



Office of
Mental Health

Collaboration is Key: How to Build and Maintain Connections with Justice Agencies

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September 28, 2026

Benefits of Cross-System Collaboration

- **Comprehensive Individualized Approach**
 - Mandates; expectations
 - Commonly understood client goals / risk factors / triggers
 - Improved crisis response
- **Increased Trust**
 - Consistent messaging and communication
- **Improved Outcomes**
- **Requires buy-in and commitment**



Collaboration Core Values

- **Cross-Training**
 - What is Mental Illness?
 - What is F/ACT?
 - What are the conditions of Parole/Probation?
 - What are Alternatives to Incarceration?
 - Academy for Justice-Informed Practice
 - Regional live meetings (in person best)
- **Consistent Commitment** Among Stakeholders
- **Transparency**



Collaboration Guiding Principles – the “5 Cs”

- **C**onsent
- **C**ommunication
- **C**oordination
- **C**ontinuity of Care
- **C**ompassion/Connection

Rules for Information Sharing

- **HIPAA (codified in 42 CFR)** - standards for privacy and security of PHI among behavioral and physical health providers
 - PHI – public health information that is individually identifiable
 - Privacy Rule and Covered Entities
- **45 CFR Part 2** – federally assisted substance use disorder treatment
- **NYS Mental Hygiene Law** – more restrictive
 - Informed consent required except OMH funded/licensed provider to provider continuity of care
- **NYS Public Health Law** – more restrictive
 - HIV and AIDS related information

Trust Begins with Informed Consent

- Informed consent is **required** for voluntary treatment under NYS Mental Hygiene Law except for OMH providers for continuity of care.
- Informed consent is **the gateway to establishing trust** between provider and client.
 - Clear plain language describing purpose of program both verbal and written
 - Transparency
 - Risk, benefits, alternatives
 - Voluntary - can be withdrawn at any time
 - Culturally responsive; peers
 - What information is shared with others (e.g., family, parole) and when?
 - Ongoing dialogue
- Informed consent is **best facilitated in person.**

Authorization to Receive Information

- Criminal Justice agencies (e.g., Federal probation, state parole, county probation, diversion court, law enforcement) **are not** covered entities under HIPAA and **an authorization to receive information must be obtained.**
- Exceptions may include:
 - Treatment as a condition of the court, parole or probation
 - Law enforcement investigations
 - Court orders
 - Suspected child abuse/neglect
 - Imminent danger to self/others
 - Imminent threat to health and safety
- **Minimum necessary standard**

Communication with F/ACT Participants

Meet with prospective participants **in person**:

- **as early as possible**
 - Pre-release program orientation, client goals, basic needs
 - Day of release warm handoff and in person informed consent
 - Ongoing as needed
 - Authorization to communicate with CJ Agencies
- **as often as needed during transition**; meet where they are at
- at parole/probation office/court as needed



Communication Among Stakeholders

- Facilitate **Client Authorization** following Informed Consent
- Joint **Warm Handoff** Meeting with Client
- Agree on **Information Sharing** –what, when, how often
 - Reporting requirements
 - **FACT Criminal Justice Liaison / Court Navigators**
- Establish **Consistent Communication Schedule**
 - Monthly phone/in-person check-ins recommended
- Communication **Transparent and Person-Centered**
 - Information sharing should be strengths-based but direct



Coordination

- **Jointly Developed Treatment Plan**
 - a clinical support tool that includes treatment and legal expectations.
- **Parole/Probation/Court as Part of the Treatment Team** in a supportive role
 - Maintain therapeutic alliance and safety
 - Joint meetings at parole and not in treatment milieu
- **Coordinated Treatment Planning** for mental health, substance abuse, anger management, DV
- **Joint Meetings** at parole or treatment court days
- **Joint Home Visits**

Continuity of Care

- **Joint meetings with community providers** (e.g., hospital) to discuss client-centered goals and continued treatment plans
- **Joint efforts to maintain accessible community-based service linkages** (e.g., outpatient treatment)
- Ensure service linkages are not discontinued without communication to avoid breaks in service
- **24-hour service planning (crisis plans)**

Compassion/Connection

- **Person-centered planning** from onset
 - Identify client goals, interests, hobbies
 - Peer support – INSET
 - Social supports – Clubhouses
- **Strengths-based joint meetings** to meet client where they are and focus on client's needs in addition to mandates
- Connect with individuals by listening and **supporting client goals** and expectations
- **Trauma-informed approaches**

Cross-Systems Collaboration: Supporting Mandated Clients

Diversion and Community Corrections

Resources

Health Insurance Portability and Accountability Act (“HIPAA”), Public Law 104–191, codified at U.S. Code 42 (1996), sec. 261–264 and 1171 *et seq.*

[HIPAA MHL 33.13 Field Guidance - 14Feb2024](#)

[Fact Sheet 42 CFR Part 2 Final Rule | HHS.gov](#)

[N.Y. Mental Hygiene Law Section 33.13 – Clinical records \(2026\)](#)

[N.Y. Public Health Law Article 27-F – Hiv and Aids Related Information \(2026\)](#)

Petrila, J. J., & Fader-Towe, H. (2010). *Information sharing in criminal justice–mental health collaborations: Working with HIPAA and other privacy laws* (Report No. NCJ 232102). Council of State Governments Justice Center, New York, NY.

Lamberti, J. S., & Weisman, R. L. (2021). *Essential Elements of Forensic Assertive Community Treatment*. *Harvard Review of Psychiatry*, 29(4), 278–297

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