



**A Decade of Progress
1997 - 2007**

Behavioral Health Justice-Related Services and Beyond in Allegheny County, Pennsylvania

by Marc Cherna and Patricia Valentine

Allegheny County and DHS have gained national recognition in many areas due to the success achieved through collaboration and the integration of services. This article especially highlights the County's achievements in justice-related services.

The Allegheny County Department of Human Services (DHS) has been working for many years with the Courts and the Allegheny County Jail to divert people with mental illness from jail. Diversion efforts were prompted by recognition that individuals with serious and persistent mental illness were often unable to successfully negotiate the myriad of responsibilities, obligations and appointments necessary to stay out of jail and in the community. Lacking the organizational ability or financial resources to afford stable housing (with a consistent address), food, transportation, medications and a telephone, individuals with mental illness who were involved in the criminal justice system would often miss required court dates, appointments with court personnel and/or appointments with mental health providers. A consequence of a missed court date can be an arrest warrant. A consequence of a missed mental health appointment can be lapses in medication. Both of these consequences - warrants and symptoms resulting from lack of medication - can result in repeated cycles of arrest, release to an unstable, unsupportive living environment, lack of compliance with "requirements" and eventual re-arrest.

The DHS Office of Behavioral Health (OBH), the Allegheny County Court of Common Pleas, the Office of the Public Defender, the Office of the District Attorney, the Office of Probation and Parole, the Pennsylvania Office of Mental Health and Substance Abuse Services, Department of Justice Bureau of Justice Assistance, Pennsylvania Commission on Crime and Delinquency and local foundations worked collaboratively to expand services designed to help people with serious mental illness to stay out of jail and in the community.

Background

Allegheny County, Pennsylvania, which includes the city of Pittsburgh, is home to 1.2 million residents. Allegheny County government is organized under a Chief Executive who oversees five departments of which the Department of Human Services (DHS) is the largest. DHS consists of an executive office, five program offices and three support offices. Services provided through DHS include those for the elderly; mental health services (includes 24-hour crisis counseling); drug and alcohol services; child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; energy assistance; non-emergency medical transportation; job training and placement for youth and adults; services for individuals with mental retardation and developmental disabilities.

The current DHS budget is \$915.5 million originating from 193 funding sources. Four hundred community-based provider agencies receive almost \$800 million of these dollars through contracts. DHS has about 1,000 staff and serves approximately 200,000 county residents each year. The population at the Allegheny County Jail, at a daily average of 2,584 in 2006, continues to experience incremental annual increases.

Currently, behavioral health justice-related services are available to divert people from incarceration, or to reduce the duration of incarceration, from the time of initial police response to the time that a person completes his or her maximum sentence in a state correctional institution. Regardless of whether a person is being diverted from jail, or supported in his or her re-entry from jail, support is available to assist in basic life needs, employment, benefits acquisition and behavioral health services.

The Allegheny County Jail Collaborative

This established DHS justice-related services continuum is a natural progression from early work that resulted in the Allegheny County Jail Collaborative. During the 1990's, the inmate population steadily rose at the Allegheny County Jail. There were minimal programs for the inmates and the recidivism rate was reported to be over 70 percent. To address these issues, the then Warden, the DHS Director and the Director of the Department of Health decided to form the Allegheny County Jail Collaborative. Holders of these three leadership positions chair the collaborative which consists of individuals from approximately 15 different agencies. Since 2000, the Jail Collaborative has met on a monthly basis to address two primary goals: increase public safety and reduce recidivism. This includes a plan to implement a countywide reintegration approach. To achieve these goals, the Collaborative joins the forces of government agencies, court officials, service providers, ex-offenders, faith-based community organizations, families and the community at large.

The Collaborative's vision consists of three distinct elements:

Service Planning and Coordination

Each inmate participates in a screening that identifies his or her strengths, challenges and service history so that, in conjunction with a Jail caseworker, an individually-tailored service plan may be developed to identify appropriate services inside and outside the Jail.

Service Provision

Services such as drug and alcohol treatment, mental health treatment, GED or Adult Basic Education, employment and training programs, and job placement, as well as regular opportunities to visit with families are provided as needed to meet the goals of the service plan prior to release.

Post-release Services

Inmates, assisted by case workers and service providers, develop service plans for post-release services and are assigned a Community Re-integration Specialist to assist them in accessing services post release.

Enhancing Community Buy-in

The success of the Jail Collaborative rests in large part to the active cooperation of the major players in the county justice arena. Many of the individuals who serve on the Jail Collaborative are also active on the Criminal Justice Advisory Board (CJAB). CJAB is co-chaired by the Allegheny County Chief Executive and the President Judge of the Allegheny County Court of Common Pleas. Other members include the District Attorney, Police Chiefs from the county, city, and local municipalities,

the DHS Director, the Allegheny County Jail Warden, the Public Defender, and criminal court judges. CJAB identifies criminal justice issues and supports funding requests to such entities as the Pennsylvania Commission on Crime and Delinquency (PCCD) at the state level and the Bureau of Justice at the federal level.

Building on a Strong Foundation

In 2006, by building on and supplementing existing justice-related programs, including those of the Jail Collaborative, Allegheny County adopted the Sequential Intercept Model (SIM) as its guide to developing a comprehensive continuum of justice-related services and supports for persons with mental illness and/or co-occurring substance use disorders involved in the Criminal Justice System.

Developed by Patricia Griffin, Ph.D. and Mark Munetz, M.D., the SIM has several objectives, including: preventing initial involvement in the criminal justice system, decreasing admissions to jail, engaging individuals in treatment as soon as possible, minimizing the time spent moving through the criminal justice system, linking individuals to community treatment upon release from incarceration, and decreasing the rate of return to the criminal justice system. To clearly define these goals, the SIM is divided into five intercepts, all of which rely upon the active and *cooperative* participation of all the interested parties.

The Sequential Intercept Model (SIM)

Intercept 1 – Pre-arrest diversion

Intercept 1, like each of the subsequent four, involves cooperation between the criminal justice and mental health systems and intercepting individuals before they are arrested. Through a Police-Based Crisis Intervention Team (CIT), law enforcement officers and emergency services personnel are taught characteristics of mental disorders, a variety of de-escalation skills, how to conduct a suicide lethality assessment, and information about common psychotropic medications. Members of this specialized team of trained police officers are then called upon when an individual is experiencing a mental health crisis in the community. The goal of CIT is to promote safety for the distressed person, the law enforcement officers and the public and to assist the individual in obtaining behavioral health services and supports.

Intercept 2 – Post-arrest Diversion

Intercept 2 involves both pre- and post-booking diversion for individuals with mental illness and/or co-occurring substance use disorders. Both utilize staff from the Justice-Related Services in OBH. The Primary Diversion Specialist is stationed at the Allegheny County Jail intake area during the hours of 9:30 p.m. until 6:00 a.m., Tuesday through Saturday.

In pre-booking diversion, new in 2006, the Primary Diversion Specialist develops and presents an appropriate service plan to the Night Arraignment Court during the primary arraignment. The service plan includes housing, treatment services, and linkage with community supports and case management. Pre-booking diversion also provides behavioral health resources 24 hours a day/7 days a week for respite and diversion from detention and court.

Post-booking diversion, in operation since 1988, ensures participants who are released from the Allegheny County Jail prior to or at the preliminary hearing, a smooth transition into the community by assigning a Diversion Specialist who develops a service plan in collaboration with the individual and works in collaboration with the Allegheny County Jail, District Courts, local behavioral health service providers, and other agencies to coordinate needed services and supports. A Diversion Specialist, at a minimum, will continue to work with the individual until the preliminary hearing, generally a span of seven to ten days - with the goal of having the individual remain in the community and continue with his or her service plan. Individuals whose charges are held for trial or waived to trial from the preliminary hearing, are referred by the Diversion Specialist to the Justice-Related Support Services or, if appropriate, to Mental Health Court. The Justice-Related Diversion Program also provides contingency funds for basic items during early transition into the community.

Intercept 3 – Specialty Courts

The foundations of Intercept 3 are Mental Health Court and Drug Court which both offer offenders with behavioral health disorders a special docket of criminal court that diverts them to treatment rather than incarceration with the goals of slowing the revolving door of recidivism for this population; maintaining treatment, housing, benefits supervision and community support services for the individuals; and supporting public safety; all while maintaining effective communications between the behavioral health and criminal justice systems.

The Allegheny County Mental Health Court (MHC), in place since 2001, was designed for individuals who have a serious mental illness or co-occurring mental and substance use disorder who have been charged with committing a misdemeanor or non-violent felony in Allegheny County and are awaiting trial and/or sentencing.

The MHC was born of a local commitment to the issue and a blending of funding sources, including state mental health block grant funds, local foundations, and later, a Bureau of Justice Assistance (BJA) MHC Program grant. These efforts contributed to the Court's successful continuation and its current status as an established component of the Court of Common Pleas in Allegheny County. In order to enable the court to more carefully monitor the progress of offenders and develop expertise related to mental illness and treatment, MHC became a specialty court with a designated judge, assistant district attorney and public defender. The MHC Monitor and Support Specialist from OBH work in tandem with the local Probation Office Liaisons. Each team participant is an integral player in the process.

MHC intervention is essentially probation with close supervision and mandatory treatment. A court-approved service plan, intended to promote recovery, guides treatment and adhering to it is a mandatory element of the offender's probation. Once the individual is released into the community to serve out his or her probation, MHC participants are monitored by a Special Service Unit (SSU) Probation Officer and the MHC Probation Liaison. The MHC Probation Liaison's responsibility is to update the court on the progress of the MHC participants and to assist them with their community reintegration. The MHC Probation Liaison reports are critical to the outcomes of reinforcement hearings before a MHC Judge, which offenders are obligated to attend during their probation.

The progress of each offender is reviewed in these reinforcement hearings held before the MHC Judge at least every three months and more frequently if necessary. Outcomes of reinforcement

hearings are categorized as either positive or negative. Of the 600 reinforcement hearings held in 2006, positives outweighed negatives by more than two to one. The current recidivism rate for participants in MHC is 12 percent.

The Allegheny County Drug Court Program, in existence since 1998, is designed specifically for those persons who are actively using illegal substances and involved with the criminal justice system. The intention is to place these individuals into an intensive drug treatment program as an alternative to incarceration to help them become drug-free and return to a productive lifestyle.

Drug Court candidates may be identified by the District Attorney's office or referred by their defense attorneys to the District Attorney's office for consideration. Candidates for Drug Court must be willing to plead guilty to all charges. Overall, the offenses of Drug Court participants are non-violent and drug-related (use and distributing). Defendants cannot be currently charged with or convicted of any prohibited offenses (crimes of violence) within the past ten years.

Clients are expected to complete all treatment recommendations, attend Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings, remain clean and sober, comply with house arrest schedules, and obtain employment and/or education. Participants of Drug Court are required to attend monthly progress hearings in front of the Drug Court Judge. Clients who have completed all of the treatment requirements are stepped down to a six-month probation where they receive continued supervision. They continue to attend AA/NA meetings and progress hearings. Once clients have successfully completed the six-month probation, they are discharged from the program and subsequently released from their sentence. One of the 70 Drug Court participants (1.4 percent) recidivated during the two-year period of 2005 and 2006.

Intercept 4 – Re-entry to the Community from Jails, Prisons and Hospitals

Intercept 4 relies on two programs: Justice-Related Support Services and Community Reintegration for Offenders with Mental Illness and Substance Abuse (CROMISA). Justice-Related Support Services for individuals who have not served their maximum sentence provide case management for all persons with mental illness referred from the point of formal arraignment to the time of sentencing. Support services are continued for up to 60 days after release from the Allegheny County Jail, for 60 days after sentencing. Services include developing and presenting an appropriate service plan to the Court of Common Pleas. The service plan includes housing, treatment services, and linkage with community supports and case management. The Justice-Related Support Specialist assists the individual in obtaining behavioral health treatment and supports for their successful integration into the community.

There is also, within the Justice-Related Support Services, a component specifically for persons with mental illness who have completed their maximum state prison sentences. This program, also known as the “Max Out” program links a Justice-Related State Support Specialist with an individual while he or she is still incarcerated in a State Correctional Institution. The nationally recognized Allegheny County Justice-Related State Support Program (JRSSP)¹ works to meet the needs of individuals with mental illness referred from the Pennsylvania Department of Corrections as they near the expiration of their maximum prison sentence. The JRSSP Specialist “in-reaches” into the correctional institution to the individual to begin the pre-release process of support for the inmate returning to the community. This voluntary program helps these individuals reintegrate into their communities as

productive, valuable members of society. The JRSSP Specialist, in collaboration with the inmate, develops a service plan to assist the individual with obtaining necessary mental health, medical and social services and housing upon re-entry into the community. A focus on case management, engagement and advocacy provides the foundation for this comprehensive approach, which allows the specific concerns and needs of each individual to be addressed.

After the referral, and a private, confidential interview, the individual chooses if they will participate in this voluntary program. The interview allows program staff to do a general assessment of the individual's interests and needs while beginning to build the relationship between the individual and the staff member who will advocate for his/her interests in the community.

In preparation for release from prison, program staff arrange for housing, if necessary, and mental health treatment and supports. Upon release, the individual is met either at the bus terminal or picked up personally from prison. Assistance in securing basic needs: housing, groceries, and appropriate clothing are the initial steps. Educational and employment opportunities are also explored. Every effort is made to determine if the individual is able to perform in a work environment. The program works with the individual as long as necessary following release; the average span of intensive contact is 90 days.

Since its inception in July of 1999, the Allegheny County JRSSP has served over 425 individuals from all 26 of Pennsylvania's state penitentiaries. These individuals are at a high risk of re-arrest with histories of mental illness and often substance misuse coupled with a criminal record. However, despite these obstacles, program participants have demonstrated continued success in their recovery, recidivating at a rate one-fifth of that of all individuals released from a state penitentiary. The success of the JRSSP lies in its ability to build trusting relationships through the collaborative effort of meeting each individual's distinct needs and easing anxiety associated with the re-entry process.

CROMISA, a 20-bed facility located in downtown Pittsburgh, is a therapeutic community that supports men with co-occurring mental illness and substance use disorder who are on probation or parole. As such, CROMISA fits into Intercepts 4 and 5.

¹Winner of the 2005 Innovations in American Government Award presented by the Ash Institute for Democratic Government and Innovation at Harvard University's Kennedy School of Government and administered by the Council for Excellence in Government. One of six award winners nationally, the program received a \$100,000 grant to support replication of the program efforts.

Intercept 5 – Community Corrections and Community Support Services (Probation/Parole)

CROMISA is a voluntary program providing treatment, training and recovery-oriented services: mental health treatment, drug and alcohol treatment, family therapy, education, job skills training, life-skills training, recovery meetings and socialization. While in CROMISA, the individual is actively involved in all program activities including peer work groups at the facility and decision making on program structure.

When individuals with behavioral health diagnosis are in need of particularly intensive out-patient services during their parole or probation to remain outside the criminal justice system, they may be referred to one of several providers county-wide. Individuals are referred through county, state or

federal court orders to undergo evaluation and treatment as a condition of their parole or probation. These programs often operate under the containment approach, working in close communication with the referral source and/or the magistrate, probation or parole officer to keep close supervision over all participants. Rigid requirements and constant evaluation serve to improve outcomes.

Support for those in recovery

DHS supports individuals in recovery, whether or not they were involved in the criminal justice system. Peer support programs, consumer-provider dialogues, drop-in centers, advocacy groups and awareness-building conferences are geared toward bringing about systems change and reducing the stigma associated with persons recovering from mental illness and/or substance use disorders. Consumers, family members and providers created the Allegheny County Coalition for Recovery (ACCR) in response to service users who felt that they were not being heard by providers and seldom had opportunities to participate in the planning of their treatment. The ACCR strives to transform systems of care in Allegheny County to systems that are supportive of people who have mental health or substance use problems. ACCR sponsors the annual Un-Dependence Day celebration to honor and to make commitments to support those in recovery. The goals of Un-Dependence Day are to reduce stigmatization of those who have mental health or substance use problems and to create a supportive community that believes in the possibility of recovery and the value of the principles that make it happen.

Child Welfare and Justice-Related Services Overlap

DHS concluded that the Department and the Jail Collaborative required a professional to increase awareness in all people working in the child welfare and criminal justice systems of the special issues of children of prisoners. In July 2006, with funding from the Pittsburgh Child Guidance Foundation, a Systems Advocate was hired as the county government's point person for children and families of the incarcerated.

The Advocate primarily addresses the needs and best interest of the children of incarcerated parents through policy reform. The objectives include: better care for children during their parent's actual arrest; improved visiting conditions at the Jail; strengthened supports for relatives who take on the role of caregiver; development of a county-wide information system; training for criminal justice, child welfare, school and service provider personnel; and enhanced services to children in emotional crisis. The Advocate works with multiple county agencies, police departments, the District Attorney, the Public Defender, judges, service providers, community programs, and jail personnel to critically examine current policy and stimulate substantive changes aimed at mitigating the negative consequences of incarceration on families.

Evaluation

While every effort is made to implement programs and services chosen for their high probability of success, without formal evaluation the actual outcomes can not be known. For that reason, DHS has worked cooperatively with research entities to evaluate the effectiveness of justice-related programs.

The University of Pittsburgh School of Social Work's Center for Race and Social Problems is engaged in a three-year project tracking and evaluating the Jail Collaborative's efforts to successfully reintegrate 300 offenders in the community. Final results will be available in early 2008. Preliminary results are positive.

With support from the Funders in Criminal Justice and in partnership with Carnegie Mellon University, the Collaborative is using corrections, human services, housing, police, and census data to better understand which former incarcerated individuals are returning to what communities and what their needs are.

Foundation funding also allowed for an evaluation of the Allegheny County Mental Health Court by the RAND Corporation. In March of 2007, RAND released results of its research study, *Justice, Treatment, and Cost – An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court* which found the Allegheny County MHC to be a fiscally responsible alternative to traditional incarceration for persons with mental illness involved in the criminal justice system. They concluded that “in the long term, the MH Court may actually result in net savings to the government associated with the reductions in criminal recidivism and the reductions in utilization of the most expensive types of mental health treatment.”

Leadership

Allegheny County has been exceedingly fortunate to have the DHS leadership remain consistent from the department's inception 11 years ago, through its design and maturation, and moving into its time of distinction. Further, DHS has maintained this consistency despite multiple changes in county leadership, not only of the individual, but the party affiliation as well. This de-politicization of human services delivery has its roots in the early stages of the redesign as a community-wide conversation was initiated that pulled representatives from the general public, foundations, universities, corporations, government, faith-based organizations and the non-profit sector. All were consulted and challenged to help design DHS such that consumers could receive comprehensive services, delivered seamlessly. The DHS Vision Document was developed taking the myriad of recommendations into account. The Vision Document was further defined by the Guiding Principles. As a result of the public-private partnership in Allegheny County, serving people is not a partisan issue.

Funding and in-kind support from many sources

DHS has engaged in true partnerships with a wide variety of corporations, private organizations, the general public, and foundations. Because of these close relationships, DHS has also been the recipient of support from these same entities. For example, members of the Greater Pittsburgh Chamber of Commerce, along with university experts, initially took a lead role in developing solutions to the challenges of designing a viable human services delivery system. The same universities then have continued to contribute intellectual support and research capacity over the succeeding decade. Moreover, individuals and local business annually make in-kind donations valued at more than \$500,000 in support of consumers. And, over the past nine years, more than 200 attorneys from a prominent law firm have contributed nearly 4,000 hour of service for 818 completed adoptions at an estimated dollar value of half a million dollars.

One of the keys to the success of DHS has been the foundation community. Realizing the implications of a less-than-optimal human services system and persuaded of the benefit of their

involvement, 16 local foundations banded together to provide for the Human Services Integration Fund (HSIF). Over the past decade, HSIF and other local foundations have pledged and contributed millions of dollars toward the original redesign project and many programs that would not – could not – have happened with public dollars alone given categorical funding streams.

DHS Guiding Principles

All services will be:

- ➔ **High quality**—reflecting best practices in case management, counseling, and treatment.
- ➔ **Readily accessible**—in natural, least-restrictive settings, often community-based.
- ➔ **Strengths-based**—focusing on the capabilities of individuals and families, not their deficits.
- ➔ **Culturally competent**—demonstrating respect for individuals, their goals, and preferences.
- ➔ **Individually tailored and empowering**—by building confidence and shared decision-making as routes to independence rather than dependency.
- ➔ **Holistic**—serving the comprehensive needs of families as well as individuals through tangible aid and a full continuum of services—
 - Information Exchange
 - Prevention
 - Early Intervention
 - Case Management & Crisis Intervention
 - After Care

Looking toward the future

Through the years DHS has been the recipient of national recognition in the form of awards and media coverage. Visitors from around the county and the globe request to see the DHS system first-hand. DHS administrators have been invited to offer their expertise on panels and to speak at local, state and national conferences. And yet, there is an awareness, collectively among administrators and collaborative partners, that there is plenty of room for improvement within the DHS services-delivery system. The challenge for the future is to continue to strive for excellence as we remain responsive to the individuals we serve and to grow the community collaborations that have served the county so well for the past decade.

Links

Allegheny County Department of Human Services (DHS) www.county.allegheny.pa.us/dhs

Allegheny County Justice-Related Services

<http://www.county.allegheny.pa.us/dhs/forensicservices.aspx>

Justice, Treatment, and Cost – An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court, by RAND Corporation, March 2007

http://www.rand.org/pubs/technical_reports/TR439/

Allegheny County Coalition for Recovery

www.coalitionforrecovery.org/

Bios

Marc Cherna is the Director of the Allegheny County Department of Human Services (DHS). He has been in the position since January, 1997. He is considered a leader in the field of human services especially child welfare. Under his leadership DHS has received national recognition as a model in child welfare and justice-related services. He can be reached at 412-350-5705 or MCherna@dhs.county.allgheny.pa.us .

Pat Valentine is the DHS Deputy Director Office of Behavioral Health. She has been in the position since March, 1998. She is responsible for administration of the system of publicly-funded mental health and drug & alcohol services in Allegheny County. Pat can be reached at 412-350-4280 or PValentine@dhs.county.allegheny.pa.us .