



Strategic Plan
Collaboration of DOC/DPHHS
December 1, 2006



Introduction:

The Departments of Corrections and Public Health and Human Services have embarked on a collaborative effort to bridge needed services for a very vulnerable and difficult to manage population. These large departments have identified that they lack a consistent treatment strategy and modality across their two systems for offenders with serious mental illness and/or co-occurring substance use disorders.

In July 2006, the two departments jointly hired the state's first Behavioral Health Program Facilitator to act as a liaison between these two culturally diverse departments. This position has been created to assist the movement of offenders through the criminal justice, mental health and substance abuse treatment systems; facilitate communication between the DOC and DPHHS, and to ensure the lasting, systemic change policymakers will need to improve upon initial cooperative efforts, begin to collaborate and, ultimately, enter into partnerships.

Mission Statements

Department of Corrections

The Montana Department of Corrections enhances public safety, promotes positive change in offender behavior, reintegrates offenders into the community and supports victims of crime.

Department of Public Health & Human Services

Our mission is to improve and protect the health, well-being, and self-reliance of all Montanans.

➤ ***Addictive and Mental Disorders Division***

The mission of the Addictive and Mental Disorders Division (AMDD) of the Montana Department of Public Health and Human Services is to implement and improve an appropriate statewide system of prevention, treatment, care, and rehabilitation for Montanans with mental disorders or addictions to drugs or alcohol.

➤ ***Children's Mental Health Bureau***

Provide leadership in the development of a system of mental health care for Montana youth and their families that is integrated within the health care system.

Points in Common

- IMPROVE - Rehabilitation/positive behavior change
- INCLUDE - All Montanans/Into the Community
- PROTECT - Keep Children Safe/enhance public safety/support victims
- PROGRESS – protect the health/self reliance/enhance/improve/prevent

Purpose:

The failure of these systems to connect effectively endangers lives, wastes money, and threatens public safety – frustrating crime victims, consumers, family members and communities in general. A shared and consistent treatment modality will support and enable diversion from secure correctional facilities and inpatient mental health facilities; and will provide linkages for appropriate aftercare services upon discharge.

Offenders with mental illness typically face these challenges:

1. They have psychiatric illnesses and substance abuse disorders that can be helped by the provision of appropriate treatment and rehabilitation services, but are often not connected with community based health care service providers
2. They frequently lack basic life skills, such as the ability to socialize and maintain relationships with others. Acquiring these skills is essential in fostering recovery from mental disorders.
3. They are commonly disconnected from family, the community, and other forces that motivate pro-social behavior and provide support when people's resources are inadequate.
4. They suffer the double-stigma of having a mental illness and being a criminal offender.

Nationally, approximately 16% of persons in the custody of Departments of Corrections have a serious mental illness; and more than 75% of offenders with a mental illness also have a co-occurring substance use disorder. The Montana Departments of Corrections and Public Health and Human Services recognize that they often have a shared client base. This joint initiative seeks to improve outcomes for these shared clients.

Successful partnerships depend on relationships between individuals. It is crucial, however, that the leaders of collaborative efforts make an effort to institutionalize their partnership, ensuring its longevity beyond their own tenure. To that end, the Department of Corrections and the Department of Public Health and Human Services have identified the following key areas to be impacted by this collaborative effort: Shared Planning, Shared Communications & Information, Shared Resources and Shared Treatment Methods.

Accomplishments to Date for the period July – December, 2006

The two departments have completed the following:

- Hired a joint FTE – the Behavioral Health Program Facilitator (BHPF)
- Held more than 15 joint meetings with Directors of DOC & DPHHS; and/or Division Administrators of Addictive & Mental Disorders Division (DPHHS), Health, Planning & Information Services (DOC); direct supervisors of Behavioral Health Program Facilitator
- Conducted planning and goal setting discussions for development of this strategic plan for the collaborative effort
- Created a joint program at Montana Chemical Dependency Center (MCDC) to address the substance abuse treatment needs of offenders supervised on probation and at risk for revocation to a secure correctional facility. Memorandum of Understanding (MOU) signed by both Directors October 11, 2006. Four of eight beds available were utilized within the first month.
- Developed a program overview for STEP (Secure Treatment & Examination Program); designed to serve as a secure treatment facility for individuals who have been charged and/or convicted of criminal offenses and sentenced to either DOC or DPHHS for examination, treatment, incarceration or custody. MOU signed by both departments on November 6, 2006 and budget proposal included in Governor Schweitzer's 2008-09 Budget.
- Begun planning for a specialized training curriculum for Probation and Parole Officers to address the supervision challenges of working with offenders who have a serious mental illness and/or co-occurring substance use disorder.
- The Mental Health Oversight Advisory Council (subcommittee on Criminal Justice) created a list of recommendations for several state agencies. The recommendations for DOC were presented by Chairwoman Waterman to the Corrections Advisory Council September 7, 2006.
- Worked on several individual cases for transition planning
- DOC/Montana State Prison (MSP) discharge planner joins Montana State Hospital Admission, Discharge Review Team (ADRT) meetings & Community Program Officers of AMDD join MSP discharge planning meetings
- Panel discussion on Corrections & Mental Health at the Conference on Mental Illness with Director Ferriter (DOC), Dr. Schaefer (MSP), Michelle Money, Brian Garrity & Deb Matteucci (BHPF)

Guiding Principles

- The joint efforts of the DOC & DPHHS will seek to improve outcomes for shared clients: offenders with serious mental illness and/or co-occurring substance use disorders.
- The purpose of health care services for offenders with mental illness should always be to maximize their potential for living and functioning effectively in the community.
- Mental health services targeting the co-morbidity of severe mental illnesses with alcohol and drug use disorders are a priority.
- Cultural differences are considered in the identification of need and the provision of mental health services.

Long Term Goals of the Joint Initiative

- Shared Planning

GOAL: Joint planning and evaluation of services for offenders with mental illness occurs between the two departments

GOAL: Transitions among programs and into the community are seamless and well integrated with regard to mental disorder and addiction treatment services.

- Shared Communications & Information

GOAL: Communication between the two departments is clear, consistent and reaches to all levels of staff and programs

GOAL: Process and outcome data points have been jointly defined, commissioned, collected and analyzed to evaluate the impact of services provided by the collaborating agencies to the target population.

- Shared Resources

GOAL: Programs for offenders with mental illness are designed to utilize shared assets between the two departments and provide for efficient use of limited resources

GOAL: A formal inventory exists of all services available to the target population, including those outside the scope of the collaborative initiative. Partner agencies have coordinated their response to gaps in service capacity and identified opportunities to guide the initiative with current services or supports

- Shared Treatment Methods

GOAL: To create consistent, evidence based treatment methods across systems between the Department of Corrections and the Department of Public Health and Human Services

Shared Planning

LONG TERM GOAL	OBJECTIVES	ACTION STEP	RESPONSIBLE PARTY	DEADLINE	PROGRESS TO DATE
1. Joint planning and evaluation of services for offenders with mental illness occurs between the two departments	1.1 To create a joint strategic plan for the delivery of services to persons who have been criminally charged and/or convicted and who have a serious mental illness and /or co-occurring substance use disorder	1.1.1 First draft of Strategic Plan to be completed	Behavioral Health Program Facilitator (BHPF)	January 1 2007	Dec 2006 – 1 st draft completed July '07 – reviewed and updated
		1.1.2 Final draft of Strategic Plan to be signed by both Department Directors	BHPF; Director DOC; Director DPHHS	July 1, 2008	
	1.2 To create a shared program budget for collaborative diversion and/or reentry projects or pilot programs	1.2.1 Identify administrative barriers that may prevent development of a shared budget.	Fiscal staff; OBPP	July 1, 2008	
		1.2.2 Research funding opportunities	Fiscal staff; grant writers, BHPF	January 1, 2009	July 07 – meeting with DOC grant writer to identify potential funding sources & program needs

2. Transitions among programs and into the community are seamless and well integrated with regard to mental disorder and addiction treatment services.	2.1 To offer coordinated discharge plans for offenders with mental illness that integrates with accessible and appropriate community based services	2.1.1 Hold joint discharge planning meetings with DOC & DPHHS clinical staff and institutional probation and parole officers	DOC – Community Corrections Division (IPPO’s); AMDD – Community Program Officers; Community based service providers	July 1, 2007	Ongoing monthly – meetings scheduled on 4 th Wed each month at MSP
		2.1.2 – Train Institutional Probation & Parole, discharge planners and case managers in the SOAR program (SOAR= SSI & SSDI Outreach, Access & Recovery)	AMDD Trainers, Community Corrections Division	July 1, 2007	June 07 – all P & P regions have been trained. IPPO’s trained at MSP/MWP

Shared Communications & Information

LONG TERM GOAL	OBJECTIVES	ACTION STEP	RESPONSIBLE PARTY	DEADLINE	PROGRESS
3. Communication between the two departments is clear, consistent and reaches to all levels of staff and programs	3.1 Routine and consistent reporting occurs between the Corrections Advisory Council (CAC) and the Mental Health Oversight & Advisory Council (MHOAC)	3.1.1 Include cross report on agenda for each council.	Meeting coordinator for MHOAC & CAC	January 1, 2007	Cross rept to CAC: Sept '06, Nov '06, June '07 Cross Rept to MHOAC: Nov '06, Aug '06, Mar 07, May 07, Aug 07
	3.2 Department newsletters carry articles about shared clients or programs	3.2.1 Develop articles for inclusion	BHPF, Information Officers DOC & DPHHS, departmental staff	Ongoing: submit 3 – 4 per year as space allows	
	3.3 All continuing education & training on behavioral health issues will be cross promoted and attended by staff from both departments	3.3.1 Develop joint training calendar and expand distribution lists for course announcements	Training Officers, Information Officers, Division Administrators	Ongoing	CE announcements sent via email to staff of both depts..
	3.4 Establish routine meeting schedule for Department Directors, Behavioral Health program facilitator, and Division administrators	3.4.1 Schedule quarterly meetings with Directors	BHPF	Quarterly	Aug '06, Oct '06, Dec '06, Mar '07, July '07,

		3.4.2 Schedule monthly meetings with division administrators: DOC-Health, Planning & Info Services; DPHHS – AMDD	BHPF	Monthly	1 st Wed ea. Month - July '06, July '07, AMDD Admin Each Wed @ 8:30 - ongoing DOC Admin – Division mtgs as scheduled: June '07. One:one as needed
4. Process and outcome data points have been jointly defined, commissioned, collected and analyzed to evaluate the impact of services provided by the collaborating agencies to the target population.	4.1 A needs analysis of department information sharing will be conducted. An initial draft plan of how to improve the flow of information between the departments will be submitted.	4.1.1 Identify desired data set for tracking, reporting and future planning	BHPF, Director DOC; Director DPHHS; Division Administrators AMDD & HPIS	July 1, 2007	July 07 – chart/file review Aug 07 – data analysis
		4.1.2 Count of existing databases and information stored that match identified data set	IT Staff – DOC & DPHHS	September 1, 2007	
		4.1.3 Draft information sharing plan is created	BHPF	January 1, 2008	
		4.1.4 Data sharing needs compiled and submitted in final report to Directors	BHPF, IT Staff DOC/DPHHS	August 1, 2008	

5. Treat offenders sentenced to DPHHS or DOC the same with regard to sentence calculation, victim notification and tracking their status through the criminal justice system regardless of which department has custody of the offender.	5.1 – Develop MOU between departments to determine roles and responsibilities of each				MOU Mtgs Jan '07, Feb '07, Mar '07, Apr 07, May 07, June '07
	5.2 – Develop protocol for transfer of offender from one dept to the other as needed to meet treatment and custody requirements				Aug 07 – mtg of clinical teams, MSH & MSP

Shared Resources

LONG TERM GOAL	OBJECTIVES	ACTION STEP	RESPONSIBLE PARTY	DEADLINE	PROGRESS
5. Programs for offenders with mental illness are designed to utilize shared assets between the two departments and provide for efficient use of limited resources	5.1 Create and provide financial support for joint shared position: Behavioral Health Program Facilitator to serve as Boundary Spanner between DOC & DPHHS	5.1.1 Budget request submitted and FTE secured	DPHHS & DOC Directors	July 1, 2006	Apr '07- FTE funded HB2 July 07: 2008/09 budget presented
		5.1.2 Draft Memorandum of Understanding to address coordination between DOC & DPHHS for shared employee	Legal Dept DOC & DPHHS, Directors DOC & DPHHS	July 1, 2006	July 06 – MOU complete Aug. 07 – annual review of contract. Update PD#
	5.2 Identify existing programs within DPHHS that may serve offenders with serious mental illness in both secure and community settings	5.2.1 Completion of planning for STEP program at Warm Springs Campus	Governor's Office, 2007 Legislature, Directors DOC & DPHHS, BHPF, Administrator MSH, Wardens MSP/MWP	April 2007	SB149 – tabled in House Approps. HB2 request for operations funding – not approved LRB – renovations to Rec. Hospital and Xanthopoulos Bldg

					approved. Aug 07 – project work group mtg
		5.2.2 Implementation of Probation Intervention Program at Montana Chemical Dependency Center (MCDC)	Directors DOC & DPHHS, Administrator AMDD, Administrator MCDC, Community Corrections Division, BHPF	January 2007	Oct '06 – MOU signed. First offenders placed in program Monthly – progress reports to both depts. July 07- created weekly email update created for tx beds to all P & P offices
6. A formal inventory exists of all services available to the target population, including those outside the scope of the collaborative initiative. Partner agencies have coordinated their	6.1 Statewide asset mapping is conducted for all behavioral health services; both publicly funded and private. Service gaps are identified through multiple perspectives to include: geographic, economic, eligibility criteria workforce shortages, provider	6.1.1 identify funding for asset mapping activity	Grant writers DOC & DPHHS, Fiscal service staff, MT Board of Crime Control	January 1, 2008	
		6.1.2 Solicit proposals for collection of information	BHPF, Administrators AMDD, HPIS	July 1, 2008	

response to gaps in service capacity and identified opportunities to guide the initiative with current services or supports	capacity and others	6.1.3 Draft report of service availability and gaps in service area	Contractor, BHPF, Administrators AMDD, HPIS	January 1, 2009	
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Shared Treatment Methods

LONG TERM GOAL	OBJECTIVES	ACTION STEP	RESPONSIBLE PARTY	DEADLINE	PROGRESS
7. To create consistent, evidence based treatment methods across systems between DOC & DPHHS	7.1 Align treatment methods utilized by clinicians, when appropriate, between DOC & DPHHS	7.1.1 Identify current screening and assessment tools and protocols used between departments	Division Administrators AMDD, HPIS	January 2008	Mar '07 – initial review & discussion with COD team
		7.1.2 Identify current treatment methods/modalities and compare between departments	Division Administrators AMDD, HPIS	January 2009	
		7.1.3 Promote co-occurring initiative and provide training on delivery of this treatment modality	Co-Occurring Task Force	July 2007	Fall '06 – BHPF appointed to Co-occurring strategic team Nov 06 – Administrator of Community Corrections Division

					named to Co-occurring policy team.
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