The Stepping Up Summit: Pennsylvania

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

*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?

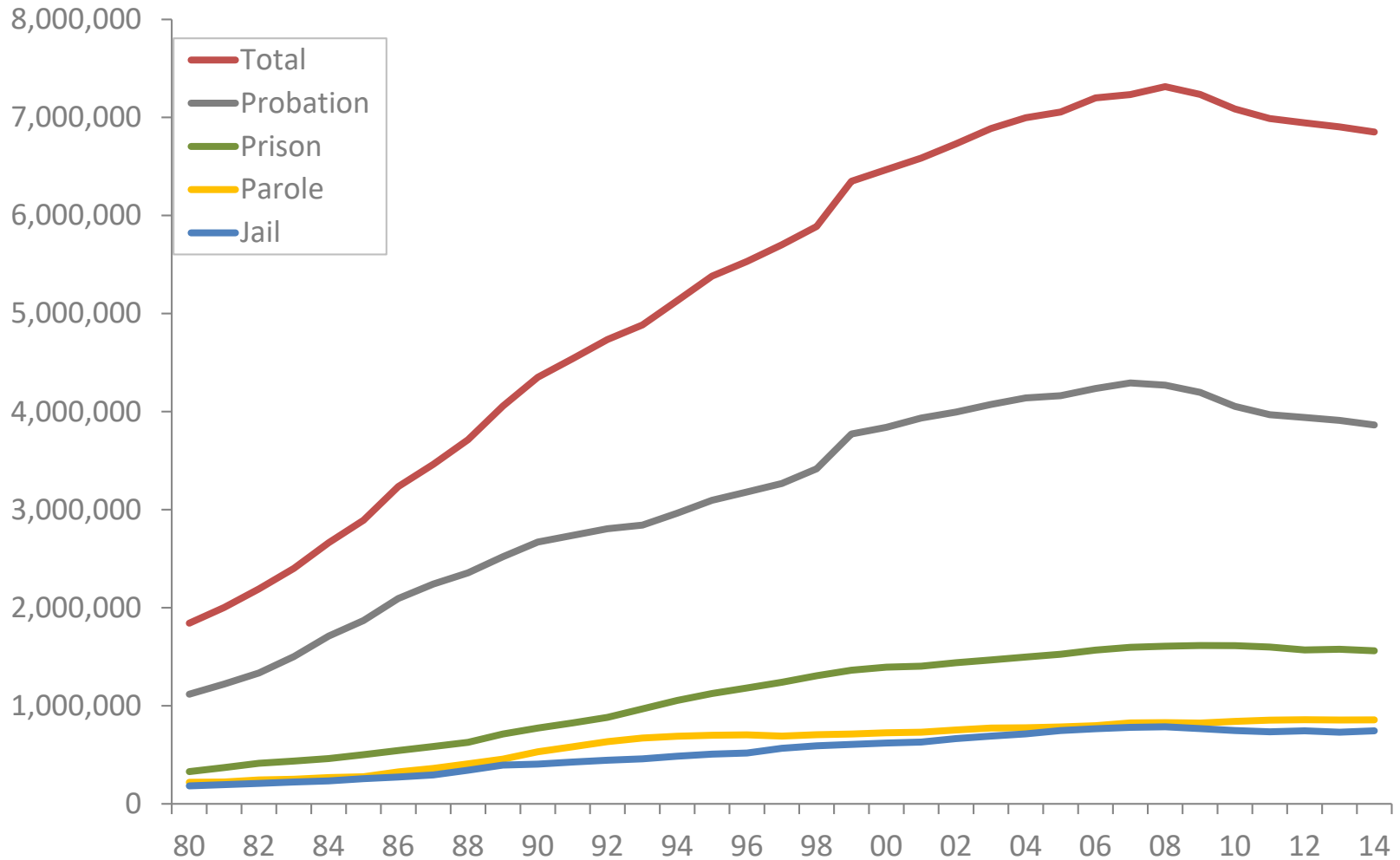Effective Strategic Plans: How do we move forward?

01.

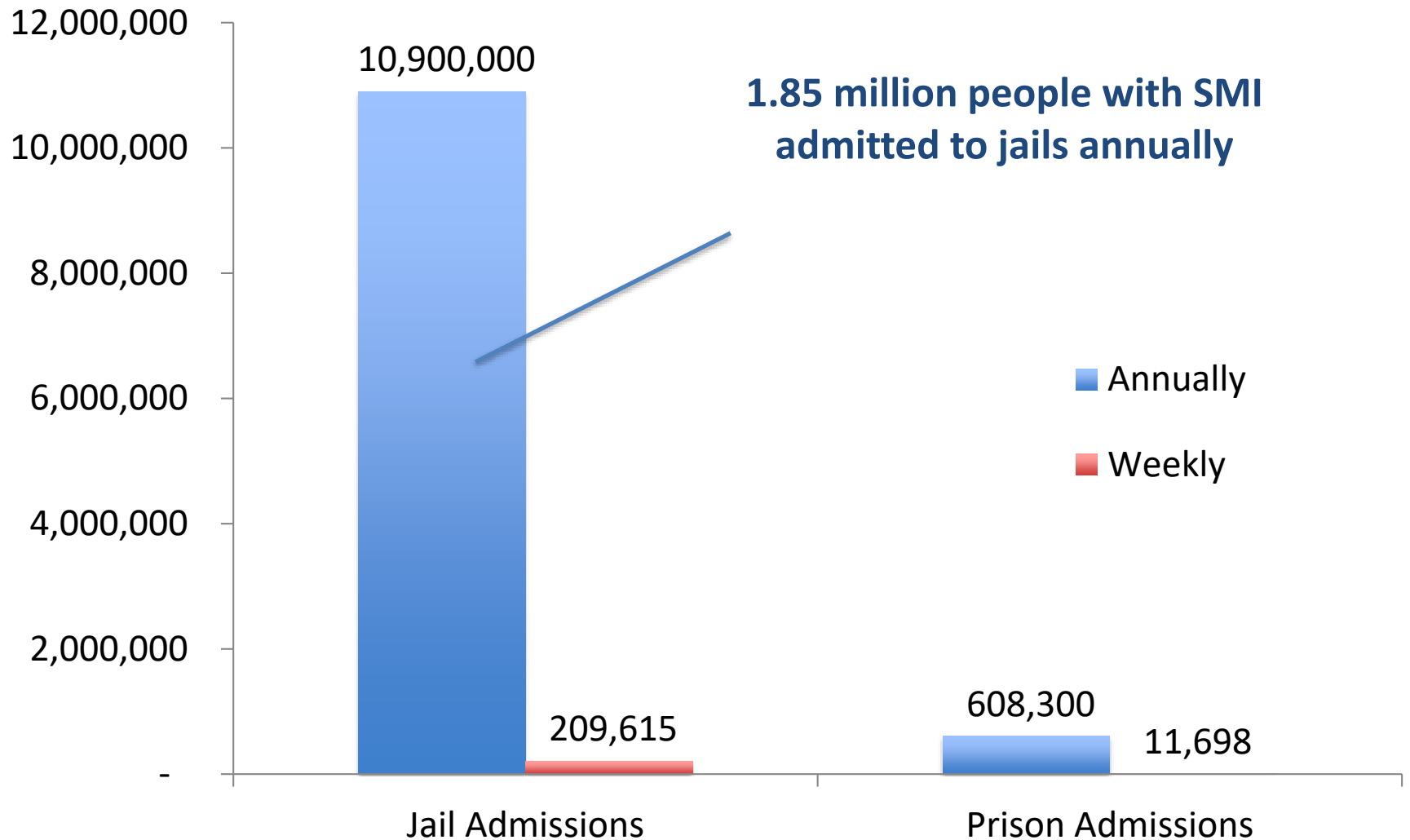## Mental Illnesses in the Criminal Justice System:
How did we get here?

Millions of Adults Now Under Correctional Supervision


Bureau of Justice Statistics 1980 - 2014

Legend: Total, Probation, Prison, Parole, Jail

Focus on where the volume is: Jails

Jail and Prison Admissions, 2015

1.85 million people with SMI admitted to jails annually

10,900,000

209,615

608,300

11,698

- Annually
- Weekly

Jail Admissions

Prison Admissions

While Jail Populations Have Declined in Some Counties …

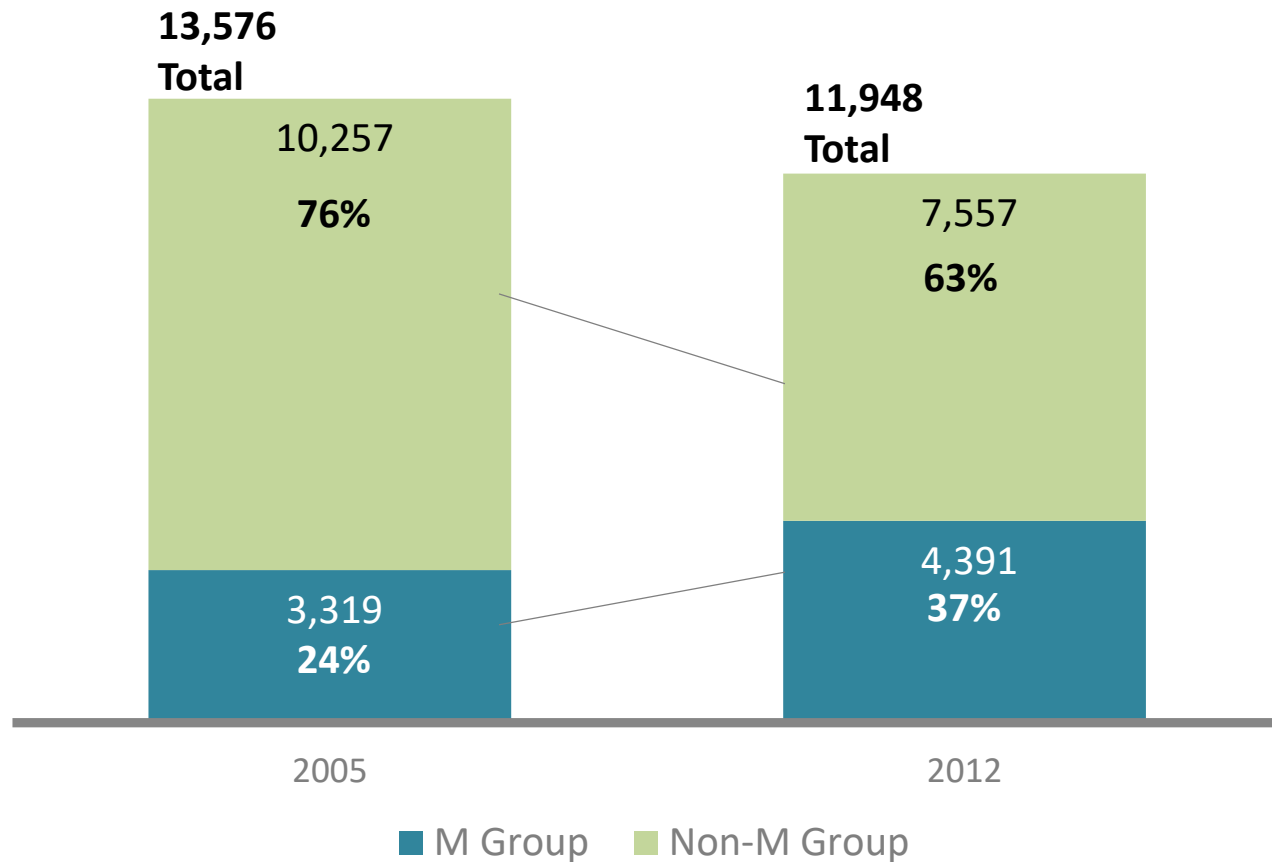Inmates Confined in Local Jails at Midyear and Percent Change in the Jail Population, 2000-2013

Number of Inmates at Midyear
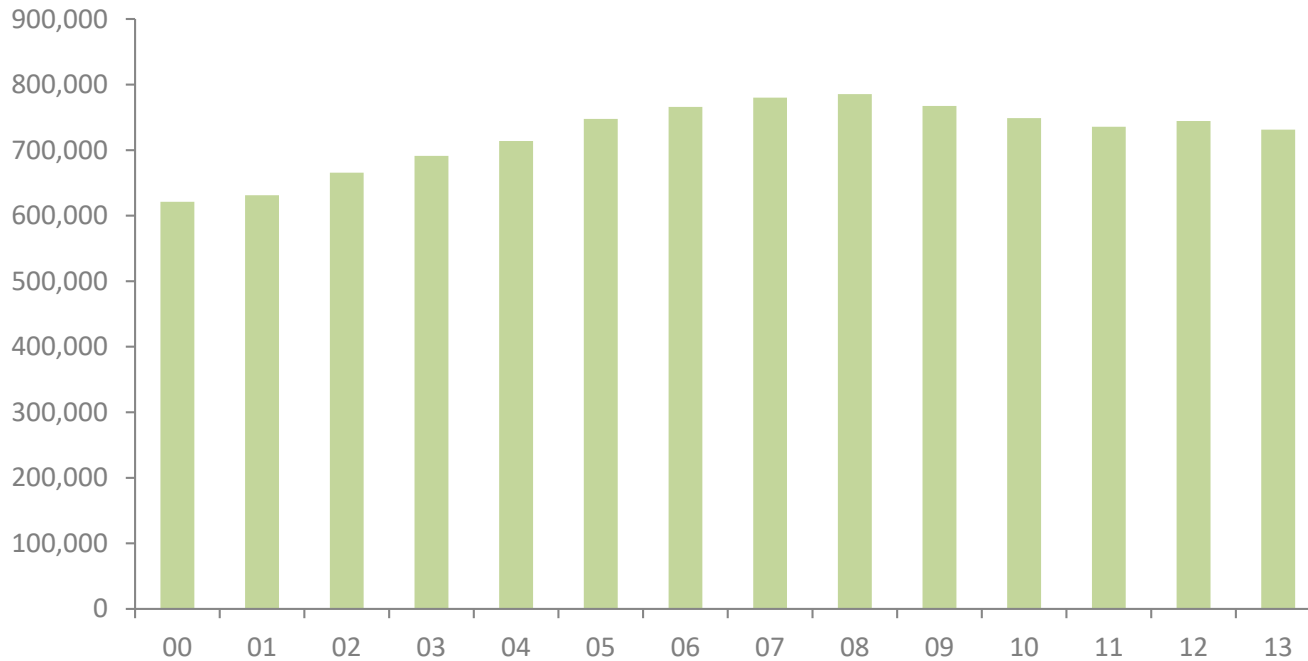
Jails Report Increases in the Numbers of People Mental with Illnesses
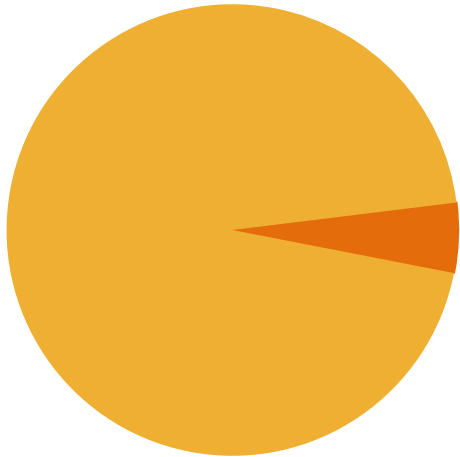

NYC Jail Population (2005-2012)

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

13,576 Total

10,257

76%

11,948 Total

7,557

63%

4,391

37%

3,319

24%

2005

2012

■ M Group ■ Non-M Group

Mental Illnesses: Overrepresented in Our Jails

General Population

4% Serious Mental Illness

Jail Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder
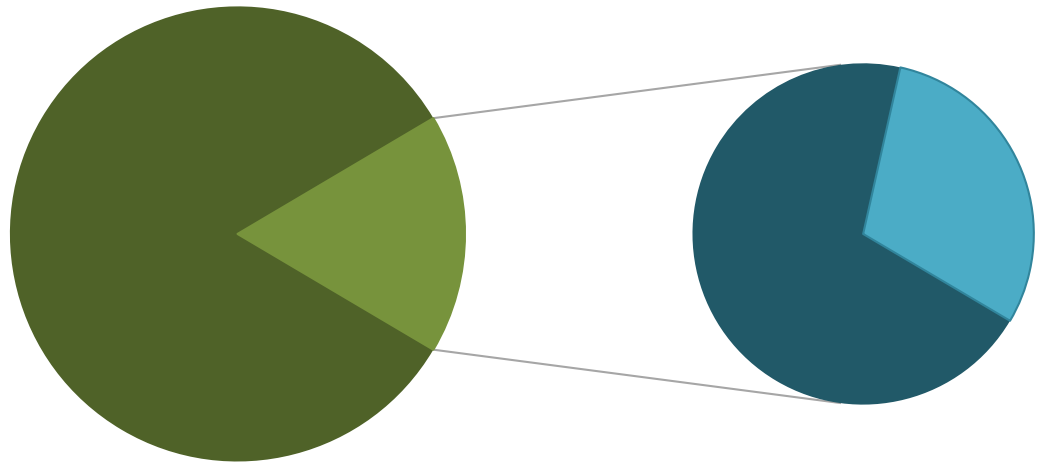
Disproportionate Representation
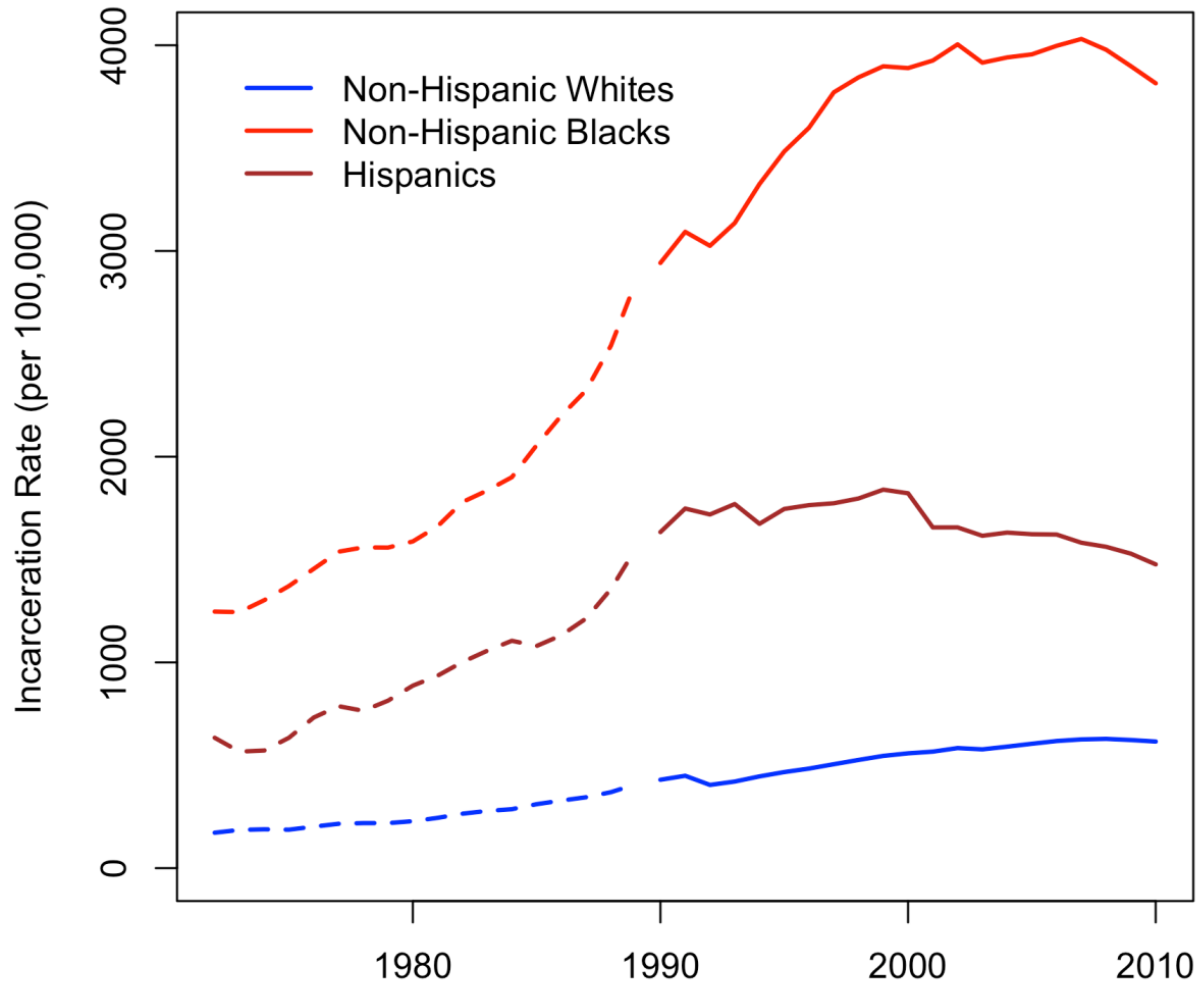
Factors Driving the Crisis

Disproportionately higher rates of arrest

Longer stays in jail and prison

Limited access to health care
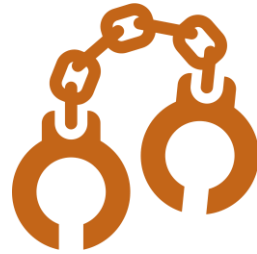
Higher recidivism rates
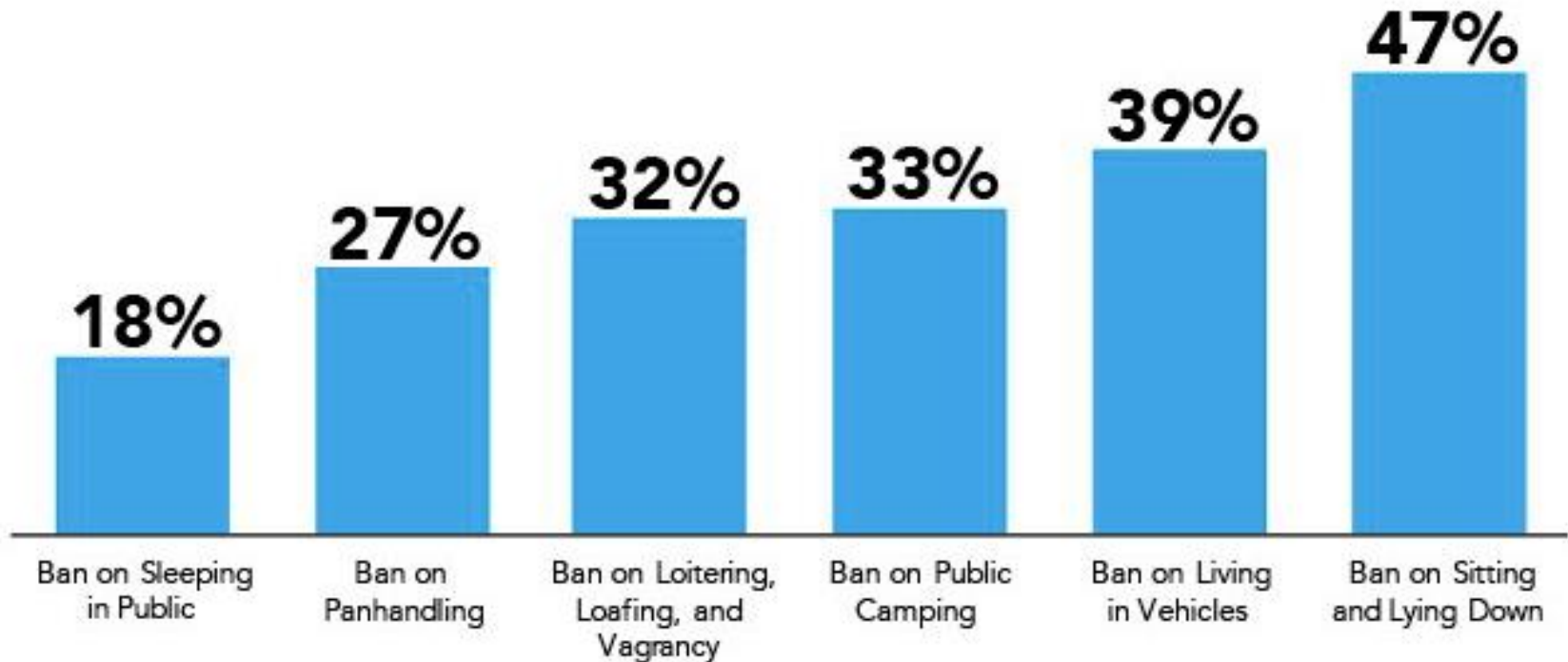
Low utilization of EBPs

Criminogenic risk factors

Factors Driving the Crisis

Disproportionately higher rates of arrest

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

18% Ban on Sleeping in Public

27% Ban on Panhandling

32% Ban on Loitering, Loafing, and Vagrancy

33% Ban on Public Camping

39% Ban on Living in Vehicles

47% Ban on Sitting and Lying Down

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
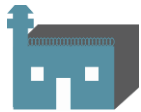
Longer stays in jail and prison

Longer Lengths of Incarceration
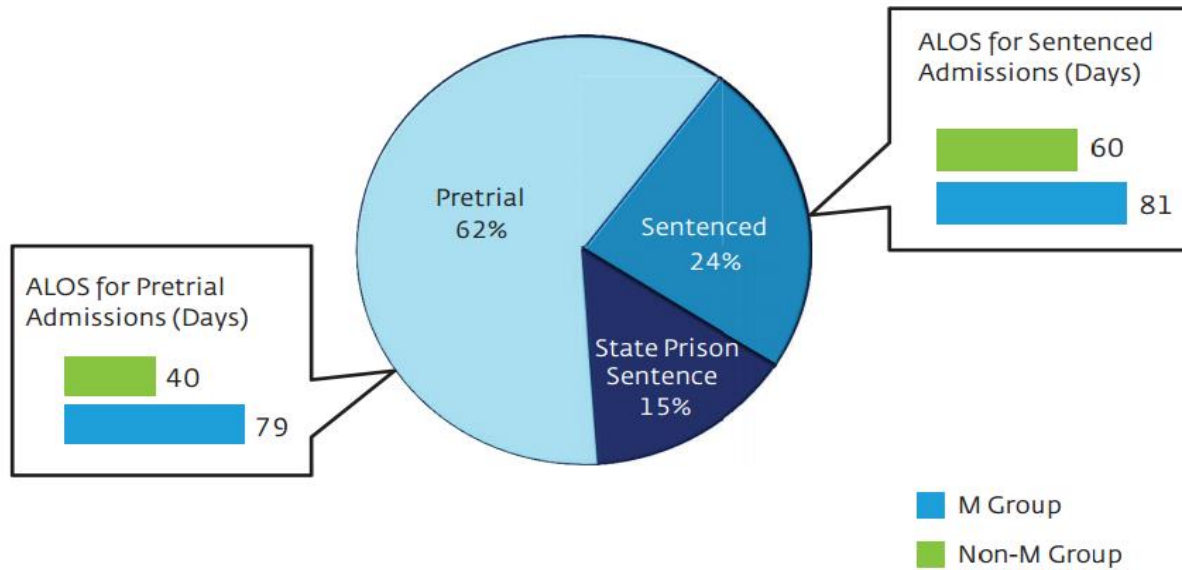
Source: The City of New York Department of Correction, 2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)
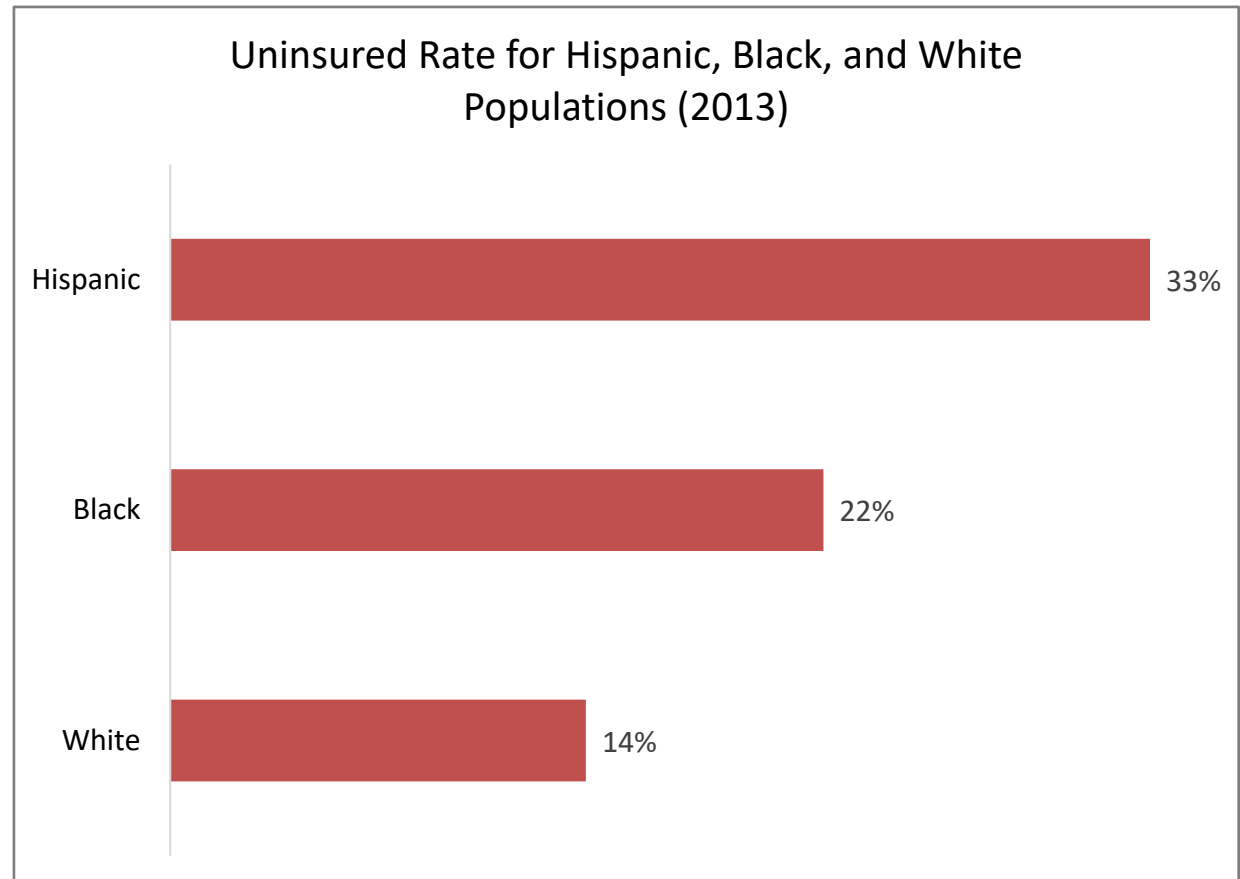
Factors Driving the Crisis

Limited access to healthcare

Limited Access to Health Care

Poor health
status

Poor health
access

Uninsured Rate for Hispanic, Black, and White Populations (2013)

Population	Uninsured Rate
Hispanic	33%
Black	22%
White	14%

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

Mental Health Services and Specialty Substance Use Treatment — 12%

Specialty Substance Use Treatment Only — 2.3%

No Treatment — 34.4%

Mental Health Services Only — 51.20%
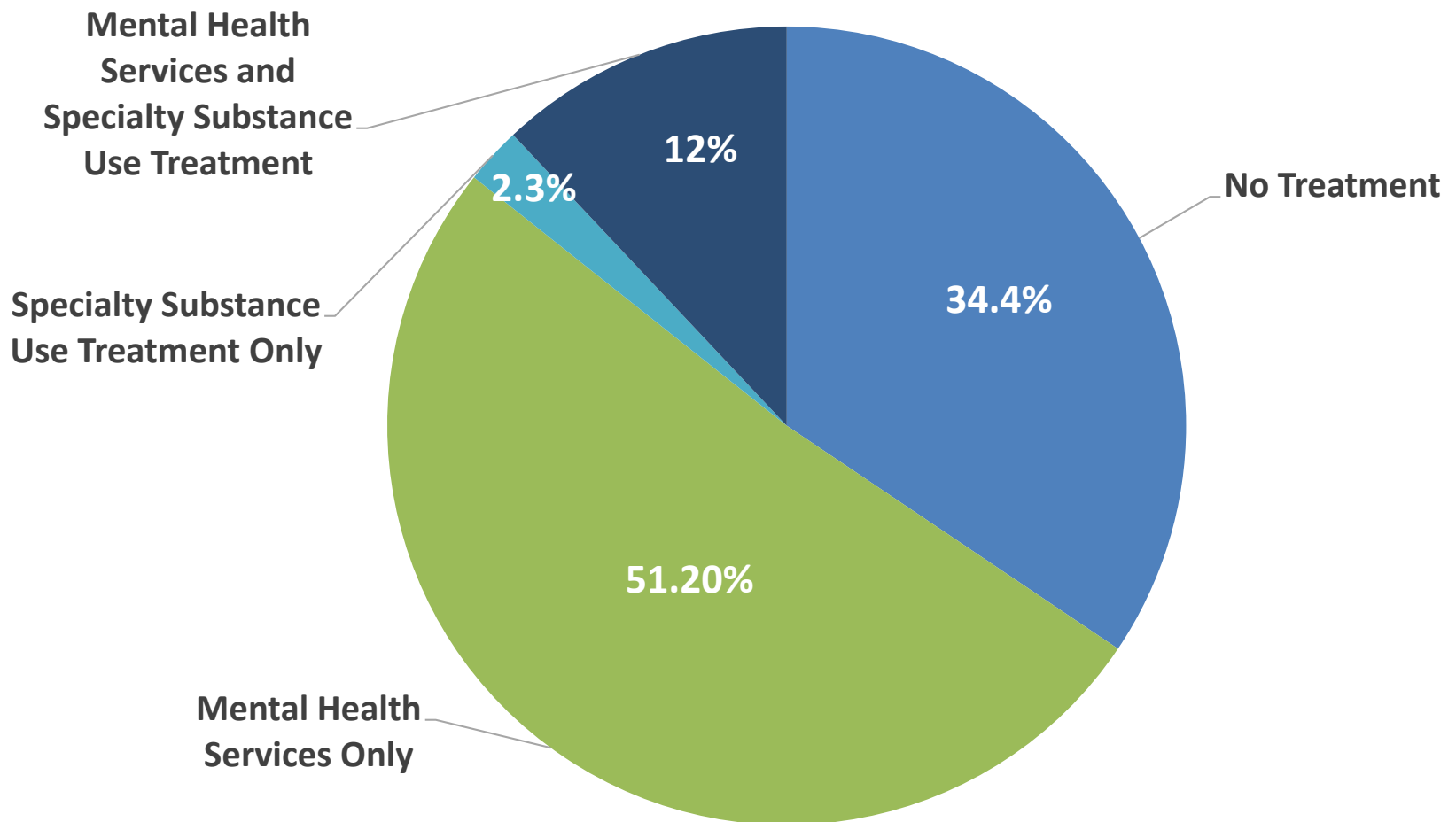
Factors Driving the Crisis

Higher rates of recidivism

High Recidivism Rates on Reentry

No more likely to be arrested …

… but 1.38 times more likely to be revoked
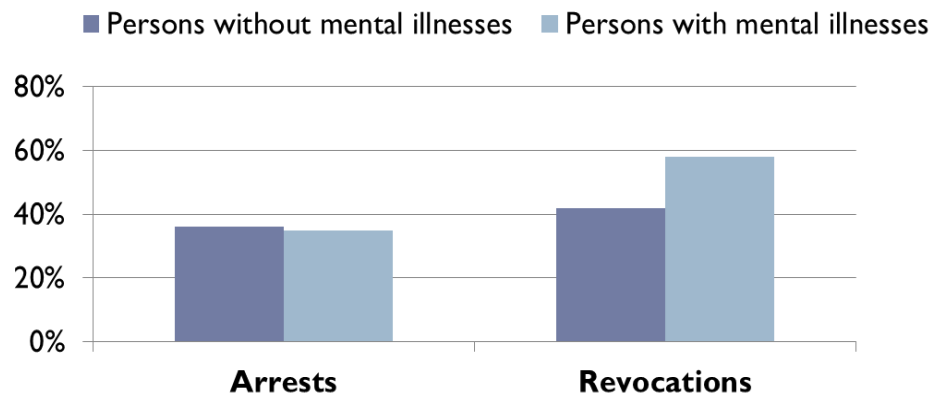
Screened 2,934 probationers for mental illness:
- 13% identified as mentally ill
- Followed for average of two years

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

Factors Driving the Crisis

Criminogenic risk factors

Incarceration Is Not Always a Direct Product of Mental Illness
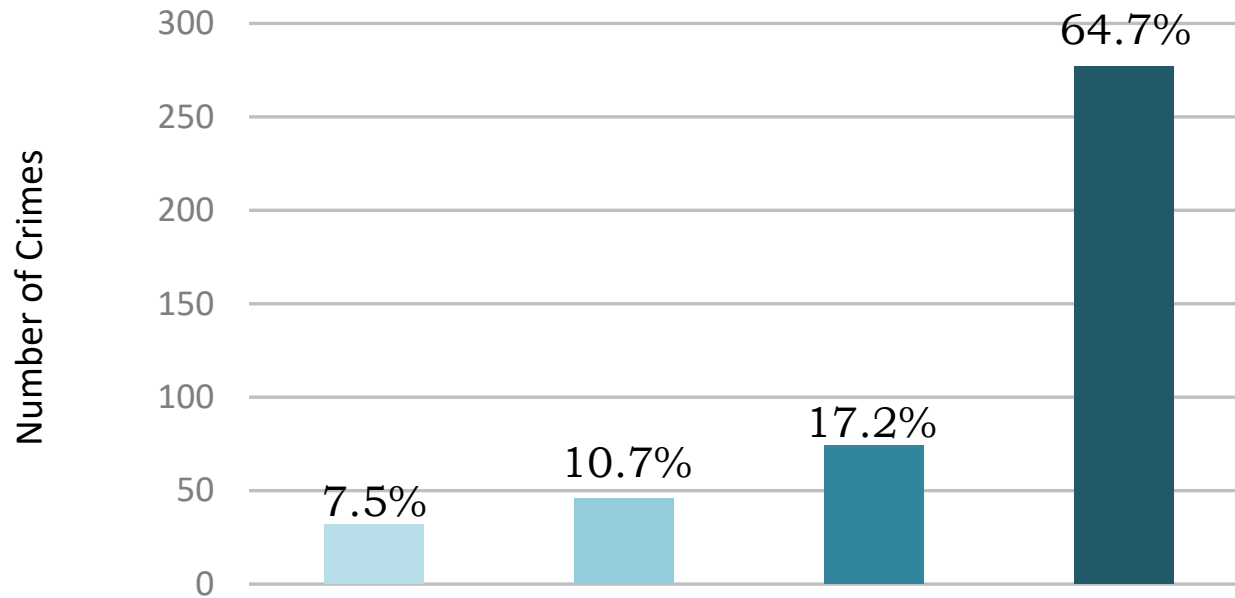
Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic (2014)

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

■ Persons with mental illnesses

■ Persons without mental illnesses
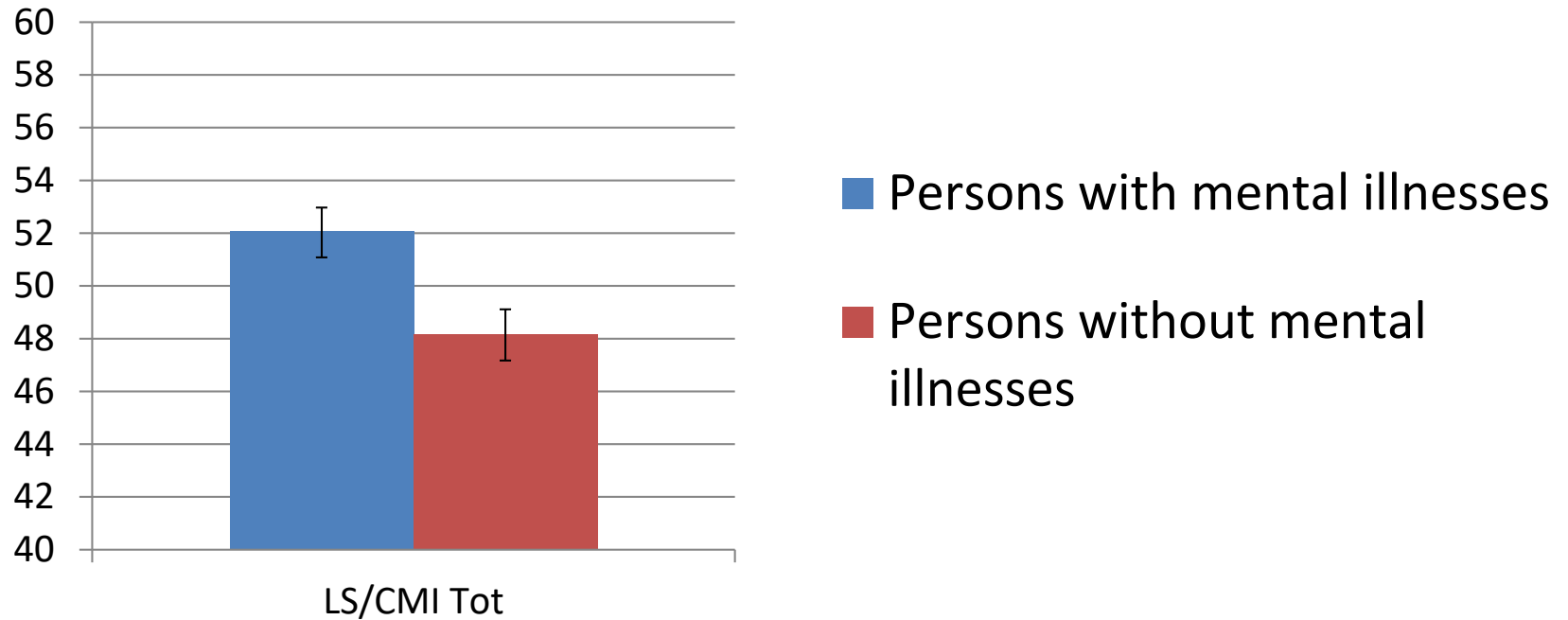
....and these predict recidivism more strongly than mental illness

Source: Skeem, Nicholson, & Kregg (2008)

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
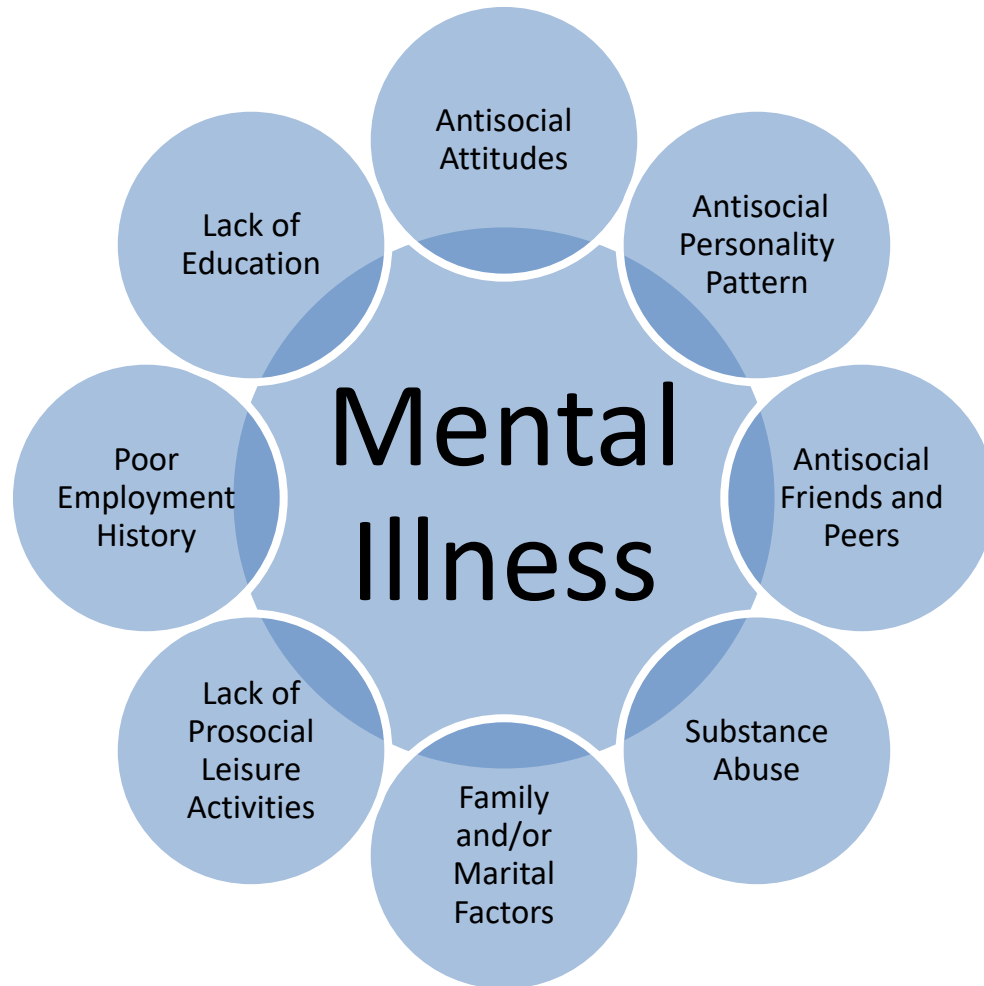
Knitting Together Available Research …
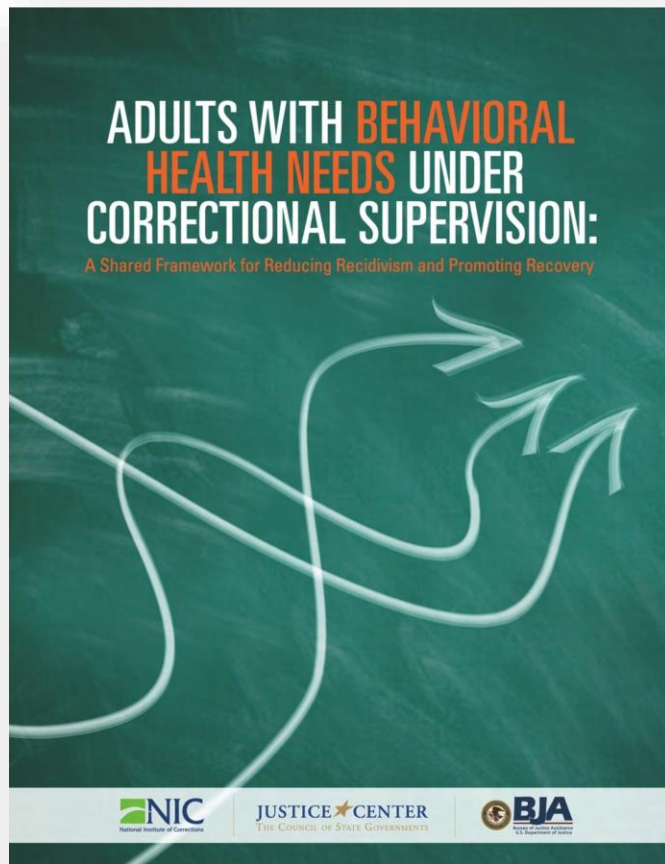
…To Create A Framework for Prioritizing Target Population

Low Criminogenic Risk (low)				Medium to High Criminogenic Risk (med/high)			
Severity of Substance Abuse (low)		Substance Dependence (med/high)		Severity of Substance Abuse (low)		Substance Dependence (med/high)	
Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Severity of Mental Illness (low)	Serious Mental Illness (med/high)	Severity of Mental Illness (low)	Serious Mental Illness (med/high)
Group 1 I-L CR: low SUD: low MI:low	Group 2 II-L CR: low SUD: low MI: med/high	Group 3 III-L CR: low SUD: med/high MI: low	Group 4 IV-L CR: low SUD: med/high MI: med/high	Group 5 I-H CR: med/high SUD: low MI: low	Group 6 II-H CR: med/high SUD: low MI: med/high	Group 7: III-H CR: med/high SUD: med/high MI: low	Group 8 IV-H CR: med/high SUD: med/high MI: med/high

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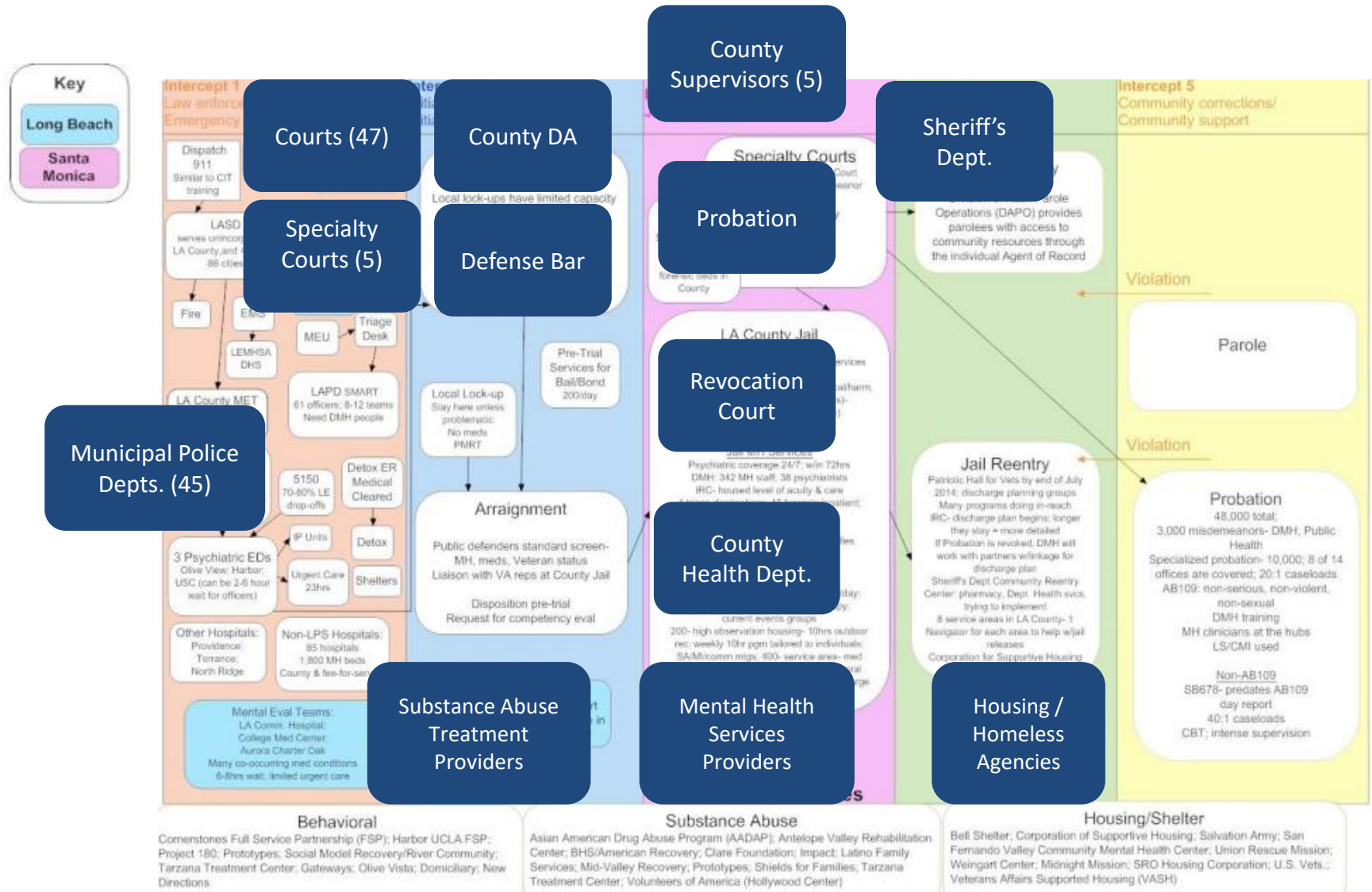
Challenge 1 - Being Data Driven:
Not Appreciating the Scale of the Problem
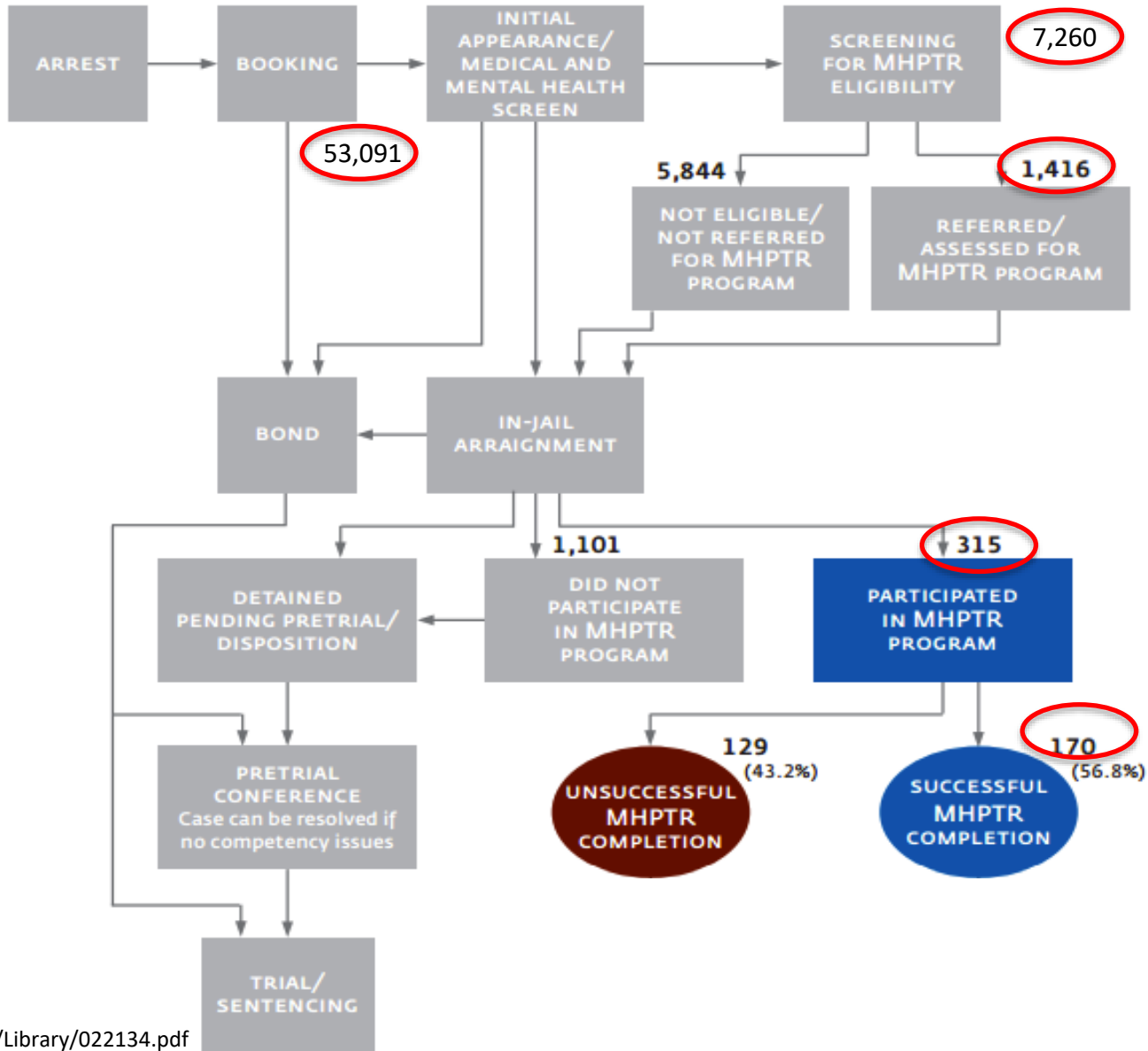
Challenge 1 - Being Data Driven:
Not Knowing the Target Population

	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)

Pie chart: Non-M Group 79%, M Group 21%

Stacked bar chart:
- M Group, SMI: 43%
- M Group, Non-SMI: 57%

Source: The City of New York Department of Correction & New York City Department of Health and Mental Hygiene 2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)
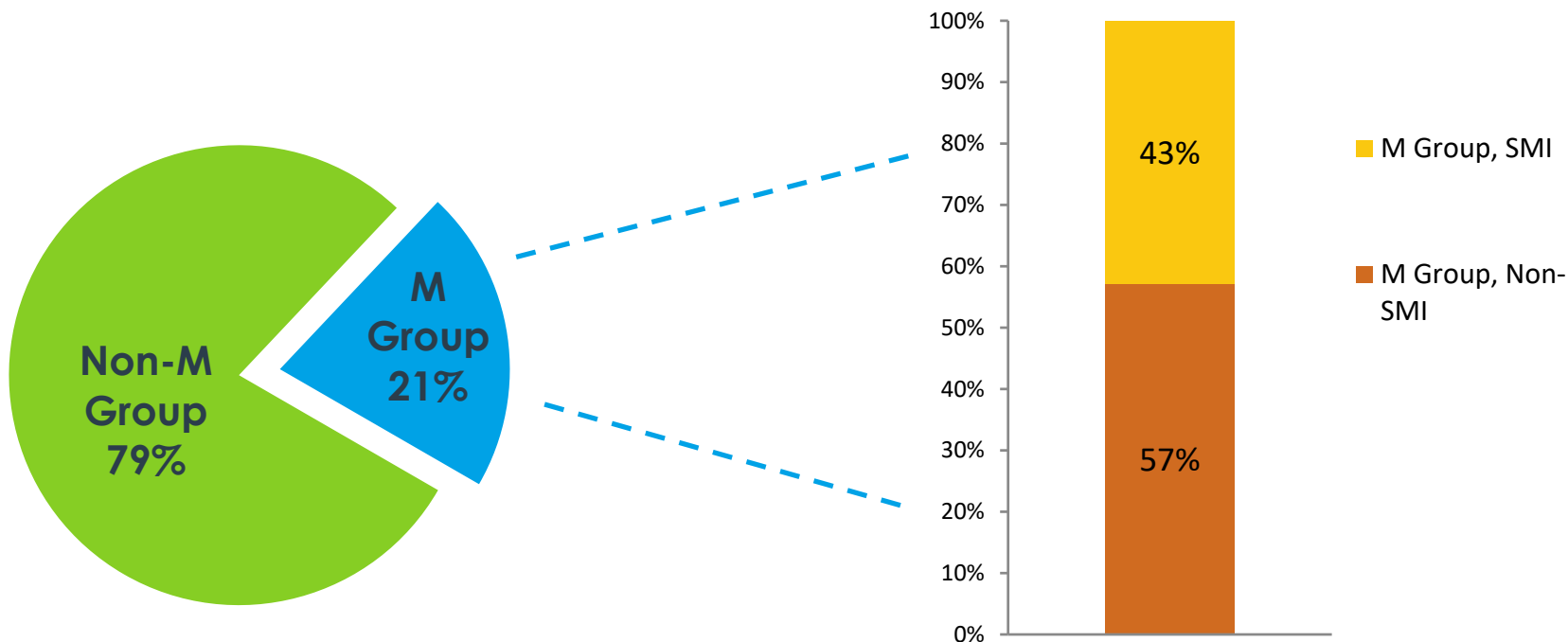
Challenge 2 – Using Best Practices:
Applying Results of Screening and Assessment:

Without Risk Assessment…
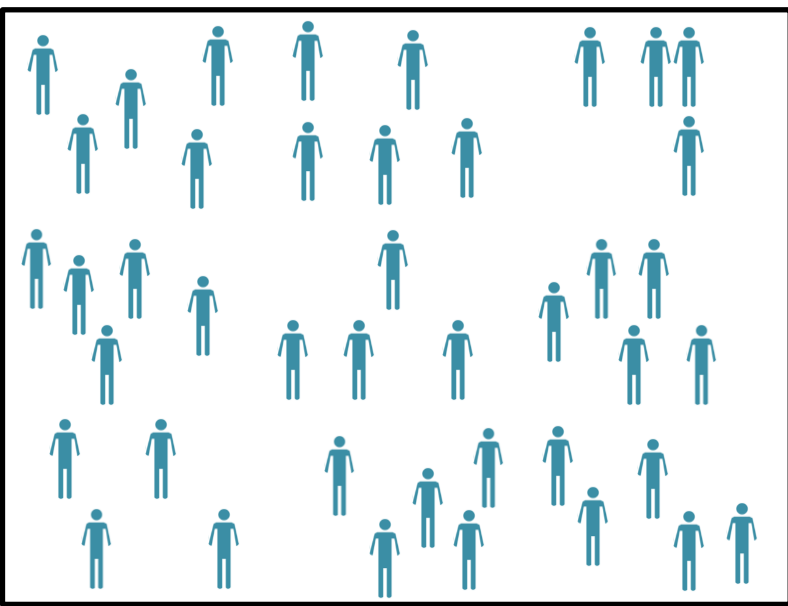
With Risk Assessment…
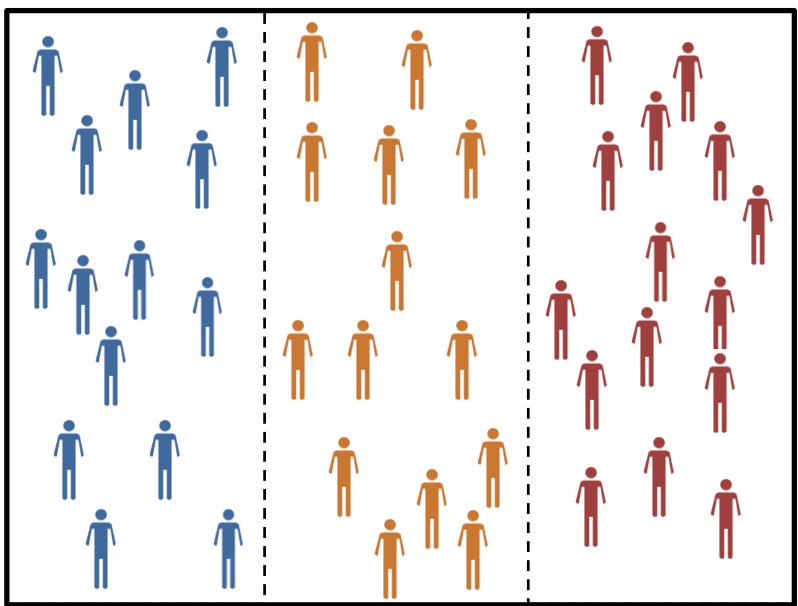
Risk of Re-offending

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

Andrews (2006)

Challenge 3 – Continuity of Care
Existing Services Only Reach a Small Fraction of Those in Need

10,523
Bookings

969
People with SMI

+1,346
People with SMI based on national estimates

609
Received treatment in community

360
Did NOT receive treatment in community

1,706
Total that did NOT receive treatment in the community

Low-Risk 40%

High/Mod-Risk 60%
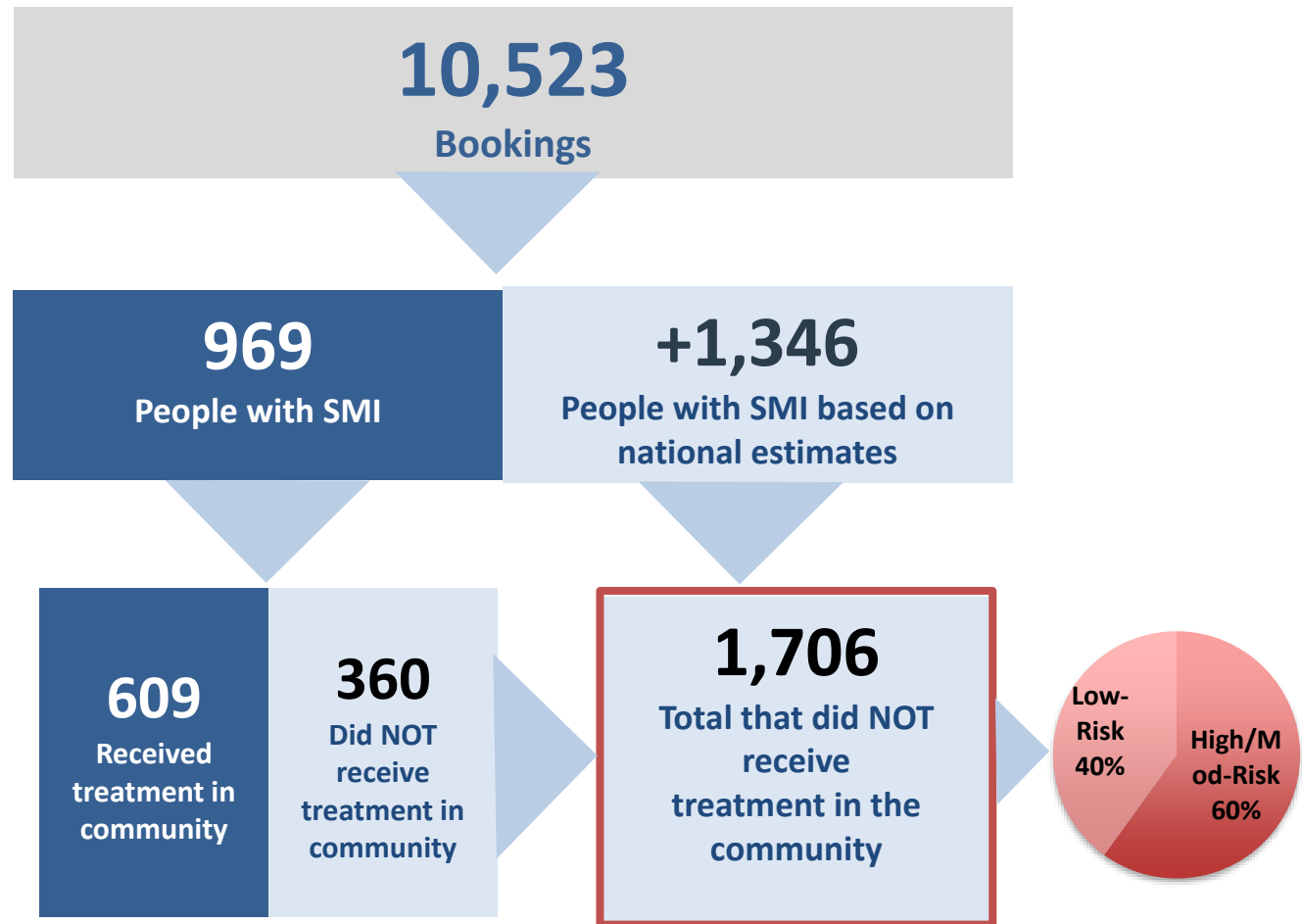
Example from Franklin County, OH

Challenge 4 – Tracking Progress:
Focusing County Leaders on Key Outcomes Measures
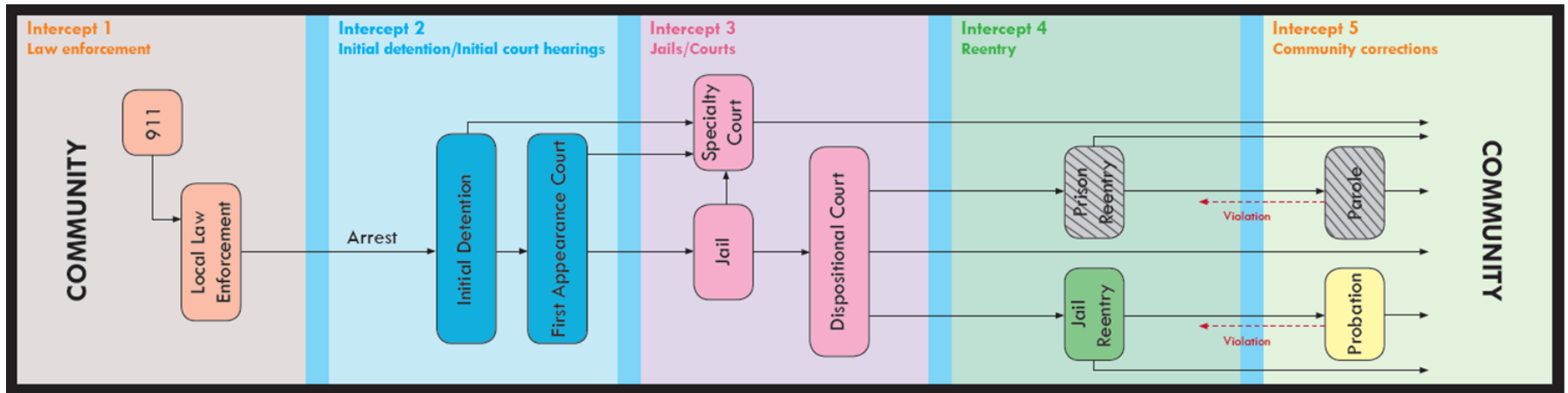
Outcome measures needed to evaluate impact and prioritize scare resources

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 more forward?

The STEPPING UP INITIATIVE

An unprecedented response

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

Counties that have passed resolutions (407)
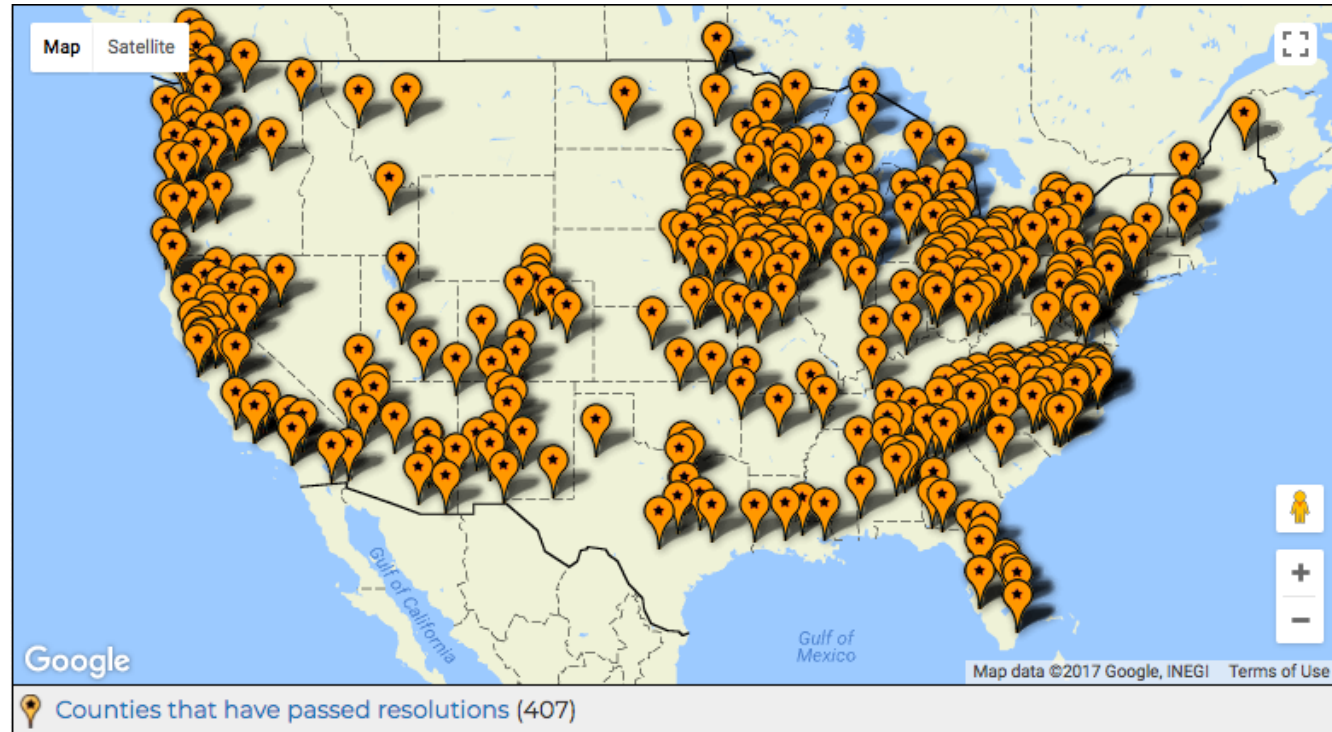
have resolved to reduce the number of people with mental illnesses in jails.

Pennsylvania Counties Step Up
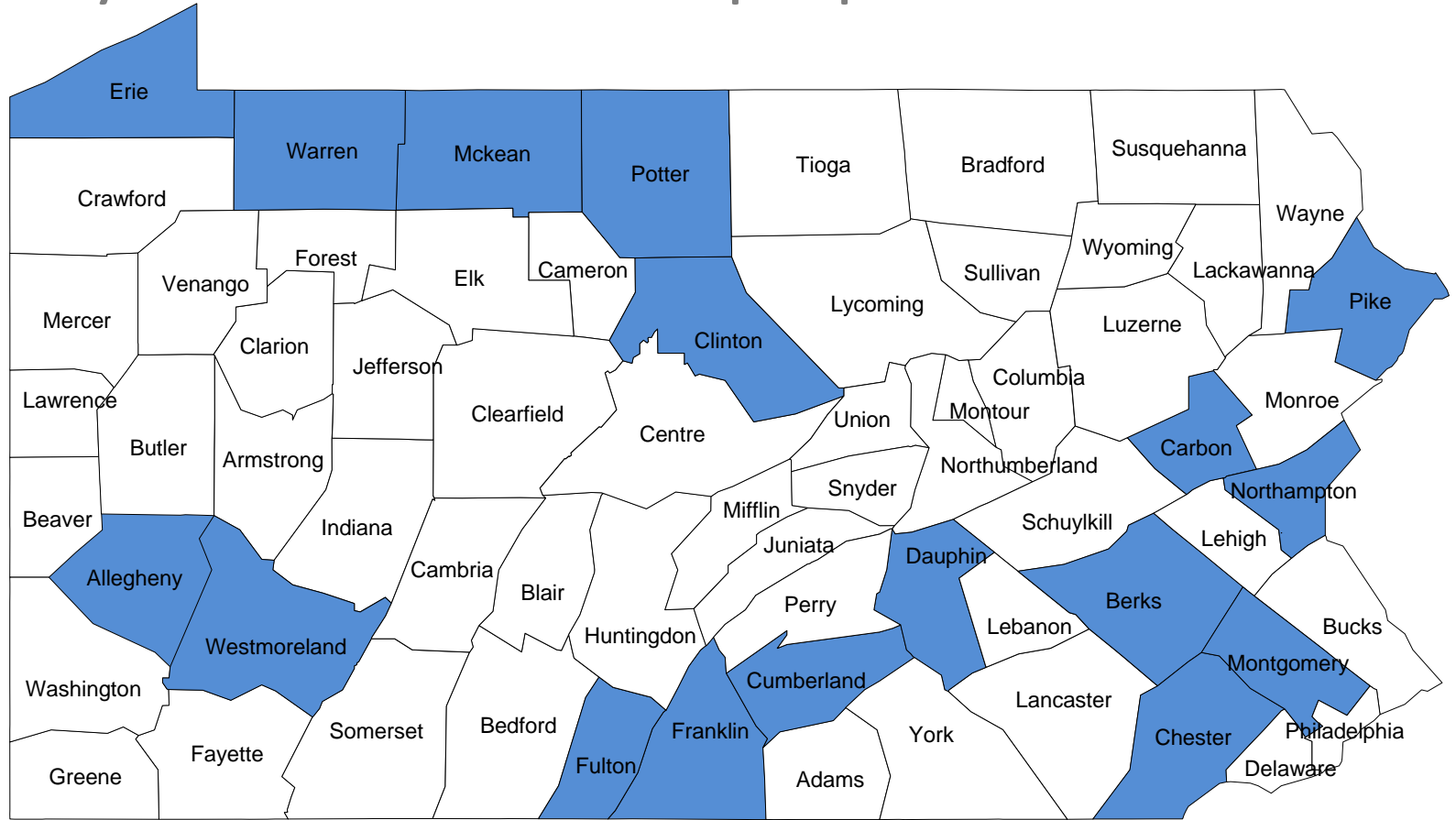
17 Counties In Pennsylvania Have Passed a Stepping Up Resolution

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	Data-Driven Analysis	Comprehensive Process Analysis
County selection dependent upon commitment by county leaders to act on findings	Objective findings on system strengths and limitations to promote consensus on reform priorities	Identify gaps in services and the flow of people moving through the criminal justice system

Develop Findings & Recommendations	Set Actionable Targets	Track Progress
Based on qualitative and quantitative findings, identify ways to improve outcomes	Set realistic goals and identify persons accountable for implementation	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
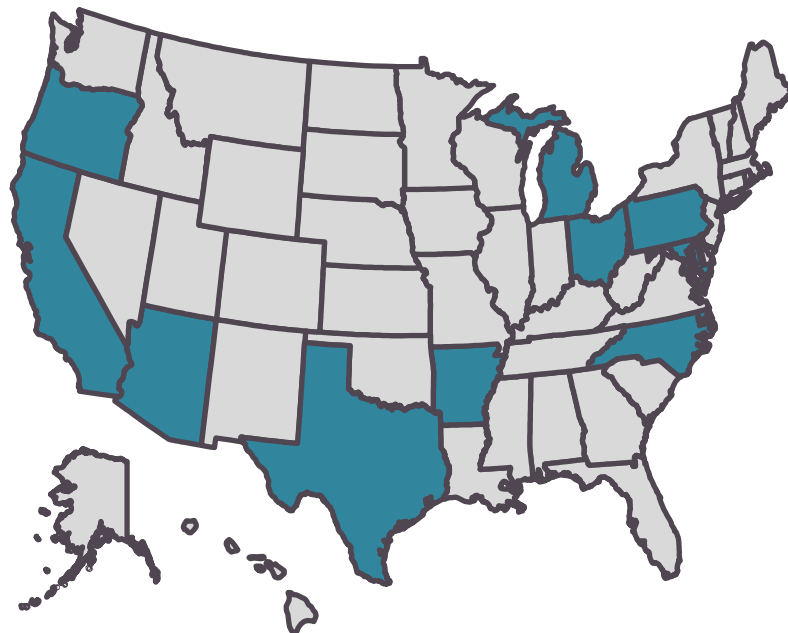
Ohio, June 2016

California, January 2017

State Project Sites

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

Stepping Up Pennsylvania

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

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?

Released in January 2017

Resources Toolkit & Webinars

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

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

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