

Mental Health Issues and the Criminal Justice System

Pennsylvania House of Representatives

Democratic Policy Committee

May 9, 2013

Testimony of PA Mental Health Consumers' Association

Lynn Keltz, Executive Director  
Pennsylvania Mental Health Consumers' Association  
4105 Derry Street | Harrisburg, PA 17111

717-564-4930

<http://www.pmhca.org>





## **STATEWIDE FORENSIC PEER SUPPORT PROGRAM**

**Funded by the Pennsylvania Commission on Crime and Delinquency (PCCD)  
and the Office of Mental Health and Substance Abuse Services (OMHSAS)**

**A collaborative effort by the Drexel University Department of Psychology,  
the Drexel University College of Medicine's Department of Psychiatry's  
Division of Behavioral Healthcare Education (BHE), and the Pennsylvania  
Mental Health Consumers' Association (PMHCA)**

**February 2012**

### **Final Report**

#### **Background & Statement of the Problem**

Individuals who live with serious mental illness (SMI) and/or co-occurring substance use disorders (COD) are over-represented in the criminal justice system. This is true both nationally and in Pennsylvania. Compared to individuals without SMI/COD, these individuals are more likely to be arrested, spend longer periods of time incarcerated in jails and prisons, and recidivate after being released from incarceration and/or correctional supervision (probation or parole). As such, throughout the last decade, the diversion from standard prosecution of individuals with SMI/COD has been increasingly recognized as an important priority both nationally and in Pennsylvania. When such diversion is accomplished in a manner that also promotes increased public safety, there are important implications for appropriate and relevant treatment and the efficient use of public funding.

The use of peer specialists has become an integral part of work with some groups (e.g., military veterans, individuals with serious mental illness) and with thousands of people in recovery throughout the United States, and there have been recent successful efforts to create formalized peer support systems for mental health consumers in Pennsylvania and other states. However, peer support has yet to become fully integrated into diversion and treatment efforts with justice-involved individuals. Although there are well over 1,000 Certified Peer Specialists (CPS) in Pennsylvania, very few CPS have received specialized training to offer *forensic* peer support services to justice-involved individuals. An impetus for this project is our firm belief that well-trained forensic peer professionals can offer a potentially powerful contribution toward achieving diversion in an efficient and effective manner.

## **Project Purpose & Goals**

The overarching goal of this project was to help reduce the number of individuals with SMI/COD in Pennsylvania's criminal justice system in a manner that incorporates recovery-oriented principles, values, and practices. To that end, we sought to identify, train, and support the work of forensic peer professionals in Pennsylvania who will be engaged in diversion efforts across the Commonwealth. Consistent with this overarching goal, the broad purpose of this project was to develop and implement a statewide forensic peer support program designed to serve justice-involved individuals with SMI/COD.

We believe that a statewide forensic peer support program would represent a significant contribution to the Commonwealth's laudable goal of diverting offenders with SMI/COD from Pennsylvania's criminal justice system. Forensic peer support professionals are trained to develop programs that will support offenders at various stages in the criminal justice process (as described by the Sequential Intercept Model), ranging from initial contact with law enforcement authorities through re-entry into the community following release from incarceration. In fact, Pennsylvania's strategic plan co-written by the Pennsylvania Department of Public Welfare and the Council of State Governments Justice Center is designed to address the Commonwealth's response to people with mental health disorders involved with the criminal justice system, and it includes a recommendation to incorporate CPS with forensic peer support training into diversion and other relevant initiatives.

This project was conducted using the combined and complementary expertise of the Drexel University Department of Psychology (DeMatteo, Filone, Strohmaier), the Drexel University College of Medicine's Department of Psychiatry's Division of Behavioral Healthcare Education (BHE) (McNelis, Anderson, Weaver), and the Pennsylvania Mental Health Consumers' Association (PMHCA) (Keltz, Madigan, Woodley). An infrastructure for this project was provided by the Pennsylvania Mental Health and Justice Center of Excellence, which is jointly administered by the Drexel University Department of Psychology (Heilbrun) and the University of Pittsburgh's Western Psychiatric Institute and Clinic (Mulvey).

In developing this project, we identified six broad objectives that were consistent with the goals outlined in the Request for Proposals and that fit within OMHSAS's goal of having a recovery-oriented system that includes ongoing consumer input.

**Broad Objective 1 – Train Forensic Peer Support Professionals:** This objective involved a number of steps designed to ensure the consistent and high-quality training of forensic peer support professionals throughout Pennsylvania. In brief, this objective involved developing a 3-day forensic peer support training curriculum, developing a train-the-trainer curriculum, identifying CPS who were qualified/interested in receiving forensic peer support training, and providing the training in strategically selected locations around the state. We proposed to train 25 forensic peer support professionals who, in turn, would work in pairs to offer the 3-day curriculum to at least 20 individuals in each of 8 regional trainings.

Broad Objective 2 – Promote the Use of Forensic Peer Support Professionals: This objective involved increasing awareness about forensic peer support professionals in an effort to enhance their integration into practice.

Broad Objective 3 – Participate in Cross-Training Initiatives: This objective involved providing statewide training in support of the start-up, operation, and sustainability of forensic peer support services that target justice-involved individuals with SMI/COD.

Broad Objective 4 – Assist Counties in Implementing Forensic Peer Support Services: This objective sought to facilitate the widespread use of forensic peer support professionals.

Broad Objective 5 – Serve as an Informational Resource: This objective involved several components designed to disseminate relevant knowledge about forensic peer support services to the broader field.

Broad Objective 6 – Evaluate the Progress of the Project; Report Progress: This objective involved gauging the progress of the project by identifying appropriate outcome measures and measurement time-points, and by filing quarterly progress reports with PCCD.

## **Project Summary**

Over the course of this 18-month project, we made great progress with respect to all of our project objectives. A summary of our progress, organized by project objective, is presented below.

Broad Objective 1 – Train Forensic Peer Support Professionals: Using the experience and expertise of PMHCA, BHE, and the OMHSAS Project Manager, we developed a 3-day curriculum to train CPS to work with justice-involved individuals with SMI/COD. (Note: The full training curriculum is included on the flash drive accompanying this report.) The training curriculum provides a standardized method of training forensic peer support professionals to ensure that we would provide consistent, high-quality training. We also developed a train-the-trainer curriculum as a way to promote the growth of additional forensic peer support professionals. (Note: The train-the-trainer curriculum is included on the flash drive accompanying this report.)

Throughout this project, we ended up conducting more trainings than we had initially proposed (due to the funding of two trainings by the Behavioral Health Alliance of Rural Pennsylvania [BHARP]). To increase the number of available CPS who would be eligible to receive the forensic peer support training for trainers, we held two initial trainings – one in Dauphin County in March 2011 and one in Allegheny County in April 2011 – prior to having the train-the-trainer session. In total, we conducted two train-the-trainer sessions (with one organized by BHARP) and nine regional trainings (with one organized by PMHCA for BHARP):

Training 1: March 7-9, 2011 (Dauphin County; N = 20)

Training 2: April 18-20, 2011 (Allegheny County; N = 17)

Train the Trainer: May 4-6, 2011 (Dauphin County; N = 27)

Training 3: May 17-19, 2011 (Montgomery County; N = 16)  
Training 4: June 28-30, 2011 (Franklin County; N = 17)  
Training 5: July 20-22, 2011 (Erie County; N = 18)  
Extra Training: August 16-18, 2011 (Centre County; N = 18; BHARP)  
Training 6: October 18-20, 2011 (Northampton County; N = 21)  
Training 7: November. 2-4, 2011 (Philadelphia County; N = 22)  
Train the Trainer: November 16-18, 2011 (Centre County; N = 16; BHARP)  
Training 8: December 5-7, 2011 (Dauphin County; N = 13)

To summarize, throughout this project, 162 individuals received forensic peer support training, surpassing our goal of 160, and we trained 43 trainers and 5 advanced-level facilitators. Moreover, all but one of the trainers who went through the train-the-trainer session in May 2011 were given an opportunity to facilitate a subsequent forensic peer support training, which demonstrates the success of our train-the-trainer approach. (Note: Examples of the achievement certificates provided to individuals who received our training are included on the flash drive accompanying this report.)

#### Broad Objective 2 – Promote the Use of Forensic Peer Support Professionals:

To promote the use of forensic peer support professionals, the integration of forensic peer support professionals was discussed during the county mappings conducted by the Center of Excellence. As of February 2012, the CoE mapped 19 of Pennsylvania's 67 counties, and we obtained information about the use of forensic peer support professionals in each of the mapped counties. Furthermore, discussions about the role of forensic peer support professionals at various points along the criminal justice continuum were discussed in detail during the forensic peer support training. We believe that these discussions helped increase awareness of the contribution that can be made by those who receive forensic peer support training. Importantly, our training has resulted in increased collaborations and employment opportunities for several individuals, as will be discussed in a later section of this report (see Broad Objective 6). Of note, one individual progressed from attending the 3-day training to facilitating the 3-day training to becoming the Executive Director of a peer run county forensic program that he implemented in his home county.

#### Broad Objective 3 – Participate in Cross-Training Initiatives:

We conducted several presentations regarding this project and forensic peer support services in general. Specifically, we gave presentations at the 2010 Forensic Rights and Treatment Conference (Grantville, PA), the 2011 Forensic Rights and Treatment Conference (Grantville, PA), the 2011 Pennsylvania Community Providers Association Conference (Champion, PA), the 2011 PMHCA Conference (Pittsburgh, PA), the Pennsylvania Peer Support Coalition (PPSC) Education Day (Mt. Gretna, PA), several Community Support Programs (CSP) statewide, and the Holy Spirit Hospital Lunch and Learn (Camp Hill, PA). Information about this project and forensic peer support in general was also provided in two presentations relating to the Mental Health Procedures

Act (King of Prussia, PA, July 2011; Scranton, PA, July 2011). We received overwhelmingly positive feedback about these presentations, and we believe that they contributed to increased dialog about the role of forensic peer support professionals. Finally, in July 2011, we organized and sponsored a talk on forensic peer support by LaVerne Miller, a national expert on forensic peer support and a consultant on this project. The talk was given at Drexel University and attended by over 80 people from across Pennsylvania.

Broad Objective 4 – Assist Counties in Implementing Forensic Peer Support Services: As noted above (see Broad Objective 2), we discussed the implementation of forensic peer support professionals during each of the 19 county mappings conducted by the Center of Excellence, and information regarding the role of forensic peer support professionals at each of the five intercepts of the Sequential Intercept Model formed a core part of our training curriculum. Preliminary data regarding the outcomes of the training suggest that our training led to increased employment and collaboration opportunities (see Broad Objective 6).

Broad Objective 5 – Serve as an Informational Resource: To ensure our knowledge was up to date, we periodically conducted detailed reviews of the existing peer support and forensic peer support literature (journals, books, websites, etc.). We disseminated the information we gathered in three ways. First, we summarized the relevant literature during our presentations (see Broad Objective 3). Second, we created repositories for forensic peer support information on the Center of Excellence and PMHCA websites. Our categorization and presentation of the material ensured that it was accessible to both professionals and laypeople, and we have been contacted by several people who accessed the websites and were interested in obtaining more information about forensic peer support services. Third, we engaged in outreach to stakeholders and organizations through written materials and interviews.

Broad Objective 6 – Evaluate the Progress of the Project; Report Progress: We successfully filed quarterly progress reports with PCCD via the Egrants system, paying particular attention to the enhanced reporting requirements that result from the use of federal ARRA funds. Although forensic peer support professionals are used in several states, we quickly realized that there are no reliable data regarding the effects/outcomes of forensic peer support training. As such, an important aspect of this project was identifying appropriate outcome measures and measurement time-points. With the assistance of our OMHSAS Project Manager, we developed a survey designed for use with individuals who participated in our general training and the train-the-trainer training. To allow for sufficient time for individuals to realize the benefits/effects of the training, the surveys were administered (via telephone) at least 4 months after the training was completed. Although our data collection efforts are ongoing and will likely continue through May 2012, we are able to present a summary of the data we have collected to date:

General Participants (N = 28):

- 96.4% reported that the training has had a positive impact on their personal and/or professional life
- 96.4% agreed that the training enhanced their ability to help the recovery of others
- 92.9% believe the training enhanced their ability to interact with individuals involved in the criminal justice system with SMI/COD
- 95.5% confirmed that the training enhanced their understanding of the criminal justice system
- 96.4% agreed that the training increased their confidence in their job skills and performance
- 82.1% agreed that they developed new skills applicable to their own life and recovery
- 57.1% affirmed that they had been involved with new collaborations as a result of taking part in the training (both work-related and new friendships)
- 50% have increased their interaction with individuals with SMI/COD and criminal justice involvement since the training
- 42.9% stated that they experienced an increased caseload since the training
- 21.4% reported receiving a pay raise attributed at least in part to the training
- 14.3% reported receiving a promotion or new job since the training, which they believe may have resulted at least in part from the training
- 60.7% reported “frequently” interacting with justice-involved individuals with co-occurring disorders (28.6% reported “sometimes” interacting)
- 53.6% reported part-time employment and 39.3% reported full time employment, with 1 person retired and 1 person unemployed but “expecting” to start a new job in the Spring

Train-the-Trainer Participants (N = 9):

- 100% agreed that the training prepared them to facilitate trainings
- 100% stated that they gained valuable leadership skills from the training
- 100% agreed that the training increased their confidence in facilitating groups
- 33.3% work full time, 33.3% work part time, and 22.2% are students
- 33.3% obtained a new job since the training
- 44.4% received a raise since the training
- 22.2% received a promotion after the training
- 77.8% endorsed statements that the training enhanced their understanding of the criminal justice system
- 100% agreed that the training helped them develop new skills to apply to their own life and recovery, and that working in this field helped them to maintain their own recovery
- 33.3% reported increased job responsibilities since the training
- 88.9% reported being involved in new collaborations since the training

## **Conclusion**

This project is the first statewide effort in the country to develop a standardized training curriculum for forensic peer support professionals and to evaluate the impact of such training. Besides training a large cadre of forensic peer support professionals, we added to the growing statewide and national dialog about the role of such professionals at each point in the criminal justice system continuum. Increasing awareness of the valuable services provided by forensic peer support professionals will hopefully increase their involvement with justice-involved individuals throughout the state. Of note, we accomplished our stated project objectives in a timely and cost-efficient manner, and we are in talks with other stakeholders and organizations to continue the important work begun with this project. We thank PCCD/OMHSAS for providing the funding for this important initiative.