



# The Key

## ASSISTANCE REPORT

Focus on FORENSIC ISSUES

### National Mental Health Consumers' Self-Help Clearinghouse

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At any given moment, more people with serious mental illnesses are living in large urban prisons than in psychiatric hospitals. Now, several organizations around the country are working to help released inmates readapt to the community and ultimately reduce the number of individuals with serious mental health conditions cycling through the nation's detention centers and courts.

According to NAMI (National Alliance on Mental Illness), a national study from 2002 through 2004 found that 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of jail inmates have mental health disorders. The Federal Bureau of Justice estimates that there are currently 1.25 million inmates with diagnoses ranging from schizophrenia to post-traumatic stress disorder. Many individuals are needlessly living in prison and, in the best-case scenario, receiving their mental health treatment there. In reality, however, access to mental health care remains a serious problem. Issues such as poverty, substance abuse and homelessness compound the difficulties for individuals with mental illnesses who are discharged only to end up returning to jail on parole violations. Without the proper supports, it can be difficult to find the way out.



For Liz Woodley, who was caught up in this cycle, the isolation was overwhelming. Woodley was arrested once on felony charges, diagnosed with major depression and anxiety and released to a local mental hospital. But she didn't want to accept the diagnosis and refused medication. Several years later, she was arrested again and charged with DUI (driving under the influence) and possession. "The biggest issue for me and many others is not having the support – not knowing where to go. I was sick and tired of being sick and tired but I didn't know what to do until a police officer gave me a phone number." Woodley called the number and began her recovery journey.

#### RE-ENTRY PROGRAMS

SHARE Forensic Targeted Case Management (TCM), which serves justice-involved individuals with mental health conditions, was founded in 2005 in Philadelphia by the Mental Health Association of Southeastern

Pennsylvania and the Philadelphia Department of Behavioral Health. "Our program got started because, somewhere along the line, somebody noticed there were a large number of mental health consumers going in and out of the Philadelphia prison system and they had a high rate of re-incarceration," said SHARE Forensic TCM program manager Keith Hailey. "The prison system was not doing a good job of addressing the needs of clients who came out and continually got re-incarcerated."

When an individual is jailed in Philadelphia and has received mental health services, a social worker or psychiatrist will fill out a consumer identification form that includes all relevant information. "At that point they will more than likely be referred to the TCM program or one of the other two similar programs in Philadelphia," said Hailey.

After authorization, the individual is assigned to a case manager, who will begin seeking needed supports such as benefits, housing, medication, and outpatient programs. "This program is basically one-stop shopping," Hailey said. At a minimum, the case manager will meet with a client once a week in person, wherever they are – prison, a hospital, a shelter or a relative's home.

The program currently serves 225 clients and Hailey has witnessed some patterns. "What I see is that a lot of clients have had a long history of mental health issues dating back to adolescence and they've somehow fallen through the cracks," Hailey said. "Many who have forensic histories are low-level offenders – we see breaking and entering, petty theft, parole violations – and most of the crimes are a direct result of being homeless."

Hailey said that while there is no magic bullet to keep people out of jail, a case manager can make a huge difference: "If an individual has never had anybody they could count on and you give them someone they can connect with – someone who will advocate for them and help them – it goes a long way to giving that person hope."

A recent success story concerns a young man who had been in and out of jail for four years. Once he was referred to TCM, his case manager arranged for stable housing and welfare benefits. The man is now getting his own apartment.

"I feel eternally optimistic because we are working with the criminal justice system, we're making sure people have adequate aftercare and follow-up, and we're not letting anyone fall through the cracks," Hailey said. "The rates of re-incarceration may not be where we want them to be but there has been a noticeable decline of re-incarceration among people who have received our services."

### CREATING A NETWORK

In New York City, budget cuts in state mental health institutions have led to a disproportionate number of individuals with severe and moderate mental health issues in the county jail system. In Rikers Island, New York City's main jail

complex, over 15 percent of the 14,000 inmates are struggling with mental health conditions. "For the people we work with, jail is often their only treatment," said Barry Campbell, special assistant to the president and CEO of the Fortune Society, a nonprofit social service and advocacy organization that works with released inmates to support successful re-entry into society.

The Fortune Society helps provide housing, employment services, transitional services, education, family services, substance abuse treatment, health services and alternatives to incarceration. Because the Fortune Society is not licensed as a mental health provider and only employs a psychiatrist part time, individuals with serious mental illnesses are usually referred to area mental health agencies.

Campbell said that mental health issues are often compounded by being in prison, and many of the clients his agency sees are presenting with symptoms that they might not have had before they were locked up. Still, he has seen improvements, as some clients have embraced life after jail. "We had a gentleman who came to us with moderate mental health issues. He was a former boxer who served 30-odd years in a state facility and when he came home he was struggling with his mental health," Campbell said. "We worked with him over several months and he began to calm down and assimilate. Last summer I went to visit him in a rented room, where he was living independently." Another man who had a family history of mental illness came to the program when he was released from Rikers Island. He joined the military and moved to Kansas.

Campbell believes that the organization, largely staffed by people who have been incarcerated, is making a difference. "We've seen that recovery is possible and, with the right kind of supports and

living skills, people can break the cycle."

### THE RIGHT INTERVENTIONS

As jail diversion and re-entry programs proliferate, researchers are trying to find solid evidence of what actually works.

At the Center for Behavioral Health Services and Criminal Justice Research, at Rutgers University in New Brunswick, N.J., researchers are engaged in multiple ongoing studies. "We are doing research at all the intersection points in the criminal justice system: policing interventions, court-based interventions, probation interventions for people inside the prison, and also re-entry programs," said director Nancy Wolff,

Ph.D. At best, the research shows that interventions help some of the people some of the time. "These first-generation interventions work for some people but the effects are modest: there is no single approach that works for everyone," Dr. Wolff said. "What we know is that you can't develop mental health interventions that eliminate desperation, especially in these fiscal times, so there are always going to be people with and without mental illnesses who end up back in jail because of their socioeconomic circumstances."

The Center at Rutgers is working on developing new approaches that go deeper in addressing the emotional problems and difficult circumstances that persons with serious mental health disorders bring into the criminal justice system. For instance, responding to a Human Rights Watch finding that inmates with serious mental illnesses were more vulnerable to attack by fellow inmates, a recent Center study looked at ways to respond to their existing trauma and addiction disorders and prevent sexual and physical victimization inside prisons. "For instance, we are developing a cost-effective, computer-administered screening intervention to screen

*"We need to be realistic about the social problems that we can't solve and the individual-based problems we can."*

for trauma and prior victimization among incarcerated populations. That's important because many people will not report these things face-to-face out of fear of being stigmatized," Dr. Wolff said.

In an effort to empower people to make better decisions, the Center is also developing interventions that address the thinking styles that may have supported impulsive and criminal behavior. "We are [also] teaching yoga and mindfulness meditation to address issues of addiction and stress," Dr. Wolff said. "Building new ways to manage stress and emotional triggers of distress improves decision-making and self-confidence."

Dr. Wolff runs a book club inside prisons, teaches exercise classes and also works with inmates on emotional literacy, helping them to better understand and express their emotions. "The key is for researchers and practitioners to be more mindful about the potential of our interventions. We need to be realistic about the social problems that we can't solve and the individual-based problems we can," she said.

## **BUILDING PEER SUPPORT**

The Statewide Forensic Peer Support Specialist Program is funded by the Pennsylvania Commission on Crime and Delinquency in cooperation with the state Office of Mental Health and Substance Abuse Services as a collaborative effort among Drexel University, the Pennsylvania Mental Health Consumers' Association (PMHCA) and the Pennsylvania Mental Health and Justice Center of Excellence. The program identifies certified peer specialists who wish to work in the specialized forensic area and offers both train-the-trainer trainings and forensic peer specialist trainings around the state, while promoting the use of forensic peer support specialists (FPSS) in a variety of contexts.

Liz Woodley was hired to develop and implement PMHCA's Forensic Peer Support Specialist Program. "Peer support is being recognized as a very important part of the mental health system," Woodley said. "We've

seen how it has worked elsewhere and we believe that forensic peer support specialists can be of great assistance here in terms of being able to relate to a person and help them through a situation that they've experienced themselves."

Ultimately FPSSs will be important ambassadors in Pennsylvania's diversion efforts, helping with finding services, using self-help tools such as the Wellness Recovery Action Plan (WRAP), or simply providing a needed ear. While preferred applicants have a forensic background, the FPSS trainings are open to any peer specialists .

"Our goal is to direct individuals away from the criminal justice system," Woodley said. "Peer support specialists have a unique ability to effectively support the individual and help them get the resources they need to navigate the criminal justice system and successfully re-enter the community. It all goes back to recovery principles: remembering that the individual is asking for what they need."

Woodley sees the Forensic Peer Support Specialist Program as a chance to pay it forward. "Because I have had background in this area myself, it is my heart's desire to help others deal with it now. Peer support was integral to my recovery and continues to be an important part of my life."

An award-winning pilot project in Ohio is further evidence of the importance of peers in any effort to engage incarcerated individuals with mental health challenges. Beginning in 2008, the Center of Vocational Alternatives (COVA) in Columbus – working with Columbus Area Inc., a local provider of mental health services – operated a two-year, federally funded pilot in six Ohio prisons whose goal was to help inmates with mental health conditions obtain employment. The program employed a forensic peer specialist and a vocational specialist to counsel inmates before and after their release. According to *Mental Health Weekly* ("Peer involvement seen as pivotal to re-entry effort for offenders," June 6, 2011), the recidivism rate among the 165 program participants was a

## **RESOURCE LINKS**

Bazon Center for Mental Health Law  
[www.bazon.org](http://www.bazon.org)

Center for Behavioral Health Services and Criminal Justice Research (CBHS&CJR)  
<http://cbhs.rutgers.edu/>

CBHS&CJR Policy Brief: "Forensic Peer Specialists: An Emerging Workforce"  
[http://www.cbhs-cjr.rutgers.edu/pdfs/Policy\\_Brief\\_Jun\\_2011.pdf](http://www.cbhs-cjr.rutgers.edu/pdfs/Policy_Brief_Jun_2011.pdf)

Criminal Justice Mental Health Consensus Project  
<http://consensusproject.org/>

Crisis Intervention Team  
<http://cit.memphis.edu/>

Fortune Society  
[www.fortunesociety.org](http://www.fortunesociety.org)

NAMI Legal Center  
[www.nami.org/template.cfm?section=legal\\_support](http://www.nami.org/template.cfm?section=legal_support)

Pennsylvania Mental Health and Justice Center of Excellence Statewide Forensic Peer Support Specialist Program  
[http://www.pacenterofexcellence.pitt.edu/documents/About%20FPS%20--%2009\\_11.pdf](http://www.pacenterofexcellence.pitt.edu/documents/About%20FPS%20--%2009_11.pdf)

SAMHSA National GAINS Center  
<http://gainscenter.samhsa.gov/>

Pennsylvania Peer Support Coalition  
<http://www.papeersupportcoalition.org/>

stunningly low 3 percent over the course of the pilot, compared to the more than 50 percent rate typically found in the general prison population. Although the federal funding ended in 2010, the program is continuing locally in the Franklin County jail.

COVA's president, Judy Braun, M.S.W., told *Mental Health Weekly* that the forensic peer specialist's involvement was a key factor in the pilot's success: "It wouldn't have had near the success it did without that." ■



The Clearinghouse welcomes all programs in which consumers play a significant role in leadership and operation to apply for inclusion in its Directory of Consumer-Driven Services. The directory, accessible at [www.cdsdirectory.org](http://www.cdsdirectory.org), is searchable

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by location, type of organization, and targeted clientele, and serves as a free resource for consumers, program administrators and researchers.

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## The Key ASSISTANCE REPORT

Clearinghouse Executive Director  
Joseph Rogers

Writer  
Elisa Ludwig

Editor  
Susan Rogers

Design  
Pamela Downes Lee  
Downes Designs

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**(800) 553-4KEY (4539) [www.mhselfhelp.org](http://www.mhselfhelp.org) [info@mhselfhelp.org](mailto:info@mhselfhelp.org)**

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1211 Chestnut Street, Suite 1100  
Philadelphia, PA 19107

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