



# Stepping Up Pennsylvania

## Behavioral Health–Criminal Justice Policy Scan and Planning Project

### Recommendations by Priority Area

#### Priority Area 1:

## Improving local capacity to collect data and share information

### » Recommendation 1

**Adopt and implement common definitions across counties to identify the target population and improve connections to care.**

#### Action Items

**1.1: Reconcile differences among existing definitions of SMI across state agencies, which could include amending those definitions or adopting another definition (e.g., OMHSAS’s recently updated definition).**

**1.2: Potentially through a formalized interagency workgroup, develop a shared definition of homelessness for state agencies to use.** Provide TA to counties to ensure that people diverted from or leaving jails are not excluded from state-funded programs based on federal definitions of homelessness.

**1.3: Issue statewide guidance to counties on adopting the mental health and homelessness definitions and provide guidance to support adoption at the local level.** This could involve a directive that the definition be adopted at the county-wide level across all agencies (or at the very least, by county jails, as county Mental Health/Intellectual Disability agencies are already adopting). Allow counties to add pieces important to them locally (e.g., traumatic brain injuries and autism spectrum disorders) while screening and collecting data based on the

state definition. Convene a working group composed of local criminal justice and behavioral health stakeholders (i.e., Pennsylvania Sheriffs Association, County Commissioners Association of Pennsylvania, and others) with the goal of voluntarily aligning local definitions across the commonwealth with state definitions while identifying ways to reconcile any competing definitions or incorporate local needs.

### » Recommendation 2

**Implement universal mental health, substance use, and homelessness screenings with timely follow-up clinical assessment, as needed, to identify people experiencing homelessness, people who have SMI, and/or substance use disorders (SUDs) at booking.**

#### Action Items

**2.1: Issue best practices for implementing universal screening with follow-up clinical assessment—where appropriate—to identify people with SMI, SUDs, and experiencing homelessness when they are admitted to county jails.** Identify and share examples of brief screening questions or tools used successfully in the state or in other states conducting these screenings. Develop and promote guidance on how screenings can inform the reentry planning process for referrals or coordination with in-reach services. Encourage county jails to connect to Continuums of Care for referrals and in-depth needs assessments, with county jail screenings acting as a tool to triage and connect people with community resources for in-depth assessments. Provide examples as well as template policies and procedures for allowing in-reach services in jails.

**2.2: Assess extent to which local systems have or are able to adopt best practices related to universal screening and follow-up assessment.** Issue a survey, potentially administered by a new or existing task force or subcommittee or existing advisory group, like MHJAC or through another agency, like PCCD.

**2.3: Explore options to accelerate statewide adoption of best practices, including modifications to existing standards for county jails, encouraging new partnerships across systems, and developing recommended standards.** The current minimum standards enforced by DOC could be enhanced to expand the “basic personal information” that is collected during admission.<sup>1</sup> However, this would require legislative or regulatory change and subsequent time to write or rewrite regulations. All would require additional support for implementation and statewide adoption.

**2.4: Provide ongoing support and technical assistance through various mechanisms (e.g., the PCCD-supported Stepping Up Technical Assistance Center) to support local implementation, and publicly recognize the county jails that meet specific best practices or standards.**

## Recommendation 3

**Create a statewide database or data warehouse that local agencies can access with appropriate privacy protections to enable the collection, analysis, and use of data and allow for continuity of care as a person moves between systems and across counties.**

### Action Items

**3.1: Develop a state database or data warehouse, along with adequate support and training, with appropriate privacy protections for county jails and their partner organizations to collect and share data across systems.** If the state-level, cross-system database or warehouse is not feasible in the short term, explore expanding the use of DOC’s Electronic Reporting system, or a similar system, for county jails. Develop case examples and provide technical assistance and guidance to county jails and their partners on how jails can share data from the Electronic Reporting system, including sharing with county-level cross-system databases. Standardize metrics (see Recommendation 7) within the database to allow

transfers between counties and for administrative data comparisons across counties. Provide trainings, or train-the-trainer sessions, on privacy practices and data sharing for counties (see Recommendation 9). Provide guidance to counties on the types of organizations that would benefit from adopting the database. Ensure that counties with existing databases (Allegheny, Berks, Lancaster, etc.) are consulted throughout the process to gain their buy-in. Consider whether the new state database can share data along common metrics with existing robust county databases to allow comparisons of metrics and ensure continuity of care with counties maintaining their existing county databases.

**3.2: Leverage state-level capacity to assess and analyze existing local data by identifying an entity with technical expertise and staff capacity to appropriately plan and scale local interventions.** To build local capacity, if not available at the state level, provide guidance on how counties can partner with local colleges to support data analysis and sharing. Identify a state agency with technical and staffing capability to match and analyze state and/or local data to quantify the need for mental health, crisis services, and housing services for people with SMI who are diverted from or leaving county jails. Develop and publish to the state agency website formal procedures guiding local organizations on how to access the services of the data warehouse. Develop clear lines of communication with local partners on the collection and use of data and on how aggregated data and reports will be disseminated. Use existing in-state expertise, such as Actionable Intelligence for Social Policy at the University of Pennsylvania and their experience in sharing administrative data between systems, to help counties conduct assessments or share with the state.

**3.3: Encourage collaboration between local Stepping Up stakeholders, continuums of care, and other partners to assess the needs in their communities.** Provide guidance on how counties can partner with local colleges to analyze data.

**3.4: Provide trainings, or train-the-trainer sessions, for counties on data collection and information sharing (see Recommendation 7).**

1. 37 Pa Code § 95.222, <http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/037/chapter95/chap95toc.html&d=reduce>.

## » Recommendation 4

**Develop guidance for local jurisdictions about how to collect, analyze, and share data across agencies.**

### Action Items

**4.1: Identify counties that are already collecting and sharing data across systems and elevate these models to support replication elsewhere in the state.** Create a learning collaborative to mentor counties without databases. Create case studies on each county with a cross-system database. Host information about each identified model on a state agency website (e.g., Office of Administration), including the agreements, policies, and procedures used to operate them.

**4.2: Develop a roadmap for local jurisdictions to replicate other jurisdictions' ongoing efforts to collect, analyze, and share data.** Provide guidance on how individual county databases should allow information to pass from county to county to ensure continuity of care. Develop a checklist of partners to include in data sharing.

**4.3: Provide sample resources, such as standardized MOUs and DUAs, to help agencies share data and collaborate across systems as well as to navigate state and federal regulations** (see Recommendation 8). Provide a checklist of necessary expertise for partners and consultants, such as county-specific legal research, data warehouse design and operation, and program coordination.

## Recommendation 5

**Whenever possible, specify that state and local agencies collect and report on particular metrics (e.g., Stepping Up four key measures).**

### Action Items

**5.1: Provide guidance on what metrics counties should collect and analyze, including targets to reduce the number of people with SMI in jails.** Define metrics to illustrate how a system performs (such as returns to jail or number of people diverted) and how programs impact people (such as assessing average lengths of stay) rather than simply reporting on the number of participants in a program. Categories of metrics should include institutional placements (arrests, returns to incarceration, county jail bookings, emergency department visits, in-patient behavioral health stays, state hospital stays); housing stability (days housed in permanent housing, emergency shelter use); and recovery goals.

**5.2: Require CJABs to report certain data to PCCD, including data related to SMI, homelessness, and recidivism for county jails. Provide guidance on metrics in PCCD contracts and in any CJAB operating and data collection guidelines.** Consider updating the PCCD dashboard to allow CJABs to view their own data and compare with other counties.

**5.3: Ensure that reporting requirements can be completed using as few IT systems as possible to create seamless transfers of information, avoid gaps between systems, and alleviate reporting burnout.**

## » Recommendation 6

**Increase staffing capacity at the local level to support planning, coordination, data collection, and analysis across agencies (e.g., local coordinators, data analysts).**

### Action Items

**6.1: Provide local funding, salary contribution incentives, or regional positions to help communities fund positions or provide flexibility in funding positions to facilitate planning, data collection, and analysis using specific metrics.** For smaller or rural communities, PCCD could invest in regional data analysts that could be housed as part of CCAP whose jobs would be to assist counties with data analysis.

**6.2: Adjust the criteria for maintaining a CJAB to include either a specific coordinator position or a certain percentage (e.g., 50 percent) of one person's time dedicated to coordination or planning.** PCCD could adjust the criteria for maintaining a CJAB (which is the entity that disburses state funds to counties through PCCD) to include a specific coordinator position, or to ensure that 50 percent of one person's time is dedicated to coordination/planning. The same could be done for a data analyst. If counties meet and maintain certain criteria (such as a reduced percentage of people with SMI in the county jail, using specific evidence-based practices, etc.) they could be eligible for additional funding from PCCD to support 50 percent of a data analyst's and/or coordinator's salary for two years.

## Recommendation 7

**Align state information sharing and privacy laws for substance use and mental health with federal guidelines for HIPAA and 42 CFR Part 2.**

### Action Items

**7.1: Implement the recommendations identified in the 2019 Milken Institute report *Pennsylvania Law and Policy Governing the Confidentiality of Substance Use Treatment Information: Challenges and Opportunities*.** The recommendations in this report include taking legislative action to align state law with HIPAA and 42 CFR Part 2, revise related regulations, allow exceptions to the regulations, or share informal guidance on how regulations are applied.<sup>2</sup>

**7.2: Amend the Mental Health Procedures Act to allow mental health treatment information sharing as permitted under HIPAA.**

## Recommendation 8

**Develop and issue guidance in plain language on what information can and can't be shared and with whom across systems consistent with federal and state privacy protections.**

### Action Items

**8.1: Issue an executive or legislative directive to agencies to facilitate appropriate information sharing among agencies and across systems.** Define permitted information exchanges to eliminate doubt and provide guidance on privacy protection measures and allowable exceptions.

**8.2: Develop clear guidance and resources on what information can and cannot be shared—and with whom—for behavioral health, housing, and criminal justice partners.** Promote the guidance through webinars, stakeholder groups, and TA. Develop a tool for local governments and organizations, such as Michigan's Protected Health Information Consent Tool, to provide guidance on navigating both HIPAA and applicable state laws. As in Ohio, guidance should detail privacy laws and exchanges of information, offer case scenarios, and provide sample forms as well as checklists for agencies and organizations to use. Explore supporting the development of guidance through federal funding opportunities, as Ohio did when creating its guide.

2. Lara Cartwright-Smith, Elizabeth Gray, and Jane Hyatt Thorpe, *Pennsylvania Law and Policy Governing the Confidentiality of Substance Use Treatment Information: Challenges and Opportunities* (Washington, DC: The George Washington University Milken Institute School of Public Health, 2019), [http://www.healthinfoweb.org/PA\\_substance\\_use\\_information\\_confidentiality](http://www.healthinfoweb.org/PA_substance_use_information_confidentiality).

**8.3: Consolidate privacy guidance in a public-facing central privacy guidance webpage, either through an existing (e.g., DHS' HIPAA Privacy webpage) or new webpage.<sup>3</sup>**

**8.4: Issue guidance and provide assistance to help counties ensure that third-party county jail vendors participate in data sharing and that their contracts allow for sharing of data not just with the contracting agency but also in cross-system collaborative efforts.** Provide technical assistance to counties on how to include data sharing directives within contracts. Provide template contracts for counties to use that clarify how the county can access the data created and stored by third-party vendors.

**8.5: Ensure that county jails participate in the state's Health Information Exchange to allow for continuity of care between county jail health providers and health providers in the community.** Provide guidance on how county jail health providers can participate in the Health Information Exchange. Provide technical assistance to counties on how to stipulate participation in the state's Health Information Exchange within third-party medical provider contracts.

## » Recommendation 9

**Issue model forms that can be used across agencies/providers to share health-related information consistent with federal and state privacy laws and protections.**

### Action Items

**9.1: Develop a standardized authorization or universal consent form and implementation guidance for local jurisdictions and organizations with separate versions to comply with HIPAA and 42 CFR Part 2.** The state could, through statute, require a universal consent or authorization form for all covered entities, such as Michigan developed. The state could also develop, through statute, a universal consent or authorization form that is not required to be used by covered entities but must be accepted by all of them in the state. The state could develop guidance and instructions on how to complete and use the form that could be posted publicly on state websites along with the universal forms.

3. "Your Privacy Rights (HIPAA)," Ohio Department of Human Services, accessed October 2020, <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPAA-Privacy.aspx>.

**9.2: Provide example cross-agency MOUs and DUAs that adhere to state standards, as well as guidance and TA to help counties tailor example MOUs and DUAs to local priorities or circumstances.<sup>4</sup>**

## Priority Area 2:

# Increasing local diversion as early as possible

## » Recommendation 10

**Support, expand, and improve programs and policies to refer people experiencing symptoms of mental illness to treatment and stabilization before they are arrested and booked, including supporting and broadening Law Enforcement Treatment Initiative (LETI) programs across the state and clarifying the law of arrest and citation to encourage the use of diversion in appropriate circumstances.**

### Action Items

**10.1: Police Mental Health Collaboration. Support and enhance PMHC response models across the state.** There are several steps MHJAC and PCCD can take to accomplish this: (1) develop specialized mental health training programs for a select group of officers, and incentivize officers to graduate from these training programs; (2) support a police department already excelling in its use of a PMHC response model (e.g., Centre County’s CIT Program) to serve as the administrative lead for organizing PMHC response models in other jurisdictions; (3) prioritize grants to departments that invest in PMHC response models.

**10.2: Law enforcement diversion.** Support and broaden LETI programs across the state, and encourage them to follow a standard set of best practices that align with the National LEAD Bureau’s Core Principles for Successful Implementation. These practices include adopting a harm reduction/housing first approach, rather than an exclusive focus on sobriety as a condition of remaining in the program. PCCD should collaborate with the PA LETI

coordinator to identify and channel sources of funding to counties and cities as an incentive to set up LETI programs. The attorney general’s LETI coordinator should publicize a local police department with a successful LEAD program to encourage other localities to follow the model and should consider promulgating guidance for LETI programs that models the LEAD Bureau’s Core Principles for Successful Implementation.

**10.3: Clarify the law of arrest and citation.** To encourage the use of diversion in appropriate circumstances, amend state law governing arrest for summary offenses (42 Pa. C. S. § 8902) to codify the rules governing arrest power for all types of offenses. Catalogue the types of offenses and conditions under which a warrantless arrest is permissible and cross-reference Rules 519 and 441, which require an officer to “promptly release from custody” a person who has been arrested without a warrant for certain misdemeanors and summary offenses, save specific exceptions. The purpose of this would be to (1) consolidate the rules governing arrest power in one place so they are easier to learn and follow; (2) formally incorporate Rules 519 and 441 into the section governing arrest power, which would require officers to promptly release people who are arrested for offenses covered by Rules 519 and 441, rather than taking them into custody; and (3) enable consistent data collection about the use of citation in lieu of arrest.

**10.4: Clarify commitment to treatment and detox.** In amendments to the law of arrest proposed in 10.3, clarify law enforcement’s authority to take custody of someone and transfer them to emergency evaluation or detoxification. For an example of such language, see Colorado R.S. 27-81-111.

**10.5: Support statewide training in diversion.** MPOETC is charged with overseeing requirements for basic and in-service training, including interacting with people who have mental illnesses, de-escalation, and harm reduction tactics.<sup>5</sup> Part of this training should include knowledge about the diversionary alternatives in Action Items 10.1–10.4, and when it is appropriate to use them.

4. An example could include Cynthia Zubritsky and Karen Fortuna, *Memorandum of Understanding Writing Guide* (Harrisburg, PA: Pennsylvania Department of Aging and Pennsylvania Office of Mental Health and Substance Abuse Services, 2010), [http://164.156.7.185/parecovery/documents/Aging-BH\\_MOU\\_Writing\\_Guide.pdf](http://164.156.7.185/parecovery/documents/Aging-BH_MOU_Writing_Guide.pdf).

5. 53 Pa. Stat. § 2164 (as amended July 14, 2020).

## » Recommendation 11

Improve the quality of diversion and treatment options for people who are charged or convicted. Encourage mental health courts to adhere to a standard set of best practices by (1) establishing a set of accreditation criteria and (2) giving funding preference to accredited courts.

### Action Items

**11.1: AOPC should adopt a set of accreditation standards for mental health courts, like it has done for drug courts, based on best practices.**<sup>6</sup> Criteria should address the following topics, in addition to others: eligibility criteria; the terms, conditions, and requirements of participation in the program; permissible sanctions for different types of violating behavior (including constraints on when incarceration is appropriate); and the length of time a person can spend in the program.

**11.2: PCCD should give mental health court funding preference to counties that meet the accreditation standards, as it does with drug courts.**

**11.3: As a condition of funding, PCCD should require mental health courts to submit periodic reports to AOPC.** These reports should include data that allows AOPC to evaluate participant outcomes, the conditions imposed on participants, sanctioning practices, and racial and gender equity in treatment.

6. See: The Council of State Governments Justice Center, “Mental Health Court Learning Modules,” accessed July 29, 2020, <https://csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/#:~:text=Mental%20Health%20Courts%20Learning%20Modules,learn%20about%20mental%20health%20courts> and “Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court,” accessed July 29, 2020, <https://csgjusticecenter.org/publications/improving-responses-to-people-with-mental-illnesses-the-essential-elements-of-a-mental-health-court/>. For an example of standards adopted by a state, see Georgia’s Council of Accountability Court Judges mental health court standards that are used as the basis for certification for courts across the state, “Standards for Accountability Courts: Adult Mental Health Court Standards,” accessed July 29, 2020, <https://www.gaaccountabilitycourts.org/MH.pdf>.

## Priority Area 3: Increasing local availability of and connections to housing

## » Recommendation 12

Formalize collaboration between housing, criminal justice, and mental health agencies at the state and local levels to improve housing outcomes for people with SMI in local criminal justice systems, especially those with repeated contact.

### Action Items

**12.1: Formalize state-level coordination to address the needs of people with SMI who are diverted from or leaving jails and are at risk of homelessness, such as by formalizing the interagency task force and by including housing stakeholders in MHJAC.** Formalize the existing interagency task force on homelessness and include representatives from criminal justice or the MHJAC committee. Expand MHJAC’s membership to include representatives from the housing/homelessness system to ensure multi-system representation and allow additional systems to contribute to solutions that reflect mutual goals (e.g., from the Department of Community & Economic Development [DCED], the Pennsylvania Housing Finance Agency [PHFA], DHS, a Continuum of Care, PA Housing Alliance, or reentry housing providers). Provide guidance on the types of housing outcomes and strategies relevant to people with SMI who are diverted from or leaving county jails to guide local partnerships (e.g., California’s version of MHJAC plays a similar role).

**12.2: Encourage local partnerships—and align funding to support collaborative work—to address the housing needs of people with SMI who are diverted from or leaving jails.** Provide flexible funding for cross-system efforts that have multi-system representation (e.g., CJABs, Stepping Up, and Continuums of Care) and can demonstrate specific needs (e.g., number of people leaving jail with SMI who need housing) to address local priorities. Provide guidance or TA on strategies for successful partnerships to support efforts among Stepping Up counties to work with housing providers (e.g., Stepping Up Ohio). Survey CJABs to determine how many include a

housing partner and determine how many CJABs include partners that are specifically mentioned in the minimum standards (Public Housing Authorities) and other representation from housing partners that are not specifically mentioned in the minimum standards (e.g., Continuums of Care, local Planning organizations, and reentry housing providers). Provide guidance to county jails on joining or supporting Continuums of Care. Guidance should include the benefits of partnering through the Continuum to leverage federal funding as well as realistic expectations of Continuums' capabilities and funding.

**12.3: Encourage agencies and organizations within a local jurisdiction to partner in tracking and improving specific housing outcomes** (see Recommendation 5).

**12.4: Build upon existing coordination and referral services in the commonwealth to ensure that connections to available permanent supportive housing exist for people with SMI who are diverted from or leaving county jails.** Local teams already focus on providing coordinated connections to housing, including Regional Housing Coordinators and Local Housing Option Teams.<sup>7</sup> The DOC could collaborate with the Department of Human Services to provide guidelines for local jails to engage Regional Housing Coordinators and Local Housing Option Teams through partnerships or funding. PCCD could provide TA to local jails on how to develop partnerships with Regional Housing Coordinators, Local Housing Option Teams, and Continuums of Care to connect people in local prisons to these housing supports.

## Recommendation 13

**Increase availability of and connections to permanent supportive housing for people with SMI who have repeated contact with the justice system.**

### Action Items

**13.1: Leverage available federal funding by further prioritizing people leaving or diverted from jails with SMI who experience homelessness through HUD funding streams (such as HUD's Consolidated Plan administered by the**

**Department of Community and Economic Development), as well as through Medicaid** (see Recommendation 14 below). MHJAC and the DOC should work with DCED and PHFA to prioritize the population through the Consolidated Plan and the Qualified Allocation Plan. The HFA and the DOC are already partnering in the development of the Consolidated Plan to consider the needs of people with criminal records and can further collaborate to prioritize the needs of people diverted from or leaving county jails. The PHFA could bring in additional stakeholders, such as from MHJAC, to advise on including the needs of people diverted from or leaving county jails in the Consolidated Plan.

**13.2: Expand the provision of supportive services and tenancy supports by prioritizing the population through upcoming Medicaid waivers** (see Recommendation 14).

**13.3: Support local efforts to create permanent supportive housing, both in scatter-site and single-site models, to meet local needs for prioritizing this population.** This could include continuing, and possibly expanding, OMHSAS's work on HealthChoices Reinvestment and expanding upon the Pennsylvania Housing Finance Authority's piloting of supportive housing for reentry. To create additional permanent supportive housing, expand the Philadelphia 'FUSE' model (known also as Hi-Five) to additional jurisdictions. Match funds for local communities to develop additional permanent supportive housing through existing HealthChoices Reinvestment funds. Provide flexible funding to local communities to spur the creation of new housing or new rental assistance prioritizing people diverted from or leaving county jails with SMI who experience homelessness. Prior to COVID-19, there was the political will in the legislature to increase the amount of funding in the PHARE Fund, and criminal justice collaborations could advocate for increasing this in the future.

**13.4: While not specific to the jail population, work with the DOC to explore options to align existing reentry housing funding with evidence-based models such as permanent supportive housing.**

7. "Regional Housing Coordinator Program Map," Pennsylvania Department of Human Services, accessed October 2020, <https://www.dhs.pa.gov/providers/Providers/Documents/NHT%20Providers/Regional%20Housing%20Coordinators%20Map.pdf>; "Focus on Developing Working Housing Partnerships," Pennsylvania Department of Human Services, accessed October 2020, <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/Housing-Financing-Funding.aspx>.

## Recommendation 14

**Ensure that people with SMI who have repeated contact with the justice system are considered in state efforts to enhance pre-tenancy and tenancy supports through Medicaid state plan amendments and waiver programs.**

### Action Items

**14.1: Amend existing Medicaid waivers, or include the target population in upcoming waivers, to ensure that the target population does not fall into a gap between services.** Ensuring that pre-tenancy and tenancy supports are covered in Medicaid helps meet the Governor’s Vulnerable Populations Initiative recommendations to “[p]rovide adequate funding for home and community-based services serving vulnerable populations.”<sup>8</sup> Through DHS, ensure that people interacting with multiple public systems—identified through a state-level assessment of local data (see Recommendation 3)—are covered or gain coverage through new waivers. Train new providers in tenancy supports.

**14.2: Provide guidance on how existing services through Home- and Community-Based Services (HCBS) waivers can be leveraged to support permanent supportive housing for people leaving or diverted from jails.** Develop guidance for counties in leveraging Medicaid to comply with the requirements of the state’s Olmstead Plan specifically for people with SMI who are leaving or diverted from jails.

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8. Governor Tom Wolf’s Council on Reform “Recommendations,” (Harrisburg: Governor Tom Wolf’s Council on Reform, 2019), <https://www.governor.pa.gov/wp-content/uploads/2019/11/20191101-Recommendations-to-Protect-Vulnerable-Populations.pdf>.

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## Recommendation 15

**Reduce restrictions at the local level that prevent people with criminal records from accessing housing.**

### Action Items

**15.1: Encourage local Public Housing Authorities to remove barriers for people with criminal records.** As Public Housing Authorities are overseen at the federal level, the state could work with local HUD offices to provide TA to Public Housing Authorities on reducing criminal record barriers. The PA DOC has already begun encouraging local Public Housing Authorities to remove barriers for people with criminal records through the Vera Institute of Justice’s Opening Doors project. State agencies could also incentivize Public Housing Authorities by tying state funding for Public Housing Authorities to reducing criminal record barriers.

**15.2: Encourage limited look-back periods for certain criminal records in housing applications.** No state currently has a similar statute; most restrictions exist at the city level and often meet resistance from landlords and property owners. If enacting a statute is not possible, the state could convene a working group—to build buy-in from stakeholders—consisting of landlords and property owners and representatives from housing and criminal justice agencies to explore the impact of limiting look-back periods in rental applications for people with criminal records. Develop a memorandum, as New York State did, detailing protections for renters regarding criminal record checks and guidance for landlords on when they may consider criminal records.

**15.3: Explore incentives for landlords to accept rental applications from people with SMI who have criminal records, including those submitted directly or submitted by reentry professionals and others on their behalf.** Explore implementing a landlord risk mitigation fund, as in Ohio, to incentivize private landlords to accept housing applications from people with SMI who have criminal records.