Exploring Reentry Strategies for Those Living with Serious Mental Illness: A Guide for Professionals

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Office of Mental Health and Substance Abuse Services
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Participant Learning Objectives

- Identify general needs and barriers faced by individuals with Serious Mental Illness (SMI) transitioning to community living after institutionalization.
- Describe strategies and services to help individuals living with SMI successfully maintain community living during and after transition from correctional or psychiatric facilities.
- List potential reentry funding opportunities.
Welcome back to the community.

How may we help you?
Discussion Point: Needs and Barriers

When people with SMI reenter the community from prisons, jails or psychiatric hospitals...

1. What needs do they have?

2. What barriers do they face?
## Needs and Barriers to Community Re-entry

<table>
<thead>
<tr>
<th>Needs</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable Housing</td>
<td>Tenant Related (i.e. prior evictions, criminal history, poor credit report, lack of income, lease rules)</td>
</tr>
<tr>
<td>Income (i.e. Work, Disability Benefits)</td>
<td>Low Income or No Income; Difficulty obtaining and keeping a job</td>
</tr>
<tr>
<td>Treatment Services and supports (Insurance to pay for it)</td>
<td>Under insured or no insurance/time to obtain benefits</td>
</tr>
<tr>
<td>Friends and Family Support</td>
<td>“Burned bridges”</td>
</tr>
<tr>
<td>Activities that Support Recovery</td>
<td>Transportation (i.e. access to, scheduling, reliability)</td>
</tr>
<tr>
<td>Skill Building</td>
<td>Lack skills to live independently</td>
</tr>
</tbody>
</table>
Strategy 1: Partnerships- Federal, State, Community

- Partnerships are essential to fulfilling a common mission and goals in complex service delivery systems
- Partnerships occur at various levels and roles may change
- Partnerships can provide:
  - Funding
  - Shared resources
  - Guidance and support
  - Services and supports to individuals
  - Administrative oversight
  - Expertise
Strategy 1: Examples of Partners

Federal Partners:

• CMS (Centers for Medicare and Medicaid Services)
• SAMHSA (Substance Abuse & Mental Health Services Administration)
• HUD (U.S. Housing and Urban Development)
• SSA (Social Security Administration)

State Partners:

• DHS (PA Department of Human Services),
• OMHSAS (PA DHS, Office of Mental Health & Substance Abuse Services)
• OIM (PA DHS, Office of Income Maintenance)
• DOC (Department of Corrections)
• PCCD (PA Commission on Crime and Delinquency)
• DCED (Department of Community and Economic Development)
• PHFA (Pennsylvania Housing Finance Agency)
• Housing Alliance of PA
• SDHP (Self Determination Housing Project)
Strategy 1: Examples of Partners (continued)

County and Local Partners:

- County MH/ID Administrations
- Single County Authorities (SCAs)
- County Assistance Offices (CAOs)
- Continuums of Care (CoCs)
- Public Housing Authorities (PHAs) and Community Redevelopment Authorities
- Projects for Assistance in Transition from Homelessness (PATH) Programs and Providers (where available)
- Behavioral Health Managed Care Organizations (BH-MCOs)
- Treatment and support providers
- Community Action Agencies
- SSI/SSDI Outreach, Access and Recovery (SOAR) Caseworkers (where available)
- Regional Housing Coordinators (RHCs)
- Housing Specialists
- Case managers
Coordination by partners at every level is needed to ensure a seamless system, for individuals to access services and supports.

Re-entry coordination between the jail, prison or psychiatric facility and the County Mental Health/Intellectual Disability Administration (MH/ID) may include close collaboration between the individual, family, treatment team and other facility coordination professionals and community service providers.
Strategy 2: Examples of Coordination

- Community Support Planning (CSP) at the State Hospitals can inform the *discharge planning process*
  - Assessments
  - Treatment team coordination

- The *Access, Plan, Identify and Coordinate*, or “APIC” Model, can be used for reentry efforts for individuals coming from jails and prisons

- Crisis Intervention Team:
  - Law enforcement officers are trained to intervene and deescalate mental health situations
  - Connect those in crisis to MH help rather than jail
Examples of Coordination in Criminal Justice

• Mental Health and Justice Advisory Committee (MHJAC)
  – Mission: To support Pennsylvania’s initiative to expand the successful implementation of evidence-based practices for justice-involved individuals with mental illness and co-occurring substance use disorders and advance the capabilities of local communities to reduce the involvement of individuals with mental illness and co-occurring disorders in the criminal justice system.

• Forensics Interagency Taskforce
Sequential Intercept Flow Chart
In 2012, The Specialized Police Response in PA: Moving Toward a Statewide Implementation report was prepared by the Center of Excellence (updated annually).

In 2014, nine counties received funding for Specialized Behavioral Health Training for Law Enforcement and Justice Practitioners:

- Crisis Intervention Team Training (CIT)
- CIT for Veterans
- Mental Health First Aid for Adults
- Mental Health First Aid for Youth
Crisis Intervention Team (CIT)

Partnership: Law Enforcement, Advocacy and MH

- Innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships

- Provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community
Status of Crisis Intervention Team in PA

Updated 3/11/15

Status of Crisis Intervention Team (CIT) in Pennsylvania

Key:

- **CIT Counties (24)**
- **CIT Counties in Development (8)**
- **Regionalized CIT Programs (7)**
- **Included in PCCD funding for CIT (14)**

*Note: Montgomery County Emergency Services provides Police School and Crisis Intervention Specialists Training

**Note: Family Training and Advocacy Center (FTAC) provides relevant trainings
Mental Health First Aid

- Mental Health First Aid USA is coordinated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health

- The first-aider assists a person showing signs/symptoms of experiencing a mental health crisis until appropriate professional or other help can be engaged

- [www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org)
Forensic Peer Support Initiatives

• In 2011, Certified Peer Support (CPS) was piloted in six State Correctional Institutions (SCIs) within the PA DOC

• PA was the first state in the country to offer peer support services in a state Corrections setting

• Eighty-nine inmates were trained in the 80-hour CPS curriculum

• Today more than 500 CPS’ have been trained, and more than 400 of them work in all 26 SCI’s across PA

• There are currently six CPS trained DOC Staff that facilitate this training for inmates
Strategy 3: Linkage to Resources

- Critical to meeting needs and breaking down barriers that individuals face upon re-entry

- Linkages to fundamental needs (such as housing, food, income, insurance, MH services, D&A services, medical treatment) require partnerships and coordination at the federal, state, county and local levels
Linkage Examples

Linkages might include:

- **CAOs** for benefits including: Medical Assistance (physical and behavioral health), food stamps, childcare, occupational training
- **SOAR** caseworkers for assistance with Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) application process
- **Public Housing Authorities** for Housing Choice Vouchers, and public housing
- **County MH/ID Offices** for treatment services and supports (including housing supports)
- **Criminal Justice System** and **MH/ID Offices** for Peer Support Services
Examples of OMHSAS Roles in These Strategies

- Provides direct service and administration at the six state psychiatric hospitals
- Applies for and administers federal grants (i.e. Community Mental Health Services Block Grant and PATH) which support county and local entities
- Provides funding, oversite and guidance to County MH/ID Administrations
- Works within federal rules and regulations in partnership with CMS to deliver Medical Assistance via Managed Care and Fee–For–Service
- Oversees the HealthChoices Managed Care Behavioral Health Program
OMHSAS Service Delivery System at a Glance

• The Mental Health/Intellectual Disabilities (MH/ID) Act of 1966 established a county-based service system

• OMHSAS allocates funds to the county governments for the provision of community behavioral health services

• OMHSAS operates six state inpatient psychiatric hospitals

• HealthChoices Behavioral Health (HC-BH) Medicaid Managed Care started in Feb 1997 and expansion completed in July 2007

• 2,521,938 HC-BH members as of January 2017
OMHSAS works in close collaboration with the Commonwealth’s 67 counties, which are grouped into 48 single or multi-county MH/ID Program Offices.

Services are operated either directly by the county or managed by contracted provider agencies.

Counties provide both a wide array of required services under the MH/ID Act of 1966, as well as evidence-based or promising practice services.
OMHSAS Vision and Mission

Vision
Every individual served by the Mental Health and Substance Abuse Service system will have the opportunity for growth, recovery, and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family and friends.

Mission
The Office of Mental Health and Substance Abuse Services, in collaboration with other appropriate State offices, will ensure local access to a comprehensive array of quality mental health and substance abuse services that are reflective of the needs of Pennsylvania citizens, effectively managed and coordinated, and responsive to a dynamic and changing health care environment.
“Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members.”

Source: OMHSAS’ “A Call for Change”, Issued November 2005
Use of HealthChoices Behavioral Health Program

• In Pennsylvania, behavioral health (BH) services are “carved out” from the physical health managed care

• OMAP oversees HealthChoices’ Physical Health (HC-PH) Program

• OMHSAS manages HealthChoices’ Behavioral Health (HC-BH) Program

• The HC-BH Program fosters the delivery of Medicaid BH benefits and additional services through contracted arrangements between OMHSAS, County MH/IDs, and Behavioral Health Managed Care Organizations (BH-MCOs)
Linkage to Common Behavioral Health (BH) Services

- Inpatient Psychiatric Hospitalization
- Partial Hospitalization
- Psychiatric Outpatient Clinic
- Mobile Mental Health Treatment
- Behavioral Health Rehab Services (BHRS) for Children & Adolescents
- Residential Treatment Services (RTF) for Children & Adolescents
- Clozapine Support Services
- Laboratory and Diagnostic Services
- Crisis Intervention Services
- Family Based Mental Health Services for Children and Adolescents
- MH Targeted Case Management (TCM)
- Peer Support Services
- Inpatient Drug & Alcohol Services
- Outpatient Drug & Alcohol Services
- Methadone Maintenance
Linkage to Optional BH Services/Supports

- Assertive Community Treatment Teams
- Psychiatric Rehabilitation Services
- Drop-In Centers/Clubhouses
- Drug and Alcohol Detox, Rehabilitation, and Halfway Houses
- Permanent Supportive Housing
- Supported Employment
Linkage Examples to Housing-Related Resources

- HUD Section 811
- HealthChoices BH Reinvestment
- Low Income Housing Tax Credit Program (LIHTC)
- The Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE)
- HUD HOME Investment Partnership Program
- Projects for Assistance with Transition from Homelessness (PATH)
- SSI/SSDI Outreach, Access and Recovery (SOAR)
- Housing Choice Vouchers through Public Housing Authorities
811 Property Participation and Commitments

- PHFA continues to seek properties that are eligible and willing to participate in 811
- Last year’s Low-Income Housing Tax Credit Qualified Allocation Plan (LIHTC-QAP) included a preference for any properties seeking to participate in 811
- This year’s QAP included points for any developer/property-owner that commits either an existing or a planned property to 811
- Further growth is anticipated in property unit commitments to the program
### 811 Current Status

<table>
<thead>
<tr>
<th>Active 811 Counties</th>
<th>811 by the Numbers</th>
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<tbody>
<tr>
<td>Allegheny</td>
<td>Housing Choice Vouchers (HCV)</td>
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<tr>
<td>Fayette</td>
<td>311</td>
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<tr>
<td>Beaver</td>
<td>Rental Assistance Contracts</td>
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<tr>
<td>10. Forest</td>
<td>39</td>
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<tr>
<td>Berks</td>
<td>Units Committed</td>
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<tr>
<td>Franklin</td>
<td>191</td>
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<tr>
<td>Butler</td>
<td>811 Move Ins</td>
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<tr>
<td>12. Lancaster</td>
<td>49</td>
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<tr>
<td>Centre</td>
<td>HCV Move Ins</td>
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<tr>
<td>Mercer</td>
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<tr>
<td>Chester</td>
<td>Clients on Waitlist</td>
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<tr>
<td>Philadelphia</td>
<td>349</td>
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<tr>
<td>Clinton</td>
<td></td>
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<tr>
<td>York</td>
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<tr>
<td>Dauphin</td>
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</table>
Housing-related component choices:

- Capital Development
- Master Leasing
- Bridge Subsidies
- Housing Contingency
- Housing Clearinghouse
- Housing Support Services
- Project Based Operating Assistance
Low Income Housing Tax Credit Resources

- County MH/IDs can partner on LIHTC applications
- For LIHTC projects, a County MH/ID office can dedicate funding to the project in exchange for a long-term set aside for people with serious mental illness
  - Specific number of units
  - For specified period of time (usually up to 30 years)
- LIHTC program is administered by PHFA
PHARE Resources

• County MH/IDs can partner on PHARE Applications

• Application process requirements differ depending on funding source

• PHARE funds are extremely flexible and can be used for projects prohibited by other funding streams

• PHARE funds are administered by PHFA
PATH as a Resource

Partnerships

• Landlords
• CoCs
• Other funding streams

Coordination

• CoCs
• Housing coalitions
• Service providers

Linkages

• Street Outreach
• Assisting with applications
• Services
• Educate landlords on MH conditions

• Assure rent payments on time

• Mediate landlord/tenant issues

• Offer Prepared Renter Education for prospective tenants

• Renter linkage to needed supports

• Leads to increase in housing choices
SOAR Initiative
What is SOAR?

• SSI/SSDI Outreach, Access and Recovery (SOAR)

• A model for assisting individuals to apply for Social Security disability benefits

• Sponsored by SAMHSA in collaboration with SSA since 2005

• All 50 states currently participate
1. For people who are experiencing or at imminent risk of homelessness

2. Must also

   • Have a serious mental illness OR/AND
   • Have a serious physical illness OR/AND
   • Have a co-occurring mental health and substance abuse issue;
   • Be precluded from substantial gainful employment by condition
How does SOAR help?

Why is SSI/SSDI Important for Individuals?

Provides access to:
- Income
- Housing
- Health Insurance
- Treatment
- Supportive services

Builds a foundation for recovery:
- Ending homelessness
- Decreasing incarcerations and hospitalizations
- Increasing employment opportunities
SOAR Partners

SSA
- Social Security Administration
- Federal agency that administers SSI/SSDI
- Makes the non-medical decision

BDD
- Bureau of Disability Determination
- State agency under contract to SSA
- Makes the medical/disability determination

Medical
- Medical/Treatment providers
- Assessments/evaluations
- Medical records

SOAR Caseworker
- SOAR trained case managers are actively involved every step of the process
Supplemental Security Income (SSI)
- Needs based; federal benefit rate is $735 (2017); attached to Medicaid in most states

Social Security Disability Insurance (SSDI)
- Amount depends on earnings put into SSA system; Medicare generally provided after 2 years of eligibility
SOAR Definition of Disability

1. Medically Determinable Physical or Mental impairment
   - Illness must either meet or be equivalent to the “listing” criteria used by Bureau of Disability Determination
   - Supporting information must be documented in medical records

2. Duration
   - The impairment tied to the illness(es) must have lasted OR be expected to last 12 months or more OR be expected to result in death

3. Functional Information
   - Applicants must demonstrate that significant functional impairment related to the illness(es) exists that impede their ability to work

Substantial Gainful Activity (SGA) = $1,170 (2017)
SOAR Sequential Evaluation

The SSA Sequential Evaluation

Step 1: Is person working at SGA?
   - NO: DENIAL
   - YES: Proceed to Step 2

Step 2: Does person have severe impairment?
   - NO: DENIAL
   - YES: Proceed to Step 3

Step 3: Does impairment meet or equal the listing?
   - NO: DENIAL
   - YES: Proceed to Step 4

Step 4: Does impairment allow for past relevant work?
   - NO: DENIAL
   - YES: Proceed to Step 5

Step 5: Does impairment allow for any other work?
   - NO: DENIAL
   - YES: APPROVAL
Links to Additional Resources

- DHS-OMHSAS site: www.dhs.pa.gov/learnaboutdhs/dhsorganization/officesofmentalhealthandsubstanceabuseservices/
- Other OMHSAS website: www.PARecovery.org
- SAMHSA: www.samhsa.gov/topics
- Join OMHSAS’ Listserv (open to the public): http://listserv.dpw.state.pa.us/omhsas_general_listserv.html
• List of county MH/ID offices: http://www.mhdspa.org/Pages/Local-Contacts.aspx

• Reentry Housing Options: The Policymaker’s Guide and Webinar: http://www.reentryandhousing.org/private-housing/

• SOAR website: https://soarworks.prainc.com/

• PATH website: https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path

• PHFA website: http://www.phfa.org/
• Wellness Recovery Action Plan:  www.mentalhealthrecovery.com/wrap-is/

• Mental Health First Aid:  www.mentalhealthfirstaid.org/take-a-course/

• Suicide Prevention Lifeline:  www.suicidepreventionlifeline.org/ or  

  1-800-273- TALK (8255)

• Pennsylvania 24/7 Helpline 1-800-662-HELP(4357) for those who need immediate assistance with drug and alcohol problems


• DHS Housing Stakeholder Workgroup: [http://dhs.pa.gov/citizens/housing/housingstakeholderworkgroup/index.htm](http://dhs.pa.gov/citizens/housing/housingstakeholderworkgroup/index.htm)

• PHFA 811 Webpage: [http://www.phfa.org/mhp/section811pra/](http://www.phfa.org/mhp/section811pra/)

Questions?
Please note: County numbering indicates individual PATH programs; counties sharing the same number are part of the same PATH program contract. PA has 24 total PATH programs.
Collaboration: The Essential Tools for System Change

Presented by the Forensic Interagency Task Force Reentry Committee
December, 2016
Introductions:

- Tory Bright, Facilitator, SE Regional MH Svgs
- Dave Dinich, Family Training and Advocacy Center
- Jessica Penn Shires, Office of Mental Health and Substance Abuse Services
- Heidi Fuehrer, Department of Corrections, SCI Waymart
- Danny Beauchamp, SE Regional MH Svgs
- Jim Fouts, Forensic Systems Solutions
- Michelle Baxter, Office of Mental Health and Substance Abuse Services
Forensic Interagency Taskforce

WHO, WHAT, WHY?
Who are We?

- All in this together
- 1996 inception as a collective group
  - Advocacy Stakeholders
  - Criminal Justice Stakeholders
  - Mental Health Stakeholders
What are We?

- We welcome the opportunity to join in partnership to address the issue of people with special treatment and support needs to:
  - Divert people from the criminal justice system whenever possible
  - Ensure timely and appropriate assessment and treatment for people who are incarcerated
  - Provide comprehensive planning and support services to people returning from incarceration to ensure successful return to their community, prevent recidivism and promote public safety
What are We?

Mission statement

...to provide a cross-systems forum for representatives of the behavioral health, criminal justice, social services, and advocacy systems to work together to improve access to and quality of services for persons with severe mental illness and often co-occurring substance use disorders involved or at risk of involvement in the criminal justice system. The FITF will work towards fostering networking, information sharing, collaboration, and problem solving across all Pennsylvania forensic agencies.
Why are we here?

We believe we can make a difference by ensuring people have access to treatment and support services when and where needed.

We believe People with serious mental illnesses and co-occurring substance use disorders can and do recover and lead meaningful lives as productive members of our communities.

We believe advocacy in partnership with criminal justice and mental health professionals play an important role in supporting recovery, by remaining optimistic, by conveying hope and by focusing on strengths and successes.
REENTRY: Collaboration between key stakeholders

- PA Department of Corrections
- PA Board of Probation and Parole
- Office of Mental Health and Substance Abuse Services
- PA County Mental Health Administrators
- Peer and Family members
- Advocates
The background......
PA DOC and DRN Settlement

“On March 11, 2013, the DRN of PA filed a lawsuit on behalf of inmates with serious mental illness who are in the custody of the PA DOC alleging the Defendant (John Wetzel) violated the Eighth and Fourteenth Amendments to the United States Constitution by segregating inmates with serious mental illness in Restricted Housing Units (RHU).”
An investigation proceeded by a group of experts and the following recommendations were made:

- Definition of serious mental illness
- Staffing ratios
- Programming
- Other relevant issues
Changes which occurred:

- Definitions/Design of services:
  - Roster (A, B, C, D)
  - Administrative Custody and/or AC Status
  - Disciplinary Custody and/or DC Status
  - Diversionary Treatment Unit and/or DTU
  - Individual Recovery Plan and/or IRP
  - Program review Committee and/or PRC
  - Psychiatric Observation Cell and/or POC
  - Psychiatric Review Team and/or PRT
  - Residential Treatment Unit and/or RTU
  - Restricted Housing Unit and/or RHU
More changes which occurred:

- **Definitions:**
  - Secure Residential Treatment Unit and/or SRTU
  - Self-Harm
  - Serious Mental Illness and/or SMI
  - Significant Functional Impairment
  - Structured Out-Of-Cell time and/or Structured Activity
  - Unstructured Out-Of-Cell Time and/or Unstructured Activity
And still more changes:

- Screening and Development of IRP at DCC Reception
- Disciplinary Process For Inmates with SMI
- Suicide Prevention and Use of Psychiatric Observation Cells
- Housing of Inmates with SMI
  - Residential Treatment Units
  - Secure residential Treatment Units
  - Diversionary Treatment Units
Last but not least...more changes...

- Use of Force and Restraints
- Staff Training
- Staffing
- Designation of a Technical Compliance Consultant, Independent Assessment and Reporting
- Changes in psychology and psychiatry requirements
And “roster code D” numbers: increased from:

- 2013 (19% of total roster)
- 2014 (31% of total roster)
- “D” 91% increase 2016 compared to 2013

<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>D</th>
<th>Total</th>
<th>SMI</th>
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<tbody>
<tr>
<td>2013</td>
<td>937</td>
<td>219</td>
<td>1156</td>
<td>340</td>
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<tr>
<td>2014</td>
<td>949</td>
<td>432</td>
<td>1381</td>
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<td>2015</td>
<td>1048</td>
<td>413</td>
<td>1461</td>
<td>324</td>
</tr>
<tr>
<td>2016</td>
<td>1192</td>
<td>419</td>
<td>1611</td>
<td>336</td>
</tr>
</tbody>
</table>
(C&D) Comparison 2005-20016 "Annual Maxout" list
Source: PA Dept of Corrections Statewide Mental Health Roster

# maxouts in 12 mos period


- D Roster
- C Roster
- Total MH Roster
Introduce the “Reentry Committee” of the FITF

- Identified as top priority to address for several years
- Collaborative partnership with DOC, Counties, OMHSAS, and PBPP, others
- Development of Committees – tri-chairs: County MH Admin, DOC Superintendent, Regional MH Forensic Services
- Purpose: “to promote the effective and expedient release and reentry of persons with serious mental illness”.
Reentry requires commitment...

- Dedicated staff to develop reentry plans
- Mutual understanding of needs
- Mutual understanding of resources
- Time to develop plans and access services and supports
- Clinical appropriate services and strategies to support individuals who have higher challenging needs
- “Living” resources – insurance, money, housing, productive things to do
Reentry Survey

- Multi-stakeholder – Counties, DOC, PBPP, Providers, Advocates, etc
- 200+ Respondents
- Gaps and promising practices
- Common Themes revealed
- 4 major areas to address
Common Themes and Areas to Address (prioritization of issues)

1. Housing (62%)
2. Clinical challenges of reentry population (25%),
3. Benefits and Entitlements (18%),
4. Communication/documentation practices (18%)
Subcommittees & task

- Documentation and Communication
- Benefit / Entitlement
- Housing

- Clinical Needs – backburner
Documentation – Communication Subcommittee
What the survey told us:

No CONSISTENCY in documentation and communication across SCI’s and Counties to develop a reentry plan.
Purpose of Documentation Subcommittee:

- **To focus on:**
  - To strengthen working collaborative relationships with all involved stakeholders to identify similarities and differences in information requirements
  - To identify methods for communication for reentry planning
  - To identify best practice models to initiate the reentry planning process for an inmate who has an SMI diagnosis
What we did:

- Staff from county MH offices, forensics, PBPP, & the DOC held multiple committee meetings
- Reviewed DOC regulations for releasing documents and reentry planning
- Reviewed county/state regulations & program documentation requirements per licensure
- Explained why detailed MH info is needed/required when referring
- Met with DOC Chief Counsel and Reentry Deputy, & DOC staff to discuss issues
- Compared the documents/records DOC will release with a signed DC-108 to the minimum information required by community providers to provide services
- Updated PA county Mental Health Forensic Contact list
- Reached out (via PACA) to all counties for county reentry processes and forms
- Developed draft Universal Reentry Face sheet for consideration
Results of our work/What we found

- Determined minimum set of MH documentation/records the DOC will release with a signed consent
- Mutual understanding of limitations and opportunities to provide necessary information (ie: psych eval)
- Not all Counties are the SAME!!! (Some rural counties in PA do not have a formal process for reentry planning).
- Cookie cutter approach doesn’t work for all parties involved.....ie: proposed uniform reentry face sheet
- Best practice models for reentry – CoC ideal timeline, method for communication. Minimum “info-set”, etc.
Recommendations

- Develop “Pilot” training for DOC staff about treatment options and community supports
  - “Community Mental Health 101” at the 2016 Forensic Conference

- Expand & promote the Enhanced Reentry program “model” to address hard to place individuals / challenging cases

- Routinely update and modify the PA County MH admin/CJS contact list to include County Mental Health and/or Criminal Justice staff that ACTUALLY do the reentry work

- Cross system Training around reentry planning; ie: documentation and information requirements and county / DOC resources
Benefits / Entitlements
Subcommittee

Several issues to address:
- MEDICAID application and “turn on” upon release
- Income and documentation upon release so that individuals can access services and necessary living requirements: ie: housing and food
Medicaid Benefits

Senator Pat Vance – SB 1279

- To change PA to a “suspend” state rather than a “termination” state for incarcerated individuals
- Suspension for up to 2 years
- Upon release and application an immediate determination and resumption of benefits
Medicaid Benefits

• 3 phase implementation
  - Nov. 2016 – MA only expedited application
    - Currently 3 pilots – Philadelphia, Montgomery and SCI Graterford
    - 3 page app. Private contractor to be completing forms for DOC only
    - Institution must have a Community Partner Number
    - App completed within 60 days of release
    - Processed within 5 days
    - With notice of release from institution benefits started on day of release
Medicaid Benefits

- 3 Phase implementation
  - May – 2017 Development of Suspend Function
    - Benefits automatically renewed if under 2 years in institution
  - If over 2 years the Expedited application process will be used
Medicaid Benefits

- 3 Phase implementation
  - June – 2018 Development of Shared DHS/DOC database (potential for local jails)
  - Will allow completing benefits and approval in real time
SSI/SSDI

- Benefits currently suspended for those incarcerated over 30 days
- Can be reinstated for SSDI upon release
- Must reapply for SSI after 12 months incarceration (reinstated if under 12 months)
- Philadelphia Prison System has implemented a pilot for assisting in SSI/SSDI applications prior to release if not previously receiving benefits
- PA SOAR (SSI, SSDI Outreach, Access and Recovery) is being introduced to 3 SCIs (Albion, Waymart and Muncy)
Housing Subcommittee
Goals of Housing Subcommittee

- Define those with highest level of difficulty
- Define housing
- Identify models that currently work
- Identify potential funding sources
- Create potential steps to approach the issue
- Advise of benefits of different approaches
Definitions utilized

- Most difficult population
  - Inmates on parole or maxing out who also have serious mental illness
- Housing
  - Permanent housing
  - With supports
Best Nationwide Models

- **Missouri**
  - Intense pre-release preparation/practice
  - Transitional accountability plans
  - Case management

- **Salt Lake City**
  - Risk assessment tool implementation

- **Oklahoma**
  - Strategic 12-mo pre-release planning
  - Intense post-release community services

- **New York State**
  - Linkage to financial, medical and case management services
Recommendations

- Continue and expand funding streams
- Develop better relationships with landlords
- Fund housing expert for each county
- Employ CJABs and LHOTs as housing motivators
  - Coordinate with CoCs
- Have local areas reference Diana T Myers handbook *Housing and the Sequential Intercept Model: A How-to Guide for Planning for the Housing Needs of Individuals with Justice Involvement and Mental Illness*
Recommendations to the:

Forensic Interagency Task Force

Next Steps... the work continues
Recommendations to FITF:

1. Continue the Forensic Interagency Task Force activities and meetings to strengthen collaboration and coordination among all stakeholders. Continue the “topical” committee work, Bi-monthly speakers and opportunities for discussion. Consider preparation of annual FITF report.
Recommendations to FITF:

2. Propose that the Pennsylvania Association of County Administrators of Mental Health and Developmental Services, better known as PACA-MH/DS, have representation on the Pennsylvania Commission on Crime and Delinquency’s Mental Health and Criminal Justice Advisory Committee (MHJAC) and representation on the FITF, in order to share information about initiatives, themes, and challenges that may have an impact on successful reentry of the SMI population.
Recommendations to FITF:

3. Develop formal and routine communications with Pennsylvania Association of County Administrators of Mental Health and Developmental Services (PACA MH/DS), Office of Mental Health and Substance Abuse Services (OMHSAS), PA Department of Corrections (DOC) and PA Board of Probation and Parole (PBPP), to collaborate, discuss, plan and implement policies/practices, etc. within each other’s respective systems to promote best reentry practices.

    a) Consider the development of a formal letter of agreement with DOC, OMHSAS, PBPP, PACA MH/DS, promoting effective reentry protocols and practices for the SMI population
Recommendations to FITF:

4. Review and address the subcommittee’s recommendations as noted in Reentry Summary and develop work priorities for 2017.
Recommendations to FITF:

5. Promote discussion with broader base of potential funders; i.e.: Pennsylvania Commission on Crime and Delinquency (PCCD), the DOC and OMHSAS to determine strategies for new initiatives to support collaboration and best and evidenced based practices for reentry for SMI populations.
Recommendations to FITF:

6. Encourage and strengthen consumer/family input and participation on FITF and at various planning and implementation levels.
The REENTRY SUMMARY can be found: 
www.fivecountrymh.org
or by asking anyone of the FITF committee members.
THANK YOU!!!!

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Definitions of Homelessness used by SOAR and SSA

SOAR Homelessness and At-Risk Definitions
The Substance Abuse and Mental Health Services Administration (SAMHSA) SSI/SSDI Outreach, Access and Recovery (SOAR) initiative is intended for individuals experiencing or at risk of homelessness. The SOAR definition of homelessness is based on the definitions used by the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) program.

PATH legislation refers to the Public Health Service Act definition of homelessness: “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.”

The PATH definition of imminent risk for homelessness commonly includes any of the following criteria: doubled-up living arrangement where the individual’s name is not on the lease, living in a condemned building without a place to move, arrears in rent/utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.

SOAR is also appropriate for individuals who are being served by SSVF, HUD-VASH, Housing First and other Permanent Supportive Housing for those who were recently experiencing homelessness, and who are relying on grant support or have limited income to sustain their housing. Additionally, SOAR can be used to serve young people who are aging out of the foster care system.

SSA Homelessness Definitions
The Social Security Administration (SSA) definitions of homelessness are more closely aligned to literal homelessness. Not all SOAR cases will be given the electronic homeless flag described below, but applications that meet the SOAR definition of homelessness or imminent risk for homelessness above can be marked as SOAR in the “Remarks” section of the electronic application.

Homeless Transient (Living Arrangement): An individual with no permanent living arrangement, i.e., no fixed place of residence, is considered homeless or transient. Someone who is transient is neither a member of a household nor a resident of an institution. For example:
- Someone who sleeps in doorways, overnight shelters, parks, bus stations, etc.
- A person who stays with a succession of friends or relatives and has no permanent living arrangement on the first moment of the month
- Source: https://secure.ssa.gov/apps10/poms.nsf/lnx/0500835060

Homeless Flag (Electronic Folder Flag): The homeless flag is added to the electronic folder "When it is alleged or apparent that the claimant is homeless."
- Source: https://secure.ssa.gov/apps10/poms.nsf/lnx/0410005005 - see section E