



The Stepping Up Summit: Pennsylvania

Fred C. Osher, M.D. | December 4, 2017 | State College, Pennsylvania



THE
STEPPING UP
I N I T I A T I V E



*There will be fewer
people with mental
illnesses in our jails
tomorrow
than there are today.*

National Partners Rally Around a Common Goal

Partners and Steering Committee Members



Federal Partners



About CSG Justice Center

Corrections



Justice Reinvestment



Mental Health



Reentry



Substance Abuse



Youth



Courts



Law Enforcement



National non-profit, non-partisan membership association of state government officials that engages members of **all three branches** of state government.

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS

- Justice Center provides **practical, nonpartisan advice** informed by the best available evidence.

Overview

Scope of the issue: How did we get here?

Key challenges counties face: Why is it so hard to fix?

Effective Strategic Plans: How do we move forward?

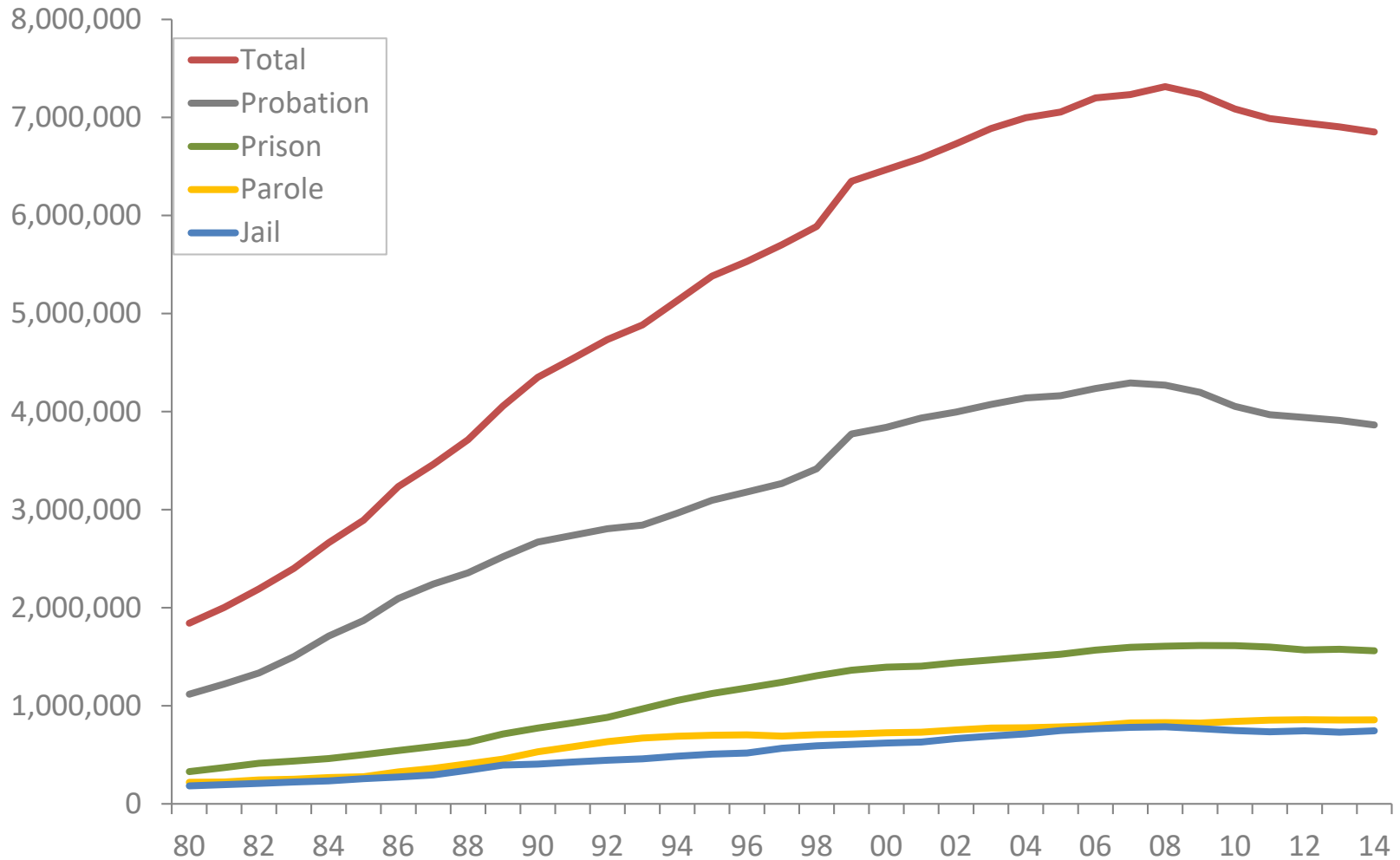
01.

Mental Illnesses in the Criminal Justice System: How did we get here?



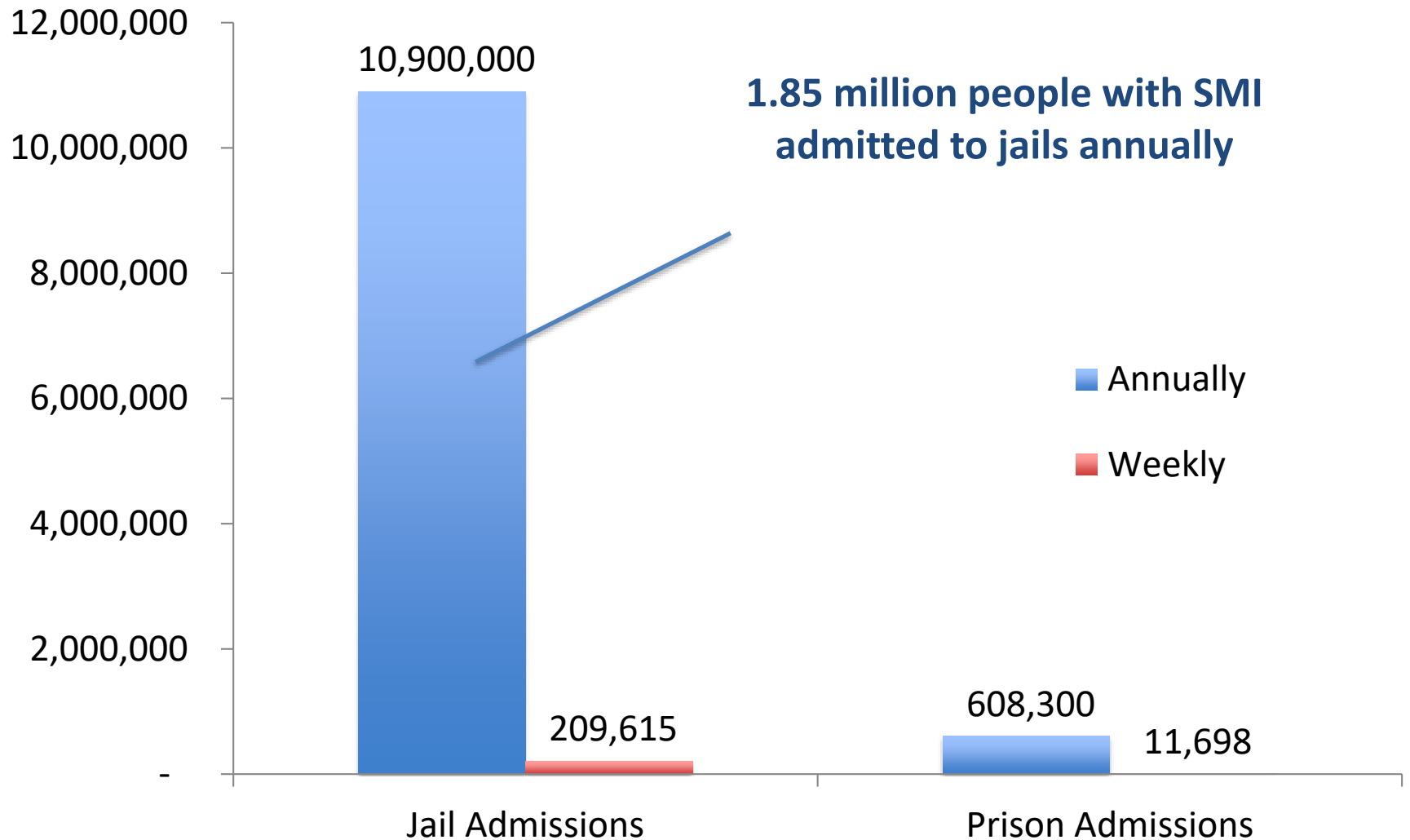
Millions of Adults Now Under Correctional Supervision

Bureau of Justice Statistics 1980 - 2014



Focus on where the volume is: Jails

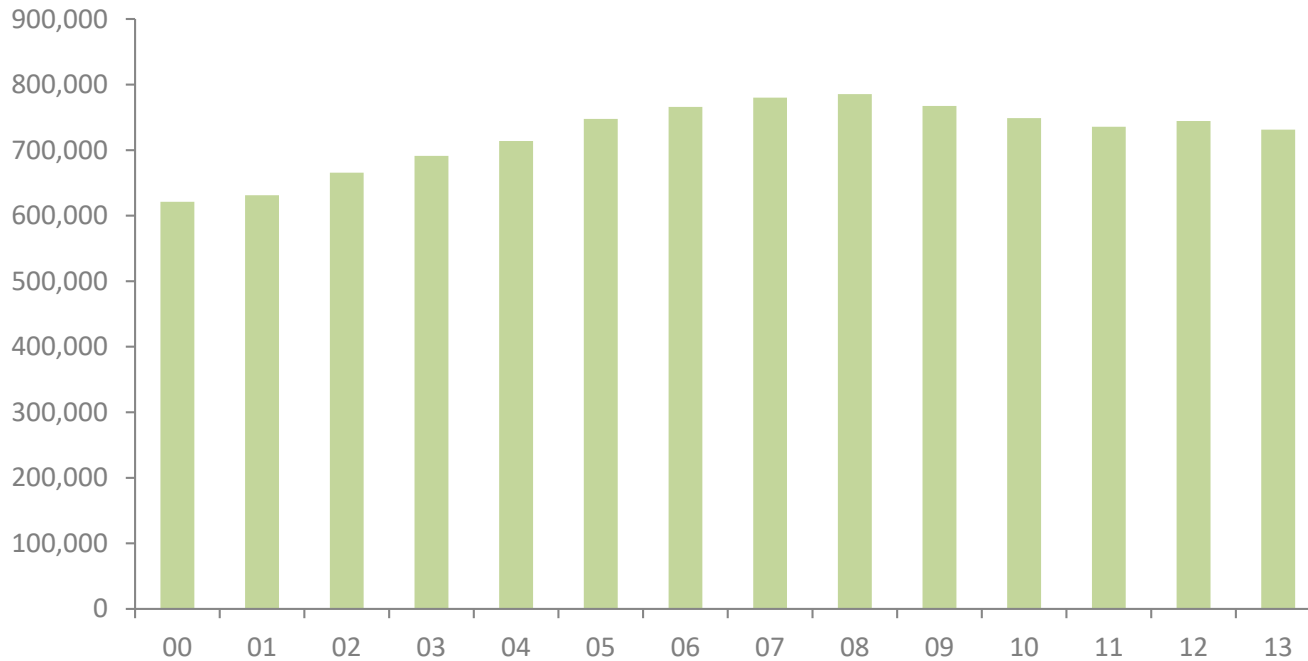
Jail and Prison Admissions, 2015



While Jail Populations Have Declined in Some Counties ...

Inmates Confined in Local Jails at Midyear and Percent Change in the Jail Population, 2000-2013

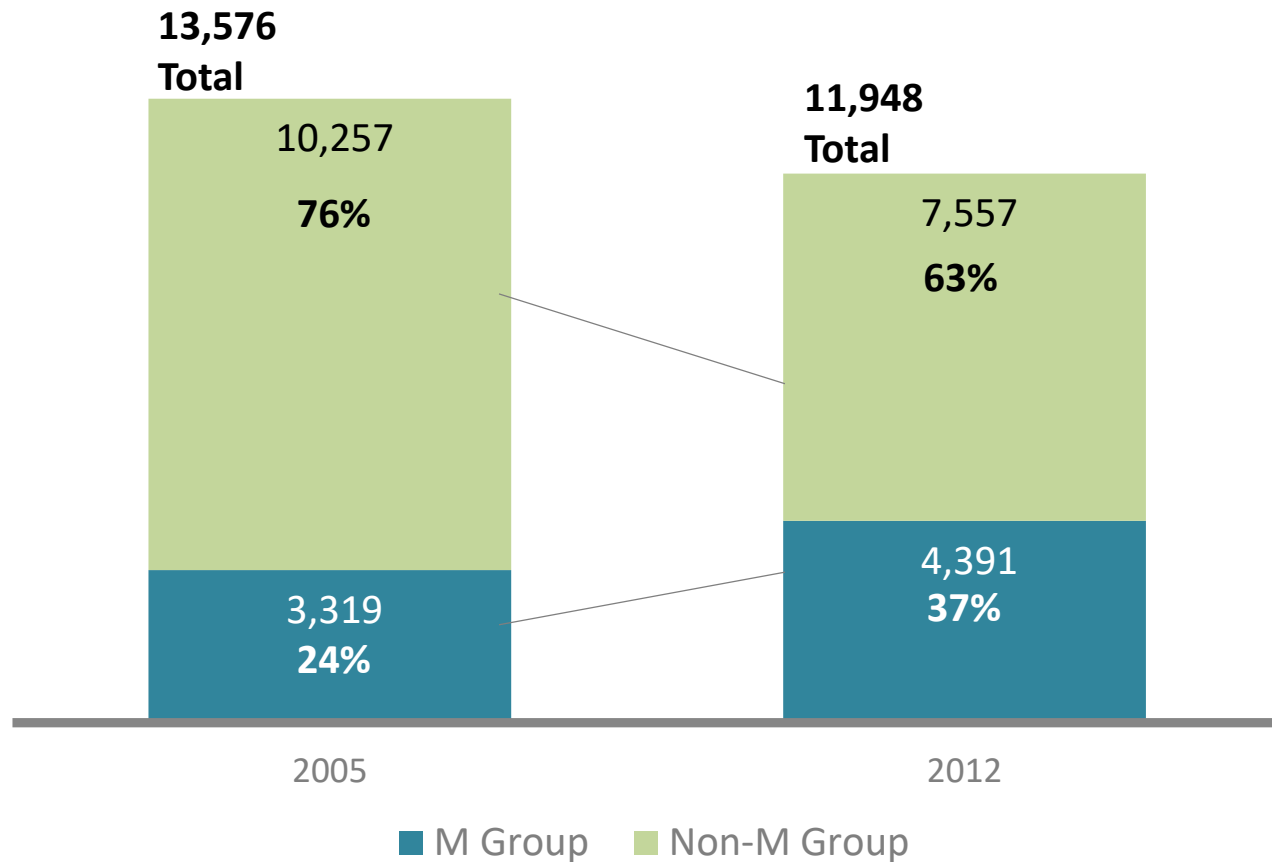
Number of Inmates at Midyear



Jails Report Increases in the Numbers of People Mental with Illnesses

NYC Jail Population (2005-2012)

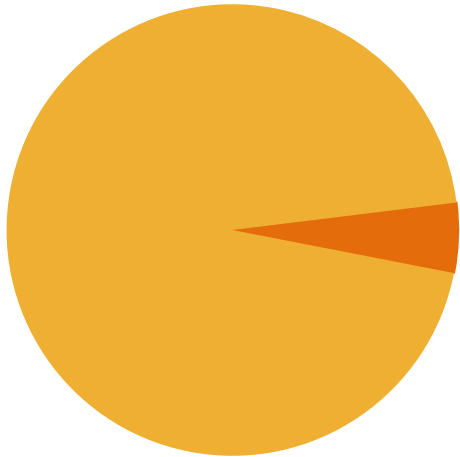
Average Daily Jail Population (ADP) and ADP with Mental Health Diagnoses



Mental Illnesses: Overrepresented in Our Jails

General Population

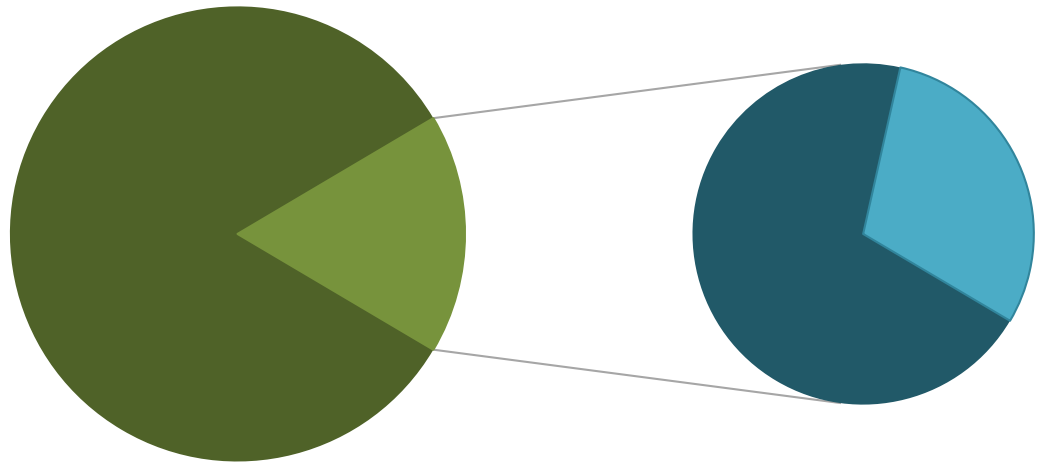
4% Serious Mental Illness



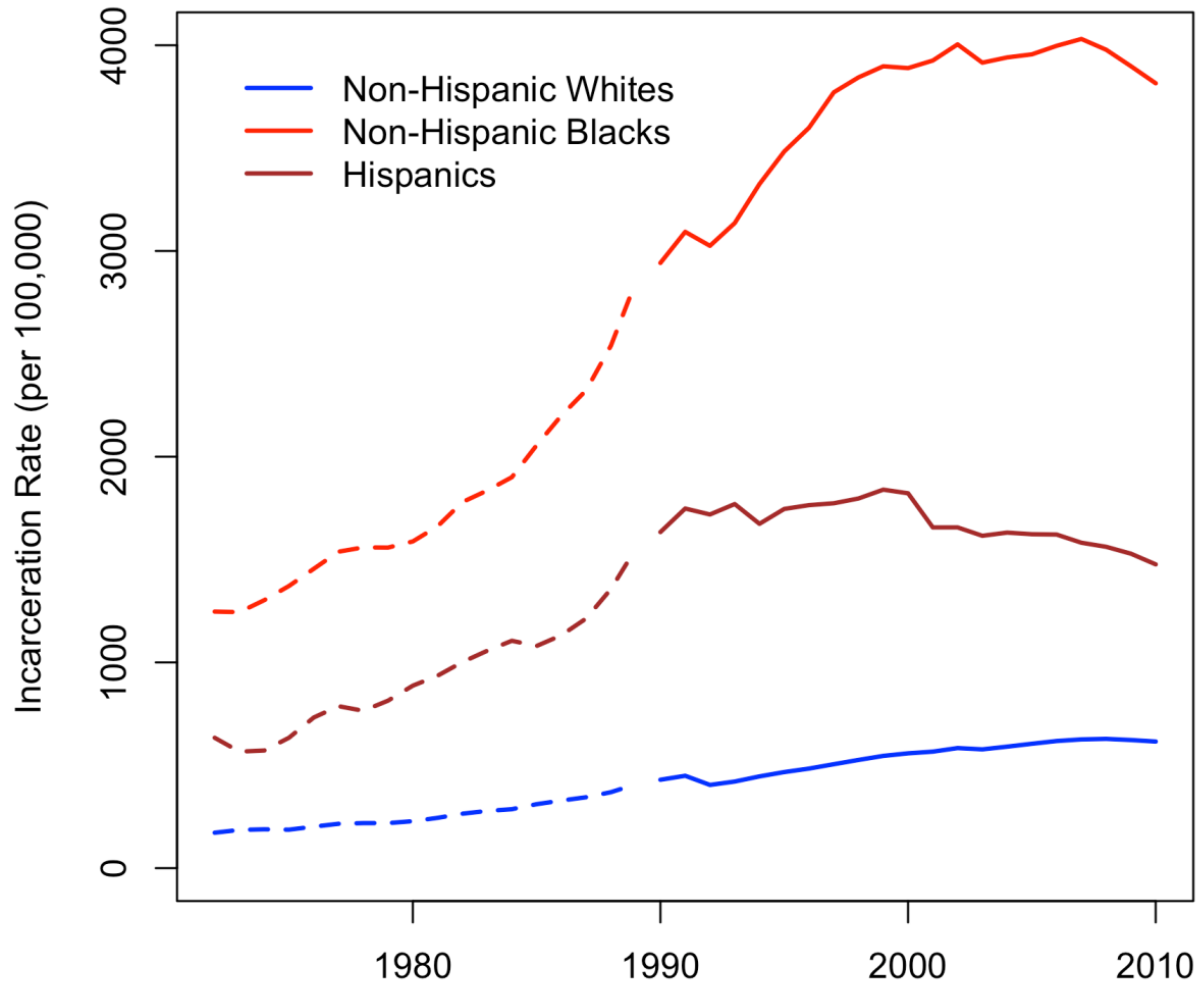
Jail Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder



Disproportionate Representation



Factors Driving the Crisis



Disproportionately higher rates of arrest



Longer stays in jail and prison



Limited access to health care



Higher recidivism rates

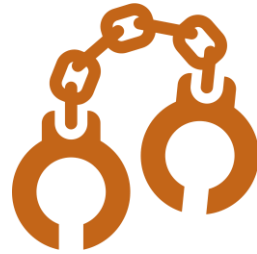


Low utilization of EBPs



Criminogenic risk factors

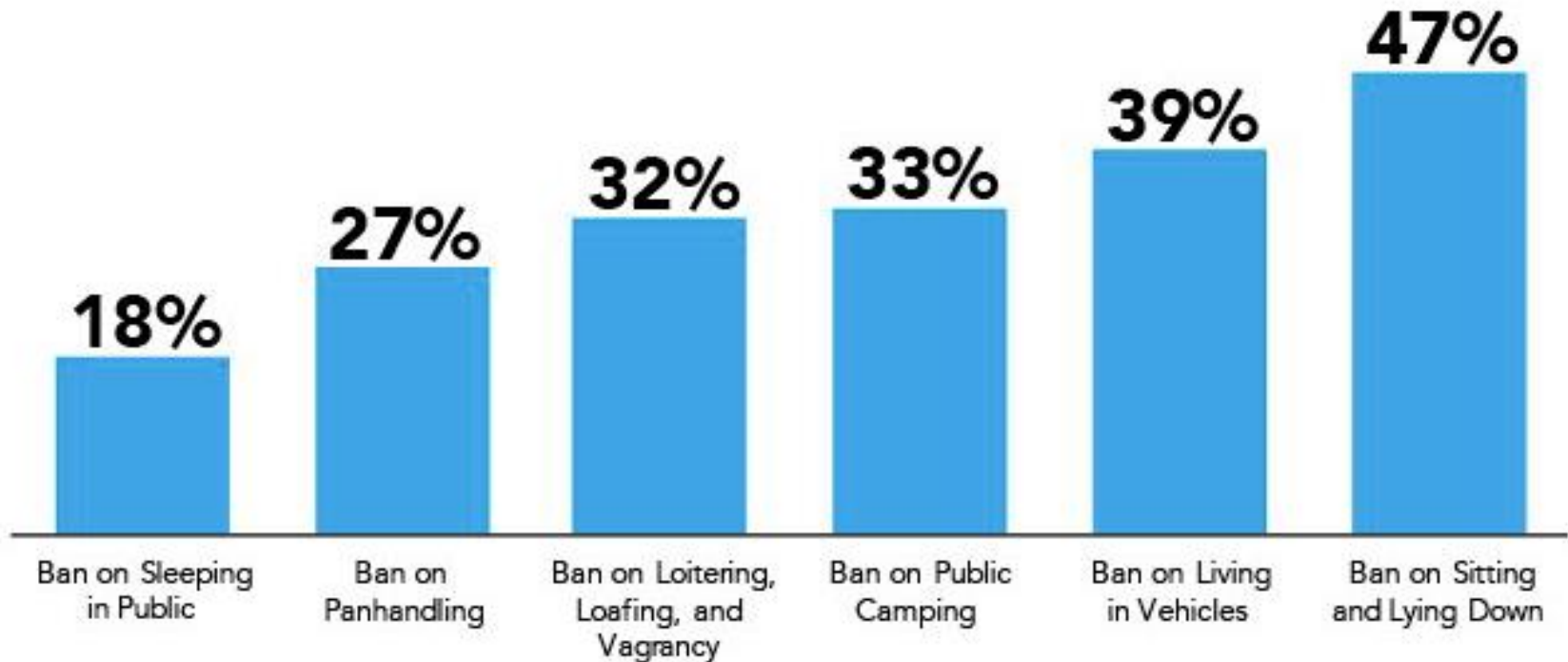
Factors Driving the Crisis



Disproportionately
higher rates of
arrest

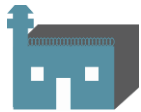


Homelessness and the Enforcement of Quality-of-Life Violations Laws: 187 Cities



Source: National Law Center on Homelessness and Poverty. (2016). *Housing Not Handcuffs: Ending the Criminalization of Homelessness in U.S. Cities*. Washington, D.C.: Author.

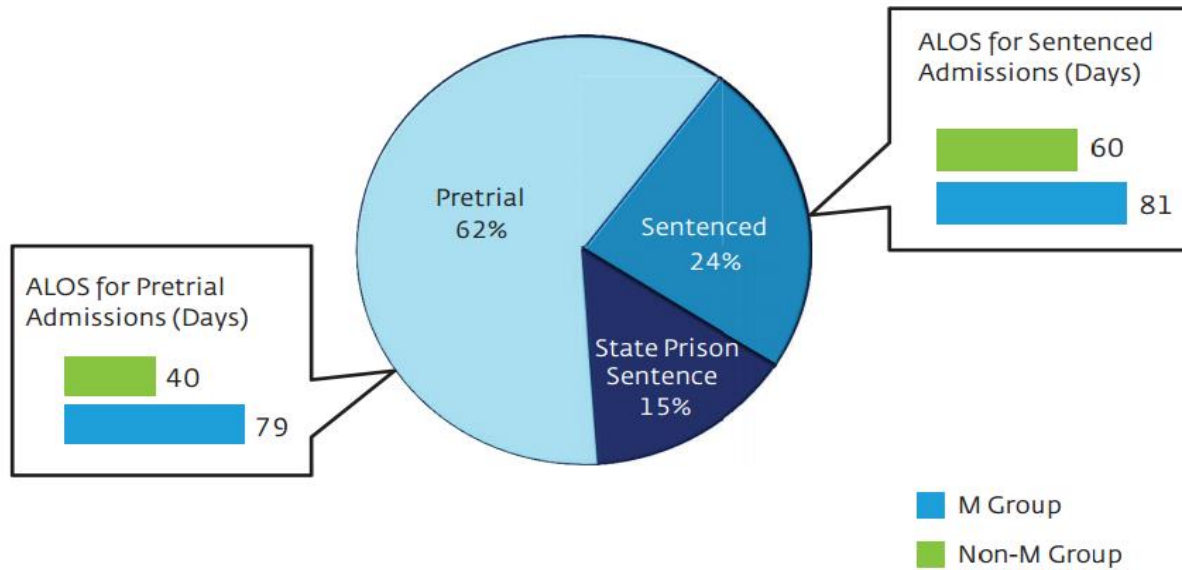
Factors Driving the Crisis



Longer stays in jail
and prison



Longer Lengths of Incarceration



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

Factors Driving the Crisis



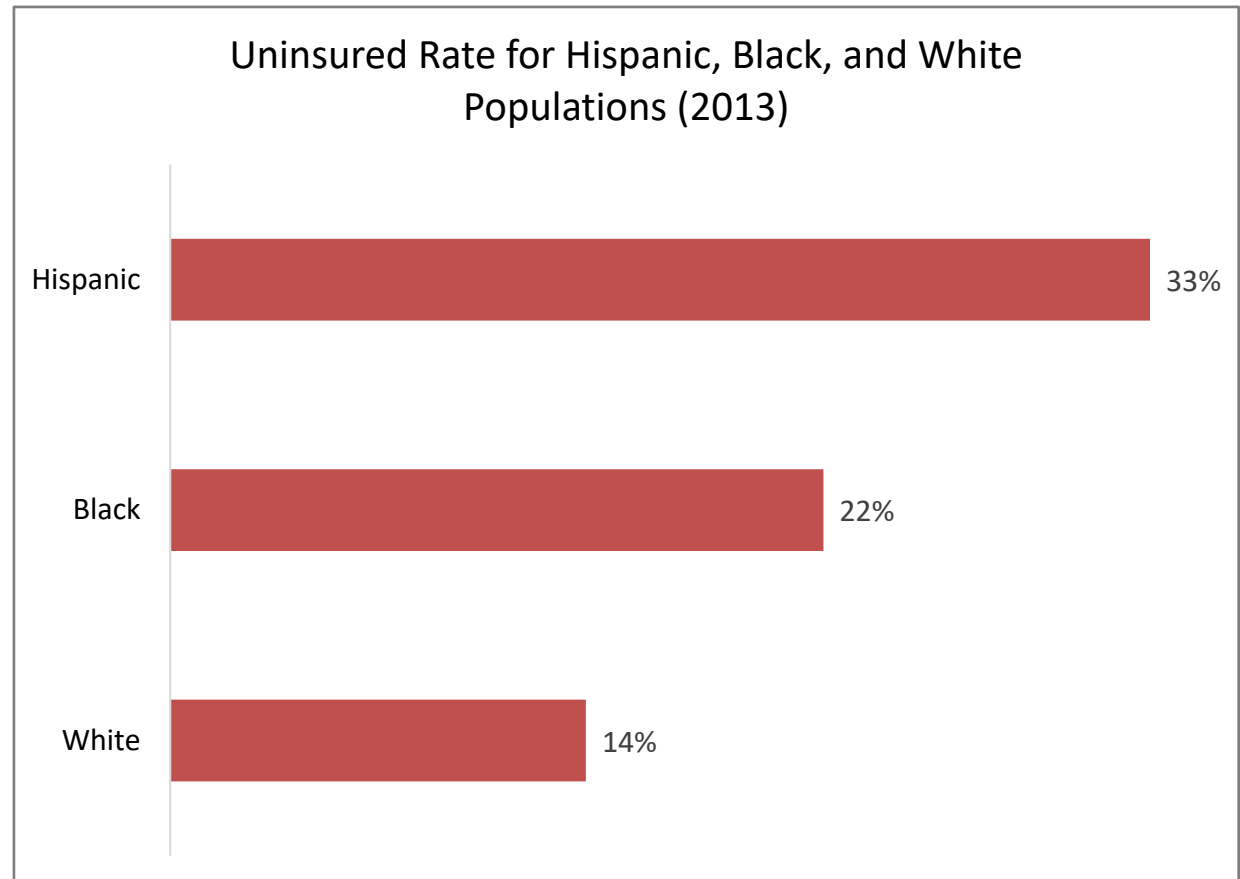
Limited access to
healthcare



Limited Access to Health Care

Poor health status

Poor health access



Source: The Commonwealth Fund, "Closing the Gap: Past Performance of Health Insurance in Reducing Racial and Ethnic Disparities in Access to Care Could Be an Indication of Future Results," March 2015.

Factors Driving the Crisis

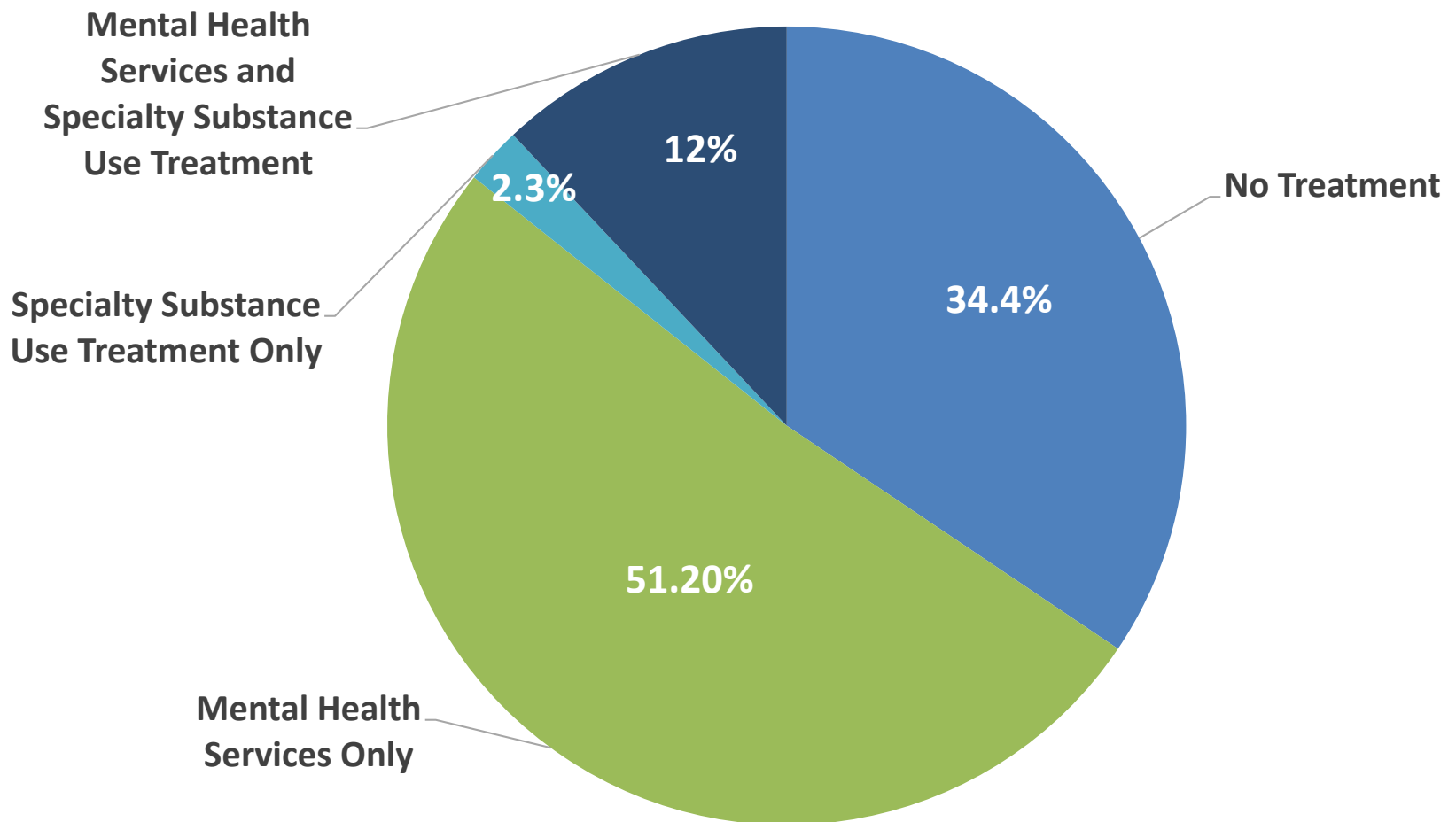


Low utilizations of
evidence-based
practices (EBPs)



Individuals with SMI and CODs not always getting EBPs

Past Year Treatment for the **2.6 million** Adults, 18 or Older, with Both SMI and Substance Use Disorder



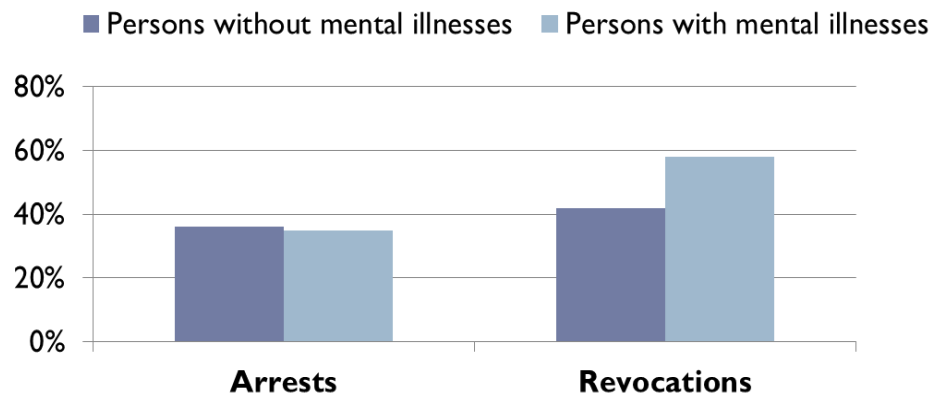
Factors Driving the Crisis



Higher rates of
recidivism



High Recidivism Rates on Reentry



Screened 2,934 probationers for mental illness:

- 13% identified as mentally ill
- Followed for average of two years

No more likely to be arrested ...

... but 1.38 times more likely to be revoked

Source: Vidal, Manchak, et al. (2009); see also: Eno Loudon & Skeem (2009); Porporino & Motiuk (1995)

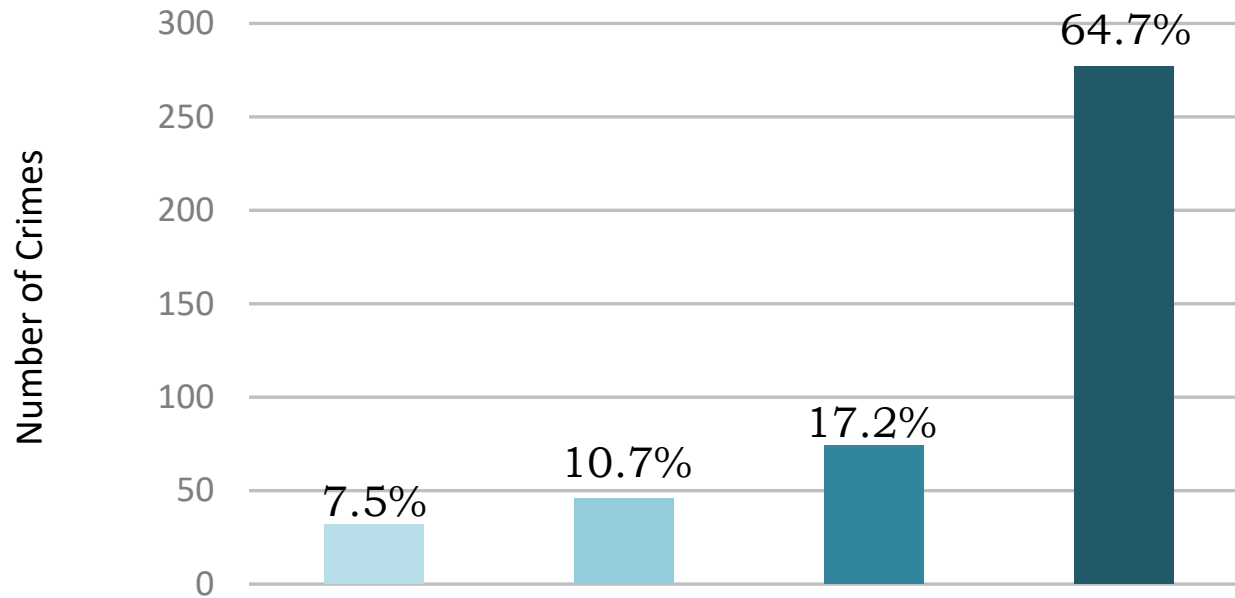
Factors Driving the Crisis



Criminogenic risk
factors



Incarceration Is Not Always a Direct Product of Mental Illness



Continuum of Mental Illness Relationship to Crime

Completely Direct

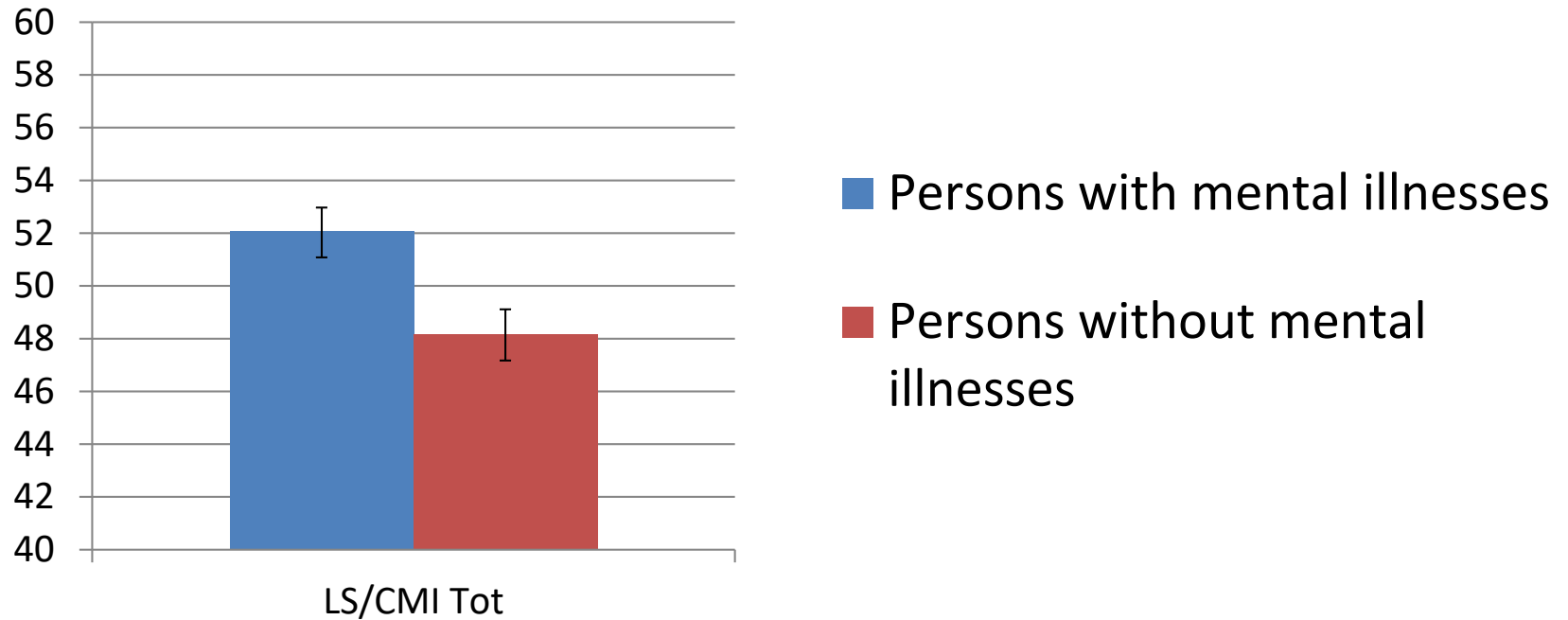
Mostly Direct

Mostly Independent

Completely Independent

Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic (2014)

Those with Mental Illnesses Have *Many* “Central 8” Dynamic Risk Factors



...and these predict recidivism more strongly than mental illness

Recidivism Is Not Simply a Product of Mental Illness: Criminogenic Risk

Risk

- ≠ Crime type
- ≠ Failure to appear
- ≠ Dangerousness
- ≠ Sentence or disposition
- ≠ Custody or security classification level

Risk = How likely is a person to commit a crime or violate the conditions of supervision?

What Do We Measure to Determine Risk?

Conditions of an individual's behavior that are associated with the risk of committing a crime.

Static factors – Unchanging conditions

Dynamic factors – Conditions that change over time and are amenable to treatment interventions

Criminogenic Risk Factors

Static

Criminal History

- Number of arrests
- Number of convictions
- Type of Offenses

Current Charges

Age at first arrest

Current age

Gender

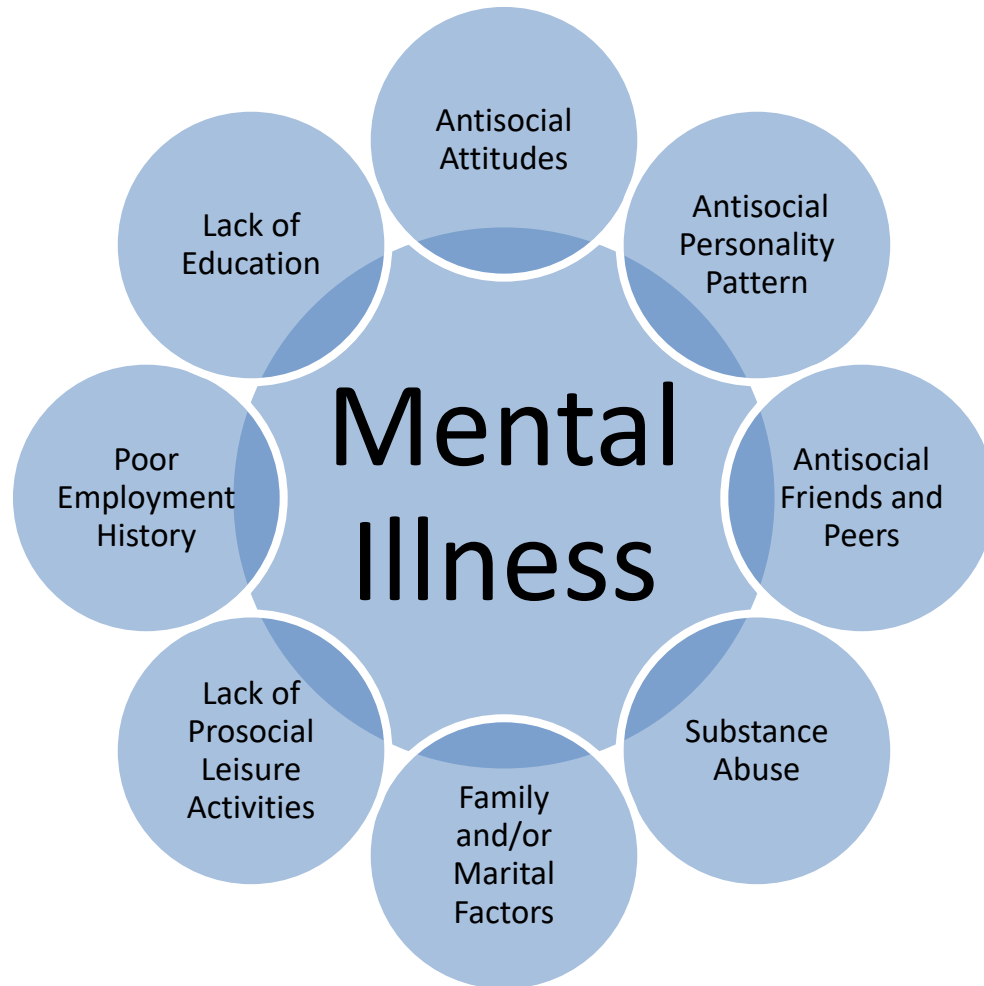
Dynamic (the “Central 8”)

1. Substance abuse
2. History of antisocial behavior
3. Antisocial personality pattern
4. Antisocial cognition
5. Antisocial associates
6. Family and/or marital discord
7. Poor school and/or work output
8. Few leisure/recreation outlets

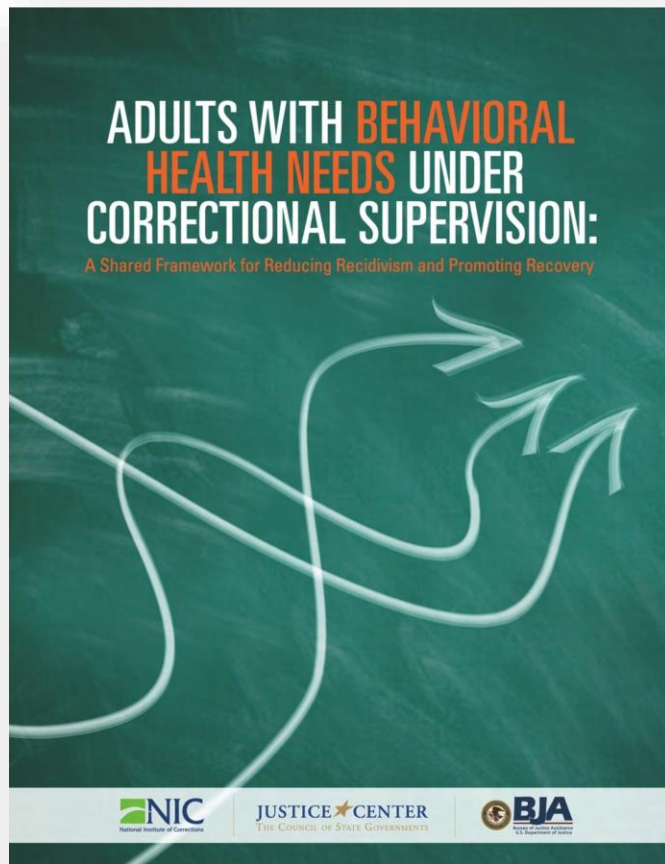
Risk-Need-Responsivity Model as a Guide to Best Practices

| Principle | Implications for Supervision and Treatment |
|------------------------|--|
| Risk Principle | Focus resources on high RISK cases; limited supervision of lower RISK people |
| Needs Principle | Target the NEEDS associated with recidivism such as antisocial attitudes, unemployment, substance use |
| Responsivity Principle | General and specific factors impact the effectiveness of treatment. Be RESPONSIVE to learning style, motivation, culture, demographics, and abilities of the offender |

Responsivity: You Can't Address Dynamic Risk Factors without Attending to Mental Illness



Knitting Together Available Research ...



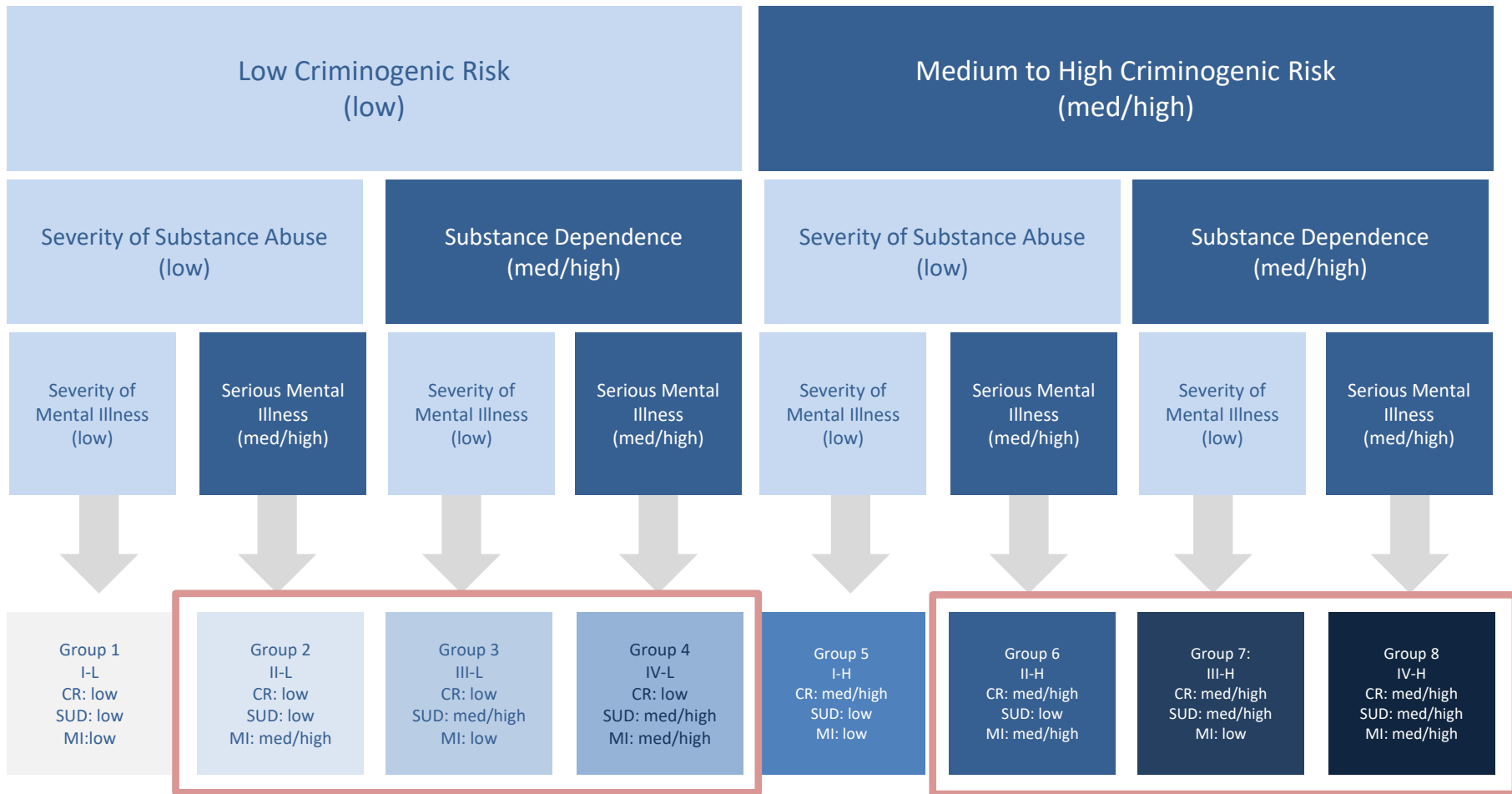
National Institute of Corrections



Bureau of Justice Assistance
U.S. Department of Justice



...To Create A Framework for Prioritizing Target Population



So

we arrest them more often,
we keep them incarcerated longer,
we fail to connect them to effective treatment,
and they recidivate more frequently.

..... and despite significant innovations and investments over the past decade, there are more people with SMI in our jails today than yesterday.

02.

Counties Step Up but Face Key Challenges:
Why is it so hard to fix?



Key Challenges Counties Face: Observations from the Field

1.

Being data driven



2.

Using best practices



3.

Continuity of care

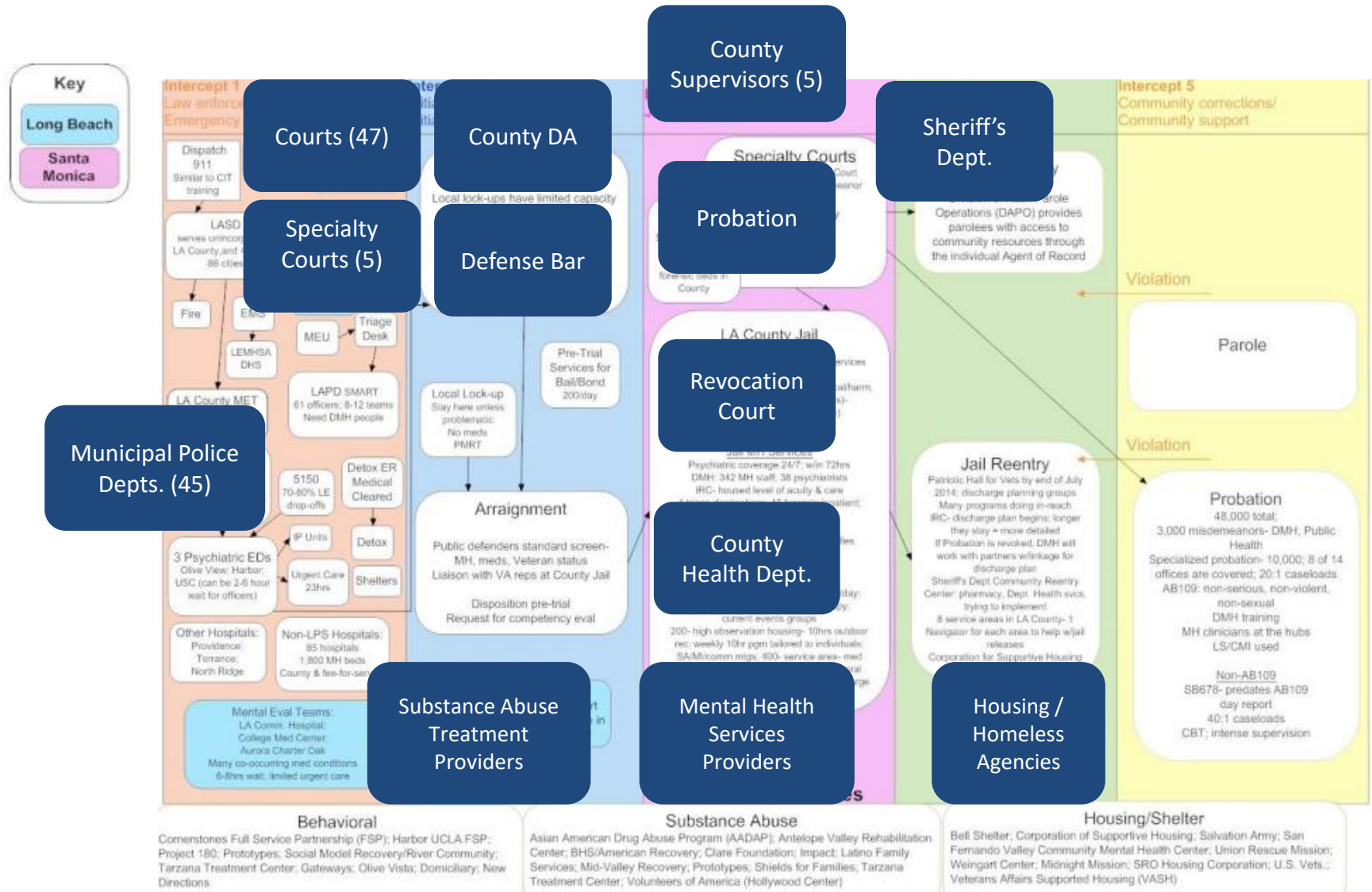


4.

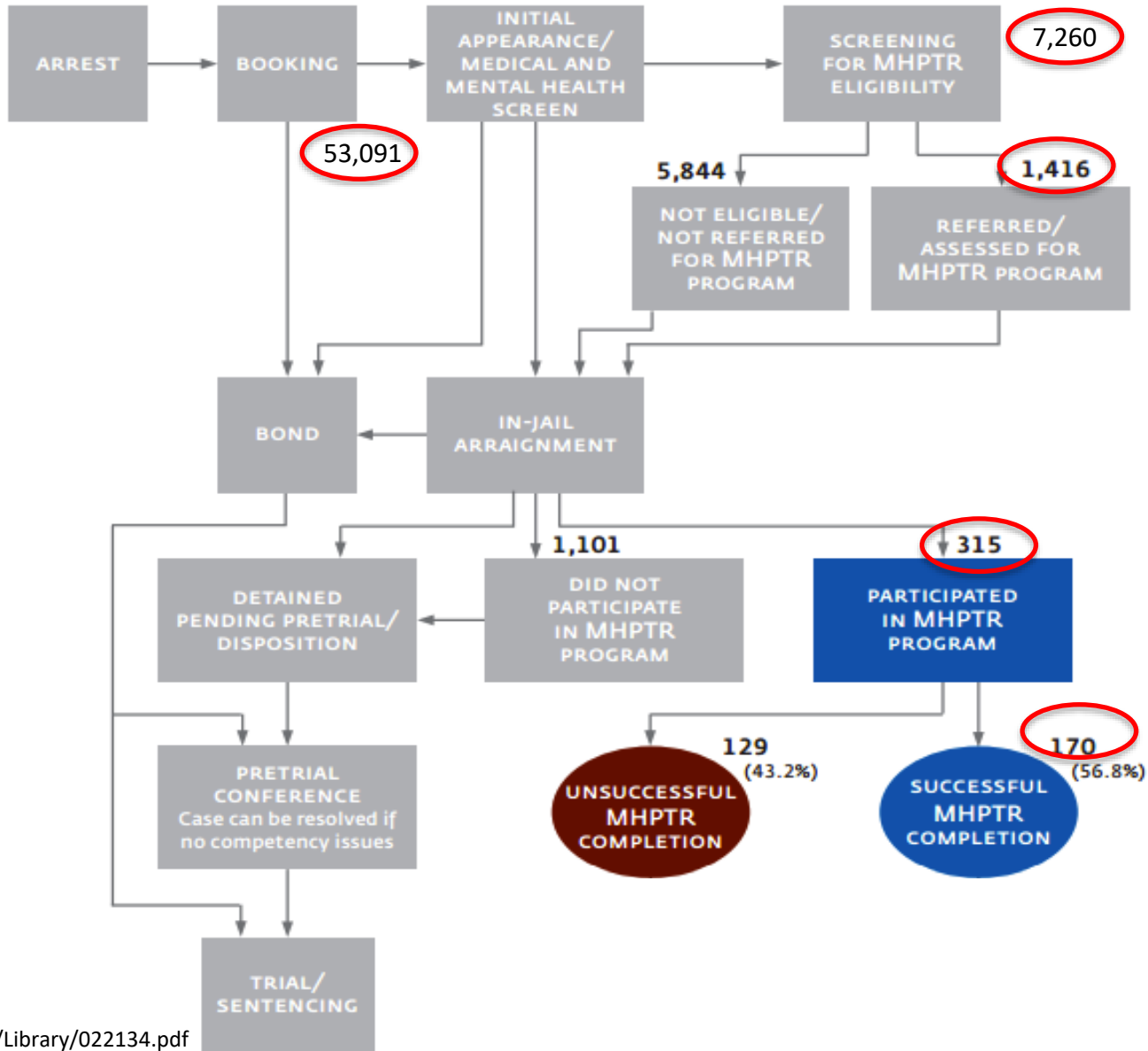
Measuring results



Challenge 1 - Being data driven: Policymakers Face Complex Systems with Limited Information



Challenge 1 - Being Data Driven: Not Appreciating the Scale of the Problem



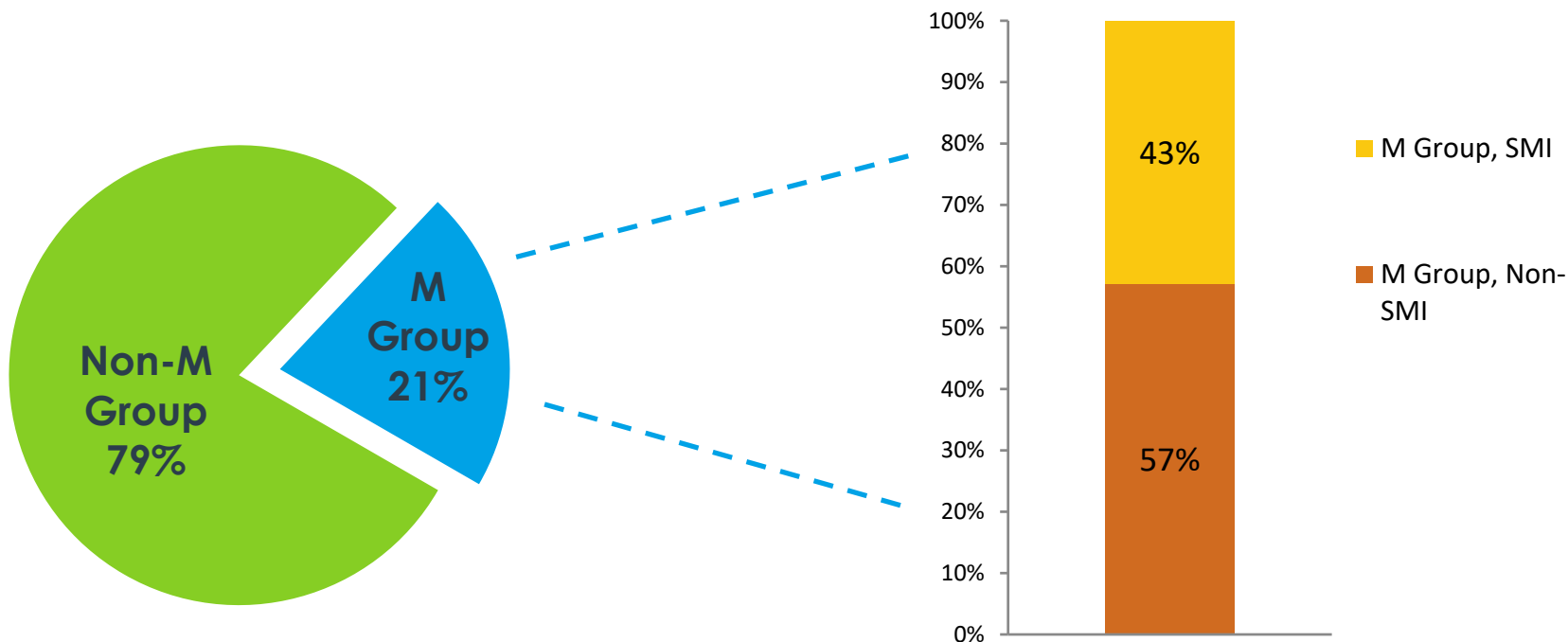
Challenge 1 - Being Data Driven: Not Knowing the Target Population

| | County A | County B | County C | County D |
|----------------------------|----------|----------|----------|----------|
| Mental Health Assessment | ✓ | ○ | ✓ | ✓ - |
| Substance Abuse Assessment | ○ | ○ | ✓ - | ○ |
| Risk Assessment | ✓ - | ○ | ○ | ○ |

Challenge 1 - Being data driven:

Inconsistent Definitions; Not All Mental Illnesses are Alike

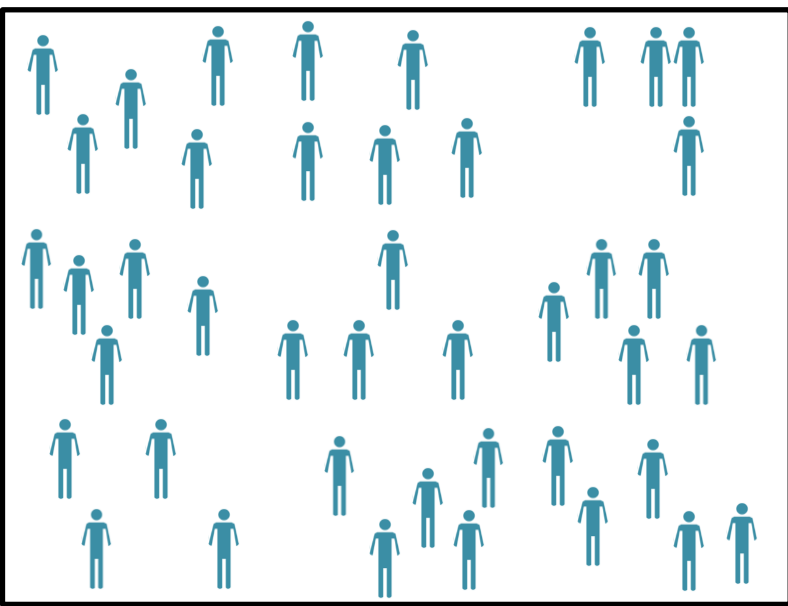
Portion of M Group Meeting Criteria for Serious Mental Illness (SMI)



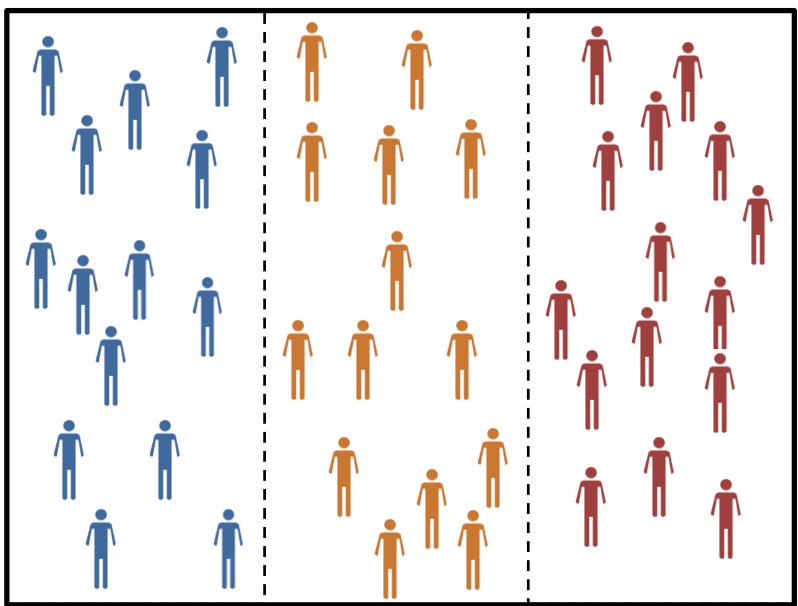
Challenge 2 – Using Best Practices:

Applying Results of Screening and Assessment:

Without Risk Assessment...



With Risk Assessment...



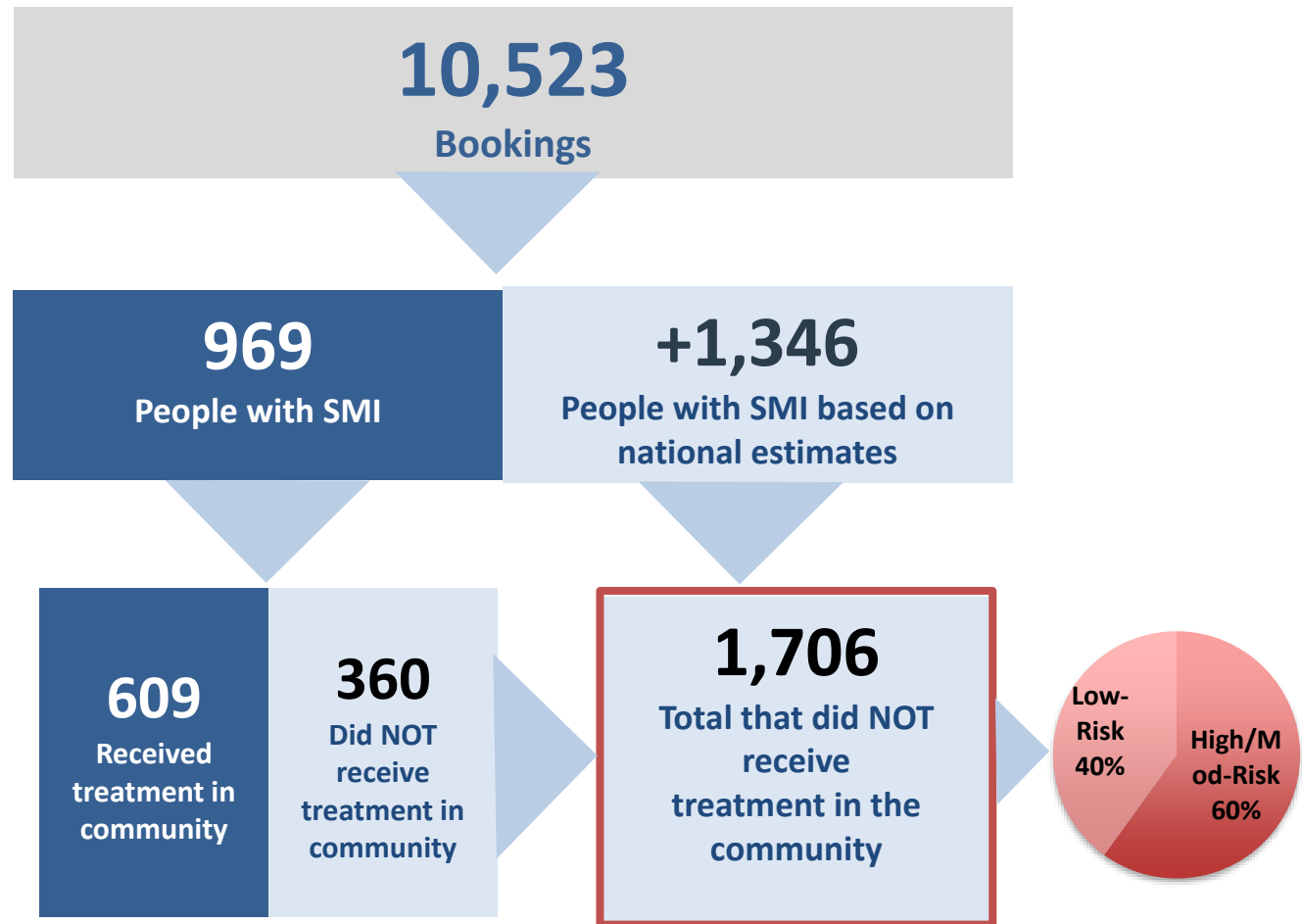
| Risk of Re-offending | | |
|----------------------------------|---------------------------------------|-----------------------------------|
| LOW 10% re-arrested | MODERATE 35% re-arrested | HIGH 70% re-arrested |

Challenge 2 – Using Best Practices: Addressing Dynamic Needs

| Dynamic Risk Factor | Need |
|--------------------------------------|---|
| History of antisocial behavior | Build alternative behaviors |
| Antisocial personality pattern | Problem solving skills, anger management |
| Antisocial cognition | Develop less risky thinking |
| Antisocial associates | Reduce association with criminal others |
| Family and/or marital discord | Reduce conflict, build positive relationships |
| Poor school and/or work performance | Enhance performance, rewards |
| Few leisure or recreation activities | Enhance outside involvement |
| Substance abuse | Reduce use through integrated treatment |

Challenge 3 – Continuity of Care

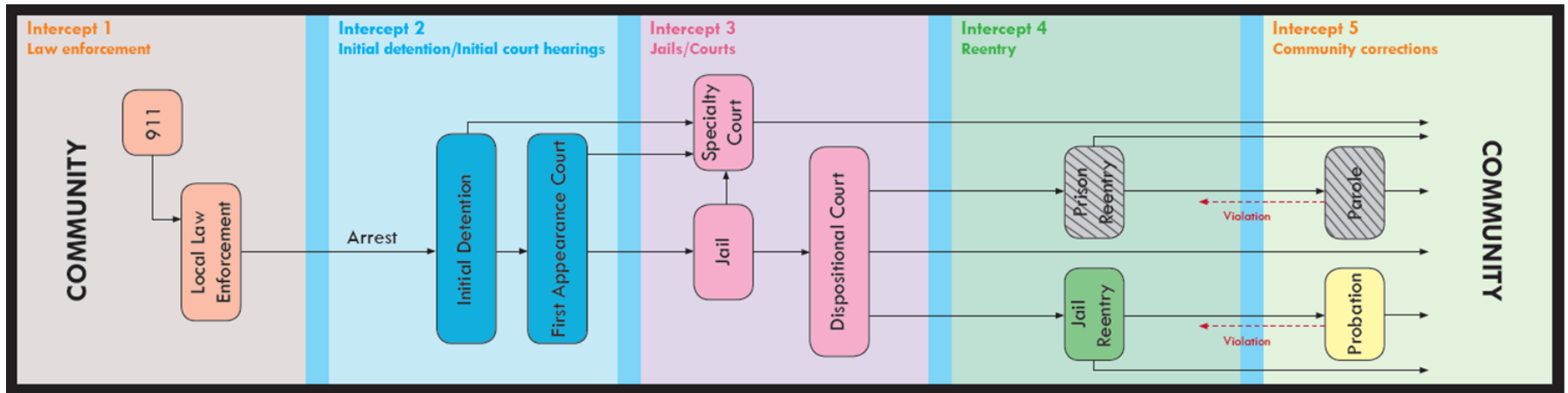
Existing Services Only Reach a Small Fraction of Those in Need



Example from Franklin County, OH

Challenge 4 – Tracking Progress:

Focusing County Leaders on Key Outcomes Measures



Outcome measures needed to evaluate impact and prioritize scarce resources

1.

Reduce

the number of people with mental illness booked into jail

2.

Shorten

the length of stay for people with mental illnesses in jails

3.

Increase

the percentage of people with mental illnesses in jail connected to the right services and supports

4.

Lower

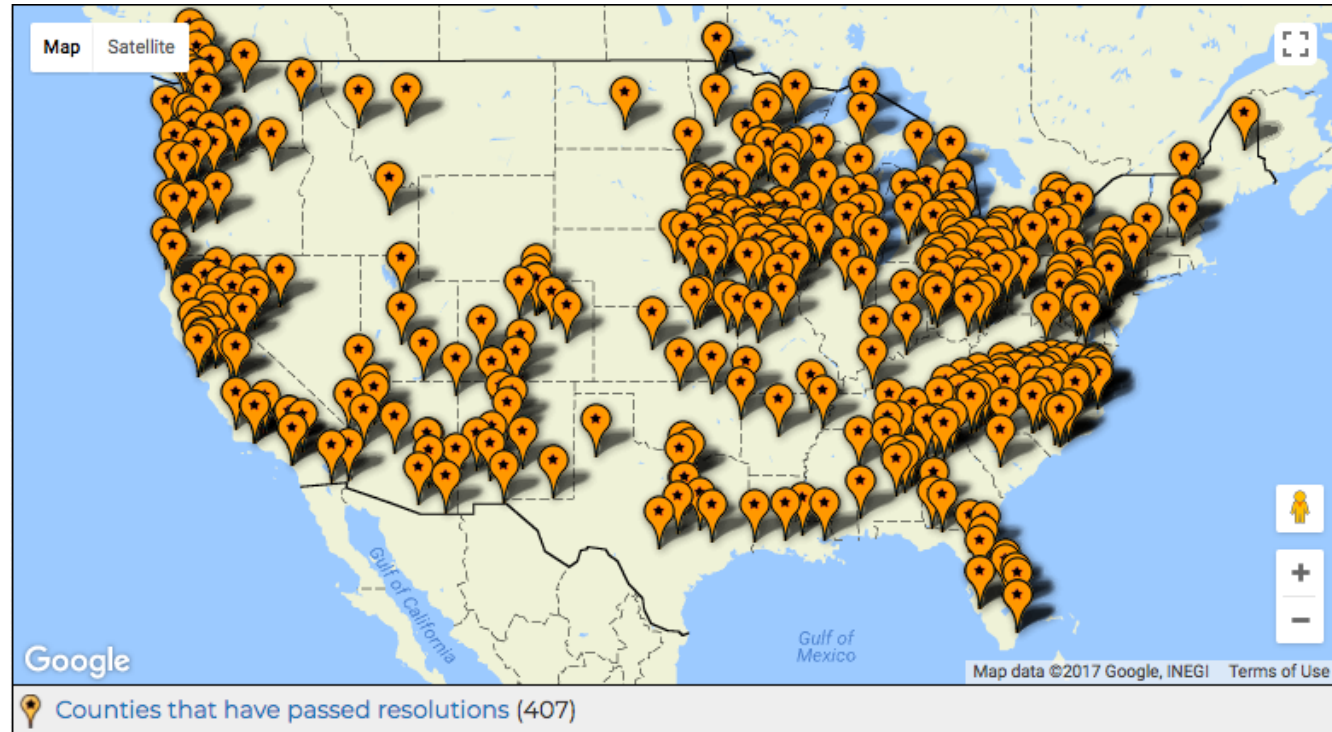
rates of recidivism

03.

Effective Strategic Plans: How do we move forward?

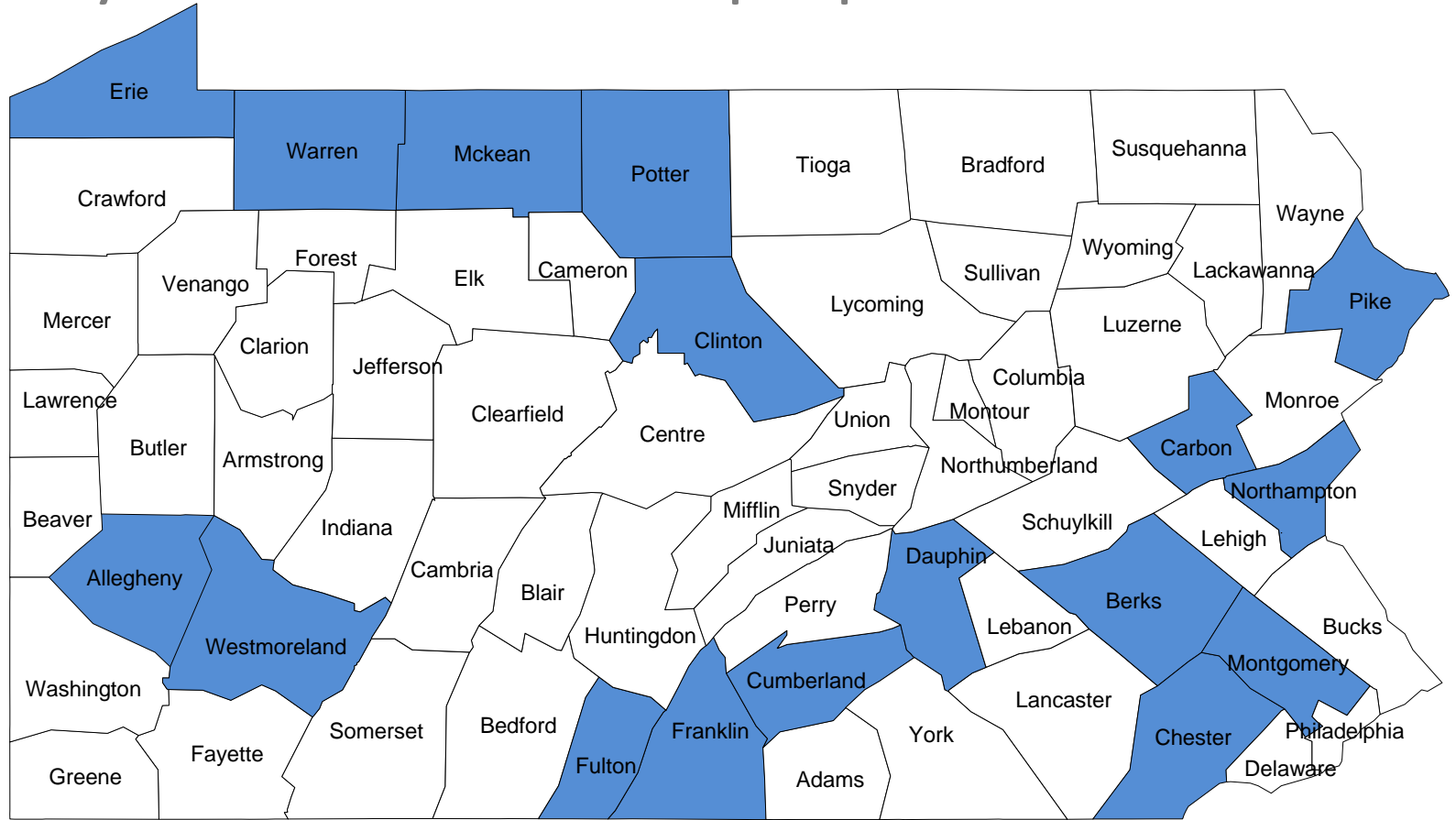


More than **400**
counties
across **43**
states,
representing
140 million
Americans,



have resolved to reduce the number of people with
mental illnesses in jails.

Pennsylvania Counties Step Up



17 Counties In Pennsylvania Have Passed a Stepping Up Resolution

- | | | | | | | | | |
|-----------|--------|------------|-------------|---------|------------|---------|--------------|----------|
| Allegheny | Berks | Carbon | Chester | Clinton | Cumberland | Dauphin | Erie | Franklin |
| Fulton | McKean | Montgomery | Northampton | Pike | Potter | Warren | Westmoreland | |

Dauphin County:

Action-Oriented Technical Assistance Approach

Committed Leadership

County selection dependent upon commitment by county leaders to act on findings

Data-Driven Analysis

Objective findings on system strengths and limitations to promote consensus on reform priorities

Comprehensive Process Analysis

Identify gaps in services and the flow of people moving through the criminal justice system

Develop Findings & Recommendations

Based on qualitative and quantitative findings, identify ways to improve outcomes

Set Actionable Targets

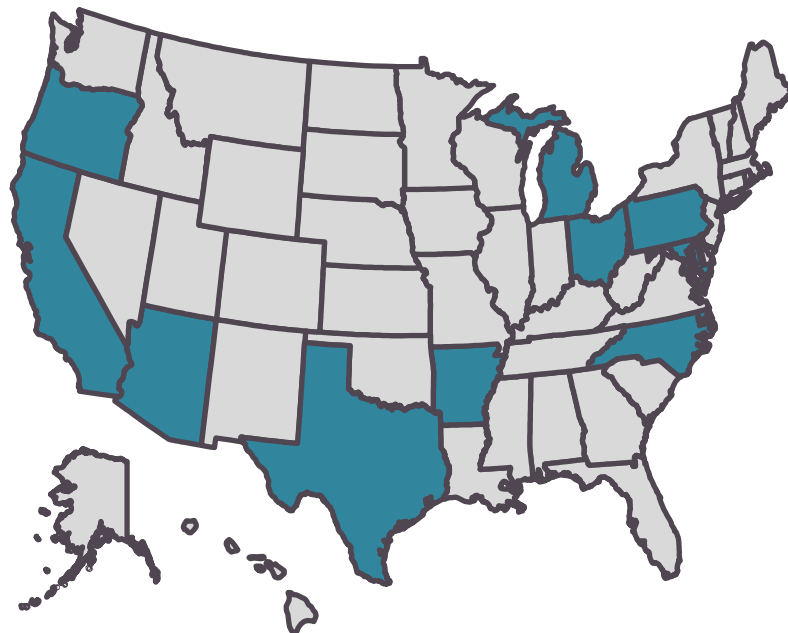
Set realistic goals and identify persons accountable for implementation

Track Progress

Track the progress of county initiatives and investments along the four key measures

State Support for Local Action

- Initiatives being launched, consist of:
 - Coordinating peer to peer learning among counties
 - Aligning state policy and funding to support county efforts
 - TA and resource support for improved data collection
 - Addressing gaps in treatment and services capacity



Ohio, June 2016

California, January 2017



State Project Sites

- ❖ Arizona
- ❖ Arkansas
- ❖ California
- ❖ Maryland
- ❖ Michigan
- ❖ North Carolina
- ❖ Ohio
- ❖ Oregon
- ❖ Pennsylvania
- ❖ Texas

Stepping Up Pennsylvania



The screenshot shows a news article from the Stepping Up Initiative website. The header includes the Stepping Up Initiative logo, navigation links (TOOLKIT, NEWS & UPDATES, EVENTS, THE PROBLEM, THE PEOPLE, WHAT YOU CAN DO), and logos for the National Mentoring Foundation, NACo, and Justice Center. A red button labeled 'Take Action Now' is in the top right. The main heading is 'Pennsylvania Stepping Up Initiative to Tackle Mental Illness in County Jails'. Below the heading are social media icons for Google+, Twitter, and Facebook. The article is dated April 18, 2017, and is attributed to 'By CSG Justice Center Staff'. The text states that Pennsylvania became the third state to launch a statewide Stepping Up Initiative to reduce the number of people with mental illnesses in county jails, joining Ohio and California on April 4. An image shows a man in a suit speaking at a podium during a conference. The caption identifies the man as John Wetzel, secretary of the Pennsylvania Department of Corrections (DOC), and mentions Judge John Zottola and Richard Cho.

THE STEPPING UP INITIATIVE

TOOLKIT NEWS & UPDATES EVENTS THE PROBLEM THE PEOPLE WHAT YOU CAN DO **Take Action Now**

Pennsylvania Stepping Up Initiative to Tackle Mental Illness in County Jails

April 18, 2017

By CSG Justice Center Staff

Pennsylvania became the third state to launch a statewide [Stepping Up Initiative](#) to reduce the number of people with mental illnesses in county jails, joining Ohio and California on April 4.

The announcement was made at the state's Criminal Justice Advisory Board Conference by John Wetzel (left), secretary of the Pennsylvania Department of Corrections (DOC); Judge John Zottola, committee chair of Pennsylvania's Mental Health and Justice Advisory Committee (MHJAC); and Richard Cho, director of Behavioral Health at The Council of State Governments (CSG) Justice Center.

On April 4th, 2017 at the CJAB Conference, Pennsylvania became the third state to launch a statewide Stepping Up initiative

JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Risè Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.¹ Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems; analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States; examining initiatives designed to improve outcomes for this population; and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of re-arrest—inform a plan's design and maximize its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

Program design and implementation is not evidence based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

1. Is your leadership committed?
2. Do you have timely screening and assessment?
3. Do you have baseline data?
4. Have you conducted a comprehensive process analysis and service inventory?
5. Have you prioritized policy, practice, and funding?
6. Do you track progress?

One-stop-shop for key resources, webinars, network calls, and more at stepuptogether.org/toolkit

THE **STEPPINGUP** INITIATIVE

TOOLKIT NEWS & UPDATES EVENTS THE PROBLEM THE PEOPLE WHAT YOU CAN DO [Take Action Now](#)

Resources Toolkit

[g+](#) [twitter](#) [f](#)

The Stepping Up Resources Toolkit provides [key resources](#) intended to assist counties with developing and implementing a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illnesses in local jails.

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask serves as a blueprint for counties to assess their existing efforts to reduce the number of people with mental illnesses in jail by considering specific questions and progress-tracking measures. The report also informs the Stepping Up [technical assistance](#) that will be offered moving forward.

[Register for upcoming Webinars](#)

[Register for upcoming Network Calls](#)

[View the Report \[PDF\]](#)

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask
Authoring Dr. Sara Fenn, Dr. Fred Stone, and Michael Thompson

Introduction

The purpose of this report is to provide county leaders with a blueprint for assessing their current efforts to reduce the number of people with mental illnesses in jail and to identify specific questions and progress-tracking measures that can lead to measurable reductions in the number of people with mental illnesses in jail. This report is intended to assist county leaders in developing a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illnesses in jail. The report also informs the Stepping Up technical assistance that will be offered moving forward.

Coming soon: Six Questions Online Self-Assessment Tool

Action Step: *County leaders have passed a resolution or proclamation mandating system reform to reduce the number of people with mental illnesses in jail.*

Fully
Implemented:

Partially
Implemented:

Not
Implemented:

Next Steps and/or Notes:

Our County Commission still needs to pass a Stepping Up resolution.

Sample Automatic Response

A mandate from leadership for this work from leaders responsible for the county budget is critical to the success of your initiative.

Since you marked “not implemented” then you can go to the following resources for guidance in fully implementing this action step:

- There is guidance on the [Stepping Up webpage](#) on how to pass a resolution in your county.
- For examples of resolutions other counties have passed, you can go to [National Association of Counties’ \(NACo\) webpage](#).

Coming soon: Project coordinator's handbook

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask

The Project Coordinator's Handbook

Choosing a Stepping Up Project Coordinator

Determining who will serve as the project coordinator is the first step for a jurisdiction in the Stepping Up planning process. A criminal justice coordinator can fill this role. If that position already exists, the county can contract for these services, or the county planning team can designate someone to serve in this role—such as a staff member from the jail, behavioral health care provider, or community supervision agency—in addition to that person's regular duties. The person selected should have knowledge of the local criminal justice and behavioral health systems, have excellent facilitation and organization skills, and demonstrate the ability to proactively, yet gently, drive the planning process to ensure progress.

This handbook is designed to complement the *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask* (Six Questions) framework as a step-by-step facilitation guide for project coordinators. For each of the framework's six questions, this handbook provides:

- A summary of the question and its related objectives for the planning team;
- Facilitation tips to assist the project coordinator in managing the planning process; and
- Facilitation exercises designed to achieve the question's objectives and establish an efficient process for capturing the work of the planning team.

The Role of the Project Coordinator

Your role as the project coordinator is critical to the success of your county's Stepping Up efforts. It is the project coordinator who ensures that key leaders are engaged, manages meeting agendas and minutes, coordinates subcommittee work, provides research and data to guide the decision-making process, and continuously motivates the planning team.

This handbook is designed to help you manage your county's planning process. It will guide and systematize the flow of your work as you develop meeting agendas and decide how best to utilize members of the planning team. Other members of the planning team may benefit from having access to this handbook, especially those who are providing facilitation support, such as leading subcommittee work. You are not required to fill out or submit this handbook to the Stepping Up partners.

Additional complementary training materials are available through the [Stepping Up Toolkit](#), including webinars, briefs that provide information and guidance within the Six Questions, and other [key resources](#).

Complements the *Six Questions* framework as a step-by-step guide for project coordinators and includes:

- A **summary** of the question and its **related objectives** for the planning team
- **Facilitation tips** to assist the project coordinator in managing the planning process
- **Facilitation exercises** designed to achieve the question's objectives and provide an efficient process for capturing the work of the planning team



Foci for 2018

- Increase the number of counties that track accurate data on the prevalence of SMI in jails?
- Increase the number of counties that share data and use data to guide their strategies and bring solutions to scale?
- Support county and state policy innovation to fill gaps in community-based treatment, services, and housing?



THANK YOU

For more information, contact: Fred Osher (fosher@csg.org)

The American Psychiatric Association Foundation: americanpsychiatricfoundation.org

The National Association of Counties: naco.org

The Council of State Governments Justice Center: csgjusticecenter.org