services in order to fill the gaps; special focus on the pilot; this county will focus on the mentoring and support rather than linking to services |
|                   | ● Link with probation to understand conditions and expectations of probation |
|                   | Elissa Geis Tina Fauls Linda Daniele |

COE will provide contact information
<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Description</th>
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| Engagement   | - Work with courts to make treatment a condition of bail and any kind of community supervision; Consider more specific conditions (“Follow instructions of MH/MR ….”); Incorporate into the sign off by the defendant  
- Examine current language in bail and probation orders  
- Develop protocols for behavioral health providers re notifying bail and probation |

**Jefferson County, PA Mental Health and Justice Center of Excellence Report, August 2011**

- Examine the issue of mentors for offenders  
- Consider developing peer supports for people with developmental disabilities  
- DJ Reese contact information

D. J. Rees  
Forensic Peer Support Specialist  
Office of Mental Health / Substance Abuse Services  
jorees@state.pa.us  
(717) 214-8200

DGS Annex  
1st Floor Logan Building  
P.O. Box 2675  
Harrisburg  
Pennsylvania, 17050

**Priority Area 2: Improve Law Enforcement/911 and Behavioral Health System Collaborative Response at Intercept 1**
Develop innovative program of police-based crisis intervention involving community health care and advocacy partnerships as a pre-jail diversion program that directs individuals with mental illness and substance abuse issues into treatment instead of arrest, as appropriate.

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<th>Objective</th>
<th>Action Step</th>
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</table>
| 2.1       | Modify the Crisis Intervention Team model for use with small law enforcement jurisdictions  
  - Consider use of county resources  
  ● Shannon participated in the Laurel Highlands CIT Train the Trainer and is involved in the Centre County initiative  
  ● Find funding to pay for full-time or over-time of the officers attending CIT training or covering for the officers attending training --- back fill wages and pay expenses  
  ● Determine what this would cost  
  ● Get someone from a small law enforcement jurisdiction who has gone through the training and see how they’ve made it work in a small jurisdiction and the benefits derived  
  ● Work with John to break down the most important components of CIT training; perhaps 2 days of week over a month?; 4 hours a day (4 extra hours over a shift); will be mostly night shift officers; Goal of getting half of the department trained; Trained officers can be on call  
  ● Get the Chiefs to buy                                                                                                                                   | Dennis Bembenic |      |
<table>
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<th>into the need for this</th>
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<tr>
<td>2.2</td>
<td>Develop easier access to treatment alternatives to arrest</td>
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<td>Goal: 15 minute drop off options including for those who require sobering options</td>
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<td>2.3</td>
<td>Goal: Depending upon the serious of the charge:</td>
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<td>- Divert from cj system</td>
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<td>- If that’s not possible, ensure prompt access to treatment</td>
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<td>2.4</td>
<td>Expand partnerships with the hospitals</td>
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<td>• Draw hospitals affecting Jefferson County into discussion</td>
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<td>• Use mapping report to help bring the hospitals on board</td>
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<td>• Determine “what’s in it” for the hospital</td>
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<td>• Consider financial support of beds that could be used to respond to law enforcement</td>
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<td>• Invite them to the planning committee</td>
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<td>• Go to them?</td>
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<td>• Build on the hospitals’ request for assistance with strategic plan</td>
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</table>
| 2.5 | Develop a Coalition to advocate | - Determine who will lead  
- Bring in the Local Housing Options Team? Is there someone on the committee who has an interest in housing the forensic population? |

| 2.6 | Develop a strategy on how to bring people on board | - A careful look at how the money is spent and who spends it; What is currently being provided and what is being accomplished  
- Goal of helping community prevent people from going to jail in the first place  
- Suggest new ways to spend funds that prevent jail admission |

| 2.7 | Examine who is in the jail with behavioral health issues | - Develop a profile  
- Do a thorough screening of everyone who comes into the jail over a year  
- Work with PA Dept. of Corrections to use their screening and assessment tools  
- Ask the COE for assistance in developing a data picture of who is in jail  
- Consider asking PCCD for assistance in funding this effort  
- Larry will talk with PCCD rep; Patty will also talk with her |

| 2.8 | Examine the | |
Priority Area 3: Develop Diversion Alternatives at Preliminary Hearing

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<th>Objective</th>
<th>Action Step</th>
<th>Who</th>
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<tr>
<td>3.1</td>
<td>Develop collaborative process taking advantage of all players being involved at Preliminary Hearing stage</td>
<td></td>
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<tr>
<td>3.2</td>
<td>Consider pretrial programs and bail supervision</td>
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Priority Area 4: Improve continuity of care as individuals enter jail and return to the community

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<th>Objective</th>
<th>Action Step</th>
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<tr>
<td>4.1</td>
<td>Medication</td>
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<td></td>
<td>Dedicated cell block for those with mental health problems?</td>
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<tr>
<td>4.3</td>
<td>More mental health services in jail</td>
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<td>4.4</td>
<td>Engagement in treatment</td>
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**Priority Area 5: Early prevention for Mental Health**

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<th>Objective</th>
<th>Action Step</th>
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<td>5.1 Schools</td>
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<td>5.2 Reduce stigma</td>
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<td>5.3 Encourage people to get help</td>
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**Priority Area 6: Cross-training efforts**

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**Priority Area 7: Cross-system communication that addresses screening and assessment (intake)**

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Conclusion

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

Considerable work has already been undertaken to improve services for people with severe mental illness and often co-occurring substance use disorders involved in the Jefferson County criminal justice system. This includes the Jefferson County Criminal Justice Advisory Board (including a Re-Entry Subcommittee), the Clarion/Jefferson Local Housing Options Team (LHOT), and the Drug and Alcohol Restrictive Intermediate Punishment Program, among others.

Local stakeholders participating in the Cross-Systems Mapping are clearly interested in building on these successes in several key ways. One area of interest is improving the collaboration between law enforcement and the behavioral health system in response to crisis situations involving people with severe mental illness and often co-occurring substance use disorders, with the ultimate goal of making diversion and treatment alternatives easier than incarceration. Stakeholders are also interested in improving re-entry services for this population, with the goal of reducing recidivism and improving community reintegration.

The expansion of the planning group to tackle the priorities established during the Cross-Systems Mapping workshop is an essential next step in a true systems change process. It will be important to create effective working relationships with other groups that did not attend the workshop, including other police jurisdictions, the Department of Veterans Affairs, prison chaplains, the Social Security Administration, County Administration Office, and others. Regular meetings should be held by this larger group to facilitate information sharing, planning, networking, development and coordination of resources, and problem solving.
Closing

Jefferson County is fortunate to have a wide range of stakeholders across the mental health, substance abuse and criminal justice systems that have made significant efforts to understand and support the challenging issues discussed in this workshop. The Cross-Systems Mapping workshop participants displayed genuine interest in improving the continuum of criminal justice/behavioral health services in Jefferson County by developing a coordinated strategy to move forward with the identified priorities.

By reconvening and supporting the work of the group in coming months, it will be possible to maintain the momentum created during the Cross-Systems Mapping workshop, and to build on the creativity and drive of key local stakeholders. The Pennsylvania Mental Health and Justice Center of Excellence hopes to continue its relationship with Jefferson County and to observe its progress.

Please visit the Pennsylvania Mental Health and Justice Center of Excellence website for more information, [www.pacenterofexcellence.pitt.edu](http://www.pacenterofexcellence.pitt.edu).
Jefferson County, PA Mental Health and Justice Center of Excellence Report, August 2011

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

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<th>Pennsylvania Mental Health and Justice Center for Excellence</th>
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### Pennsylvania Web Sites

- Pennsylvania Commission on Crime and Delinquency
  - www.pccd.state.pa.us/
- Pennsylvania Recovery and Resiliency Adult Justice Related Services

### Additional Web Sites

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Address</th>
<th>Contact Information</th>
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Appendix B – Resources for Specialized Police Response and Law Enforcement/Behavioral Health Collaboration at Intercept 1

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

  Available at: [http://consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf](http://consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf)

- **Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice.** Manuscript published by the Justice Center.
  Examines studies on law enforcement interactions with people with mental illnesses and translates the findings to help policymakers and practitioners develop safe and effective interventions. Supported by the John D. and Catherine T. MacArthur Foundation, it reviews research on the scope and nature of the problem and on a range of law enforcement responses.


- **Ohio’s Crisis Intervention Team (CIT) Initiative.** Video developed by the Ohio’s Criminal Justice Coordinating Center of Excellence.
  This recently released brief video describes Ohio’s successful development and promotion of CIT programs. The video presents an overview of CIT and the Criminal Justice CCoE and provides a brief introduction of CIT. Ohio Supreme Court Justice Evelyn Stratton is among the speakers.

  Available at: [http://cjccoe.neoucom.edu/](http://cjccoe.neoucom.edu/)

- **Bucks County (PA) Crisis Intervention Team.** NAMI PA Bucks County
  Official website of the Bucks County CIT, include an overview of the program, news reports and more.

  Available at: [http://www.namibucks.org/bucks_cit.htm](http://www.namibucks.org/bucks_cit.htm)

- **Laurel Highlands Region (PA) Crisis Intervention Team**
Official website of the Laurel Highlands Region CIT, including a brief overview and description, resources and contact information.

Available at: http://www.laurelhighlandscit.com

- **“A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs”**. Article in Psychiatric Services, 2001.
  This article covers three communities, including Montgomery County (PA), that have developed pre-booking diversion programs that rely on specialized crisis response sites where police can drop off individuals in psychiatric crisis and return to their regular patrol duties.

  Available at: http://psychservices.psychiatryonline.org/cgi/content/full/52/2/219

  This article reviews available research of CIT programs nationally, specifically reporting on officer-level outcomes, the dispositions of calls eliciting a CIT response, and available models.

  Available at: http://www.jaapl.org/cgi/content/full/36/1/47

- **Presentations from the 2010 International CIT Conference website**.
  A catalogue of presentations from the 2010 International CIT Conference (June 2010) is included on this website. Chester County may be especially interested in the following presentations:

  - Persuading Policy Makers: Effective CIT Program Evaluation and Public Relations (page 1)
  - A Co-response Model Mental Health and Policing (page 1)
  - How CIT Works in a Small Rural County (page 1)
  - Keys to the Successful Development and Implementation of a CIT Program (page 2)
  - Steps to Successful Community Collaboration (page 3)
  - An Innovative Community Collaboration to Enhance the Continuum of Care (page 3)

  Available at: http://www.slideshare.net/citinfo

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

Available at:  
http://www.gainscenter.samhsa.gov/html/resources/presentation_materials/ppt/Rural_3_27_06.ppt

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

  Available at: www.mces.org

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

  Available at: http://www.dbhmrs.org/family-training-advocacy-center-ftac

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

  Please contact: Jayne Romero, MH/MR Administrator Venango County, at (814) 432-9753

- **Police 3x5 Crisis Intervention Quick Referral Cards**
  This set of nine 3x5 cards are provided to San Antonio Texas Crisis Intervention Team officers during their initial 40 hour training. They are provided as handy reference tools and updated before every new CIT class.

  Available at:
Crisis Care Services for Counties: Preventing Individuals with Mental Illness from Entering Local Corrections Systems

A National Association of Counties (NACo) publication featuring six county programs {Bexar County, TX; Buncombe County, NC; Yellowstone County, MT; Hennepin County, MN; Multi-County Partnership (Aitkin, Cass, Crow Wing, Morrison, Todd and Wadena Counties, MN); and King County, WA} that have implemented crisis care services to divert individuals with mental illness from the criminal justice system.

“Hearing Voices That Are Distressing” Exercise
Philadelphia RESPONDS Crisis Intervention Team

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

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

The primary goals for the participants of the Hearing Voices experience are:

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

Philadelphia began using the Hearing Voices curriculum shortly after the inception of the Crisis Intervention Team program in January 2007. Many CIT and other police mental health programs around the country have used this curriculum for training, including Connecticut’s Alliance to Benefit Law Enforcement (CABLE). All have found it a helpful tool for learning and engagement of law enforcement officers. The exercise is consistently one of the highest rated sections by Philadelphia CIT officers and has become essential in developing a compassionate understanding of severe mental illness. The “Hearing Voices That Are Distressing” exercise has attracted much interest in Philadelphia from other organizations who have requested the exercise include the Philadelphia Forensic Task Force, the jail, District Attorney’s Office, Defenders Association, and Mental Health Court. Administrators from the jail have expressed an interest in including the exercise in their regular correctional officer training.
For more information on Philadelphia RESPONDS Crisis Intervention Team: Michele Dowell, MSW, CIT Coordinator, (215) 546-0300 ext. 3511, mdowell@pmhcc.org or Lt. Francis Healy, Philadelphia Police Department, (215) 686-3022, Francis.Healy@phila.gov

For more information on the “Hearing Voices That Are Distressing” Curriculum and Dr. Deegan videos: National Empowerment Center Patricia Deegan, PhD www.power2u.org www.patdeegan.com (978) 685-1494
Appendix C – Resources for Improving Re-Entry

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


- **“The Impact of the ‘Incarceration Culture’ on Reentry for Adults With Mental Illness: A Training and Group Treatment Model”. Article in Psychiatric Services, 2005.**
  Best Practices article on Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM), an approach to client engagement that is based on an appreciation of the “culture of incarceration” and its attendant normative behaviors and beliefs. This column describes SPECTRM’s systematic development as an emerging best practice for clinical training and group treatment.

  Available at: [http://psychservices.psychiatryonline.org/cgi/reprint/56/3/265](http://psychservices.psychiatryonline.org/cgi/reprint/56/3/265)

- **“A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC model”**
  A 2002 GAINS Center report on the APIC Model, including a detailed overview of the model itself from a re-entry perspective. The APIC Model is a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail.

  Available at: [http://gainscenter.samhsa.gov/pdfs/reentry/apic.pdf](http://gainscenter.samhsa.gov/pdfs/reentry/apic.pdf)

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

  Available at: [http://www.bazelon.org/issues/criminalization/findingthekey.html](http://www.bazelon.org/issues/criminalization/findingthekey.html)

- **“Interventions to Promote Successful Reentry among Drug-Abusing Parolees”. Article in Addiction Science & Clinical Practice, 2009.**
  This article reviews research findings on principles of effective correctional treatment and the interventions that have been shown to be effective with drug abusing parolees or that have been tested with general drug-abusing populations and show promise for use with parolees. The article concludes with a discussion of several issues that clinicians need to consider in adopting and implementing these interventions.

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

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

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

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

• “Housing and the Sequential Intercept Model: A How to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness”

  This 2010 report by Diana T. Myers and Associates, Inc. explains why housing is a critical element to re-entry programming; describes the obstacles in locating housing; introduces a number of successful housing strategies and models; and provides a step by step guide to successfully incorporating housing players and resources into a planning process.

  Available at: http://www.pahousingchoices.org/publications/housingformhcj/
Appendix D – Resources for Forensic Peer Support

- **Pennsylvania Peer Support Coalition Website**
  Official website of the PA peer support network; Includes resources, contact information, newsletters, etc.

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

  A CMHS National GAINS center publication on the utility of forensic peer support.

  Available at: [http://www.gainscenter.samhsa.gov/pdfs/integrating/Davidson_Rowe_Peersupport.pdf](http://www.gainscenter.samhsa.gov/pdfs/integrating/Davidson_Rowe_Peersupport.pdf)

  A CMHS National GAINS Center report regarding the barriers to hiring forensic peer specialists such as employment laws, public legal records, and current legal status.

  Available at: [http://www.gainscenter.samhsa.gov/pdfs/integrating/Miller_Massaro_Overcoming.pdf](http://www.gainscenter.samhsa.gov/pdfs/integrating/Miller_Massaro_Overcoming.pdf)

  A Review of 298 papers about involving consumers in mental health treatment- 5 randomized controlled trials and 7 other comparative studies were identified and used.

  Available at: [http://www.bmj.com/cgi/reprint/325/7375/1265](http://www.bmj.com/cgi/reprint/325/7375/1265)

- **Spikol, A. (2007). Peer specialists inspire hope for recovery. *People First, Spring 2007,* 7-10.**
  An article on peer specialists that highlights several individuals from Montgomery County and discusses the benefits of peer specialist programs.

  Available at: [http://www.mhapa.org/downloads/5.11.07Pages7to12.pdf](http://www.mhapa.org/downloads/5.11.07Pages7to12.pdf)
An article that looks at peer programs in correctional settings and targets topics such as: HIV/AIDS and health education, drug and alcohol abuse, sexual assault/offending, and prison orientation.


Article discussing Welcome Home Ministries (WHM) in San Diego – a peer driven re-entry program for women offenders that has had encouraging results regarding decreased recidivism and other positive outcomes.


A comparison of two interventions (a community-oriented program that incorporates peer support “wrap-aroounds”, and a standard clinical treatment) designed to reduce criminality, alcohol use, and drug use in mentally ill individuals who had criminal charges in the preceding 2 years.

Available at: [http://psychservices.psychiatryonline.org/cgi/reprint/58/7/955](http://psychservices.psychiatryonline.org/cgi/reprint/58/7/955)

• **Contact Information for D.J. Rees:**
  D. J. Rees
  Forensic Peer Support Specialist
  Office of Mental Health / Substance Abuse Services
  jorees@state.pa.us
  (717) 214-8200

*** Note: If there is a problem accessing any of the articles via hyperlink, please contact Sarah Filone (saf83@drexel.edu) for fulltext articles.***
Appendix E – Planning for Housing

The lack of safe, supportive, and affordable housing alternatives for people with mental illness and often co-occurring substance use disorders involved in the criminal justice system ranks in the top five priorities determined by most communities involved in the cross-systems mapping workshops. Several efforts, some national and one in Pennsylvania, have shown some promise in assisting communities address this issue:

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

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

- The Pennsylvania’s Department of Public Welfare’s Office of Mental Health and Substance Abuse Services recently disseminated a document to help communities address this issue, “Housing and the Sequential Intercept Model: A How-to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness.” The guide, tailored to Pennsylvania, comprehensively describes how to define the problem, collect data, get the right people at the table, identify housing resources and gaps, examine potential housing models, and formulate strategies to fill the gaps. A wide range of housing options are described including strategies for public housing authorities, private landlords, master leasing, emergency shelter/crisis residential, transitional or bridge housing, and permanent supportive housing. (See: www.parecovery.org/documents/Housing_SEI_Final_Handbook_030510.pdf)
Appendix F – Resources for Veterans Involved in the Justice System

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

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

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

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

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

- **Presentations from the 2010 International CIT Conference website**
  Presentations from the 2010 International CIT Conference specific to veterans’ issues.
  Available at: [http://www.slideshare.net/citinfo](http://www.slideshare.net/citinfo)
Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

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

Introduction
The purpose of this report is to provide a summary of the Pennsylvania Mental Health and Justice Center of Excellence Cross-Systems Mapping and Taking Action for Change workshop held in Clearfield County, Pennsylvania on January 6th and 7th, 2011 at the Department of Emergency Management Building. The workshop was hosted by the Clearfield-Jefferson Criminal Justice Advisory Board (CJAB) as part of an ongoing process of developing collaborative systems of support for individuals who have mental illness and who come in contact with criminal justice. This report (and accompanying electronic file) includes:

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

Background
The Clearfield-Jefferson MH/MR Program and multiple other stakeholders requested the Center of Excellence Cross-Systems Mapping and Taking Action for Change workshop to promote progress in addressing criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system. As part of the workshop, they were requested to provide assistance to Clearfield County with:

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

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

The participants in the workshops included 40 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available in Appendix A of this document. Patricia A. Griffin, PhD, Senior Consultant from the Pennsylvania Mental Health and Justice Center of Excellence and the CMHS National GAINS Center facilitated the workshop sessions. Katy Winckworth-Prejsnar and Casey LaDuke, Research Associates at the Center of Excellence also provided support.

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

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

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

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

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

**Objectives of the Cross-Systems Mapping Exercise**

The *Cross-Systems Mapping Exercise* has three primary objectives:

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

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

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

**Keys to Success**

**Existing Cross-Systems Partnerships**

Clearfield County’s history of collaboration between the criminal justice and behavioral health systems is reflected in a number of existing local efforts that were identified prior to the mapping:
Quarterly meeting of the Mental Health Crisis System group;
MH and D&A counselors within Clearfield County Prison, who coordinate various treatment services and case management referrals;
Case management, including blended and forensic blended case managers, providing in-reach into the Clearfield County Prison and continuing care into the community;
Local Housing Options team monthly meetings with participation by a variety of behavioral health and criminal justice stakeholders; and
Various community housing and treatment service providers offering services to people coming out of the criminal justice system.

Consumer Involvement in the Workshops

- Consumer services were represented by Elissa Gies, Director of Forensic Peer Support for Nulton Diagnostic & Treatment Center, P.C. & Peerstar LLC. Consumer services. Ms. Gies added valuable information to the discussion, especially regarding upcoming forensic peer specialist trainings available to Clearfield County.

Representation from Key Decision Makers in the Workshops

The workshops included wide cross-system representation and involved many of the key decision makers including County Commissioner John Sobel. Opening remarks and introductions were made by Bill Shaw, Clearfield County District Attorney, who set the stage and established a clear message as to the importance of the workshop.

Data Collection

In addition to the information gained during the workshop, the information in this report was developed from conversations with and questionnaires completed by key local stakeholders. Information has also been incorporated from a variety of additional materials submitted by County officials before the workshop, including:

- Adult/Child mental health providers list 12-23-10 (Clearfield-Jefferson MH/MR Program)
- 2010-2011 Contracted Levels of Care & Providers (Clearfield-Jefferson MH/MR Program)
- Easy Guide to Treatment Services: Accessing Drug and Alcohol Services for Clearfield and Jefferson County Residents (Clearfield-Jefferson Drug and Alcohol Commission)
- Clearfield-Jefferson Housing Mapping 11-23-10 (Clearfield Jefferson MH/MR Program)
- Veterans Justice Outreach Specialist Introduction Letter (Todd D. Negola, Psy.D., VJO Specialist, James E. Van Zandt VA Medical Center)
Clearfield County Cross Systems Narrative

The Cross-Systems Mapping exercise is based on the Sequential Intercept Model developed by Mark Munetz, M.D. and Patty Griffin, Ph.D.,2 in conjunction with the National GAINS Center. In this workshop, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

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

The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of individual Fayette County stakeholder opinions and are subjective rather than findings or based on a majority consensus.

General Description of Services and Cross-System Collaboration

Clearfield County, founded in 1804, is a rural county located in central Pennsylvania. As of 2009 there were 82,324 people, 33,127 households, and 22,297 families residing in Clearfield County. The residents of Clearfield County are largely Caucasian (96.1%) and predominantly of German, American, English, Irish, Italian or Polish ancestry. In 2009 the median age was 42 years.

Clearfield County is bordered by Elk, Cameron, Clinton and Centre Counties to the north and east, and Blair, Cambria, and Indiana Counties to the south. Clearfield County borders Jefferson County to the west, and the two counties coordinate on a wide variety of public services, including behavioral health and criminal justice.

Clearfield County has been building a continuum of criminal justice and mental/behavioral health services that provides a basic foundation for continued growth and reorganization on all levels. There are a number of established links, both formal and informal, between the courts, probation, police departments, corrections and the mental health system.

The Clearfield-Jefferson MH/MR Program oversees the treatment of this target population in Clearfield County. The Clearfield-Jefferson MH/MR Program works closely with the county Medical Assistance/Health Choices program to coordinate all publicly funded behavioral health services and supports. Many individuals with serious and persistent mental illness qualify for both Medical Assistance/Health Choices supports and county-funded supports. The Clearfield-Jefferson MH/MR Program contracts with local agencies throughout the county to provide services.

Clearfield County has 28 core providers for adult mental health services, with additional providers specializing in child services. Please see Appendix C for a complete list of mental health service providers, including services offered and contact information.

Clearfield County also provides a variety of drug and alcohol service providers. For a complete listing of these services, including rehabilitation, detoxification, and hospitalization, please see Appendix E and Appendix F.

Additional resources for adult mental health and drug and alcohol services are available at http://www.cljmhr.com/ and http://www.cjdac.org/.
Clearfield County, PA Mental Health and Justice Center of Excellence Report
January 2011

**Intercept I: Law Enforcement / Emergency Services**

**Clearfield County 911**

Clearfield County 911 dispatch is operated by the Clearfield County Department of Emergency Management, and provides emergency dispatch to all local jurisdictions. Services are provided 24/7 by 20-30 dispatchers split into shifts of 4 or 5. Dispatchers receive standard call taking training, including basic skills on de-escalation and information gathering in crisis situations, as well as training around various techniques (e.g., medical, police) and chief complaints, including medical complaints regarding mental health.

When 911 dispatchers receive a medical complaint involving a mental health issue (coded as “psychiatric”), they utilize a standard set of questions to assess safety issues regarding the caller themselves and others, as well as the nature of the call. 911 dispatchers may then send law enforcement and EMS to the scene, and may also access Mobile Crisis (see below) to request assistance. In these situations, 911 dispatchers contact Mobile Crisis utilizing their crisis hotline, discuss the situation, and coordinate Mobile Crisis to meet up with law enforcement at the scene or at an area hospital. In 2010, Clearfield County 911 received 344 psychiatric calls, with the highest number coming out of DuBois (74 calls), Sandy (50), Clearfield (48) and Lawrence (38). For more information see Appendix G.

For calls where suicide is a central issue, also considered psychiatric calls, 911 dispatchers have specific mechanisms to handle the crisis situation, typically including sending law enforcement, EMS, and/or Mobile Crisis to the scene.

Pennsylvania State Police barracks in Clearfield County utilize their own dispatch.

**Law Enforcement**

Clearfield County is currently served by nine police forces, including seven local and two State barracks.

In order by size, the local police forces include the DuBois City Police (18 officers), the Sandy Township Police (15 officers), the Clearfield Borough Police (12 officers), the Lawrence Township Police, the Decatur Township Police, the Curwensville Borough Police (1 officer) and the Morris-Cooper Regional Police (1 officer). Local police receive some training around mental health and legal issues during their academy training, with some additional training on these issues offered during their annual MPO ETC trainings (typically lasting half of a day). Police forces report variable amounts of calls related to mental health issues. While the volume of these calls are estimated to be 20-25% in Sandy Township and 30-45% in DuBois City, estimates of their occurrence are much lower in Curwensville Borough. These calls may include requests to assist with a mental health crisis, requests to check on the welfare of an individual...
that end up as psychiatric situations, or calls in which the individual self-identifies as a mental health consumer. Typically officers will treat these calls the same as any other call, unless the individual is considered to pose a risk to themselves or others. In these situations, officers call Mobile Crisis who will then assist at the situation by providing assessment of the individual and making a recommendation for inpatient or outpatient treatment. In acute crisis situations the individual may be sent to one of the area hospitals (see below). In situations were an involuntary hospitalization is deemed necessary, Clearfield County police officers generally prefer to coordinate with crisis services. In these situations, unless local police officers have already done so, Crisis will call a constable to transport the individual from the scene or from the local law enforcement station to the hospital.

There are also two State Police barracks serving Clearfield County. The DuBois State barracks is the largest in the area with 30 officers, and has jurisdiction over Interstate 80 as well as Bloom, Brady, Huston, Troutville, and Union townships. The Woodland State barracks has jurisdiction over Interstate 80 as well as Beccaria, Bigler, Boggs, Bradford, Brisbin, Chester Hill, Coalport, Covington, Ferguson, Girard, Glen Hope, Goshen, Graham, Grampian, Greenwood, Gulich, Ivona, Jordan, Karthaus, Knox, Lumber City, Penn, Pike, Pine, Wallaceton, Woodward, Houtzdale, and Ramey townships. It is expected that approximately 10% of calls to State Police include people with psychiatric complaints.

In addition to the police forces listed below, the Clearfield County Sheriff’s Department also has jurisdiction over the entire county. The Pennsylvania Department of Conservation and Natural Resources also has officers that have police powers on all state owned land in the county.

Clearfield-Jefferson Crisis Services

If in a mental health crisis, individuals and family members are instructed to call Crisis. This is a 24/7 service run by The Meadows Psychiatric Center (below), and is run separately from Clearfield County 911. Crisis may be reached at 800-341-5040.

Crisis call-takers are also able to send Mobile Crisis units, also operated by The Meadows Psychiatric Center. Mobile Crisis is a 24/7 service staffed by 15-20 on-call workers (6-10 on daytime shifts, 4-5 on night shifts) covering both Jefferson and Clearfield Counties. Mobile Crisis shifts in Jefferson and Clearfield Counties are assigned one crisis worker each, with shifts lasting from 7am-5pm, 5pm-12 am, and 12am-7am. An additional crisis worker is scheduled from 5pm to 1am, and is centrally located in DuBois for response. Mobile Crisis also employs one Mobile Crisis Coordinator, who is responsible for coverage of any heavier volumes on the system. Currently there are 14 staff and growing with12 hour shifts weekend. They receive 3-12 calls/mo from Police Department and jail and work closely with the Police Department on involuntary commitment or safety concerns. There are a total of 150-250 calls per month and a small number initiated by police but others (crisis calls police to help) are higher.

Mobile Crisis Workers receive monthly supervision/reviews and two mandatory 8-hour trainings each year. If individuals are acutely psychotic and admission seems necessary, Mobile Crisis workers will problem solve on the scene and get individuals in crisis to emergency rooms or other services, as appropriate, and release police officers whenever it is deemed safe.

There is a longstanding Mental Health Crisis System group that meets quarterly to discuss crisis response issues and programs. The group includes representation from Clearfield-Jefferson Mental Health/Mental Retardation Program and the Drug & Alcohol Commission, Crisis Providers (telephone, mobile, and supports), emergency rooms, and inpatient psychiatric services. This meeting is also open to any other stakeholder in the crisis system.
Crisis Hotlines
In addition to the Meadows Crisis hotline mentioned above, various services throughout Clearfield County provide hotlines to access services in an emergency. These include:

- **DuBois Regional Medical Center BH Helpline**: 877-797-1685
  - 24/7, provides access to therapists and nurses, calls typically related to discharges or needing a referral

- **SAM, Inc. case management and crisis hotline**: 888-211-6049
  - MH case management during business hours, also supports crisis related to MR issues

- **Community Guidance Center hotline**: 1-888-686-1991 X 333
  - 24-hour hotline to Master-level therapist to divert crisis situations, able to link to Meadows Crisis hotline, provides 24 hour on call case management

- **Community Care hotline**: 1-866-878-6046
  - Toll-free 24/7 service for those with managed care insurance, able to assist with complaints and crisis situations, includes “triage” service in Pittsburgh that can assist with connecting to local crisis or care provider as well as specific services for high risk members

- **INFO-LINK hotline**: 814-765-5014 or 1-800-494-5678
  - Nationally accredited, comprehensive storage bank of accurate, current information on over 1,300 health and human services and programs in Clearfield County and surrounding areas
  - Operates Monday-Friday, 8AM-4PM. During non-business hours, callers experiencing a mental health crisis are referred to the county’s crisis hotline while others may leave a message and these calls are addressed the following day.
  - The program is an outreach effort of the Clearfield County Area Agency on Aging, Inc. and is open to all residents of Clearfield County

- **Peer-run Warmline**: 1-877-768-3570
  - Located within the Dream Team Drop-In Center (see Intercept V, pg. 25). Operates Friday and Saturday evenings, peer-run line to handle lower level MH issues (higher level calls will be patched to Crisis or hospitals)
  - Recently awarded HealthChoices Reinvestment grant to expand to 7 day service, should be in effect by Spring 2011

- **Member Services for Managed Care Insurance (MH/MR Oversight)**
  - Triage Team (Pittsburgh)
  - High Risk Care Managers

- **Protective Services Line**: 1-800-233-0249

- **National Suicide hotline**: 1-800-273-TALK (8255)

- **VA Suicide hotline**: 1-800-273-8255

**Psychiatric Units**
DuBois Regional Medical Center (DRMC) has 214 licensed beds that are housed in two facilities two miles from one another in DuBois. DRMC West is located on Hospital Avenue and houses acute inpatient care and a full range of ancillary services, while DRMC East on Maple Avenue is primarily focused on providing outpatient services, plus adolescent, adult and geriatric behavioral health services for inpatients.

Located in DRMC East, the Adult Unit contains 27 private and semi-private bedrooms and living, dining and recreational areas. Community mental health agencies and physicians can make direct referrals to the Adult Unit. Comprehensive face-to-face assessments are provided by trained mental health staff via the DuBois Regional Medical Center’s Emergency Department for inpatient placement or outpatient services referral. Outpatient services are also provided, including psychiatric evaluation, medication management, psychological assessment, and individual and family psychotherapy to seniors, adults, adolescents and children.

The Meadows Psychiatric Center is a 101-bed private behavioral health care facility located in Centre Hall (Centre County) and provides treatment to children, adolescents, adults and older adults. Treatment is provided in separate units based on age-appropriate care. Universal Community Behavioral Health, Inc. is the outpatient system that The Meadows was founded in July 1999. At the time, the facility recognized some of the challenges in rural areas surrounding the hospital and began a mission to extend behavioral health services by developing an array of programs based on community need throughout surrounding counties. Services provided by UCBH includes partial hospitalization for children and adolescents, family based mental health, and behavioral health rehabilitative services including wraparound blended case management, outpatient services, and crisis intervention.

Clearfield County residents may also access Clarion Psychiatric Center (Clarion County), which offers adult inpatient as well as child and adolescent psychiatric and partial hospital services. Clarion Psychiatric Center is located on 14 acres overlooking the Clarion River basin and has been providing behavioral health services for over 20 years. The assessment and referral department are available 24 hours a day, seven days a week to provide psychiatric evaluations for patients in crisis, as well as to arrange professional referrals to services.

There are additional geropsychiatric units for older adults at Clearfield Hospital (Clearfield County) and Brookville Hospital (Jefferson County).

Detoxification providers
The Clearfield-Jefferson Drug and Alcohol Commission contracts with six detox providers in the region, including Cove Forge (near Altoona), Gaudenzia Crossroads (Erie), Pyramid Health Care (Duncansville), Turning Point (Franklin), Twin Lakes (Somerset) and White Deer Run (near Williamsport). These contracts are linked with the providers themselves, meaning residents can go directly to the detox provider without having to go through the Drug and Alcohol Commission. Detox providers also have the capacity to provide transportation in non-emergency situations.

For more information on detox services for Clearfield County, including contact numbers, please see Appendix E.
Identified Gaps

- Over one year since criminal justice has cross trained with mental health/D&A
- Limited MH training for law enforcement (roughly 8/9 hours of training out of the 7 month academy)
- Law Enforcement contact rate with MI individuals is estimated to be higher, ballpark 40% in Dubois city and 25-20% in Sandy Twp, compared to the national 7-10% contact rate
- 911 Clearfield County of Emergency Services does not often coordinate with the Clearfield MH system
- 911 Clearfield County of Emergency Service’s frustration is that they are the middle man, sometimes don’t have enough information to communicate to law enforcement and/or MH system, and law enforcement on occasion isn’t willing to respond
- 911 Clearfield County of Emergency Services does not go into depth specifically concerning MH training
- Law Enforcement doesn’t have a structured system to identify MI, currently it is based on self-identification
- Law enforcement does not have a formal diversion program when calling a crisis
- Constables (warrant service agency) who are contracted to transport individuals to emergency services are not always well coordinated
- Some individuals who self-identify as having a mental illness might be lying in an attempt get out of jail/reduce jail time. For example, people pulled over for a DUI are claiming they are suicidal to avoid jail time
- DRMC emergency services doesn’t have the resources to adequately handle the volume of people brought in with mental health issues who are destructive/combative
- Frustration among law enforcement and hospitals with the process of 302s brought to emergency services

Identified Opportunities

- Over the last 3 years, a few blocks of MH training have been added (generally part of a day of additional training) to law enforcement curriculum
- 911 Clearfield County of Emergency Services can generate numbers/data by year, month, area, jurisdiction concerning medical calls coded as psych (recognized as a person with MI)
- Grant awarded from Health Choices Reinvestment to help support the warmline at the MH Drop In Center (peer supported hotline)
- Mobile Crisis 24/7 works closely with law enforcement agencies
- Dubois city law enforcement might be able to generate contact rates for MI individuals
- Crisis centers are fortunate to have several psych hospitals available for acute services
- The transportation process to emergency services has improved over the last couple of years from law enforcement’s point of view
Intercept II: Initial Detention / Initial Court Hearing

Arrest and Initial Detention

In Clearfield County individuals who are arrested are brought to the local or State police jurisdiction facility for processing. If there is enough staff they are initially detained within the local or State facility itself, however more often detainees are brought to the Clearfield County Prison (see Intercept 3, pg. 19) after processing and arraignment.

Clearfield County law enforcement officers also utilize a 48 Hour Commitment under Title 61 Pa.C.S. Chapter 12A Section 798. Typically an intoxicated detainee will be brought by law enforcement to an area hospital until their intoxication subsides. However, this statute allows intoxicated individuals to be placed in a 48-hour detention at the Clearfield County Prison if they are deemed overly disruptive. In accordance with this statute, the arresting officer makes the decision for release from the Clearfield County Prison. This 48-hour detainer is estimated to be used one to five times per week on average in Clearfield County. Most detentions last overnight and rarely ever reach the 48-hour maximum.

Preliminary Arraignment

The Forty-sixth Judicial District of Pennsylvania has a compliment of four Magisterial District Courts within its boundaries, overseen by an elected Magisterial District Judge. In Clearfield County the Magisterial District Judges are the Honorable Patrick N. Ford (District Court 46-3-01, DuBois), Honorable Richard A. Ireland (District Court 46-3-02, Clearfield), Honorable Michael A. Rudella (District Court 46-3-03, Kylertown), and Honorable James L. Hawkins (District Court 46-3-04, Houtzdale).

Magisterial District Judges have jurisdiction over summary offenses, matters arising under the Landlord and Tenant Act, civil claims in assumpsit (contract) and trespass not exceeding $8,000, excluding costs and interest, and for fines and penalties for government agencies. In addition to overseeing Preliminary Arraignments, Magisterial District Judges fix and accept bail, issue warrants, and hold preliminary hearings, as well as acting as a committing judge in all criminal proceedings. Preliminary Arraignment is typically done within six hours of arrest, unless additional external circumstances arise.

If arrested during daytime business hours the defendant is brought to the local Magisterial District Judge’s office. If arrested during off-hours, the Preliminary Arraignment is done with the Magisterial District Judge on-call via videoconferencing within the local police station itself. All local police jurisdictions within Clearfield County have videoconferencing capability. State Police will also go to these local police stations to do video arraignment during off-hours as well.
If the defendant posts bail or is release on their own recognizance they are released from custody. If the defendant does not post bail, they are transported to the Clearfield County Prison for intake.

- **Identified Gaps**
  - When Clearfield County law enforcement comes in contact with someone intoxicated they are put in 48 hour detention but never diverted to D&A/Detox providers
  - Lack of coordination between the MDJs, criminal justice system, and the MH system specifically during the pre-trial arraignment and Court of Common Pleas process

- **Identified Opportunities**
  - Clearfield County lockup detention facility takes weight off/liability from local law enforcement police department/officers that can provide a foundation to build on and an opportunity to link with D&A services.
  - Possibility of structuring transportation from 48 hour detention to detox services once diagnosed as detox
  - Clearfield County has video linkage with DA offices for video arraignment in every local police station (state police have to go to a local police department) and has cut back on time and travel
  - Some interest on the MDJ level (one MDJ in particular) in suicide prevention
  - Forensic Blending C.M/Forensic Administrative C.M available to divert/support specifically to be more of an assistance during the initial detention/preliminary hearing
  - Possibility of developing linkage between Forensic Blending C.M. and Clearfield law enforcement agencies in order to better educate concerning what resources are available for this population
**Intercept III: Jails / Courts**

**Jail**

The **Clearfield County Prison** (CCP) is the fourth oldest jail in Pennsylvania. The CCP is currently overseen by Warden Samuel Lombardo.

As of January 2011, there were 139 inmates incarcerated within CCP. The female population averages 25 females at a time, nine over its 16 dedicated female beds. Approximately 33.5% of total CCP population is incarcerated on probation or parole violators, about half of which are technical violations. There were seven veterans incarcerated in CCP. The average stay at CCP is three months.

At intake, all inmates are screened for mental health and substance abuse, as well as suicidality, depression, medical issues, and more. The information from these assessments is forwarded to the Warden for review. Intake typically lasts 6-8 hours. On average there are 10 commitments per day at CCP, which is usually offset by an average of 10 releases per day. All releases are made at approximately 9:00am and all released inmates are given a single phone call.

The MH counselor in CCP highlights all potential consumers of mental health services. The **MH Counselor** is an employee of the Community Mental Health Center (CMHC; see Intercept V, pg. 26) that oversees mental health services at the jail 40 hours per week, and is funded by Clearfield-Jefferson MH/MR. After reviewing these records, the MH counselor assesses inmates within 24 hours of their intake to gain a better sense of their treatment needs using a standard mental health screening assessment developed by CMHC. After this one-on-one assessment, the MH counselor will refer the inmates to the appropriate services.

Inmates who require medication are served by the CMHC. If it is determined an inmate requires medication, they are escorted to CMHC for assessment. If already on medication, the medical department at CCP will have a release signed to get medication verification, at which time the prison doctor will make the decision to continue the current medication or not. The prison doctor is at CCP one day a week, and is on call 24/7. Additionally, there is also an LPN-level nurse in the jail 40 hours per week to provide medical services. On average, about one-quarter of the CCP population is on some sort of medication.

If inmates become acutely psychotic, they are brought to the CMHC. If they are unable to be stabilized at the CMHC, they may be moved to Torrance State Hospital for more intensive services, contingent on successful 302 or 304 proceedings. This occurs infrequently in Clearfield County.

Two services providers, **Service Access & Management, Inc.** (SAM) and the **Community Guidance Center** (CGC), provide case management in CCP. If inmates meet the eligibility...
criteria for serious mental illness, the MH counselor will contact SAM to come in for an assessment, after which SAM will complete a county intake and give the inmate the choice of receiving services from SAM or from CGC. Once the choice is made, the administrative case manager makes a referral to the service provider to engage with the inmate upon their release. Whereas SAM may access inmates for case management at any time during incarceration, CGC is restricted to 30-day pre-release (see Intercept IV and Intercept V for more information).

In December 2010, Peerstar LLC began services in CCP. Peerstar LLC is a certified peer support service provider in Pennsylvania that provides specialized forensic peer support services in prisons and in the community to individuals involved with the criminal justice system who are suffering from mental illnesses and/or substance abuse disorders. The Peerstar LLC in-jail program includes evidence-based Citizenship Group classes and re-entry planning to assist individuals in returning to the community and breaking the cycle of re-incarceration (see Intercept IV for more information on re-entry, and Intercept V for more information on community treatment services). In order to access the service, the MH counselor at CCP will check inmates for eligibility and will make referrals to the Peerstar program. Currently there are 5 peer specialists trained through Peerstar in Clearfield and Jefferson Counties, including 2 community-based forensic specialists. One certified peer specialist visits CCP one day per week.

The Clearfield-Jefferson Drug and Alcohol Commission (CJ DAC) contracts for drug and alcohol counseling services in CCP. This includes three group meetings and one individual meeting per month. Additionally, there is a prevention group that meeting once per week in CCP, as well as AA, NA, relapse prevention, and the Bridges Program, a volunteer transitional group. Counseling and oversight of these programs is provided by the D&A counselor, a one-day-a-week position funded by CJ DAC. The CJ DAC spends approximately $100,000 annually on jail services.

The CCP also utilizes services from the Office of Vocational Rehabilitation (OVR). An OVR counselor will go into CCP to take referrals for OVR services as needed, typically a few times per month. The current OVR counselor works primarily with inmates with substance abuse issues, however they will work with any referral with a disability who will be seeking employment upon release. The CCP also has a work release program, however lack of jobs has limited this program to 5-9 slots.

Additional services in CCP include GED and literacy programming, religious services, and a variety of volunteer services, including Practical Christian Living, the Restart Program, and Fellowship.

**Courts**

The Forty-sixth Judicial District of Pennsylvania Court of Common Pleas covers all of Clearfield County and has a compliment of two full-time judges, including the President Judge, as well as one senior judge who presides at court events as assigned and directed by the President Judge.

Judges of the Court of Common Pleas are elected officials, being elected to ten-year terms. Once a judge is elected for his or her first term, the judge may seek an addition ten-year term by way of the retention process, as provided for in the Pennsylvania State Constitution. Judges are state employees.
The current judges in Clearfield County are the Honorable Paul E. Cherry and the Honorable Fredric J. Ammerman, who serves as President Judge. Both have their offices in the Clearfield County Courthouse in Clearfield.

Currently there are no formal specialty dockets in the Court of Common Pleas, including mental health or specialty drug dockets. The Court of Common Pleas utilizes **Accelerated Rehabilitative Disposition** (ARD) to divert first-time DUI offenders (see Intercept IV). No other formal diversion initiatives have been established.

### Identified Gaps
- Clearfield County Prison correctional officers sometimes go to Cambria for training but often the focus is on Cambria county facilities rather than Clearfield/state facilities
- No established mechanism within the jail, for example a fax/electronically daily intake information, to share information between the jail and the different service providers
- No working relationship with the Dubois Social Security office
- Correctional Officers' sometimes have difficulty handling dual diagnosis female inmate who have real visible MI and/or autistic
- The only diversion effort in the Clearfield county courts is an ARD ruling for a first time DUI
- Lack of training and education within the jail with a focus on treatment especially when inmates first come in the door
- Lack of coordination between the MDJs, criminal justice system, and the MH system specifically during the pre-trail arraignment and court of common pleas process

### Identified Opportunities
- D&A counselor slotted for one day a week but that can change depending on need
- Peerstar Certified Forensic Peer specialist who goes into the jail once a week for in-reach and then re-entry
  - Good relationship/communication between Peerstar and jail/warden specifically tailoring the specialist’s role to reflect the prison’s specific needs
- Clearfield County Prison Warden open to opportunities for more MH training for correctional officers
- Often there are more volunteers than inmates which presents an opportunity for volunteers to help with identified gaps and priorities
- Peer Star planning to reschedule a meeting with County Assistant office/Social Security office to help collaboration effects
- COMPASS system is used by CJ CMHIC
Intercept IV: Re-Entry

Forensic Case Management
Clearfield County has two service providers supporting forensic case management in-reach into the Clearfield County Prison (CCP). Service Access & Management, Inc. (SAM) offers time-unlimited in-reach services into CCP through one administrative case manager, as well as blended case management and forensic blended case management. The administrative case manager will assess selected inmates, who will then refer them to one of the other case management options based on treatment needs.

The Community Guidance Center (CGC) offers case management services limited to 30 days pre-release of selected inmates. The CGC offers services through blended case management and forensic blended case management, depending on the treatment needs of the individual.

Jail counselors regularly make referrals to case management and services can start during incarceration and follow individuals into the community. Additionally, the MH counselor in CCP (see Intercept III) can make referrals to either program.

Typically, inmates will be assessed by SAM and offered services through either SAM or CGC. Once the selection is made, the chosen service provider will initiate county intake and re-entry planning. After release, the service provider will follow that individual into the community to ensure continuity of care (see Intercept V for more information on community treatment services).

Peerstar LLC
Selected inmates may also receive Peerstar LLC services both before and following release (see Intercept III and Intercept V for more information). Peerstar is a certified peer support service provider in Pennsylvania that provides specialized forensic peer support services in prisons and in the community to individuals involved with the criminal justice system who are suffering from mental illnesses and/or substance abuse disorders. The Peerstar in-jail program includes re-entry planning to assist individuals in returning to the community and breaking the cycle of re-incarceration.

The CCP MH counselor will check for serious mental illness (SMI) eligibility and will make a referral to the Peerstar certified specialist. The certified peer specialist will then work with the individual on re-entry planning, and will get county authorization to provide re-entry services in the community following their release. If Peerstar is unable to provide services, the peer specialist, who is also certified in supervision of services, will refer the individual to a community peer specialist and will supervise services there.
All Peerstar services in Clearfield County are program funded through the Clearfield-Jefferson MH/MR Program. This typically includes 30 days of services in-jail, plus one month of services post-release to cover expenses until Medical Assistance is secured. As of January 2011, Peerstar LLC reported a caseload of 5 forensic peer consumers.

**Drug and Alcohol Case Management**

Within 30 days of release, individuals may be referred to **Clearfield-Jefferson Drug and Alcohol Case Management Services** to provide level of care assessments, referrals to treatment or community support services. The Drug and Alcohol Case Manager typically carries a caseload of 25 individuals and may provide services in the community. Case Managers are able to assist in linking and accessing services within the 12 domains of: treatment, housing, education, employment, transportation, family, social, basic needs, medical, legal, childcare and mental health referrals.

**Accelerated Rehabilitative Disposition**

The **Clearfield County Court of Common Pleas utilizes the statewide Accelerated Rehabilitative Disposition (ARD) program specifically for first-time DUI offenders.**

ARD is a pre-trial program designed to allow the least-dangerous defendants – first-time, non-violent offenders – to circumvent the usually lengthy trial process. The ARD program suspends the formal criminal prosecution before trial if the defendant agrees to certain conditions, such as completing substance abuse treatment. The district attorney chooses who is accepted into the ARD program, and has considerable discretion when formulating polices or deciding which cases will be referred to the ARD program.

Defendants who are accepted into an ARD program are placed under supervision, typically by the Clearfield County Adult Probation & Parole department. The maximum period of supervision for someone on ARD is two years. If the accused successfully completes the ARD program, the underlying criminal charges are dismissed and the defendant’s record is expunged of the arrest record and of the ARD disposition.

**Veterans Services**

Clearfield County is served by the James E. Van Zandt VA Medical Center in Altoona. On an informal basis, the **Altoona VA** will send services into the Clearfield County Prison (CCP) or accept inmates escorted from CCP for services.

The Altoona VA Medical Center has a **Veterans Justice Outreach (VJO) Specialist** to coordinate forensic services for veterans in the criminal justice system.

For more information on the Veterans Justice Outreach Initiative and the regional VJO Specialist, please see Appendix G.
Re-Entry from the Pennsylvania Department of Corrections

Clearfield County hosts two State Correctional Institutions, including the State Correctional Institution – Houtzdale (medium-security institution for men) and the Quehanna Motivational Boot Camp. Opened in June 1992, the Quehanna Motivational Boot Camp is the department’s first military-style motivational boot camp. Inmates assigned to the boot camp undergo a rigid six-month disciplinary and training program that, if successfully completed, will result in their immediate release on parole. The minimum-security facility houses both male and female offenders. Finally, there is a private federal prison located in Philipsburg operated by Cornell Corrections, Inc.

Prison Re-Entry in Clearfield County is addressed by the Forensic Liaison, an employee of Service Access & Management, Inc. (SAM). The Pennsylvania Department of Corrections releases a quarterly listing of inmates, including demographic information like names and addresses. This list is received by SAM and is forwarded to the Forensic Liaison, who will then prepare for county intake, set up aftercare services, and follow the individual into community.

- **Identified Gaps**
  - Lack of transportation when released from local jail
    - If someone is released 50% of the time they have to walk home
  - Unpredictable releases from prison that SAM and/or CGC is not informed about
    - The date of release is bumped up or unexpected orders from the MDJs (all are probation cases) making it difficult to get a case manager to meet the inmate at their release on short notice (happens about once a month)
  - John (SAM) goes to prison only to find out that they do not fit the SMI diagnosis
  - Lack of linkage/communication between MH system and state parole
  - 2 days of prescription drugs when released but no prescription given to keep them on their medication

- **Identified Opportunities**
  - 2 Certified Peerstar Forensic Peer Specialist working with the Peerstar in-reach peer specialist with a specific focus on re-entry programs
  - Case managers are starting to meet inmates who are just released more frequently
  - OVR counselor who works specifically with D&A inmates
  - Have a VJO specialist but haven’t utilize their services
Clearfield County Adult Probation & Parole

Local adult and juvenile probation services are overseen by Clearfield County Adult Probation & Parole. All individuals are screened for mental health and substance abuse problems upon intake. Community supervision is provided by 12-15 probation officers, all of who carry general caseloads. There are no specialty MH or BH caseloads at this time.

Currently, approximately 33.5% of all inmates at the Clearfield County Prison are incarcerated due to probation violations, about half of which are technical violations.

Pennsylvania Board of Probation & Parole

Federal and State parolees in Clearfield County are supervised by the Pennsylvania Board of Probation & Parole, based in Altoona. The Pennsylvania Board of Probation & Parole in Clearfield County has been reported to be cooperative with the Clearfield-Jefferson MH/MR Program, and attends meetings of the Local Housing Options Team (see below).

Housing Services

The Clearfield-Jefferson MH/MR Program offers a variety of housing options and services, including transition apartments, Community Living for Independent Persons (CLIP), the Northwest Regional Housing Alliance (NWRHA), the Homeless Prevention and Rapid Rehousing Program (HPRP), Tenant-Based Rental Assistance (TBRA), and housing start-up supplies. See Appendix D C for more information on all of these services, including a program description, eligibility criteria, and availability.

Additional housing services in Clearfield County include Haven House (DuBois), Marian House (women and children only, 24/7 hotline at 814-765-5646; provided 1700 shelter-days in 2010), Good Samaritan Center (Clearfield, men only), and Tomorrow’s Hope (run by Altoona VA). Clearfield County also supports Dream Team Drop-In Center, a peer-run the center located in Clearfield. The Oxford House is a planned housing project that will support services for people with substance abuse and mental health issues leaving the criminal justice system. Funding is currently being sought.

Venango Training and Development Center currently has two Fairweather Lodge housing projects in Clearfield County. These projects house individuals with mental illness that are employed or have vocational goals. The project also accepts clients with criminal justice system involvement.
Clearfield also hosts a longstanding **Local Housing Options Team (LHOT)** monthly meeting that includes participation by the Clearfield-Jefferson MH/MR Program and Drug and Alcohol Commission, Clearfield County Adult Probation and Pennsylvania Board of Probation & Parole, Community Action (offering shelter, domestic violence, and housing services), the local housing authority, Clearfield County Area Agency on Aging, Inc., the Project for Assistance in Transition from Homelessness (PATH), the Regional Housing Coordinator, the Community Care Behavioral Health (BHMCO), and the regional jail provider.

**Service Providers**

**Service Access and Management, Inc. (SAM)** provides services for ten counties across Pennsylvania, including Clearfield County (based out of their Clearfield office). SAM offers administrative case management, blended case management, and forensic blended case management services with the objective of coordinating mental health services, advocating on behalf of the consumer, and monitoring the consumer's various community services.

The **Community Guidance Center (CGC)**, with offices located in Indiana, Punxsutawney and Blairsville (Jefferson County), offers blended and forensic blended case management services, as well as wraparound, day treatment and intensive outpatient treatment, psychiatric rehabilitation services, family-based mental health treatment, and child mental health case management services for Clearfield County residents. The focus of the CGC is to combine treatment with community outreach and education, advocacy for clients and their families, case management, and involvement with other agencies.

The **Clearfield Jefferson Community Mental Health Center (CMHC)**, located in Clearfield, is able to assist with community planning and aftercare arrangements for consumers leaving the criminal justice system. Those offenders who have a history of public behavioral health services, and whose charges allow them to choose service providers after release, can be linked back to these providers once released from incarceration. The CMHC supports three forensic units. Staff at CMHC utilize the COMPASS system, an online application system in Pennsylvania to apply for many health and human service programs, in order to access the benefits system for their clients. Services at CMHC include assessment and evaluation, individual and group therapy, family therapy, medication management and administration, Clozapine support, and partial psychological hospitalization. CMHC also provides Advanced Intake, where released offenders are able to see an intake worker and a psychiatrist on the same day.

**Peerstar LLC**, based in Altoona, provides recovery-based, certified peer support services to individuals recovering from mental illnesses and/or substance abuse disorders who are eligible to receive Medical Assistance (Medicaid) from the Pennsylvania Department of Public Welfare. Peerstar employs and trains certified peer support specialists who have unique backgrounds that come as close as possible to matching the backgrounds of their clients, include forensic clients through their forensic peer specialist programs. Certified Peer Support Specialists are self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process, and who: (a) have a high school diploma or general equivalency degree; (b) within the last three years have maintained at least 12 months of successful full or part-time paid or voluntary work experience, or obtained at least 24 credit hours of post-secondary education; (c) have completed a peer specialist certification training curriculum approved by OMHSAS; and (iv) have completed 18 hours of continuing education training per year, with 12
hours specifically focused on peer support or recovery practices, or both, in order to maintain peer specialist certification.

The DuBois Vet Center (DuBois) also offers services for veterans in Clearfield County. The DuBois Vet Center is open 8:00am to 4:30pm Monday through Friday and is located 100 Meadow Lane, Suite 8, DuBois PA 15801. In an effort to better serve the veteran and family members, upon request Vet Centers will provide services after normal work hours and/or on weekends. The DuBois Vet Center may be reached at 814-372-2095.

In addition, the VA offers behavioral health services for veterans through its Community Based Outpatient Clinic (OBC) and can be reached Toll Free at 1-866-662-0447 or (814) 375-6817 and is located 190 West Park Avenue, Suite 8, DuBois PA 15801. The OBC can assist with Laboratory Services, Nutrition Services, Preventive Care, Primary Care, Social Work Services, Tobacco Cessation, and refill prescriptions.

There is also a free Medical Clinic in Dubois for individuals employed in the township. There is also a faith-based volunteer group called Restart that will assist individuals with criminal justice involvement.

- **Identified Gaps**
  - No specialty MH caseload for probation/parole officers; only broken down by adult/juvenile
  - Jail receiving 33% parole violators – an increase from previous years (technical detainees)
  - Not much in the way of family advocates
  - Transportation Issues
  - Housing Authority do not except applications from felons and waiting period for applicants with misdemeanors
  - Employment Options/Work Release down 5-9%
  - Housing--- Gas companies/workers using up housing resources used for MI population in the past
  - Newly released inmates come to Marian House program without any MH services provided, so rather than focusing on pushing the women through the program the focus must be on setting up those initial services

- **Identified Opportunities**
  - Establishing a mechanism to share information from the different service providers -- fax/electronically daily intake information sent to BH system. Helpful to also put linkage with the managed care system who is willing and looking for the opportunity to get involved with the re-entry program.
  - Shelters in place to tackle homeless inmates when released – Tomorrows Hope (VA shelter) , management care has set up some housing that is landlord based and willing to overlook criminal history
- VA OBC in Dubois --- good resource to utilize their services
- VA's have their own veterans counselors --- good resource to utilize their services
- Drop-In centers/community support
- Second chance re-entry Grant---this workshop will help the County move forward with collaboration efforts and a county wide strategic plan to use when applying for the grant
- Oxford Housing opportunity to work with D&A agency
Clearfield County Priorities
Subsequent to the completion of the *Cross-Systems Mapping* exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the gaps and opportunities identified in the group discussion about the cross-systems map. Listed below are the priority areas identified by the workshop participants.

### Top Priorities

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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</table>
| 1. | Identify opportunities to prevent arrests and/or future prosecution (25 votes)  
  - Develop diversion opportunities at Intercept 2  
  - Develop preventative interventions |
| 2. | Encourage more collaboration across systems by promoting Criminal Justice Advisory Board participation (22)  
  - Goal: Continue momentum from this workshop  
  - Monthly meetings on 3rd Monday at 10 a.m. |
| 3. | Improve timely access to community resources for law enforcement and others (16)  
  - Focus on: 302s, Emergency Departments, continue improved collaboration with hospitals  
  - Develop a protocol for interaction between law enforcement and service providers regarding problematic cases and communication in general (9) |
| 4. | Improve re-entry from jail by developing a seamless transition to community resources (12)  
  - Emphasize the critical first week after release  
  - Prepare to write proposal for Second Chance Reentry grant  
  - Develop Reentry Subcommittee for CJAB  
  - Advocate for more funding for county reentry |
| 5. | Expand transportation options for people without Medical Assistance (7) |
| 6. | Improve collaboration between probation and behavioral health in order to prevent violations of probation (6)  
  - Develop policies and procedures for treatment related issues |
| 6. | Develop education and a variety of tools that assist people to better access community resources and understand different interconnections (6)  
  - Target: general public and criminal justice (Judges, law enforcement)  
  - Consider developing:  
    - Documents that identify resources, provide contact information, include organizational charts, and describe how the resources all fit together  
    - Quick reference cards  
    - Specify how the resources specifically benefit the audience (e.g., how the resource can help law enforcement) |
| 7. | Partner with Jefferson County on their CIT initiative (3) |
Clearfield County Action Plan

**Priority: Moving Forward**

**Goal:** Continue momentum from this workshop

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<thead>
<tr>
<th>Objective</th>
<th>Action Step</th>
<th>Who</th>
<th>When</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Encourage more collaboration across systems promoting Criminal Justice Advisory Board participation</td>
<td>COE report to be agenda item for January CJAB meeting (1/24)</td>
<td>CJAB monthly meetings typically on 3rd Monday at 10 a.m. (Next meeting: January 24th)</td>
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<tr>
<td>B</td>
<td>Develop a report summarizing the results of the mapping workshop</td>
<td>COE to send draft to Clearfield MH/MR and DA’s Office</td>
<td>January 14th, 2010</td>
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<td>Return draft(s) to COE with corrections</td>
<td>Bill Mendat to coordinate</td>
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<td>End of January</td>
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<td>C</td>
<td>Utilize CJAB meeting to continue momentum</td>
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**Jefferson County, PA Mental Health and Justice Center of Excellence Report, August 2011**
## Priority Area 1: Identify opportunities to prevent arrests and/or future prosecution

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<th>Objective</th>
<th>Action Step</th>
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<tr>
<td>1.1</td>
<td>Develop diversion opportunities at Intercept 2</td>
<td>Tina; SAM reps, Tammy (CGC)</td>
<td>Fridays there is centralized court in DuBois, Wednesday in Jail</td>
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<tr>
<td></td>
<td>• BH reps to attend Preliminary Arraignment process</td>
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<td>• BH reps to meet with DA's office</td>
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<td>• MH reps to meet with MDJs, get MDJs “on board”</td>
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<td></td>
<td>• Get a better handle on timeframes associated with Preliminary Arraignment/Hearing process</td>
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<td></td>
<td>• Look to PA examples of diversion at Intercept 2</td>
<td>COE to provide info and contacts</td>
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<td></td>
<td>• Increase communication between Mobile Crisis and CJ system (Jail, Preliminary Arraignment)</td>
<td>Sue (MHMR) and Chris Palmer (OVR)</td>
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<td>• Develop a system to track outcomes of diversion efforts</td>
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<td>1.2</td>
<td>Develop preventative interventions</td>
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<td></td>
<td>• Develop education and resource guides (see Priority #)</td>
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## Priority Area 2: Encourage more collaboration across systems by promoting Criminal Justice Advisory Board participation

<table>
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<tr>
<th>Objective</th>
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<th>Who</th>
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</tr>
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<tbody>
<tr>
<td>2.1</td>
<td>See Moving Forward (above)</td>
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### Priority Area 3: Improve timely access to community resources for law enforcement and others

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</thead>
<tbody>
<tr>
<td>3.1 302s</td>
<td>• Develop forum to discuss 302 issues between CJ, hospitals, BH &lt;br&gt; o Open quarterly Crisis meetings to CJ and hospitals &lt;br&gt; o MHMR and Crisis to provide trainings to law enforcement &lt;br&gt; o Host discussion for more specific issues &lt;br&gt; • Look to examples of how other communities address this issue</td>
<td>DA’s Office to host; include hospitals, law enforcement</td>
<td>Next meeting: Wednesday, January 26th</td>
</tr>
<tr>
<td>3.2 Emergency Departments</td>
<td>• See Objective 3.1 (above)</td>
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<tr>
<td>3.3 Continue to improve collaboration with hospitals</td>
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<tr>
<td>3.4 Develop a protocol for interaction between law enforcement and service providers regarding problematic cases and communication in general</td>
<td>• Address during CJAB meetings (wide participation among law enforcement) &lt;br&gt; • Include hospitals</td>
<td>Bill Shaw and Kris Fenton</td>
<td></td>
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</tbody>
</table>

### Priority Area 4: Improve re-entry from jail by developing a seamless transition to community resources

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<tr>
<td>4.1 Develop Re-entry Subcommittee for CJAB</td>
<td></td>
<td>Co-chairs (BH and CJ)</td>
<td>Next CJAB meeting (January 24th)</td>
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</table>
4.2 Emphasize the critical first week after release
- Address post-release medication issues

4.3 Prepare to write proposal for Second Chance Re-entry grant
- Build coordination and collaboration with probation, MHMR, county entity to oversee project funds
Jail to be county entity, contingent on inclusion of transportation
Next CJAB meeting (January 24th)

4.4 Advocate for more county re-entry funding

4.5 Gather more information regarding re-entry strategies
COE and PCCD will provide info

4.2 Capitalize on current in-reach efforts
- Gain CCP judges’ support (through CJAB)
- Get probation involved

**Priority Area 5: Expand transportation options for people without Medical Assistance**

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<td>5.1 Develop working group</td>
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**Priority Area 6a: Improve collaboration between probation and behavioral health in order to prevent violations of probation**

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<tr>
<td>6a.1 Develop policies and procedures for treatment related issues</td>
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**Priority Area 6b: Develop education and a variety of tools that assist people to better access community resources and understand different inter-connections**

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<tbody>
<tr>
<td>6b.1 Develop resources for criminal justice staff</td>
<td>• Coordinate and combine information from County service providers • Information sharing with Tina to coordinate, support from Mary</td>
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</table>
| General Public | Development of flashcard for police with hotline information and brief description (5-10 words) on what service can do for law enforcement:  
- Marian house is revamping services to better provide for re-entry populations  
- Distribute Suicide Prevention card to police  
- Distribute information to: Jail security, probation, 911 dispatch | Bill M & Mary (MHMR) |
| --- | --- | --- |
| Community education for general public | Gather information on community education  
- Review current efforts and plan next steps | See relevant appendix in this report |
| Next CJAB meeting | | |
Conclusion

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

Considerable work has already been undertaken to improve services for people with severe mental illness and often co-occurring substance use disorders involved in the Clearfield County criminal justice system. Local stakeholders participating in the Cross-Systems Mapping and Taking Action for Change were clearly interested in building on these successes to better improve pre-trial diversion efforts, access to services and education for criminal justice partners and the community alike, and general cross-systems collaboration among local stakeholders. The expansion of the planning group to tackle the priorities established during the Cross-Systems Mapping workshop is an essential next step in a true systems change process. It will be important to create effective working relationships with other groups that did not attend the workshop, including other additional police jurisdictions, the Department of Veterans Affairs and Veterans Justice Outreach Specialist, the Social Security Administration, probation and parole departments, the Court of Common Pleas, and others. Regular meetings should be held by this larger group to facilitate information sharing, planning, networking, development and coordination of resources, and problem solving.

Closing

Clearfield County is fortunate to have a wide range of stakeholders across the mental health, substance abuse, social services, and criminal justice systems that have made significant efforts to understand and support the challenging issues discussed in this workshop. By reconvening and supporting the work of the group in coming months, it will be possible to maintain the momentum created during the Cross-Systems Mapping and Taking Action for Change workshop and build on the creativity and drive of key local stakeholders.

The Pennsylvania Mental Health and Justice Center of Excellence hopes to continue its relationship with Clearfield County and to observe its progress. Please visit the Pennsylvania Mental Health and Justice Center of Excellence website for more information, www.pacenterofexcellence.pitt.edu.
## Appendix A – Participant List

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<th>Contact Details</th>
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<td>Angela Ireland</td>
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<td></td>
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</tr>
</tbody>
</table>
Appendix B – Evidence-Based and Promising Practices

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

Criminal Justice

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

Screening, Assessment, Engagement, and Treatment

- Screening and assessment of co-occurring disorders
  - See the monograph Screening and Assessment of Co-Occurring Disorders in the Justice System for the most up to date information about screening and assessment tools in criminal justice settings
    - http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf
- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
  - Illness Management and Recovery; a fact sheet developed by the GAINS Center on the use of this evidence-based practice for criminal justice involved populations that may be of value to the jail mental health staff and community providers, see http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/
  - Integrating Mental Health and Substance Abuse Services for Justice-Involved Persons with Co-Occurring Disorders; a fact sheet focused on integrated treatment, see www.gainscenter.samhsa.gov/pdfs/ebp/IntegratingMentalHealth.pdf
- Services that are gender sensitive and trauma informed
  - Treatment of trauma-related disorders for both men and women in criminal justice settings is covered in Addressing Histories of Trauma and Victimization through Treatment
    - www.gainscenter.samhsa.gov/pdfs/Women/series/Addressing Histories.pdf
Clearfield County, PA Mental Health and Justice Center of Excellence Report
January 2011

- See the monograph *The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System*
  

- Assertive Community Treatment and intensive forensic case management programs
  
  - *Extending Assertive Community Treatment to Criminal Justice Settings*; a fact sheet on ACT for forensic populations, see

- Illness Self Management and Recovery
  

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

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

The purpose of PROVIDER LISTING is to offer individuals information about the different providers of mental health service available in the two county areas. With this basic information, they can make a more informed choice about where to seek mental health service. Persons may contact the Clearfield/Jefferson MH/MR/EI Program for more information about choosing a mental health provider. Call 814-371-5100 weekdays from 8:30 AM to 4:30 PM and ask to speak with a mental health program specialist or you may call the number given for the provider below.

● Clearfield-Jefferson Adult /Child Mental Health Providers

www.cljmhmr.com
PAYMENT/INSURANCE INFORMATION

ALL PROVIDERS LISTED ARE CURRENTLY ACCEPTING MEDICAL ASSISTANCE.

THEY MAY ACCEPT ONE OR MORE OF THE FOLLOWING, SUCH AS:
MEDICARE, BC/BS, CCBHO-MANAGED CARE, PRIVATE PAY, SLIDING SCALE THROUGH MH/MR/EI, or OTHER INSURANCE.

ALWAYS INQUIRE IF YOUR INSURANCE IS ACCEPTED BY THE PROVIDER AND FOR HOURS OF OPERATION AND AFTER HOURS SUPPORT.

Community Care Behavioral Health Organization Customer Service # 1-866-878-6046  www.ccbh.com
# Clearfield County, PA Mental Health and Justice Center of Excellence Report
January 2011

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<td><strong>Alternative Community Resource Program</strong></td>
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<tr>
<td><strong>Clearfield County Office</strong></td>
<td>EPSDT/BHR Services</td>
<td>Child</td>
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<tr>
<td>700 High Level Road, Clearfield, PA 16830</td>
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<tr>
<td>814-762-8500</td>
<td></td>
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<tr>
<td>Email: <a href="mailto:tdutko@acrpkids.org">tdutko@acrpkids.org</a></td>
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<tr>
<td><strong>Amirneni, Satish, M.D.</strong></td>
<td>Outpatient</td>
<td>Adult</td>
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<tr>
<td>Punxsutawney Hospital</td>
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<tr>
<td>81 Hillcrest Drive, Punxsutawney, PA 15767</td>
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<tr>
<td>814-938-1830</td>
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<tr>
<td><strong>Atanasoff, Lynn, Ph.D.</strong></td>
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<tr>
<td>8 West Presqueisle St, Philipsburg, PA 16866</td>
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<td>1-888-550-1630</td>
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<td><strong>BBH,LLC</strong></td>
<td>Outpatient, Telepsychiatry, Mobile Mental Health, EPSDT/BHR Services</td>
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<tr>
<td>70 Second Street, Suite A, Brookville, PA 15801</td>
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<td>814-849-2844</td>
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<td><strong>Behavioral Advancements of DuBois</strong></td>
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<td>150 West DuBois Avenue, Juniata Place, Suite F, DuBois, PA 15801</td>
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<td><strong>Breezewood Behavioral Health</strong></td>
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<tr>
<td>25 East Park Avenue, Suite 7, DuBois, PA 15801</td>
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<td>Callers must unblock phone numbers when calling.</td>
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<td>814-371-1340</td>
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<td><strong>Bright Horizons</strong></td>
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| Emotional Wellness Center of Clearfield Hospital  
1033 Turnpike Ave., Suite 300, Clearfield, PA 16830  
Intake and Assessment Coordinator,  
[mail to:brighthorizons@clearfieldhosp.org](mailto:brighthorizons@clearfieldhosp.org)  
Intensive Outpatient | Adult  
Adult |
| **Brighter Pathways Counseling Service** | 814-375-7107 | Outpatient | Adult and Child |
| Anthony, Eileen, LCSW  
90 Beaver Drive, Suite 210, Building D, DuBois, PA 15801 | | | |
| **Camberg, Sara, LCSW** | 814-590-2978 | Outpatient | Adult and Child |
| 109 East Locust Street, Clearfield, PA 16830 | | | |
| **Cen-Clear Behavioral Health Services** | 1633 Philipsburg-Bigler Highway  
Philipsburg, PA 16866 | Outpatient  
Peer Specialist  
EPSDT/BHR Services  
Family Based M H  
Family Unity  
Functional Family Therapy  
Maintaining Strengths | Adult and Child  
Adult  
Child  
Child  
Child  
Child |
| Contact: Tammy Kardolly  
<p>| <strong>Central Intermediate Unit #10</strong> | 814-342-7023 | Partial Hospitalization | Child |</p>
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<td>Station Square, 1464 North Main Street, Suite 13, Punxsutawney, PA 15767</td>
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<tr>
<td><strong>Clarion Psychiatric Center</strong></td>
<td>1-800-253-4906</td>
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<td>Two Hospital Drive, Clarion, PA 16214</td>
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<td><a href="http://www.clarioncenter.com">www.clarioncenter.com</a></td>
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<td><strong>Clearfield-Jefferson</strong></td>
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<td>Outpatient Intensive Outpatient Partial Hospitalization Clozaril Clinic Family Based Mental Health</td>
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<tr>
<td>100 Caldwell Drive, DuBois, PA 15801</td>
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<tr>
<td>Contact: Melissa Baird</td>
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<tr>
<td><strong>CMHC/DuBois Area School District</strong></td>
<td>814-371-1100</td>
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<tr>
<td>Wasson Elementary School</td>
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<td>300 Wasson Avenue, DuBois, PA 15801</td>
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<td><strong>Community County Services</strong></td>
<td>814-371-8881</td>
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<td>PO Box 938, DuBois, PA 15801</td>
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<tr>
<td>Email: <a href="mailto:community_county_services@verizon.net">community_county_services@verizon.net</a></td>
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<td><strong>Community Guidance Center</strong></td>
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<td>Family Based M H Outpatient MH Case Management Partial Hospitalization Intensive Outpatient</td>
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<tr>
<td>Suite #8 Station Square N., 1464 North Main Street, Punxsutawney, PA 15767</td>
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<tr>
<td>Contact: Lisa Diefenbach</td>
<td>814-938-4444</td>
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<td><a href="http://www.thecgc.com">http://www.thecgc.com</a></td>
<td>Clozaril Services</td>
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<tr>
<td><strong>Crossroads</strong></td>
<td>814-781-2175</td>
<td>Partial Hospitalization</td>
</tr>
<tr>
<td>977 South. Street, St. Marys Road, PO Box 998, St. Marys, PA  15857 Email: <a href="mailto:sandy.gabler@dmhc.org">sandy.gabler@dmhc.org</a></td>
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<tr>
<td><strong>Dickinson Mental Health Center</strong></td>
<td>814-772-6154</td>
<td>Peer Specialist</td>
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<tr>
<td>20 Gillis Ave, Ridgway, PA - <a href="http://www.dmhc.org">www.dmhc.org</a></td>
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<td><strong>DiGiarlomo, Albert, Ph. Ed.</strong></td>
<td>814-371-1789</td>
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<td>90 Beaver Drive, Suite 118D,  PO Box 332, DuBois, PA  15801</td>
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<td><strong>Dingcong, Luisito, MD</strong></td>
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<td>Emotional Wellness Center of Clearfield Hospital</td>
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<tr>
<td><strong>DuBois Regional Medical Center</strong></td>
<td>814-375-6379</td>
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<tr>
<td>635 Maple Avenue, 3rd Floor, East Unit, DuBois, PA  15801</td>
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<tr>
<td>635 Maple Avenue, 1st Floor, East Unit</td>
<td>814-375-6200</td>
<td>Medical/Psychiatric Outpatient Clinic</td>
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<tr>
<td><strong>Dwyer, Sean, LCSW</strong></td>
<td>814-342-5845 or 1-877-341-5845</td>
<td>Outpatient Only</td>
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<tr>
<td>1633 Philipsburg-Bigler Highway Philipsburg, PA  16866</td>
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<tr>
<td><strong>Family Therapy Services, Inc</strong></td>
<td>814-227-2941</td>
<td>EPSDT/BHR Services Outpatient</td>
</tr>
<tr>
<td>22868 Rte 28, Suite 5, Clarion, PA. 16214 Email: <a href="mailto:lmtetro@yahoo.com">lmtetro@yahoo.com</a></td>
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<tr>
<td><strong>Francis, Raymond, PhD</strong></td>
<td>814-371-0794</td>
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<td><strong>Furgiuele, Norman, LCSW</strong>&lt;br&gt;2584 Montgomery Run Road, Clearfield, PA  16830</td>
<td>814-765-9480</td>
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<td><strong>Knight, Gina, MS</strong>&lt;br&gt;115 Mabon Street, Brookville, PA  15825</td>
<td>814-849-4906</td>
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<td><strong>Lee Counseling, Lee, Reese LPC</strong>&lt;br&gt;1661 Hardscrabble Road, Munson, PA  16860&lt;br&gt;<a href="mailto:www.leecounseling@comcast.net">www.leecounseling@comcast.net</a></td>
<td>814-345-6236</td>
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<td><strong>Martino, Gregory, Ph.D.</strong>&lt;br&gt;33 Beaver Drive, Suite 3, DuBois, PA  15801</td>
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<td><strong>McCullough, Pat, LSW</strong>&lt;br&gt;2584 Montgomery Run Road, Clearfield, PA  16830</td>
<td>814-761-1621</td>
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<tr>
<td><strong>New Story</strong>&lt;br&gt;490 Jeffers Street, DuBois, PA  15801&lt;br&gt;Contact: Tracy Serbian&lt;br&gt;www.newstory.com</td>
<td>814-371-5387&lt;br&gt;724-463-5390 x.228</td>
<td>EPSDT/BHR Services&lt;br&gt;Applied Behavioral Analysis&lt;br&gt;Extra Mile for Families</td>
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<tr>
<td><strong>NHS Highpoint Center for Human Services</strong>&lt;br&gt;25 E. Park Ave, Suite 8, DuBois, PA  15801&lt;br&gt;Email: <a href="mailto:jsnyder@nhsonline.org">jsnyder@nhsonline.org</a></td>
<td>814-371-3763</td>
<td>EPSDT/BHR Services&lt;br&gt;Stepping Stones&lt;br&gt;Therapeutic Family Care</td>
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<tr>
<td><strong>Nulton Diagnostic &amp; Treatment Center</strong>&lt;br&gt;1181 Philipsburg-Bigler Highway, Philisburg, PA  16866</td>
<td>1-888-733-7781</td>
<td>Outpatient&lt;br&gt;Telespsychiatry&lt;br&gt;Mobile Mental Health&lt;br&gt;Peer Specialist Program</td>
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<td>814-371-5565 for Bill, Erin, Autumn/814-226-1159 for Brenda</td>
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<td><strong>Punxsutawney Area Hospital, Inc.</strong></td>
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<tr>
<td><strong>Pyramid</strong></td>
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<td>987 Skyline Drive, Blandburg, PA 16686</td>
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<td><strong>SAM, Inc. Clearfield-Jefferson</strong></td>
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<td>PO Box 268, DuBois, Pa. 15801</td>
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<td><strong>The Mentor Network</strong></td>
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<td><strong>Yaslosky, Heather, LPC</strong></td>
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<td>109 East Locust Street, Clearfield, PA 16830</td>
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<td>5311 Green Acres Road, Houtzdale, PA 16651</td>
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<td><strong>Young, William, MA</strong></td>
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<td>110 Walton Street, Suite 1, Philipsburg, PA 16866</td>
<td>814-343-6640</td>
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<tr>
<td>Email: <a href="mailto:cheri.bumbarger@uhsinc.com">cheri.bumbarger@uhsinc.com</a></td>
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**PROGRAM DESCRIPTIONS:**

**APPLIED BEHAVIORAL ANALYSIS (ABA Consulting)** is a behavioral support designed to monitor a child’s social behavior in a particular environment to determine which factors are influencing that behavior in order to bring positive change in social environments. New Story provides ABA support services in its schools, outside of school hours or within the home setting.

**BLENDED CASEMANAGEMENT**-- services to adults and children who suffer from a serious mental illness or emotional disturbance. The case manager works with the individual and families to access, link, coordinate and monitor needed services as well as provide support and advocacy. The primary goal of these services is to maintain the consumer in the least restrictive and most normal setting possible while insuring the individual remains linked to the necessary services.

**CLOZARIL CLINIC** - Clozaril is a potent atypical antipsychotic medication that requires very close monitoring. The Clozaril Clinic is designed to provide intensive medication support to those designated chronic and pervasively mentally ill clients who have been treatment resistant to other antipsychotic medications.
EPSDT "BEHAVIORAL HEALTH REHABILITATION" (BHR) SERVICES – provides expert professional behavioral intervention directly to the child, right in the child’s own home, school or community.

EXTRA MILE FOR FAMILIES (EMF) services include crisis intervention (24 hours a day, 7 days a week), individual therapy, family therapy, case management, family support, respite care, advocacy and interagency collaboration. These services are offered by a team composed of master’s level therapists and bachelor’s level mental health workers in the family’s home, the child’s school and in the community.

FAMILY BASED MENTAL HEALTH (FBMH) PROVIDERS provides services necessary to enable children and their families a safe and secure environment that promotes keeping families together and reducing the need for psychiatric hospitalizations or residential services for their children. The program is voluntary and services are team delivered. The services are designed to be short term and high intensity, but the length of services will vary based on the needs of the family. Also, there is a 24-hour a day/7-day a week crisis hotline available to families. Average length of time for this service is eight months.

FAMILY STABILIZATION = similar services as Family Based but is shorter in length, typically three months.

FAMILY UNITY – e program is team delivered, comprehensive in nature, incorporating intensive strengths-based in-home therapy, case management services, family support services, and twenty-four hour/seven day availability for crisis stabilization.

FUNCTIONAL FAMILY THERAPY PROGRAM is a comprehensive evidence based family intervention used in helping at risk youth and their families. The main objectives are to strengthen and maintain the family, increase communication, problem solving, conflict resolution, and family relationships.

INTENSIVE OUTPATIENT PROGRAM (IOP) – An intermediate level of mental health care. Individuals are seen as a group 2 to 5 times a week (depending on the structure of the program) for 2 to 3 hours at a time. It is designed to help individuals who do not require hospitalization, but can benefit from participation in a structured therapeutic environment. This strategy addresses mental and emotional health needs and provides a supportive and caring environment.

MAINTAINING STRENGTHS PROGRAM services main objectives are to strengthen and maintain the family, improve coping skills, teach family members to care for their child/adolescent, and to serve as an advocate for the child/adolescent. Enables parents/caregivers to care for their mentally ill or emotionally disturbed children/adolescents at home. This treatment model involves
intensive family therapy services. The clinician’s main focus is with the entire family system. The main focus of treatment is with the child/adolescent and family strengths. The program is individually delivered by a masters level therapist with collaborative-like services including planning, assessment, service linkages, and referrals

MEDICAL/PSYCHIATRIC CLINIC—is a primary care/ internal medicine and psychiatric medicine practice. Patients 14 and older who are looking for a primary care physician and also have a mental health illness.

MOBILE MENTAL HEALTH program brings diagnostic and treatment services straight to those who can't seek outpatient care on their own. People get care where they are - at home

OUTPATIENT-- The Outpatient Mental Health Clinic may offer a variety of mental health services for adults, teens, and children. These services may include Individual Psychotherapy, Family and Couples Therapy, Medication Evaluation and Consultation and Psychological Testing.

PARTIAL HOSPITALIZATION PROGRAMS-- the patient continues to reside at home, but commutes to a treatment center up to five days a week. Since partial hospitalization focuses on overall treatment of the individual, rather than purely safety, the program is not used for acutely suicidal people.

PEER SPECIALIST PROGRAM—a person who has progressed in their own recovery and is working to assist other people with a mental disorder. Because of their life experience, such persons have expertise that professional training cannot replicate. Certified Peer Specialists meet a person whenever he or she is in the recovery process and often help behavioral health consumers understand their illness and plan their recovery. Their role is to work closely with an individual’s other services and assist the person in developing his or her own recovery plan.

PSYCHIATRIC REHABILITATION-- is the process of restoration of community functioning and wellbeing of an individual who has a psychiatric disability. Rehabilitation work undertaken by psychiatrists, social workers and other mental health professionals (psychologists and social workers, for example) seeks to effect changes in a person’s environment and in a person’s ability to deal with his/her environment, so as to facilitate improvement in symptoms or personal distress. These services often combine pharmacologic treatment, independent living and social skills training, psychological support to clients and their families, housing, vocational rehabilitation, social support and network enhancement, and access to leisure activities.

STEPPING STONES PROGRAM provides quality, specialized services for children and adolescents diagnosed with an Autism Spectrum Disorder (ASD) between the ages of 3-7 and 8-14. This 52-week alternative program is designed to be a “step-
“down” from traditional 1:1 in-home BHRS services and can be offered in preparation for transition to school/group programs, as a complement to half-day school programs, or as an after-school or summer program. Target skill areas include: independence, communication skills, parallel and interactive play skills, peer interaction, transitioning, sensory integration, self-awareness, environmental awareness, attention to task, and problem-solving.

**Telepsychiatry** -- videoconferencing facility between the patient and the psychiatrist, especially for follow-up.

**Therapeutic Family Care** This program is designed to provide a unique treatment environment for children between the ages of 3 and 19. The treatment foster families work collaboratively with the treatment team of professionals to create treatment goals and interventions that are uniquely tailored to meet the child’s need and accentuate their strengths. Services include: individual and family therapy, monthly treatment meetings, case management, community supervision, integration of treatment goals within the school and ongoing behavioral healthcare to include medication management. The treatment foster families are supported 24hrs/day, 7 days per week.
Clearfield/Jefferson CRISIS
Mental Health/Mobile Crisis Intervention
Universal Community Behavioral Health
(The Meadows)
This information has been obtained from the providers and is updated annually. The MH/MR/EI Program in no way guarantees the content. Please call 814-603-1107 or email mbrown@cljmhm.com with corrections.

If you need to talk to someone or if you or someone you know needs help, please call:

CRISIS
1-800-341-5040
24 hours a day
## Appendix D – Clearfield-Jefferson MH/MR Program Housing Options

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Description</th>
<th>Eligibility</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Transition Apartments</td>
<td>1. The MH/MR program leases 2 apartments, 1 in Clearfield and 1 in DuBois. These are available to individuals who are in need of temporary housing and who are working with an MH case manager. Priority is given to individuals being discharged from a state hospital or community behavioral health inpatient unit.</td>
<td>1. Referrals for the program are reviewed by the MH Housing Specialist and at least 1 additional MH staff member e.g. the case manager, MH Program Specialist, and/or MH director. Eligibility is based on current needs, availability of support services, level of life skills, and commitment to treatment.</td>
<td>1. When vacant</td>
</tr>
<tr>
<td>2. CLIP - Community Living for Independent Persons</td>
<td>2. This is a HUD-funded supported housing program for individuals with a mental health disability in Clearfield and Jefferson counties. Eligible individuals live in 14 scattered site, one bedroom units in their community of choice. The tenant’s rent share is based on monthly income. This is permanent housing.</td>
<td>3. Eligibility is determined according to HUD regulations for supported housing programs. Individuals submit an application to the MH Housing Specialist. A criminal history does not disqualify an individual from the program.</td>
<td>2. The program currently has a waiting list of 30 applicants. Eligibility determination is made as program vacancies occur.</td>
</tr>
<tr>
<td>3. NWRHA – Northwest Regional Housing Alliance</td>
<td>3. This is a HUD-funded program for chronically homeless individuals. Clearfield and Jefferson Counties have 4 of 10 slots available in the 6-county Alliance. Eligible individuals live in scattered-site, one-bedroom units. Tenant’s rent share is based on monthly income. This is permanent housing.</td>
<td>3. Eligibility is determined according to HUD regulations. Individuals submit an application to the MH Housing Specialist.</td>
<td>3. There is no current waiting list for this program.</td>
</tr>
<tr>
<td>4. HPRP – Homeless Prevention</td>
<td>4. This program is administered</td>
<td>4. Applicants must be residents of</td>
<td>4. There is no waiting list at this</td>
</tr>
</tbody>
</table>

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and Rapid Rehousing Program

by the Clearfield County Planning and Development Office. It offers rental assistance, security and utility deposits needed to prevent homelessness and assistance to move from homelessness into housing. It is a temporary program with assistance available up to 18 months. It is available to both individuals and families. Limited legal assistance with housing issues is also available.

Clearfield County. The MH Housing Specialist accepts applications from individuals/families that have an MH disability. The Central PA Community Action agency also accepts applications.

5. TBRA - Tenant-based Rental Assistance

5. This program is administered by the MH/MR Program and is limited to individuals and families who are referred by an MH case manager. This assistance may be used for resolution of a temporary housing crisis or need. It is generally used for security deposits, rent assistance, and/or utility deposits/payments. These are primarily for one-time requests.

5. Case managers must make a written referral for TBRA to the Housing Specialist for review and approval.

5. Each referral is reviewed as it is received. Approval is contingent upon available funds.

6. Housing Start-up Supplies

6. This program is administered by the MH/MR program. It is limited to individuals and families who are referred by an MH case manager. Requests for household supplies and furnishings are reviewed and approved when the need is documented and there are no resources available.

6. Case managers must send a written referral and list of needed items to the Housing Specialist for review and approval.

6. Each referral is reviewed as it is received. Approval is contingent upon available funds.
### Appendix E – 2010-2011 Contracted Levels of Care and Providers

**4A- Hospital Detox**
- Stepping Stones

**4B- Hospital Rehab**
- Stepping Stones

**3A- Detox**
- Cove Forge
- White Deer Run
- Turning Point
- Gaudenzia Erie
- Twin Lakes

**3B- Rehab**
- Pyramid (Partial)
- White Deer Run
- Cove Forge (Partial)
- Turning Point (Partial)
- Arc Manor
- Maple Manor
- Gaudenzia Erie
- Twin Lakes
- Bowling Green (maintenance)

**3B- Dual Rehab**
- Pyramid
- White Deer Run
- Cove Forge

**3B- Adolescent Rehab**
- Pyramid
- White Deer Run

**3C- Long Term Rehab**
- Pyramid
- Concept 90
- Turning Point

**3C- WWC LT Rehab**
- Fountain Springs
- Vantage

**3C- Adolescent LT**
- Pyramid

**2B- Halfway House**
- Another Way (WWC)
- Pyramid
- Cove Forge
- Gaudenzia Erie (WWC)

**1A-1B Outpatient & Intensive Outpatient**
- Cen-Clear Child Services – Two Roads
- Clearfield-Jefferson Community Mental Health Center

**Methadone Maintenance**
- Discovery House
- Pyramid
Appendix F – Easy Guide to Treatment Services: Accessing Drug and Alcohol Services for Clearfield and Jefferson County Residents

Who Needs Detox?
1. Abusing Opiates, Alcohol, and/or Benzodiazepines
2. Using consistently within the last 3 days
3. Living in Clearfield or Jefferson County
4. No active suicidal or homicidal thoughts

People meeting all the above criteria can call any of the Detox Providers directly for a DETOX bed.

Detox Providers
Cove Forge near Altoona...........................................................................1-800-873-2131
Gaudenzia, Crossroads Erie.........................................................................1-814-459-4775
Pyramid Health Care, Duncansville.................................................................1-888-694-9996
Turning Point, Franklin....................................................................................1-888-272-8922
Twin Lakes, Somerset......................................................................................1-800-452-0218
White Deer Run near Williamsport.................................................................1-800-255-2335

Who Needs an Assessment?
1. Abusing substance NOT requiring detox (marijuana, cocaine, methamphetamine)
2. Resident of Clearfield or Jefferson County
3. No insurance or Medical Assistance

People meeting these criteria will have to first schedule an assessment

1. Referral can be made by anyone
2. Need to schedule Assessment with a Case Manager
3. Call 1-800-892-9002 or 814-371-9002
Who Can Help?

Clearfield-Jefferson Drug and Alcohol Commission  
1-804-892-9002  
814-371-9002  
www.cjdac.org

**Detox**  
Cove Forge near Altoona..........................................................1-800-873-2131  
Gaudenzia, Crossroads Erie.......................................................1-814-459-4775  
Pyramid Health Care, Duncansville............................................1-888-694-9996  
Turning Point, Franklin............................................................1-888-272-8922  
Twin Lakes, Somerset..............................................................1-800-452-0218  
White Deer Run near Williamsport.............................................1-800-255-2335

**Outpatient Services**  
Discovery House, Methadone Maintenance...................................814-768-7575  
Clearfield-Jefferson Community Mental Health Center  
    Dubois Office........................................................................814-371-1100 ext 210  
    Clearfield Office.....................................................................814-765-5337  
Two Roads Counseling, Cen-Clear..............................................814-938-6340  
Quest Services, Philipsburg.....................................................814-342-1515

**Other Services**

**Local Hospitals**  
Brookville..................................................................................814-849-2312  
Clearfield....................................................................................814-765-5341  
DuBois.......................................................................................814-371-2200  
Punxsutawney............................................................................814-938-1800

**Mental Health Crisis Line**....................................................1-800-341-5040  
**PA Quit Line** (smoking cessation)........................................1-800-784-8669

**Support Groups**  
Alcoholics Anonymous..............................................................1-800-400-2346  
    Regional Number..................................................................1-800-400-2346  
Narcotics Anonymous.................................................................1-800-494-3414  
    Regional Number..................................................................814-596-2614  
Al-Anon......................................................................................1-888-425-2666

**Hep C Testing**........................................................................1-800-892-9002  
**HIV/STD Testing**...................................................................1-800-215-7494  
Clearfield.....................................................................................814-765-6977  
Punxsutawney............................................................................814-938-3421

**CCBHO Member Services**....................................................1-866-878-6046
## Appendix G – Clearfield 2010 EMA’s 9-1-1 Psychiatric Emergency Calls

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Total Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Specified</td>
<td>10</td>
</tr>
<tr>
<td>Beccaria</td>
<td>7</td>
</tr>
<tr>
<td>Bell</td>
<td>1</td>
</tr>
<tr>
<td>Bigler</td>
<td>4</td>
</tr>
<tr>
<td>Boggs</td>
<td>6</td>
</tr>
<tr>
<td>Bradford</td>
<td>9</td>
</tr>
<tr>
<td>Brisbin</td>
<td>2</td>
</tr>
<tr>
<td>Brockway</td>
<td>4</td>
</tr>
<tr>
<td>Burn Township</td>
<td>4</td>
</tr>
<tr>
<td>Chest</td>
<td>1</td>
</tr>
<tr>
<td>Chester H</td>
<td>3</td>
</tr>
<tr>
<td>Clearfield</td>
<td>48</td>
</tr>
<tr>
<td>Coalport</td>
<td>2</td>
</tr>
<tr>
<td>Cooper</td>
<td>1</td>
</tr>
<tr>
<td>Covington</td>
<td>1</td>
</tr>
<tr>
<td>Curwensvi</td>
<td>1</td>
</tr>
<tr>
<td>Curwenvle</td>
<td>8</td>
</tr>
<tr>
<td>Decatur</td>
<td>5</td>
</tr>
<tr>
<td>DuBois</td>
<td>74</td>
</tr>
<tr>
<td>Falls Jef</td>
<td>4</td>
</tr>
<tr>
<td>Girard</td>
<td>3</td>
</tr>
<tr>
<td>Goshen</td>
<td>1</td>
</tr>
<tr>
<td>Grampian</td>
<td>2</td>
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<tr>
<td>Gulich</td>
<td>2</td>
</tr>
<tr>
<td>Houtzdale</td>
<td>4</td>
</tr>
<tr>
<td>Huston</td>
<td>1</td>
</tr>
<tr>
<td>Irvona</td>
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<tr>
<td>Knox</td>
<td>3</td>
</tr>
<tr>
<td>Lawrence</td>
<td>39</td>
</tr>
<tr>
<td>Mahaffey</td>
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</tr>
<tr>
<td>Morris</td>
<td>6</td>
</tr>
<tr>
<td>Osceola</td>
<td>2</td>
</tr>
<tr>
<td>Penn</td>
<td>2</td>
</tr>
<tr>
<td>Pike</td>
<td>7</td>
</tr>
<tr>
<td>Ramey</td>
<td>1</td>
</tr>
<tr>
<td>Reynolds</td>
<td>1</td>
</tr>
<tr>
<td>Sandy</td>
<td>50</td>
</tr>
<tr>
<td>Troutville</td>
<td>1</td>
</tr>
<tr>
<td>Union</td>
<td>4</td>
</tr>
<tr>
<td>Washington/Jeff</td>
<td>5</td>
</tr>
<tr>
<td>Location</td>
<td>Calls</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>White_Cam</td>
<td>6</td>
</tr>
<tr>
<td>WhiteTWP</td>
<td>1</td>
</tr>
<tr>
<td>Winslow</td>
<td>1</td>
</tr>
<tr>
<td>Woodward</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total 2010 Calls</strong></td>
<td><strong>344</strong></td>
</tr>
</tbody>
</table>
Appendix H – Resources for Specialized Police Response and Law Enforcement/Behavioral Health Collaboration at Intercept 1

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

  Available at: [http://consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf](http://consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf)

- **Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice.** Manuscript published by the Justice Center. Examines studies on law enforcement interactions with people with mental illnesses and translates the findings to help policymakers and practitioners develop safe and effective interventions. Supported by the John D. and Catherine T. MacArthur Foundation, it reviews research on the scope and nature of the problem and on a range of law enforcement responses.


- **Ohio’s Crisis Intervention Team (CIT) Initiative.** Video developed by the Ohio’s Criminal Justice Coordinating Center of Excellence. This recently released brief video describes Ohio’s successful development and promotion of CIT programs. The video presents an overview of CIT and the Criminal Justice CCoE and provides a brief introduction of CIT. Ohio Supreme Court Justice Evelyn Stratton is among the speakers.

  Available at: [http://cjccoe.neoucom.edu/](http://cjccoe.neoucom.edu/)

- **Bucks County (PA) Crisis Intervention Team.** NAMI PA Bucks County Official website of the Bucks County CIT, include an overview of the program, news reports and more.

  Available at: [http://www.namibucks.org/bucks_cit.htm](http://www.namibucks.org/bucks_cit.htm)

- **Laurel Highlands Region (PA) Crisis Intervention Team**

  Official website of the Laurel Highlands Region CIT, including a brief overview and description, resources and contact information.

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

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

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

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

This is a presentation by Brown County (OH) and New River Valley (VA) on implementing CIT in rural communities. It covers initial barriers, planning stages, modifications and eventual implementation of pre-booking diversion programs in small, rural communities.
Available at: http://www.gainscenter.samhsa.gov/html/resources/presentation_materials/ppt/Rural_3_27_06.ppt

MCES Mobile Crisis Intervention Service
Montgomery County Emergency Service, Inc. (MCES) is a non-profit hospital founded in 1974 and is nationally renowned for its innovative programs to assist law enforcement agencies in dealing with mental health, behavioral and substance abuse issues, including their Mobile Crisis Intervention Service.
Available at: www.mces.org
• **Family Training and Advocacy Center**
  Official website of the Philadelphia Department of Behavioral Health/Mental Retardation Services Family Training and Advocacy Center (FTAC), which provides support to families and family groups dealing with a family member's behavioral health and/or addiction issues. Among its many activities, FTAC provides training to criminal justice staff.
  Available at: [http://www.dbhmrs.org/family-training-advocacy-center-ftac](http://www.dbhmrs.org/family-training-advocacy-center-ftac)

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

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

• **Crisis Care Services for Counties: Preventing Individuals with Mental Illness from Entering Local Corrections Systems, June, 2010.**
  The National Association of Counties (NACo) released a publication on Crisis Care Services for Counties. Crisis care services work with law enforcement to divert individuals in mental health crisis from the criminal justice system. This publication features six county programs (Bexar County, TX; Buncombe County, NC; Yellowstone County, MT; Hennepin County, MN; Multi-County Partnership (Aitkin, Cass, Crow Wing, Morrison, Todd and Wadena Counties), MN; and King County, WA) that have implemented crisis care services to divert individuals with mental illness from the criminal justice system.

• **International Association of Chiefs of Police recent report entitled Building Safer Communities: Improving Police Response to Persons with Mental Illness.**
This report presents the findings and recommendations from a national summit held by IACP in May 2009 to address the millions of encounters between law enforcement and persons with mental illness in our communities.

Available at: http://www.theiacp.org/PublicationsGuides/ResearchCenter/Publications/tabid/299/Default.aspx?id=1290&v=1
“Hearing Voices That Are Distressing” Exercise
Philadelphia RESPONDS Crisis Intervention Team

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

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

The primary goals for the participants of the Hearing Voices experience are:

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

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

For more information on Philadelphia RESPONDS Crisis Intervention Team:
Michele Dowell, MSW, CIT Coordinator, (215) 546-0300 ext. 3511, mdowell@pmhcc.org
Lt. Francis Healy, Philadelphia Police Department, (215) 686-3022, Francis.Healy@phila.gov
For more information on the “Hearing Voices That Are Distressing” Curriculum and Dr. Deegan videos:

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

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

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

Policy and Procedures

Policy

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

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

Procedures

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

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

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

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

Date Implemented: August 2008

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

  Best Practices article on Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management (SPECTRM), an approach to client engagement that is based on an appreciation of the “culture of incarceration” and its attendant normative behaviors and beliefs. This column describes SPECTRM’s systematic development as an emerging best practice for clinical training and group treatment.
  Available at: http://psychservices.psychiatryonline.org/cgi/reprint/56/3/265

- “Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM)”
  GAINS Center report from 2007 on the SPECTRM initiative (NY).
  Available at: http://gainscenter.samhsa.gov/text/reentry/Spectrum.asp

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

- “Finding the Key to Successful Transition from Jail to the Community”
  A 2009 report from the Bazelon Center explaining Federal Medicaid and disability program rules as they apply to transitioning from jail to the community.
  Available at: http://www.bazelon.org/issues/criminalization/findingthekey.html

- “Interventions to Promote Successful Reentry among Drug-Abusing Parolees”.
  This article reviews research findings on principles of effective correctional treatment and the interventions that have been shown to be effective with drug abusing parolees or that have been tested with general drug-abusing populations and show promise for use with parolees. The article concludes with a discussion of several issues that clinicians need to consider in adopting and implementing these interventions.
  Available at: http://www.nida.nih.gov/PDF/ascp/vol5no1/Interventions.pdf
• “Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes”
  A monograph published by The Urban Institute that describes 13 key strategies to enhance reentry outcomes along with examples from the field. It is based on research literature and the outcomes of two meetings held in 2007 with national experts on the topic of parole supervision. The goal of the meetings was to articulate participants’ collective best thinking on parole supervision, violation, and revocation practices and to identify policies and strategies that would help policymakers and practitioners improve public safety and make the best use of taxpayer dollars.
  Available at: http://www.urban.org/publications/411791.html

• “Reducing Parolee Recidivism through Supportive Homes: Successful Programs by State”
  This is a Corporation for Supportive Housing report that describes various forensic supportive housing projects in New Jersey, New York, Illinois and Ohio.
  Available at: http://www.housingca.org/resources/PROMISE_OtherStates.pdf

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

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

- The Corporation for Supportive Housing has targeted this problem by assisting states and localities in developing supporting housing for people being diverted from the criminal justice system and those reentering the community from local jails or state prisons. Their work directly addresses the broad range of public organizations involved in serving this population --- corrections, courts, homeless shelters, behavioral health services, and others --- and coordinates these usually fragmented efforts to create housing and supportive services to “break the cycle of incarceration and homelessness.” Efforts in New York City, Chicago, Rhode Island, and a number of other communities have shown reductions in days spent in shelter and jail along with increases in stable housing. (See: www.csh.org)
  
  - The Corporation for Supportive Housing’s Frequent Users Initiative has been implemented in a number of cities and states across the country to foster innovative cross-system strategies to improve quality of life and reduce public costs among persons whose complex, unmet needs result in frequent engagement with emergency health, shelter and correctional services
  
  - These programs identify and target a small group of individuals whose overlapping health and mental health needs place them at high risk of repeated, costly and avoidable involvement with correctional and crisis care systems
  
  - The Corporation leverages local partnerships and community-based services linked with housing to improve outcomes at a reduced public cost for the frequent user population. The New York City Departments of Correction and Homeless Services, with assistance from the Department of Health and Mental Hygiene and the New York City Housing Authority have implemented the Frequent Users of Jail and Shelter Initiative
  
  - Initial results show that the average number of days in jail decrease by 52% among housed participants, while jail days actually increased for members of a comparison group
  
  - For information about the New York City and other Frequent User initiatives: http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pagId=4456&nodeID=81

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

- Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System; a fact sheet on safe housing for persons with mental
illness involved with the criminal justice system, see
www.gainscenter.samhsa.gov/text/ebp/EBPHousingPrograms_5_2006.asp

- The Pennsylvania’s Department of Public Welfare’s Office of Mental Health and Substance Abuse Services has recently disseminated a document to help communities address this issue, “Housing and the Sequential Intercept Model: A How-to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness.” The guide, tailored to Pennsylvania, comprehensively describes how to define the problem, collect data, get the right people at the table, identify housing resources and gaps, examine potential housing models, and formulate strategies to fill the gaps. A wide range of housing options are described including strategies for public housing authorities, private landlords, master leasing, emergency shelter/crisis residential, transitional or bridge housing, and permanent supportive housing. (See: www.parecovery.org/documents/Housing_SEI_Final_Handbook_030510.pdf)

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

- **Pennsylvania Peer Support Coalition Website**
  
  Official website of the PA peer support network; includes resources, contact information, newsletters, etc.

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


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


  A Review of 298 papers about involving consumers in mental health treatment - 5 randomized controlled trials and 7 other comparative studies were identified and used.

  Available at: [http://www.bmj.com/cgi/reprint/325/7375/1265](http://www.bmj.com/cgi/reprint/325/7375/1265)

- **Spikol, A. (2007). Peer specialists inspire hope for recovery. *People First, Spring 2007*, 7-10.**

  An article on peer specialists that highlights several individuals from Montgomery County and discusses the benefits of peer specialist programs.

  Available at: [http://www.mhap.org/downloads/5.11.07Pages7to12.pdf](http://www.mhap.org/downloads/5.11.07Pages7to12.pdf)
An article that looks at peer programs in correctional settings and targets topics such as: HIV/AIDS and health education, drug and alcohol abuse, sexual assault/offending, and prison orientation.

Article discussing Welcome Home Ministries (WHM) in San Diego – a peer driven re-entry program for women offenders that has had encouraging results regarding decreased recidivism and other positive outcomes.

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

A comparison of two interventions (a community-oriented program that incorporates peer support “wrap-around”s, and a standard clinical treatment) designed to reduce criminality, alcohol use, and drug use in mentally ill individuals who had criminal charges in the preceding 2 years.
Available at: [http://psychservices.psychiatryonline.org/cgi/reprint/58/7/955](http://psychservices.psychiatryonline.org/cgi/reprint/58/7/955)

Available at: [http://www.workingventures.org/ppv/publications/assets/265_publication.pdf](http://www.workingventures.org/ppv/publications/assets/265_publication.pdf)
“The Interceptor: Newsletter from Community Advocates of Montgomery County”
Newsletter devoted to Forensic Peer Support and jail diversion. Includes program specific data, recovery info, and success stories of both the people they support and the program as a whole. With this you can watch development and offers a contact for those with the “how did you start, how are you doing this,” questions.

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


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

Available at: http://www.mentalhealthrecovery.com/

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

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

More Information Available at: www.peerstarllc.com

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

About the Program

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

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

Our Goals

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

Program Progress

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

Contact Us

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

Elizabeth Woodley (PMHCA Project Specialist)
Liz@pmhca.org
717-564-4930
Sarah Filone, M.A. (Project Coordinator)
Saf83@Drexel.edu
215-762-827
Appendix L – Community Corrections

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

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

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

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

Other Resources:


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


Appendix M – Veterans Justice Outreach (VJO) Specialist Introduction Letter to Clearfield County

DEPARTMENT OF VETERANS AFFAIRS
James E. Van Zandt VA Medical Center
2907 Pleasant Valley Blvd.
Altoona, PA  1662-4377

The Department of Veterans Affairs would like to inform you about the Veterans Justice Outreach Initiative. The Veterans Health Administration (VHA) is U.S. government’s healthcare system for Veterans. We would appreciate a few moments of your time to inform you about our efforts to enhance communication and interaction between the criminal justice system and the VA, through a recent program called the Veterans Justice Outreach Initiative.

It is understood that Veterans too can make poor choices that result in criminal justice interactions. However, where it may be deemed worthy and appropriate, the VA would like to offer assistance in cases involving Veterans. We aim to connect justice-involved Veterans with appropriate treatment and other resources that encourage compliance with treatment over time.

Given the Bureau of Justice statistics (2006) which suggests that:
1. As many as 60% of incarcerated individuals suffered from mental illness,
2. 65% of incarcerated individuals have screened positive for substance abuse,
3. Nearly 20% of incarcerated individuals were homeless prior to their interactions with the criminal justice system and
4. As few as 1 in 6 had received any form of treatment since incarceration,

The VA welcomed the opportunity to develop an integrated approach to work supportively with the criminal justice system, at the discretion of the courts, law enforcement or the respective governing body.

Unfortunately, the number of veterans with legal issues has increased. Because of this, court systems, such as the Buffalo City Court, have created specialized criminal justice courts for veterans where alternative sentencing programs have been established. In addition, The U.S. Department of Health and Human Services started offering grant money to community programs that divert people with trauma related disorders, especially veterans and where appropriate, from the criminal justice system. Of note, approximately 82% of Veterans are eligible for medical and mental health services through the VA. Also, noting that 9.3% of incarcerated individuals are Veterans and that approximately 70% of these individuals are involved in the criminal justice system as a result of non-violent offenses, the Department of Veterans Affairs introduced the Veterans Justice Outreach initiative.

The Veterans Justice Outreach Initiative is an effort to develop and foster positive relationships with our criminal justice system in order to offer treatment and services to Veterans that may be involved in your system. We can accomplish this through the coordination of services for those Veterans who are deemed eligible. No one purports or asserts that criminal behavior should be tolerated or that differential treatment is appropriate, however we recognize that the collective body of research has supported repeatedly and with great reliability, that for every dollar expending in treatment of substance abuse, trauma and unmanaged mental illness, the criminal justice system and society at large, can save greatly. For example, estimates have suggested
that our country exhausts nearly 246 billion dollars annually as a result of substance abuse (National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, 1998) and that 70% of parolees who remain drug-free are also arrest free (National Institute of Justice Research Report, 1995).

Therefore, the Department of Veterans Affairs would like to offer our collective, combined and proven resources for your consideration. We would like to provide you with information about the cost effectiveness of comprehensive medical, psychiatric and substance abuse treatment, many of which have evidenced-based research in support to your collective consideration. Should a Veteran become involved in your criminal justice system, the costs can become great and given the current budgetary constraints, effective options and alternatives are usually welcomed relief. We hope this to be the case.

Given the rising cost of incarceration, the ever challenged budgets of our county governments and the resources available to most of the Veterans, we feel that our services are not only a socially responsible option, but also a potential fiscally responsible one. We do not intend or assert to intrude upon our court system, but only to offer a realistic and prudent option. Assisting Veterans in need of treatment either at the time of detention, arrest, pre-trial status or post-incarceration is an aptly worthwhile venture that is at your discretion and consideration.

Available health care services may include the following:

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

We would welcome the opportunity to speak with you further about our programs and services. I have attached an informational sheet with further details about the Veterans Justice Outreach Initiative, services, eligibility and contact information. The determination of the Judicial Court System remains a cornerstone of our society and we graciously appreciate the opportunity to provide our information and programming to your attention. I appreciate your time and consideration. Please feel free to contact us, should we be able to offer any additional assistance or information.

Respectfully submitted,

Todd D. Negola, Psy.D., Clinical Psychologist
Justice Outreach Coordinator
Department of Veterans Affairs
James E. Van Zandt VA Medical Center
2907 Pleasant Valley Blvd
Altoona, PA 16602-4377
Enclosure
INFORMATION SHEET ON JUSTICE-INVOLVED VETERANS FOR JUDICIAL SYSTEM

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

How to identify veterans in your system:

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

Basic VHA eligibility:

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

The following is general information on eligibility:

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

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

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

Other factors may arise as VA eligibility offices check a Veteran’s status.
VA provides health care services:
Program availability varies by area (for example, not every region has a Domiciliary), so please check with your local Veterans Justice Outreach Specialist for details on local programs. Available health care services may include:

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

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

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

Wait Times for entry to VA services:

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

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

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

In order for VHA clinicians to communicate with the justice system, the Veteran must sign a Release of Information specifying the type of information to be communicated and the duration of the course of treatment for which the information is to be provided. (VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information). Because VHA is a comprehensive healthcare system, social, vocational, housing, substance abuse, mental health and physical healthcare services are all considered health information, so the form is required to transmit information regarding the Veteran’s attendance, progress, treatment testing, and discharge plan/status in any of these areas.

A National Veteran Suicide Prevention hotline:

VA has a National Suicide Prevention Hotline number: 1-800-273-TALK (8255).
How to locate a Veterans Justice Outreach Specialist:

The Veterans Justice Outreach Specialist at the James E. Van Zandt VA Medical Center is:

Todd D. Negola, Psy.D., Clinical Psychologist
(814) 943-8164 ext. 8715
James E. Van Zandt VA Medical Center
2907 Pleasant Valley Blvd
Altoona, PA 16602-4377
Todd.negola@va.gov
Appendix N – Resources for Veterans Involved in the Criminal Justice System

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

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

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

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

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

- **Presentations from the 2010 International CIT Conference website**
  Presentations from the 2010 International CIT Conference specific to veterans’ issues.
  Available at: [http://www.slideshare.net/citinfo](http://www.slideshare.net/citinfo)

- **Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury**
Available at www.dcoe.health.mil

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

- **Crisis Intervention Team International Conference**
  September 12th-14th, 2011
  Virginia Beach, Virginia
  Registration and more information available at www.citi2011.com
Appendix O – Resources on Cultural Competence for Criminal Justice/Behavioral Health

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

- **Sensitizing Providers to the Effects of Treatment and Risk Management: Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness**, the SPECTRM program, uses a cultural competence model to help service providers better understand the needs of the population they serve and deliver services tailored to their unique needs.
  


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


Appendix P – Resources for Community Education

- **Open Minds Open Doors**

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

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

- **National Alliance on Mental Illness PA**

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

  Available at: [www.namipa.org](http://www.namipa.org)
Appendix Q – Resources for data collection and analysis

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

Efforts should be made to summarize important information on a regular basis and share with the larger planning group, other stakeholders, and funders.

For instance, develop data to document the impact homelessness or unstable housing has upon people with mental illness and other behavioral health problems involved in the criminal justice system

- Consider including the jail in the annual "one day count" of homelessness in the county
  - Centre County included the county jail in their January 2009 study. This information has been useful in planning for housing resources specifically targeted for this population

- Document the number of people being held in jail who could be released if they had suitable housing
  - Compile information on jail inmates under probation supervision who are waiting for an address in order to be released from jail

Consider the “Mental Health Report Card” used by the King County Washington Mental Health, Chemical Abuse and Dependency Services to document progress in meeting relevant client outcomes

- For example, one outcome measure asks: Are we decreasing the number of times adults and older adults are incarcerated?
- See: [http://www.kingcounty.gov/healthservices/MentalHealth/Reports.aspx](http://www.kingcounty.gov/healthservices/MentalHealth/Reports.aspx)

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

- Assessing existing database structure and content
- Planning for data collection (e.g. identification of outcomes) and analysis strategies
- Designing data collection instruments
- Implementing standardized reporting components
- Monitoring data quality
- Integrating relevant information from multiple sources
- Analyzing and interpreting data analyses

Data Technical Assistance services are led by Edward P. Mulvey, Ph.D. (Center Co-Director) and Carol Schubert, M.P.H. (Senior Consultant) with the assistance of Marcel Schipper (Data Specialist) at the University of Pittsburgh. Prioritizing requests for assistance will be done in conjunction with the Pennsylvania Mental Health and Justice Advisory Committee
Appendix R – Additional Website Resources

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<th>Pennsylvania Mental Health and Justice Center for Excellence</th>
<th><a href="http://www.pacenterofexcellence.pitt.edu">www.pacenterofexcellence.pitt.edu</a></th>
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Pennsylvania Web Sites

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<tr>
<td>Council of State Governments Consensus Project</td>
<td><a href="http://www.consensusproject.org">www.consensusproject.org</a></td>
</tr>
<tr>
<td>The Justice Center</td>
<td><a href="http://www.justicecenter.csg.org">www.justicecenter.csg.org</a></td>
</tr>
<tr>
<td>Mental Health America</td>
<td><a href="http://www.nmha.org">www.nmha.org</a></td>
</tr>
<tr>
<td>National Alliance on Mental Illness (NAMI)</td>
<td><a href="http://www.nami.org">www.nami.org</a></td>
</tr>
<tr>
<td>National Alliance on Mental Illness Crisis Intervention Team Resource Center &amp; Toolkit</td>
<td><a href="http://www.nami.org/cit">www.nami.org/cit</a>; <a href="http://www.nami.org/citoolkit">www.nami.org/citoolkit</a></td>
</tr>
<tr>
<td>National Center on Cultural Competence</td>
<td>www11.georgetown.edu/research/gucchd/nccc/</td>
</tr>
<tr>
<td>National Center for Trauma Informed Care</td>
<td><a href="http://mentalhealth.samhsa.gov/nctic">http://mentalhealth.samhsa.gov/nctic</a></td>
</tr>
<tr>
<td>National Clearinghouse for Alcohol and Drug Information</td>
<td><a href="http://www.health.org">www.health.org</a></td>
</tr>
<tr>
<td>National Criminal Justice Reference Service</td>
<td><a href="http://www.ncjrs.org">www.ncjrs.org</a></td>
</tr>
<tr>
<td>National GAINS Center/ TAPA Center for Jail Diversion</td>
<td><a href="http://www.gainscenter.samhsa.gov">www.gainscenter.samhsa.gov</a></td>
</tr>
<tr>
<td>National Institute of Corrections</td>
<td><a href="http://www.nicic.org">www.nicic.org</a></td>
</tr>
<tr>
<td>National Institute on Drug Abuse</td>
<td><a href="http://www.nida.nih.gov">www.nida.nih.gov</a></td>
</tr>
<tr>
<td>Network of Care</td>
<td>networkofcare.org</td>
</tr>
<tr>
<td>Office of Justice Programs</td>
<td><a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a></td>
</tr>
<tr>
<td>Ohio Criminal Justice Center for Excellence</td>
<td><a href="http://www.neoucom.edu/cjccoe">www.neoucom.edu/cjccoe</a></td>
</tr>
<tr>
<td>Partners for Recovery</td>
<td><a href="http://www.partnersforrecovery.samhsa.gov">www.partnersforrecovery.samhsa.gov</a></td>
</tr>
<tr>
<td>SOAR: SSI/SSDI Outreach and Recovery</td>
<td><a href="http://www.prainc.com/soar">www.prainc.com/soar</a></td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration</td>
<td><a href="http://www.samhsa.gov">www.samhsa.gov</a></td>
</tr>
<tr>
<td>USF CJ and Substance Abuse Technical Assistance Center</td>
<td><a href="http://www.floridatac.org/">www.floridatac.org/</a></td>
</tr>
</tbody>
</table>
FY 12-13 County Plan

County Program: Community Connections (Clfd-Jeff)

Contact Person: Bill Mendat, bmendat@cljmhr.com, (814)371-5100

THE SUPPLEMENTAL PLAN TO PROMOTE COMPETITIVE EMPLOYMENT

I. Inclusiveness of the Planning Process.

a. Please briefly describe the planning process for this Supplemental Plan: including stakeholder involvement, leadership roles, meeting schedules, the establishment or expansion of a local Employment Transformation Committee, data and information sources, etc. The BH Director from Community Connections attends the Community Support Program meetings on a regular basis. Soliciting feedback on the BH plan is on the agenda at least three times per year including the annual hearing on the BH plan which was hosted by the CSP March 28, 2011. The BH Director has also participated in meetings with the Office of Vocational Rehabilitation and supported employment providers to discuss the employment needs of individuals with mental illness to develop new programs (VTDC’s STEP Program) and expanding existing ones (Goodwill’s job coaching).

b. Please involve a diverse stakeholder group in the planning process, including, but not limited to the entities/groups listed below. Please indicate the number of individuals or group representatives who were involved in this planning process in each category below:

In addition to accepting feedback at monthly CSP meetings, the MH Plan Hearing took place March 28, 2011 and included the following stakeholders (note many of the 31 participants represented multiple stakeholder groups):
2. Current Service Delivery Data.

Please review the attached tables compiled from the County Income and Expenditure Reports and CCR POMS data for FY 2007 – 2008, which identify the numbers served and dollars spent within the two existing vocational cost centers for your county and answer the questions below.

**DEFINITIONS:**

**Facility-Based Employment:** Programs designed to provide remunerative development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality. Sheltered workshop programs include vocational evaluation, personal work adjustment training, work activity training, and regular work training and are provided in facilities licensed under the Chapter 2390 regulations (Vocational Facilities).

**Community Employment:** Employment in a community setting or employment-related programs which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry or other work sites within the community. Included are competitive employment, supported/supportive employment, and industry-integrated vocational programs such as work stations in industry, transitional training, mobile work forces, enclaves, affirmative industries/business, and placement and follow-up services.

a) Confirm the accuracy of the data provided. Please adjust any data and explain any corrections made.

   X Check here if the data is accurate.
   □ Check here if the data should be adjusted, as follows:

   - Community Employment and Employment Related Services
     _____ Number of individuals served
     _____ Funds expended

   - Facility Based Vocational Rehabilitation Services
     _____ Number of individuals served
Funds expended

b) Additional Expenditures for Employment Services. If there are additional mental health funds expended by the county for employment services that are captured in other cost centers, please indicate below the cost centers used, the expenditures made, and the number of individuals served:

- Cost center in which expenditures appear __________________________
- Total additional Expenditures for employment services _______________
- Numbers of additional individuals served _____________________

c) Indicate the percentage of current county funding for employment as a percentage of overall current county funding.

$4,102,722 Overall county funding
$50,724 County funding for employment services
\% 1.2 percentage of overall county funding for employment services

d) Indicate the percentage of overall employment funding expended on facility based versus community services, based upon the cost center definitions above.

$ 50,724 Total employment funding
\% 100 percentage of total employment funding for facility based services
\% 0 percentage of total funding expended on community services

Please include a brief description of the numbers of consumers served in facility based services and their employment goals. (Interviews with consumers and cost-to-outcome analysis are encouraged.

Many of the individuals working in facility based services have done so for many years and use their employment as a source of enrichment and do not have goals to transition into community employment. Case management will continue to assure they are aware of community based options and provide opportunities to transition should the individuals desire.

e) Describe any changes you plan to make in total employment expenditures or percentages allocated to facility vs. community based services. Also, please report on other funds (e.g., Health Choices, OVR, Criminal Justice, etc) currently spent on employment. [Note: OMHSAS expects each county to establish a target goal for increasing funding for supported employment including, but not limited to a shift in funds from facility based to Supported Employment programs over the course of the 5-year Plan.]
The Department has met with providers and started discussions on plans to adjust the ratio of funding to a higher percentage of community services employment and EBP Supportive Employment Programs. VTDC, a sheltered employment provider, is implementing a STEP Program in our counties and we have discussed shifting BH funding from their sheltered program to the STEP. Another provider, Goodwill, has received a grant to increase the number of individuals served by their community employment “job coaching” program.
3. Funding for Supported Employment.

Please indicate the amount of vocational funding that the County anticipates will be spent in the next year specifically for Supported Employment programming, and whether those funds are currently in the Community Employment Services or Facility Based Services cost centers, or represent new dollars for Supported Employment. Supported Employment is defined above (Background).

Total dollars to be expended on SE services $50,724

a) % of those dollars within the cost centers of:
   - Community Employment and Employment Related Services 0%
   - Facility Based Vocational Rehabilitation Services 100%

b) % of new dollars to be expended on SE services 0%

4. Prior County Activities to Promote Supported Employment. Please indicate the activities undertaken by the County in the past two or three years that have been designed to promote Supported Employment programming. Please note that prior activities can fall into one or all three stages of development.

Early-Stage Development Activities. The County has:

X Developed consensus around both the importance of employment and the use of evidence-based employment interventions
☐ Provided basic training and technical assistance to provider agencies on the delivery of evidence-based practices
☐ Established a funding framework for the development of new evidence-based employment services
☐ Provided supportive information to consumers and families on the effectiveness of evidence-based employment practices
☐ Familiarized county and local program staff with the elements of supported employment fidelity measures
☐ Other activities: please describe

Middle-Stage Development Activities. The County has:

☐ Established new evidence-based employment services in one or more service sites in the county
☐ Provided information to consumers/families and providers on work incentives
☐ Developed evidence-based employment practices to focus on the types of employment in the local job market
Provided detailed training and technical assistance to providers on the delivery of evidence-based employment services
Developed evaluation mechanisms to insure a focus on appropriate consumer outcomes in competitive employment
Assisted programs in using the supported employment fidelity measures to shape and assess service delivery approaches
Other activities: please describe

Later-Stage Development Activities. The County has:

Further expanded the availability of evidence-based practices to all consumers in the County
Developed resources to provide benefits counseling to consumers who are returning to work
Supported providers who can serve as a ‘model’ of evidence-based employment practices in other sections of the Commonwealth
Improved the quality of jobs (re: income, benefits, tenure, promotion) obtained by graduates of evidence-based programs
Integrated supported education opportunities into the delivery of evidence-based employment practices
Used the supported employment fidelity measures to assess and improve program delivery
Other strategies: please describe
<table>
<thead>
<tr>
<th>Area</th>
<th>Strategies</th>
<th>Outcomes</th>
<th>Target Dates</th>
<th>Updates on Goal Implementation</th>
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</thead>
<tbody>
<tr>
<td>A. System Orientation to Employment Outcomes</td>
<td>Strategy 1</td>
<td>Join existing employment committees or create BH supportive employment workgroup to identify system needs and develop BH employment plan</td>
<td>Outcome 1</td>
<td>Department participation in 80% of meetings</td>
</tr>
<tr>
<td></td>
<td>Strategy 2</td>
<td>Develop strategic plan to promote and support supportive employment</td>
<td>Outcome 2</td>
<td>Existence of Plan</td>
</tr>
<tr>
<td>B. Staff Training and Technical Assistance</td>
<td>Strategy 1</td>
<td>Provide orientation on supportive employment evidence based practices at OP provider meetings</td>
<td>Outcome 1</td>
<td>Completion of orientation</td>
</tr>
<tr>
<td></td>
<td>Strategy 2</td>
<td>Meet with community based and supported employment providers to present</td>
<td>Outcome 2</td>
<td>Completion of meetings</td>
</tr>
<tr>
<td>C. Funding for Employment Services</td>
<td>Strategy 1</td>
<td>Shift funding priority from sheltered employment to EBP employment</td>
<td>Outcome 1</td>
<td>15% budgeted for EBP 25%</td>
</tr>
<tr>
<td></td>
<td>Strategy 2</td>
<td></td>
<td>Outcome 2</td>
<td>Resource list</td>
</tr>
<tr>
<td>D. Responding to Local Workforce Needs</td>
<td>Strategy 1</td>
<td>Network with Chamber of Commerce, Career Link, etc to ID workforce</td>
<td>Outcome 1</td>
<td></td>
</tr>
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**County: Community Connections (Clfd-Jeff)  FY: 2012-13**
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<tr>
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<tbody>
<tr>
<td><strong>E. Educational Linkages/Joint Project</strong></td>
<td>Strategy 1</td>
<td>Develop list of educational opportunities such as literacy, GED, adult ed available locally</td>
<td>Outcome 1</td>
</tr>
<tr>
<td></td>
<td>Strategy 2</td>
<td>Outcome 2</td>
<td></td>
</tr>
<tr>
<td><strong>F. Utilizing peer Specialists</strong></td>
<td>Strategy 1</td>
<td>Meet with CPS providers to present employment plan</td>
<td>Outcome 1</td>
</tr>
<tr>
<td></td>
<td>Strategy 2</td>
<td>Train CPS on BH employment plan</td>
<td>Outcome 2</td>
</tr>
<tr>
<td><strong>G. Data Collection</strong></td>
<td>Strategy 1</td>
<td>Develop and implement survey to be completed by C/FST</td>
<td>Outcome 1</td>
</tr>
<tr>
<td></td>
<td>Strategy 2</td>
<td>Monitor program funding and report on trends shifting funds to EBP</td>
<td>Outcome 2</td>
</tr>
<tr>
<td><strong>H. Work Incentive Counseling</strong></td>
<td>Strategy 1</td>
<td>Develop list of work incentives and provide to case management, employment providers, CPS programs and CSP</td>
<td>Outcome 1</td>
</tr>
<tr>
<td></td>
<td>Strategy 2</td>
<td>Outcome 2</td>
<td></td>
</tr>
</tbody>
</table>