



Stepping Up Pennsylvania Behavioral Health–Criminal Justice Policy Scan and Planning Project

Executive Summary

Across the country, communities struggle to address the high number of people with serious mental illnesses (SMI) cycling through their local criminal justice systems. Research shows that the rate of people with SMI in jails is at least three times higher than in the general U.S. population. People with SMI also stay longer in jails and return at higher rates (especially for violations of community supervision conditions) than people without mental illnesses, taking a staggering human and fiscal toll.*

Over half of Pennsylvania counties adopted resolutions committing to reduce the number of people with mental illness in their county jails as part of the Stepping Up initiative—a partnership of The Council of State Governments (CSG) Justice Center, National Association of Counties, and American Psychiatric Association Foundation. At the local level, these jurisdictions are applying collaborative, cross-system approaches guided by data to understand the scale of the problem, employ high-impact strategies, and drive countywide system change. Despite notable progress, however, they continue to face pervasive barriers that hamper their efforts and that states—often exclusively—can help address. Recognizing this, Pennsylvania state leaders have “stepped up” to provide support, as evidenced by the creation of the first technical assistance center in the country dedicated to Stepping Up counties.

Given state leaders’ interest in taking an even more active role to accelerate local progress and improve outcomes for people with SMI in local criminal justice systems, the CSG Justice Center partnered with the Pennsylvania Commission on Crime and Delinquency’s (PCCD) Mental Health and Justice Advisory Committee (MHJAC) to con-

duct a statewide policy scan. The purpose of the scan was to identify opportunities for the state to help counties continue to reduce the number of people with SMI in local criminal justice systems—especially county jails. MHJAC—operated by PCCD with the Office of Mental Health and Substance Abuse Services (OMHSAS)—is a long-standing collaborative body composed of state and local leaders that focuses on statewide coordination at the intersection

State Criminal Justice- Behavioral Health Policy Scan

The state policy scan is a BJA-supported tool that can help states work with communities to identify solutions and reduce the numbers of people with mental illnesses and co-occurring substance use disorders in local justice systems. It can guide an assessment of a state’s policy landscape and pinpoint actions the state can take to best position local communities to move the needle.

*Agency for Healthcare Research and Quality, *Evidence-Based Practice Center Systemic Review Protocol: Interventions for Adults with Serious Mental Illness Who Are Involved With the Criminal Justice System* (Washington, DC: U.S. Department of Health and Human Services, The Agency for Healthcare Research and Quality, 2012), 1, effectivehealthcare.ahrq.gov/sites/default/files/pdf/mental-illness-adults-prisons_research-protocol.pdf; David Lovell, Gregg J. Gagliardi and Paul D. Peterson, “Why Recidivism and Use of Services among Persons with Mental Illness after Release from Prison,” *Psychiatric Services* 53, no. 20 (2002), 12960-6; Kristin G. Cloyes et al., “Time to Prison Return for Offenders with Serious Mental Illness Released from Prison: A Survival Analysis,” *Criminal Justice and Behavior* 37, no. 2 (2010): 175–187.

of mental health and criminal justice. The effort was supported by the U.S. Department of Justice’s Bureau of Justice Assistance (BJA), the van Ameringen Foundation, and the Melville Charitable Trusts, and in partnership with the County Commissioners Association of Pennsylvania.

Guided by MHJAC and a dedicated subcommittee and executive committee, CSG Justice Center staff conducted an initial review of statutory, administrative, and judicial policies across areas that reflect the most common and pressing challenges and gaps communities face. CSG Justice Center staff then interviewed more than 40 individuals representing a diverse range of expertise and state and local perspectives—including law enforcement leaders, court professionals and executives, health administrators, agency policy directors, legislators, and housing advocates. Meetings with the Office of the Governor’s Secretary of Policy and Planning and the County Commissioners Association of Pennsylvania’s Comprehensive Behavioral Health Task Force helped inform the recommendations and provide additional state and local perspectives.

CSG Justice Center staff recommended that the state focus on three priority areas (see below) that are most directly responsive to local needs, opportunities, and scale of impact on the target population. These priority areas contain several recommendations rooted in research and best practices, with proposed action items, which are detailed in a full report delivered to MHJAC. Where possible, the action items also identify the specific policy mechanisms (administrative, statutory, judicial) available to policymakers to enact the recommendations.

Priority Area 1:

Improving local capacity to collect data and share information

People in the justice system who have SMI often interact with multiple public health and safety systems due to service needs. Without strategies to collect, analyze, and share data across these systems, opportunities for service coordination are lost along with any resulting improved outcomes for the individuals. The scan findings revealed a wide spectrum of data system sophistication levels across Pennsylvania and a lack of federal-state privacy law alignment, causing confusion at the local level about what information sharing is allowable. The recommendations in Priority Area 1 focus on a combined approach of improving strategies to identify the target population; enhancing personnel and technology capacity to collect and analyze specific metrics and share information across systems; and facilitating information sharing across agencies.

Priority Area 2:

Increasing local diversion as early as possible

Law enforcement officers are often the first responders for people experiencing a mental health crisis, including people with SMI. Without access to timely and appropriate alternatives, such as community-based behavioral health crisis resources, officers have few tools other than arrest to resolve the immediate public safety concern. Law enforcement cannot help address the disproportionate number of people with SMI in local criminal justice systems without diversionary alternatives. For individuals with SMI who are charged, court-based diversion options, such as mental health courts, benefit from evidence-based standards to achieve better outcomes. The findings of the scan demonstrated tremendous variation across the state in terms of demographics, resources, and the development of alternatives to incarceration. To better address the needs of people with SMI cycling through local criminal justice systems, the recommendations in Priority Area 2 focus primarily on encouraging the state to support, expand, and improve programs to divert people with SMI as early as possible in their contact with the criminal justice system and enhance, improve, and ensure the quality of diversion and treatment options for people who are charged or convicted.

Priority Area 3:

Increasing local availability of and connections to housing

Housing is integral to reducing involvement in the criminal justice system for people with SMI. There are a number of risk factors for people experiencing homelessness in the criminal justice system, including increased encounters with law enforcement, longer pretrial detention if lack of housing is viewed as a risk, and uneven reentry processes. Incarceration can result in disconnection from housing and community-based services, and criminal records lead to barriers in obtaining housing. Housing was identified as a key barrier to achieving better criminal justice outcomes in nearly every interview conducted for the scan. The scan also revealed several existing policies and funding streams to potentially increase the availability of affordable housing and better connect people with SMI in local criminal justice systems to it. Yet people with SMI who are leaving or diverted from jail are not always prioritized for housing. The recommendations in Priority Area 3 build on Pennsylvania's progress, focusing on enhancing cross-system collaboration, investing further in evidence-based housing models, leveraging Medicaid for pre-tenancy and tenancy services, and minimizing state and local barriers to housing.

The MHJAC subcommittee reviewed the full report and prioritized the recommendations that met the following criteria: medium to high scale of impact, low resource need, and short-term plausibility. Focusing on these recommendations will allow the state to make significant progress even while facing substantial budget constraints. These recommendations hinge upon actions that state actors should take in partnership with other systems and across levels of government to achieve meaningful state- and local-level impacts. The CSG Justice Center believes these locally informed, state-level recommendations will enhance the ability of communities in Pennsylvania to address the high number of people with SMI cycling through their local criminal justice systems. ■

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