HJR 26: A Primer
Background and Study Questions for the
Study of Mental Health Treatment in Adult and Juvenile Corrections

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Law and Justice Interim Committee
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Purpose

This paper provides general background for the House Joint Resolution No. 26 (HJR 26) study of mental health treatment in the adult criminal and juvenile justice systems and outlines basic study questions for discussion by the Law and Justice Interim Committee (LJIC) as it moves forward with the HJR 26 study.

General Background

About mental illness

A mental illness undermines a person's basic life skills, such as the ability to socialize, to maintain healthy relationships, to find and maintain employment, and to recognize and seek treatment for the illness. Mental illness may also lead to substance abuse and behaviors that prompt action by law enforcement.[1]

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, posttraumatic stress disorder, and borderline personality disorder. Recognizing and diagnosing mental illness can be difficult and complex, especially with respect to young children and teenagers. Severity and duration of mental illnesses vary widely. Also, symptoms can be acute and sporadic or can be ongoing and chronic. The severity and symptoms may be affected by traumatic events, life situations, and physical

[1] National Alliance on Mental Illness, "About Mental Illness" and "What is Mental Illness: Mental Illness Facts", *www.nami.org.*

health.[2]

Mental illness can be treated with medication, cognitive behavioral therapy, interpersonal therapy, and participation in support groups. A healthy diet, consistent exercise, adequate sleep, and meaningful activities are also key components of a mental health treatment plan. Treatment can stabilize symptoms and allow a person suffering from mental illness to find and maintain employment, develop social and emotional coping skills, maintain healthy relationships, and stay sober.[3]

Mental illness and the adult criminal and juvenile justice systems

Mental illness significantly impacts the criminal justice system in terms of the planning, program management, staffing, training, and resources needed to provide for mentally ill offenders.[4] According to a national 2006 study, 24% of state prison inmates and 21% of local jail inmates had a recent history of a mental health disorder or illness.[5] Furthermore, researchers estimate that nationally more than 75% of mentally ill offenders in the corrections system also have a co-occurring substance abuse problem.[6]

Mental illness and substance abuse in the juvenile justice system are especially problematic. In a 2002 national study of juveniles in detention, an alarming 65% of boys and 75% of girls were diagnosed with at least one mental disorder.[7] Other studies found that 50% to 75% of youth in

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[2] Ibid.

[3] Ibid.

[4] See materials available from The National GAINS Center, U.S. Department of Public Health and Human Services, Substance Abuse and Mental Health Services Administration, *http://gainscenter.samhsa.gov*.

[5] Glaze and James, *Mental Health Problems of Prison and Jail Inmates,* U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, September 2006.

[6] Department of Corrections, *Biennial Report,* State of Montana, 2007, p. 2.

[7] Teplin, et.al., "Psychiatric Disorders in Youth in Juvenile Detention", *Archives of General Psychiatry*, December 2002.

detention facilities are diagnosed with more than one disorder, including substance abuse.[8]

With respect to both the adult criminal and juvenile justice systems, mental health treatment advocates argue that failure to provide for and fund adequate community-based support systems and treatment for mental illness after release is also a significant cause of recidivism.[9]

Seeking a comprehensive and collaborative approach

Recognizing that mental illness in the adult criminal and juvenile justice systems presents challenges transcending federal, state, and local agency boundaries, public health and corrections administrators, state and local law enforcement officials, judicial officers, community service providers, and treatment professionals at all levels are seeking ways to develop a comprehensive strategic approach to these challenges and to collaborate so that they can pool resources, maximize available funding, and improve outcomes.[10] To help states develop mental health and criminal justice collaborations, The National GAINS Center has published a chart entitled "Sequential Intercepts for Change: CJ-MH Partnerships". This chart is provided at ***Attachment A.***

The Context in Montana

Draft strategic plan developed

The Department of Corrections (DOC) and the Department of Public Health and Human Services (DPHHS) agree that they share a common clientele--mentally ill offenders--and that the two agencies need a consistent, evidence-based treatment and corrections strategy. In July 2006, the departments hired a behavioral health program facilitator, Ms. Deb Matteucci, to act

[8] National Mental Health Association, "Prevalence of Mental Disorders Among Children in the Juvenile Justice System", Fact Sheet, http://www1.nmha.org/children/justjuv/prevalence.cfm.

[9] Marcia K. Goin, M.D., Ph.D., President, American Psychiatric Association, "Mental Illness and the Criminal Justice System: Redirecting Resources Toward Treatment, Not Containment", *Resource Document*, May 2, 2004.

[10] See Donna Lyons, "Helping Mentally Ill Criminals", *State Legislatures,* National Conference of State Legislatures, April 2007, pp. 14-17. See also Sarah Hammond, "Delinquency Detour", *State Legislatures*, National Conference of State Legislatures, April 2007, p. 19.

as liaison between the two Departments and to facilitate collaboration. In December 2006, a draft strategic plan was developed, which identified the following areas in which the Departments would collaborate:

- in planning;
- in establishing lines of communications and in sharing and disseminating information;
- in developing and allocating resources; and
- in treatment methods.

According to the draft strategic plan, the ultimate objective is a "shared and consistent treatment modality" that will "support and enable diversion from secure correctional facilities and inpatient mental health facilities; and [that] will provide linkages for appropriate aftercare services upon discharge".[11] The plan, which is provided at ***Attachment B***, details the goals, objectives, action steps, responsible parties, and completion dates for various collaborative efforts.

Mental Health Oversight Advisory Council

In August 2006, the Mental Health Oversight Advisory Council (which is under the DPHHS and whose members include consumers, advocates, members of the general public, legislators, mental health service providers, and agency representatives) issued findings and recommendations resulting from its study of the "criminal justice system as it pertains to the mental health care of people in Montana".[12] Among the Council's recommendations were:

- early intervention and identification of mental health issues when an adult or youth enters, is being supervised in, or is being released from the justice system;

- alternative placements of forensic patients under the Montana State Hospital (MSH) who are being transferred to prison after treatment at the MSH;

[11] Montana Department of Corrections and Montana Department of Public Health and Human Services, *Draft Strategic Plan: Collaboration of DOC/DPHHS*, December 1, 2006, p. 2.

[12] Montana Mental Health Oversight Advisory Council, letter from Council Chairperson Mignon Waterman to DPHHS Director Joan Miles and Legislative Finance Committee Chairperson Senator John Cobb, August 21, 2006, p. 1.

- better mental health services for mentally ill offenders under the supervision of the DOC, alternatives to incarceration, a special prerelease center, and more community services upon release from incarceration.

A copy of all of the Council's findings and recommendations is provided at ***Attachment C***.

Other recent initiatives

Some of the recent efforts by the DOC and the DPHHS related to management of mentally ill offenders include:

- beginning in the fall of 2006, the operation of the Montana Chemical Dependency Center (MCDC), which provides inpatient substance abuse treatment to offenders on probation but at risk of having probation revoked and being returned to prison;

- continuing work on policies and guidelines for sentence calculation, determination of parole eligibility, notification to crime victims, tracking movement from secure custody to community placements, and handling "guilty but mentally ill" offenders;

- an analysis of standards for correctional health care and how those standards should be implemented;

- training for law enforcement officers for crisis intervention and evaluation; and

- training for probation and parole officers to help mentally ill offenders become and remain stabilized in the community.

A key joint initiative for the DOC and the DPHHS during the regular 2007 legislative session was establishment of a Secure Treatment and Examination Program (STEP) for mentally ill offenders and state hospital forensic patients. However, the STEP proposal was not approved

by the legislature. The 120-bed program was to be housed on the Warms Springs campus.[13]

The HJR 26 Study

Purpose for the study

At the hearings on HJR 26, the resolution's sponsor, Rep. Tim Callahan (D-Great Falls), stated that the Legislature needed to have a comprehensive blueprint and implementation plan for use when making policy and funding decisions regarding mental illness and the adult criminal and juvenile justice systems. He stated that his hope was that HJR 26 would not result in a study of what has already been studied, but that the HJR 26 study would identify all the necessary components of a comprehensive strategic approach to mental illness and the adult criminal and juvenile justice systems and that the study committee would develop such an implementation plan. These objectives were echoed by each of the study's proponents. Study proponents included Rep. John Parker (D-Great Falls) speaking as a county prosecutor and representatives from the DOC, the DPHHS, the Department of Justice, the Montana Advocacy Project, and the Montana Mental Health Association.

Study tasks and goals

Language in HJR 26 specifies that the objective is "to study and develop an implementation plan to provide mental health care in the criminal and juvenile justice systems". The resolution also specifies that the implementation plan should cover:

- youth adjudicated as delinquent;
- convicted adult defendants;
- alternative community treatment and supervision options, including the option of mental health probation;
- a continuum of care; and
- treatment options prior to the adjudication of a mentally ill youth or the conviction of a mentally ill adult.

[13] Legislative Fiscal Division, *Budget Analysis for the 2009 Biennium,* January 2007, Volume 6, Section D, p. D-70. See also Legislative Fiscal Division, *Fiscal Report for the 2009 Biennium*, June 2007, Volume 6, Section D, pp. D-51 and D-52.

Study questions

The following represents staff's analysis of the study questions that need to be answered in completing the study tasks outlined in HJR 26. These questions are offered for discussion by the LJIC and stakeholders and for further development as the study moves forward.

I. Study Task: Define the adult criminal and juvenile justice continuum, identify all the components needed to manage mental illness along the continuum, and determine the gaps

A. Adults

(1) What is the criminal justice continuum?

> The "continuum" depicted on the GAINS chart is as follows:
>
> 1. Law enforcement
> 2. Initial detention and initial court hearings
> 3. Jails/courts
> 4. Reentry

(2) What are the mental health components that should be in place along this continuum? *(See the GAINS chart for some of the components that are recommended or in place in other states.)*

(3) What mental health components are already in place in Montana?

(4) What are the mental health gaps?

B. Youth

(1) What is the juvenile justice continuum?

(2) What are the mental health components that should be in place along this continuum?

(3) What mental health components are already in place in Montana?

(4) What are the mental health gaps?

II. Study Task: Identify and analyze options

A. Adults

(1) What are the options for filling the identified gaps along the adult criminal justice continuum?

(2) Which of the options should be implemented in Montana?

B. Youth

(1) What are the options for filling the identified gaps along the juvenile justice continuum?

(2) Which of the options should be implemented in Montana?

III. Study Task: Develop a "big picture" blueprint and implementation plan as a tool for legislators

A. Adults:

(1) When should each of the selected components needed to fill in the gaps along the continuum be implemented (i.e., what are the priorities)?

(2) How should each recommended component be funded?

B. Youth:

(1) When should each of the selected components needed to fill in the gaps along the continuum be implemented (i.e., what are the priorities)?

(2) How should each recommended component be funded?

Overlap with SJR 24 and SJR 6

Some of the HJR 26 study tasks involve study of alternatives to incarceration for mentally ill offenders. These tasks are also study tasks under the SJR 24 study of prison population growth and diversion alternatives.

Some of the HJR 26 study tasks involve study of the juvenile justice system. These tasks are component parts of the study tasks under the larger study of juvenile justice requested in SJR 6.

Study Plan and Work Schedule

Staff anticipates that the LJIC will need to devote at least 25% of each meeting's agenda to the HJR 26 study. Please refer to the work plan proposal for a detailed outline of how staff proposes that the HJR 26 study tasks would be accomplished in conjunction with the LJIC's other activities and studies this interim.[14]

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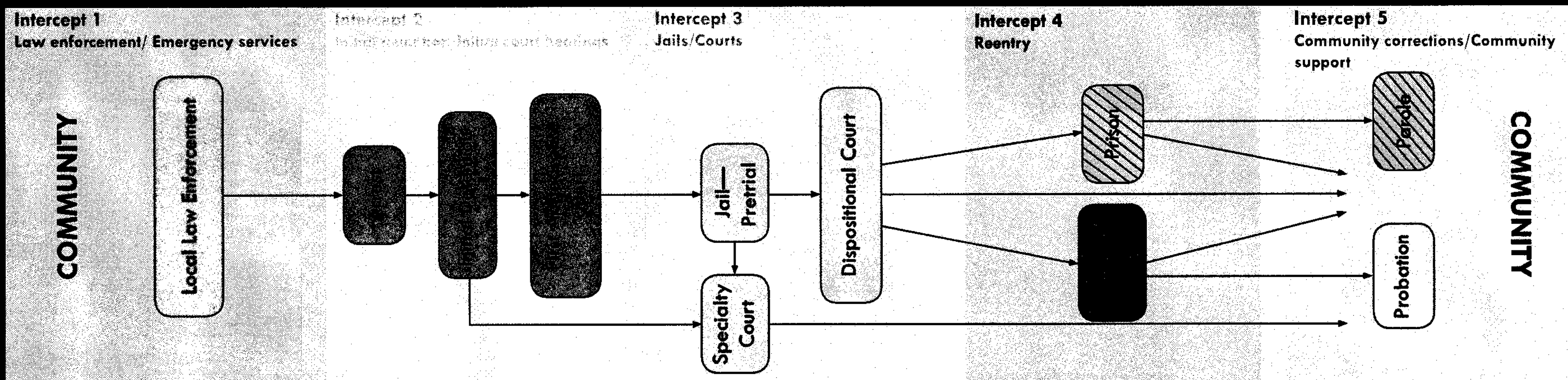
[14] See Sheri Heffelfinger, Work Plan Proposal for the Law and Justice Interim Committee, July 2007, which is accessible online from *http://leg.mt.gov* and by navigating to staff reports on the website for the Law and Justice Interim Committee.

Sequential Intercepts for Change: CJ–MH Partnerships

Actions for State Level Change...

- Develop a statewide effort to provide Crisis Intervention Training for police as done in OH, AZ
- Pass legislation encouraging jail diversion programs as done in FL, MI, IN, CT, TX
- Facilitate changes at the State level to allow the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lane County, OR
- Remove constraints that exclude persons formerly incarcerated from housing or services; make criminal justice clients a priority for housing, as done in MD
- Expand access to evidence-based programs in community-based services for people with mental illness in contact with the justice system
- Create criminal justice priority eligibility group without "net-widening" or limiting services to others; for instance, by using HUD funds for housing and Justice Assistance Grants (JAG)
- Provide access to comprehensive and integrated treatment programs for persons with mental illness and co-occurring substance use disorders diverted or released from the criminal justice system
- Legislate task forces/commissions made up of mental health, substance abuse, and criminal justice stakeholders to legitimize addressing the issues as done in TX, AZ, CA
- Utilize the State planning process to integrate mental health, substance abuse, and criminal justice; identify incentives to get stakeholders in each system to the table
- Support training programs that focus on cross-systems collaboration and provide opportunities for using people with mental illness as cross-trainers



Action Steps for Service Level Change by Intercept...

- *Request for Police Services:* Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- *On-Scene Assessment:* Train officers with de-escalation techniques to effectively assess and respond to calls where mental illness may be a factor
- *Incident Documentation:* Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability
- *Police Response Evaluation:* Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with police [illegible]

Source: Policy Statements [illegible] Consensus Project (2002)

- *Appointment of Counsel:* Provide defense attorneys with earliest possible access to client mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution
- *Prosecutorial Review of Charges:* Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness
- *Pretrial Release & Modification of Pretrial Diversion Conditions:* Maximize the use of appropriate pretrial release options and assist defendants with mental illness in complying with conditions of pretrial diversion

Source: Policy Statements [illegible] Consensus Project (2002)

- *Intake Procedures:* Establish a comprehensive, standardized, objective, and validated intake procedure to assess individuals' strengths, risks, and needs upon admission
- *Individualized Programming Plan:* Using information obtained from assessments, identify programs necessary during incarceration to ensure safe and successful transition to the community
- *Physical Health Care & Mental Health Care:* Facilitate community-based providers' access to prisons and jails and promote service delivery consistent with community and public health standards
- *Substance Abuse Treatment, Children & Families, Behavior & Attitudes, Education & Vocation Training:* Provide effective substance abuse treatment services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills

Source: Policy Statements [illegible] Re-Entry Policy Council (2004)

- *[illegible] for Mental Health [illegible]:* Identify individuals not identified in [illegible] assessment process [illegible] illness after their intake into the [illegible] appropriate action is taken
- *Development of Transition Plan:* [illegible] the safe and seamless transition of people with mental illness from prison or jail to the community
- *Transition Planning:* [illegible]
- *[illegible]:* [illegible] or jail with ID and [illegible] and linkage to [illegible] access [illegible]

[illegible]

- *Implementation of [illegible] Supervision Strategy:* Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of releasee, victim, community and family change
- *Maintaining a Community of Care:* Connect inmates to employment, including supportive employment services, prior to release. Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing
- *Graduated Responses & Modification of Conditions of Supervised Release:* Ensure a range of options for community corrections officers to employ to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Source: Policy Statements 26-29 Re-Entry Policy Council (2004), 22, Consensus Project (2002)

President's New Freedom Commission

The National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness is committed to the goal of transforming the nation's fragmented mental health system and developing a recovery-oriented, consumer-driven system of care as described in the report of the President's New Freedom Commission.

VISION STATEMENT

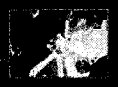
We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community.

GOALS

This vision statement guides the six goals and recommendations of the report, which prioritize the transformation of the mental health system to improve effective client service delivery at the local, county, state, and federal levels:

- **Goal 1: Americans Understand That Mental Health Is Essential to Overall Health**
- **Goal 2: Mental Health Care Is Consumer and Family Driven**
- **Goal 3: Disparities in Mental Health Services Are Eliminated**
- **Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice**
- **Goal 5: Excellent Mental Health Care Is Delivered and Research Is Accelerated**
- **Goal 6: Technology Is Used to Access Mental Health Care and Information**

www.samhsa.gov
www.nasmhpd.org
www.mentalhealthcommission.gov
www.mentalhealthcommission.gov/subcommittee/Sub_Charts.htm



State Plan Health & Justice

Subcommittee Report on Criminal Justice

The President's New Freedom Commission on Mental Health appointed 15 subcommittees to assist in its review of the nation's mental health service delivery system. The subcommittee on criminal justice developed a discussion paper that outlines key issues and policy options for consideration for offenders with mental illnesses.

Three Major Responses Are Needed:

1. **Diversion programs to keep people with serious mental illnesses who do not need to be in the criminal justice system in the community.**
2. **Institutional services to provide constitutionally adequate services in correctional facilities for people with serious mental illnesses who need to be in the criminal justice system because of the severity of the crime.**
3. **Reentry transition programs to link people with serious mental illnesses to community-based services when they are discharged.**

For more information, please visit:
www.mentalhealthcommission.gov

ABOUT THE CENTER

The National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness is a resource and technical assistance center for state planning and coordination among the mental health, substance abuse, and criminal justice systems. The GAINS Center focuses on the application of science to services and the documentation and promotion of evidence-based and promising practices in program development. The GAINS Center is funded by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services and is operated by Policy Research Associates, Inc., of Delmar, NY.

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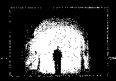
Systemic Change for Justice-Involved People with Mental Illness

The National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness



Developing a Comprehensive for Mental Criminal

MONTANA
Department of Public Health & Human Services

Strategic Plan
Collaboration of DOC/DPHHS
December 1, 2006

Department of Corrections
Public Safety & Trust

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*

The Child and Family Services Division (CFSD) is a part of the Montana Department of Public Health and Human Services. Its mission is to keep Montana's children safe and families strong.

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

ATTACHMENT B

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 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	TIMELINE
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
		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
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
		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

Shared Communications & Information

LONG TERM GOAL	OBJECTIVES	ACTION STEP	RESPONSIBLE PARTY	TIMELINE
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
	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
	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

		3.4.2 Schedule monthly meetings with division administrators: DOC-Health, Planning & Info Services; DPHHS – AMDD	BHPF	Monthly
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
		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

Shared Resources

LONG TERM GOAL	OBJECTIVES	ACTION STEP	RESPONSIBLE PARTY	TIMELINE
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
		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
	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
		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

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

Shared Treatment Methods

LONG TERM GOAL	OBJECTIVES	ACTION STEP	RESPONSIBLE PARTY	TIMELINE
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
		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

MENTAL HEALTH OVERSIGHT ADVISORY COUNCIL

MISSION: PARTNERS IN PLANNING FOR A RECOVERY-BASED MENTAL HEALTH SYSTEM THROUGHOUT MONTANA

Mignon Waterman,
Chair

Barbara Hogg
Vice-Chair

PO Box 202905
Helena, MT 59620-2905

August 21, 2006

Joan Miles
Director, Department of Public Health and Human Services

Senator John Cobb
Chairperson, Legislative Finance Committee

We, the members of the Mental Health Oversight and Advisory Council have been studying the criminal justice system as it pertains to the mental health care of people in Montana. The Council recently ranked the criminal justice system as one of their top three priorities. We have identified some disturbing trends, problems, and needs. We realize that the criminal justice system has been put under significant stress by our current societal problems and we believe that those who serve in this system are doing the best they can with limited resources.

We are also impressed and heartened by the high priority this administration, you and your staff has placed on mental health. Please understand that the recommendations are not meant as criticism of the outstanding public service those within your division and within the criminal justice system provide. Rather, we present these recommendations as part of our statutory duty to "review and advocate for persons with mental illness." In some cases, we believe our recommendations may prevent some individual from entering the criminal justice system.

We respectfully request that you make the appropriate administrators aware of the Council's concerns and recommendations. The concerns are listed categorically under organizations, associations, or individuals that may be able to respond.

I. Department of Public Health and Human Services

1. The Council applauds Addictive and Mental Disorders Division's (AMDD) commitment to work with the Department of Corrections in the development of the Behavioral Health Program Facilitator position. We understand that the position is designed to serve as a liaison between the Department of Public Health and Human Services and the Department of

ATTACHMENT C

Corrections. Furthermore, the Council is excited about the recent hiring of Deb Matteucci as the Behavioral Health Program Facilitator. The Council recommends that this position be responsible for developing better services for seriously mentally ill individuals under the Department of Corrections, developing alternative placement for non-violent offenders who are seriously mentally ill, developing a pre-release center for seriously mentally ill offenders, and developing more community services for the seriously mentally ill offender who is being released. The Council recommends that this position serve as the chairperson of the Building Bridges committee.

2. The Council applauds AMDD and other department employees in the support of a Special Needs Offender Unit at Montana State Hospital. The Council recommends that this Unit be developed quickly based on the Legislature's directive to the Department of Corrections and appropriation of funds. The Council recommends that the unit specifically serve seriously mentally ill individuals in the correctional system. The Council recommends adequate professional staffing patterns with a full commitment to treating those with serious mental illness.

3. The Council applauds the Department's consideration of a comprehensive state wide crisis evaluation and stabilization system. The Council recommends that this system account for the needs for the seriously mentally ill individual who is being investigated, apprehended, or detained by law enforcement professionals. In keeping with the Crisis Intervention Team/Memphis Model, the Council recommends that the crisis system include regional facilities where teams could place seriously mentally ill individuals who have violated the law or created a disturbance. The placement would be a diversion from county jail with a focus on assessment and treatment of the mental illness. The Council also recommends that the crisis system include services to those in county jails, which are often challenged to obtain adequate crisis intervention services.

4. The Council has identified an increasing need to develop a system to identify seriously mentally ill offenders who are going to jail, are in jail, or are leaving jail. The Council recommends the development of an early warning system with the intention of providing for mental health treatment needs, which may in turn prevent relapse and enhance recovery.

5. The Council recommends that the Montana State Hospital reconsider the appropriateness of transferring patients from the hospital to the prison when they are perceived to have received the full benefit from the hospital's services. The Council is concerned about the detrimental impact of the prison environment and the potential for relapse. The Council recommends that hospital and prison administrators develop

alternative placements that protect the mental health of these patients, possibly in the soon to be developed Special Needs Offenders Unit.

II. Department of Corrections

1. The Council applauds the Department of Correction's commitment to developing the Behavioral Health Program Facilitator position. We understand that the position is designed to serve as a liaison between the Department of Public Health and Human Services and the Department of Corrections. Furthermore, the Council is excited about the recent hiring of Deb Matteucci as the Behavioral Health Program Facilitator. The Council recommends that this position be responsible for developing better services for seriously mentally ill individuals under the Department of Corrections, developing alternative placement for non-violent offenders who are seriously mentally ill, developing a pre-release center for seriously mentally ill offenders, and developing more community services for the seriously mentally ill offender who is being released. The Council recommends that this position serve as the chairperson of the Building Bridges committee.

2. The Council applauds the Department of Corrections' commitment to develop a Special Needs Offender Unit at Montana State Hospital. The Council recommends that this Unit be developed quickly based on the Legislature's directive and appropriation of funds. The Council recommends that the unit specifically serve seriously mentally ill individuals in the correctional system. The Council recommends adequate professional staffing patterns with a full commitment to treating those with serious mental illness. If the Unit cannot be placed on the Montana State Hospital campus, we recommend that the Department quickly develop an alternative site, possibly close to a city with professional resources.

3. The Council has identified a need to improve mental health staffing patterns and services in all DOC facilities in order to meet the standards of care developed by the National Commission on Correctional Health Care. The Council recommends obtaining legislative approval to hire or contract for more direct care mental health professionals at the Montana State Prison, Montana Women's Prisons, and the regional prisons. The Council recommends improving the mental health staffing patterns at contracted prisons by developing contracts that specifically require minimal mental health staffing patterns and services.

4. The Council supports the Department's application for the federal grant under the Mentally Ill Offender Treatment and Crime Reduction Act. The Council believes the focus of this initiative, and the money, may help the Department divert seriously mentally ill offenders from the prison system.

5. The Council has identified a need for offenders with a serious mental illness to be given the same opportunities as those without mental illness to participate in a pre-release center. The Council recommends that the Department consider designating a certain number of beds in a pre-release for offenders with a serious mental illness. The Council recommends that this pre-release have the appropriate number of professional mental health staff to help meet these needs. It would also be beneficial to have a mental health case manager assigned to these individuals. For persons accepted into this placement, participation in community mental health programs and reasonable accommodation regarding fulltime work should be available.

6. The Council respectfully requests an annual report from the Department of Correction specifying the following:
   a. Current populations by facility
   b. Current mental health staffing by facility
      -number and types of professionals
      -number who are licensed
   c. Current caseload of seriously mentally ill offenders by facility
      -total number
      -number in each major diagnostic category
      -number on psychotropic medicine
      -number on which major categories of psychotropic medicine
   d. Current types of mental health treatment available by facility
   e. Number of suicides in the prior year by facility
   f. Number of mental health related lawsuits in the prior year.
   g. A course description and outline of the mental health training provided to correctional and support staff by facility.
   h. Current health care or correctional organization/association certifications.
   i. Detailed plan to improve the mental health services provided to offenders in the next year.

7. The Council is aware that the Department of Corrections serves a population with a high rate of both mental illness and chemical dependency. The Council invites the Department of Corrections to join the Department of Public Health and Human Services in adopting co-occurring model of care. Department of Corrections staff members are eligible for training offered by the Department of Health and Human Services.

8. The Council recommends that the Department of Corrections develop a specialized pre-service and in-service training program for correctional, parole, and probation officers who supervise seriously mentally ill offenders in institutions or in the community.

9. The Council recommends that the Department of Corrections attempt to collaborate more with the county jails in order to obtain crucial mental health care information, identify "at-risk" individuals, and coordinate continuity of mental health care.

10. The Council recommends that the Department of Corrections consider methods for managing offenders who need to be segregated in a manner that will reduce the probability of mental health problems. A recent report completed by prison monitoring expert Dr. Harr offers some helpful suggestions.

III. Chief Law Enforcement Office
Montana Law Enforcement Academy

1. The Council has identified a significant need for improvement in the training of police, detention, and correctional officers in the identification and appropriate management of persons with serious mental illness. The Council recommends initial and comprehensive training at the MLEA as well as on-going in-service training. The Council would like the opportunity to review the training curriculum and offer suggestions.

2. The Council recommends that Montana develop Crisis Intervention Teams (CIT) based on the Memphis model in order to more appropriately respond to persons with serious mental illness who have disturbed the peace or violated the law. This model focuses on developing teams made up of mental health crisis workers and police officers, designed to reduce the risk to officers as well as the individual being apprehended. AMDD, NAMI-Helena, and the Board of Crime Control have funded and led two training sessions at the Montana Law Enforcement Academy.

IV. Attorney General's Office
County Attorney Offices
Public Defender's Office

1. The Council acknowledges the research that has identified a disturbing trend towards the criminalization of individuals with mental illness who have violated the law. The Council recommends that individuals with mental illness be diverted from incarceration into treatment. Federal grant money may assist with this goal (Mentally Ill Offender Treatment and Crime Reduction Act).

2. The Council recommends a systematic training program designed to improve awareness and identification of serious mental illness in those being charged with legal offenses. The Council recommends offering this training to county sheriffs, county attorneys, judges, public defenders, and

others with a need to know this information in order to consider alternatives to incarceration.

3. The Council recommends that Montana establish more treatment courts. These treatment courts can develop plans that protect the public while also providing co-occurring treatment to the offender. The Council recommends consideration of community based services and sentences that promote recovery from co-occurring disorders.

V. Sheriff's and Peace Officers Association
Montana Association of Counties
County Jail Administrators

1. The Council is concerned about the increasing number of seriously mentally ill individuals being incarcerated in county jails. The Council recommends the pursuit of funding in order to hire professional mental health staff to address the needs of this population. The Council is particularly concerned with meeting the standards of care for jails as determined by the National Commission on Correctional Health Care. These standards call for routine mental health services, not just crisis services. Routine screening, assessment, and treatment are essential services for those in county jail. The Council is particularly concerned with the high suicide rate in county jails and recommends that each jail have a comprehensive suicide prevention program based on NCCHC standards. The National Institute of Corrections and National Association on Mental Illness may help provide educational and financial resources towards these goals.

2. The Council recommends that each county jail have a program to increase the awareness of serious mental illness among detainees. This should include specific training in the identification of signs of mental illness and suicide risk.

3. The Council is concerned about the practices of those prescribing psychotropic medicines to individuals in county jails, where the potential for abuse of medicine is high, and the call for "chemical restraints" may seem attractive. The Council recommends that those who prescribe psychotropic medicine in county jails be required to attend training provided Dr. Ken Minkoff or a similarly qualified professional. This training has been sponsored by the Department of Public Health and Human Services and is designed to enhance sensitivity to co-occurring disorders and promote recovery for those with mental health and substance abuse problems.

VI. Governor's Office

1. The Council recommends that you consider amending the mental health code so that the Mental Disabilities Board of Visitor's "powers and duties" include the responsibility and authority to review the treatment of people with mental illnesses who are inmates in state correctional facilities. The Council would encourage additional staff to provide this additional oversight.

Our Council stands ready to discuss these recommendations or to assist anyone in implementing them. Thank you for your consideration.

Respectfully,

Mignon Waterman
Chairperson
Mental Health Oversight and Advisory Council

C: Anna Whiting-Sorrel