

Testimony on the Department of Human Services'  
Continuity of Care for Individuals with Mental Illness in the Criminal Justice System

Dennis Marion

Deputy Secretary,

Office of Mental Health and Substance Abuse Services

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**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Good morning Chairwomen Vance and Kitchen, members of the Senate Public Health and Welfare Committee, and staff. My name is Dennis Marion, and I am the Deputy Secretary of the Office of Mental Health and Substance Abuse Services (OMHSAS) within the Department of Human Services (DHS). On behalf of Secretary Dallas, we would like to thank you for the opportunity to present testimony regarding continuity of care for individuals with mental illness in the criminal justice system.

We know that people with behavioral health disorders can and do recover. DHS is committed to ensuring that individuals served by the mental health and substance abuse service system will:

- Have the opportunity for growth, recovery and inclusion in our communities;
- Have access to culturally competent services and supports of their choice; and
- Enjoy a quality of life that includes family members and friends.

Access to continuity of care is the critical element that will enable individuals with mental illness to thrive. Our commitment includes providing services and supports for individuals with mental illness who become involved in the criminal justice system.

### **Agency Partners and Shared Goals**

DHS works in concert with the Department of Corrections (DOC), the Commission on Crime and Delinquency (PCCD), the Department of Drug and Alcohol Programs (DDAP), counties and other state and local partners to identify individuals with serious mental illness (SMI) within the criminal justice continuum. After identification, we work to provide treatment and supports throughout the justice continuum and upon return to the community.

Our guiding principles are simple and direct:

- Provide quality services and supports that facilitate recovery for adults, including older adults, and resiliency in children;
- Emphasize a focus on prevention and early intervention; and
- Ensure collaboration with stakeholders, community agencies and county service systems.

DHS provides supports for an array of community-based services that build on natural and community supports unique to each individual and family.

### **Defining Serious Mental Illness**

An individual, 18 years or older, can be diagnosed with serious mental illness if he or she has, at any time during the past year, had a mental, behavioral, or emotional disorder that both results in functional impairment, which substantially interferes with or limits one or more major life activities, and is of sufficient duration to meet the diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

## **Identifying and Treating Individuals with SMI and supporting them through transition from State Prison and County Jails to the community.**

Planning treatment services and related supports have inherent logistical challenges for individuals with SMI returning to the community following sentences in state prison or a county jail.

There are important distinctions between individuals with sentences served in a state correctional facility as compared to individuals with SMI who may be preparing to leave county jails. To begin with, there are differences in the severity of criminal acts and length of stays found in these different systems. An additional factor at the county jail level is the frequency and number of individuals who may enter and leave the county jails because the individuals are at different stages in the justice process.

County jails have the additional responsibility for significant numbers of individuals who are in pretrial status, which means the individuals are not convicted or sentenced. Prison personnel may have limited medical or mental health-related information about the individual they screen for mental illness and related safety and support needs. This screening process can be challenging because of the variable lengths of stay for individuals in pretrial status. The length of time an individual is in county jail is sometimes only a few days as individuals arrange for bails prior to trial, and typically lasts less than two years for individuals sentenced to serve time in a county jail. Although DOC has the advantage of more time to prepare for the discharge of individuals due to the length of sentences, the individuals incarcerated have more serious criminal histories that affect community placement options after incarceration.

Although there are differences between the state correctional facilities and county jails, DHS has identified common factors that affect treatment and transition planning for individuals with SMI who are also involved in the criminal justice system. The following are five factors that affect discharge planning by DOC and county jails alike.

### **1. Access to health care benefits upon discharge from prison or jail.**

As a result of Governor Wolf's expansion of Medicaid coverage throughout Pennsylvania, more individuals will have coverage for essential behavioral health and physical health care needs. However, many individuals sentenced to jail or prison are likely to lose coverage during their periods of incarceration.

DHS recognizes that providing access to treatment for inmates with SMI upon discharge from state correctional facilities or county jails is a major factor in preventing re-incarceration. DHS has implemented strategies to improve the process of enrolling or re-enrolling individuals into Medicaid coverage upon return to the community. One improvement is the use of the PROMISE on-line application to improve the processing of Medicaid applications for inmates.

DOC works as a Community Partner with DHS to use these on-line tools. This results in more timely processing and reduced errors in the application process.

Planning and timely action is critical to establishing Medicaid coverage upon discharge. The steps include electronic submission of application materials through the PROMISE enrollment system to allow processing to occur in concert with discharge planning. DOC has a substantial volume of MA applications to initiate as part of the discharge planning process, but in turn have longer windows of time to process materials due to the length of sentences.

County jails can also initiate Medicaid applications as part of the discharge planning process. However, many variables can affect discharge dates for both pre-trial and sentenced individuals. Since inmates are typically ineligible for Medicaid during periods of incarceration, the challenge for county jails is determining Medicaid eligibility and establishing benefits in concert with release from jail.

## **2. Access to appropriate levels of community-based treatment and supports.**

DHS works to ensure access to appropriate care for all individuals with mental health treatment needs. DHS works in partnership with the DOC, PCCD, counties, and other state and local partners to make sure that individuals with SMI have access to services and supports during all phases of the criminal justice process. We have a shared responsibility to provide timely access to care upon discharge from state correctional facilities or county jails to both improve the health outcomes for individuals with SMI and reduce the likelihood of negative outcomes when individuals drop out of treatment. For this reason, we must take advantage of HealthChoices, which is a major source of funding available to meet the treatment needs of individuals with SMI across the Commonwealth. The timely enrollment of eligible individuals is essential to assuring continuity of care for individuals coming out of state correctional facilities or county jails.

## **3. Access to medications throughout the transition to community living.**

There are three key issues related to medication management for individuals with SMI: 1) the consistent and proper use of medications that are effective for the individual; 2) access to a continued supply of the same medication during transition into or out of a state correctional facility or a county jail, and 3) consistent use of the medication by the individual with SMI.

It is important to find a treatment and medication regimen that is effective for each individual with SMI. For individuals transitioning through the justice system, it is important to avoid abrupt changes in psychotropic medications and maintain access to medications particularly after discharge from state correctional facilities or county jails. DOC adopted a

protocol to provide up to a 30-day supply of medications to support the needs of individuals leaving prison.

County jail policies vary on the continuity of medications an individual used prior to incarceration. The Center of Excellence (COE) has identified that individuals leaving county facilities may have as little as a 3-day supply of medications upon discharge. This is a short time window to assure that individuals leaving jail have a continuity of medications.

**4. Access to care coordination and oversight from the clinical and recovery perspective, as well as from the probation and parole perspectives, to help ensure engagement in treatment following discharge.**

Individuals with SMI should not be involved in the criminal justice system solely because of their mental illness or lack of access to behavioral health services. Those incarcerated need access to timely, effective and ongoing treatment. Cross-system and cross-discipline collaboration is essential to connecting individuals with SMI to appropriate treatment to ensure that individuals are not involved in the criminal justice system longer than their sentences require because they have a mental illness.

In July 2009, DHS collaborated with PCCD to create the Mental Health and Justice Advisory Committee (MHJAC), which includes representatives from state agencies, county leadership, the courts, district attorneys, public defenders, consumers and families and other justice and mental health advocates and practitioners. MHJAC works to expand the successful use of evidence-based practices for justice-involved individuals with mental illness and co-occurring substance use disorders. The Committee also works to improve the capabilities of local communities to reduce the involvement of individuals with mental illness and co-occurring disorders in the criminal justice system. Specialty Courts are one strategy used by counties to better respond to offenders serious behavioral health issues.

MHJAC has also worked with DHS and PCCD to establish a Center of Excellence (COE) to support the development and improvement of programs serving adults with mental illness involved in the criminal justice system.

A major function of the COE is to work with counties to assess how individuals with mental illness, and often co-occurring substance use disorders, come in contact with and flow through the local criminal justice system. The COE brings together key stakeholders to create a local “map” of opportunities and resources for diverting and linking people to treatment. These county mapping sessions also help to identify system gaps at the local level. The participating 38 county stakeholders use the “map” in setting priorities to improve local systems.

## **5. Access to housing arrangements that reasonably support participation in treatment and movement forward in recovery.**

Housing for individuals living with behavioral health disorders is an important factor in assuring successful community integration. Fifty-three counties have reinvestment resources available as part of DHS' Permanent Supportive Housing Initiative. The goals of this initiative are to:

- Create affordable supportive housing for people with disabilities;
- Utilize HealthChoices Reinvestment funds, Community Integration Projects Program (CHIPPS) or base funding to access and leverage mainstream housing resources; and
- Build partnerships with state and local housing and community development entities.

### **Conclusion**

It is DHS' goal to ensure people have access to services and supports when and where needed. DHS believes that people with serious mental illness can and do recover and lead meaningful lives as productive members of our communities. DHS also believes that 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 success.

DHS' aim is to ensure the successful transition of prisoners to the community and a reduction in recidivism of individuals with SMI. To accomplish this aim, DHS is 1) directing resources at the state and local level to divert individuals with SMI from the criminal justice system, as appropriate; 2) delivering appropriate assessment and treatment for people with SMI who are incarcerated; and 3) providing comprehensive planning, services and supports for individuals with SMI as they transition from prison to the community.

Thank you for the opportunity to provide this information to you today and to explain the continuity of care to meet the needs of those individuals with mental illness who become involved in the criminal justice system. We would be happy to take any questions you may have at this time.