# Report from Forensic Issues Plank National Summit of Mental Health Consumers and Survivors Portland, Oregon August 26 - 29, 1999

Facilitator: Miriam Gershow Co-Facilitator: Mary Jadwisiak

Panelists: Ron Schraiber, Arlene Wood, Mary Claire Buckley, Dale Rector,

Tom Lane

Reporter: Nancy Salazar Flip Chart: Art Salazar

Participants: David Wooledge, Antony Dorsey, Donna Bauer, Jay Centifanti,

Bob Curvent, William Schneider, Beckie Child, Trish Huffron, Ron Schraiber, Carolyn Gebhard, Patrick Duffy, Kathy Sharp, Ken

Brewster, Tom Lane, Michael Sykes, Ted Smith, Sheryl

**McCormick** 

The participants of the Forensics Plank spent two days discussing issues pertaining to all aspects of mental health and criminal justice, including:

- Methods for prevention of mental health consumer/survivor involvement in the criminal justice system to begin with.
- Ideal standards for police interaction with mental health consumer/survivors.
- Ideal standards for incarceration in hospital and jail/prison settings for mental health consumer/survivors who have committed misdemeanor or felony crimes.
- Ideal post-incarceration systems and resources for mental health consumer/survivors.

The group reached consensus around a utopian system for forensics issues nationwide. Out of that utopian system, the group reached consensus around aspects that we can realistically and foreseeably attain. We then created plans of action around each of those individual aspects.

The group reached consensus on the following benchmarks for defining a successful forensics system:

#### **Benchmarks of Success**

- Elimination of negative residues of treatments
- Providing for basic needs
- Elimination of recidivism
- Full re-integration into society
- Effective after-care programs
- National consumer-run certification program on forensic issues for all providers
- Integration of non-system alternatives (voluntary diversion)
- Sentencing equality
- Adequate resources available for everyone needing release

For the sake of our discussion, the forensics system was broken down into four parts:

- 1. Pre-Incarceration or Prevention
- 2. Police Interaction
- 3. Incarceration in Hospitals, Jails or Prisons
- 4. Post-Incarceration

#### FORENSIC ISSUES: GOALS AND PLANS OF ACTION

## **Guiding Principles**

The following principles relate to all aspects of our vision for the forensics system.

- Identify partners of interested stakeholders people already doing the work
- Secure funding
- Create cost-effectiveness studies to show that alternatives to incarceration work
- Integrate peer-run services (i.e., services run by current or former forensic clients) into programming and policy
- Ongoing evaluation and monitoring of all suggested programs

#### Pre-Incarceration GOALS and PLANS OF ACTION

• National standards for establishing pre-incarceration assessment for all people with possible mental health issues

#### **PLAN OF ACTION:**

- 1. Form a task force and look at existing assessment programs
- 2. Compile best practices
- 3. Propose best practices to local, state and federal agencies for integration into system
- Develop and utilize non-system and system alternatives (i.e., diversion that meets people's basic needs) to incarceration (jail and hospital)

- 1. Develop inter-system partnership in order to meet consumers' basic needs
- 2. Educate partners regarding consumers' needs
- 3. Advocate for comprehensive services, including wraparound, individualized and tailored care, and natural supports, including family
- 4. Establish jail/hospital diversion process
- Appropriate access to voluntary, peer-centered, community-based holistic treatment and services using best practices as defined by consumers

#### PLAN OF ACTION:

- 1. Solicit best practices from consumers
- 2. Cost analysis of consumer-defined best practices
- 3. Distribute best practices
- Public education of the alternatives available using plain English

## PLAN OF ACTION:

- 1. Community service announcement
- 2. Government support

#### Police Interaction GOALS and PLANS OF ACTION:

• Identify and replicate existing effective models for police crisis intervention (e.g., Albuquerque, Memphis, Portland)

## PLAN OF ACTION:

- 1. Create task force to identify existing programs
- 2. Compile best practices of programs
- 3. Disseminate best practices
- National certification training for police officers, covering sensitivity, compassion, assessing threat, consumer-run partnerships, identifying mental health issues, least restrictive practices

#### PLAN OF ACTION:

- 1. Task force makes recommendations for national certification
- 2. Identify current local/state certification
- 3. Identify state/federal legislators to sponsor bills
- Local resource directory on alternatives to be made available to officers, including community resources, hospital/jail alternatives, peer support, mobile units, alternative sanctuaries

#### PLAN OF ACTION:

1. Create local task forces to improve/expand existing directories

#### **Incarceration GOALS and PLANS OF ACTION**

• Training of correctional/hospital staff in: compassion, side effects, least violent alternatives, monitoring of population, symptom identification, how individuals live with mental illness.

#### PLAN OF ACTION:

- 1. Explore existing training models in corrections/hospital
- 2. Integrate relevant ideas from police training
- 3. Disseminate training nationwide
- Preparing for release during entire stay: voluntary menu of education, resources, support, vocational training, unmet needs identification, substance abuse training

- 1. Develop a template of menu of options for inmates/patients. The development team is current and past forensic consumers, parole officers, corrections officers, mental health professionals, allied agencies.
- 2. Share template with jail/prison/hospital systems
- Insuring quality treatment standards: ongoing evaluation; highest-quality, least-restrictive treatment; unrestricted formularies; continuing medication; peer-run services; low client-staff ratio

#### PLAN OF ACTION:

- 1. Create task force to create minimum standard for treatment quality for forensic population
- 2. Lobby for state and federal laws based on that standard
- Protection of inmates'/patients' civil rights: integration of medical and psychiatric advance directives, elimination of forced research subjects

#### PLAN OF ACTION:

- 1. Partner with PAIMI (Protection and Advocacy for Individuals with Mental Illness) councils, educate on forensic issues
- 2. Partner with current advance directive developers/trainers. Explore correction-specific advance directives
- 3. Draft national consumer/survivor declaration of forensic inmates'/patients' rights
- 4. Enforce current laws on forced research
- Evaluate fairness in sentencing: eliminate stacking multiple charges for same crime, define exit date from hospital, explore three-strikes laws

#### **PLAN OF ACTION:**

1. Establish task force to evaluate stated issues

#### **Post-Incarceration GOALS and PLANS OF ACTION**

All pre-incarceration goals also apply to post-incarceration.

• Work towards Social Security or other benefits reform for immediate reinstatement

#### PLAN OF ACTION:

- 1. Lobby to change rules
- 2. Educate people on impact of current rules
- Safe homes

- 1. Advocate for affordable and decent housing
- 2. Create partnerships to increase housing options
- 3. Develop peer support programs that help maintain housing
- 4. Develop and promote tax incentive to property owners and employers to enhance housing opportunities

• Least restrictive community services

## PLAN OF ACTION:

- 1. Develop peer-support transitional services
- 2. Develop more flexible service alternatives
- Access to employment/education options

- 1. Develop partnerships with employers to provide jobs and job training
- 2. Tax incentives for employers
- 3. Scholarships, loans and grants