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

August 2018
We are Stepping Up!
Stepping Up Resources Toolkit

- Monthly webinars and networking calls
- Educational workshops at NACo and partner conferences
- Quarterly calls of smaller networking groups of rural, mid-size and large/urban counties that have passed Stepping Up resolutions
- A project coordinator handbook
- Guidance on measuring the number of people with mental illnesses in jail
- Written and online tools that are companions to the Six Questions report that present the latest research and case studies for county officials

www.StepUpTogether.org/Toolkit
Upcoming Activities

Webinar:
Stepping Up Four Key Measures #3: Increasing the Number of People with Mental Illnesses Connected to Treatment
October 25, 2pm ET
Register at: StepUpTogether.org/Toolkit
Maria Fryer
Policy Advisor: Substance Abuse and Mental Health
Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice
Today’s Webinar

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

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

The Hon. George P. Hartwick III
Commissioner
Dauphin County Board of Commissioners
Dauphin County, Pa.
Speaker: Sheila Tillman

Sheila Tillman
Senior Policy Analyst
The Council of State Governments Justice Center
Behavioral Health Division
Stepping Up:
Four Key Measures Webinar Series
Webinar #2: Shortening the Length of Stay in Jail for People who have Mental Illnesses

Sheila Tillman, Senior Policy Analyst, The CSG Justice Center
August 2, 2018
People who have Mental Illnesses Tend to Stay in Jails Longer and Use a Disproportionate Amount of Bed Capacity

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

*The vast majority of people who have committed minor offenses can be safely treated in the community, instead of being incarcerated.*
Research Shows that Longer Lengths of Stay for Low-Risk Defendants Increases their Likelihood of Recidivism

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

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

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

NYC Department of Correction Admissions, 2008

- Pretrial: 62%
- Sentenced: 24%
- State Prison Sentence: 15%

ALOS (Days)
- M Group
  - Non-M Group: 60
  - M Group: 81
- Pretrial M Group: 40
  - Pretrial Non-M Group: 79

Source: The City of New York Department of Correction, 2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)
People who have Mental Illnesses Tend to Stay in Jail Longer: Salt Lake County, UT Example

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

- **JSPMI**: Average LOS for All Releases = 23.2 days, 46 beds per year opened up if the JSPMI population stayed for the same amount of time as the non-JSPMI population.
- **Not Flagged**: Average LOS = 22 days.
Key Questions to Ask Planning Team

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

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

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

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

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

Subgrouping A
Low criminogenic risk/ some significant BH treatment needs

- Group 2
  - II-L
  - CR: low
  - SA: low
  - MI: med/high

- Group 3
  - III-L
  - CR: low
  - SA: med/high
  - MI: low

- Group 4
  - IV-L
  - CR: low
  - SA: med/high
  - MI: med/high

Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports

Subgrouping B
High criminogenic risk/ some significant BH treatment needs

- Group 6
  - II-H
  - CR: med/high
  - SA: low
  - MI: med/high

- Group 7
  - III-H
  - CR: med/high
  - SA: med/high
  - MI: low

- Group 8
  - IV-H
  - CR: med/high
  - SA: med/high
  - MI: med/high

Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports

Building a System of Diversion

[Diagram showing stages of diversion process]

- Pre-booking: Law Enforcement
  - Initial Contact with Law Enforcement
  - Arrest
- Jail-based: Initial Detention
- Court-based: First Court Appearance
- Pretrial: Jail/Pretrial
- Court-based: Dispositional Court
- Jail-based: Specialty Court
- Jail/Reentry
- Probation
Mental Health and Pretrial Risk Assessment and Diversion Process

1. Court ordered for MIH and Risk/Bond assessment
2. Clinical and risk assessments/reports completed
3. PTS/clinical report presented to Court and attys.
4. Report and case reviewed by attys.
5. Case contested
6. Detained/released
7. Stop
8. Released on MHPR bond
9. Defendant released to PTS with or w/o conditions
10. Continue with process
11. Detained=stop process
12. Report and case status reviewed by Mag.
Pretrial Diversion Opportunities

- Detention/release decisions
- Supervised pretrial release
- Delayed/suspended charging
- Alternatives to detention/adjudication
- Connections to treatment, services, and supports in the community
Essential Elements for the Pretrial Stage

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

## Sub-Measures for Key Measure Two

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

For more information about tracking sub-measures, visit the Stepping Up County Self-Assessment at [http://tool.stepuptogether.org](http://tool.stepuptogether.org)
### NAPSA/NIC’s Suggested Outcome Measures, Performance Measures, and Critical Operational Data for Pretrial Diversion Programs

#### SUGGESTED OUTCOME MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>Success Rate</td>
<td>The percentage of diversion participants who successfully complete the diversion program.</td>
</tr>
<tr>
<td>Safety Rate</td>
<td>The percentage of diversion participants who are not charged with a new offense while participating in diversion programs or services.</td>
</tr>
<tr>
<td>Post-program Success Rate</td>
<td>The percentage of participants who complete diversion successfully and are not charged with a new offense during a specific period after program completion.</td>
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#### SUGGESTED PERFORMANCE MEASURES

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<tr>
<td>Screening</td>
<td>The percentage of diversion-eligible persons assessed for diversion placement.</td>
</tr>
<tr>
<td>Placement</td>
<td>The percentage of persons appropriate for diversion placement who are placed into diversion and specific diversion programs or services.</td>
</tr>
<tr>
<td>Compliance</td>
<td>The percentage of participants successfully completing specific diversion requirements (community service hours, restitution, fees, etc.).</td>
</tr>
<tr>
<td>Response</td>
<td>The frequency of policy-approved responses to compliance and noncompliance with diversion conditions.</td>
</tr>
<tr>
<td>Provision</td>
<td>The percentage of assessed and appropriate participants who receive substance abuse, mental health, or other needed services.</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>The qualitative measure of stakeholder opinions of the pretrial diversion program’s quality of supervision and services, interactions and worth within the criminal justice system.</td>
</tr>
</tbody>
</table>

#### SUGGESTED CRITICAL OPERATIONAL DATA

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<tbody>
<tr>
<td>Referrals</td>
<td>Number of referrals to the diversion program and referral sources.</td>
</tr>
<tr>
<td>Time to Placement</td>
<td>Time from the defendant’s arrest or diversion eligibility screen and actual diversion program placement.</td>
</tr>
<tr>
<td>Time to Diversion</td>
<td>Time from program entry to successful completion, voluntary withdrawal, or termination.</td>
</tr>
<tr>
<td>Time in Programming</td>
<td>Time from entry to successful completion, voluntary withdrawal, or termination for each diversion program component.</td>
</tr>
<tr>
<td>Exits</td>
<td>Recorded graduations or other successful completions, voluntary withdrawals, and program terminations.</td>
</tr>
</tbody>
</table>

THANK YOU

For more information, please contact:
Sheila Tillman, Senior Policy Analyst, The CSG Justice Center – stillman@csg.org
Speakers: Dauphin County, Pa.

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

Dan Eisenhauer
Mental Health & Intellectual Disabilities Administrator
Dauphin County, Pa.
Stepping Up – Key Measure 2: Shortening the Length of Stay in Jail for People with Mental Illnesses

Dauphin County, Pennsylvania

August 2nd 2018

Speakers:
Mr. Dan Eisenhauer &
Mr. George P. Hartwick, III
Geographic Location
❖ Home of the state capital of Pennsylvania, Harrisburg City.
  ❖ Resident population – 270,000+

❖ Per capita, Harrisburg City has the highest rate of crime in the Commonwealth of PA.
  ❖ Harrisburg City Residents have a 1-in-26 chance of being a victim of property crime, such as burglary, in Harrisburg, according to the survey. The state average is a 1-in-46 ratio.

❖ 7,000 Criminal dockets per year and average daily jail population of 1,000+*
  ❖ Dauphin County Prison is the name of the local jail.
General Population Characteristics

- **Poverty Rate**
  - 13.4% Dauphin County
  - 31.7% Harrisburg City

- **Median Income**
  - 54,968 Dauphin County
  - 32,688 Harrisburg City

- **Unemployment**
  - 4.1% Dauphin County
  - 6.6% Harrisburg City

- **Education**
  - ~10% of adults do not have a high school degree.
  - ~75% of children do not have access to quality early-childhood education

Sources: 2012-2016 American Community Survey 5-Year Estimates; Data USA; BLS)
• June, 2016

  – County Commissioners passed a Stepping Up resolution to reduce the number of people in the local jail who have mental illnesses. Work was concluded between CSG and the County in April, 2018.

  – The Criminal Justice Advisory Board (CJAB) member agencies designated staff to work with CSG in gathering data for the report.

• These agencies include but are not limited to: MH/ID/EI, Human Services, DCP, PrimeCare Medical Staff, Office of the District Attorney, Pre-Trial Services, Judicial Center, Probation Services, CJAB Administrator, among others.
Use of Data & Timeline

MH/ID Internal Data Study

- 12/15 – 2/16 MH/ID Mini Study period
- August 2016 CSG Project kick off
- 2/17 – 10/17 CSG conducts data analysis on multisource 2016 data set
- May 2016 Study Results published
- April 2018 CSG Published report on 2016 data analysis
- 1/1/17 MH/ID revises Jail Diversion process
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Merging data and analysis

- July 2017 MH Publishes 6 month data re: new diversion process
- September 2017 APO analyzes MH diversion data
- Feb 2018 MH begins multi pronged implementation plan

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DAUPHIN COUNTY, PENNSYLVANIA
A County Justice and Mental Health Systems Improvement Project

Background

In June 2018, Dauphin County, Pennsylvania’s county commissioners passed a statute to ban the practice of “jailing” pregnant women who have mental illness (M/I) on the grounds that it violated human rights. In December 2018, Dauphin County’s mental health and criminal justice leaders—represented by the county’s Criminal Justice Advisory Board (CJB) and the County Mental Health Authority (CMHA)—launched a series of initiatives to improve the health and well-being of people with mental illness (M/I) through the Dauphin County mental health system. County commissioners and the CJB asked the CJB Mental Health Authority to identify ways to improve the efficiency and effectiveness of services, programs, and practices to achieve better public health and safety outcomes. To achieve this goal, the project used data from the Dauphin County Power (DCP)—the equivalent of a local county jail in many other jurisdictions around the nation—to other Dauphin County criminal and behavioral health data to identify areas for improvements in how these systems and agencies operate.

Specifically, the county needed assistance in collecting and analyzing the appropriate data to determine the number of people who have M/I in DCP, how long they stayed in the prison, how many of them were arrested at the community after their release, and how often they returned to the DCP. The CJB suspected that the percentage of people who have M/I in DCP was higher than the percentage of people in the general population who have M/I, that their length of stay in DCP was longer than those in DCP who do not have M/I, that the population had age in treatment sessions and access to care in the community, and had high rates of recidivism. The project also aimed to ensure that the appropriate data and not statistical data on these matters are measured and reported accurately about the prevalence of people who have M/I in the local criminal justice system and the effectiveness of the county’s policies and practices related to the population.

With support from the U.S. Department of Justice’s Bureau of Justice Assistance, the Commonwealth of Pennsylvania’s Department of Corrections, and the Office of the Pennsylvania Governor’s Criminal and Juvenile Justice Policy Office, the CJB Mental Health Authority (CJB) contracted with the Pennsylvania Mental Health Authority (PMHA) to provide technical assistance and facilitate the development of a data analysis and policy development initiative to identify opportunities for long-term, system-wide improvements in supporting people who are booked into DCP who have M/I. County leaders charged CJB with overseeing this initiative.

Over the course of more than a year, CJB stakeholders met with CJB Mental Health Authority staff multiple times to advance 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 M/I who are in the criminal justice system. Members of CJB and other community leaders signed the initial letter of support for the initiative.

CJB Mental Health Authority conducted qualitative data analysis based on 2015-2018 data provided by seven different agencies. These analyses examined the number of people booked into DCP who have M/I, their average length of stay in DCP, the potential release practices they received, how many of them were high-utilizers of the DCP, what their risk of recidivism was, and the trends in supervision they received. Over a 12-month period, the CJB Mental Health Authority reviewed raw data from DCP, the mental health care providers, Pennsylvania State Police, the Department of Corrections, and the Pennsylvania Mental Health Authority (PMHA), the Dauphin County Jail (CJ), and Dauphin County Inter-jurisdictional Services (DCJS), which is a local nonprofit, Dauphin County Adult Probation and Parole, and Philadelphia State Police.
12 Months of data on new prison assessment process:

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

- 306 or 26.6% = number of people who were released from DCP prior to an assessment.
- 212 or 17.7% = number of people who meet criteria for Jail Diversion
- 201 or 19.7% = number of people who were transferred to another institution or pending transfer
- 135 or 13.3% = number of people ineligible due to charge/sentence
- 104 or 10.2% = number of people who declined services
- 54 or 5.3% = number of people with ineligible diagnosis
- 6 or 0.6% = disposition in process at time of report

- Of the people found eligible for Jail Diversion ~ 77% were incarcerated due to a Parole violation, of them ~ 32% were new charges and ~68% were for technical violation
A disproportionately high percentage of people released from DCP have SMI compared to general U.S. population.

**Key Findings #1**

Disproportionately High Rates of People Who Have SMI in the DCP

- SMI Flag: 16% (971)
- No SMI Flag: 84% (5,169)
- Total Releases: 100% (6,140)
Key Findings #2

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

High Average Length of Stay in DCP for People Who Have SMI
Diversion Opportunities from the DCP for People who have SMI and are Low Risk

6,140 total releases in 2016

971 SMI releases in 2016

74.8-day ALOS, 1,259 beds used*

98.3-day ALOS, 262 beds used*

190 low-risk SMI releases in 2016

116.5-day ALOS, 61 beds used*

422 medium-risk SMI releases in 2016

93.6-day ALOS, 108 beds used*

359 high-risk SMI releases in 2016

94.2-day ALOS, 93 beds used*

* Projected number of bed spaces used in one year
People who have SMI return more frequently to DCP than people who do not have SMI.
4. Validated mental health screenings and follow-up clinical assessments are regularly conducted for people booked into DCP, but results are not used to inform decision-making and are not consistently or systematically shared and tracked across agencies.

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

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

Check out the Gains Center: Reducing Criminal Recidivism for Justice-involved Persons with Mental Illness: Risk/needs/Responsivity and Cognitive-Behavioral Interventions by Merrill Rotter, MD and W. Amory Carr, PhD (Oct 2013)
Meeting the Challenge

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

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

Mr. George P. Hartwick, III
County Commissioner
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Questions
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