WORKING TOGETHER for BETTER OUTCOMES

A Mental Health Guide
for the
Community Corrections Professional
2011

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

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"Improving Outcomes for People with Mental Illnesses under Community Corrections Supervisor: a Guide to Research-Informed Policy and Practice"
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and from the websites of our county courts, probation, community corrections and parole offices.

Our vision is that we are:
"Sharing Hope for Successful Re-Entry and Recovery"

Note: Throughout this document the term "community corrections" refers to both probation and parole agents and officers.

Better Outcomes in Mental Health Care for Individuals Involved in Community Corrections

As a Probation or Parole Agent, you hope for the best outcomes for the people you supervise. From a correctional perspective, a good outcome includes successfully completing probation or parole and re-entry into and re-engagement with the community. The mental health treatment team wants to help you help people succeed with these goals.

A justice-involved individual faces many challenges. We know that when serious mental illness is one of those challenges, that person's chances of success in a correctional program diminish. Our goal is to strengthen our community partnership to get better outcomes.

If you have identified concerns that indicate a need for a deeper assessment by a mental health professional, this guide will help you access professional consultation and services in the mental health system. Your own observations during the assessment, a reported history of mental illness or psychiatric hospitalization before or during incarceration, or concerns reported by the client or his or her family are all reasons you might want to seek a mental health opinion or referral. This guide can help by:

- Providing tips for identification of mental health needs;
- Increasing your knowledge of treatment options for mental health or substance abuse;
- Providing you with contact information for public mental health services; and
- Facilitating a working partnership in which we share a set of concepts about community corrections and mental health.

Strategies and techniques for a better interface: The Justice Center of the Council of State Governments, in their publication *"Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research Informed Policy and Practice"* describes the three following characteristics of effective community corrections:

Firm but Fair relationships between community corrections officers and those under their supervision have been shown to reduce recidivism for all people – not just those with mental illnesses. Partnership with mental health will help develop a clear set of expectations of all parties. This will strengthen the Firm but Fair approach.

Problem-Solving Approaches: Clients are more compliant when officers use compliance strategies that favor problem-solving over threats of incarceration and other negative pressures. This local publication should help build the problem-solving partnership between corrections professionals, the mental health professionals and the consumer/supervisee and their families and support systems.

Boundary Spanning: This local publication is developed to help the community corrections officer and mental health professionals with "Boundary Spanning." This term describes a knowledge base that crosses boundaries between mental illness and mental health resources and community corrections.

Mental Health Risk and Protective Factors

The outcome most associated with failed mental health treatment is psychiatric hospitalization – just as re-incarceration is perceived as failure in the correctional process. For both the corrections client and mental health consumer, the distance between success and failure is filled with risk

factors and protective factors. The effective professional treatment team works to reduce these risks factors and increase the protective factors. The risk factors for mental health and corrections are remarkably similar:

Risk Factors

- Lack of positive natural supports from friends and family, leading to isolation
- Limited and poor housing options
- Functional impairments
- The stigma of mental illness as a barrier to treatment and support
- Financial support for needed treatments

Protective Factors

- Early identification of symptoms by professional, family and friends
- A Person Centered Plan
- The right Evidence-Based treatment
- A recovery-oriented treatment environment

Recovery from Institutionalization: In the early days of "deinstitutionalization," mental health professionals helped people return to the community after years – often lifetimes – of institutional care. In the process they learned how people acclimate to life in institutions and how those learned behaviors affect their "re-integration" into the community. Parole officers see the same changes in parolees. Learned behaviors which helped people cope with life in the institution are likely to become problems for them in the community. The consequences of those behaviors often cause stress, isolation and anxiety and appear as even deeper levels of mental illness in some individuals.

For many people, the experience of institutionalization in itself was traumatic. Some experienced trauma from victimization while in the institution. Diagnoses of post traumatic stress disorder are becoming increasingly visible in mental health treatment. Recovery from institutionalization may take many, many years. A stable living environment and understanding from supportive others are essential elements of "a recovery environment."

Recovery and Consumerism: In mental health services the role of the consumer has changed over the past decade. Even the reference "consumer" is new and replaces client or patient. The term was chosen to promote a culture change in which the recipient of service is actively in charge of his or her own treatment and contributes to the design of the service delivery system. Consumers serve as advisors, board members and staff at Saginaw County Community Mental Health Authority (SCCMHA). We refer to this as a "recovery environment." The message is one of belief in their potential.

What is Serious and Persistent Mental Illness?

Michigan public mental health services are funded to serve those people who are most severely affected by mental illness. In the past, people with this level of severity would have been served in state psychiatric hospitals. Today there are very few people who are admitted to state hospitals. On any given day in the past 10 years there were rarely more than 10 Saginaw County adult residents hospitalized in a state facility.

Mental health care in the community now falls into two levels: ***primary care*** and ***specialty care.***

Diagnoses such as depression and anxiety without complicating functional disability are classified as ***primary care,*** and treated in primary health care or private practice clinics. Medications are commonly prescribed by general or family practice physicians. Treatment is integrated with primary health or in private counseling services, non-profit agencies and in support groups.

Specialty care is reserved for more complex mental health conditions that require the medical specialty of a psychiatrist with intensive support services. These are treated through Community Mental Health (CMH). The CMH service array includes comprehensive treatment and support services for persons who are typically assessed as disabled as a result of their mental illness.

People with "Serious and Persistent" mental illness have a diagnosis:

- which typically requires medication for symptoms related to delusions, hallucinations or severe mood disorders, and often have co-occurring substance use disorders;
- are likely to have experienced acute episodes which were serious enough to require hospitalization, and
- have a functional impairment of at least one year's duration in key life domains such as their ability to work, attend to their daily living needs or to participate in social interactions.

These criteria are also the criteria which are required for a person with mental illness to be qualified for social security disability.

What is Not Serious Mental Illness?

In mental health circles people with low need are sometimes referred to as the "worried well," or simply as having "mental problems." Neither characterization is fair: we wouldn't dismiss low-level physical health conditions in the same way. But the simple fact is that funding for this level of care is limited or nonexistent for people with no health insurance. Private practices and programs serving people with mental health counseling needs are limited, with most private practice offices requiring commercial health insurance or private pay.

This lack of funding for primary mental health care will likely be the most frustrating aspect of advocating for clients who need mental health care. You will find many who have concerns which could be addressed with a "little bit" of help from a mental health professional.

Many people have diagnosable mental health problems which are less than serious and persistent. In fact, one in five people have some sort of diagnosable mental health condition in their life times. Conditions such as depression and anxiety are very common for people who are under community supervision, whether that supervision is an alternative placement or prison re-entry.

Both conditions range in severity from mild to disabling. The difference that determines whether that care should be in the primary health care system or in specialty services is if the diagnosis results in long-term functional disability. The definition of this level of disability is very close to that which makes a person eligible for Social Security Disability (SSD) or Supplemental Security Income (SSI).

The following strategies are important to include in discussions with clients who need help coping with mental health issues.

Lifestyle supports mental health in many ways. Exercise, regular sleep, good diet and a supportive family are all dimensions of lifestyle that we know are effective in promoting mental health and preventing mental illness.

Primary Health Care can be a great source of support. Helping the client achieve a sense of health and well-being following incarceration promotes recovery. But just as finding a primary care physician is important to maintaining physical health, finding basic mental health care is critical to mental health.

Community Corrections Professional

Support Groups can be a determining factor in success. Friends made in groups can take much of the burden off family and can help preserve primary family relationships. There are excellent recovery models based in groups. These are included in the SCCMHA Counseling Directory.

SCCMHA Mental Health Counseling Directory has been published for the past 10 years and is available on the SCCMHA website, www.sccmha.org. It is a guide to mental health counseling and resources in Saginaw and includes many mental health related self-help groups which are typically free of charge.

What are Personality Disorders?

There is a broad spectrum of conditions that require some form of psychiatric care. Some of these are referred to as "personality disorders," and they are very prevalent among people involved in the justice system. It's important for professionals of both the corrections system and the mental health system to have a basic knowledge of personality disorders and how to respond to the problems they present.

The Cleveland Clinic website provides a very helpful "first-person" discussion about personality disorders. A first-person voice gives the reader a perspective of the condition from inside the experience. The Clinic website states: "Personality disorder is a general term for a type of mental illness in which your ways of thinking, perceiving situations and relating to others are dysfunctional. There are many specific types of personality disorders.

"In general, having a personality disorder means you have a rigid and potentially self-destructive or self-denigrating pattern of thinking and behaving no matter what the situation. This leads to distress in your life or impairment of your ability to go about routine functions at work, school or social situations. In some cases, you may not realize that you have a personality disorder because your way of thinking and behaving seems natural to you, and you may blame others for your circumstances."

General symptoms of Personality Disorders	Specific Types:
General signs and symptoms that may indicate a personality disorder include: • Frequent mood swings • Stormy relationships • Social isolation • Angry outbursts • Suspicion and mistrust of others • Difficulty making friends • A need for instant gratification • Poor impulse control • Alcohol or substance abuse	The specific types of personality disorders are grouped into three clusters based on similar characteristics and symptoms. **Cluster A.** These are personality disorders characterized by odd, eccentric thinking or behavior and include: Paranoid, Schizoid and Schizotypal. **Cluster B.** These are personality disorders characterized by dramatic, overly emotional thinking or behavior and include: Antisocial, Borderline, Histrionic and Narcissistic. **Cluster C.** These are personality disorders characterized by anxious, fearful thinking or behavior and include: Avoidant, Dependent and Obsessive Compulsive.

Evidence-Based Practice: In CMH Evidence-Based Practices such as Dialectical Behavior Therapy have emerged as effective treatments for personality disorder symptoms helping people control their thoughts and behaviors and to change their lives.

Other Mental Health Conditions

Mental Retardation: Mental retardation is now commonly referred to as an ***intellectual disability***. Typically the definition means an IQ lower than 70. Intellectual disability is one form of ***developmental disability***. A developmental disability is a condition occurring before the age of 21 which adversely and irreversibly affects a person's normal development and growth and results in a functional disability in four of seven life skill domains. A person with an intellectual disability may or may not also have a developmental disability. Either way, his or her needs are a challenge the corrections process must meet. It is more difficult for people with intellectual disabilities to comply with the array of tasks presented to them. They will also have more difficulty problem solving if they encounter barriers and are less able to change directions in their lives.

As do people with mental illness, people with intellectual disabilities experience higher levels of failure in the justice system. They have more of the risk factors and fewer of the protective factors that help them successfully engage in the community corrections system. They are also more likely to be victimized. In Michigan, CMH serves people with intellectual disabilities as well as those with serious mental illness. Case Managers, also called Supports Coordinators for people with intellectual disabilities, are able to help the community corrections officer assess a parolee/probationer's strengths and abilities and help create a plan.

Most professionals recognize a history of special education as an indicator of intellectual disability. But it's not uncommon for people to go through public education without being identified for special education, and many drop out of school after years of failure. If they were incarcerated as young adults, their institutionalization may have even further eroded their ability to adapt to community living. These people are typically referred to a GED program upon release, and it is not unusual for this referral to be met with resistance. The result presents a nearly insurmountable barrier to employment in the community.

Traumatic Brain Injury: Traumatic brain injury is not uncommon in the correctional population, and can cause a person to have difficulty in conforming to societal expectations. In these cases, treatment and supervision needs must accommodate the person's loss of cognitive ability. Whether due to assault or trauma from risk taking with cars or other high-risk behaviors, head injuries result in a short list of commonly seen impairments.

- Executive functions: This refers to the mental capacity to order and to monitor and change behavior as needed and to plan future behavior.
- Impulse disorders: Explosive disorders such as "temporal lobe epilepsy" result in unexpected, unprovoked rage which quickly subsides with often disastrous results from the behavior.
- Impaired memory: Loss of short-term memory makes it very difficult for someone to learn or engage in the simple interactions related to receiving and following instructions i.e. Go here…do this… then come back…and do that tomorrow.

SCCMHA includes in all of its assessments a review of traumatic brain injury.

What is a Co-Occurring Disorder?

We have known for some years that nearly 60% of the people served in CMH systems have some level of substance use disorder in addition to their mental illness. For many years mental health and substance use disorder treatment systems worked against each other while the evidence mounted that people who struggled with one often struggled with the other and that the solutions were intertwined. This schism resulted in the division of funding for the two conditions, and it was partly due to differences in views of treatment.

Much to the relief of all, the two disciplines have arrived today at a common understanding – and, hopefully, better outcomes. It will be important in the coming years to extend these ideas into the community corrections approach to diversion and re-entry. Parallel treatment has been a common expectation for a community correction client who would be directed to attend substance abuse treatment at one agency and mental health treatment at another.

Both Saginaw County Community Mental Health Authority and the Saginaw Substance Abuse Treatment and Prevention Service have adopted Integrated Dual Disorder Treatment (IDDT) as a standard of practice. All providers are expected to integrate services within their respective quadrants.

Stages of Change: A shared set of concepts between mental health and substance abuse treatment professionals begins with the "Stages of Change." The Cancer Prevention Research Center website provides a good overview of the stages of change. In mental health we help consumers with moving through these stages. These five stages of change have been conceptualized for a variety of problem behaviors.

- Pre-contemplation is the stage at which there is no intention to change behavior in the foreseeable future. Many individuals in this stage are unaware or under-aware of their problems.
- Contemplation is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action.
- Preparation is a stage that combines intention and behavioral criteria. Individuals in this stage are intending to take action in the next month and have unsuccessfully taken action in the past year.
- Action is the stage in which individuals modify their behavior, experiences or environment in order to overcome their problems. Action involves the most overt behavioral changes and requires considerable commitment of time and energy.
- Maintenance is the stage in which people work to prevent relapse and consolidate the gains attained during action. For addictive behaviors this stage extends from six months to an indeterminate period past the initial action.

Concepts in Integrated Dual Disorder Treatment

Quadrants: Dr. Kenneth Minkov theorizes mental health conditions and substance use disorders fall into four quadrants of severity and that differ-

High Mental Health Low Substance Use	**High Mental Health High Substance Use**
Low Mental Health Low Substance Use	**Low Mental Health High Substance Use**

ent treatment approaches are indicated for each. This is similar to the four quadrant concept of criminogenic risks and functional impairment found in correctional literature.

Harm Reduction vs. Abstinence: Harm Reduction is a philosophy of intervention which begins with an understanding of the stages of change. In co-occurring treatment the professional works to help the consumer take incremental next steps toward discontinuing harmful behaviors. The next step might be only using drugs when with friends not on the street or in the drug house, or the next step for an IV drug user might be only using clean needles, or not prostituting for drug money. A good discussion of this concept at both the systems level and at the client level will be essential. Under most circumstances, a Community Corrections plan is a "no tolerance" agreement; a mutual understanding of reporting obligations should acknowledge this potential conflict in treatment philosophy.

Motivational Interviewing: This is a method of dialog with consumers which helps them move from one stage of change to the next. It begins with understanding, respect, acceptance and empathy for the stage of change the consumer is in. The therapist then moves to helping the consumer see the discrepancy between his or her present behavior and the behavior needed to reach his or her goals. Therapists accept resistance as normal rather than pathological. Bottom line, the therapist supports the consumer's success through self-determination – knowing that success can only come through internal motivation to change.

Integrated Treatment for Dual Disorders: In mental health and in substance use disorder treatment, integrated treatment is the accepted standard of care for persons with co-occurring disorders. In Saginaw both SCCMHA and TAPS support integrated treatment for people who are in any of the four quadrants of co-occurring disorders. Integrated treatment includes psychopharmatherapeutics with psychiatrists in mental health and addiction treatment working with medications as a component of care, especially in the quadrants where mental illness is high or substance use disorder is high. Treatment teams at the mental health center are licensed by the Michigan Department of Community Health as substance abuse treatment providers.

Help through Evidence-Based Practices (This part is IMPORTANT!)

Mental health practice has evolved since the inception of psychotherapy. Most lay people think of the traditional counseling session as a Rogerian non-directive exploration of a person's feelings and life issues. Some people have been able to use this type of therapy to gain insight and change their behavior and their lives. Unfortunately, there is no evidence to support the effectiveness of this practice with people who have serious mental illness. Evidence-Based Practices are now the treatment of choice for most serious mental illnesses and CMH has redirected staff and resources to implement these.

Family Psycho-education: The National Institute of Health has run a national advertising campaign stressing the importance of friendship to people who have mental illness. Family and friends evaporate when mental illness ravages on for years. This becomes even more pronounced when incarceration adds both distance and stigma. The premise of this ad campaign is that friends make a difference. In Family Psycho-education, several families join in a group to discuss their experience and learn about mental illness, how it affects the family and how families can both cope and help their loved one succeed in treatment and recovery.

Dialectical Behavior Therapy (DBT): DBT is a 12-month program of individual and group therapy that helps consumers learn to take control of self-destructive behaviors. It uses the meditative skill of core mindfulness and self-directed interventions. These replace high-risk behaviors such as self-mutilation and high drama/rescue behaviors – which often involve emergency room visits. Consumers with personality disorder and others have made significant improvements and regained control over their lives with the use of these techniques.

Cognitive Behavioral Treatment (CBT): CBT is a type of therapy that addresses the irrational thoughts and beliefs that can lead to antisocial behavior. It has been shown to reduce recidivism for the general correctional population (Miller and Drake, 2006).

Trauma Focused Cognitive Behavior Therapy: Consumers learn through individual and group therapy to identify the dysfunctional behaviors they have developed to cope with the experience of traumatic events in their lives, then to change their response to the triggers which invoke those behaviors. Groups are gender specific, because the topic is often sexual abuse.

Assertive Community Treatment (ACT): This is a team-based treatment model for people who have schizophrenia or mental illnesses of a similar level of severity. It is designed with a team comprised of case managers, a therapist, a nurse, a psychiatrist and peer support specialists. The team-to-consumer ratio is 1:8 and the entire team relates to every consumer in the team. Consumers referred to ACT have numerous hospitalizations and difficulty in engaging in or tolerating relationships with family, friends, professionals or care givers.

Other Evidence-Based Practices in mental health include Supported Employment, Medication Algorithms and the Integrated Dual Disorder Treatment mentioned earlier.

Psychotropic Medication

Medication in Primary Care: Medications for mental illness in primary care can be prescribed by the family physician. Many people receive their medications for depression and anxiety from their primary care physician. Uncomplicated mental health conditions with straightforward treatments are integrated with a person's total health care managed by their family physician.

Medication in specialty mental health care: At SCCMHA medications are prescribed by a psychiatrist who works with a treatment team including nurses, therapists and case managers. The treatment team at SCCMHA provides an interdisciplinary approach to helping consumers manage their symptoms with a good knowledge of their prescribed medication, support for their ongoing monitoring of their symptoms, the efficacy of the medications and any problems with side effects.

Cost of Medication: Advanced Care Pharmacy is on site at SCCMHA's office at 500 Hancock. They specialize in psychotropic medication and are a full-service pharmacy for mental health consumers. They assist SCCMHA with managing sample medications and pharmacy assistance programs if the medications are prescribed by an SCCMHA network psychiatrist. Other community resources for pharmacy include Health Delivery Inc. and the Greenhouse Center of Hope. You can call Advanced Care Pharmacy at (989) 793-3130 if you have a question about a medication.

Classes of Psychotropic Medications: Below are some basic concepts to help with understanding the medications used in treatment of the symptoms of mental illness. Many of these drugs are available as generics now, but we include a few brand names with each class to help you identify the group. Some medications are used across groups.

Laboratory Work and Injections: Many psychotropic medications require routine laboratory levels to monitor for toxicity and efficacy. If side effects are missed the results can be serious. Injectible medications are also commonly prescribed and are administered by nurses working with SCCMHA network psychiatrists.

Anti Depressants: (Prozac, Celexa, Lexapro, Cymbalta, Paxil, Zoloft, Remeron) Commonly prescribed in primary care for the treatment of depression and anxiety.

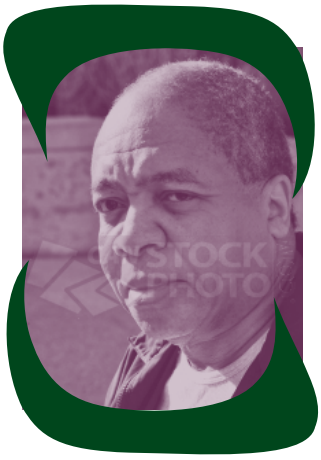
Mood Stabilizers: (Lamictal, Depakote, Lithium, Zyprexa, Seroquel, Risperdal, Tegretol, Abilify) Most commonly prescribed in specialty care for Affective Disorders which are bipolar.

Anti Anxiety: (Valium, Librium, Ativan, Klonopin, Buspar) Drugs in this group are for the most part in a class called benzodiazepines and are addictive. SCCMHA psychiatrists prefer to use the non-addictive options in this group such as Buspar.

Anti Psychotic: (Haldol, Loxitane, Clozaril, Zyprexa, Risperdal, Seroquel, Abilify) Some of these medications are given as injections or are available in long acting forms. Most commonly prescribed by a psychiatrist in specialty care.

Mental Health References: Eligibility

It's been said that it's harder to get into mental health services than it is into Fort Knox. We'd like to change that image! We hope in these paragraphs to provide enough information so that the Saginaw probation/parole officer can make referrals quickly and successfully … first by deciding on whom to refer!



When in Doubt Refer: SCCMHA will provide a mental health assessment to anyone who requests one. If you call or if the consumer calls, the Access staff will take enough information over the phone to create a screening record for the intake worker who will do a face-to-face assessment.

Eligibility Depends in Part on Insurance: The criteria for admission are easier for people with Medicaid or Adult Benefit Waiver (ABW). This is simply a fact of our times: Michigan's budget for mental health care for people who are not insured through Medicaid or ABW is very limited. CMHs are required to use the limited funds available to serve the most severe. Saginaw reserves this for only those whose ability to live in the community is entirely dependent on access to CMH services.

LOCUS Score: People with ABW are eligible for a program of brief therapy without any threshold of eligibility other than a diagnosis. For all others, SCCMHA measures a consumer's level of functioning with an assessment called the LOCUS (Level of Care Utilization System). For persons with Medicaid, a score of 17 is required for admission: for persons without Medicaid, a score of 23 is required for admission (up to a maximum possible score of 30). Persons without Medicaid may be offered the waiting list if they score between 17 and 23. The LOCUS measures and scores seven domains of functioning including: 1) Risk of Harm,

2) Functional Status, 3) Co-Morbidity (medical or substance use), 4) Level of Stress, 5) Level of Support, 6) Treatment and Recovery History, and 7) Engagement and Recovery Status.

Diagnosis: Mental health care at SCCMHA is limited to those with a diagnosis which cannot be treated in primary care. We typically refer consumers with uncomplicated depression and anxiety to primary health care. People with complex conditions, of a year or more duration, with complicating functional disabilities, are served in the public mental health system. Schizophrenia, manic depressive disorder and similar diagnosis often include symptoms of hallucinations, delusions and acute episodes requiring hospitalization.

Intellectual Disabilities: Persons with an IQ of 70 or less with significant impairment in three or more of seven life functioning domains. If you believe there is a chance that the parolee/probationer might have an intellectual disability it's best to refer to SCCMHA for assessment. We will research academic records and provide psychological testing to determine a diagnosis.

Mental Health Reference: Insurance

Knowing how mental health services will be paid for is an important starting point in making a referral. Not many probationers/parolees will have commercial health insurance; of those who do, few will have a complete mental health benefit. In the public mental health system, Medicaid is the largest payer of mental health services followed by Medicare. Some information about these insurances follows. For those with no health insurance, the options are very limited.

Medicaid is available either as Temporary Assistance to Needy Families (single adults do not qualify in this program) or as a primary health insurance for persons on Supplemental Security Income (SSI). Medicaid provides for the largest array of mental health services of all insurances. Services are available at two levels:

- For people who do not have a serious mental illness, Medicaid's managed health plan covers 20 visits of outpatient care per year
- The full scope of outpatient treatment and support through SCCMHA is available for people with serious mental illness

Medicare is available to:

- a person who is retired and collecting Social Security or
- the disabled adult child – usually with a developmental disability – of a retiree or
- a person who is disabled and has enough work credits to qualify

Medicare Part B provides for out patient professional mental health services, although there is a significant co-pay amount.

Adult Benefit Waiver: This health insurance program is available to single adults who are at 130% of the median income. Application for the coverage is the same as the Medicaid application and enrollment is offered only during limited periods of time. This insurance has a limited mental health benefit as well.

Social Security Disability (SSD): SSD is a federally administered program with four easy-to-remember qualifying criteria:

1) enough work credits
2) a covered diagnosis
3) a level of functional disability resulting from the diagnosis and
4) at least one year of expected inability to work as a result of the disability … allowing for six months retrospective and six months projected

A successful disability application requires careful documentation. If a consumer is denied for SSD as a result of insufficient work credits, the application will be transferred to the SSI program. If a person is successfully enrolled in SSD they get Medicare automatically.

Supplemental Security Income (SSI): SSI is a state administered program. The criteria for enrollment are the same as SSD with the exception of the work credits. If a person is successfully enrolled in SSI he or she will get Medicaid automatically.

Mental Health Reference: Other Sources of Mental Health Help

Primary Health Care: In Saginaw the primary provider of health care for the uninsured is Health Delivery Inc. HDI is our Federally Qualified Health Plan. As such, HDI receives federal funding for providing health care to the uninsured. There are two HDI clinics in Saginaw, the Janes Street Clinic and the Roosevelt Ruffin Clinic. HDI has a small capacity to provide mental health services such as brief counseling. HDI's physicians are willing to address mental health issues requiring medications for less-than-serious mental illness.

Cathedral Mental Health: This is an all-volunteer program which started with St. Mary's Cathedral and is now operated through Catholic Family Services. They provide limited mental health services for low-complexity mental health problems. They are often at capacity due to the limitations of their totally volunteer staffing.

Private Practices: There are several dozen private mental health practitioners in Saginaw. The SCCMHA Mental Health Counseling Directory provides a listing of those practitioners willing to be included with basic information about their practices. Most require private pay or commercial health insurance.

Substance Abuse Treatment Programs: Treatment and Prevention Services (TAPS) is the publicly funded substance abuse program in Saginaw County. Mental health services are a part of substance abuse treatment when a consumer has a co-occurring disorder. TAPS is an access program, not a provider; they pay for services at a network of providers and can accept Medicaid or pay for care with state block grant funds.

Veterans Benefits: There are two levels of VA benefits; first is the general access to all veterans health care in which the VA will bill other insurances first. The Saginaw VA program has significantly expanded its mental health program. Then there are the benefits available to persons who have a service connected disability. This benefit includes a living stipend.

The Michigan Prisoner Re-entry Initiative (MPRI): This program pays for a limited mental health program and is most likely the first available mental health coverage to someone exiting Michigan's corrections system.

Mental Health Reference: Michigan Prisoner Re-entry Initiative

There are two different MPRI programs serving Saginaw County residents. The scope of eligibility for each is similar to our earlier references to primary and specialty care.

MPRI for persons who do not have mental illness or who have less-than-serious mental illness: Referrals to this program begin while the inmate is still incarcerated. Efforts begin with an "in reach" assessment to assist people ready for release to anticipate their needs for successful re-entry. The program offers a broad array of social supports which include a low-intensity mental health benefit. The program is administered through Saginaw County

Community Mental Health, but this is a fiduciary grant management function only for the mental health agency. The MPRI program staff work out of the Saginaw, Bay and Midland parole offices and the Saginaw Correctional Facility in Freeland.

The MPRI team includes a Community Coordinator who serves Saginaw, Bay and Midland counties and an in-reach worker who is at Saginaw Correctional Facility in Freeland. The team works with a pre-release assessment and a community resource specialist meets with inmates following their release. The MPRI staff serves the residents of Saginaw, Bay and Midland counties and have a small budget of resources to purchase counseling and related re-entry services.

MPRI for persons with special needs (Including Serious Mental Illness): The Michigan Prisoner Re-entry Initiative for inmates with special needs is operated by the Michigan DOC through Professional Consulting Services (PCS), a contract agency. PCS provides services across the state of Michigan, facilitating the re-entry of people who were treated for serious mental illness while incarcerated. PCS does a comprehensive evaluation and pre-release plan. While the inmate is still in prison, the PCS staff begins working with him or her to identify services necessary for community placement – including coordinating housing or residential services.

Inmates who participate in this program may have been identified as "Special Needs" with a D47 status in the correctional system. This MPRI program for those who were identified as special needs begins with inpatient treatment occurring within the facility. PCS works with the Re-entry Project for Offenders with Special Needs to facilitate community placement.

The initial MPRI-SPMI referral is made to the SCCMHA Jail Diversion Specialist who provides a screening interview and referral for a face-to-face assessment in the SCCMHA Community Support Program. A community corrections field agent may also refer someone to the program following his or her release. This might be appropriate for a person who was not identified as having special needs during incarceration.

The cost of care for inmates who return to the community in this program is covered by the PCS contract with MDOC for up to six months. This includes the cost of residential treatment and all professional services. SCCMHA has a contract with PCS to provide this care. During the first six months SCCMHA works to assist the consumer with applying for disability and Medicaid to continue coverage of the cost of their mental health benefits.

Mental Health Reference: Information Systems

The purpose of this section is to help the community corrections officer in obtaining necessary information from the mental health system.

Sentri Electronic Medical Record: SCCMHA has an Electronic Medical Record which is called Sentri. There are no paper charts at our organization. Any incoming paper is scanned and the original is shredded. All documentation by all providers in our network are in this EMR.

HIPAA: By now most US citizens are aware of their HIPAA notice rights. Every health care provider is required to advise patients of their rights under this law. The law governs the use and release of "protected health information" in electronic transactions. HIPAA requires us to document every release of the record including what was sent, to whom and when and to be able to provide that information to the consumer when requested.

Email: HIPAA prevents us from sharing any protected health information via email including the consumer name.

Fax and Business Associate Agreements: Protected health information can be sent by fax if the receiving agency can attest to the security of the location of their fax machine; e.g. the fax machine cannot be in an area open to the public. A Business Associate Agreement will be requested by SCCMHA.

Confidentiality for Mental Health and Substance Abuse Records: The confidentially of mental health records in their paper form is governed by the Michigan Mental Health Code and the Michigan Public Health Code. Releases of information must specify to whom, for what purpose and for how long. They cannot be open-ended or non-specific. All record releases by SCCMHA are managed by the Medical Records Department. When a release is received the information is printed from the Sentri electronic medical record for mailing to the recipient. Documents are not mailed by case managers, doctors or other staff in the system.

Release of Information: SCCMHA will honor a release of information on a form from another agency if it meets the requirements of HIPAA and the State of Michigan. The requesting agency is welcome to use the SCCMHA form and send the original to us.

Duty to Warn: Mental health professionals have a duty to warn an individual who has been threatened by a consumer. This is referred to by the case law reference as "Tarasoff." This duty overrides any required release of information if the professional knows who the intended victim is.

Duty to Report CPS/APS: Mental health professionals are also required to report any suspected abuse to the Michigan Department of Human Services divisions Children's Protective Services or Adult Protective Services.

Notes

Notes

Justice System Reference: Information Systems

Where to get Consumer Information in the Criminal Justice System: This page is a quick reference for the mental health worker who needs documents or information from the Criminal Justice System.

OTIS (Offender Tracking Information System): OTIS is an Internet-based data system which can be used to identify a person's status with the Michigan Department of Corrections. the web site is:

http://www.state.mi.us/mdoc/asp/otis2.html

This is a good resource for case managers to check on a parolee/probationer's status with DOC. The OTIS system provides specific detail of community supervision orders for persons on parole or probation with the Michigan Department of Corrections. The site carries this cautionary note: "Although every effort is made to maintain accurate records on this database, no action should be taken as a result of information found herein without confirmation with the MDOC." Read the user agreement carefully. The OTIS database can be searched with just a consumer's name and will provide status information, the crime committed, the sentence, the release date, if on probation or parole the location of the office to which they are to report and the specifications of their supervision order.

Current Pre-Release/Probation/Parole Orders: Available on OTIS.

History of Mental Health Services Received in Prison: These records are difficult to obtain and require a very detailed release of information request.

Forensic Evaluations and NGRI Community Orders: Forensic assessments are available with a release of information sent directly to the Forensic Center. Continuing Treatment Orders are generated through the last state facility to which the person was admitted and copies are sent yearly to CMH and are scanned into Sentri.

Michigan Crime Victims Notification Network 1-800-770-7657: This is a free, confidential computer-based service that provides information and notification regarding crimes committed in Michigan. It provides information regarding offender status and upcoming court events. Crime victims can register for automated telephone notification. Any person may call the hotline, however, automated notices is a service for crime victims.

Public Sex Offender Registry (PSOR): This web-based registry is available to the public at http://www.mipsor.state.mi.us/ by the Michigan State Police.

Justice System References: Parole and Probation Offices

Parole Offices

State of Michigan Department of Corrections
Saginaw County Parole Office

Supervisor: Bill Piggot	
1835 Treanor Saginaw, MI 48601	Business Hours: 8 am to 5 pm
Phone: (989) 754-8661, Fax (989) 754-2421	http://www.michigan.gov/corrections

Probation Offices

Circuit Court Probation, 10th Circuit Court
Michigan Department of Corrections

Supervisors: Charles Green and Susanne Smokoska	
1931 Bagley Saginaw, MI 48601	Business Hours: 8 am to 5 pm Monday – Friday
Phone: (989) 758-2470, Fax: (989) 758-2469	http://www.michigan.gov/corrections

US District Court Eastern Michigan

Philip Miller, Chief Probation Officer	
United States District Courthouse 1000 Washington Ave., Rm. 312 P.O. Box 649 Bay City, Michigan 48707-0649	Business Hours 8:15 am to 4:15 pm
Phone: (989) 894-8830, Fax (989) 894-8834	http://www.mied.uscourts.gov/

Justice System Reference: District Court Probation

District Court Probation
70th District Court, Saginaw County

Mark A. Grimaldi, Director	
111 S. Michigan Avenue , Room 338 Saginaw, MI 48602	Business Hours: 8 am to 5 pm Monday – Friday
Phone: (989) 790-5492 Fax: (989) 790-5221	http://www.saginawcounty.com/ DistrictCourt/ProbationDepartment

Mental Health Professional

The District Court Probation Department consists of a Director, Deputy Director, six Probation Agents, a Community Service Work Coordinator, and three clerical staff. The Department provides the six Judges of the 70th District Court with pre-sentence reports on referred cases. The Agents interview the defendant, conduct employment, criminal, traffic history checks, assess and evaluate for substance abuse or domestic violence abuse and contact victims when required. The Agents provide the six District Court Judges with a detailed pre-sentence investigation (PSI) report prior to sentencing.

Services Provided

- Prepare pre-sentence investigation reports for Judges so they make informative decisions when sentencing defendants.
- Pre-sentence reports prepared for the District Judges include criminal/traffic background checks, police reports, victim statements, restitution estimates, assess and evaluate for substance abuse and defendant interview information.
- Agents evaluate defendants for eligibility on the PLUS Program and provide initial work schedule.
- Monitor defendants on Supervised or Unsupervised Probation. This involves making sure defendants comply with Orders of Probation by making personal contact with each defendant monthly.
- Prepare Order to Show Cause/ Bench Warrants and Probation Violation Hearings when defendants fail to comply with Order of the Court.
- The Community Service Work is organized in conjunction with non-profit organizations that provide Community Service Work in lieu of fines, cost and/or jail time.
- Make recommendations to Judges if defendants are eligible for a restricted license and verify days and hours of employment for the court.

Justice System Reference: Community Correction Services

Mary Amend, Community Corrections Manager	
111 S. Michigan Ave. Saginaw, Michigan 48602	Business Hours: Monday through Friday, 8 am to 5 pm
Phone: (989) 790-5584 or (989) 790-5419	http://www.saginawcounty.com/Corrections http://www.tricap.net

Pretrial Supervision: For in-custody defendants who meet the eligibility criteria for community supervision as a condition of release. Eligibility criteria:

- Defendant is not eligible by the court for a standard PR bond
- Defendant must be in custody of the jail – the current offenses must be a felony
- Defendant must have a working phone or access to means of transportation to the jail
- Defendant is not on parole or currently on bond
- Defendant has not demonstrated a pattern of violent behavior
- Defendant does not live with the alleged victim
- Defendant demonstrates specific risk factors
- Defendant must have a working residential telephone

Day Reporting: Requires defendant to maintain contact with the Pretrial Services office and abide by ordered conditions while their case is active. Requirements:

- PR bond with Day Reporting ordered
- Minimum of 1 risk factor but not more than 3 risk factors
- Specific first-time felony offenders are eligible

Monitor on Release (MOR): Requires the defendant to be supervised on electronic monitoring and abide by ordered conditions while their case is active. Requirements:

- Alternative cash surety bond ordered
- Must have a working phone in residence
- Minimum of 2 risk factors

Residential Pre Release: Tri-Cap (Tri-County Community Adjudication Program): This non-profit diversion program is for non-violent sentenced felony offenders, parole and probation violators and Special Alternative Incarceration graduates: Tri-Cap has several programs which offer substance abuse treatment and residential work placement. Tri-Cap can be reached directly at (989) 752-0800, 2300 Veterans Memorial Parkway, Saginaw, MI 48601.

Jail Diversion Specialist and the Case Managers: When SCCMHA makes a commitment to the judge on what mental health services will be provided it is essential that we play our part well as a team. We are being entrusted by the court with the supervision of the offender and must make good on every detail of that responsibility to which we made a commitment. This requires clear communication regarding all aspects of the plan with all the team members including a residential provider and the Crisis Intervention Service if they might be involved.

The Importance of Hustle: Consumers are living under a heightened anxiety about their performance and compliance when they are in the community under a pre-trial release plan. They feel a much greater pressure for knowing what is expected of them, such as appointment dates, call in time for reporting, where they will be living, etc. Professionals need to respond quickly to their needs as well as to the court's expectations. The timeliness of response to consumers is essential in successful jail diversion.

Mental Health "Out of the Box": The jail diversion treatment team has to work creatively to help consumers meet their pre-trial release orders. This is not the "business as usual" circumstance. A good example is a consumer who lived nearby who came to the mental health center daily to make his call in for his electronic monitoring because he did not have a phone in his apartment. Things like this which would seem simple to most people may seem insurmountable barriers to a consumer and they are easy things for the concerned mental health professional to help with if they are able to think "out of the box."

Justice System Reference: Judges and Courts 2010

Tenth Circuit Court
Courthouse
111 S. Michigan Ave.
Saginaw, MI 48602
Phone: (989) 790-5470
http://www.saginawcounty.com/circuitcourt.aspx

Honorable Robert L. Kaczmarek, Chief Judge
Honorable Janet M. Boes
Honorable Fred L. Borchard
Honorable Darnell Jackson
Honorable James T. Borchard

Seventieth District Court
Courthouse
111 S. Michigan Ave.
Saginaw, MI 48602
Phone: (989) 790-5363

Honorable M. Randall Jurrens, Chief Judge
Honorable Terry L. Clark
Honorable M. T. Thompson, Jr.
Honorable Christopher S. Boyd
Honorable Alfred T. Frank
Honorable Kyle Higgs Tarrant

Probate Court
Saginaw County Probate Court
111 S. Michigan
Saginaw, MI 48602
Phone: (989) 790-5363

Honorable Patrick J. McGraw, Chief Judge
Honorable Faye M. Harrison
Ms. Terry Kluck Beagle, Probate Register

US District Court Eastern Michigan
101 First Street
Suite 200
Bay City, MI 48708
Phone: (989) 894-8800

Gerald E. Rosen, Chief Judge

Mental Health Professional

assessment at CFP if they appear to have mental illness at the time of their offense or during the period of their court proceedings. Competency examinations may be initiated by any court officer; whereas criminal responsibility examinations are initiated by defense counsel.

Competency: If a person is found Incompetent to Stand Trial (IST) as the result of a competency assessment they may be admitted to the Forensic Center for "competency restoration" until they are stable. Or the assessment might result in a determination that there is no substantial probability of the person's restored competency in which case the court may proceed with orders for treatment.

Criminal Responsibility: The defense counsel can request an assessment of Criminal Responsibility which might result in a status of Not Guilty by Reason of Insanity (NGRI.) If found to be NGRI, the offender will serve a period of time in a state psychiatric hospital and may be released to the community under supervision by the Community Mental Health Center on Authorized Leave Status from the hospital.

Treatment Services and Family Support: Treatment may be provided at CFP or a person may be transferred to "general population" at Caro or Kalamazoo state hospitals. CFP provides a support group on the second Saturday of the month for the families of persons who are admitted for treatment services. Contact them at (734) 429-4355.

Role of the Case Manager in Community Treatment Orders: The NGRI Committee at CFP makes recommendations to the probate court about the level of community supervision required for a person who is to be released into the community under their supervision. The court venue for the ongoing continuing stay is transferred to the Probate Court. The court requests an alternative treatment plan from Community Mental Health and the Probate Judge considers these recommendations and includes them in the Order for Community Treatment. The period of NGRI status for the offender is similar to parole with the monitoring role being delegated to the community mental health center. Every six months the CMH Case Manager must report on the consumer's progress to the court – including recommendations for continued supervision. Any non-compliance between court review dates should be addressed by the Case Manager with a call to the state facility of discharge and a possible revocation of Authorized Leave Status.

Jail Diversion Planning: Working as a Team for Successful Pre-Trial Release

SCCMHA Crisis Intervention and Access Staff: The SCCMHA Jail Diversion Specialist provides outreach to Circuit and District Courts Monday through Friday. The goal of the Jail Diversion program is to identify non-violent misdemeanant offenders who have a serious mental illness or developmental disability and divert them from jail time through planning for pretrial release supervision through the mental health system. The Jail Diversion Specialist reviews all daily booking logs looking for names of persons who are known to us as consumers of services at SCCMHA and responds to referrals from the jail and the courts when an individual appearing mentally ill, but not known to SCCMHA services appears in jail or court.

the court or the Department of Corrections … MUST FOLLOW THEIR ORDERS! As case manager you should know what those orders are. Any aspect of their order, such as if he or she must stay at a certain approved AFC home, should be specified in the PCP. Any changes require an approval of the court and an amendment of the order before implementing.

Person Centered Planning … an Opportunity to Plan Supports for Compliance.

- Ask to see a copy of the parole, probation or pretrial release orders.
- Find out who the probation (or parole) officer is.
- Know how frequently they are to report to their officer.
- Clarify with the consumer what their understanding is of their orders.
- Ask the consumer to what extent they want their mental health services reported or shared with their officer or agent.
- Get a release of information.
- Ask the consumer if it would be ok to have a joint meeting with their officer or agent.
- Schedule a meeting to discuss the orders and clarify any degree of choice the consumer has in specific components.
- Ask the consumer how you can help them be compliant with their orders, do they need help with reporting, with phoning in while on tether, with community service or restitution, with seeking work or educational placement.

Person Centered Planning … an Opportunity for Early Intervention and Prevention.

- The PCP time is a good time to think through with the consumer what they believe are their areas of risk for reoffending or technical violation. Ask them to identify what their risks are: is it old friends, is it the neighborhood, is it relapse to street drugs, is it family tensions, is it low tolerance to frustration or anger management? Each area of risk identified by the consumer lends itself to goals for mental health supports and services.
- Encourage Family Psychoeducation, Integrated Dual Disorder Treatment or Trauma Focused Cognitive Behavioral Therapy … each of these Evidence-Based Practices targets areas of risk for people who are justice involved.

When to Report and What to Report: Watching the Boundary and Consumer Rights

Case managers and community corrections officers need to have a clear agreement about what will be reported by mental health and how frequently. The consumer should know and agree to what will be reported. A written release of information must be specific to content.

Center for Forensic Psychiatry

PO Box 2060
Ann Arbor, MI 48106
Phone: (734) 429-2513
Fax: (734) 944-0802

The Center for Forensic Psychiatry (CFP) is operated by the Michigan Department of Community Health. It provides both diagnostic services to the criminal justice system and psychiatric treatment for criminal defendants adjudicated incompetent to stand trial and/or acquitted by reason of insanity.

CFP Evaluation Services Unit: An offender can be sent for a competency evaluation or criminal responsibility

PSOR: Phone (517) 241-1806
Fax (517) 241-1868
Website: http://www.mipsor.state.mi.us

The "School Safety Zone": This law was enacted in January 2006 and it prohibits individuals convicted of a "listed offense," with some exceptions, from residing, working or loitering within 1,000 feet of school property. Case managers need to be aware of this law and how their consumers are affected.

What are the Residential Living Restrictions? In addition to the School Safety Zone law, consumers who have been convicted of sexual offense are further limited in housing choices through eligibility restrictions for public housing and housing subsidies. Be prepared when helping a consumer to apply for housing supports.

When to Request a Behavioral Treatment Plan? The clinical approach to behavioral problems offers hope that a consumer can learn to control sexual behaviors through psychological treatments. Though these are most commonly requested for persons living in group homes for implementation by the residential treatment staff, there are also Cognitive Behavioral techniques which can be learned by the consumer.

COMPAS Risk Assessment for Community Release

The Michigan Department of Corrections uses an assessment tool called COMPAS when creating plans for re-entry to community living. The assessment is administered in prison before a prisoner is released to assist with parole planning. The assessment consists of eight dimensions of risk or scales:

- Recidivism: factors involving prior criminal history, criminal associates, drug involvement and early indicators of juvenile delinquency problems are predictors of recidivism.
- History of Violence: the seriousness and extent of an offenders past with violence including use of weapons and injuries to victims.
- Vocational/Educational Problems: factors such as high school completion, school problems such as suspension, expulsion, poor grades and similar factors in employment are included.
- Social Environment: focuses on the amount of crime, disorder and victimization potential in the neighborhood where the person lives.
- Social Isolation: this measures both the availability of a support system and the degree to which the person is accepted and is integrated into that network.
- Depression.
- Low Empathy: the ability to understand the feelings of others.
- Low Efficacy/Optimism: the confidence that the offender feels in his or her ability to deal with the challenges of re-entry.

The COMPAS can be a good starting place for a conversation with the consumer's parole agent about their concerns for successful community supervision. Mental health supports and treatment options can be focused on any number of these COMPAS identified risks.

The Role of Mental Health in Supporting Compliance?

Remember to say "Ask your Agent!"

The most important thing to remember is that people under supervision by

parole investigation to ensure that the offender's community release plan is sound and represents the best strategy for assuring the parolee's successful adjustment, which is the key to protecting the public. The investigation includes approval of an offender's home placement, employment, education and treatment. Release is coordinated by the department's Parole Release Unit.

Pending an offender's release to parole, the department provides notification to registered crime victims, the prosecutor and law enforcement.

Parolees must meet certain conditions to maintain their parole status. There are general conditions of parole which include:

- requiring the parolee to report regularly to the parole agent
- prohibiting out-of-state travel without the agent's permission
- requiring the parolee to maintain employment
- to obey the law
- to submit to drug and alcohol testing at the agent's request
- to reside at an approved residence

The parolee must also avoid any unauthorized association with known criminals and cannot possess firearms. Often, the Parole Board imposes special conditions of parole which are based on the offender's background and crime, and are intended to provide the right amount of structure to increase the parolee's chance of making a successful adjustment.

Sexual Offenders Special Issues

Public Sex Offender Registry: The Michigan State Police (MSP) Public Sex Offender Registry (PSOR) is made available through the Internet with the intent to better assist the public in preventing and protecting against the commission of future criminal sexual acts by convicted sex offenders. All persons convicted of one of the listed sexual offenses on or after October 1, 1995 and those persons who were convicted before but were still incarcerated, on parole or probation for that offense on October 1, 1995 must be registered. Offenders are entered locally by a probation/parole agent or the criminal justice agency that dealt with the offender. Offenders must be registered after conviction and prior to sentencing.

How to Help Consumers Stay Compliant: Please help consumers stay compliant with this registry requirement by notifying within 10 days of change in their address. Offenders convicted of Criminal Sexual Conduct (CSC) 1st, 2nd, 3rd or 4th degree must verify their address during the first 15 days of January, April, July and October each year that they are registered.

In addition to the registry, the correctional system imposes many restrictions on offenders including some or all of the following:

1. Restriction of movement can include staying away from parks, playgrounds, day care centers or places used by persons 17 or under.
2. They are not allowed to live with a person under 17 or with persons who have children under age 17.
3. They may be placed on a GPS tether.
4. They might be prohibited from using video cameras, computers, the Internet or devices connecting to the Internet without permission of their agent.
5. They cannot possess any sexually stimulating media or any that can be used to attract children.

tions may require jail confinement, substance abuse treatment, community service, high school completion, restitution, fines, court costs and supervision fees, electronically-monitored home confinement, placement in a state-funded probation residential center, and/or finding and keeping employment.

The fundamental mission of probation supervision is public protection. We achieve public protection by assisting the offender to become a productive member of the community. This is achieved by assessing the risk and needs of the offender and ensuring that treatment and programming are available that will reduce risk and address the needs of the offender. Agents team with families, employers, treatment providers and the faith-based community to assist probationers in accepting responsibility and change. Department policy also requires the supervising agent to respond to each offender violation of the court's order. Since the gravity of violations and the individual offender risk to public safety vary, policy requires agents to fashion violation responses that take into account the seriousness of the violation and the offender's general risk to the public, as well as the offender's adjustment to supervision. This approach is designed to provide agents with a range of interventions for responding to violation behavior. In all cases agents are required to recommend to the court and impose the least restrictive response that is consistent with public safety.

Failure to follow the requirements of parole results in a response from the supervising parole agent. Violation responses may include more intensive case management efforts, referrals to counseling programs, community service obligations, substance abuse treatment, placement in a residential program center or a return to prison if the parolee appears to pose a threat to public safety.

The Parole Process

The Michigan Department of Corrections defines parole "as a period of supervision and testing in the community prior to release from parole board jurisdiction. Under state law, the Parole and Commutation Board may grant parole only if there is a reasonable assurance the prisoner will not be a menace to society or to the public safety. The parolee is supervised by a state parole agent and the Parole and Commutation Board may revoke the parole whenever the parolee fails to keep the terms of parole which include both standard conditions as well as any special conditions attached to the parole." When a person released from prison has been identified during their incarceration as seriously mentally ill, it is the Parole Board which designates the person as MPRI eligible.

Felons who have been incarcerated for at least the minimum portion of their sentences can be placed on parole by vote of the Parole Board. Typically, an offender is supervised on parole for a period of one to four years. While on parole, offenders are managed and guided by parole agents whose efforts are supported by networks which generally include representatives from law enforcement, mental health treatment providers, substance abuse counselors, housing specialists, employment specialists, mentors from the faith community and others.

Following the decision to parole, but before the prisoner's release from prison, the department conducts a pre-

- Pro-criminal attitudes (for example, negative expressions about the law, conventional institutions, values, rules, procedures, etc.)
- Anti-social associates.
- Poor use of leisure/recreational time.
- Substance use.
- Problematic circumstances at home (for example low caring or supervision, high neglect or abuse, homelessness).
- Problematic circumstances at school or work (for example limited education, unstable employment history).

Protective Factors: Mental health Evidence-Based Practices are rich in protective factors and they include:

- Recovery-focused care employing treatment methods constructed from knowledge of Stages of Change and Motivational Interviewing.
- Support and education for natural supports. Help for the family through models such as Family Psycho-education.
- Integrated Dual Disorder Treatment ensuring greater success in addressing both the mental illness and the substance use disorder by reducing the barriers for the consumer who would otherwise be caught in conflicting systems of care with redundant access processes and compliance obligations.

Psychosocial Rehabilitation through Clubhouse and Supported Employment are models of social reintegration for people with mental illness whose alienation from normal contexts is doubly difficult due to their criminal justice involvement.

The Probation Process

Since 1913, probation has been the primary form of supervision for anyone convicted of a felony in Michigan. The MDOC website provides a wealth of information about correctional related policies, procedures and resources. The following information is from the MDOC website.

Probation may be imposed for misdemeanors and felonies except murder, treason, armed robbery, criminal sexual conduct in the first or third degree, certain controlled-substance offenses, or felonies in which a firearm was used. In recent years, on average, more than 55,000 adult felony probationers in Michigan have been under the supervision of MDOC. While it is the responsibility of the department to supervise adult felony probationers in Michigan, courts retain legal control over the offender's status.

In general, the statutory maximum term of probation is five years for felonies and two years for misdemeanors. Lifetime probation is authorized for some drug offenses. However, within the statutory maximum, the length of probation is determined by the judge at sentencing.

While it is the primary responsibility of MDOC probation agents to monitor offender behavior during supervision to ensure compliance with the probation order, it is the judge who sets the offender's conditions or requirements of probation. Beyond statutory probation conditions requiring the offender to avoid criminal behavior, not leave the state without permission and report as specified by the agent, the court is free to impose special conditions of probation based on the offender's criminal and personal history. Special condi-

Parole: A term of community supervision afforded by the Parole Board to a prisoner who has served the minimum portion of his or her sentence, less good time or disciplinary credits if applicable. While on parole, a parolee is supervised by an agent who is an employee of the Department of Corrections. At the successful completion of the parole period, the offender is "discharged" from his or her sentence. If a parolee violates the parole terms, he or she can be sent back to prison. The Parole Board retains jurisdiction until the maximum sentence is served in prison or the offender discharges from parole.

Probation: A term of supervision afforded either a convicted felon or a convicted misdemeanant by a court as an alternative to prison or jail, although some judges may sentence offenders to a combination of both probation and jail or boot camp. The Michigan Department of Corrections supervises convicted felons who are serving probation sentences under the jurisdiction of the sentencing court.

District Court 70th : The court most people have contact with is the district court. The district court handles most traffic violations, all civil cases with claims up to $25,000, landlord-tenant matters, most traffic tickets, and all misdemeanor criminal cases (generally, cases where the accused, if found guilty, cannot be sentenced to more than one year in jail). In addition, small claims cases are heard by a division of the district court.

Circuit Court 10th : The circuit court is the trial court with the broadest powers in Michigan. In general, the circuit court handles all civil cases with claims of more than $25,000 and all felony criminal cases (cases where the accused, if found guilty, could be sent to prison).

U.S. District Court Eastern Michigan (Bay City): Charges related to federal offenses are adjudicated in this court and probation and parole are provided in this system.

Corrections Risk Factors and Protective Factors

Research shows that people with mental illness are more likely to come into contact with law enforcement, are more likely to stay in jail or prison longer, less likely to be offered probation or parole, more likely to have probation or parole revoked and more likely to re-offend. This is not an encouraging statistical landscape for the mental health professional, but it helps to know what you are up against and what the world looks like for the consumer.

It may seem obvious that getting to better outcomes is about reducing the risk factors and increasing the protective factors. But sometimes when the odds seem as overwhelming as these it helps to start with the basics.

Risk Factors: Literature describes a "Central Eight" set of risk factors which increase the likelihood of probation/parole revocation:

- History of criminal behavior (prior to interactions with the criminal justice system).
- Anti-social personality pattern (for example antagonism, impulsivity, and risk taking).

Better Outcomes for Justice Involved Persons with Mental Illness

As a mental health professional, you hope for the best outcomes for the people you serve. From a mental health perspective, that is for consumers to live a life like everyone else, to learn to manage their mental illness and to not be defined by it, to keep their family relationships intact and to engage in community life.

We know that when people with serious mental illness are involved in the criminal justice system their outcomes in both systems are worse … they have difficulty meeting the expectations of the courts and community supervision, they have less resilience for picking up the pieces of their lives and getting on with recovery. Their sense of hope is often extinguished.

During your assessment you will need to thoroughly explore any expectations of community supervision which the consumer must meet. The consumer may or may not want to have his or her mental health professional talking with a corrections officer. You have to respect that choice if the consumer is free to make it. However, it is more likely that the Corrections Officer will expect regular reporting at least about attendance. We will say more about that later in this section.

Asking the consumer about how he or she plans to meet the court's expectation will help you see where the consumer has strengths to do things on his or her own and where he or she risks not meeting those expectations.

The stigma of mental illness in our society is hard enough. Imagine adding the stigma of incarceration for a felony, of being a criminal. Through Person Centered Planning and motivational interviewing, you the mental health professional can help someone find a vision of recovery for themselves and help them succeed in attaining it.

With this guide we would hope to help you with that goal through:

- Tips for helping consumers navigate the legal system
- Knowledge of expectations for Community Supervision
- Knowledge of the basics of the Legal System
- Facilitate a working partnership with the Community Corrections professionals for planning and problem solving dialog

What Does "Justice Involved" Mean?

Below are some terms that will be helpful for the mental health worker to know and use appropriately in communicating with consumers and professionals involved in the justice system.

Felony: In Michigan, any serious crime for which the possible maximum sentence is more than one year in prison. (Probation can be an alternative to prison in most felony crimes.)

Misdemeanor: A crime less serious than a felony for which the maximum sentence is usually not more than one year in a county jail. A sentence usually involves probation, jail time, a fine or a combination of any or all of these three. Except in certain specific instances, persons convicted of a misdemeanor cannot be sentenced to prison.

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A publication of the Council of State Governments, Justice Center 2009

and from the websites of our county courts, probation, community corrections and parole offices.

Our Vision is that we are:
"Sharing Hope for Successful Re-Entry and Recovery"

Note: Throughout this document the term "community corrections" refers to both probation and parole agents and officers.

WORKING TOGETHER for BETTER OUTCOMES

A Community Corrections Guide for the **Mental Health Professional** 2011

Saginaw County Community Mental Health Authority