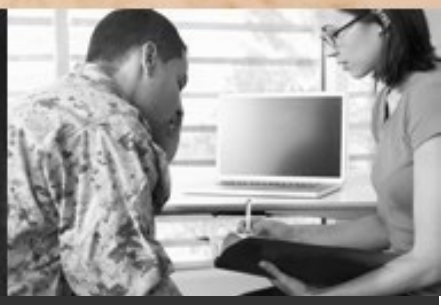


Sequential Intercept Model Mapping Report

Franklin County, PA | September 2025

Kathleen Kemp, Ph.D. and Christy Giallella, Ph.D.

Policy Research Associates, Inc.

This page left intentionally blank.

Sequential Intercept Model Mapping Report for Franklin County, PA

Final Report
September 2025

Kathleen Kemp, Ph.D.

Christy Giallella, Ph.D.

Policy Research Associates

ACKNOWLEDGMENTS

This report was prepared by Kathleen Kemp, Ph.D. and Christy Giallella, Ph.D. of Policy Research Associates, Inc. (PRA). PRA thanks Franklin County Criminal Justice Advisory Board for supporting this event and to the Franklin County Judicial Center for hosting this event. PRA also thanks President Judge Meyers for opening the workshop on September 11, 2025.

OPENING REMARKS

President Judge Meyers welcomed participants to the Franklin County SIM workshop. His remarks emphasized the purpose of re-evaluating the community's Sequential Intercept Model (SIM) mapping and the value of cross-system collaboration. A moment of silence was held in remembrance of 9/11 and acknowledgment of recent tragic events in Charlotte. Judge Meyers underscored the goal of diverting individuals into treatment whenever safely possible, noting that gaps in community resources often compel the criminal justice system to use its own tools to ensure safety. His remarks highlighted the importance of balancing community safety with humane, treatment-oriented approaches and maintaining credibility through coordinated, responsible action.

RECOMMENDED CITATION

Policy Research Associates (2025). *Sequential intercept model mapping report for Franklin County, PA.* Troy, NY: Policy Research Associates, Inc.

RESEARCH AND INTERACTIVITY

Civic Mapping
Jerry Hall
815 E St, Unit 121694
San Diego CA 92112
858-244-1104
CivicMapping.com

TABLE OF CONTENTS

Introduction 6

Background 7

Sequential Intercept Model Map for Franklin County, PA 9

Opportunities and Gaps at Each Intercept 10

Intercept 0: Community Services; and Intercept 1: Law Enforcement 11

- Opportunities 11
- Gaps 22

Intercept 2: Initial Detention & Court Hearings; and Intercept 3: Jails/Courts 26

- Opportunities 26
- Gaps 37

Intercept 4: Reentry; and Intercept 5: Community Corrections 40

- Opportunities 40
- Gaps 43

Priorities for Change 44

Action Plans 45

- Priority Area #1: Develop housing resources for the behavioral health justice-involved population and address their health-related social needs (HRSA). 45
- Priority Area #2: Develop a mobile crisis team and implementation plan (e.g., culture change). Make mobile crisis mobile. 46
- Priority Area #3: Formalize informal processes within and across agencies. 47
- Priority Area #4: Embed Peer Supports across intercepts (address recruitment and training). 48
- Priority Area #5: Implement the Pretrial Risk Assessment Tool at booking, prior to preliminary arraignment, to be used by Magisterial District Judges (MDJs) in bail decisions. 49

Parking Lot 50

Recommendations 51

Resources 55

Appendix 62

- Appendix A: SIM Workshop Participants 63
- Appendix B: SIM Workshop Agenda 65
- Appendix C: Community Self-Assessment Survey Results 67

INTRODUCTION

Since 1995, Policy Research Associates have worked to expand community-based services and reduce justice involvement for adults with mental and substance use disorders in the criminal justice system. PRA is supported by the Substance Abuse and Mental Health Services Administration to focus on five areas:

- Criminal justice and behavioral health systems change
- Criminal justice and behavioral health services and support
- Trauma-informed care
- Peer support and leadership development
- Courts and judicial leadership

BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

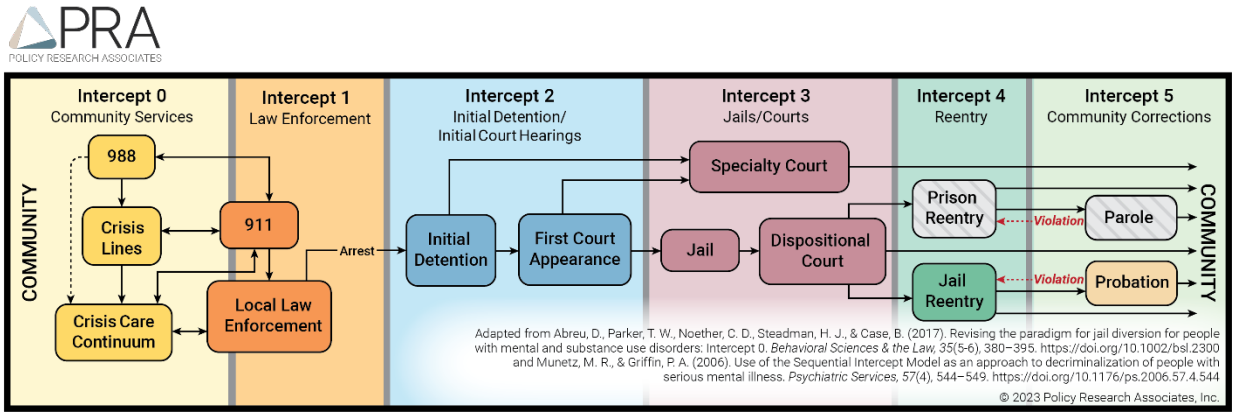
A Sequential Intercept Mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support

2. Identification of gaps and opportunities at each intercept for individuals in the target population

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population

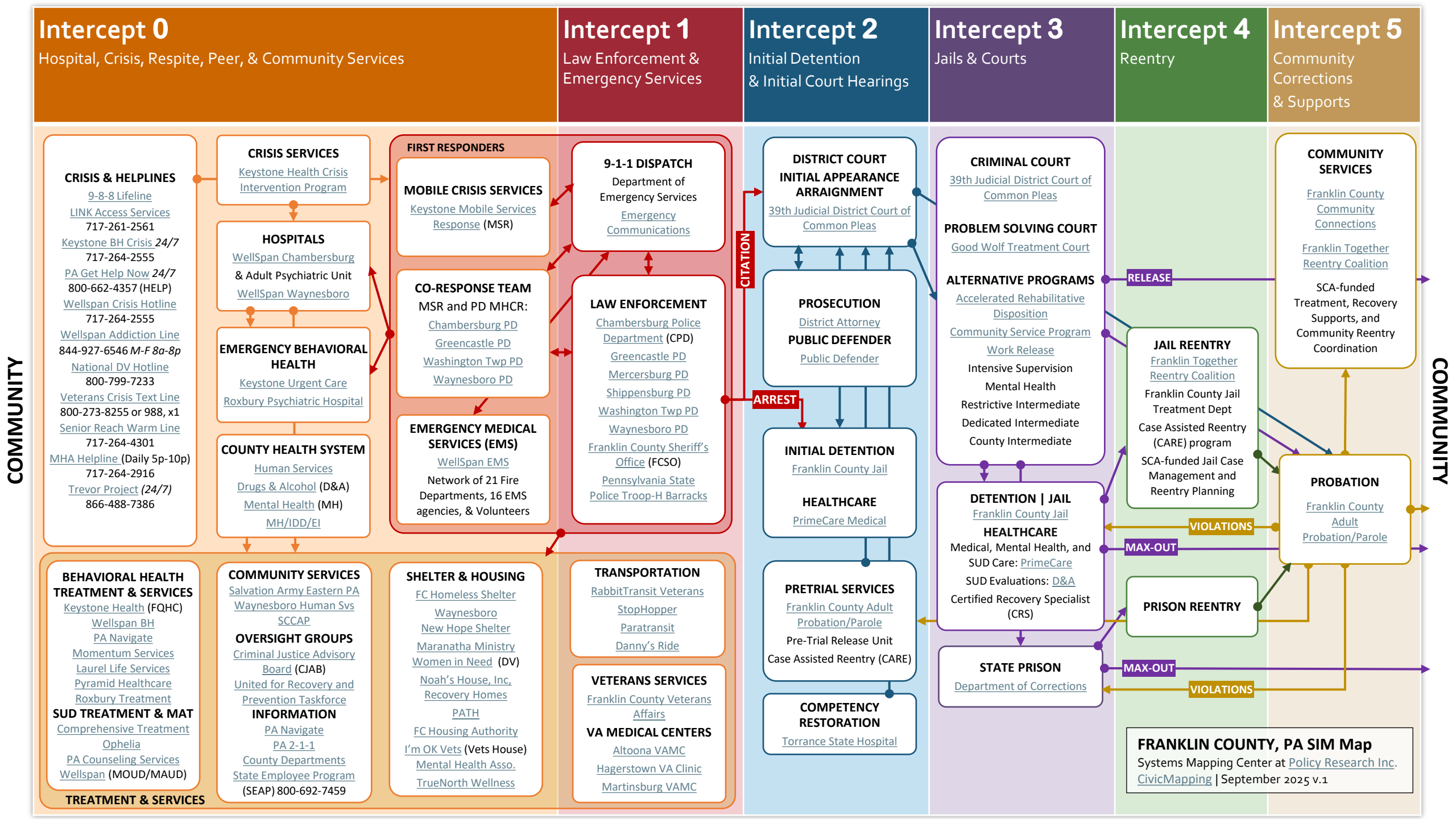


The following report includes the results from an annual Sequential Intercept Model (SIM) session conducted by the Behavioral Health subcommittee of the Franklin County Criminal Justice Advisory Board. Franklin County's original intercept model and report was the product of an April 2009 National GAINS Center *ACTION: Cross-Systems Mapping* and *Taking Action for Change* workshop sponsored by

[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

the Franklin County Commissioners and the Criminal Justice Advisory Board (CJAB). The Pennsylvania Commission on Crime and Delinquency funded both the 2009 and 2012 workshops and reports.

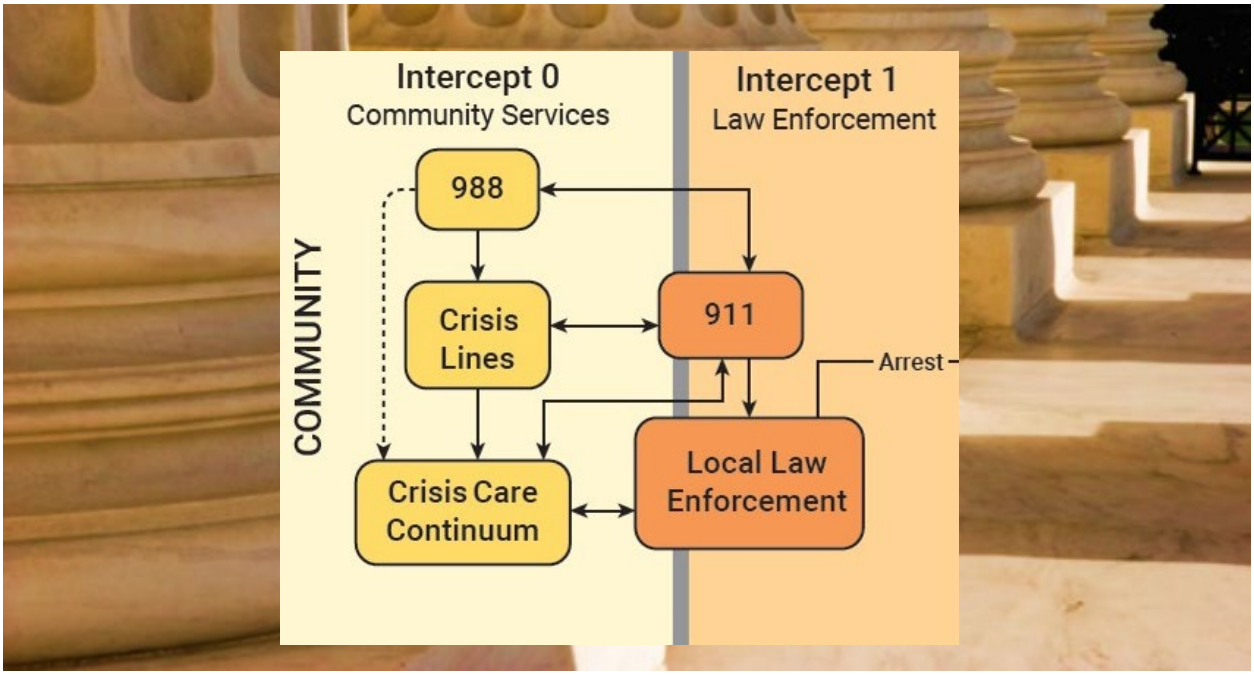
Our model is a work in progress: thanks to the efforts of many community stakeholders, we have added programs as they are available to address the gaps identified in the SIM sessions. In addition, to make the model even more of a robust planning tool, in 2012 we added information to assist in identifying resources and gaps for individuals with substance use disorders. In 2017, we incorporated the latest research on SIM development by adding an Intercept '0' to our model. Finally, in 2022, we incorporated information and resources from the County's new Community Connections Division, which also encompasses reentry services.


Intercept 0
Hospital, Crisis, Respite, Peer, & Community Services
Intercept 1
Law Enforcement & Emergency Services
Intercept 2
Initial Detention & Initial Court Hearings
Intercept 3
Jails & Courts
Intercept 4
Reentry
Intercept 5
Community Corrections & Supports
COMMUNITY
CRISIS & HELPLINES
9-8-8 Lifeline
LINK Access Services
717-261-2561
Keystone BH Crisis 24/7
717-264-2555
PA Get Help Now 24/7
800-662-4357 (HELP)
Wellspan Crisis Hotline
717-264-2555
Wellspan Addiction Line
844-927-6546 M-F 8a-8p
National DV Hotline
800-799-7233
Veterans Crisis Text Line
800-273-8255 or 988, x1
Senior Reach Warm Line
717-264-4301
MHA Helpline (Daily 5p-10p)
717-264-2916
Trevor Project (24/7)
866-488-7386
CRISIS SERVICES
Keystone Health Crisis Intervention Program
HOSPITALS
WellSpan Chambersburg & Adult Psychiatric Unit
WellSpan Waynesboro
EMERGENCY BEHAVIORAL HEALTH
Keystone Urgent Care
Roxbury Psychiatric Hospital
COUNTY HEALTH SYSTEM
Human Services
Drugs & Alcohol (D&A)
Mental Health (MH)
MH/IDD/EI
FIRST RESPONDERS
MOBILE CRISIS SERVICES
Keystone Mobile Services Response (MSR)
CO-RESPONSE TEAM
MSR and PD MHCR:
Chambersburg PD
Greencastle PD
Washington Twp PD
Waynesboro PD
EMERGENCY MEDICAL SERVICES (EMS)
WellSpan EMS
Network of 21 Fire Departments, 16 EMS agencies, & Volunteers
9-1-1 DISPATCH
Department of Emergency Services
Emergency Communications
LAW ENFORCEMENT
Chambersburg Police Department (CPD)
Greencastle PD
Mercersburg PD
Shippensburg PD
Washington Twp PD
Waynesboro PD
Franklin County Sheriff's Office (FCSO)
Pennsylvania State Police Troop-H Barracks
CITATION
ARREST
DISTRICT COURT
INITIAL APPEARANCE
ARRAIGNMENT
39th Judicial District Court of Common Pleas
PROSECUTION
District Attorney
PUBLIC DEFENDER
Public Defender
INITIAL DETENTION
Franklin County Jail
HEALTHCARE
PrimeCare Medical
PRETRIAL SERVICES
Franklin County Adult Probation/Parole
Pre-Trial Release Unit
Case Assisted Reentry (CARE)
COMPETENCY RESTORATION
Torrance State Hospital
CRIMINAL COURT
39th Judicial District Court of Common Pleas
PROBLEM SOLVING COURT
Good Wolf Treatment Court
ALTERNATIVE PROGRAMS
Accelerated Rehabilitative Disposition
Community Service Program
Work Release
Intensive Supervision
Mental Health
Restrictive Intermediate
Dedicated Intermediate
County Intermediate
DETENTION | JAIL
Franklin County Jail
HEALTHCARE
Medical, Mental Health, and SUD Care: PrimeCare
SUD Evaluations: D&A
Certified Recovery Specialist (CRS)
STATE PRISON
Department of Corrections
RELEASE
JAIL REENTRY
Franklin Together Reentry Coalition
Franklin County Jail Treatment Dept
Case Assisted Reentry (CARE) program
SCA-funded Jail Case Management and Reentry Planning
VIOLATIONS
MAX-OUT
PRISON REENTRY
MAX-OUT
VIOLATIONS
COMMUNITY SERVICES
Franklin County Community Connections
Franklin Together Reentry Coalition
SCA-funded Treatment, Recovery Supports, and Community Reentry Coordination
PROBATION
Franklin County Adult Probation/Parole
COMMUNITY
BEHAVIORAL HEALTH TREATMENT & SERVICES
Keystone Health (FQHC)
Wellspan BH
PA Navigate
Momentum Services
Laurel Life Services
Pyramid Healthcare
Roxbury Treatment
SUD TREATMENT & MAT
Comprehensive Treatment
Ophelia
PA Counseling Services
Wellspan (MOUD/MAUD)
TREATMENT & SERVICES
COMMUNITY SERVICES
Salvation Army Eastern PA
Waynesboro Human Svs
SCCAP
OVERSIGHT GROUPS
Criminal Justice Advisory Board (CJAB)
United for Recovery and Prevention Taskforce
INFORMATION
PA Navigate
PA 2-1-1
County Departments
State Employee Program
(SEAP) 800-692-7459
SHELTER & HOUSING
FC Homeless Shelter
Waynesboro New Hope Shelter
Maranatha Ministry Women in Need (DV)
Noah's House, Inc, Recovery Homes
PATH
FC Housing Authority
I'm OK Vets (Vets House)
Mental Health Asso.
TrueNorth Wellness
TRANSPORTATION
RabbitTransit Veterans
StopHopper
Paratransit
Danny's Ride
VETERANS SERVICES
Franklin County Veterans Affairs
VA MEDICAL CENTERS
Altoona VAMC
Hagerstown VA Clinic
Martinsburg VAMC
FRANKLIN COUNTY, PA SIM Map
Systems Mapping Center at Policy Research Inc.
CivicMapping | September 2025 v.1

Opportunities and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever-changing, and the opportunities and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing opportunities.

Note: the resources included in this report and map reflect the conversation and participants present during the Sequential Intercept Model (SIM) Mapping Workshop. They may not be exhaustive of all relevant resources, programs, or organizations in the mapped community. For any additional resources to share, please send them to cjab@franklincountypa.gov.



INTERCEPT 0: COMMUNITY SERVICES; AND INTERCEPT 1: LAW ENFORCEMENT

OPPORTUNITIES

Crisis Call Lines

9-8-8 Lifeline Franklin County	**Call:** 988 **Visit:** Website
9-8-8 National Suicide & Crisis Lifeline	**Chat**: Online **Text**: 988 **Visit**: Website

9-8-8 provides an option for people experiencing a behavioral health crisis. Anyone can call to seek help and resources for themselves or others. A Law Enforcement response may be included as needed. The Franklin County 9-8-8 call center for area codes 717 and 233 is managed by Keystone Health. When Keystone is at capacity, and during off-hours, calls roll over to a backup call center.

PA 2-1-1	**Call:** 211 **Visit:** Website

Call or browse the online directory of information about human services, community resources, and referrals to programs, services, and resources serving Franklin County residents.

Human Services Resources and LINK Access Services	**Call:** 717-261-2561 **Visit:** Website

Anyone can call to find information about human services resources available in Franklin County on weekdays between 8:00 a.m. to 4:30 p.m.

Keystone Behavioral Health Crisis Intervention (24/7) **Call:** 717-264-2555 **Visit:** Website

Trained crisis operators are available for people in behavioral health crisis. If an emergency, please call 9-1-1.

WellSpan Crisis Intervention Helpline **Call:** 717-264-2555 **Visit:** Website

A helpline for people experiencing a behavioral health crisis. Get help and referrals to area programs, services, and resources.

WellSpan Addiction Services (M-F 8a-8p) **Call:** 844-927-6546 **Visit:** Website

The WellSpan addiction warmline provides encouragement and support for people experiencing drug and alcohol challenges. The warmline can be helpful for individuals needing medications for their opioid use disorder. Operators will also inquire about the individual's ability to pay and about their housing situation to provide additional support.

PA Get Help Now (24/7) **Call:** 800-662-4357 **Text:** 717-216-0905
Substance Use Disorder Treatment Helpline **Chat:** Chat **Visit:** Website

Call or chat with a trained professional to receive support and referrals to substance-use addiction programs, services, and resources.

MHA Helpline (Daily, 5p-10p) **Call:** 717-264-2916 **Visit:** Website

The Mental Health Association (MHA) warmline is available to receive encouragement and support as well as information about area programs, services, and resources. The helpline is available between 5:00 p.m. and 10:00 p.m.

Senior Reach **Call:** 717-264-4301 **Visit:** Website

A warmline for seniors 60 years and older to talk with a peer and reduce stress, loneliness, and prevent feelings of depression. Trained specialists check in proactively on seniors to offer a friendly, supportive, and encouraging conversation. Referrals can be made, and seniors must consent to participate. View the brochure and referral form.

National Domestic Violence (DV) Intervention Services **Call:** 918-743-5763 **Chat:** Chat **Visit**: Website **Toll-Free:** 800-799-7233 (SAFE) **SMS**: Text 'Start' to 88788

The hotline provides Domestic Violence (DV) intervention and support services by phone, chat, or SMS text messaging. The services are provided by the National Domestic Violence Hotline.

Trevor Project **Call**: 866-488-7386 **Visit**: Website

24/7 Crisis Phone and Chat for LGBTQ&I young people.

Crisis Text Line **Text:** HOME to 741741 **Visit**: Website

Anyone in crisis can connect virtually and receive 24/7 crisis support with a trained crisis counselor. View metrics from over 5.6 million conversations since 8/2013 and learn more about who, what, and when people connect for help.

National Helpline (SAMHSA 24/7) **Call**: 800-662-HELP (4357) **Visit**: Website

Also known as the Treatment Referral Routing Service (TRRS), this National Helpline is a confidential, 24/7 information service, in English and Spanish, for individuals and family members facing mental, substance use, or co-occurring disorders. Provides referrals to local treatment facilities, support groups, and community-based organizations.

Veteran's Crisis Text Line **Call**: 800-273-TALK (8255) **Text**: 838255 **Visit**: Website

24/7 National helpline by phone or SMS-text for any veteran, without needing to be enrolled in VA benefits or health care systems.

Lawyers Concerned for Lawyers 24/7 **Call:** 866-525-6466 **Visit:** Website

Judges Concerned for Judges 24/7 **Call:** 800-219-6474 **Visit:** Website

Confidential help lines for lawyers and judges and their immediate families to speak with peer-attorneys and peer-judges from around the nation. Talk about any issues that cause stress or distress. Services include crisis response, intervention, short-term counseling, peer support, referrals to appropriate professionals and programs, and educational programming.

State Employee Assistance Program (SEAP) – 24/7 **Call:** 800-692-7459 **Visit:** Website

A free assessment and referral service for commonwealth employees and family members to help resolve personal issues or challenges.

Crisis Lines (cont.)

- PA Get Help Now is the primary statewide resource line and is consistently promoted across the Single County Authority (SCA) websites, county materials, prevention campaigns, and Pennsylvania Department of Drug and Alcohol Programs (DDAP) publications.

9-1-1/Dispatch

- 9-1-1 services are provided by the Department of Emergency Services Emergency Communications unit, which fields all calls and dispatch services for 21 fire departments, 16 EMS departments, and six (6) full-time police departments.
    - Municipalities in Franklin County without law enforcement services are covered by the Pennsylvania State Police (PSP), Troop H Chambersburg Barracks.
    - 9-1-1 follows standard protocol when calls have a mental health component, such as a person in crisis, expressing suicidal ideation, or displaying unusual behavior. Call takers and dispatchers are trained to triage and identify the nature and urgency of the crisis, and dispatch appropriate services. Call takers must use a mandatory script that prevents them from proceeding to the next screen until answers are documented.
    - 9-1-1 staff receive specialized training through the International Academy Emergency Dispatch (IAED) association.
        - The new IAED Protocol 41, officially named 'Caller in Crisis (1st Party Only)', provides guidance to dispatchers when handling calls involving individuals

experiencing a behavioral health or mental health crisis, especially when the caller is the person in crisis or 'first-party'.
        - Once staff are trained, the protocol is consistently utilized.
    - Several staff have received Crisis Intervention Team (CIT) 40-hour training and certification. Others have taken the CIT training for call takers, but the department prefers the 40-hour program. The department's goal is to ensure that 100% of the 9-1-1 team is CIT-trained.
    - 9-1-1 calls can be transferred to Keystone Health Crisis Hotline; patched through with warm hand-off. Once the connection is made, 9-1-1 call takers can excuse themselves from the line.
    - 9-1-1 Dispatch decisions, policy options are: police, fire, or medical – depending on service level needed.

9-8-8

- Keystone Health is the contracted provider funded by the state to answer 9-8-8 calls and employs 9-8-8-specific call takers.
- 9-8-8 can transfer calls to 9-1-1.
- 9-8-8 calls are directed to a different Keystone Health exchange call center during certain hours (hours were not available at the time of the workshop).

Healthcare

- The WellSpan Chambersburg Hospital provides medical, medical emergency, and psychiatric emergency services for county residents. Waynesboro Hospital provides medical and mental health emergency services.
    - Law enforcement typically transports individuals to Chambersburg Hospital, as well as Waynesboro.
- The WellSpan Waynesboro Hospital provides a 24/7 emergency department and medical services, but not emergency psychiatric services.
    - When individuals in behavioral health crisis present at the Emergency Department, staff will contact their WellSpan Chambersburg Hospital psychiatric unit for consultation.
- The Chambersburg WellSpan Behavioral Health satellite location (Catherine Street) provides general behavioral health care services on weekdays until 7:00 p.m.
- Veterans and their families needing medical and behavioral health care services have options outside of Franklin County to receive services, including:
    - The Pennsylvania James E. Van Zandt Veterans Administration Medical Center, located in Altoona, is about 90 minutes from Chambersburg.
    - The Hagerstown VA Clinic in Maryland is located about 40 minutes from Chambersburg.
    - The Martinsburg VA Medical Center in West Virginia is located about one hour from Chambersburg.
    - rabbittransit transportation offers multiple alternatives to county Veterans and other residents, including:
        - The rabbittransit Franklin Veterans Transportation serves area Veterans with a shared ride service on Wednesdays from Chambersburg and Greencastle to the Hagerstown VA Clinic and Martinsburg VA Hospital under contract with the VA

at no cost to the Veteran. Their program flyer provides pickup and return locations and times.
        - The rabbittransit Stop Hopper service is an on-demand ride to and from any location within their Chambersburg and Fayetteville-area service boundaries. Rides must be scheduled through a mobile phone application.
        - The Paratransit service is a pre-arranged shared-ride service grouping people together between each other's origins and destinations, and must be arranged by application.
    - Danny's Ride is a transportation service that provides individuals in recovery with an alternative means to make their treatment appointments.
- The Pyramid Health Care Chambersburg Outpatient Treatment Center offers walk-in alcohol and other drug screening and assessments on Monday, Tuesday, and Thursday between 11:00 a.m. and 3:00 p.m.
- Chambersburg Comprehensive Treatment Center (CTC) provides MAT treatment services for adults 18 years and older experiencing opioid addiction.
- Keystone Health is Franklin County's sole Federally Qualified Health Center (FQHC) provider and offers primary care services to residents regardless of their ability to pay or insurance status.
- Key Franklin County departments oversee behavioral health services provided in the county, including:

Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/Early Intervention

- Mental Health (MH) provides oversight to the mental health service system for Franklin and Fulton county adults with severe and persistent mental illness and children who have a mental health diagnosis or who are at risk of developing a mental illness.
- Intellectual & Developmental Disabilities (IDD) supports Franklin/Fulton residents with developmental disabilities and their families to achieve greater independence, choice, and opportunity in their lives. The office seeks to improve an effective system of accessible services continuously and supports that are flexible, innovative, and person-centered.
- Early Intervention (EI) joins with The Pennsylvania Office of Child Development & Early Learning and families in providing this program to children ages birth to three (3) years old who have, or who are at risk of having, a disability or developmental delay. Services are provided in the child's natural environments.
    - The Franklin/Fulton County Drug and Alcohol Program (D&A) oversees county drug and alcohol prevention, intervention, treatment, recovery, and case management services. For the purposes of this report, as the Single County Authority (SCA), Franklin/Fulton County Drug and Alcohol Program, also known as FFDA, is hereinafter known as D&A.
    - Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/Early Intervention (MH/IDD/EI) and its community partners provide services to individuals at birth to three (3) years of age, children, adolescents, and adults with Serious Mental Illness, autism, or an intellectual or developmental disability (A-I/DD).
- PerformCare is Franklin County's managed care organization (MCO), which administers Medicaid behavioral health benefits for county residents through the Pennsylvania HealthChoices program.

Law Enforcement/First Responders/Co-Responders

- The Franklin County Mental Health Co-Responder/Community Liaison (MHCR-CL) program is integrated within four police departments serving the boroughs of Chambersburg, Greencastle, and Waynesboro, as well as Washington Township. The MHCR-CL also acts as a community policing liaison between the department and the greater community.
- The MHCR-CL hours of service include weekdays between 8:00 a.m. and 4:00 p.m. They are also on-call as Mental Health Delegates, who may be required to review involuntary commitment petitions and documentation.
- The Mental Health Co-Responders are contacted by a police officers on call where the individual is known to have behavioral health challenges. If they are unavailable for dispatch, they will follow up with the individual based on the officer's report.
- The Borough of Chambersburg Police Department (CPD) is staffed with 35 full-time sworn police officers, one (1) Mental Health Co-Responder/Community Liaison (MHCR), and 3 administrative personnel.
    - Once officers arrive at calls-for-service that involve an unexpected behavioral health component, they can request that a Mental Health Co-Responder be deployed.
    - Other county agencies have mental health co-responders, including both Adult and Juvenile Probation, as well as the Public Defender's office.
    - All CPD officers and administrative staff are CIT trained.
    - CPD officers are provided continuing education on de-escalation practices and skills through annual training.
    - CPD has a Police Peer Support Team comprised of Peer Support Officers who offer confidential peer-based support to fellow officers dealing with traumatic events, stress, mental health needs, and other challenges. The department integrates peer support into its Officer Wellness Program, incorporating Critical Incident Stress Management (CISM), mental health programming, and a range of other supports.
    - CPD employs several veterans, who have proven beneficial when connecting with their peers in the community.
    - The Franklin County Sheriff's Office is responsible for the enforcement of laws throughout the county as well as serving warrants and other legal documents, providing court security and transportation of prisoners. Some Sheriff's deputies have received CIT training.
- The Greencastle Police Department provides law enforcement services in its community. The department participates in the MHCR-CL program with an on-staff mental health liaison.
- The Mercersburg Police Department is staffed by one (1) officer who is not yet CIT trained, but when help is needed with someone in crisis, they contact the Greencastle Police Department for assistance.
- The Shippensburg Police Department is staffed with five (5) full-time and two (2) part-time officers.
- The Washington Township Police Department provides law enforcement services in its community. The department participates in the MHCR-CL program with an on-staff mental health liaison.
- The Waynesboro Police Department provides law enforcement services in its community. The department participates in the MHCR-CL program with an on-staff mental health liaison.

- The Pennsylvania State Police Troop H Barracks provides law enforcement services for county areas that are not covered by the borough or township jurisdictions' police departments.
    - Some PSP troopers have received CIT training and certification.
    - The PSP is considering developing training similar to CIT and is compiling regional CIT contacts to collaborate.
    - All PSP troopers receive de-escalation training through the academy.
    - PSP provides law enforcement services for about one-half of the county's population, spanning the vast majority of the geographical space.
    - The PSP recently reached out to counties to invite them to consider taking advantage of the training and resources available through the PSP Law Enforcement Training page.
- When law enforcement officers connect with an individual in a SUD crisis, a deflection program provides an opportunity to connect them to a Certified Recovery Specialist (CRS) in lieu of taking the individual to a hospital or crisis care unit.
    - The CRS is an individual trained to provide support to individuals with SUD challenges. By connecting the individual with the CRS, the officers effectively deflect them away from the criminal-legal and hospital systems, reducing the impacts and costs on those systems. The CRS, in turn, works with the individual to connect them with area programs, services, and resources to help them address their SUD challenge.
    - A Noah's House, Inc. (a local recovery home) staff member is a CRS and has a good history working with law enforcement.

Crisis Services

- Keystone Health Crisis Intervention provides crisis intervention services under contract with Franklin County MH/IDD/EI to serve county residents experiencing behavioral crises.
    - Keystone Health Crisis Intervention provides telephone, mobile, and walk-in services at the Chambersburg Hospital and answers the 988 line at the hospital's Crisis Office 24/7.
    - Staff provide 988 assistance at the Catherine Street location between 8:00 a.m. and 5:00 p.m.
    - Crisis Intervention, as well as walk-in behavioral health evaluations and medication management services, are available at the Catherine Street location between 8:00 a.m. and 5:00 p.m.
- The WellSpan Behavioral Health Unit at the Chambersburg Hospital serves individuals 18 years of age and older, but they must also be out of high school.
    - The availability of beds in the unit varies widely, from a few available beds to at-capacity.
    - If an individual is on Medicaid, there is no psychiatric boarding. Most individuals can obtain a bed within 48 hours.
    - Medical staff address any physical health conditions the individual may be experiencing.
    - The clinical staff examines and assesses the individual and decides the next steps. This may include recommending involuntary treatment services, inpatient crisis stabilization services on-site or at another facility, and typically includes their making recommendations for additional care through area programs, services, and other resources.

    - Clients can get urgently needed prescriptions filled at the hospital emergency department if they have a prescription bottle with an active prescription.
    - Law enforcement workshop attendees did not have concerns about the amount of time they spend waiting in the emergency room with individuals transported in behavioral health crisis.
- The Roxbury Psychiatric Hospital Adult Inpatient Psychiatric Program (brochure) provides people in behavioral health crisis with 24/7 medical evaluation, medication-assisted stabilization services, and psychiatrist and nursing monitoring.
    - The program includes individual and family therapy, as well as small group therapy and activities, and recreational therapy, including art and music.
    - Roxbury's Co-Occurring Disorder Service provides medical detoxification (detox) services and supervision, substance use and co-occurring group therapy and education, discharge planning, connections to area programs, services, and resources, and referrals to their inpatient rehabilitation services.
- Roxbury Treatment Center offers outpatient walk-in services weekdays during business hours. They provide alcohol and other drug screening and assessment services for referred individuals as well as those who need one for employment, for the courts, or to begin their personal recovery. Roxbury's admissions department is available by phone 24/7 at 800-648-4673.
    - Roxbury outpatient SUD treatment programming includes:
        - Intensive outpatient programming (IOP) three (3) hours a day, three (3) days each week, for approximately six (6) weeks. The program provides individual and group therapy focused on maintaining sobriety. They may utilize Vivitrol for people who want medication-assisted therapy.
        - Outpatient programming through weekly 90-minute group counseling sessions. Treatment spans eight to twelve (8 to 12) weeks and includes co-developing a treatment plan, monitoring, random drug screens, and achieving treatment plan goals.
    - Roxbury inpatient SUD treatment programming for adults 18 years and older includes:
        - Substance use and co-occurring condition treatment services, including detox, MAT, individual, group, and family counseling, education, 12-step programming, health and fitness activities, and medication management services.
- WellSpan Emergency Medical Services (EMS) provides the majority of EMS services for Franklin County residents.
    - A network of local, volunteer, and private EMS agencies also serves residents, and all are deployed through Emergency Communications 9-1-1 dispatchers.
- Pennsylvania crisis services are in a state of flux, including recently approved and forthcoming state legislation that amends behavioral health crisis and treatment providers' facility licensing to ensure they make their services more available, including:
    - DDAP now permits outpatient drug and alcohol treatment providers to obtain a telehealth-only license without maintaining a physical clinical location. This regulatory update is intended to expand access to treatment—particularly intake, assessment, and outpatient counseling services.
    - Pennsylvania House Bill 564 (2025-2026 Session) includes provisions that propose:
        - Mandating 24/7 mental health crisis services

        - Expands requirements for licensed facilities to provide immediate access to crisis services for any behavioral health emergency
        - Supports crisis walk-in centers and other crisis-response models to remain open and accessible 24/7
        - Directs 9-8-8 and other emergency response systems to accommodate no-wrong-door access
- Waynesboro Community & Human Services provides basic needs, including food, clothing, emergency assistance, and case management, to individuals and families in need.
- Salvation Army of Eastern Pennsylvania provides a range of support services for children, adults, and seniors, including:
    - A community meal program provides breakfast and lunch most days (except Thursday and Saturday)
    - Personal care services such as laundry and shower services
    - A Family Store for second-hand clothing, household items, and more
    - A safe space for non-custodial supervised parental visits with their children
    - Social programs, services, and activities for children
- Momentum Services provides behavioral health treatment services for people of all ages.
- Ophelia provides MAT services and clinical care meetings via telemedicine.
- The Franklin/Fulton Drug and Alcohol Program (FFDA) provides a range of resources for people actively using and those seeking help with recovery.
- Franklin County Veterans Affairs (VA) provides Veterans and their families with assistance in securing their entitled health and other benefits, as well as information and recommendations on area programs, services, and resources. The Cumberland County Office of Veterans Affairs team has been working alongside the OVA as they bring on new team members.
- Franklin County is developing a plan to formalize Mobile Crisis Response services in the county, with Keystone CCR and WellSpan. Although WellSpan is licensed to provide MCR services, it currently serves only individuals who are commercially insured and reside in nearby Adams, York, and Lebanon Counties.
- Waynesboro Human Services provides human services, including food, clothing, and emergency financial assistance to residents of Waynesboro and Greencastle.

Training and Education

- DDAP training is available to case workers to learn how the ASAM Criteria is utilized to determine an individual's needs and level of care more effectively.
- Mental Health First Aid Training (MHFA) teaches individuals and groups the skills needed to support people in their networks and families, including those who may be experiencing a mental health crisis. MHFA training is offered by TrueNorth Wellness Services (TrueNorth) and Mental Health Association (MHA).
- The term 'crisis' is typically used to describe an individual in mental health distress. It also may include individuals in substance use crisis, which is typically identified as such through the American Society of Addiction Medicine (ASAM) assessment toolkit.
    - Developing an integrated, person-centered crisis services system around behavioral health will better serve people experiencing mental health and substance-use challenges while improving access to care. Key components include co-creating flexible

language with those receiving services and adhering to SAMHSA best practice guidelines.

Housing

- Franklin County residents seeking emergency shelter are referred to Franklin County shelters through 2-1-1. Beds are typically available to individuals and families for up to 30 days.
    - The Franklin County Homeless Shelter primarily serves individuals, and some families, who stay between 14 and 30 days, with a focus on finding affordable housing. The shelter is a service of South Central Community Action Programs (SCCAP).
    - The Waynesboro New Hope Shelter provides emergency shelter for individuals and families. New Hope helps approximately 150 each year, including one-third children.
    - The Maranatha Ministry cold weather drop-in shelter is usually open from December through March 31st. Maranatha is a faith-based organization that also provides a year-round food pantry and a personal counseling service at no cost.
- Women in Need Victim Services provides women experiencing domestic violence with emergency housing. Women or referrers can contact their hotline 24/7 at 717-264-4444 or, toll-free at 800-621-6660.
- An emergency housing facility for Veterans is being developed. A community group is in the initial stages of planning, developing, and licensing a new facility for the winter. Their goal is to provide shelter from November through April, with operating hours from 7:00 p.m. to 7:00 a.m.
- Noah's House, Inc. Recovery Homes, a DDAP-licensed recovery housing provider, is expanding the number of beds available for individuals who are unsheltered, including those who have recently survived an opioid overdose.
    - Noah's House staff identify and interview individuals presenting at hospital emergency departments who are experiencing unsheltered homelessness. Referrals may also come directly from emergency department staff or other community partners.
    - If the individual screens as appropriate for services and expresses interest in working with Noah's House staff, they may be offered a short-term emergency placement to provide immediate stabilization and support.
    - Noah's House contacts the Franklin/Fulton Drug and Alcohol Program (FFDA) within 24 hours so that FFDA case managers can complete a Drug and Alcohol Screening and an ASAM Level of Care Assessment.
    - Individuals may transition from the short-term emergency stabilization placement into DDAP-licensed recovery housing operated by Noah's House—either the 10-bed women's home or the 14-bed men's home—depending on eligibility and availability.
- The PATH program provides people with mental health challenges assistance with their housing situation, including people facing eviction. PATH will work with the individual to find stable housing and provide the down payment to help them into their home.
- The Mental Health Association (MHA) provides a supportive housing program that includes a short-term rent subsidy until the individual secures a HUD voucher. The program is available to individuals who are Medicaid-eligible and includes additional support services.
- The Franklin County Housing Authority assists with public housing applications and related support.

- County Community Navigators have access to a limited amount of contingency funds to help individuals with Medicaid(or those who are eligible to receive Medicaid) who are facing eviction.
- A long-term structured residence with eight (8) beds for people reentering from incarceration is being developed in Perry County, which lies between Franklin and Cumberland Counties.
- The Blue Heron senior housing project is in the early stages of planning and development by Luminest Community Development to be located within the Borough of Greencastle. The project plan includes dedicating one (1) unit for a senior with mental health conditions.
- Victory House by I'm OK Vets is located in Chambersburg, which will provide supportive housing and services for Veterans in the Chambersburg region.
- A limited number of residential and shelter beds are available to Franklin County, even though they are a distance from Chambersburg, including:
    - TrueNorth Wellness Services offers two (2) Community Residential Rehabilitation (CRR) program beds in Hanover County to serve people reentering the community from incarceration.
    - TrueNorth is currently in talks with Perry County, which is developing a Forensic Long-Term Structured Residence with eight to sixteen (8 to 16) beds, and plans to open in 2026.
    - Franklin County is grateful for a limited partnership with Hagerstown, Maryland, which offers emergency overflow shelter beds if they have available capacity.

Peer Support

- CISM training, peer-led debriefings, and support by peers can be available within law enforcement departments that adopt the training, used by individuals who have experienced a traumatic event.

Collaboration

- The United for Recovery and Prevention Taskforce comprises 70 representatives from county boroughs and townships, as well as agencies and organizations within the community. Their general monthly meeting hears reports from several sub-committees focused on prevention, treatment, recovery, law enforcement, communications, and data-related elements.
- The Franklin County Criminal Justice Advisory Board (CJAB) is a forum of area leaders collaboratively working to improve the criminal-legal system, including providing services to victims of crime.
    - The 2025-2028 CJAB Strategic Plan details their history and outlook for the next three years.
    - CJAB has several committees for stakeholders to focus their contributions and include the Behavioral Health, Criminal Case Flow, First Contact, Juvenile Justice, Victim Impact, and Executive Committees.
    - Several Strategic Priorities include multiple priorities and strategies. Priority categories and some strategies include, in part:
        - The Public Safety and Crime Prevention priorities are focused on prevention and early intervention; treatment, punishment, and recidivism, including strengthening diversion opportunities; social services support and victim support, including:

- The Adjudication and Judgement priority is focused on supporting resources for timely adjudication.
- The Justice Reinvestment priorities are focused on enhancing pretrial services, strengthening data-driven decision making, and the application of current research founded on empirical data, and more.
- The Criminal Justice System-Wide priority is to strengthen collaboration and understanding of CJAB by both external and internal stakeholders.

Collection and Sharing of Data

- Healthy Franklin County (HFC) will host the Franklin County Health Summit on October 14, 2025, where WellSpan Health will present the 2025 Community Health Needs Assessment (CHNA).
- PA Navigate is the new Pennsylvania Health Information Exchange (HIE) that centralizes Pennsylvanians' health information records and provides a platform for residents to access information about available social services.
- The Here to Help initiative is a collaborative effort between the county and WellSpan Health. The focus is on better identifying, documenting, and addressing Health-Related Social Needs (HRSN) for county residents through shared data and coordinated referrals among healthcare providers, insurers, and community organizations.
    - 'Here to Help' is connected to the PA Navigate platform.
    - Most area hospitals are engaging in the Here to Help initiative and utilize PA Navigate.
    - The county is working with WellSpan to develop a stakeholder questionnaire.
- The Franklin County website contains a thorough collection of well-organized pages, including:
    - The County Departments Directory provides summaries and links to criminal-legal and behavioral health-related county agencies and departments.
    - The Mental Health page provides a program directory with summaries and links to additional resources as well as an interactive map of behavioral health-related programs, services, and resources.
    - Insight into Franklin County residents' health, needs, and strategies for improvement is available through key reports and plans, including:
        - 2025 WellSpan Health Community Health Needs Assessment (CHNA) and
        - WellSpan Health Community Health Improvement Plan (CHIP)
        - The CARES Assessments tool allows you to create custom CHNA reports. Build a customized Franklin County, PA Community Needs Assessment report after selecting which metrics to include.
- The Office of Drug Surveillance and Misuse Prevention's Fatal and Non-Fatal Drug Overdose Surveillance | Interactive Data Report provides insight into Pennsylvania's substance-use impact data.

GAPS

- It was unclear which Determination of Eligibility Script (DES) screening tool is being utilized by 9-1-1 operators. The tool includes questions used to identify mental health issues, administered to people in a behavioral health crisis or those who are flagged for additional assessment. The responses are used to inform county agencies.

- The Instrument for the Evaluation of Acute Depression (IEAD) is used throughout the state primarily to evaluate individuals for suicidal ideation and other acute mental health symptoms.

9-1-1/Dispatch

- 9-1-1 does not have a direct dispatch option for co-responders; police are privately calling their co-responders.
- Because co-responders cannot be dispatched directly, participants reported instances of communication breakdown, which resulted in co-responders not being contacted by police officers on scene.

Healthcare

- There is frustration by law enforcement when taking people to the hospital for urgent care and seeing them released relatively quickly. It is believed that the individuals know how to manipulate the system using state law and to avoid care.
- Within the WellSpan Chambersburg hospital:
    - The Emergency Department doesn't always notify the crisis services unit of individuals who survive overdose incidents, resulting in survivors leaving the hospital without information about opportunities for treatment, care, and available resources.
    - The Emergency Department is said to be relatively dehumanizing due to a lack of space between the intake and seating areas, resulting in a lack of privacy when the individual is sharing their medical and mental health situations.
- There is a need for 24-hour access to mental health or substance use urgent care services. Currently, individuals in crisis are often unaware of available programs and services and their hours of operation, making access challenging.
- Parole has never taken anyone to an urgent care walk-in in lieu of the hospital, which might be due to the program being new and its location and/or hours of service.
- Franklin County reports a relatively low readmission rate for psychiatric inpatient hospitalizations of 13.02%. Readmission rate for 2025 is 10.56%.
- Approximately 200 pharmacies have closed across the state, causing concerns about individuals losing access to prescription medications.

Law Enforcement and First Responders

- It was unclear if and how CIT-trained FCSO deputies could be specifically dispatched, if there was policy or protocol, and if 9-1-1 dispatchers had the discretion to make the request.
- There is a need for CIT training and certification for PSP troopers, which is difficult because of the 40-hour time commitment. Although the PSP Troop H command is open to CIT training, they are challenged by having to take troopers out of service for a 40-hour training program.
- There have been cases where charges are added to an individual's case due to their behavior while being transported by officers, e.g., disruption, kicking, or spitting, when those things may likely not have occurred had the individual been de-escalated.
- A Law Enforcement Assisted Diversion (LEAD) program is not being utilized in Franklin County.
- The FC Get Back Up program was discontinued in June 2025. Get Back Up was a law-enforcement program that allowed an individual to enter SUD treatment in lieu of arrest and prosecution.

    - The program allowed individuals to surrender illegal drugs at their local police station without facing charges and to ask for help with their addiction.
    - It allowed officer discretion, if the individual agreed to treatment and to work with a Recovery Liaison with lived experience, to participate in treatment.
    - The individual participated in their treatment program and was connected with step-down opportunities to continue their recovery.
    - And the individual stayed connected with the Get Back Up Team throughout their journey.
- The PSP and local police departments had been utilizing the CRS deflection program, referring individuals to Franklin County CRS, but have done so less due to inconsistent training and awareness of the opportunity, as well as staffing changes and turnover.

Crisis Services

- Behavioral Health Medicaid still requires a physical service location for network enrollment, which limits reimbursement options. Without Medicaid enrollment, the FFDA cannot contract with a provider for funded services. Additionally, while DDAP licensing ensures regulatory and policy compliance, telehealth-only programs may require further consideration regarding clinical quality, oversight, and long-term sustainability.
- Although Keystone is a licensed mobile crisis service provider, the understanding of workshop participants was that, in practice, they are rarely dispatched into the field. The county is writing a plan to address the issue for approval by the Office of Mental Health and Substance Abuse Services (OMHSAS).
- There have been reports by overdose survivors who have been transported to Meritus Health in Hagerstown, MD, for services, indicating that the quality of those services has been lacking.
- Emergency Departments are required to have a warm hand-off policy in place for substance users. The county has been working with WellSpan for years, and it has been a challenge. They are working on developing peer support to help with the process.
- People have reported that when trying to access crisis services in the county, they are told to first go to a hospital emergency room for medical clearance, creating a barrier to utilizing non-hospital crisis services. Keystone Urgent Care is not available 24/7, which is impacting individuals seeking a medication provider.
- Franklin County lacks any public transportation services, limiting people's ability to access care.

Housing

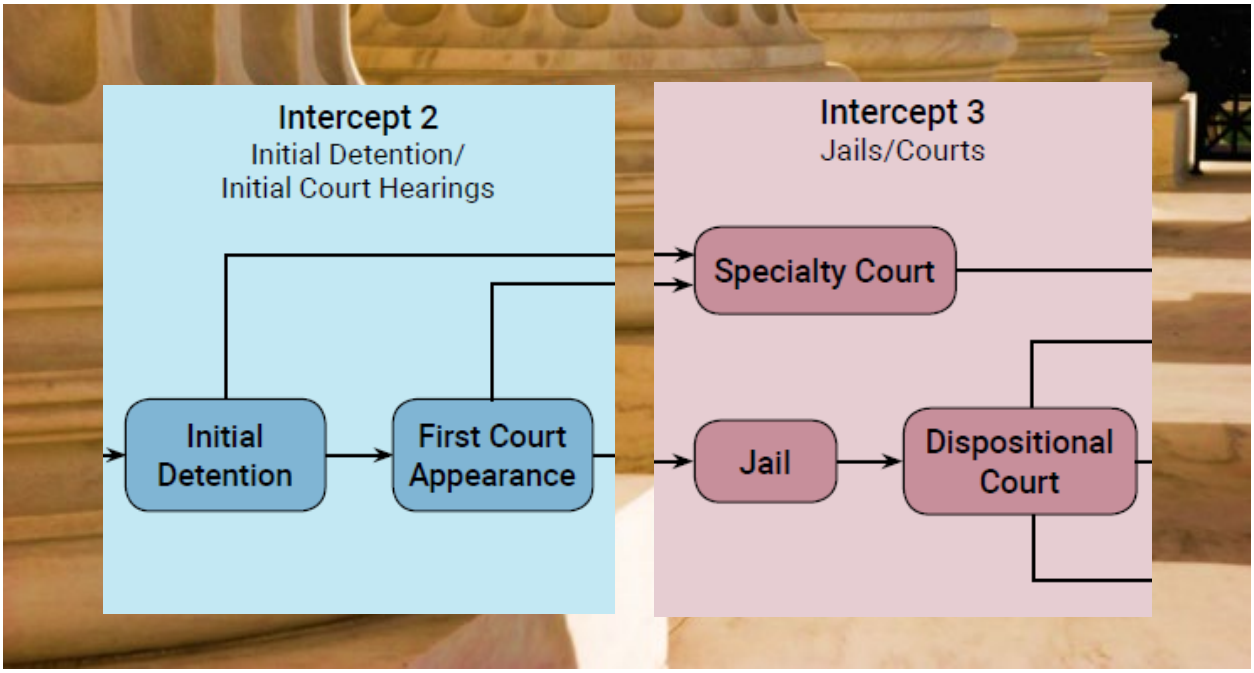
- Area shelters are typically at capacity, which has made it difficult for people to find a bed.
- Both Noah's House homes are typically full, and both are maintaining waiting lists.
- There is a lack of sufficient warm handoffs of individuals to aftercare providers.

Peer Support

- Although the program has shown success, the use of the Certified Recovery Specialist (CRS) role and the deflection program has waned significantly.

Collection and Sharing of Data

- Data about calls for service to 9-1-1 and 9-8-8, as well as the number of callers that were referred to dial the other number, was not known to be available.
- There is no systematic process of identifying high utilizers of services or planning how to address their impacts.
- There were concerns discussed about stakeholder-agencies and organizations' difficulty working with hospitals across the behavioral health systems.



INTERCEPT 2: INITIAL DETENTION & COURT HEARINGS; AND INTERCEPT 3: JAILS/COURTS

OPPORTUNITIES

Booking

- When law enforcement brings an individual to the Franklin County Jail (FCJ) for booking, and the individual is presenting as intoxicated, self-medicating, or is otherwise not medically well, they must first be medically cleared. Officers will take the individual to the local emergency department for an examination and evaluation.
- Most individuals entering the FCJ are first transported to the central booking area for intake:
    - The arresting officer completes a triage form, which includes questions about their observations of the individual, including risk of self-harm and harm to others.
    - A brief medical assessment is conducted by PrimeCare Medical(the FCJ medical provider of physical and behavioral health services) to clear the individual medically.
    - The individual is not fully booked, classified, and housed in the FCJ until after the preliminary arraignment court hearing is held, typically the same day or the first business day after their arrival.
        - If they are to be held, an FCJ officer administers the booking screening, including the individual's medical history and current medical status.
        - The FCJ medical provider administers a medical assessment and a suicide-risk assessment. The team will look for responses that may lead them to classify the individual for placement in mental health housing.

        - Once completed, the officer and medical provider determine the individual's housing classification and status.
- To confirm medication prescriptions, the individual's self-reported pharmacy is contacted. Prescriptions can also be verified using a current bottle or documentation from a prescribing medical provider. For controlled substance prescriptions, the providers have access to the Prescription Drug Monitoring Program (PDMP) online portal for confirmation.
    - FCJ will accept medication from family members and/or if the individual brings their medication with them to jail.
    - Information about current medication is received through self-report. Once the medical department confirms the prescription, they will dispense the medications accordingly.
    - PrimeCare will reach out to pharmacies and providers to confirm medication information.
    - If an individual arrives at the FCJ while on a MAT protocol, PrimeCare will verify the prescriptions and continue dispensing them during their stay.
    - If the individual has been in the FCJ in the recent past, a record of their medications should be in the system.
- Mental health clinicians work weekdays, Monday – Friday, between 8:30 a.m. and 4:30 p.m. The Psychiatrist is available via telehealth. A Psychiatric Nurse Practitioner offers services at the FCJ on Tuesdays.
- The PrimeCare detox medication protocol is followed when individuals being booked into the FCJ present as under the influence, including:
    - Klonopin, thiamine, and folic acid for individuals with alcohol intoxication.
    - T-3, Subutex, or clonidine for opiate users.
    - Klonopin is used for benzodiazepine (benzo) users.
    - Seroquel is used for methamphetamine users.
    - The length of prescription dispensing orders typically spans between five and ten (5 - 10) days, depending on the severity of symptoms and the provider's orders.

Jail Structure and Personnel

- Franklin County Warden manages the Franklin County Jail (FCJ)
    - The FCJ comprises nine (9) resident units.
    - FCJ has a maximum capacity of 500 individual adult men and women 18 years and older. FCJ may also hold juveniles when necessary.
    - FCJ provides minimum, medium, and maximum security.
- Staff from FCJ, PrimeCare, and the MH/IDD/EI department meet weekly to review all detainees with an Administrative Segregation Mental Health status.
- The FCJ lobby holds a Naloxone access point for individuals being released and their families to take a supply of doses home with them.
- Individuals are released from jail each day between the hours of 8:30 a.m. and midnight.

Jail Services

- The FCJ contracted with Prime Care to provide medical and behavioral health services within the FCJ.

- PrimeCare Medical provides 24/7 physical health services through their physicians and Licensed Practical Nurses.
    - The medical staff provides basic medical care
- PrimeCare mental health treatment services are provided by clinicians who provide crisis counseling, stabilization, and MAT program treatment elements.
    - Most clinical staff are on-site in the FCJ and work weekdays 8:30 a.m. to 4:30 p.m., including:
        - One (1) part-time Psychiatrist providing remote tele-psychiatry four hours per week
        - Four (4) full-time mental health clinicians
        - One (1) full-time clinician focused on providing MAT services
        - One (1) part-time Psychiatric Nurse Practitioner (PNP), four (4) hours each week
    - The team co-develops a treatment plan with program recommendations with the individual.
    - PrimeCare writes and sends prescriptions to Keystone Pharmacy, including a 10-day supply for general prescriptions, and a 14-day supply for MAT program participants.
    - The team provides individual counseling and manages the sex offender treatment program group.
    - There were no mentions at the workshop of individuals having any difficulties accessing their medications while incarcerated.
- When ordered by the MDJ, mental health and SUD assessments and evaluations are completed.
    - The FCJ sends the referrals for SUD evaluation to Franklin County D&A, which are conducted within a few days of the request. Once the D&A evaluation is completed, the PD can help the individual be released from jail and into residential or outpatient treatment services.
    - The county contracts with TrueNorth for remote psychiatric assessments and evaluation services.
- A D&A Case Manager provides detainees transitioning back to the community with level-of-care assessments, care coordination, and assistance with non-medical needs.
- A Certified Recovery Specialist (CRS) is being hired to provide direct recovery services care at the FCJ as well as to facilitate therapy groups. The CRS also collaborates with outpatient treatment providers and community-based recovery organizations.
- The names of individuals booked into the FCJ are shared through Service Access and Management (SAM), which provides assessment, evaluation, and case management services.
- FCJ offers a range of treatment and educational programs to provide individuals with behavioral health challenges opportunities for care and information they can use to succeed in their recovery.
    - Within 21 days of booking, staff administer the Ohio Risk Assessment Scoring (ORAS), which informs the co-development of the individual's treatment plan, and focuses on the individual's recovery priorities.
    - Several general treatment program groups are available, including:

        - Moral Reconation Therapy (MRT)
        - Stress Management
        - Life-skills
        - Parenting

- Anger Management
- Victim Impact Awareness
- Drugs and Alcohol
- Life after supervision
- Job skills training.

  - The FCJ Jail to Community Treatment program provides substance use treatment services utilizing assessments, counseling, and MAT.
  - FCJ staff also provide training and educational program elements, including high school education classes, GED preparation classes and testing, and English as a Second Language classes.

- Religious services include individual and group sessions facilitated by the FCJ Chaplain and supported by volunteers.
- Franklin County D&A facilitates two monthly group sessions in the FCJ:
  - A CRS educational group
  - Operation Save-a-Life Naloxone training to learn how to reverse an opioid overdose by administering one or more doses
- TrueNorth, a contracted outside provider, conducts psychiatric evaluations on an as-needed basis
- MHA is an outside provider that provides peer support services
- Celebrate Recovery is an outside provider that facilitates in-reach into the jail
- The following tables provide a snapshot of the FCJ's population and program operations' metrics for one recent month, June 2025:

Table 1: Snapshot: June 2025 Franklin County Jail Population report

#	Metric	#	Metric
Booked and Discharged		**Average Population**	
129	Commitments (detainee bookings)	70	Days, average length of stay for the month
124	Discharges (released)	54.6	Days, average length of stay, all 2025
Point in Time Status (July 1, 2025)		**Special Population**	
117	Sentenced detainees	3	Juveniles are held in other county jails
162	Unsentenced detainees	4	Detainees from other agencies are held in FCJ
279	Total Detainees (Includes 3 held for other counties, 3 on approved temporary absences, and 6 awaiting transport to state institution)		
Demographics		**Recidivism Rate**	
75%	Male population	38%	All commitments
25%	Female population	34%	Detainees are committed on new charges
68%	White population		
33%	Aged 25 to 34 years old		
72%	Single status		
84	At least high school diploma		
PrimeCare: Medical & Behavioral Health		**Other Status**	
1,126	PrimeCare sick calls	0	Detainees at Torrance State Hospital
14	Trips to the Emergency Room	1	Awaiting transfer to Torrance State Hospital
1	Hospital admission for 2 days	3	Detainees under constant observation
		4	Pregnant detainees

PrimeCare: Mental Health		PrimeCare: Substance Use and MAT	
830	Mental health contacts	33	Placed on detox protocol
180	Mental health caseload	66	Medication-Assisted Therapy (MAT) program
37	With an SMI diagnosis		

Table 1b: Intermediate Punishment Report (June 2025)

#	Status	#	Program
Pre-Release Services		**Sentencing Programs**	
58	Pre-Release intakes	924	Community Service hours completed
46	Pre-Release discharges	**In-Jail Program Participants**	
Employment		83	Drug and Alcohol RIP/DCIP program
5	Employed detainees	53	Pre-Trial Supervision program*
Violations and Sanctions		42	Sex Offender Program
12	Detained number of individuals	32	Mental health caseload
18	Sanctioned number of detainees	210	Total Program Participants
			*3 RIP/DCIP program successful discharges
		Community Program Participants	
		11	Electronic Monitoring (EM) program detainees
		20	Good Wolf Treatment Court participants
		31	Total Community Program Participants

Source: Franklin County Prison Board Minutes July 8, 2025

- Some observations of this month's FCJ report include:
  - 42% of detainees have been sentenced.
  - 58% of detainees are in pretrial status.
  - 65% of total detainees are receiving services from PrimeCare mental health clinicians.
  - 21% of mental health caseload have SMI diagnosis (13% of the total population).
  - 67% of detainees are 18-24, or 35+ years old.
  - 75% of all detainees are participating in in-jail treatment programs.
- The report also reflected the number of jail-bed days saved through utilizing these alternatives: *"There were 153 daily jail bed days saved by using the alternative sanctions of electronic monitoring (331 days), DCIP/D&A RIP (2525 days), intensive supervision (112 days), and pre-trial release (1622 days)."*

Competency

- When county residents need competency restoration services, they are held in jail or remain in the community on conditional release. They are placed on a wait list for transportation to the DHS-funded OMHSAS Torrance State Hospital (TSH). The hospital provides restoration services for state residents through its in-house Regional Forensic Psychiatric Center (RFPC) staff.
  - This year the county has filed 14 orders for competency restoration services, including eight (8) between January and July 2025, and six (6) in August 2025.

- A Pennsylvania OMHSAS committee commissioned best practice guidance for state and county competency restoration programs and services in the A Comprehensive Review of Pennsylvania's Competency Restoration Services: A Path Forward (April 2025) report.

Pre-trial Services

- The Franklin County Adult Probation/Parole Department (Probation) provides pre-trial services, including court-ordered supervision, coordinating treatment and other programs and services, and monitoring bail and conditions of release.
  - The Pretrial Release Officer (PTRO) administers the Ohio Risk Assessment Scoring (ORAS) instrument in instances where releasing the individual before their next hearing is being considered.

Initial Court Hearing

- The 39th Judicial District Court of Common Pleas hears criminal cases in Franklin County.
  - An individual's first appearance in front of the court is held shortly after they are booked into the FCJ.
  - A Pennsylvania Magisterial District Judge (MDJ) hears preliminary arraignments of individuals with warrants and others who have been booked into the FCJ within the same day of arrest, or by the next business day. The MDJ hears the charges, provides a copy of the complaint to the individual, and determines bail and any conditions of release.
    - In cases where the individual states they are indigent and/or cannot afford an attorney, individuals are encouraged to apply for defense services. The MDJ can assign a Public Defender (PD) to represent the individual, and the PD will likely make initial contact shortly after the arraignment.
    - The MDJ sets the date for the preliminary hearing for not less than three (3) business days and not more than ten (10) business days following the preliminary arraignment.
  - Franklin County has seven (7) MDJs. Each has its own unique set of questions it asks individuals who are charged, so that they can make bail decisions.
  - Law enforcement officers from some jurisdictions complete their department's bail worksheet and will present that report to the MDJ.
  - This report typically includes details and circumstances related to the crime, their interaction with the individual, the individual's criminal history, and their level of support, if any, for the court to offer bail conditions.
- The MDJs and the Franklin County Jail Central Booking Officers communicate daily to ensure all new arrestees brought into the jail are properly arraigned. The PD and Probation meet to discuss the case during the period between arraignment and preliminary hearing. If the defense attorney identifies concerns about the individual's behavioral health during this 14-day window, they may initiate the process to have an assessment and evaluation conducted.
  - The PD contacts the court co-responder to inquire about the service so they can make recommendations to the court. SAM provides the evaluation services.

- A District Judge hears the preliminary hearing. Private counsel or the PD can represent the individual if one was assigned. The judge hears the DA present the charges and evidence supporting probable cause for arrest.
    - If a PD was not assigned during arraignment or thereafter, the judge may decide to assign a PD to the individual.
    - The case is either dismissed or bound for the Formal Arraignment hearing.
- The formal arraignment hearing is held where the PD is confirmed as their counsel, and the PD can file any pretrial motions.
    - Formal applications to the Drug Treatment Court or to alternatives to incarceration programs are offered by this hearing, and typically before the hearing date.
    - The next hearing is the Pretrial Motions and Pleadings hearing, which is held no later than 30 days from the arraignment hearing.
    - The next hearing is the Call of the Criminal Trial List, where the individual accepts or rejects pleas, and when the individual's application to treatment or other programs is accepted or rejected.
- The Franklin County District Attorney (DA) is the lead prosecutor and law enforcement officer, guiding every stage of the criminal-legal process, including charging, prosecuting, diversion, trial strategy, and public safety leadership. They also work to ensure victims are protected.
    - The DA publishes a Criminal Procedure page to explain how an individual facing criminal charges is processed through the courts.
- The Franklin County Public Defender (PD) is a county-funded office that provides legal defense services to individuals who are indigent or cannot otherwise afford private defense services.
- The Franklin/Fulton Drug and Alcohol (D&A) (aka Single County Authority (SCA)) provides drug and alcohol programs and services, as well as contracts and collaborates with service providers.
    - A D&A pilot program pairs their case managers with a clinician from a contracted provider, Pyramid. The team visits the FCJ and conducts level-of-care assessments.
        - If the client declines Pyramid conducting the assessment and evaluation, D&A will send a case manager to conduct the assessment. Since the pilot's launch, assessments have increased.
        - The courts consider these assessments when deciding to release the individual.
    - The court can order the assessment as a condition of release.
    - When the FCJ receives the order, they identify the individual's condition and make referrals for services.
    - If the court hasn't initiated this process, the PD or defense attorney is responsible for ensuring it is ordered. The PD files the motion and recommends that private defense attorneys do the same, for the court to modify bail and release the individual at the preliminary hearing with appropriate conditions of release.

Problem-Solving Courts

- The case moves forward into the Franklin County Court of Common Pleas, as part of the 39th Judicial District, which is responsible for trying the case, as well as managing the judicial side of two primary programs:

- The Good Wolf Treatment Court is a specialized court-supervised drug treatment sentencing program for people who have been convicted of low-level criminal offense charges while also having an alcohol, opioid, or other substance-use challenge.
    - The treatment court has a capacity of thirty (30) participants, and at the time of the workshop, twenty (20) individuals were participating in the program. In August 2025, three (3) participants successfully graduated from the program.
    - Franklin County D&A or the Treatment Court Coordinator evaluates candidates.
    - The county DA manages the prosecution side of the Treatment Court program and makes recommendations to the court to offer and accept candidates, to graduate successful participants, or to drop unsuccessful participants and continue their sentencing. The Treatment Court has several operational components, including:
        - A treatment coordinator and case manager from the court oversees each participant's case.
        - A Probation Officer (PO) is assigned to the court and manages the supervision of each participant.
        - Participants work through six (6) phases of the program and move up as they complete the elements of each phase. These elements typically include attending frequent court hearings, participating in treatment services, attending individual and group therapy sessions, remaining abstinent and submitting to random testing, not reoffending, performing community service, and actively working towards recovery.
    - The Drug and Alcohol program is working to hire a Certified Recovery Specialist to serve the Treatment Court and Probation office.
- The Accelerated Rehabilitative Disposition (ARD) court program may be offered to individuals with less serious offenses and a limited or no criminal record. Although the ARD is commonly used for DUI offenses, at the discretion of the District Attorney, individuals with low-level non-DUI offenses, such as theft, drug possession, and other misdemeanors, may also qualify.
    - ARD is managed through the Adult Probation DUI/Investigative Unit.
        - Participants agree to a probationary sentence with all conditions set by the court, which include, at a minimum:
            - Not reoffending
            - Agreeing to being assessed for alcohol and other drug use, agree to abstinence, and complete an appropriate treatment program
            - Participating in a Mothers Against Drunk Driving (MADD) Victim Impact Panel to hear from victims and survivors of DUI injuries and deaths
            - Performing at least 25 hours of community service work
            - Paying the court fines, program fees, and restitution to victims harmed

        - While ARD participation spans between 30 and 90 days, the participant will remain under Probation supervision for the remainder of their 12-month probation sentence.
        - If the individual fails to meet their obligations, they may be removed from the ARD, and the DA may choose to continue prosecution of the original and any new offenses.
- A system goal is to administer an ORAS for every person arrested for criminal offenses and to inform the MDJ about their situation.

Table 2: Franklin County Sentencing Programs and Other Alternatives: Summary Table

Program	Eligibility	Program Elements
Drug and Alcohol-Probation Partnership (DAPP)	▪ Level 3 and 4 non-violent offenses ▪ Alcohol or drug dependent ▪ RPS sentenced	▪ Multi-disciplinary team ▪ PO supervision ▪ Team communicates with participant, employer, family, and treatment provider ▪ EM monitoring, frequent substance testing ▪ Weekly reporting ▪ Completion satisfies RIP component ▪ If the Intensive phase is incomplete, move to enhanced
Pre-Trial Release	▪ If alcohol or drug offense: Participate & complete SUD treatment	▪ Court and Probation approve participation ▪ Report to Pre-Trial Release Officer ▪ Maintain existing employment or become employed ▪ Regular alcohol and drug testing ▪ No victim contact ▪ Violations result in bail revocation and return to FCJ
Good Wolf Treatment Court	▪ Non-violent offenses ▪ Substance use problem	▪ Court-supervised drug treatment
Restrictive Intermediate Punishment (RIP)	▪ Level 3 or 4 offenses, or ▪ Numerous convictions ▪ Drug dependent ▪ Eligible sentence length ▪ DAPP or DCIP program	▪ Intensive Case Manager ▪ Variety of treatment options
Dedicated County Intermediate Punishment Programming (DCIP)	▪ Non-violent Level 3 or4 ▪ Serious to very serious offenders with numerous prior convictions ▪ Assessed with SUD ▪ Eligible sentence length	▪ Drug and alcohol offenses, and other cases ▪ Option for Level 3 or4 that do not qualify for DAPP ▪ IPS must require treatment at the level recommended by assessment results ▪ DCIP supervises all Level 3 & 4 IP sentences, including RIP components of EM and Intensive Supervision
County Intermediate Punishment Programming (CIP) & Qualified CIP	▪ Not Level 3 or 4 ▪ Pays all EM fees prior to discharge ▪ County sentenced ▪ Complete approved sanctions	▪ A qualified Probation Specialized Services Unit supervision ▪ PO supervises all non-Level 3 & 4 IP sentences requiring EM, including vehicle offenses, or some Level 2 offenses ▪ May include any/all: drug and alcohol treatment, EM, house arrest, work-release, and halfway house ▪ May issue Alternative Disposition Agreements for infractions
Intensive Supervision Program (ISP)		▪ Alternative consequence of violating supervision ▪ PO SSU supervision
Mental Health	▪ Probation or Parole ▪ Mental health and/or ▪ Intellectual disability needs	▪ Specialized PO SSU supervision ▪ Close supervision combined with the participant's treatment program engagement

- Drug and Alcohol-Probation Partnership (DAPP), is an intensive SUD treatment program.
    - The DAPP collaborative team comprises multi-disciplinary representatives, including a Drug and Alcohol Intensive Case Manager (ICM), Probation Officer, and local treatment providers.
    - The team coordinates the supervision and treatment for individuals with non-violent Level 3 or 4 sentences, '…for serious (and very serious, respectively) offenders and those with numerous prior convictions…'
    - The drug- or alcohol-dependent participant must agree to a multi-phase treatment program including intensive supervision, frequent court appearances, EM, work-release opportunities, and active participation in treatment.
    - The team stays in contact with program participants, each other, and the individual's employer and family to help the individual succeed in their recovery program and integrate into the community.
- The Community Service Program is an alternative-sentencing program providing the opportunity for individuals to perform community service work in lieu of, or to reduce terms of incarceration. The individual must complete their CSP obligation before reaching one-half of their probation term; if they have not completed it by then, they are mandated to the CSP.
    - The individual selects a qualifying agency where they can volunteer (typically, a non-profit), performs the work, and provides documentation of the hours worked to their PO. The program benefits the community, provides the individual with work and social experience, and reduces the county's financial impact.
    - Participant treatment programs include life skills groups, Moral Reconation Therapy (MRT), Drug & Alcohol treatment groups, case management groups, GED preparation and testing, adult basic education, and job readiness groups.
- Electronic monitoring (EM) provides the courts with an option to allow individuals to return to the community without incarceration. These units enable their Probation Officer (PO) to monitor their movements and/or alcohol intake at home and in the community. EM device options include:
    - Radio frequency (RF) monitoring, allowing the device to communicate with the home base receiver, typically used when requiring the individual to be home at certain time periods
    - GPS monitoring (active or passive) to monitor their precise geographic locations
    - Alcohol monitoring devices, with or without the RF function, to monitor any alcohol intake
    - EM program participants are assessed for their treatment needs, which informs a treatment plan

Data Collection and Sharing

- The CJAB Case Flow Committee is a robust and productive work group focused on criminal case processing. This committee seems well-suited to address three priorities identified by this workshop group's participants, including:

Priority 4	Implement the Pretrial Risk Assessment Tool at booking, before preliminary arraignment, to be used by Magisterial District Judges (MDJs) in bail decisions.
Priority 6	Develop diversion at Intercept 2 (e.g., legal representation, connect to services).
Priority 8	Develop a court-based diversion program for people with mental health/serious mental illness (Intercept 3).

GAPS

Booking

- Tools and assessments used during booking were unclear. A county staff member will send workshop facilitators the tools used to screen individuals during the jail booking process.
- In some cases, an arrested individual will be brought to the arresting agency's station before being transported to the FCJ. It was not clear what information was given to the FCJ.
- It isn't fully understood what different department policies are when the individual is presenting as a danger to themselves and/or others, intoxicated, or otherwise under the influence.

Jail Structure and Personnel

- A discussion was held surrounding the perceived discrepancies of FCJ population data.
- There are no designated FCJ housing units for individuals in the MAT program.
- Mental health clinicians at the FCJ are not on-site 24/7.
    - Psychiatry and Nurse Practitioner time is limited to only 4 hours per week.

Jail Services

- PeerStar of PA provided mental health peer support services for individuals in the FCJ. It wasn't clear to workshop participants why it had been approximately six (6) months since they had engaged with the FCJ.
- Although case management services are offered to everyone booked into the FCJ, many individuals decline them.
- The TARGET program, modeled using the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) framework, helped individuals in the FCJ who had a history of trauma cope, primarily through group therapy sessions. TARGET was discontinued due to the COVID-19 pandemic.
- The FCJ is open to having Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) hold meetings, but the groups have not found members who could facilitate the meetings.
- The PrimeCare policy and process for bridging medications through pharmacy confirmations is unclear.
- PrimeCare does not use a pharmacy-to-pharmacy program to obtain information about an individual's active prescriptions and history.

Competency

- One of the significant challenges discussed is how the county is serving individuals who may need competency evaluation, and those who have been deemed incompetent.
    - The fear is for individuals who have demonstrated dangerous behavior, and a peer or navigator is not there to help guide them through the behavioral health and criminal-legal systems.
- Another challenge is that there are no competency restoration services currently available other than the state hospital.
    - The wait times for Torrance State Hospital (TSH) placement have varied from a few weeks to a few months.
    - TSH will only accept transfers from jails to their facility for restoration services. Individuals who have been released into the community until services are available are left without treatment and care.
- There are concerns about how competency evaluations are requested and administered, and how quickly they can be obtained.
- The concern is that the county is ill-equipped to handle the individual, including some who are charged with serious offenses, without appropriate resources.
- There is a lack of knowledge among private defense attorneys on the programs and processes available to their clients.

Pre-trial Services

- The courts are challenged in serving people who have experienced Traumatic Brain Injury (TBI) and who may require short- and long-term guardianship.
- Orphans court – has a potential opportunity to utilize and coordinate with guardianship services.

Initial Court Hearing

- Individuals are not provided legal counsel before their preliminary arraignment.
- At the present time, there is no formalized process or standard tool used for pretrial risk assessment, as well as information about any behavioral health conditions. The result is an inability to sufficiently inform the MDJ during the preliminary arraignment, potentially impacting their effectiveness.
- When the court orders assessments through conditions of release, sending a provider out to facilitate the assessment process requires a referral process, which is not currently in place.
- There are inconsistencies in cases when a judge orders an evaluation for individuals in the FCJ.
- There is a need to better inform court personnel about the behavioral health system and its capabilities and processes.
- The bail worksheets used by independent law enforcement agencies are not uniform or standardized.
- Although the PD is knowledgeable about what is needed and how to activate the assessment process, private attorneys are not, which can cause delays or missed opportunities for individuals to get appropriate treatment and care.

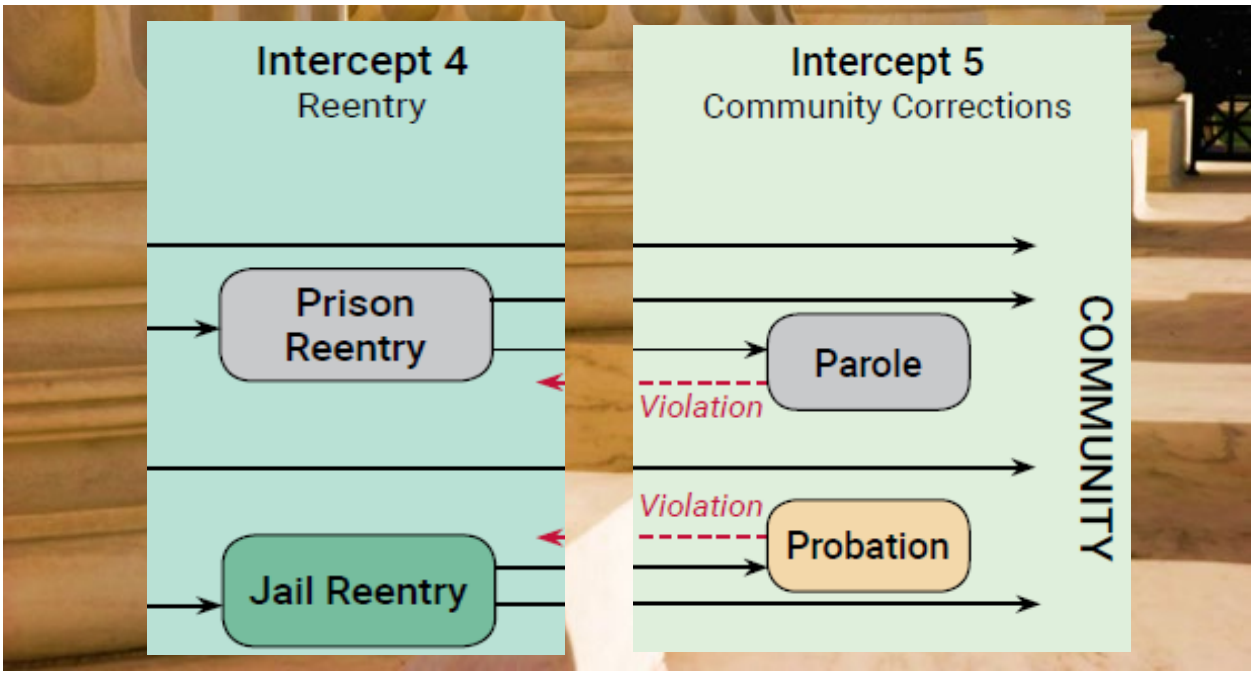
- A specialized attorney is available through the Women in Need program, which supports survivors of domestic violence (DV). Although they have some resources to support victims, they have not been able to provide pro bono services to DV victims.
    - There has been an increase in civil protection orders. These orders can be convoluted because many people choose to represent themselves.
- Individuals with landlord-tenant issues are not able to easily access attorneys to help them get trespassing charges reduced.
    - There was discussion about reducing the need for law enforcement and the courts by addressing how civil issues, such as evictions, protection orders, etc., are handled.
- Information sharing between stakeholders before preliminary hearings is not consistent.

Problem-Solving Courts

- There is a lack of additional problem-solving courts or diversion opportunities at the court level that provide individuals needing treatment and services with a motivating incentive (treatment vs. jail), an opportunity to get the treatment and care they need.
- Much work is being done informally through collaboration and relationship building, but there are limited formal programs or opportunities for potential candidates to pursue.
- It was not well understood why the Get Back Up program was discontinued, or if there is an opportunity to make adjustments to its content and delivery to address any concerns.
    - Traditionally, some screening services were provided before an individual's preliminary hearing. Still, the program Get Back Up ceased in June 2025 due to a lack of funding and the process of the new DA taking over the office.
- There is no official diversionary program for people with mental health challenges.
- The ORAS system is typically used for pretrial assessment, and there are opportunities to understand people at the time of booking better, using more appropriate tools for their intended purpose.
- There are too many low-risk people being held due to the lack of bail, as well as a general impression that not all individuals are being provided equal access.

Data Collection and Sharing

- There are challenges with information sharing across systems, which can create delays and inefficiencies, and missed opportunities for getting people who are ready, the treatment and care they need.
- There is a lack of coordinated information sharing between FCJ and area providers, with one giving the example of arriving at the FCJ to meet with an individual, only to find they had been discharged the day before.



Intercept 4: Reentry; and Intercept 5: Community Corrections

OPPORTUNITIES

Jail Services

- FCJ staff meet with Probation Pre-Release staff to discuss individuals' cases when they are scheduled to be released in the upcoming three (3) weeks. They discuss the individual's program engagement and ensure they have an approved home plan. They also provide specialized reentry planning services for individuals with more complex needs.
- Celebrate Recovery is an organization that offers group meetings in the FCJ, supported by volunteers, and provides opportunities for individuals to discuss their situations and recovery journeys.
- The Case Assisted Reentry (CARE) program is for individuals in the FCJ with mental health issues. The program can pay for a 30-day supply of medication through a local pharmacy, and there is a contract with Keystone that allows them to obtain an appointment within 10 days.
- MHA Peer Support is invited to attend reentry planning meetings for individuals planning their release and is looking for opportunities to provide additional support.
- The group discussed the importance of keeping local resource guides up to date and available. A suggestion was made to consider using interns to create and publish hard copies and update website information, including leveraging resources from the Franklin Together Reentry Coalition.

- The Franklin County Jail has reviewed high utilizers of social services within the jail and has been using that information to inform re-entry case planning.
- PrimeCare provides a 10-day script for medication that is called into the Keystone Pharmacy and a 14-day script for MAT medication.
- Franklin County offers several programs that may allow the individual to be released from the FCJ earlier than anticipated through a variety of means, including:

Table 3: Franklin County Reentry Program Opportunities for Early Release

Program	Eligibility	Program Elements
Community Service Program (CSP)	▪ Coordinates company, schedule, work, and reporting	▪ PO supervision and reporting ▪ Work at organizations, special projects, or events ▪ May be violated for incomplete hours
Work Release (Pre-Release)	▪ Currently employed ▪ Willingness to be employed	▪ Court sentencing option ▪ Employer screened for participation ▪ Unemployed select from the prospective employer list ▪ Pre-Release housing unit placement ▪ Income processed by Pre-Release unit, court-ordered obligations deducted ▪ Assessed by FCJ treatment staff ▪ PO supervision
Electronic Monitoring (EM)	▪ Wear SCRAM or other electronic device ▪ Respond to inquiries (spot-checks) by PO ▪ Adhere to restricted movement orders	▪ Assessment of treatment needs ▪ Co-develop treatment plan ▪ Attend all treatment programs and activities ▪ Jail diversion program ▪ PO SSU supervision ▪ Restricted movement terms and intense monitoring

Community Reentry

- The Franklin Together Reentry Coalition of Franklin County works to improve the county's reentry programs, processes, and networks. They meet bi-monthly to share information, network with each other's organizations and contacts, and work to connect others into the network.
- The Franklin County Community Connections offers support to individuals being released from incarceration, individuals who are homeless, at risk of homelessness, and those seeking stable housing.
- Several transportation options are available to Franklin County residents, including:
    - The rabbittransit Stop Hopper service is an on-demand ride to and from any location within its Chambersburg and Fayetteville-area service boundaries. Rides must be scheduled through a mobile phone application. rabbittransit also offers multiple alternatives detailed on their site.
    - Leah's Legacy is a D&A program that provides transportation services to individuals needing to attend appointments, hearings, or other activities.

    - Danny's Ride assists individuals with behavioral health needs by connecting them with transportation services through a variety of providers, including Uber, Lyft, rabbittransit, etc. See their program brochure.
    - Pyramid Healthcare offers transportation within a limited area for individuals being admitted or discharged from programs and services, as well as a range of other needs.
    - Noah's House INC., Recovery Homes offers transportation assistance to its residents, as well as a high level of peer support.
- The Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is available to individuals up to 21 years old.
- Medicaid is reactivated for individuals reentering the community 30 days before their release date. Once activated, individuals with behavioral health challenges can receive intensive case management services.

Probation

- At the present time, 2,300 individuals are on a community supervision term between probation and parole.
- Probation is using ORAS to assess anyone on community supervision and is making supervision determinations based on the results.
- PO caseloads include an average caseload per office, including:
    - 150 to 200 cases of low-risk individuals.
    - 40 to 60 cases, medium to high risk, depending on whether the PO is serving a specialized caseload. Specialized caseloads focus trained POs with skills supervising individuals with unique offenses and needs, including:
        - Treatment court participants
        - Sex offenders
        - Participants involving a mental health component
        - Intensive DAPP treatment program participants
        - Case manager from D&A assists as needed
        - Intensive supervision for level 3 and 4 offenders
        - A DUI unit for individuals with DUI/DWI offenses
- Training
    - POs are required to receive CIT training within their first year of employment
    - An 80-hour Basic Training Academy training
    - A 36-hour defensive tactics skills training
    - A 70-hour firearms and practices training
    - Evidence-based practice training, with five (5) core modules, including motivational interviewing, effective interventions, graduated sanctions, case planning, and administering assessments
- For individuals with probation violations, POs try to use the least restrictive means possible to keep the individual in the community as long as possible, with community safety being the highest priority.
    - Any determination to re-incarcerate the individual is primarily based on their potential danger to the community.

- The Probation intake unit is where an individual makes first contact with Probation after their court-ordered release. The unit administers a risk-needs assessment, and based on the results, the individual is assigned the appropriate PO and level of supervision (low risk, medium risk, high risk).
- Specialized POs have received training and certifications in their area of specialty. These typically include areas such as behavioral health, mental health, SUD, DWI, arson, sex offenses, high-risk of violent behavior, and others.
- POs receive training including CIT, Basic Training, defensive tactics, firearms, and evidence-based practice training (i.e., motivational interviewing, effective interventions, graduated sanctions, case planning, assessment).
- The relationship between Keystone and Probation has been building to identify and work with individuals recognized as high utilizers.

Parole

- There are between 400 and 500 individuals on parole in Franklin County, who are also managed by the Probation/Parole department. These include individuals in the Pennsylvania and interstate compact.

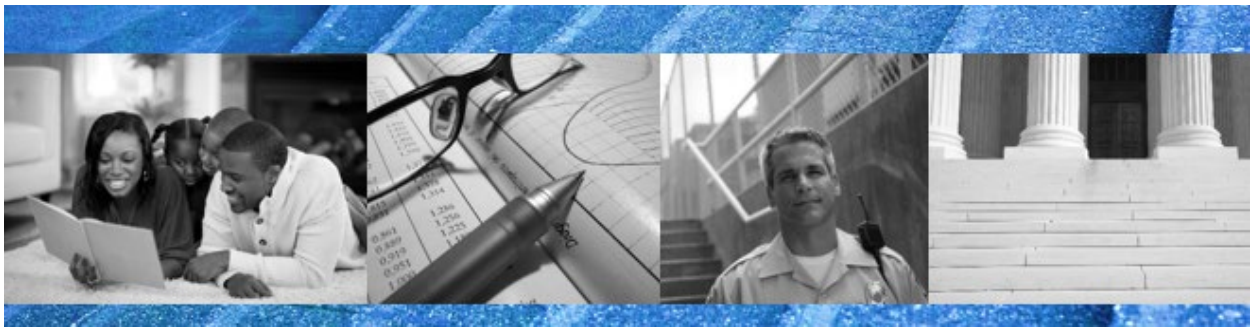
GAPS

Community Reentry

- There is a need for a Community Corrections Center, providing a one-stop center for individuals being released. This could be an area to explore to address the housing and placement needs for the reentering population.
- The distance between the pharmacy and jail, and from the individual's home to the pharmacy, is making it difficult for individuals to adhere to their medication plan. The prescriptions cannot be transferred to a more convenient pharmacy by the individual.
- Individuals are released from jail with no medication.
- There is a connection, fallout, or lack of coordination when individuals are released from the FCJ. They aren't clear on where to go for treatment, services, or medications.
- There is a lack of available affordable housing resources for individuals who are reentering the community.
- Individuals reentering from the FCJ are having difficulties obtaining transportation between the FCJ, Probation, programs and services, and their homes.
- A rabbittransit mileage reimbursement program is available for individuals with their own vehicles but is not currently funded.

Probation

- The Probation Department reported that staff recruitment and retention problems are the number one barrier to carrying out effective services. At the present time, they are working to fill four (4) positions to fill out their 28-officer roster.



Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities, followed by a vote in which each participant casts their vote. The voting took place on September 11th, 2025. The top five priorities selected for action planning are in bold text.

Rank	Votes	Priority
1	**19**	**Develop housing resources for the behavioral health justice-involved population and address their health-related social needs (HRSA).**
1	**19**	**Develop a mobile crisis team and implementation plan (e.g., culture change). Make mobile crisis mobile.**
2	**15**	**Formalize informal processes within and across agencies.**
3	**11**	**Embed Peer Supports across intercepts (address recruitment and training).**
4	**10**	**Implement the Pretrial Risk Assessment Tool at booking, prior to preliminary arraignment, to be used by Magisterial District Judges (MDJs) in bail decisions.**
5	8	Improve communication and awareness of current crisis options and streamline access to available resources 24/7.
6	7	Develop diversion at Intercept 2 (e.g., legal representation, connect to services).
7	6	Improve re-entry, including medications, employment, housing options, etc.
8	5	Develop a court-based diversion program for people with mental health/serious mental illness (Intercept 3).
9	1	Increase engagement, bring services to people (out of the office).
9	1	Maintain housing, employment, and benefits upon incarceration.
10	0	Update the 'Where to Go' resource and develop a dissemination plan for community members and professionals, along with a mechanism to keep it updated.

Action Plans

Priority Area #1: Develop housing resources for the behavioral health justice-involved population and address their health-related social needs (HRSA).

Objective	Action Step	Who	When
Landlord Engagement	▪ Increase Advertisement ○ Public websites ○ Reach out to known landlords ○ Offer incentives ○ Up-front rent for 1 year ○ Community service hours (work release, inmates clean and repair apartments)	▪ Quentin C. (C.C.) ▪ Melyssa F. (Jail) ▪ Kayla S. (Probation) ▪ Stacey B. (CMH/IDD)	Within 3 months
Develop transitional housing with wraparound support, 24-hour staffing, funded by the county, and staffed with criminal justice staff	▪ Look at space and available property ○ Location of properties ▪ Recruit agencies to do mobile services at the location ▪ Program guidelines and rules	▪ Court ▪ Jail ▪ Probation ▪ MH/IDD ▪ Community Connections	1 to 2 years
Reestablish Local Housing Option Team (LHOT)	▪ Identify who should be present ▪ Establish recurring meeting schedule	▪ Quentin C. ▪ Stacey B.	Within 3 months

Group Participants: Stacey Brookens, Quentin Clapper, Melyssa Flud, Minnie Goshorn, and Steve Todd.

Priority Area #2: Develop a mobile crisis team and implementation plan (e.g., culture change). Make mobile crisis mobile.

Objective	Action Step	Who	When
Crisis Regulations (mobile)	▪ Waiting for OMHSAS to release for stakeholder review	▪ OMHSAS ▪ Stakeholders	Fall 2025
Funding Court and D&A 9-8-8 Phone units. Commercial Insurance	▪ Review current data ▪ Review current funding	▪ MH ▪ TMCA ▪ D&A	2 months
Reinvestment plan approval	▪ TMCA will submit plan to OMHSAS	▪ Missy	January 2026
Task Force: MH, MCO, PSP, LE, D&A, and Peer.	▪ To design mobile crisis program data and software programs	▪ MH ▪ TMCA ▪ D&A ▪ Stakeholders	3 to 6 months
Make mobile crisis mobile	▪ Implement designed mobile crisis program	▪ MH ▪ TMCA ▪ D&A ▪ Provider	1 year
Marketing of services. Culture change	▪ News media, social media, public networking	▪ Provider ▪ Task force ▪ Community	1 year and beyond

Group Participants: Missy Wileman, Erin Nye, Steven Ross, Ben Sites, Commissioner Dean Horst, and Cori Seilhamer.

Priority Area #3: Formalize informal processes within and across agencies.

Objective	Action Step	Who	When
Identify Key Stakeholders	▪ Communicate with CJAB Executive Committee	▪ Melodie Hoff, Director Grants ▪ Ronda Ranalli, Grants/CJAB	September 2025 (ST)
	▪ Communicate with full CJAB	▪ Melodie Hoff, Director Grants ▪ Ronda Ranalli, Grants/CJAB	October 2025 (ST)
Identify the informal flows from the key stakeholder representatives	▪ Meet and brainstorm potential flows to formalize within the subcommittees	▪ CJAB subcommittee chairs	October/November 2025
	▪ Present the informal flows identified to the full CJAB	▪ Facilitated by Melodie Hoff and Ronda Ranalli.	December 18, 2025, Holiday CJAB (ST)
Prioritize the ones we want to formalize	▪ The Executive Committee members will review the flows to be formalized	▪ CJAB Executive Committee ▪ Melodie Hoff ▪ Ronda Ranalli	January 2026
	▪ Report out to the full CJAB		February 2026 (LT)
Map / formalize the process	▪ Provide written directives with formalized mapping template to the responsible stakeholders	▪ Executive Committee ▪ Work will continue in subcommittee meetings	March 2026 (LT)
	▪ Subcommittees map processes		Maps completed by October 2026
Distribute formalized maps	▪ End of year CJAB	▪ CJAB Committee chairs will distribute finalized maps	December 2026 (LT)

Group Participants: Carrie Gray, Genevieve Harper, Melodie Hoff, Stacie Horvath, President Judge Meyers, Ronda Ranalli, and Angela Stoner.

Key
ST = Short-term
LT = Long-term

Priority Area #4: Embed Peer Supports across intercepts (address recruitment and training).

Objective	Action Step	Who	When
Provide information	▪ Benefits of peer support to their agencies	▪ Joey, SCA ▪ Mike K., SCA ▪ County Mental Health ▪ Denita	6 months
Assessment to be completed about where Peer Support could fill in gaps in the Intercepts	▪ Speaking to those agencies about how Peer Support is currently being used, as well as potential use ▪ Collect data from the priority population	▪ SCA ▪ TMCA ▪ MH/IDD	3 to 6 months
Reviewing best practices to guide planned development	▪ Review SAMHSA, Gains, PRA	▪ CJAB ▪ Behavioral Health	3 months
Exploration of funds	▪ Review of CMS, OMHSAS, DDAP, SAMHSAs ▪ Research the certification and licenses of CPS programs and their impacts at the county and provider level	▪ CJAB ▪ Behavioral Health	3 months
Assessment of current capacity	▪ Collect data from all Peer providers	▪ CJAB ▪ Behavioral Health	3 months
Training and certification	▪ Access and availability to Peer training ▪ Access targeted populations for training	▪ SCA ▪ PCB ▪ CJAB ▪ Behavioral Health ▪ DDAP	6 to 9 months
Implementation of Peer Supports in the Intercepts	▪ Evaluation of process and evaluation of outcomes	▪ CJAB ▪ Behavioral Health	12 to 18 months

Group Participants: Joey Bailey, James Eagler, Denita Mohney, John Thierwechter, Douglas Wilburne

Priority Area #5: Implement the Pretrial Risk Assessment Tool at booking, prior to preliminary arraignment, to be used by Magisterial District Judges (MDJs) in bail decisions.

Objective	Action Step	Who	When
Identify an evidence-based practice assessment Buy-in from stakeholders	▪ Look at what the county currently has as well as other jurisdictions ▪ Training and education of stakeholders	▪ Heather Franzoni ▪ Douglas Wilburne ▪ Casey Bogner	2 months
	▪ Cost-benefit analysis and data from other jurisdictions	▪ Case Flow Committee.	3 months
Develop procedures to administer Secure necessary funds	▪ Create a workgroup	▪ MDJ ▪ Jail ▪ APO ▪ DA ▪ PD ▪ Common Pleas Court ▪ Conflict Counsel ▪ Court Administrator ▪ County ▪ Grants	4 to 6 months
Implementation	▪ Continue educating stakeholders ▪ Identify and train staff ▪ Identify service providers	The workgroup from above.	12 months
Quality Assurance	▪ What data are we looking for? ▪ Collect data	▪ Different people across jurisdictions. ▪ Heather Franzoni ▪ Douglas Wilburne ▪ Casey Bogner	Ongoing

Group Participants: Casey Bogner, Aimee Hutchison, Janet Juarez, Judge Angela Krom, John Lloyd, Angie Mackley, Kevin Taccino, and Michelle Weller.

PARKING LOT

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These issues are listed below.

- There are limited resources and funding options for individuals with Traumatic and Acquired Brain Injury.
- There is an interest in conducting Juvenile-focused SIM mapping.

RECOMMENDATIONS

1. **Develop a Crisis Continuum of Care to provide effective, timely alternatives to law enforcement responses to calls for service.**

   Responding effectively to calls for service related to crisis or behavioral health issues will require a variety of services, as a one-size-fits-all approach (such as opening a single crisis care facility) rarely adequately meets the community's needs. Data and guidance from peers should be brought together to explore innovative additions to the crisis care continuum of services, which could include a variation of the following models:

   - Mobile crisis teams untethered from law enforcement, often including composed of behavioral health staff, peers, paramedics, and/or fire department staff, for example:
     - Atlanta's Policing Alternatives & Diversion Initiatives 311 Community Referrals program is one outcome of their 9-1-1 analysis, which should be explored as a potential solution to addressing a shift in the way calls for service are handled by non-law enforcement entities.
     - Community paramedic programs.
     - CAHOOTS (Eugene, OR), STAR (Denver, CO), and Community Response Team (Colorado Springs, CO). The Crisis Response Unit (Olympia, WA) includes peer navigators on its response team.
   - Peer respite programs, such as the Promise Resource Network's Retreat @ The Plaza, are among others listed in this directory.

   Additional strategies to expand the crisis continuum of care may include:

   - Expand CIT Training and coordinate across each of the police entities in the surrounding municipalities
   - Provide Mental Health First Aid training to all uniformed officers who do not receive CIT training
   - Expand crisis care treatment interventions, and consider developing a Mobile Crisis Team

   To be effective, mobile crisis teams must be adequately staffed to respond promptly to crisis calls. More communities are coordinating mobile crisis team responses with law enforcement, especially during peak call hours and co-locating services or embedding clinicians in police district headquarters. Often, these services are augmented by providing telephone or videoconference consultation to law enforcement. Over the past few years, the Substance Abuse and Mental Health Services Administration (SAMHSA) and many states have begun to identify a 'Continuum of Care for Crisis

Services.' In addition, states such as Texas, New York, Virginia, and California have state-funded initiatives to enhance crisis services in their communities.

CIT International has released the Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises, the first comprehensive guide for communities to best practices for starting and sustaining CIT programs.

Also, develop and enhance officer wellness strategies. Below are two officer safety and wellness initiatives with a variety of resources.

- Destination Zero
- Valor Officer Safety and Wellness Program

2. **Develop more formal and coordinated screening and diversion strategies for arraignment diversion (Intercept 2) and pre-plea diversion (Intercept 3).**

A lack of resources, collaboration, and training for assigned counsel, the judiciary, and prosecutors hampers early diversion opportunities in rural communities. Training for judges, attorneys, and court staff is critical to the success of these programs. Increasing understanding of mental illness and how various tools measure pretrial risk (as opposed to risk of violence) facilitates informed decision-making by court-based professionals.

Formalizing screening protocols at arraignment and at the jail is the first step in expanding and implementing diversion strategies. Many screens, such as the Brief Jail Mental Health Screen (BJMHS), are in the public domain. The use of this effective, quick, simple, and free resource is a powerful booking tool for screening incoming detainees in jails and detention centers to determine the need for further mental health assessment. The BJMHS assesses incoming detainees for the possibility of having a serious mental illness such as schizophrenia, bipolar disorder, or major depression. The process takes less than three minutes and can be easily incorporated into corrections officers' booking process. The entire screen consists of eight yes/no questions. The information gathered from this tool could be shared with the person as they move through Intercepts 2/3, providing valuable insights to support decision-making and identify diversion opportunities.

Additional brief mental health screens include the:

- Correctional Mental Health Screen
- Mental Health Screening Form III

Brief alcohol and drug screens include the:

- Texas Christian University Drug Screen V
- Simple Screening Instrument for Substance Abuse
- Alcohol, Smoking, and Substance Involvement Screening Test

Defendants with mental health disorders who are remanded to pretrial detention often have worse public safety outcomes than defendants who are released to the community pending disposition of their criminal cases. Consider proportional responses based on the severity of a defendant's criminal risk and behavioral health treatment needs. The risk-need-responsivity (RNR) model has been widely regarded as the premier model for guiding assessment and treatment. According to Andrews and Bonta's RNR theory, the best outcomes are achieved when (1) the intensity of justice supervision is matched to an individual's risk for recidivism (criminogenic risk) or likelihood of failure in treatment (prognostic risk), and (2) treatment focuses on the specific disorders or conditions that are responsible

for criminal behavior (criminogenic needs). Researchers have found that providing the wrong kinds of services can worsen outcomes by wasting resources and imposing excessive burdens on people that interfere with productive activities (Lowenkamp & Latessa, 2004). In addition, placing people in the wrong treatment can potentially increase crime and other undesirable outcomes (Lloyd, Hanby, & Serin, 2014; McCord, 2003; Welsh & Rocque, 2014). See AllRise's ARK model for more details.

- Defendants with pending cases who are released to pre-trial services as an alternative to detention. These may be cases with moderate criminal risk, but where the individuals would benefit from community-based services that are not available while in pretrial detention, and pretrial failure can be avoided.
- A deferred prosecution approach where a low-risk defendant is directed to participate in a short-term community-based treatment program. Successful completion of the program results in dismissal of the charges, while failure results in remand to custody and continuation of the criminal case.
- The RNR Simulation Tool is a web-based decision-support system to help jurisdictions and providers implement the RNR framework. This approach integrates the science around effective screening, assessment, programs, and treatment matching (responsivity) to improve individual and system outcomes. To that end, the RNR Simulation Tool has three portals: 1) The RNR Program Tool for Adults; 2) Assess an Individual; and 3) Assess Jurisdiction's Capacity. This document provides users with general information about each portal and its intended uses.
- The AllRise ARK combines RNR theory and the SIM model. Each quadrant in the ARK matrix represents a specific risk and need profile for individuals at a specific stage in the criminal legal system. Each quadrant is associated with evidence-based and promising programs that match that profile and stage. For example, you can view evidence-based and promising programs for a high-risk, high-need individual on probation, or for a low-risk, low-need individual on pretrial supervision.
- Consider a competency court docket, such as was established by the Seattle Municipal Court, to reduce time spent in jail during the competency process. Refer to the journal article by Finkle and colleagues (2009) and the 2013 report on the Seattle Municipal Court Mental Health Court, which houses the competency court docket.

Essential elements of Intercept 2 diversion can be found in the SAMHSA Monograph, 'Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders in the Criminal Justice System.' The monograph identifies four essential elements of arraignment diversion programs. Improving screening, clinical assessment, and behavioral health disorders for those who are released without referral or follow-up. The CASES Transitional Case Management and the Manhattan Arraignment Diversion Program are two examples.

See also the *Screening and Assessment* section of the Resources below.

3. **Target strategies/interventions to address the arrest, incarceration, and re-arrest cycles of homeless individuals and other individuals who return to the health care and/or criminal legal system repeatedly.**

Although most jail admissions represent the only contact a person will have with the criminal legal system, a small group experiences more frequent jail contact and accounts for a disproportionate share of both admissions and expenditures, a gap identified at the SIM workshop. People with

frequent jail contact experience complex, interconnected social, economic, and behavioral health needs that may exacerbate (or be exacerbated by) their frequent jail contact. This group also frequently contacts other community services, such as emergency rooms, homeless shelters, and treatment facilities. Strategies to implement services that meet complex needs and address structural barriers are critical to reduce system involvement meaningfully and sustainably among the population of people who experience frequent jail contact.

In general, there are four categories of criteria used to identify people with frequent jail contact: 1) the specific type of jail and other criminal legal system contacts counted; 2) the number of contacts considered frequent; 3) the window of time in which repeat contact occurs; and 4) inclusion of contact with other systems such as homeless servicers, ER/hospital care, and first response. The Center for Supportive Housing FUSE Resource Center describes supportive housing initiatives for people who have frequent contact with jails, hospitals, health care, emergency shelters, or other public systems.

Communities across the country have developed strategies to concentrate resources on this population. Strategies involve developing a coordinating committee composed of mid-level managers of provider agencies, direct service individuals, and criminal justice personnel who can identify and mobilize resources to engage individuals in a timely way and at periods of high need (e.g., an ER visit, police contact, or arrest). Often, the individuals identified with frequent jail or service contact have priority for intensive services, including Assertive Community Treatment (ACT), case management, and housing. These initiatives commonly report reductions in ER use, inpatient stays, police contacts, and homelessness.

Once a coordinating team has been established and definitions of people with frequent jail contact have been identified, it is important to examine, update, and analyze to document the costs associated with not meeting the accurate needs of this population to the entire system of care. Communities can use this information to justify and substantiate local funding needs for the crisis system of care. Sites might consider a 'crisis care safety tax' to help underwrite the staffing and development needs for mobile co-responder crisis services in the community.

The following is a one-step approach to implementing a Familiar Face strategy in your community.

- Convene a cross-system data group to determine what questions you are trying to answer.
- Identify and define terms.
- Use existing data from a specific period of time (six months to three years) from non-HIPAA-covered sources, such as 9-1-1 and court data, to identify people known to emergencies and court services. Narrow the list to the top 50 to 200 individuals (depending on the size of your jurisdiction) and form cohorts in increments based on the level of contact. This list (name, DOB, gender identity) can be shared with HIPAA-covered and non-covered entities.
    - According to the agency HIPAA status or the data sharing agreement, the receiving entities can report the percentage of known individuals per cohort rather than whether the actual person is known to the entity.
- Average costs for services and contacts can be provided and used to determine the average costs per individual, per year.
- Cross-system information can be compiled and analyzed for review and action.

Camden, New Jersey, has developed a promising collaboration among health care, social service, and law enforcement to address its "complex care" populations, which have frequent contact with hospitals and sometimes police. They have been showing success in reducing repeated contact and improving health.

See also the *Crisis Care, Crisis Response, and Law Enforcement* publications in the Resources below.

RESOURCES

Competence Evaluation and Restoration

- Policy Research Associates. Competence to Stand Trial Microsite.
- Policy Research Associates. (2007, re-released 2020). Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- National Council for Behavioral Health. (2021). Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.
- National Association of State Mental Health Program Directors. Crisis Now: Transforming Services is Within our Reach.
- National Association of Counties. (2010). Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- Abt Associates. (2020). A Guidebook to Reimagining America's Crisis Response Systems.
- Urban Institute. (2020). Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.
- Open Society Foundations. (2018). Police and Harm Reduction.
- Center for American Progress. (2020). The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.
- Vera Institute of Justice. (2020). Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses.
- National Association of State Mental Health Program Directors. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.
- R Street. (2019). Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response.
- Substance Abuse and Mental Health Services Administration. (2014). Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.
- Substance Abuse and Mental Health Services Administration. (2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.

- Substance Abuse and Mental Health Services Administration. (2020). Crisis Services: Meeting Needs, Saving Lives.
    - Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
- Crisis Intervention Team International. (2019). Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.
- Suicide Prevention Resource Center. (2013). The Role of Law Enforcement Officers in Preventing Suicide.
- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.
- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

Housing

- The Council of State Governments Justice Center. (2021). Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health.
- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Economic Roundtable. (2013). Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.
- 100,000 Homes. Housing First Self-Assessment.
- Community Solutions. Built for Zero.
- Urban Institute. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.
- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.

    - Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.
    - Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.

Information Sharing/Data Analysis and Matching

- Center for Policing Equity. (2020). Toolkit for Equitable Public Safety.
- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy supporting enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.
- Urban Institute. (2018). Strategies for Connecting Justice-Involved Populations to Health Coverage and Care.
- R Street. (2020). How Technology Can Strengthen Family Connections During Incarceration.

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.

- ASAM 2020 Focused Update.
- Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- National Council for Behavioral Health. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.
- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Mental Health First Aid

- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Pennsylvania Mental Health and Justice Center of Excellence. City of Philadelphia Mental Health First Aid Initiative.

Peer Support/Peer Specialists

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.
- Local Program Examples:
    - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
    - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
    - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
    - MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care

and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arraignment Diversion

- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.
- CSG Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- National Resource Center on Justice-Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. (2013). The Hidden Costs of Pretrial Diversion.
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

Procedural Justice

- Center for Court Innovation. (2019). Procedural Justice at the Manhattan Criminal Court.
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.
- American Bar Association. (2016). Criminal Justice Standards on Mental Health.
- Hawaii Opportunity Probation with Enforcement (HOPE) Program Profile. (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.
- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.
- Substance Abuse and Mental Health Services Administration. (2020). After Incarceration: A Guide to Helping Women Reenter the Community.
- National Institute of Corrections and Center for Effective Public Policy. (2015). Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice.
- The Council of State Governments Justice Center. (2009). National Reentry Resource Center
- Community-Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.

- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Urban Institute. (2012). The Role of Screening and Assessment in Jail Reentry.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services, 56, 816-822.*

Sequential Intercept Model

- Policy Research Associates. The Sequential Intercept Model Microsite.
- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). The Sequential Intercept Model and Criminal Justice. New York: Oxford University Press.
- Urban Institute. (2018). Using the Sequential Intercept Model to Guide Local Reform.

SSI/SSDI Insurance Programs

- Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states but also provides a monthly income sufficient to access housing programs.
- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. Psychiatric Services, 65, 1081-1083.

Telehealth

- Remington, A.A. (2016). 24/7 Connecting with Counselors Anytime, Anywhere. National Council Magazine. Issue 1, page 51.

Transition-Aged Youth

- National Institute of Justice. (2016). Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions to Adulthood Center for Research.

Trauma and Trauma-Informed Care

- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). Essential Components of Trauma-Informed Judicial Practice.
- SAMHSA's GAINS Center. (2011). Trauma-Specific Interventions for Justice-Involved Individuals.
- National Resource Center on Justice-Involved Women. (2015). Jail Tip Sheets on Justice-Involved Women.
- Bureau of Justice Assistance. VALOR Officer Safety and Wellness Program.

Veterans

- SAMHSA's GAINS Center. (2008). Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.
- Justice for Vets. (2017). Ten Key Components of Veterans Treatment Courts.

Updated 8/2025

APPENDIX

Appendix A	**Participant List** – Sequential Intercept Model (SIM) Mapping Workshop
Appendix B	**Agendas** – Sequential Intercept Model (SIM) Mapping Workshop
Appendix C	**Results** – Community Self-Assessment Survey

APPENDIX A: SIM WORKSHOP PARTICIPANTS

Name	Role	Agency or Organization	*Intercept(s)
Joey Bailey	Recovery-Oriented Systems of Care Specialist	Franklin/Fulton Drug and Alcohol	0|1|5
Stefanie Basalik	Director of Archives and Records Management	Franklin County	0|2|5
Teresa Beckner	Chief Financial Officer	Franklin County	1|5
Casey Bogner	Public Defender	Franklin County	2|3|4
Stacey Brookens	MHIDEI Administrator	Franklin County	
Quentin Clapper	Planning Director	Franklin County	0|4|5
Bradley Coccagna	Quality Specialist	Tuscarora Managed Care Alliance	0|1|2|3|4|5
Josh Curry	Director Veterans Affairs	Franklin County	0|4|5
James Eagler	Single County Authority; Administrator	Drug and Alcohol	0|1|2|3|4|5
Melyssa Flud	Director of Specialized Services	Franklin County	3|4|5
David Frantz	District Attorney's Office	Franklin County	
Jim Gilbert	MH Program Spec I CHIPP Coordinator	Franklin County	0
Minnie Goshorn	Director, Children and Youth	Franklin County	0|1|2|3
Carrie Gray	County Administrator/Chief Clerk	Franklin County	0|3|4
Genevieve Harper	Quality and Compliance Director	Tuscarora Managed Care Alliance	0
Barbara Harshman	Communications Coordinator EMS	Franklin County	
Melodie Hoff	Director of Grants Management	Franklin County	0|4
Dean Horst	Commissioner	Franklin County	0|4
Stacie Horvath	Human Services Administrator / Division Leader	Franklin County Government	0|1|2|3|4|5
Aimee Hutchison	Deputy Court Administrator	Franklin County	0|2|3|4
Vish Jetnarayan	Community Member	Criminal Justice Advisory Board	0|1|2|3|4|5
Enoch Jones	Senior Assistant District Attorney	Franklin County	
Janet Juarez	Correctional Treatment Specialist	Franklin County	2|3|4
Angela Krom	District Judge	Franklin County	2|3
John Lloyd	CEO	Noah's House	0|1|2|3|4|5
Angie Mackley	Chief Juvenile Probation Officer	Juvenile Probation	0|5
Shawn Meyers	President Judge	Franklin County	2|3
Denita Mohney	CPS Program Manager	Mental Health Association	0|5
Erin Nye	Deputy Administrator	Franklin County	0
Ronda Ranalli	Grants/CJAB Coordinator	Franklin County	0|4

Name	Role	Agency or Organization	*Intercept(s)
Steve Ross	Crisis System Specialist	Pennsylvania Department of Human Services, OMHSAD	
Cori Seilhamer	MH Program Specialist/Certified CIT Coordinator	Franklin County	0|1|2|3|4|5
Mary K. Seville	Director, Emergency Services	Franklin County	
Benjamin Sites	Sheriff	Franklin County	1|2|3
Angela Stoner	Deputy Court Administrator	Franklin County	2|3
Janeen Stoner	Certified CRS	RASE Project/Former Consumer of Services	0
Kevin Taccino	Conflict Council	Taccino Law	
John Thierwechter	Assistant County Administrator	Franklin County	1|3
Steve Todd	Parole Agent II	PA Dept of Corrections - Parole Field Services	4|5
Michelle Weller	Deputy Warden of Inmate Services	Franklin County	3|4|5
Douglas Wilburne	Chief Adult Probation Officer	Franklin County	1|5
Missy Wileman	Executive Director, Tuscarora Managed Care Alliance	Franklin County	0|4

***Sequential Intercepts:**

0: Community Services
1: Law Enforcement
2: Initial Detention & Court Hearings
3: Jails/Courts
4: Reentry
5: Community Corrections

APPENDIX B: SIM WORKSHOP AGENDA

PRA
POLICY RESEARCH ASSOCIATES

Sequential Intercept Model Mapping Workshop

Franklin County, PA

September 11, 2025

AGENDA

8:30 **Registration and Networking**

9:00 **Welcome and Opening Remarks**
- Welcome and Introductions
  - Workshop Facilitators: Dr. Kathleen Kemp and Dr. Christy Giallella
  - Opening Remarks: President Judge Shawn Meyers
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!
- Keys to Success

The Sequential Intercept Model
- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping
- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities
- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up
- Review

4:00 **Adjourn**

There will be a 15 minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.

PRA
POLICY RESEARCH ASSOCIATES

Sequential Intercept Model Mapping Workshop

Franklin County, PA

September 12, 2025

AGENDA

8:30 **Registration and Networking**

9:00 **Opening**
- Remarks
- Preview of the Day

Review
- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Strategic Action Planning

Finalizing the Action Plans

Next Steps

Summary and Closing

12:00 **Adjourn**

There will be a 15 minute break mid-morning.

APPENDIX C: COMMUNITY SELF-ASSESSMENT SURVEY RESULTS

SIM Workshop Participants by Role and Level of Agreement

Where on the Sequential Intercept Model is your role most related?

SIM Role		Responses	
Intercept 0: Community Services		67%	18
Intercept 1: Law Enforcement		4%	1
Intercept 2: Initial Detention/Initial Court Hearings		0%	0
Intercept 3: Jails/Courts		22%	6
Intercept 4: Reentry		0%	0
Intercept 5: Community Corrections		4%	1
Other		4%	1
	Total	**0%**	**27**

Please indicate your level of agreement with the following statements about your community. Answered 24

Key Theme: Collaboration	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	0%	0	0%	0	4%	1	42%	10	54%	13	0%	0
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	0%	0	8%	2	29%	7	33%	8	29%	7	0%	0
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	8%	2	17%	4	17%	4	38%	9	17%	4	4%	1
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	8%	2	13%	3	21%	5	38%	9	8%	2	13%	3
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	8%	2	17%	4	21%	5	21%	5	13%	3	21%	5
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	4%	1	13%	3	17%	4	50%	12	8%	2	8%	2
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	4%	1	21%	5	8%	2	46%	11	13%	3	8%	2
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	0%	0	13%	3	21%	5	46%	11	13%	3	8%	2
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	4%	1	21%	5	33%	8	25%	6	13%	3	4%	1
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	0%	0	13%	3	25%	6	38%	9	21%	5	4%	1
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	4%	1	17%	4	33%	8	25%	6	4%	1	17%	4
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	4%	1	13%	3	29%	7	33%	8	17%	4	4%	1

Please indicate your level of agreement with the following statements about your community. Answered 23

Key Theme: Identification	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	4%	1	9%	2	30%	7	30%	7	0%	0	26%	6
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	0%	0	9%	2	13%	3	65%	15	4%	1	9%	2
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	4%	1	13%	3	30%	7	22%	5	0%	0	30%	7
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	4%	1	9%	2	22%	5	35%	8	4%	1	26%	6
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	4%	1	9%	2	17%	4	43%	10	9%	2	17%	4
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	0%	0	13%	3	35%	8	22%	5	4%	1	26%	6
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	0%	0	0%	0	26%	6	48%	11	13%	3	13%	3
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	0%	0	0%	0	17%	4	48%	11	9%	2	26%	6
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	0%	0	22%	5	13%	3	26%	6	9%	2	30%	7
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	9%	2	4%	1	22%	5	26%	6	4%	1	35%	8
Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	9%	2	9%	2	26%	6	13%	3	4%	1	39%	9

Please indicate your level of agreement with the following statements about your community. Answered 23

Key Theme: Strategies	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	13%	3	13%	3	9%	2	57%	13	0%	0	9%	2
There are adequate crisis services to meet the needs of people experiencing mental health crises.	17%	4	39%	9	13%	3	22%	5	0%	0	9%	2
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	0%	0	9%	2	22%	5	39%	9	9%	2	22%	5
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	4%	1	9%	2	17%	4	61%	14	4%	1	4%	1
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	4%	1	17%	4	26%	6	35%	8	0%	0	17%	4
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	4%	1	26%	6	30%	7	17%	4	4%	1	17%	4
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	4%	1	17%	4	26%	6	30%	7	13%	3	9%	2
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	4%	1	13%	3	35%	8	17%	4	4%	1	26%	6
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	0%	0	13%	3	43%	10	17%	4	4%	1	22%	5
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	0%	0	9%	2	39%	9	17%	4	4%	1	30%	7
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	0%	0	0%	0	13%	3	39%	9	26%	6	22%	5
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	0%	0	4%	1	22%	5	35%	8	13%	3	26%	6
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.	4%	1	9%	2	22%	5	26%	6	0%	0	39%	9
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems.	4%	1	0%	0	22%	5	35%	8	0%	0	39%	9

Please indicate your level of agreement with the following statements about your community. Answered **22**

Key Theme: Services	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	5%	1	23%	5	14%	3	41%	9	5%	1	14%	3
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	0%	0	18%	4	18%	4	41%	9	0%	0	23%	5
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	0%	0	14%	3	23%	5	41%	9	0%	0	23%	5
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	5%	1	32%	7	18%	4	9%	2	5%	1	32%	7
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	5%	1	14%	3	18%	4	32%	7	18%	4	14%	3
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	0%	0	18%	4	27%	6	23%	5	0%	0	32%	7
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	5%	1	18%	4	32%	7	14%	3	0%	0	32%	7
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	5%	1	18%	4	23%	5	18%	4	0%	0	36%	8
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	5%	1	14%	3	36%	8	32%	7	5%	1	9%	2

Policy Research Associates, Inc.
433 River Street, Suite 1005, Troy, New York 12180
(518) 439-7415 office | (518) 439-7612 fax
pra@prainc.com | PRA Listserv
Facebook | LinkedIn | YouTube