

# **Four Key Measures #2: Shortening the Length of Stay in Jail for People with Mental Illnesses**

August 2018

# THE STEPPINGUP INITIATIVE



**Justice Center**  
THE COUNCIL OF STATE GOVERNMENTS

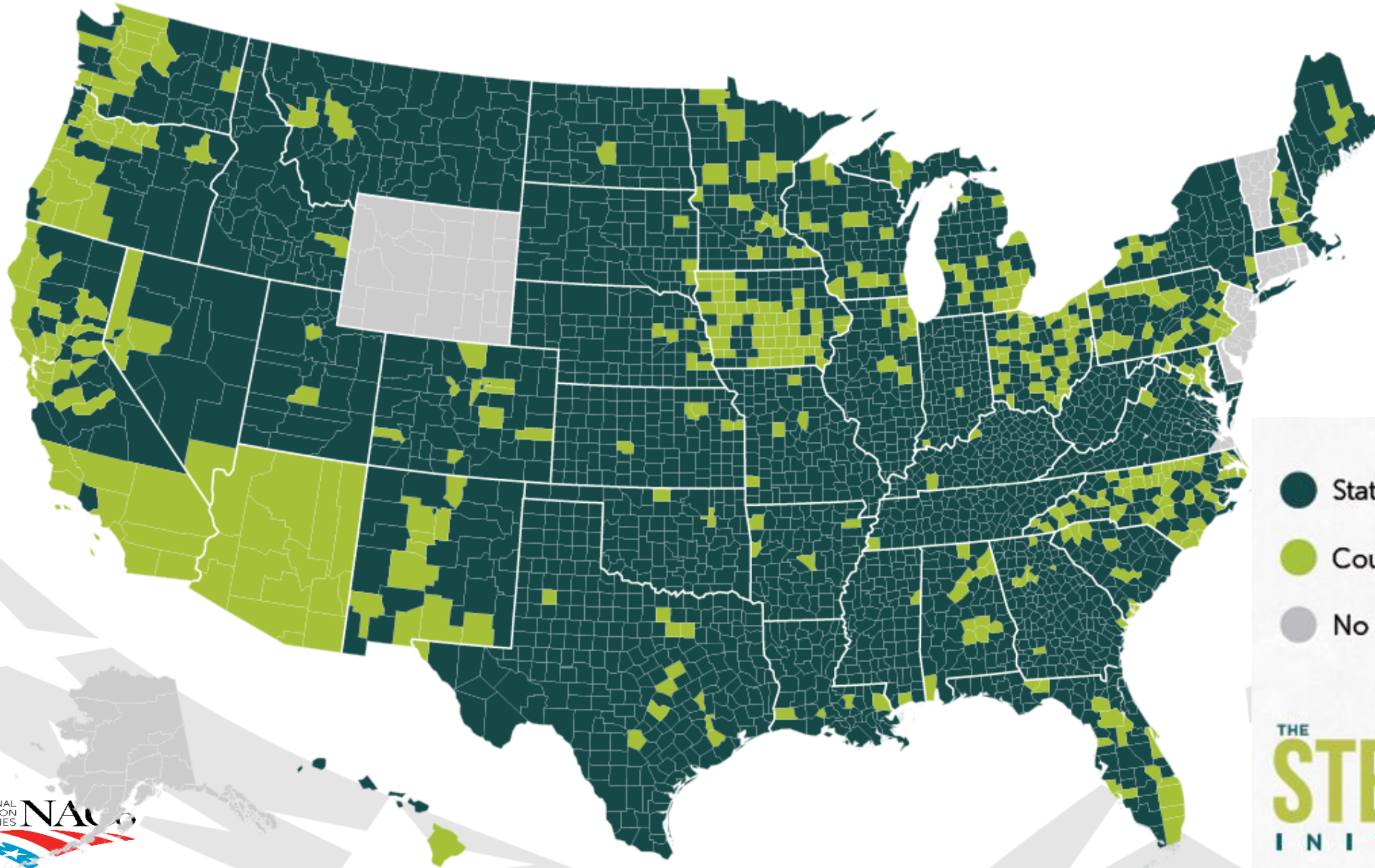
AMERICAN  
**PSYCHIATRIC**  
ASSOCIATION  
**FOUNDATION**



**#StepUp4MentalHealth**  
**[www.StepUpTogether.org](http://www.StepUpTogether.org)**



# We are Stepping Up!



- States with county resolutions
- Counties with resolutions
- No resolutions

# Stepping Up Resources Toolkit



Monthly webinars and networking calls



Educational workshops at NACo and partner conferences



Quarterly calls of smaller networking groups of rural, mid-size and large/urban counties that have passed Stepping Up resolutions



A project coordinator handbook



Guidance on measuring the number of people with mental illnesses in jail



Written and online tools that are companions to the *Six Questions* report that present the latest research and case studies for county officials

# Upcoming Activities



**Webinar:**  
**Stepping Up Four Key Measures #3:**  
**Increasing the Number of People with**  
**Mental Illnesses Connected to Treatment**  
**October 25, 2pm ET**  
**Register at: [StepUpTogether.org/Toolkit](https://StepUpTogether.org/Toolkit)**



# Speaker: Maria Fryer



Maria Fryer  
Policy Advisor: Substance Abuse and Mental Health  
Bureau of Justice Assistance  
Office of Justice Programs  
U.S. Department of Justice



# Today's Webinar



Sheila Tillman  
Senior Policy Analyst  
The Council of State Governments Justice Center,  
Behavioral Health Division

Dan Eisenhauer  
Mental Health & Intellectual Disabilities Administrator  
Dauphin County, Pa.



The Hon. George P. Hartwick III  
Commissioner  
Dauphin County Board of Commissioners  
Dauphin County, Pa.



# Speaker: Sheila Tillman



Sheila Tillman  
Senior Policy Analyst  
The Council of State Governments Justice Center  
Behavioral Health Division



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# Stepping Up:

## Four Key Measures Webinar Series

Webinar #2: Shortening the Length of Stay in Jail for People who have Mental Illnesses

Sheila Tillman, Senior Policy Analyst, The CSG Justice Center

August 2, 2018

## People who have Mental Illnesses Tend to Stay in Jails Longer and Use a Disproportionate Amount of Bed Capacity



*Jails spend an estimated **two to three times more money** on people with mental illnesses than they do on people without these illnesses.*

*The vast majority of people who have committed minor offenses can be **safely treated in the community**, instead of being incarcerated.*

# Research Shows that Longer Lengths of Stay for Low-Risk Defendants Increases their Likelihood of Recidivism

**Detaining low-risk defendants**, even for just a few days, is strongly correlated with **higher rates of new criminal activity** both during the pretrial period and years after case disposition

Low-risk defendants had a **40% higher** chance of committing new crime before trial when **held 2 to 3 days** compared to those held one day or less and **51% higher** chance of committing a new crime in the next two years when **held 8-14 days** compared to one day or less



## The Hidden Costs of Pretrial Detention

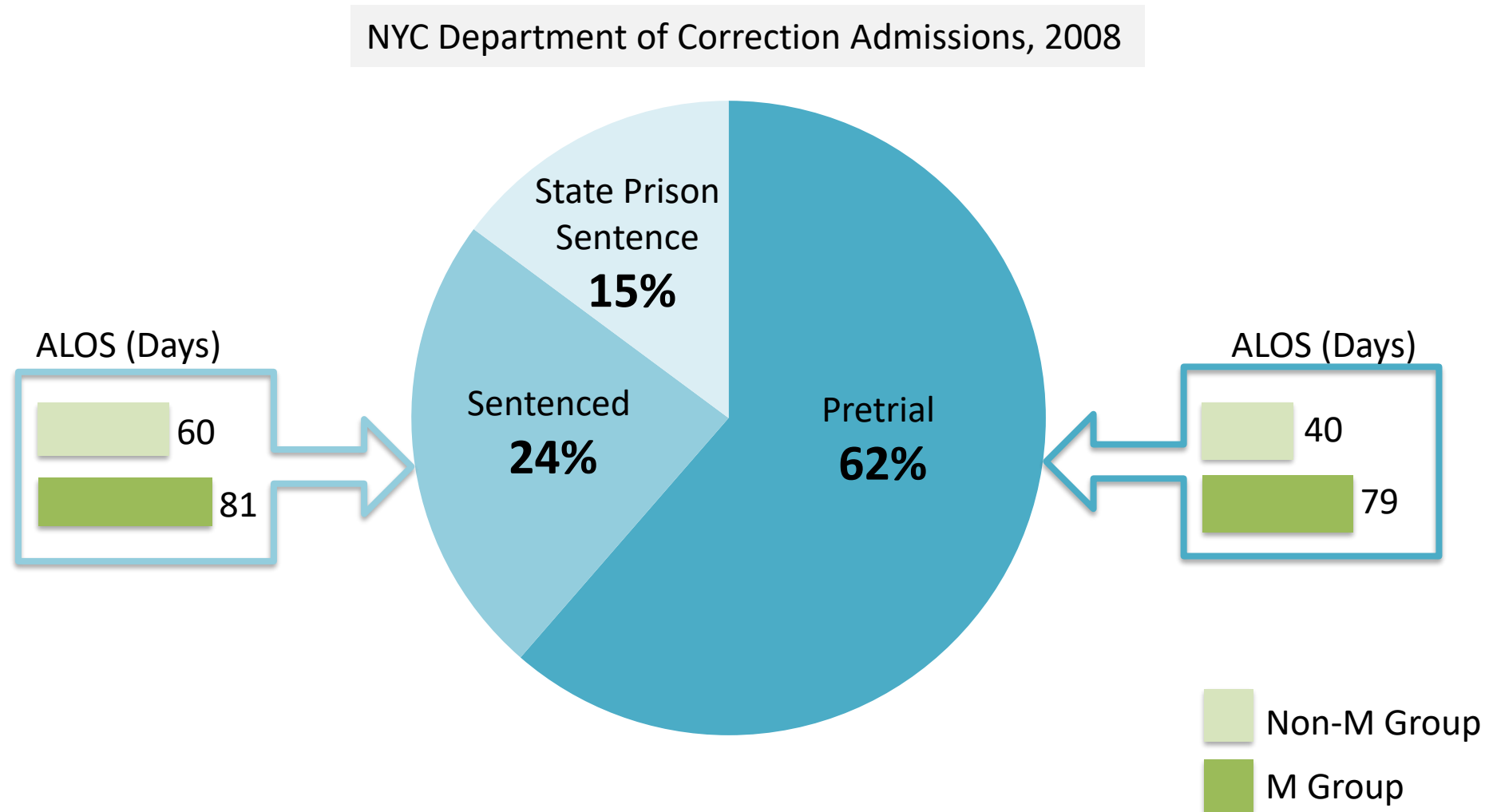
Christopher T. Lowenkamp, Ph.D.

Marie VanNostrand, Ph.D.

Alexander Holsinger, Ph.D.

November, 2013

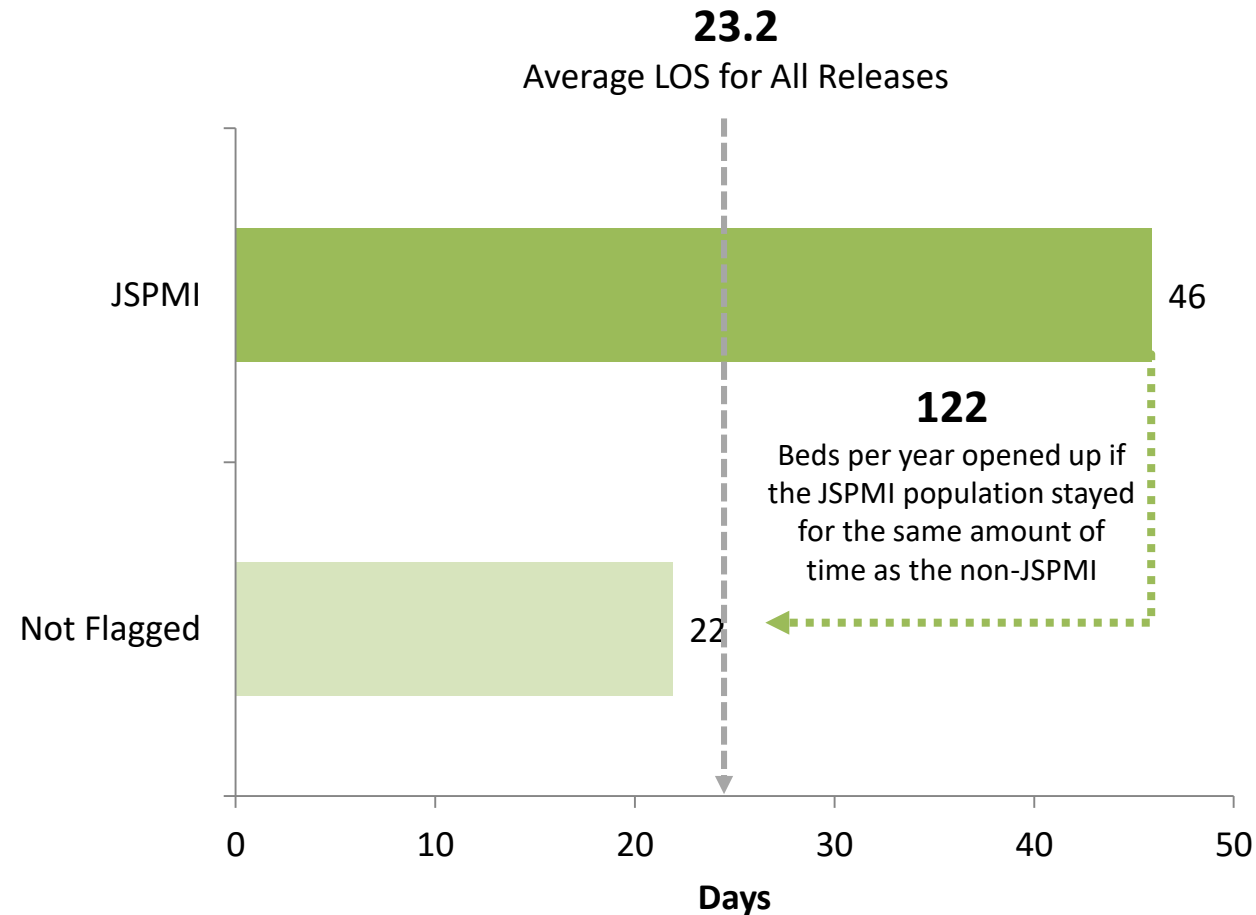
# People who have Mental Illnesses Tend to Stay in Jail Longer: NYC Example



Source: The City of New York Department of Correction, 2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)

# People who have Mental Illnesses Tend to Stay in Jail Longer: Salt Lake County, UT Example

Average Length of Stay, By Mental Health Status, 2013-2014





## Key Questions to Ask Planning Team

Do we have a validated pretrial risk screening and assessment tool?

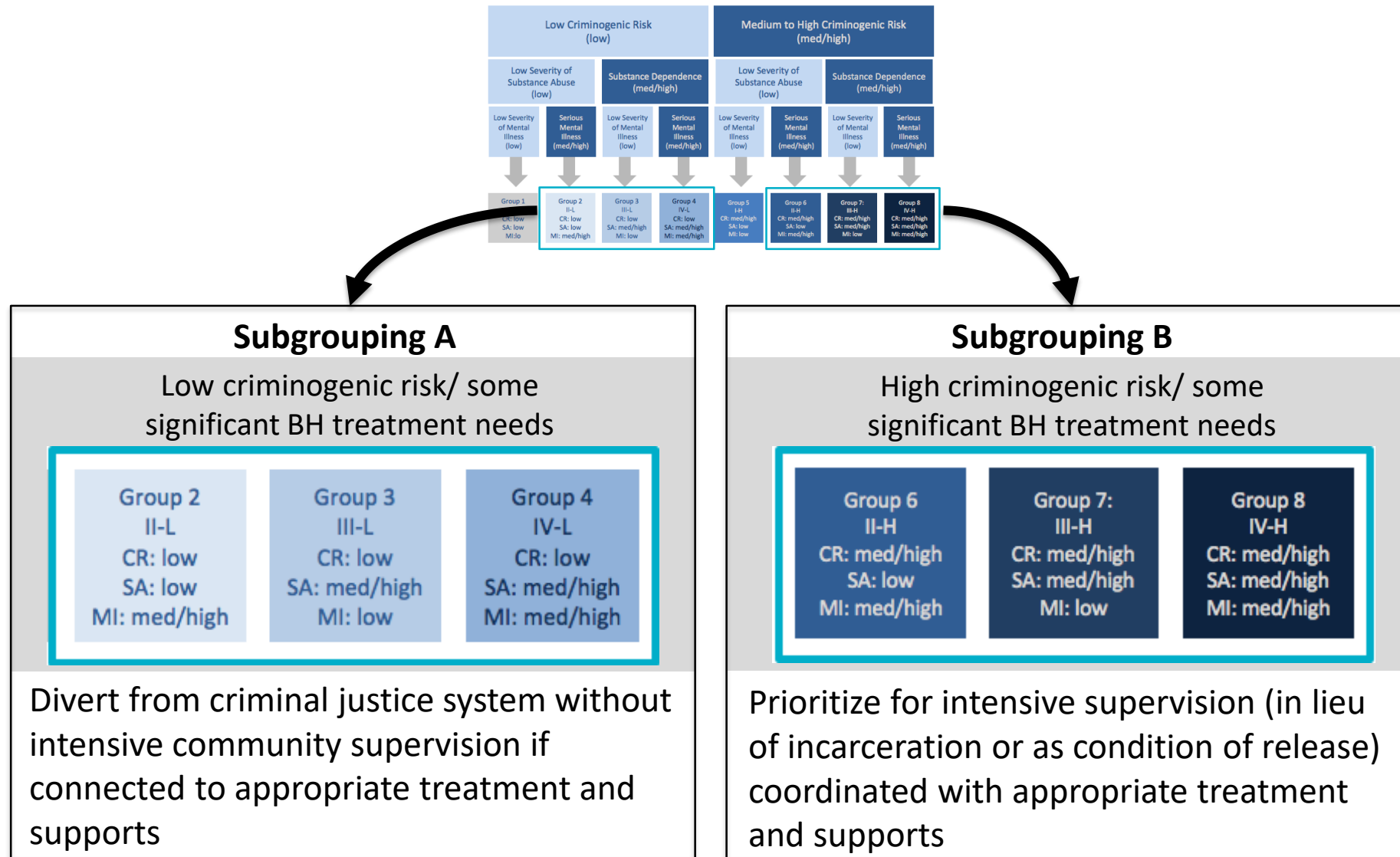
Do we have pretrial programs for people who have been identified as having SMI and are released into the community to services, treatment, and supervision?

Do courts have partnerships with clinicians, families, and advocates that enable them to quickly and appropriately review and process cases involving people who have SMI?

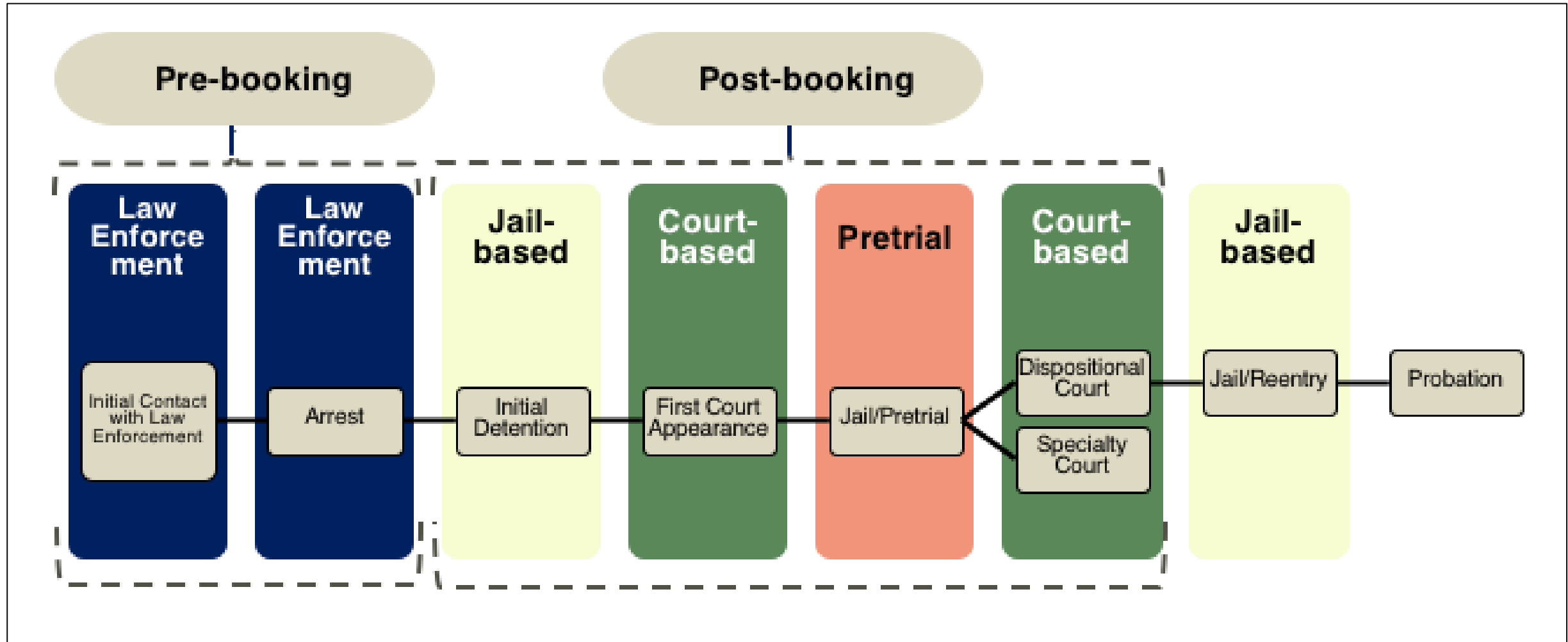
Have we considered whether bail practices are contributing to longer lengths of stay in jail for people who have SMI?

Are jail correctional officers trained in crisis intervention to help pretrial detainees avoid infractions that contribute to longer stays?

# Pretrial Diversion



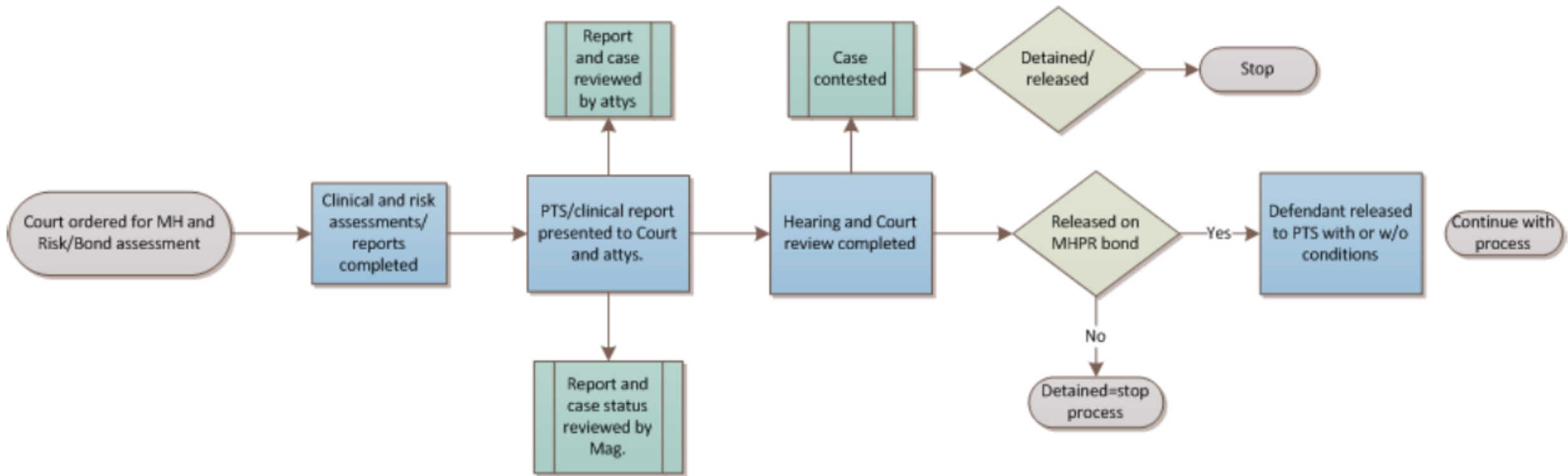
# Building a System of Diversion



# Shortening Length of Stay in Jails through Pretrial Diversion: Dallas County, TX

## Example

### Mental Health and Pretrial Risk Assessment and Diversion Process



# Pretrial Diversion Opportunities

Detention/release decisions

Supervised pretrial release

Delayed/suspended charging

Alternatives to  
detention/adjudication

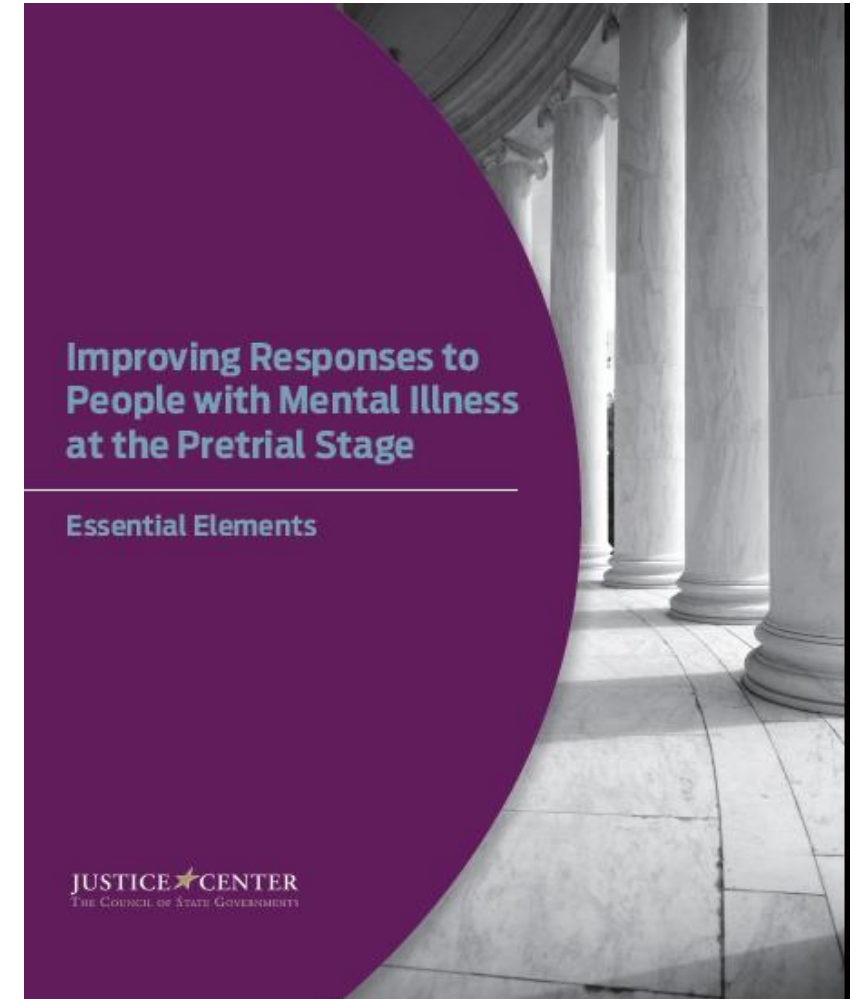
Connections to treatment, services,  
and supports in the community





# Essential Elements for the Pretrial Stage

- ✓ Collaboration
- ✓ Training
- ✓ Pretrial Release and Diversion Options
- ✓ Informed Decision Making
- ✓ Quick and Appropriate Behavioral Health and Support Services
- ✓ Community Supervision and Treatment at the Pretrial Stage
- ✓ Performance Measurement and Evaluation



## Sub-Measures for Key Measure Two

Sub-Measures	How to Obtain Data
The number of people who have SMI and screened as low, medium, and high for pretrial risk	Request data from the jail or outside agency performing screenings
The average length of stay for people who have SMI by classification and release type (including pretrial population, sentenced population, surety bond release, federal holds, etc.)	Request data from the jail
A comparison of the two sub-measures above to the general jail population, including demographic and criminogenic information (i.e. age, gender, race/ethnicity, offense type/level)	Request data from the jail

For more information about tracking sub-measures, visit the **Stepping Up County Self-Assessment** at <http://tool.stepuptogether.org>

# NAPSA/NIC's Pretrial Diversion Data Measures

## NAPSA/NIC's Suggested Outcome Measures, Performance Measures, and Critical Operational Data for Pretrial Diversion Programs

SUGGESTED OUTCOME MEASURES	
Success Rate	The percentage of diversion participants who successfully complete the diversion program.
Safety Rate	The percentage of diversion participants who are not charged with a new offense while participating in diversion programs or services.
Post-program Success Rate	The percentage of participants who complete diversion successfully and are not charged with a new offense during a specific period after program completion.
SUGGESTED PERFORMANCE MEASURES	
Screening	The percentage of diversion-eligible persons assessed for diversion placement.
Placement	The percentage of persons appropriate for diversion placement who are placed into diversion and specific diversion programs or services.
Compliance	The percentage of participants successfully completing specific diversion requirements (community service hours, restitution, fees, etc.).
Response	The frequency of policy-approved responses to compliance and noncompliance with diversion conditions.
Provision	The percentage of assessed and appropriate participants who receive substance abuse, mental health, or other needed services.
Satisfaction	The qualitative measure of stakeholder opinions of the pretrial diversion program's quality of supervision and services, interactions and worth within the criminal justice system.
SUGGESTED CRITICAL OPERATIONAL DATA	
Referrals	Number of referrals to the diversion program and referral sources.
Time to Placement	Time from the defendant's arrest or diversion eligibility screen and actual diversion program placement.
Time to Diversion	Time from program entry to successful completion, voluntary withdrawal, or termination.
Time in Programming	Time from entry to successful completion, voluntary withdrawal, or termination for each diversion program component.
Exits	Recorded graduations or other successful completions, voluntary withdrawals, and program terminations.

Source: Kennedy & Klute, 2015<sup>17</sup>

Source: The Center for Health and Justice at TASC. *No Entry: A Survey of Prosecutorial Diversion in Illinois*. Chicago: Author, 2017.  
<http://www2.centerforhealthandjustice.org/sites/www2.centerforhealthandjustice.org/files/publications/IL-ProsecutorialDiversionSurvey-2017.pdf>



# THANK YOU

For more information, please contact:

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THE  
**STEPPINGUP**  
I N I T I A T I V E

# Speakers: Dauphin County, Pa.



The Hon. George P. Hartwick III  
Commissioner  
Dauphin County Board of Commissioners  
Dauphin County, Pa.



Dan Eisenhauer  
Mental Health & Intellectual Disabilities Administrator  
Dauphin County, Pa.



# Stepping Up – Key Measure 2: Shortening the Length of Stay in Jail for People with Mental Illnesses

Dauphin County, Pennsylvania

*August 2<sup>nd</sup> 2018*

*Speakers:*

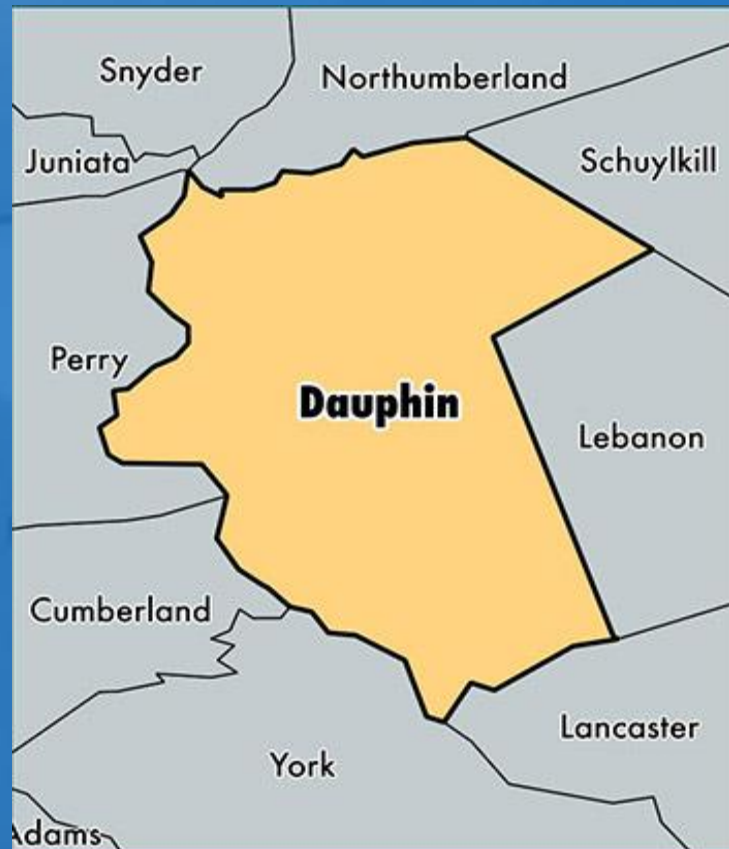
*Mr. Dan Eisenhauer &*

*Mr. George P. Hartwick, III*



**DAUPHIN  
COUNTY**

## Geographic Location





# General Population Characteristics

- ❖ **Home of the state capital of Pennsylvania, Harrisburg City.**
  - ❖ Resident population – 270,000+
- ❖ **Per capita, Harrisburg City has the highest rate of crime in the Commonwealth of PA.**
  - ❖ Harrisburg City Residents have a 1-in-26 chance of being a victim of property crime, such as burglary, in Harrisburg, according to the survey. The state average is a 1-in-46 ratio.
- ❖ **7,000 Criminal dockets per year and average daily jail population of 1,000+\***
  - ❖ Dauphin County Prison is the name of the local jail.



# General Population Characteristics

## ❖ Poverty Rate

❖ 13.4% Dauphin County

❖ 31.7% Harrisburg City

## ❖ Median Income

❖ 54,968 Dauphin County

❖ 32,688 Harrisburg City

## ❖ Unemployment

❖ 4.1% Dauphin County

❖ 6.6% Harrisburg City

## ❖ Education

❖ ~ 10% of adults do not have a high school degree.

❖ ~75% of children do not have access to quality early-childhood education

# Stepping Up Report – Departments Involved

- June, 2016
  - County Commissioners passed a Stepping Up resolution to reduce the number of people in the local jail who have mental illnesses. Work was concluded between CSG and the County in April, 2018.
  - The Criminal Justice Advisory Board (CJAB) member agencies designated staff to work with CSG in gathering data for the report.
    - These agencies include but are not limited to: MH/ID/EI, Human Services, DCP, PrimeCare Medical Staff, Office of the District Attorney, Pre-Trial Services, Judicial Center, Probation Services, CJAB Administrator, among others.



# Use of Data & Timeline

## MH/ID Internal Data Study

12/15 – 2/16 MH/ID Mini Study period

May 2016 Study Results published

1/1/17 MH/ID revises Jail Diversion process

## CSG Stepping Up Data Study

August 2016 CSG Project kick off

2/17 – 10 /17 CSG conducts data analysis on multisource 2016 data set

April 2018 CSG Published report on 2016 data analysis

## Merging data and analysis

July 2017 MH Publishes 6 month data re: new diversion process

September 2017 APO analyzes MH diversion data

Feb 2018 MH begins multi pronged implementation plan

# FINAL REPORT

April 2018

## DAUPHIN COUNTY, PENNSYLVANIA

### A County Justice and Mental Health Systems Improvement Project

#### Background

In June 2016, Dauphin County, Pennsylvania's county commissioners passed a *Stepping Up* resolution to reduce the number of people in their local prison who have mental illnesses (see text box on the *Stepping Up* Initiative). Then, in December 2016, Dauphin County's elected officials and criminal justice and behavioral health leaders—represented by the county's Criminal Justice Advisory Board (CJAB)—asked The Council of State Governments (CSG) Justice Center to conduct an in-depth, cross-systems data analysis of the flow of people who have serious mental illnesses (SMI) through the Dauphin County criminal justice system. County commissioners and the CJAB asked the CSG Justice Center to identify ways to improve the efficiency and effectiveness of policies, programs, and practices to achieve better public health and safety outcomes. To achieve this goal, the project matched data from the Dauphin County Prison (DCP)—the equivalent of a local county jail in many other jurisdictions around the nation—to other Dauphin County criminal justice and behavioral health data to identify areas for improvements in how these systems and agencies operate.

Specifically, the county requested assistance in collecting and analyzing the appropriate data to determine the number of people who have SMI in DCP, how long they stayed in the prison, how many of them were connected to treatment in the community after their release, and how often they returned to the DCP. The CJAB suspected that the percentage of people who have SMI in DCP was higher than the percentage of people in the general population who have SMI, that their lengths of stay in DCP were longer than those in DCP who do not have SMI, that this population faced gaps in treatment resources and access to care in the community, and had high rates of recidivism. The regularly collected data did not shed sufficient light on these matters and questions remained about the prevalence of people who have SMI in the local criminal justice system and the effectiveness of the county's policies and practices related to this population.

With support from the U.S. Department of Justice's Bureau of Justice Assistance, van Ameringen Foundation, Inc., the Pennsylvania Department of Corrections, the Pennsylvania Department of Human Services, and the Pennsylvania Commission on Crime and Delinquency, the CSG Justice Center launched a data analysis and policy development initiative to identify strategies for long-term, system-wide improvement in responding to people who are booked into DCP who have SMI. County leaders charged CJAB with overseeing this initiative.

Over the course of more than a year, CJAB stakeholders met with CSG Justice Center staff multiple times to advise on the methodology of the analysis, review the findings, and provide feedback on preliminary policy recommendations aimed at addressing the challenges associated with serving people who have SMI who are in the criminal justice system. Members of CJAB and other community leaders signed the initial letter of support for the initiative.

CSG Justice Center staff conducted quantitative data analyses based on 200,000 data records provided by seven different agencies. These analyses examined the number of people booked into DCP who have SMI, their average length of stay in DCP, the pretrial release practices they received, how many of them are high utilizers of the DCP, what their risk of reoffending was post-sentencing, and the probation supervision they received. Over a 12-month period, the CSG Justice Center reviewed extensive raw data from DCP; its medical care provider, PrimeCare Medical, Inc. (PrimeCare); the Dauphin County Mental Health/Intellectual Disabilities Program (DCMH/ID); the Dauphin County Judicial Center; Dauphin County Pretrial Services (DCPS), which is a local nonprofit; Dauphin County Adult Probation and Parole; and Pennsylvania State Police.

# 2017 Refining our Efforts

## 12 Months of data on new prison assessment process:

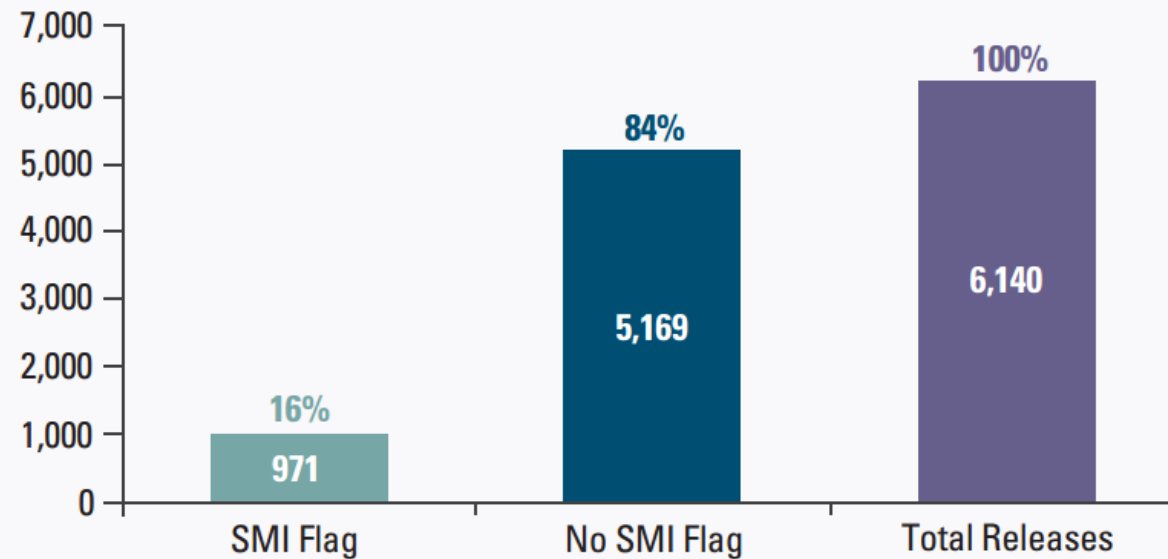
**1018** = # of people incarcerated at Dauphin County Prison with SMI who met criteria to be assessed for Diversion plan.

- **306 or 26.6% = number of people who were released from DCP prior to an assessment.**
- **212 or 17.7% = number of people who meet criteria for Jail Diversion**
- 201 or 19.7% = number of people who were transferred to another institution or pending transfer
- 135 or 13.3% = number of people ineligible due to charge/sentence
- 104 or 10.2% = number of people who declined services
- 54 or 5.3% = number of people with ineligible diagnosis
- 6 or 0.6% = disposition in process at time of report
- **Of the people found eligible for Jail Diversion ~ 77% were incarcerated due to a Parole violation, of them ~ 32% were new charges and ~68% were for technical violation**

# Key Findings #1

A disproportionately high percentage of people released from DCP have SMI compared to general U.S. population.

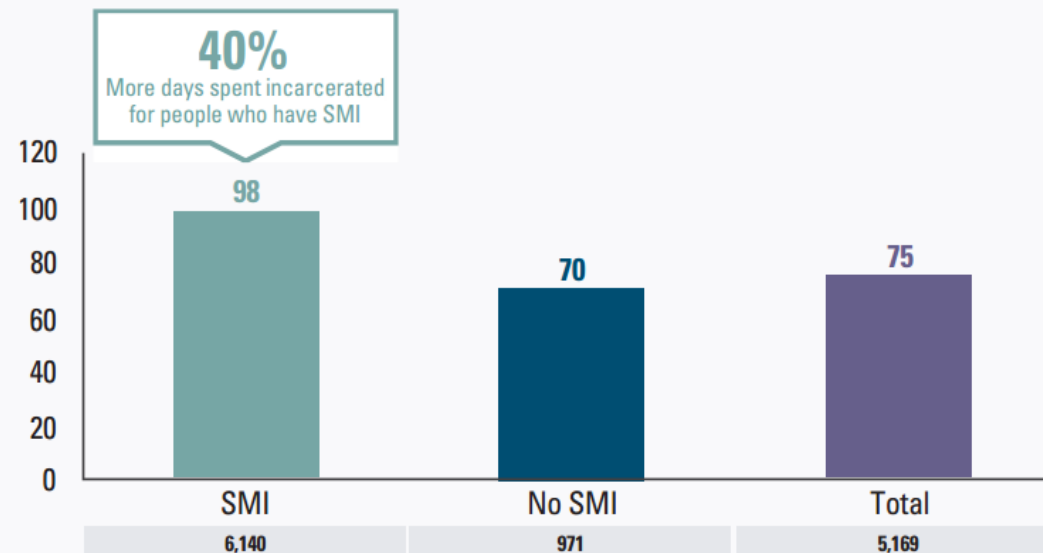
## Disproportionately High Rates of People Who Have SMI in the DCP



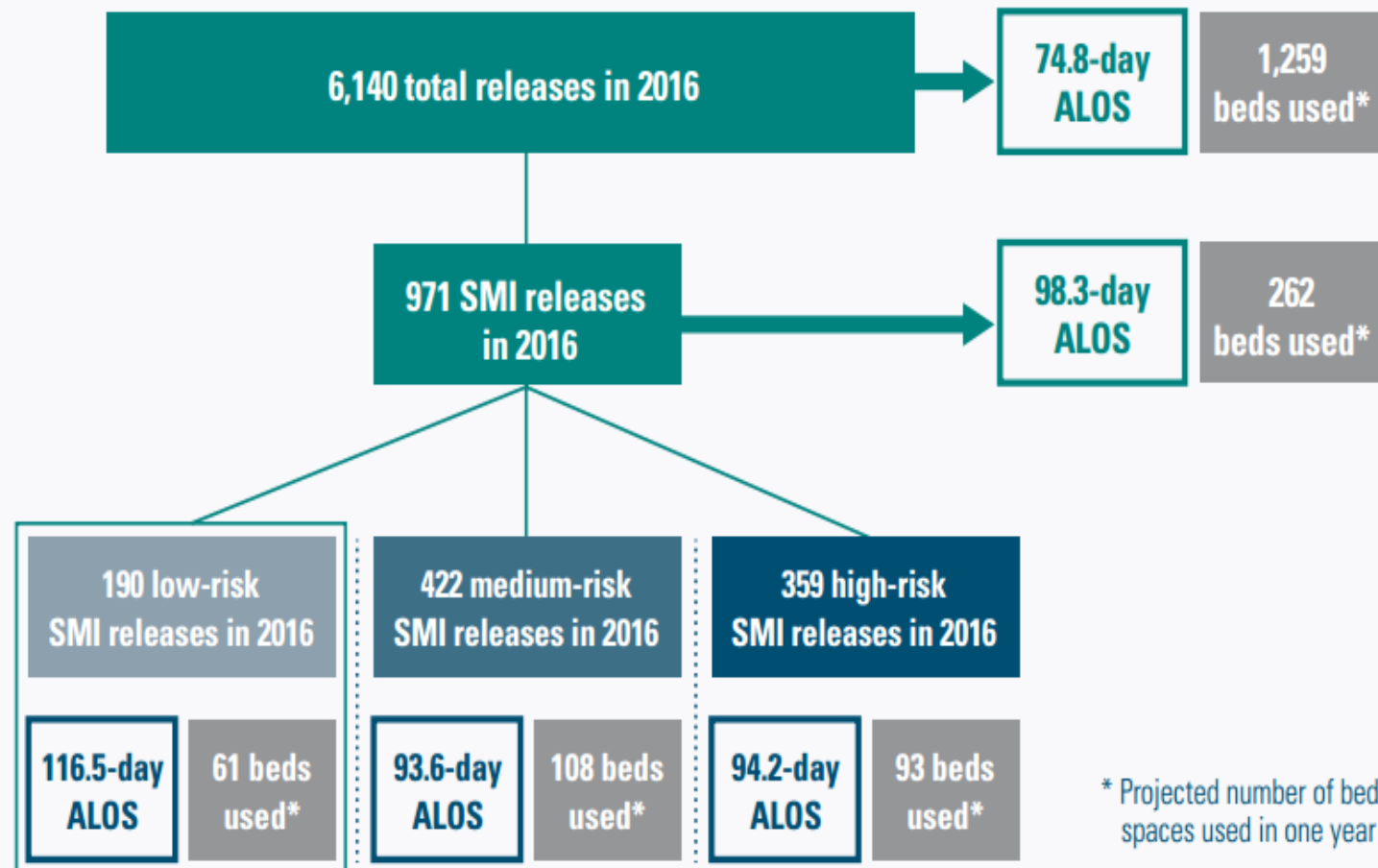
# Key Findings #2

People who have SMI stay longer in DCP than people who do not have SMI across release types, offense types, and criminogenic risk levels

## High Average Length of Stay in DCP for People Who Have SMI



# Diversion Opportunities from the DCP for People who have SMI and are Low Risk

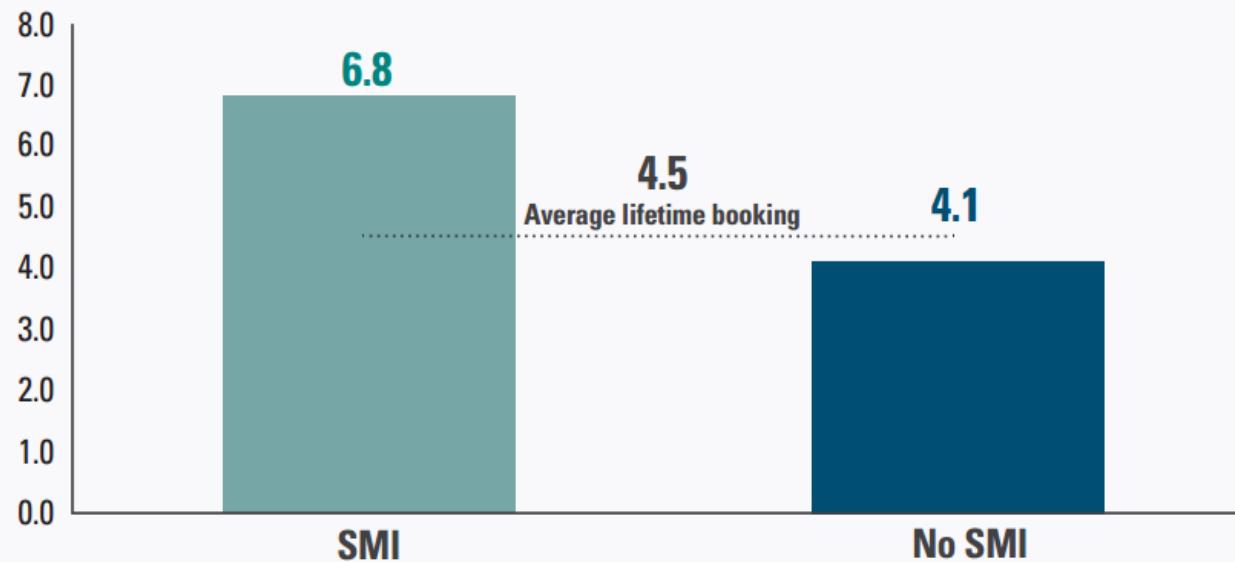


\* Projected number of bed spaces used in one year

# Key Findings #3

People who have SMI return more frequently to DCP than people who do not have SMI.

## High Average Lifetime Bookings for People Who Have SMI





# Key Findings #4 & #5

4. Validated mental health screenings and follow-up clinical assessments are regularly conducted for people booked into DCP, but results are not used to inform decision-making and are not consistently or systematically shared and tracked across agencies.

5. Risk assessments are not conducted for all people in the Judicial Center or DCP, and for those who do receive a risk assessment, results are not used to inform release and supervision decision-making.

# Which brings us to...

## Population Characteristics:

- Let's create a program to serve people involved in the criminal justice system with SMI + Co-Occurring D &A Disorders
- And we know by other studies that 90 to 98% of persons who are incarcerated have a history of trauma
- And we know that some large % of people who are incarcerated are likely to have a Traumatic Brain Injury
- Goal is to reduce criminal behavioral that leads to re-incarceration
- Treatment implications: CBT related interventions may not be effective...
- Motivational Interviewing may be needed just engage people in treatment
- Structured/rigid group format not likely to succeed

# Meeting the Challenge

- First arrest and or new arrest presenting at judicial center – action update:
  - A CSG Recommendation was to increase pretrial access to MH Consumer database.
    - Dauphin County MH/ID provided access to limited portions of our central Mental Health database to all Pretrial staff.
    - As result Pretrial staff can collaborate in real time with mental health case managers in real time to assist with diversion efforts post arrest and during booking, and can coordinate with persons diverted from prison who need to re –engage in MH services.
  - Technical violations resulting in return to prison
    - MH/ID is working on a process to better match specialized Adult Probation staff with Specialized Forensic Mental Health case managers to improved coordinated responses.

# Meeting the Challenge

- First arrest and or new arrest presenting at judicial center – action update:
  - Pre-Trial Risk Screening
    - CJAB presentation on selection of pre-trial screener for general risk at next meeting in August.
    - Additional Bail Review Team case process modification to occur.
    - Coordination of Jail OMS and Judicial Center Data Systems
  - Developing specialized co –occurring treatment program to address multi and complex needs of the population who frequently return to prison
    - Dedicated Employee to carry out the goals of the Stepping Up initiative.

# Contact Information

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&

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County Commissioner  
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# Questions

# Questions?

## Polling Questions

# Polling Questions



# Upcoming Activities



**Webinar:**  
**Stepping Up Four Key Measures #3:**  
**Increasing the Number of People with**  
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