

# 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-system 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.

Throughout the project, the CJAB helped to provide context for the findings, and in-person and phone interviews with key stakeholders provided further insight into the data. In total, CSG Justice Center staff conducted more than 50 facilitated discussions with stakeholders in the county's justice and behavioral health systems, including judges, district attorneys, public defenders, pretrial supervision and screening personnel, county probation department staff, corrections officers, jail medical and mental health staff, members of law enforcement, county commissioners, and community behavioral health providers and administrators.

Based on this quantitative and qualitative analysis, and with the guidance of members of CJAB and other senior county and state leaders, five key findings were identified that prompted the development of a set of strategic policy recommendations to improve outcomes for people in Dauphin County's criminal justice system who have SMI. Some recommendations align with work already initiated by the county, and some county agencies have already begun to develop implementation plans to address some of the other recommendations. The CSG Justice Center reviewed all findings and recommendations with the CJAB stakeholders and will be working with the county to implement these recommendations in a timely manner.

## ***Stepping Up: A National Initiative to Reduce the Number of People With Mental Illnesses in Jails***

An estimated 2 million times each year, people who have serious mental illnesses—almost three-quarters of whom also have substance addictions—are booked into local jails. Federal and state policy and funding barriers, along with limited opportunities for law enforcement training and arrest alternatives in many communities, have made county and other local jails the de facto mental health hospitals for people who cannot access appropriate community-based mental health treatment and services.

Recognizing the critical role local and state officials play in supporting systems change, the National Association of Counties (NACo), the American Psychiatric Association Foundation, and the CSG Justice Center launched the *Stepping Up* initiative in May 2015.

*Stepping Up* is a national movement to provide counties with the tools they need to develop cross-systems, data-driven strategies that can lead to measurable reductions in the number of people who have mental illnesses and co-occurring substance addictions in jails. Dauphin County is one of more than 425 counties in 43 states that has passed a resolution or proclamation to participate in the initiative. With support from public and private entities, the initiative builds on the many innovative and proven practices being implemented across the country. *Stepping Up* engages a diverse group of organizations with expertise on these issues, including those representing sheriffs, jail administrators, judges, community corrections professionals, treatment providers, people who have mental illnesses and their families, mental health and substance addiction program directors, and other stakeholders.

## Methodology

The study cohort for this project consisted of people released from DCP between January 1, 2016, and December 31, 2016. The time frame for this study was selected to reflect the most up-to-date processes available in Dauphin County, while also allowing for a full year-long cohort to be analyzed. Due to state information-sharing laws regarding behavioral health information, the county matched the datasets of the seven agencies together, and then provided CSG Justice Center staff with de-identified, case-level information so that it could not be traced back to an individual but could still be analyzed for the purposes of the project.

### **The DCMH/ID's information on people who have SMI was used to determine the prevalence of people in DCP who have SMI.**

The DCP Offender Management System's records were matched to the DCMH/ID database to identify people who had been released from DCP who were diagnosed in the community as having SMI by a licensed mental health professional funded by DCMH/ID. The licensed mental health professional based their diagnoses on the Pennsylvania's Office of Mental Health and Substance Abuse Services definition for an adult priority population that has SMI. The matched results included people who either were part of DCMH/ID's active caseload of people who had SMI at the time of their booking into DCP, or who had been on the DCMH/ID's caseload within the previous three years. Using the Pennsylvania Office of Mental Health and Substance Abuse Services definition of SMI for the purposes of this report, of the 6,140 people released from DCP during this 12-month period, 971 (16 percent) were identified as having SMI.

The number of people in DCP identified as having SMI using this definition is an underrepresentation, because while it includes people who have received services by Dauphin County's network of publicly funded mental health services, it does not include anyone who has SMI who received services outside of Dauphin County, nor does it include people who received services from privately funded providers, refused services in the community, or had not been identified as having SMI in the DCMH/ID system.

The CSG Justice Center's recommended metric for accurate, accessible data on the prevalence of people in jails who have SMI should ultimately be determined by a clinical assessment by a licensed mental health professional. To identify people in DCP who have SMI, Dauphin County should ensure that:

- PrimeCare and DCMH/ID mental health care providers are using a shared definition of SMI;
- People are screened for mental illnesses when they are booked into jail using a validated screening tool;
- For people who screen positive for a mental illness, a follow-up clinical assessment takes place within 72 hours or as soon as possible; and
- Screening and assessment results are reported to decision makers across the criminal justice and behavioral health systems—including jail administrators, prosecutors, defense attorneys, judges, behavioral health care providers, and supervision officers—to inform pretrial and post-conviction decisions.

PrimeCare uses Pennsylvania's Department of Corrections Mental Health Rating Scale to determine if a person in DCP has SMI, which is slightly different than the definition used by DCMH/ID. However, both agencies believe the difference in definition would not result in a markedly different population being identified. All people booked into DCP also receive the Correctional Mental Health Screen by PrimeCare staff and are referred to a clinical assessment if they screen positive for a mental illness. However, when matching this information—which is stored in PrimeCare's Electronic Medical Records (EMR)—to the DCP Offender Management System, the numbers that were reported were inaccurate and, therefore, could not be used for the purpose of this study to determine the number of people in jail who have SMI. While this information can be reported on in the aggregate through the EMR only, a match to the DCP's main database needs to be performed on a regular basis moving forward to ensure accurate information.

## **The Dauphin County Judicial Center provided data that was analyzed to identify the population that has SMI that were released to the DCP and the community after seeing a magistrate judge.**

The Dauphin County Judicial Center is the county's central booking facility that is located directly adjacent to the DCP. It operates separate from the DCP, with its own staffing structure, information database, and policies and procedures. Anyone that is arrested by law enforcement operating in Dauphin County would be brought to the Judicial Center and then detained for less than 24 hours (typically less than 6 hours) before appearing before a magistrate judge who will decide whether they can be released to the community or sent from the Judicial Center to DCP during the pretrial stage. However, some people are booked directly into the DCP without going to the judicial center at all. Examples of circumstances under which this would happen include when a person is being revoked from probation due to a technical violation or new charges, when a person is returning on bench warrants, when he or she is coming from another state or county, and direct reports to the DCP for people on work-release.

To determine the number of people who have SMI who were released from the Judicial Center during the period of this study, the Judicial Center database was matched with the DCP and DCMH/ID databases. Of the 8,453 adults released from the Judicial Center during this period, only 251 (3 percent) had SMI, and 110 (11 percent) of the 971 people released from DCP came from the Judicial Center. The number of people released from DCP who came from the Judicial Center may be artificially low, because CSG Justice Center staff were only provided information on everyone released from the DCP in 2016 (not all bookings as well). This means that it is possible that someone was booked into the DCP after being released from the Judicial Center, but it happened outside the timeframe of this study.

## **DCP Offender Management Records were analyzed to determine the average length of stay for people in the DCP who have and do not have SMI, lifetime bookings into the DCP, release types, and offense level for these populations.**

CSG Justice Center staff analyzed the average length of stay (ALOS) in jail for people who have SMI and compared it to the population that do not have SMI. ALOS was determined based on the date of booking into and release from the DCP. The CSG Justice Center examined ALOS for various release options from the DCP. Of the 6,140 people released during the period of this study, 1,413 (23 percent) were released on bail,<sup>1</sup> 183 (3 percent) were released post-sentence,<sup>2</sup> 652 (11 percent) were released by other authority to the community,<sup>3</sup> 2,983 (49 percent) were released to other authority,<sup>4</sup> 818 (13 percent) were released on court order,<sup>5</sup> and 91 (2 percent) had an unspecified release.<sup>6</sup> The CSG Justice Center also examined ALOS by offense type (felony or misdemeanor). Information about offense type was not available for every person released during the period of this study, which limited the comprehensiveness of this category of analysis. Demographic information, including race and gender information, was also collected for this study, but significant differences in outcomes by demographics were not identified and, as a result, findings based on this information are not presented in this report.

CSG Justice Center staff also reviewed the number of total lifetime DCP bookings among all 6,140 people released from DCP prior to and during 2016. The number of people who had multiple bookings into the DCP within the study period was also examined. This information excludes anyone that was arrested but not booked into the DCP, or anyone that was booked into a jail outside of Dauphin County.

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1. Release on bail is defined for this report as any record of release "by bail" or "by court order with release custody as bail" in the DCP Offender Management System.
  2. Release post-sentence is defined for this report as any record of release as "expiration of maximum sentence," by "payment of fines and fees," or by "court order and release custody of expiration of sentence and fine and fees."
  3. Release by other authority to the community is defined for this report as any record of release to parole or probation.
  4. Release to other authority includes release to other county or state law enforcement agency or facility, or release to the Pennsylvania Department of Corrections.
  5. Release on court order is defined for this report as any record of release by "court order" and release custody is for "dismissed," "not prosecuted," or "acquitted."
  6. Unspecified release for this report as any record of release as "escape," "other," or "court order to release custody of escape."

### **A criminogenic risk “proxy” was developed to assign everyone released from the DCP in 2016 with a designation of “low,” “medium,” or “high” risk of rearrest recidivism.**

The CSG Justice Center wanted to analyze the DCP population based on a person’s likelihood of reoffending upon release. Because the DCP did not have criminogenic risk information on everyone released in 2016 based on a validated assessment, the CSG Justice Center developed a criminogenic risk proxy to better understand risk levels for people released from the DCP who have SMI in comparison to people who don’t have SMI.

The criminogenic risk proxy was developed solely for the purpose of obtaining an aggregate analysis of the DCP population to identify a person’s likelihood of being rearrested upon release from DCP. This analysis was performed to better understand whether resources and responses to people who have SMI in the Dauphin County criminal justice system are effective, efficient, and meet the capacity needs of the county. To perform this analysis, the CSG Justice Center examined all releases from DCP in 2014 to identify the first time that a person was released from DCP and then identified that person’s lifetime arrests, as tracked by the Pennsylvania State Police. CSG Justice Center staff looked at prior arrests, age at first arrest, age at release from DCP, and offense type to see which of these factors correlated with a rearrest within two years of release from DCP. The scoring from this analysis was then applied to the same factors in the study’s 2016 population to analyze all people released from DCP during the period of this study based on their mental health status, length of stay in DCP, and other factors of interest. This analysis is not meant to be used for responding to individuals in the Dauphin County criminal justice system based on their risk level, but only for improving responses at a systems-level.

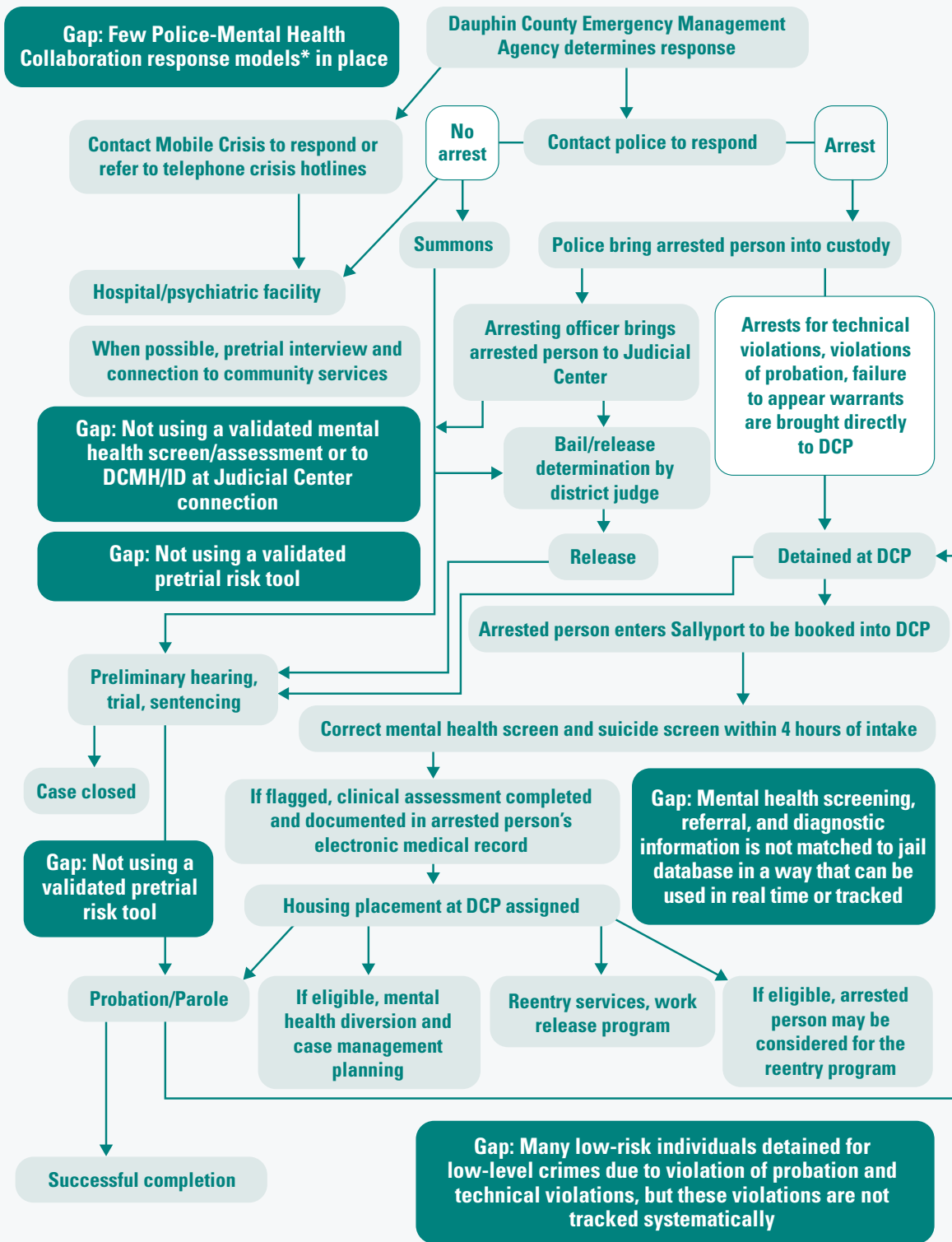
### **Community supervision data from DCPS and Dauphin County Adult Probation and Parole were analyzed for this report, but findings were not reported on due to limitations in the data.**

DCPS data was analyzed, but could only be matched to people released from DCP during the period of this study who had SMI. Therefore, this information does not identify the SMI population on pretrial release/supervision. In reviewing the probation data provided to CSG Justice Center staff and comparing it to aggregate data collected by Dauphin County Adult Probation and Parole, and conducting follow-up conversations with relevant stakeholders about the accuracy of this data, CSG Justice Center staff were unable to confidently determine the number of people on probation who have SMI and how many were returning to DCP due to technical violations.

### **A qualitative analysis was performed to understand how people who have SMI move through Dauphin County’s criminal justice system—from pre-arrest through release from DCP to the community.**

Building on previous system mapping exercises that CJAB has undertaken, CSG Justice Center staff conducted a system-flow analysis to understand how the criminal justice system currently responds to people who have SMI and identifies areas for improvement. Figure 1 illustrates the gaps in the system and areas for improvement that were identified based on this flow analysis, which represents the system as it operated at the time of this study. This flow analysis informed the findings and recommendations represented in this report.

**Figure 1. SYSTEM-FLOW ANALYSIS: ARREST THROUGH RELEASE TO PROBATION**



\*See p. 11 for more information on Police-Mental Health Collaborations.



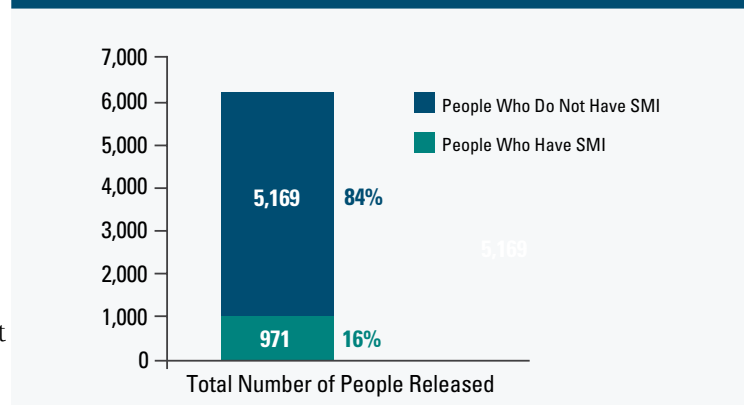
# Findings

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

- As illustrated in Figure 2, 16 percent of people released from DCP in 2016 (971 out of 6,410 releases) were identified as having SMI, compared with 4 percent for the general population nationally.

- Only 11 percent of people released from DCP in 2017 who have SMI came from the Judicial Center, despite the fact that the Judicial Center was initially created as an intake facility where screening and assessment could take place. This finding indicates that the large majority of people with SMI are entering the jail through other pathways, potentially via technical violations, although the data collected through this project did not indicate how the majority of people with SMI entered the DCP. These data also suggest the Judicial Center is not being fully utilized as a point of SMI identification in the early stages of criminal justice system involvement.

**Figure 2. PREVALENCE OF SMI AMONG PEOPLE RELEASED FROM DCP, AS REPORTED BY DCMH/ID**

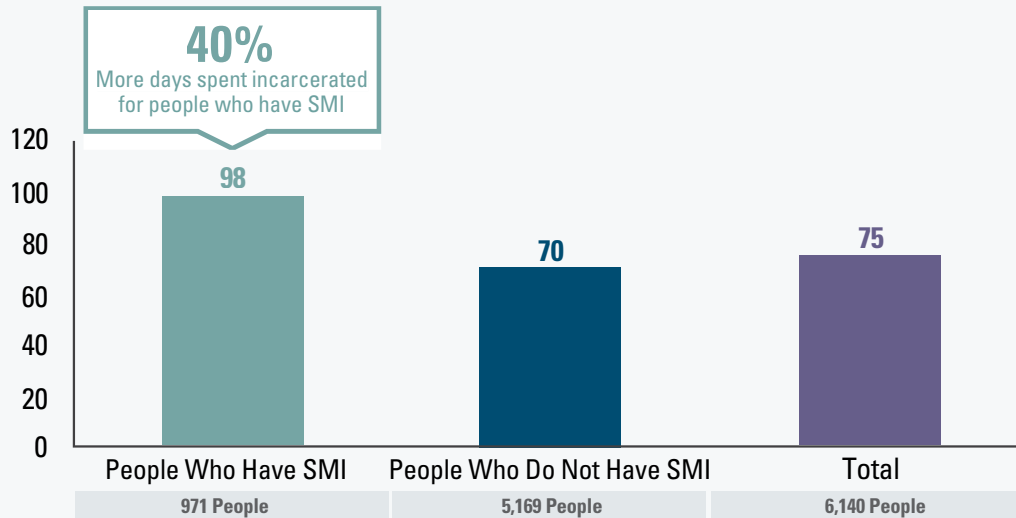


- The number of people in DCP who have SMI was actually higher than described above, as these data only represent people who have SMI who had previously received public mental health services through DCMH/ID. There were people in the DCP who have SMI who had never received these services and therefore were not included in the dataset, so the exact number of people in DCP who have SMI during the period of this study is unknown.

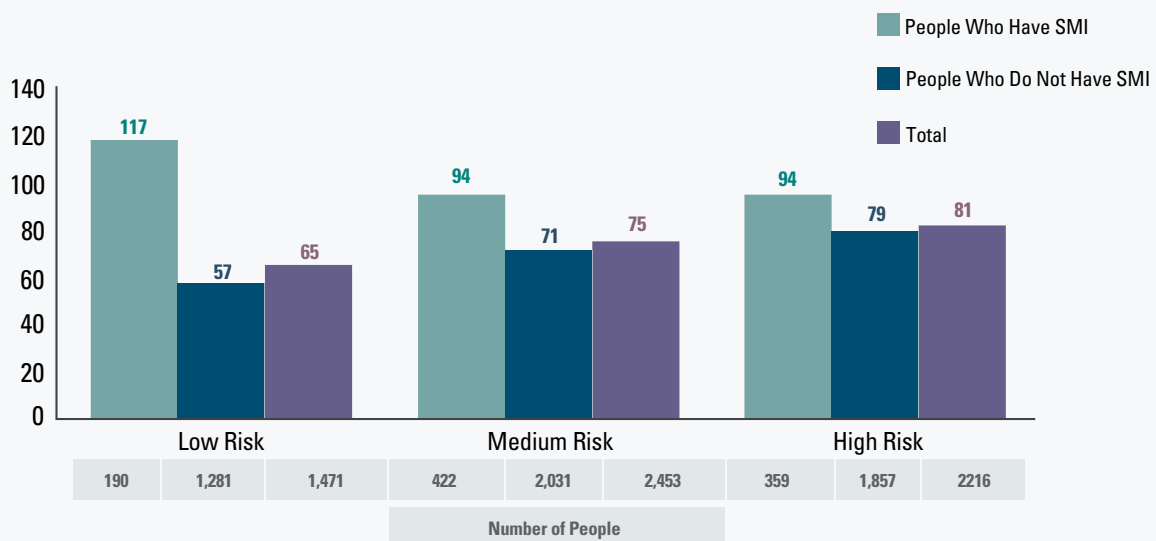
## 2. People who have SMI stay longer in DCP than people who do not have SMI across release types, offense types, and criminogenic risk levels

- As illustrated in Figure 3, people who have SMI stayed an average of 98 days in DCP, compared to 70 days in DCP for people who do not have SMI.
  - Because of their longer lengths of stay, people who have SMI utilize a disproportionate amount of DCP bed capacity whether charged with a felony or misdemeanor and across all release types from jail. People who have SMI make up 16 percent of the population released from DCP in 2016 but took up 21 percent of the bed capacity in DCP due to their longer ALOS.
  - People who have SMI who were released on bail stayed in DCP twice as long (32 days) as people who do not have SMI (16 days).
- As illustrated in Figures 4 and 6, ALOS for people who have SMI who were also at a low risk of reoffending was more than twice as long (117 days) as it was for people who do not have SMI and were at a low risk of reoffending (57 days).
  - People released from DCP on bail who have SMI and were at a low risk of reoffending stayed in jail more than three times as long (51 days) as people released on bail who do not have SMI and were at a low risk of reoffending (14 days).

**Figure 3. AVERAGE LENGTH OF STAY IN DCP (IN DAYS)**



**Figure 4. AVERAGE LENGTH OF STAY (IN DAYS) BY CRIMINOGENIC RISK LEVEL**



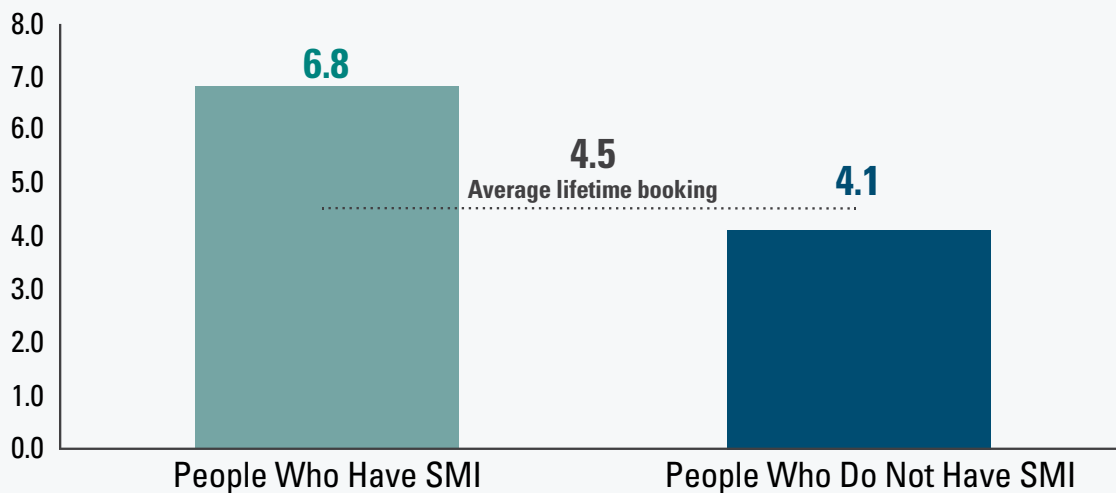
### 3. People who have SMI return more frequently to DCP than people who do not have SMI.

- For people released from the DCP in 2016, the average number of total lifetime bookings into DCP is 66 percent higher for people who have SMI (6.8 average number of bookings) than people who do not have SMI (4.1 average number of bookings) up until 2016. This is illustrated in Figure 5.
  - Twenty-five percent of people who have SMI had more than 10 lifetime bookings, while 10 percent of people who do not have SMI had more than 10 lifetime bookings.
- Forty-four percent of people released from DCP in 2016 who have SMI were booked back into the DCP during a 365-day period prior to their initial booking in 2016.
  - Based on the ALOS of people who have SMI in DCP, a person who has SMI and was booked twice into DCP in a year would have spent 196 days in jail, which represents more than half of the year.
- There was a slightly greater proportion of people released from DCP who have SMI (80 percent) and were at a moderate and high risk of reoffending compared to people who do not have SMI and were at a moderate and high risk of reoffending (75 percent).



- There were not adequate specialized mental health pretrial or probation supervision services in Dauphin County that would facilitate reductions in the number of technical violations that would result in a return to the DCP, and people who have SMI were not systematically identified for connection to services that currently exist.
  - Dauphin County Adult Probation and Parole supervised 252 people who were released from the DCP who have SMI. There were a maximum of 3 probation officers who specialize in supervising people who have mental health needs; however, Dauphin County Adult Probation and Parole’s maximum caseload for an officer specializing in supervising people who have SMI is 50 people. Additionally, this caseload is not specific to people identified with an SMI. Overall, this indicates that there are more people on probation who have SMI than are receiving specialized supervision.
  - Dauphin County Adult Probation and Parole data regarding the number of people on probation who have SMI and the number of DCP intakes due to technical violations is not reliably reported.
- People in the Dauphin County criminal justice system who have mental health needs were not consistently connected to services in the community.
  - There were not enough mental health treatment and other support services (i.e. case management services) available in the county to meet the needs of people released from DCP who have SMI, although data on reconnection to care on everyone released from jail who has SMI was not available for the purposes of this study. Efforts are now underway by the county to track this information on a regular basis.
  - Criminal justice agencies (DCPS, DCP, and Dauphin County Adult Probation and Parole) did not have appropriate procedures in place to ensure timely and effective connections to care in the community, since these agencies did not systematically identify whether a person was receiving DCMH/ID services. However, efforts have begun to identify people in DCP who are on the DCMH/ID roster and connect them to services upon release, and a new set of policies and procedures were developed in 2018 to address these concerns.

**Figure 5. AVERAGE LIFETIME BOOKINGS INTO DCP**



**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.**

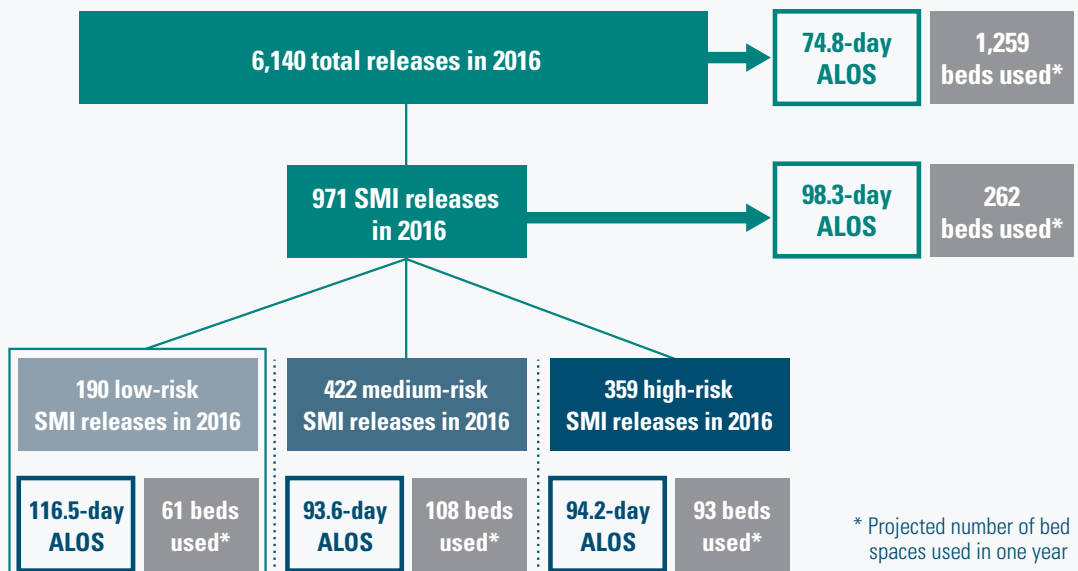
- The Judicial Center was not conducting validated screenings for mental illnesses and was not investigating whether people had received services with DCMH/ID.

- Although a validated mental health screen (the Correctional Mental Health Screen) was administered during booking into DCP and the results were recorded in the PrimeCare database, this information could not be matched to the DCP's information system to identify the population in need of a clinical assessment from a licensed mental health professional.
- Although people booked into DCP were referred to a clinical assessment by a mental health professional following a positive screen for mental illness within 72 hours of booking, this information was not matched to the DCP's information system in a method that allowed for consistent tracking.
- Although regular case-planning meetings were held between DCP administrative staff and case managers and local criminal justice and behavioral health agencies—including the DCMH/ID's and DCPS' diversion coordinator, the Dauphin County Public Defender's Office's mental health liaison, Dauphin County Department of Drug and Alcohol staff, PrimeCare's psychologists and licensed professional counselors, Dauphin County Case Management Unit staff, Keystone Community Mental Health Services supervisors, and Gibson House residential mental health facility staff— information on people identified as having a mental illness in DCP was not effectively communicated within the DCP or between DCP, PrimeCare, and the other 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.**

- The Dauphin County Judicial Center was not conducting pretrial risk assessments, and as a result magisterial judges lacked information that would help inform their release and supervision decisions.
- The DCP was administering the Ohio Risk Assessment System (ORAS) criminogenic risk tool only to people who had received a sentence, and was not permitted by the county to administer the ORAS to those who had not been sentenced. However, the ORAS information that was collected was not shared with probation staff or mental health treatment providers upon release from the DCP.
- Dauphin County Adult Probation and Parole used the ORAS to determine the risk of reoffending for everyone on probation serving a sentence of more than six months. For people on probation who have SMI and were receiving treatment in the community, criminogenic risk information was not shared with the mental health treatment provider to ensure that treatment and programming were also addressing the factors associated with their risk of reoffending.

**Figure 6. ALOS AND RELEASES FROM DCP FOR PEOPLE WHO HAVE SMI (BY RISK LEVEL)**



## Recommendations

The following set of recommendations presented to CJAB are meant to serve as a plan for long-term, system-level change to improve the responses to people in the criminal justice system who have SMI. Implementing each recommendation will require varying degrees of action on the part of the county and/or state, with some requiring minimal resources and others needing significant funding to bring this work to scale. Efforts are already under way to implement some of these recommendations. Specific steps for the immediate implementation of priority policies, practices, and programs are presented in the subsequent section.

### **Recommendation 1: Implement Police-Mental Health Collaborations (PMHCs) to improve responses to calls for service that involve people who have mental health needs<sup>7</sup> and develop opportunities to divert people who have mental health needs to treatment, when appropriate.**

There are 17 law enforcement agencies in Dauphin County. The CJAB should continue to engage law enforcement department heads from across the county, along with behavioral health agencies, to participate in the ongoing planning and implementation of PMHCs to improve law enforcement responses to people who have mental health needs. These recommendations include:

- Create county-wide administrative oversight of all PMHC response models through the establishment of a specialized mental health department to administer a coordinated approach to responding to this population.
- Build upon this coordinated approach by incorporating a triage desk to respond to 911 calls that is staffed with a law enforcement officer and a co-located mental health professional who can access available mental health and police databases to identify prior law enforcement contact, prior use of services, and match to available DCMH/ID resources for crisis calls or to appropriately trained officers.
- Reinstate Crisis Intervention Team (CIT) trainings in order to increase the number of law enforcement officers who are equipped to respond to people who have mental health needs and achieve 24/7 CIT-trained police coverage. At the time of this report, CIT training has not been offered to law enforcement officers in approximately ten years.
- Build on preexisting programs and collaborative partnerships between law enforcement and behavioral health agencies to ensure that crisis service providers and treatment providers administer an effective, comprehensive response to people referred by local law enforcement, focusing on existing services such as mobile treatment services overseen by DCMH/ID. This includes expanding crisis services for mobile treatment and potentially adding a co-responder position that pairs a trained mental health professional with police officers to respond at the scene.
- Consider creating a 23-hour observation room and crisis stabilization center to provide a location for police diversion from arrest and/or building upon the current capacity of community hospitals to provide emergency psychiatric care. The development of a new crisis stabilization center would likely require millions of dollars of funds.
- Provide diversion opportunities throughout the case processing continuum, including prior to arrest, before booking, and upon case filing to allow for people to be considered for alternative responses when they are not considered a public safety risk. For people connected to community-based care, expand upon the capacity of the one existing Assertive Community Treatment (ACT) team or expand the forensic capacity of mental health agencies.

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7. Communities are learning that small-scale or standalone approaches—such as just providing mental health training or having a specialized team that is only available on certain shifts or in certain geographical areas—are not adequate to achieve community-wide and long-lasting impacts. For more information on PMHC response models, visit the Bureau of Justice Assistance’s PMHC Toolkit at <https://pmhctoolkit.bja.gov/>.

**Recommendation 2: Ensure that everyone processed through the Dauphin County Judicial Center receives a validated pretrial risk assessment to inform pretrial release and supervision decisions, and people who have SMI are connected to treatment upon their release.**

Pretrial services are provided in Dauphin County by DCPS. As a part of the screening process at the Judicial Center, the ORAS Pretrial Assessment Tool (ORAS-PAT) was previously administered but is no longer being utilized. Currently, magistrate judges do not utilize screening results to inform their pretrial release and supervision decision making primarily due to a lack of faith in the accuracy of the tool. A pretrial workgroup is studying the current pretrial process, along with the pretrial risk assessment tool. It is recommended that stakeholders participating in this study be charged with leading the selection of a pretrial risk assessment tool that will be used to guide release decision making, with the input and support of the pretrial services agency directors and other stakeholders in the county justice system. Once a tool is selected, the following process should be followed:

- Implement system-wide training for judges, pretrial services staff, prosecutors, and defense attorneys on the use of pretrial risk assessment in decision-making processes;
- Using the ORAS-PAT or other selected validated pretrial risk assessment tool, assess every defendant before his/her first appearance in court to inform release and supervision decisions;
- Consider a judicial staffing process that involves either a single judge or a limited number of judges to ensure consistency in the use of the selected tool to inform release decisions;
- Develop supervision standards that will be applied based on a person's assessed risk level; and
- Develop a process to inform the court of pretrial supervision violations and guidelines for revocation of supervision.

Additionally, a process must be established to ensure that people released on pretrial supervision who have been identified as having SMI through the flag in the DCMH/ID database are referred to treatment in the community in a timely manner, when appropriate. For people who have not already been identified as having SMI, screening should be completed during the early stages of pretrial supervision, and for those who screen positive, a follow-up assessment should be completed. To ensure this takes place, pretrial services should follow the process below:

- Specific pretrial supervision staff should have access to the DCMH/ID information system in order to identify people who have already been diagnosed as having SMI and promote reconnection to any treatment or services they had been receiving in the community, as needed. This will most likely require additional staff to ensure these services are in place or, at a minimum, additional licensing of staff to have access to both DCMH/ID and DCPS data.
- For all people who have not been identified as having SMI through the DCMH/ID database, DCPS should conduct a screening for SMI using the DCP's screening tool (the Correctional Mental Health Screen for Men and Women) and establish a referral process for those who screen positive to receive a full clinical assessment by a licensed mental health professional.
- For people on pretrial supervision who have SMI and have been connected to care, pretrial services supervision officers should work collaboratively with the treatment provider to ensure mental health treatment is paired with the appropriate level of supervision.
- A Dauphin County bail review committee meets every Thursday and should also receive information on individuals' pretrial risk levels and whether they have SMI to allow for additional opportunities to release people from the DCP and refer to treatment when appropriate.

**Recommendation 3: Use the results of mental health screenings to inform decisions about the need for further clinical assessment by a licensed mental health professional, DCP population management, the delivery of mental health treatment services within the DCP, and reentry planning.**

PrimeCare staff currently conduct a mental health screening using the Correctional Mental Health Screen tool for everyone booked into DCP. People who screen positive for mental illness or who identify themselves as having a mental illness are then referred to a licensed mental health professional for a full clinical assessment, which may result in a diagnosis of SMI. This process is in accordance with national recommendations for identifying people in jail who have SMI. Currently, however, this information is not consistently matched to records in the DCP's Offender Management System, and when this match is conducted, the resulting data is unreliable. Additionally, information on people in DCP who are diagnosed as having SMI is not regularly shared with other agencies for the purposes of treatment or case management coordination. To address these issues, the following processes should be implemented:

- Ensure that all people booked into DCP continue to receive a mental health screening, and that people who screen positive are referred for a follow-up clinical assessment within 72 hours.
- Ensure that screening and assessment information is systematically collected electronically in order to establish a baseline and track the number of people in DCP who have SMI, their average length of stay in DCP, how many are connected to treatment after their release, and their recidivism rate.
- Build on existing capacity and procedures to develop a systematic data-matching process between DCP, PrimeCare, and DCMH/ID for people booked into DCP who have SMI. This should include people who have been diagnosed in the community by DCMH/ID, as well as people diagnosed as having SMI by PrimeCare in DCP only. This information will facilitate continuity of care while they are incarcerated and enable the connection to treatment or other services upon release. When a match occurs, there should be a mechanism that informs the community-based treatment provider of the person's arrest so the provider can communicate with PrimeCare staff regarding the person's current treatment, including medications, when appropriate. For people who had been receiving community-based treatment prior to arrest, the current matching and reentry planning process should be improved to ensure continuity of care, including access to medications, to avoid interruption of treatment.
- To share information across agencies, Dauphin County stakeholders will first need to make sure they are in compliance with federal and state information-sharing laws related to mental health information. Dauphin County agencies should enter into memorandums of understanding or data-sharing agreements, when possible, to allow agencies or specific stakeholders to access mental health information in a timely manner. An effort should be made by each agency to obtain consent for release of information when gathering information from an individual (by DCPS, in DCP, and upon release to probation).
- Continue to engage in collaborative cross-agency meetings (including DCMH/ID, community-based treatment providers, the Public Defender's Office, the District Attorney's Office, DCP, and PrimeCare, etc.) to discuss the most difficult cases and the most frequently booked people, as well as diversion and reentry planning.
- Use results from risk and needs screening and assessment to prioritize higher-risk people who have SMI for collaborative case-management resources and to identify low-risk people who have SMI who may be appropriate for diversion. Information from PrimeCare and DCMH/ID on people who have SMI should be used to inform these planning discussions.

**Recommendation 4: Increase the county's ability to connect or reconnect people who have SMI to community-based treatment upon their release.**

Currently, the Mental Health Jail Diversion Reentry Coordinator serves as a liaison between DCMH/ID and DCPS, providing reentry planning and facilitating connections to care for people who have previously received services from DCMH/ID. There are time constraints, eligibility criteria, and other barriers that currently limit the

reach of the program, however, so DCMH/ID should work collaboratively with DCP, the Judicial Center, DCPS, Adult Probation and Parole, PrimeCare, and other agencies to increase the connections to services available to people who have SMI. Specifically, the county should:

- Enhance in-reach services and reentry planning for people in DCP who have SMI to connect them to appropriate care.
- Establish partnerships with community-based treatment providers to promote timely and effective connections to care for people who have SMI, which may include scheduling appointments after hours or establishing standing appointment times with treatment providers reserved for people being released from DCP. These types of partnerships, coupled with release procedures, will help establish a clearer pathway for people to be connected to treatment upon release.
- Develop a mechanism to identify the health insurance coverage status (Medicaid, Medicare, Veterans, or private insurance), if any, for people in DCP and assist those eligible for connection to health care coverage as allowed by their length of stay in DCP.
- Ensure that people who are identified as eligible for DCMH/ID services in the community can be transported directly to a treatment provider and receive wrap-around services upon release.
- Expand capacity and efficiency of current diversion and/or reentry programs, as well as connection to and capacity to provide affordable housing, in a systematic manner.
- Track information on how people who have SMI are referred to community-based treatment and are engaged in services when released from DCP.

### **Recommendation 5: Enhance capacity to provide community-based behavioral health care for people released from DCP who have SMI.**

Previous recommendations, if implemented, would ensure that existing appropriate programs, services, and resources are prioritized for populations most in need and most appropriate for them. However, this will not address the need for increased capacity of services for people in the community. To address this issue, Dauphin County should build the capacity needed to provide behavioral health care to people released from DCP who have SMI, which will require conducting an inventory of existing resources and developing a funding plan to address identified gaps. Process improvements that may have a low financial cost should also be implemented. To address capacity needs, Dauphin County should:

- Capitalize on programming and treatment (including wrap-around case management services) meant to serve high-risk, high-need people who have SMI that can be supported by state and federal funding streams.
- Develop and improve access to treatment and programming to serve the probation populations who have substance addictions, particularly related to opioid addictions, employing current best practices in the use of Medically Assisted Treatment (MAT) in combination with cognitive-behavioral interventions. Consider redeploying unused beds in the work release center as addiction treatment beds. Continue efforts to contract with a service provider to provide treatment for people who have substance addictions while they are still in DCP.
- Educate law enforcement and pretrial and probation staff about resources available in the community for people who have SMI, and create processes that will allow staff to connect those people to treatment and services.
- Ensure that community-based behavioral health treatment providers are also trained to address criminogenic risk and that pretrial and probation staff are trained in cognitive-behavioral health treatment responses and work collaboratively with behavioral health professionals.
- Develop housing and services interventions (i.e. supportive housing) targeted to people in the criminal



justice system who have SMI and are experiencing homelessness (e.g., providing direct services in the shelter or acting as liaison with the shelter).

- Currently, Dauphin County provides mental health treatment and addiction treatment in separate facilities and by separately funded and licensed treatment providers. This makes it difficult to provide appropriate levels of treatment for people with co-occurring mental illnesses and substance addictions. To address this issue, Dauphin County should develop additional services that can be delivered in one specialized facility for populations that are involved in the criminal justice system and have co-occurring substance addictions and SMI.
- Facilitate the delivery of services to people diagnosed with both mental illnesses and substance addictions by creating a single license requirement for treatment providers who choose to serve this population (i.e., a single license for co-occurring mental illness and substance addiction treatment programs). A barrier to caring for this population is the need for treatment providers to meet licensing requirements for both the Pennsylvania Office of Mental Health and Substance Abuse Services and Pennsylvania Drug and Alcohol Programs (DDAP), which can currently only be addressed through a change to the State of Pennsylvania's licensing laws.

### **Recommendation 6: Develop a plan to increase successful completion of supervision and minimize supervision revocations for people who have SMI.**

To reduce recidivism for people on probation and parole, Dauphin County Adult Probation and Parole and DCPS should develop strategies to target people who have SMI and have been assessed as being at a moderate to high risk of reoffending. A strong collaborative relationship between Dauphin County Probation Services and DCMH/ID will ensure that the people under supervision who have SMI are receiving the appropriate treatment and level of supervision. The following is recommended:

- Implement personnel policies that hold staff accountable for the use of evidence-based practices that have been adopted by the organization and reward officers and clinicians who implement these practices and demonstrate effective case management skills. Staff training and program implementation plans must include requirements to monitor for program fidelity and quality assurance. Additionally, cross training between Dauphin County Adult Probation and Parole and DCMH/ID should take place to improve collaborative case management.
- Ensure access for Dauphin County Adult Probation and Parole to screening and assessment information completed by DCPS, PrimeCare, and DCMH/ID in order to properly assign people to specialized caseloads or refer them to community-based services such as Forensic Intensive Case Management (FICM) services. For people who have not received a validated screening for SMI or an assessment, Dauphin County Adult Probation and Parole should perform a validated screening and refer to a clinical assessment based on the results.
- Ensure that Dauphin County Adult Probation and Parole case management practices include the use of tools that incorporate a cognitive-based strategy that is balanced with proper responses to mental health needs. To achieve this, Dauphin County Adult Probation and Parole should determine capacity needs for specialized caseloads and expand as needed, as well as embed a mental health professional and/or implement access to mental health guidance following a model of collaborative case management. Future plans to implement Effective Practices in Community Supervision (EPICS), a cognitive-based case management curriculum for probation officers, will provide additional case management tools to address the high-risk and high-needs population.
- Develop a process to ensure that when individuals are not deemed to have a moderate to high criminogenic risk, but have SMI, those individuals are connected to the appropriate community-based care and are given lower levels of supervision.

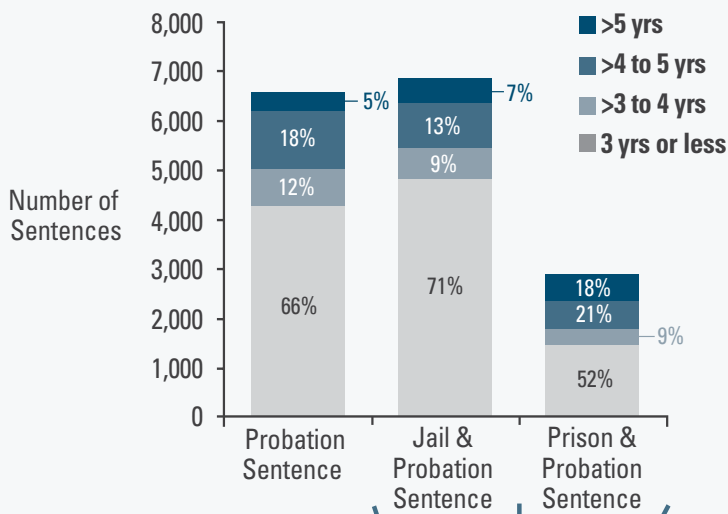


- Develop systemic process and capacity within DCPS and Dauphin County Adult Probation and Parole to connect people to housing, job placement, and education services, among others.

To reduce the number of technical violations that result in DCP admissions, probation services should develop policies to guide responses to people who have committed technical violations that include:

- Develop a response grid or violation matrix that is based on criminogenic risk level in relation to the seriousness of the violation.
- Develop a process for tracking the reason for a revocation off of probation. This process should identify whether a person was revoked due to a technical violation or a new arrest, and if it was a technical violation, it should explain what that technical violation was. This information should then be regularly matched to the DCP database to inform what percentage of the population are in the DCP as a result of a revocation from Dauphin County Adult Probation and Parole.
- Develop guidelines for probation sentence lengths that allow for the opportunity for shorter probation sentences. Imposition of shorter probation sentences will allow for higher probation success rates and allow for a quicker turnover of probation cases and improved caseload management, as shown in Figure 7.

**Figure 7. DAUPHIN COUNTY PROBATION SENTENCE LENGTHS BY TYPE**



**2014 American Law Institute Model Penal Code:**

- Probation is for accountability and risk reduction.
- Terms should be limited to three years for felonies.
- Early termination should be authorized and encouraged.
- Lesser sanctions should be used before revocation.

In addition to the proportions subject to longer probation terms, those with split sentences may also spend a period of time on local or state parole.

**Recommendation 7: Track the implementation of programs along four key measures—(1) the prevalence of people who have SMI in DCP; (2) their average length of stay in DCP; (3) how many are connected to treatment in the community after their release; and (4) their recidivism rates—and develop a process for ongoing system analysis and outcome measurement.**

Dauphin County’s CJAB consists of local experts and leaders in the field, putting this stakeholder group in an ideal position to manage, coordinate, monitor, and report on the implementation of the recommendations in this report. Moving forward, Dauphin County and CJAB should:

- Prioritize strategies for reducing the prevalence of people who have SMI in DCP and implement them as part of CJAB’s strategic plan for 2018 and beyond.
- Track baseline data along the four key measures.

- ❑ The tracking system will feature information from agencies including the local courts, law enforcement, the District Attorney's Office, PrimeCare, DCP, the Judicial Center, Dauphin County Adult Probation and Parole, DCPS, and DCMH/ID.
- ❑ Use the tracking system to regularly report on the criminal justice population within the four key measures to see if implementation of new programs and policies are achieving their desired impact.
- PrimeCare should utilize mental health screening and assessment data to track progress related to these four measures, and share this information with DCP and DCMH/ID following established information-sharing policies. DCMH/ID should also regularly match its data with the DCP to track these measures for people who have SMI and are receiving services from their provider network.

## How the State Can Help the County

Many of the challenges facing Dauphin County cannot be addressed by the county alone; the county will need the help and support of the Commonwealth of Pennsylvania. Implementing the following considerations for statewide criminal justice and behavioral health reforms could have a noticeable impact on the number of people who have SMI in DCP, their average length of stay in DCP, their connection to treatment in the community, and their recidivism rates.

### **Coordinate with County Behavioral Health Agencies**

Many people in the criminal justice system have complex needs and require a range of community-based treatment, services, and other recovery supports. Prioritizing critical resources for people who have the most serious mental health needs and who are at the highest risk of reoffending will deliver the best outcomes. To do this, Dauphin County will need to identify and address the gaps in services for this population, implement integrated treatment and supervision approaches, and improve cross-system collaboration. To help the county achieve these goals, the state should consider pursuing new or modified payment and/or service delivery models to:

- Improve care management and coordination;
- Encourage integration of mental health treatment, and substance addiction, physical health care, and other social services;
- Leverage opportunities (e.g., through managed care) to increase accountability for outcomes and advance systemic efforts to measure and monitor performance, access, and effectiveness of care for this population; and
- Encourage standardization of both access and consistency of services that address underlying factors related to the elevated risk of ongoing criminal justice involvement as well as health care and other social service needs.

### **Coordinate with County Criminal Justice Agencies:**

In 2012, Pennsylvania employed a data-driven justice reinvestment approach to reduce corrections spending and reinvest savings in strategies to improve public safety. To build on those efforts and address new challenges, state leaders in 2015 again embarked on a justice reinvestment approach. The working group completed its work in late 2016, and legislation was introduced in March 2018, which is currently under consideration. The set of legislative recommendations listed below includes language and funding suggestions that would specifically assist counties, and could address several of the challenges facing Dauphin County in particular.

- Increase state funding and update the funding formula for county probation. People under county probation and parole supervision account for 66 percent of the total correctional population in Pennsylvania, but only 6 percent of corrections expenditures are allocated for county supervision. The state and counties together spend a total of \$3.1 billion on corrections annually but only \$223 million on county supervision. For probation specifically, Pennsylvania spends \$830 per probationer per year, and the state covers about \$100 of that cost, while the counties cover the remainder. In a 2016 statewide survey, probation officers indicated that more than half of the people they supervise are assessed as being at a high risk of reoffending, yet the majority of probation officers have mixed caseloads composed of people of varying risk levels, which means the officers are unable to focus effort on the people who are at the highest risk of reoffending. The state provides inadequate funding for county probation and uses an outdated formula to determine funding. These practices contribute to high probation caseloads, insufficient supervision to reduce recidivism, and a large number of people whose supervision is revoked, resulting in high incarceration costs for both county and state prisons.
- Increase guidance provided by sentencing guidelines. Pennsylvania's sentencing statutes and advisory guidelines are extraordinarily complex, yet the amount of practical guidance they provide is limited. For 75 percent of sentences, Pennsylvania's sentencing guidelines allow a wide range of dispositional options—probation, County Intermediate Punishment (CIP), or state prison—but provide limited guidance on how to choose among them. Currently, the state's sentencing guidelines do not provide any information or advice on

probation term lengths, maximum sentences, or split sentences. Without guidance, the length of sentences to supervision may be longer than necessary, which leads to a strain on limited resources and an inability of probation and parole officers to provide effective supervision and improve recidivism outcomes. Since the guidelines do not provide recommended probation term lengths, probation terms that are imposed do not reflect a person's criminal history and may be either longer or shorter than would be advisable based on a person's risk of reoffending. A third of felony probation sentences and half of prison split sentences include probation terms that exceed three years, despite the fact that the likelihood of recidivism is highest in the first year on supervision and decreases substantially in each subsequent year.

## Action Plan Based on *Stepping Up's* Six Questions and Four Key Measures

When facing numerous recommendations for improvement, it can be difficult to know where to start. The questions outlined in the *Stepping Up* initiative's foundational document, [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#), provide a starting point for developing a cross-system, data-driven plan to reduce the number of people in DCP who have SMI:

1. Is our leadership committed?
2. Do we conduct timely screening and assessment?
3. Do we have baseline data?
4. Have we conducted a comprehensive process analysis and inventory of services?
5. Have we prioritized policy, practice, and funding improvements?
6. Do we track progress?

To ensure that the cross-system improvements recommended herein have a measurable impact, county leaders should also track progress according to the *Stepping Up* initiative's four key measures of impact:

1. Reducing the number of people with mental illnesses booked into jail;
2. Reducing the length of time people with mental illnesses remain in jail;
3. Increasing connections to treatment; and
4. Reducing recidivism.

The following action plan is organized under these questions and key measures as a template for the county to follow and revisit on an ongoing basis in order to improve its responses to people in DCP who have SMI moving forward. This plan provides a brief update on the county's current status under each of these questions, and action items to improve on existing practices.

## 1. Leadership Commitment

<p><b>Mandate from leaders responsible for the county budget and representative planning team</b></p>	<p>In June 2015, Dauphin County’s Board of Commissioners passed a <i>Stepping Up</i> resolution to reduce the number of people who have mental illnesses in DCP. In December 2016, CJAB issued a letter of interest for technical assistance related to achieving the goals of the <i>Stepping Up</i> initiative. CJAB is chaired by the Dauphin County District Attorney and includes additional members including department heads from the Board of Commissioners, DCPS, the Dauphin County Chief of Police, the Dauphin County Judicial Center, DCP, the Dauphin County Public Defender, the Dauphin County Common Pleas Court, Dauphin County Adult Probation and Parole, Dauphin County Human Services, DCMH/ID, and Dauphin County Information and Technology. These key stakeholders have remained regularly engaged in developing a data-driven plan to reduce the number of people who have mental illnesses in DCP throughout the entirety of this initiative.</p> <p><b><i>With criminal justice and behavioral health representation in place as part of CJAB and regular meetings taking place, CJAB should be the formal county body to advance the goals of the Stepping Up initiative moving forward. Since CJAB’s strategic plan ended in 2017, the goals and strategies of the Stepping Up initiative should be incorporated into the strategic planning process for CJAB for 2018 and beyond. In addition, CJAB should invite a representative from Dauphin County’s Continuum of Care Program to address homelessness for the criminal justice population.</i></b></p>
<p><b>Designated project coordinator</b></p>	<p>CJAB is currently coordinated by an administrator who is staffed under the District Attorney’s Office. The role of the designated administrator is key to the success of the CJAB, and <b><i>the same person who serves as the CJAB administrator should formally serve as the Stepping Up project coordinator moving forward.</i></b></p> <p>Currently, the CJAB administrator serves in this position part time (while also working in other capacities for the District Attorney’s Office). Funding permitting, this should be a full-time position focused on planning and administering CJAB and the <i>Stepping Up</i> implementation committee.</p>

## 2. Timely Screening and Assessment

<p><b>Common definition for SMI</b></p>	<p>Through this planning process, Dauphin County identified that the DCP and community mental health care providers use slightly different definitions of SMI. The medical service provider in the DCP—PrimeCare—uses the Pennsylvania Department of Corrections’ Mental Health Rating Scale for classifying people who have SMI. DCMH/ID identifies people who have SMI based on the Pennsylvania Office of Mental Health’s definition. In conversations with both agencies, department heads believe the difference in definition would not result in a markedly different population being identified. However, <b><i>DCP is encouraged to use the same definition for SMI as DCMH/ID to ensure that the same people are being identified in the DCP and in the community to better facilitate connections to services upon release from DCP.</i></b></p>
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<p><b>Screening for SMI using a validated tool</b></p>	<p>All people booked into DCP also receive a validated mental health screening—the Correctional Mental Health Screen for Men and Women—by PrimeCare staff and are referred for assessment by a licensed mental health professional based on the results of this screening. When matching mental health screening information—which is stored in PrimeCare’s electronic medical records—to the DCP Offender Management System, however, the numbers that were reported did not appear to be accurate and local stakeholders were not comfortable using this information as the flag for people who have SMI in DCP. <b><i>This screening information should also be recorded in DCP’s Offender Management System to ensure that the information can be tracked and used for decision-making purposes.</i></b></p>
<p><b>Follow-up assessments by a licensed mental health professional in a timely manner</b></p>	<p>PrimeCare’s licensed mental health professionals provide clinical mental health assessments in DCP, ideally within 72 hours of a person being booked into DCP. However, staff report that this goal is not always achieved due to the large number of people in need of assessments. <b><i>Additional staffing of licensed mental health professionals who provide clinical mental health assessments in a timely manner is an identified need for the county.</i></b></p>
<p><b>Recorded and electronically tracked results</b></p>	<p>Screening information from the Correctional Mental Health Screen and diagnostic information gathered from an assessment by a licensed mental health professional are recorded in PrimeCare’s electronic medical records. However, this information is not regularly matched to the DCP’s Offender Management System to identify the number of people in DCP who have been screened and assessed as having SMI. When matching these two databases, CSG Justice Center staff were unable to gather data that appeared accurate and usable for decision-making purposes. To address this issue, <b><i>PrimeCare staff should record the screening results and a flag for people diagnosed as having SMI—without providing specific diagnostic information that may be protected health information—into DCP’s Offender Management System to track key data on people booked into DCP who have SMI.</i></b></p>
<p><b>Additional screening and assessment processes</b></p>	<p>At the Dauphin County Judicial Center, there is no validated pretrial risk screening or assessment administered, nor is there a mental health screening or assessment administered. <b><i>DCPS staff should administer a validated pretrial risk assessment to inform magistrate judges’ release decisions. For people released to DCPS supervision, staff should identify whether they have been previously diagnosed as having SMI by DCMH/ID and refer them back to treatment based on this information.</i></b></p> <p>Dauphin County Adult Probation and Parole uses the ORAS tool to identify criminogenic risk factors for everyone on probation who has a sentence of more than six months. <b><i>For people who have SMI and are receiving treatment in the community, criminogenic risk information should be shared with the mental health treatment provider to ensure that appropriate programming is taking place.</i></b></p>

### 3. Baseline Data

<p><b>Number of people booked into DCP identified as having SMI</b></p>	<p>Dauphin County can gather baseline data on the number of people booked into DCP who have SMI using proxy measures by matching the DCP Offender Management System with the DCMH/ID database on people identified as having SMI in the community. This information was matched for the purpose of this study, but is not regularly matched to track progress. <b><i>This data match is highly informative for tracking progress and for decision-making purposes and should be done on a regular basis to identify the number of people booked into DCP who have SMI as identified by DCMH/ID.</i></b></p> <p>The processes are also in place to gather baseline data through <i>Stepping Up's</i> recommended approach of using a validated mental health screening followed by a clinical assessment by a licensed mental health professional. <b><i>For people diagnosed by PrimeCare as having SMI, a flag must be tracked by the DCP's Offender Management System to establish a baseline measure.</i></b></p>
<p><b>Length of stay of people identified as having SMI in DCP as compared to general DCP population</b></p>	<p>Once the process for determining the prevalence rate of people who have SMI is established, <b><i>this number can be compared to the ALOS of the general population in DCP. This information should be measured for the pretrial and sentenced population, as well as by release type and charge. The same measures should continue to be tracked for people who have SMI in the DCMH/ID system.</i></b></p>
<p><b>Connections to care upon release for people identified as having SMI</b></p>	<p>As part of this initiative, Dauphin County matched people who have received services in the community in the past to the DCP Offender Management System. <b><i>The county should also track how many people were reconnected to services upon release. This same process should be completed for people in DCP who were only identified as having SMI by PrimeCare.</i></b></p>
<p><b>Recidivism rates for people who have SMI as compared to the general jail population</b></p>	<p>Once the process for determining the prevalence rate of people who have SMI is established, this number can be compared to the recidivism rate for people who do not have SMI using CJAB's agreed-upon definition for recidivism. <b><i>This information should be tracked by Adult Probation and Parole and the DCP based on people who recidivated due to a new arrest and people who violated the conditions of their probation.</i></b> This information is not systematically tracked and reported to CJAB at the time of this report.</p> <p><b><i>As part of this initiative, Dauphin County tracked the number of lifetime bookings into DCP, and this information should continue to be compared between people who have SMI and people who do not have SMI to ensure that the "high utilizers" of the criminal justice and behavioral health systems are being appropriately targeted for services.</i></b></p>



## 4. Comprehensive Process Analysis and Inventory of Services

<p><b>Detailed process analysis and identification of gaps in services</b></p>	<p>Dauphin County previously completed an extensive Sequential Intercept Mapping (SIM) process that provided background information to help analyze existing programs and policies and develop a plan for improvements. In addition to the SIM, as part of this initiative, the county conducted a flow analysis of how people move through the system, which has identified key areas for improvements (see figure 1). <b><i>No additional system mapping is recommended at this time.</i></b></p>
<p><b>Identification of evidenced-based practices (EBPs)</b></p>	<p>This report is meant to guide the county on a data-driven process toward implementing EBPs that address the needs of people who have SMI in the Dauphin County criminal justice system. <b><i>The county should identify key EBPs to prioritize and fund through the county budget, and ensure they are represented in CJAB’s strategic plan. The next section in this report provides a plan for CJAB to follow.</i></b></p>
<p><b>Matching of results to four key measures</b></p>	<p><b><i>The CJAB now has baseline measures and a framework to match the gaps in its system to Stepping Up’s four key measures, and plans moving forward should aim to address identified gaps.</i></b></p>

## 5. Prioritized Policy, Practice, and Funding Improvements

<p><b>Prioritized strategies</b></p>	<p>As part of this initiative, Dauphin County—with the technical assistance of the CSG Justice Center—has identified data-driven priority areas for improvement. Based on this qualitative information, goals and targets have been set that address at least one of the four key measures. <b>The following chart details the priority areas for improvement:</b></p>		
<p><b>Priority Action</b></p>	<p><b>Targets</b></p>	<p><b>Detail</b></p>	<p><b>Measure Addressed</b></p>
<p><b>Engage law enforcement.</b></p>	<p>By year-end 2018, develop a comprehensive coordinated response to people who have mental illnesses for law enforcement.</p>	<p>Law enforcement has not actively participated in this planning process. Law enforcement is integral to a system-wide comprehensive plan. (See Police Mental Health Collaboration Tool Kit.) <a href="https://pmhctoolkit.bja.gov/home">https://pmhctoolkit.bja.gov/home</a></p>	<p>Measure 1</p>
<p><b>At the Judicial Center, improve pretrial risk screening.</b></p>	<p>One hundred percent of people who enter the Dauphin County Judicial Center receive a pretrial risk screening using a validated screening tool.</p>	<p>Pretrial stakeholders are reviewing the current use of the ORAS-PAT pretrial risk tool and are considering replacing this tool with the Allegheny Pretrial Risk tool. Agreement should be reached on the use of a tool that judges will adopt and use to guide pretrial release decisions.</p>	<p>Measures 1 and 2</p>

Priority Action	Targets	Detail	Measure Addressed
<b>At the Judicial Center, implement screening and assessment for people assigned to pretrial supervision.</b>	One hundred percent of people assigned to pretrial supervision are screened for mental illness or matched to the DCMH/ID database. For people who screen positive, a follow-up assessment is scheduled.	The Correctional Mental Health Screen (or a similar validated mental health screening) should be administered during the jail booking process. Each person should receive a score based on the screening, and a flag for mental illness should be entered into the DCP's Offender Management System. Additionally, the DCMH/ID database should be accessed to see if a person has already been diagnosed in the community as having SMI.	Measures 1 and 2
<b>At DCP, continue the established screening and assessment process.</b>	One hundred percent of people booked into DCP are screened for mental illness and for people who screen positive, a follow-up assessment with a licensed mental health professional is completed within 72 hours.	DCP is already following national best practices on completing screening and follow-up assessments. Adding the electronic flag will assist in tracking the people who need follow-up services, as well as tracking the prevalence rate of people in DCP who have SMI.	Measure 2
<b>At DCP, implement a process to electronically track people identified as having SMI to ensure connection to care.</b>	By the end of 2018, implement process to electronically match PrimeCare screening results with the DCP database and match with people who have an open or prior case with DCMH/ID to identify people in need of connections to care. Establish information-sharing process in accordance with information sharing laws and policies.	Information-sharing agreements must be developed to allow for PrimeCare to view DCMH/ID data for decision-making purposes.	Measure 3

Priority Action	Targets	Detail	Measure Addressed
<p><b>At DCP, establish a process for connecting people to care within the facility and upon reentry to the community.</b></p>	<ul style="list-style-type: none"> <li>• One hundred percent of people diagnosed as having SMI receive services while in DCP, including jail-based services, in-reach services by community-based providers, and assistance with health insurance enrollment.</li> <li>• Ninety-five percent of people who have SMI and have previously been connected to care with a DCMH/ID provider are re-connected to care within four weeks of release from DCP.</li> <li>• Seventy-five percent of people who have SMI and have not previously been connected to care are connected to services within four weeks of release from DCP.</li> </ul>	<p>Discussions are underway with DCMH/ID to increase services to the population identified in the DCP as having SMI. Expanding capacity for case coordination should also be considered.</p>	<p>Measure 3</p>
<p><b>Address capacity needs.</b></p>	<p>By July 2018, determine capacity needs and establish a hiring plan for additional case coordinators for improved connections to care, additional probation staff for specialized caseloads, and placement of an embedded mental health professional. Additionally, develop navigation services for connection to health insurance and housing services.</p>	<p>Placing additional staff in key positions will increase coordination efforts for connection to care and enhance capacity for probation supervision. Navigation services for health insurance will increase service capacity through leveraging expanded Medicaid in Pennsylvania.</p> <p>It is essential to prioritize the identification of staffing needs to be prepared for budget and grant cycles.</p>	<p>Measures 2, 3, and 4</p>

Priority Action	Targets	Detail	Measure Addressed
<p><b>Dauphin County Adult Probation and Parole should implement additional supervision strategies that target high- and moderate-risk probationers who have SMI to receive increased services and reduce violations.</b></p>	<ul style="list-style-type: none"> <li>• By the end of 2018, once a screening process is implemented at the Judicial Center and information sharing agreements are in place, ensure that Dauphin County Adult Probation and Parole receives the results of screenings and assessments to allow for immediate assignment to special caseloads.</li> <li>• One hundred percent of people assigned to probation who have not been screened for mental illnesses will be screened and referred for follow-up assessment if needed.</li> <li>• By the end of 2018, develop an implementation plan for the use of cognitive-behavioral supervision strategies and a violation response grid.</li> <li>• By the end of 2018, develop an implementation plan for additional responses for probationers in violation status due to substance use.</li> </ul>	<ul style="list-style-type: none"> <li>• Currently, Dauphin County Probation Services has no access to prior screening and assessment information and wastes valuable time determining the best candidates for their limited specialized caseloads and other services, such as the FICMs. It is imperative that information sharing be established to make better informed placement decisions.</li> <li>• Dauphin County Adult Probation and Parole has plans to implement Effective Practices in Community Supervision (EPICS) in 2019. Probation staff should be given clear directives on the expectation to practice EPICS and other EBPs with fidelity.</li> <li>• Dauphin County Probation Services indicate that substance use is a primary reason for violations. Stakeholders should develop a plan for additional resources including more use of medication-assisted treatment strategies and consider developing in-patient treatment options in lieu of jail.</li> </ul>	<p>Measure 4</p>

## 6. Track Progress

<p><b>Regular reports for county leaders</b></p>	<p>CJAB does not regularly ask for leaders across the criminal justice and behavioral health systems to report on key data points. <b><i>Now that baseline measures have been established, at a minimum, CJAB should develop a process for regularly reporting on the four key measures of the Stepping Up initiative.</i></b></p>
<p><b>Progress reporting process</b></p>	<p>To ensure that data tracked along the four key measures are accurate, there are a number of processes that must be improved when identifying people who has SMI in the criminal justice system and reporting on their prevalence rate in DCP, length of stay in DCP, connection to treatment in the community after release, and recidivism rates. <b><i>As these processes are improved, they should be tracked by the Dauphin County Information and Technology Department so that they can be easily reported on moving forward.</i></b> Establishing a data dashboard for reporting on this information is recommended.</p>
<p><b>Ongoing evaluation of programming implementation and impact</b></p>	<p><b><i>As changes in programming, practices, and funding are made by Dauphin County, the four key measures should be tracked to ensure that these changes are having the desired impact.</i></b> Without doing so, it will be difficult to identify whether Dauphin County’s implementation strategies are having the desired impact.</p>
<p><b>Recidivism rates for people who have SMI as compared to the general jail population</b></p>	<p>Once the process for determining the prevalence rate of people who have SMI is established, this number can be compared to the recidivism rate for people who do not have SMI using CJAB’s agreed upon definition for recidivism. <b><i>This information should be tracked by Adult Probation and Parole and the DCP based on people who recidivated due to a new arrest and people who violated the conditions of their probation.</i></b> This information is not systematically tracked and reported to CJAB at the time of this report.</p> <p><b><i>As part of this initiative, Dauphin County tracked the number of lifetime bookings into DCP, and this information should continue to be compared between people who have SMI and people who do not have SMI to ensure that the “high utilizers” of the criminal justice and behavioral health systems are being appropriately targeted for services.</i></b></p>

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