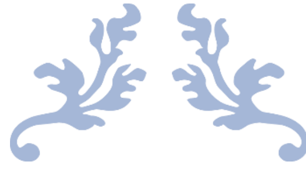

DAUPHIN COUNTY SIMPLE SCORECARD REPORT

The Criminal Justice Advisory Board & The Stepping Up Planning Subcommittee

CJAB Chairman District Attorney Francis T. Chardo

STRATEGIC PLANNING FOR 2023-2026

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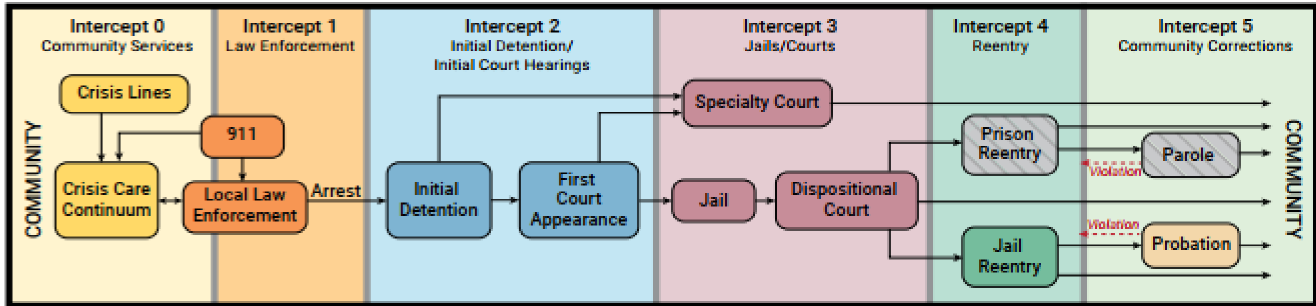
& MEMBERS OF THE STEPPING UP SUBCOMMITTEE

PURPOSE & BACKGROUND

This report provides a strategic planning process at each intercept of the justice system based on the sequential intercept model. During Stepping Up meetings we used the Wayne State University original design of the SIMPLE Scorecard as a base for our findings, which can be found here: https://behaviorhealthjustice.wayne.edu/simple-scorecard#panel2



The *Dauphin County Criminal Justice Advisory Board* (CJAB) is a county-wide advisory body on criminal justice issues. Members include department heads with varying roles in the criminal justice system or/and Human Services departments. During its nearly 20-year history, CJAB has been marked with both success and struggles. One of the Board's greatest successes has been the group's ability to recognize and work towards a shared vision and to identify specific common goals. It is the responsibility of the Board to examine the county's criminal justice system to gain understanding and insight and identify where improvements can be made.

CJAB MISSION STATEMENT

Enhance the criminal justice system and public safety through a collaborative and targeted approach which prioritizes the support of evidence-based practices and innovative strategies while maintaining fiscal responsibility and maximizing outside resources.

"*Criminal justice reform has resulted in many States/Counties signing a Stepping Up resolution to address the number of people with SMI in the local jails/prisons. In 2016, Dauphin County, PA Commissioners signed and passed a Stepping Up resolution to reduce the number of people with SMI in Dauphin County prison (DCP). After this, the county partnered with the Council of State Government (CSG) to receive assistance in collecting and analyzing data to determine the current trends of this problem. CSG published their results in 2018 that provided the county with statistics and recommendations to make improvements towards their Stepping Up initiative. Much of the results showed high numbers of people in DCP with a SMI staying longer than those without a SMI (Justice Center: CSG, 2018)*" (Dr. Ashley Yinger: Stepping-Up Report 2021)

The District Attorney's Office focuses on diversion, when possible, by supporting these initiatives, particularly the Police CoResponder model, and since has seen a 24% reduction in overall criminal dockets. Countywide, the introduction of more than 12 initiatives specifically focused on the earliest intercepts of the system have collectively had a significant impact on the community. Dauphin County was named in 2022 as a Stepping Up innovator county and won national recognition from the National Association of Counties (NACO) for its work with individuals with severe mental illnesses and co-occurring use disorders who are justice involved.

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Stepping Up Planning Subcommittee: SIMPLE Scorecard

Intercept	SIMPLE Scorecard Point	Dauphin County (2019)	Dauphin County (2022)
Intercept 0	Outside Grant	⊖	✓
	County Funding	⊖	✓
	Millage	X	X
	CMH SUD	⊖	⊖
	ACT	✓	✓
Intercept 1	Police Training	⊖	✓
	Police Coding of MH Calls	✓	✓
	Police Referrals to Tx	⊖	⊖
	Dispatch Sends Trained LE	X	✓
	Co-Responder Model	X	✓
	Alternative Drop Off	X	X
Intercept 2	Evidence Based Screening	⊖	✓
	Diversion	⊖	✓
	Jail-CMH Data Matching	⊖	✓
	Jail Meetings	⊖	✓
Intercept 3	Not For Profit Jail Provider	X	X
	Jail Clinician	✓	✓
	Jail SUD Services	✓	✓
	MOUD Continuation	X	✓
	MOUD Induction	X	⊖
	Low Circuit Court to Prison	X	X
	Specialty Court	⊖	✓
Intercept 4	No Data Sharing Issues	⊖	⊖
	Release Time	⊖	⊖
	Psych Medications	⊖	⊖
	Discharge Planning	X	⊖
	Medicaid Reactivation	X	⊖
Intercept 5	Specialty Probation	✓	✓
	CMH-Probation Collaboration	⊖	✓
Leadership	Champion	✓	✓
	No Resistance to Change	⊖	✓
	Strategic Planning	⊖	⊖
Expertise	Measure Own Outcomes	⊖	⊖
	Networking	⊖	✓
	Evaluation Experience	X	⊖
	Boundary Spanner	✓	✓

Key

✓	=	**1 point**
⊖	=	**½ a point**
X	=	**0 points**

Scoring Breakdown

Intercept	Scoring
0	3.5 out of 5 points
1	4.5 out of 6 points
2	4.0 out of 4 points
3	4.5 out of 7 points
4	2.5 out of 5 points
5	2.0 out of 2 points
Leadership	2.5 out of 3 points
Expertise	3.0 out of 4 points
Total: **26.5** out of 36 possible points	

Outside Grant

Question: Did the county have a grant to help behavioral health services in criminal/legal settings?

Justification: Access to outside funding can support programmatic expenses related to innovative change.

Operationalization: Counties who were awarded Jail Diversion pilot funding received this point. Stepping Up counties needed to have mentioned a prior grant.

Describe Local Implementation:

2019 PCCD CIT Grant
- Start CIT trainings in county for law enforcement entities.

2020 OMHSAS CoResponders (2)
- Started CoResponder implementation for, Harrisburg, Susquehanna, lower Paxton, and Swatara.

2020-2022 & 2022-2024 JAG Single Solicitation Local Initiatives
- Used for BHU Assistant District Attorney (ADA) and overtime for administrative MISA work
- Used for BHU Public Defender and overtime for Administrative BHU work

Other related diversionary work

2019 Restrictive Probation Grant
- Expanded funding for program participants for treatment services

2021-2023 COSSAP
- Hired Criminal Justice Assistant / Diversion Coordinator

2021-2023 PCCD Crisis Intervention & Pretrial Diversion, Reentry
- Hired a Behaviorial Health Reentry Coordinator to work alongside the existing reentry coordinator at the jail.

Next Steps: Stay diligent with monitoring future solicitations.

County Funding

Question: Did the county, sheriff's office, or law enforcement agency pay for a public behavioral health position?

Justification: As public mental health providers struggle to fund services outside of state- and federally driven criteria, funding from other local sources designated toward the criminal/legal system can impact criminal/legal related outcomes.

Operationalization: Researchers needed to hear about the funding arrangement to award the point. For-profit mental health services in jails did not count.

Describe Local Implementation: (2018 – Current) Dr. Ashley Yinger is a Criminal Justice Programming Administrator in the District Attorney's office. Within that role, she serves as the Stepping Up coordinator, which Stepping

County Funding Cont'd

Up is a national initiative to reduce Serious Mental Illness (SMI) in prisons/jails. Dr. Yinger implemented and is overseeing a few of the diversionary initiatives within the County that were started from Council of State Government's 2016 recommendations. (4) Diversion Specialists are at the central booking center to screen individuals coming in with new charges for behaviorial health needs. From those screenings, two behaviorial health reentry coordinators at the jail can create plans for applicable individuals while in the prison system.

Next Steps: Work on implementation of BHU clinicians at dispatch and continue to expand up reentry services and coordination with Crisis Intervention.

Millage

Question: Did the county pass a millage to support behavioral health programming?

Justification: Some public mental health organizations are able to leverage additional funds from a county-level tax millage to support innovative criminal/legal programming, particularly as jail-based services are not eligible for Medicaid reimbursement.

Operationalization: Researchers needed to hear about the millage from a key stakeholder.

Describe Local Implementation: Currently we do not have a Behavioral Health millage tax. A similar fee was discussed beginning in 2013 and several times since. This may be considered in the future. There is currently a Central Booking fee to support Judicial Center Operations. This is not able to be directed towards individuals with Behavioral Health needs.

Next Steps: Maintain conversations around the ability to assess, collect, and manage, a Behavioral Health millage fee. Set correctly, with diverse oversight, this kind of tax can be used to support collaborative efforts between the justice and human services systems.

Community Mental Health Substance Use Disorder

Question: Was the public mental health organization authorized to bill Medicaid for SUD services beyond its designated 10% carveout?

Justification: Some public mental health organizations contract out its SUD provider and are not able to provide SUD services 'in-house', complicating coordination of care; the presence of SUD presents a high recidivism risk.

Operationalization: Researchers needed to hear about whether the CMH could bill SUD services.

Community Mental Health Substance Use Disorder Cont'd

Describe Local Implementation: Pennsylvania Counseling Services offers *Live Up SMI Recovery Program.* Access to Medicaid was increased during the 2019 COVID pandemic, but may change and not be in the future (i.e. pandemic funds will cease) Our case management providers CMU/Keystone/Merakey, may or may not see individuals come off medical assistance, and continue to monitor funding and access to services in the future.

Next Steps: Monitor future progress.

Assertive Community Treatment (ACT)

Question: Did the county have an Assertive Community Treatment (ACT) program?

Justification: ACT programs target high-need clients, who are often involved in the criminal legal system, and provide a daily interventions with a team of clinicians.

Operationalization: Researchers needed to hear about the presence of an ACT program.

Describe Local Implementation: The county contracts with provider Merakey who does have an active ACT team.

Next Steps: Staffing retention continues to be a problematic across county departments. Continue to support and aide in recruitment for these jobs.

Police Training

Question: Were at least 20% of patrol officers trained in 40-hour Crisis Intervention Team (CIT) or 50% trained in at least 8 hours of in-service behavioral health training (for Michigan, MMHC, MI-CIS, or MHFA)?

Justification: While shorter training modules do not have much of an evidence base, the 40-hour CIT training curriculum has been shown to increase officer mental health knowledge and affect officer behavior.

Operationalization: Researchers did not have data on all police departments. A point was awarded if county hosted its own training program, not if they sent a handful of officers to another county's program.

Describe Local Implementation: There were 238 patrol officers trained in CIT, of those 62 were Pennsylvania State Police (PSP). Overall, there have been 305 people trained across various county departments including but not limited to; the Sheriff's office, Probation and Work Release Center Officers, Dauphin County Prison, the BHU in the District Attorney's Office, and Human Services staff. It is important to note that the county has over 50% of officers trained. Police departments are working to ensure at least 20% of their department is trained and some anticipate to have 100% of officers trained in the future.

Next Steps: Continue to track number of those CIT trained.

Police Coding of Mental Health Calls

Question: Did officers categorize mental health calls in police reports and report prevalence (MH code used on over 1% of total calls)?

Justification: Officers are not likely to divert subjects to appropriate resources without recognition of behavioral health symptoms, and coding of crises is a key indicator for officer recognition.

Operationalization: Researchers did not have data on all police departments. A point was awarded if the county had a reporting mechanism for mental health calls as a proportion of all calls.

Describe Local Implementation: The Department of Public Safety, specifically EMS does code mental health data as applicable. Most police departments will also specify within their various calls as it relates to any behavioral health matter. In addition, CoResponders will review reports, and follow up as necessary for those behaviorial health calls.

Next Steps: Become familiar with how data is collected and kept amongst various departments.

Police Referrals to Treatment

Question: Did law enforcement refer directly to CMH or a provider for mental health crises?

Justification: Some law enforcement departments have established referral processes during or after crises to coordinate cases with treatment resources; otherwise, the treatment provider may not be aware of emergency incidents.

Operationalization: The CMH had to know about the referrals and talk about how it worked.

Describe Local Implementation: The CoResponders are embedded in 8 departments and assist with direct referrals to Crisis and providers as needed. At the end of 2022, the Department of Human Services applied for and received funding for a regional Crisis Stabilization Center and is in the planning stages in which would help those experiencing a mental health crisis to have somewhere else to go outside of the hospital emergency department or in some specific instances, central booking. Coordination between law enforcement and Human services plans to be even more robust.

Next Steps: Discuss this coordination amongst all departments at 2023 Stepping-Up meeting.

Dispatch Sends Trained Law Enforcement

Question: Did dispatch know which officers have received behavioral health training, and send them to appropriate crises?

Justification: Dispatch has the ability to maximize efficiency by recognizing and sending behavioral health trained officers to crises, who may be less likely to escalate and result in additional charges.

Operationalization: Researchers did not connect with every county dispatch center. A point was awarded if a CIT or other LE/behavioral health stakeholder mentioned this kind of arrangement.

Describe Local Implementation: Emergency Management Agency (EMA) does receive a list of trained CIT officers, CoResponders, and are able to facilitate calls to Crisis staff.

Next Steps: Keep the list provided to EMA up to date with any changes.

CoResponder Model

Question: Did the county have a co-responding unit of law enforcement and a mental health clinician to either respond to real time crises or follow-up after mental health-related incidents?

Justification: Co-response units, especially those with the capability of responding to real-time crises, are associated with greater linkage to treatment and fewer arrests.

Operationalization: Researchers needed to hear at key stakeholder describe a ride-along program.

Describe Local Implementation: In 2022 alone, there were 3,096 contacts by CoResponders. Of those only 4% resulted in charges, which is a 2% decrease compared to the prior year. The 8 CoResponders are embedded across 8 police departments, 3 in Harrisburg City, 1 shared between Derry Twp. and Hummelstown Borough, 1 shared between Steelton Borough and Lower Swatara Twp., 1 in Lower Paxton Twp., 1 in Susquehanna Twp., and 1 in Swatara Twp.

Next Steps: Expand the CoResponder model to departments that currently do not have a CoResponder.

Alternative Drop Off

Question: Did the county have an alternative law enforcement drop-off center?

Justification: Behavioral health training for law enforcement is more effective in tandem with an alternative drop-off location than emergency departments.

Operationalization: The drop-off center needed to be a separate location from the jail that CMH would actively promote to law enforcement agencies.

Describe Local Implementation: Currently pursuing this option with key stakeholders for a Crisis Stabilization Center, run by the Department of Human Services. However, there is not a date set for this to be implemented if funding can even be obtained for this recommendation.

Next Steps: Work with healthcare systems to have an urgent care system for all those individuals with mental health needs. Continue to expand funding as applicable if even possible.

Intercept 2 – Initial Detention/Court Hearings

Post-booking points

Evidence Based Screening ✔

Question: Did the jail use empirically validated screening instruments to identify and refer people during the booking process?

Justification: As processes for identifying behavioral health concerns vary widely across jails, using evidence-based screening tools can optimize minimal resources toward a population with behavioral health risk.

Operationalization: Either the K6, BJMHS, or RODS needed to be used at booking as a referral tool. Other tools would count if they had been empirically verified.

Describe Local Implementation: We do this through the TCU, Brief Jail Mental Health Screening (BJMHS), and General Risk Assessment tools. When a screening is completed at the booking center, an e-mail is shared with the jail treatment unit. Primecare will screen using the BJMHS, but does not have anything standardized for D&A screening. They will know what substances an individual uses, it's dosage, and if detox is needed. CMU will follow-up with needs if and when someone is released to the community. The reentry coordinators at the jail are assisting to bridge this gap.

Next Steps: Improve accessibility in OMS to include BJMHS and TCU screening information.

Diversion ✔

Question: Did the county have a program designed to divert pretrial detainees who show signs of mental illness?

Justification: Some counties have processes in place to advocate early release when the charges were directly related to a person's behavioral health condition.

Operationalization: Researchers needed to hear a program that included advocacy for early release during pretrial status.

Describe Local Implementation: The Team MISA and bail review teams meet weekly to discuss release options for individuals which includes those on the C/D rosters at Dauphin County Prison.

Next Steps: Continue cross-disciplinary coordination for those with mental illness.

Jail-CMH Data Matching

Question: Did the county have a mechanism to match CMH client lists with jail bookings on a regular basis?

Justification: When systems are in place to match names across public mental health and jail booking databases, jail clinical resources have an opportunity to connect with clients and coordinate jail-based and post-release care.

Operationalization: Researchers needed to hear the CMH describe record matching as a regular process, either automated or performed by hand.

Describe Local Implementation: There is information sharing weekly between Primecare, CMU, and the Jail Treatment Unit. Currently we are working on information sharing between Primecare and other various departments. Originally this was a challenge, but this process is working efficiently to meet its goals.

Next Steps: Continue to work through coordination.

Jail Meetings

Question: Did the jail have regularly scheduled interdisciplinary meetings to address behavioral health and criminal justice issues for jail case coordination next week or month?

Justification: Ongoing communication between jail corrections and clinical staff can preempt crises, and additional charges, through a coordinated approach to cell placement, clinical services, and release planning.

Operationalization: Meetings needed to be ongoing at a regular time, where a researcher could theoretically attend.

Describe Local Implementation: Weekly meetings are held for Team MISA and interdisciplinary work with the DCP treatment unit and PrimeCare. Additionally, monthly meetings are held for reentry coordination. For any individual referred to criminal justice treatment programming, case proceeding lists are collected as needed.

Next Steps: Continue meetings as regularly scheduled.

Not For Profit Jail Provider X

Question: Did the county contract not-for-profit providers for jail behavioral health programming?

Justification: Counties jails with for-profit behavioral health providers serve fewer people than counties with publicly-funded behavioral health providers.

Operationalization: The jail's mental health clinicians needed to be employed by a non-profit agency to gain a point.

Describe Local Implementation: Our county jail and it's treatment unit is a not-for-profit entity. Prime Care is a for profit agency and is the jails medical provider. There is a combination of behaviorial health services provided by Prime Care, CMU, and the DCP treatment unit.

Next Steps: Continue coordination efforts for behaviorial health programming.

Jail Clinician ✔

Question: Did the jail have dedicated clinician(s) whose primary place of work is the jail?

Justification: Though jail-based mental health services are not eligible for Medicaid reimbursement, some counties have clinicians positioned at the jail to attend to ongoing behavioral health needs.

Operationalization: A clinician usually had to be 40 hrs./week at the jail. One exception spent 12 hrs./week since it was one of their primary responsibilities, as opposed to access center or emergency mental health call-outs for crises.

Describe Local Implementation: Our county jail has an active contract with Prime Care which staffs 2 full-time Psychologists and 3 full-time Licensed Social Workers (LSW) which are embedded inside the jail's medical unit. They offer 32 hours of psych with a Nurse Practitioner and 8 hours with a psychiatrist per week.

Next Steps: No further action needed at this time. Prime Care is progressing towards being fully staffed in the near future by expanding recruitment incentives.

Jail Substance Use Disorder (SUD) Services ✔

Question: Did the jail offer SUD therapeutic services (not just NA or AA)?

Jail SUD Services Cont'd

Justification: As SUD is a criminogenic risk factor, jail-based therapeutic interventions targeting SUD may have an impact on subsequent recidivism.

Operationalization: Any SUD clinical service would if it was not NA/AA, or a vivitrol shot.

Describe Local Implementation: There are designed treatment blocks for both male and females within the prison, in which they offer treatment groups. Prior to the pandemic, the jail held a contract with Mazzitti and Sullivan Counseling services to provide outpatient services. Since, that contract has expired, further contracting with providers are currently under evaluation. Additionally, several of the Treatment Specialists on the therapeutic blocks are trained in Moral Reconation Therapy (MRT) and certified in the American Society of Addiction Medicine (ASAM) Criteria. Drug and Alcohol Services Case Manager complete assessments as well, Treatment specialists on the therapeutic block will manage that case plan.

Next Steps: Continue to maintain therapeutics services for incarcerated individuals.

Medications for Opioid Use Disorder (MOUD) Continuation

Question: Were either Methadone or Buprenorphine available in jail for continuation?

Justification: Though Medications for Opioid Use Disorder (MOUD) are the best practice for treating Opioid Use Disorder, they are rarely available for continuation in jail, which can lead to relapse and subsequent criminal activity.

Operationalization: Researchers needed to hear the program mentioned by a key stakeholder. A program for only pregnant women did not count.

Describe Local Implementation: Both medications have been implemented. If an individual is on either of these medications in the community and enter DCP, they will continue with them, including and not limited to pregnant females. Safe delivery of these medications in restrictive settings is an on-going planning process as policies are being developed. High prices of these medications also continue to be a challenge for accessibility.

Next Steps: A workgroup is being established to assess the use of MAT in DCP.

Medications for Opioid Use Disorder (MOUD) Induction

Question: Were either Methadone or Buprenorphine available in jail for continuation?

MOUD Induction Cont'd

Justification:	Some jails have moved their MOUD programming beyond the point of continuation to an intervention of inducing medications for those showing signs of opioid risk, which may impact ongoing treatment engagement and avoid relapse.
Operationalization:	Researchers needed to hear the program mentioned by a key stakeholder. A program for only pregnant women did not count.
Describe Local Implementation:	Still working towards this as this program hasn't been opened up yet.
Next Steps:	A workgroup is being established to assess the use of MAT in DCP.

Low Circuit Court to Prison

Question:	Were under 20% of circuit court dispositions sent to prison?
Justification:	A proxy for 'tough on crime' approaches to sentencing, circuit court judges weigh prison sentences against jail sentences, which are typically shorter, and may decrease entrenchment in the criminal legal system.
Operationalization:	Counties with fewer than 20% prison dispositions gained a point: MDOC Statistical Report, 2018 data was used for 2019 SIMPLE Score.
Describe Local Implementation:	In 2022, 29.41% of Common Pleas Court dispositions were sent to prison. 29.41% or 1,583 had confinement as part of their sentence and 70.59% or 3,800 did not have confinement listed as a part of their sentence. These totals include initial sentencing and revocations and resentences in the year specified.
Next Steps:	Parse out initial sentencing vs revocations and resentencing's with AOPC data on an annual basis. Work on gathering statistical reports also from Dauphin County Prison as applicable to this measure.

Specialty Court

Question:	Did the county have a specialty court other than a drug or sobriety court?
Justification:	Most counties have either a drug or sobriety court, but some have established mental health or veteran's courts that have shown positive impacts.
Operationalization:	Link to the data can be found here: Problem-Solving Court database
Describe Local Implementation:	Several specialty courts have been developed offering connections to treatment programming. Veterans Court is held every Friday with Judge Tully presiding.

Describe Local Implementation Cont'd:	Drug Court and its DUI specific track is held on Tuesdays with Judge Marsico presiding. Mental Health Court, our newest court, is held every Thursday with Judge Dowling presiding.
Next Steps:	Continue implementation of Mental Health Court policies and procedures.

No Data Sharing Issues

Question: Have stakeholders overcome HIPAA/42CFRPart2 as a barrier to care coordination in the jail and upon release?

Justification: Misunderstanding of data protection laws can inhibit a continuity of care plan, potentially resulting in a lack of treatment connection post-release.

Operationalization: Did researchers hear HIPAA concerns come up in conversations with stakeholders? If not, a county gained a point.

Describe Local Implementation: There are MOUs and confidentiality releases signed for the treatment courts. Releases of Information (ROI's) are also utilized in Team MISA and in other departments such as D&A/CMU/APO, there are separate releases provided. Both the diversion specialists and DCP treatment unit ensure that these releases are signed by individuals who are being considered for programming and/or reentry planning.

Next Steps: Conduct follow-ups annually about facilitation of paperwork across various departments.

Release Time

Question: Did the county have a daytime time served release policy (anything that's not midnight), not just in special cases?

Justification: County release time policies vary; releases at 12:01am on the last day of a sentence can be cumbersome to plan around, as most treatment agencies are only open during standard business hours.

Operationalization: 5am was the earliest acceptable time. Researchers did not count exceptions for special cases.

Describe Local Implementation: If the reentry team, i.e., reentry coordinators, are aware of individuals being released, they will ensure that medications and a 30-day script leaves with them. Interdepartmental coordination at DCP can make these transitions fluid between releases and Prime Care.

Next Steps: Get a checklist or equivalent in place for those individuals pending release (60-90 days before). For individuals on the c/d roster ensuring that they do not get released without scripts (MH/D&A MAT/Naloxone) and have an opportunity to get connected to treatment immediately. Continue to bridge the gap between services they receive at the jail and resources in the community.

Psychotropic Medications

Question: Were people who received psychotropic medications in jail routinely released with a prescription or supply, not just upon request, not just if someone takes back what they brought in?

Justification: Discontinued psychotropic medication can lead to decompensation, which can inhibit care continuity after release; some jails ease the transition by supplying extra medication or a prescription.

Operationalization: Stakeholders in the jail could typically describe medication policies. Researchers did not count medications brought in by the individual, or by special request.

Describe Local Implementation: Currently we are not tracking how many medications are packaged and ready to go that don't get utilized. Constant communication is needed when individuals get released to ensure that they are receiving those medications. The mechanism of calling in medications has not been consistently applied but the option is available to fill in any gaps as needed. CMU has also assisted with obtaining medications as long as it's ahead of time and if there is a doctor (or called-in). Prime Care will provide a 30-day script and either a 3- or 7-day supply of medications depending on where the person is being released to. There is always concern with someone being released into the community without medications or the chance of overdose.

Next Steps: Continue reentry coordination efforts from all aspects of the jail including but not limited to providing a checklist for those being released.

Discharge Planning

Question: Was discharge planning/care coordination a standard process in jail based mental health services?

Justification: Discharge planning is a distinct phase of jail clinical services that often involves high-intensity case management and linkage to treatment, though not all jail clinicians provide discharge planning in every clinical service.

Operationalization: By 'standard process', can we assume that everyone who got a mental health service also had a conversation about post-release?

Describe Local Implementation: Reentry case plans are completed for individuals on the C/D rosters, probation roster, and those sentenced and just recently those unsentenced. Team MISA also encompasses the coordination to care to ensure timely case planning for individuals with a serious mental illness (SMI). Individuals in treatment court are tracked as needed.

Discharge Planning Cont'd

Next Steps: Continue to work with Judges on alerting need for medications and further planning prior to discharge.

Medicaid Reactivation

Question: Was Medicaid reactivation part of a standard release process?

Justification: Medicaid accounts are suspended during incarceration and require re-activation upon release; some jails aid continuity of care by installing a process to automatically reactivate Medicaid upon release.

Operationalization: One county made an arrangement with the DHHS office to automatically re activate Medicaid upon release.

Describe Local Implementation: If medical assistance (MA) is active CMU can assist individuals right away. We are aware that, during pandemic, people were not removed from MA while incarcerated, Therefore, CMU overcomes challenges to monitor more closely when individuals do reapply and become active again. Particularly, at the Work Release Center (WRC) residents are able to contact the welfare office directly and get their MA activated as soon as they become residents. The reentry coordinators assist with the connection of getting MA turned back on for DCP individuals, by providing them contact information for the MA office and application. When applications are completed, they can email it in prior to their release date.

Next Steps: Ensure that jail and providers have collaboration. Reentry coordinators will ensure individuals have the resources available to get MA turned on prior to release.

Specialty Probation

Question: Did district and circuit courts have specialty probation officers for people with behavioral health needs.

Justification: Specialty caseloads can attend to particular behavioral health needs, and which may inform violation decisions that involve a return to jail.

Operationalization: Researchers needed to hear stakeholders describe specialty probation officers as a distinct role.

Describe Local Implementation: Mental Health Probation Officers are for both for Mental Health Court and general Mental Health cases. Some officers specialize and focus their caseloads only on serious mental illness probationers. Additionally, there are also Drug and Veterans Court officers with extensive experience with these special populations, some of these overlap.

Next Steps: Continue to monitor these cases as the process moves forward, creating a balance between the workload and caseloads. Expansions in staffing will occur as needed to maintain probation presence on treatment court teams and behaviorial health programming.

CMH – Probation Collaboration

Question: Did the public mental health system have frequent interactions, a formal interdisciplinary program, a regularly scheduled meeting, referral system or established processes with either probation or parole?

Justification: As parole and probation officers frequently encounter people with behavioral health issues, frequent communication with the mental health system may help clients avoid violations through the added support of case management.

Operationalization: If a county did not have a formal program or regularly scheduled meeting, researchers also awarded a point if we heard stakeholders describe several informal interactions.

Describe Local Implementation: The current MISA forms serve as basis for this work, as does Mental Health Court. In each, there is a cross-systems team meeting protocol. Reentry coordination between CMU and the APO work well together in maintaining communication.

Next Steps: Continue joint efforts and outreach between probation officers and mental health case managers.

Leadership

Champion

Question: Did the county have a behavioral health and justice champion, defined as someone who can move a project along regardless of boundaries or institution?

Justification: Interdisciplinary work benefits from strong, localized leadership to envision and enact change beyond traditional confines of a segmented system.

Operationalization: Did the key stakeholders have power? As in, could they actively call people to meetings and get people to act?

Describe Local Implementation: Members of the CJAB and the Stepping-Up Subcommittee launch ideas forward, by maintaining already established connections with key stakeholders. Barriers are broken down almost immediately through this work in particular by the CJ Programming Administrator, Dr. Ashley Yinger. Other standouts include but not limited to the CJAB Administrator, Catharine Kilgore, CJAB Chairman, District Attorney Francis T. Chardo, and Commissioner Hartwick.

Next Steps: Continue to break down barriers and create cross-department transparency.

No Resistance to Change

Question: Did leadership welcome new projects, work through data sharing barriers, or express openness on behavioral health and justice matters?

Justification: Resistance to change among leadership of any institution in the system can thwart innovative action.

Operationalization: Was there a person that presented roadblocks to either the data collection or a new project? If not, a county gained a point.

Describe Local Implementation: There are challenges with departments maintaining staff numbers to collect and disseminate the data. If the data is available, there is no resistance to sharing across departments and addressing issues that arise head on.

Next Steps: Continue to reeducate key stakeholders about programming requirements, especially restrictive probation funding. Data sharing remains imperative in these circumstances.

Strategic Planning

Question:	Did the county have regular strategic planning meetings to address behavioral health and justice issues?
Justification:	A formal, scheduled meeting between interdisciplinary partners shows a shared commitment and embedded structure to facilitate system changes.
Operationalization:	Strategic planning group needed to have been operating for months prior to K6 collection. Meetings must occur either every month or quarter.
Describe Local Implementation:	Through the work of CJAB and the CJAB subcommittees, meetings are held every 2 -3 years meetings to specifically update the strategic plans. Every 3-4 years a full and/or mini CJAB retreat is held.
Next Steps:	Continue these meetings as projected.

Expertise

Measure Own Outcomes

Question: Was the county able to measure outcomes on their own (e.g., prevalence, length of stay, recidivism, and connections to treatment for people with SMI)?

Justification: Strategic planning at a county level is best informed by local data and having internal mechanisms to track outputs and outcomes can expedite data-driven decision making.

Operationalization: Could the county report on any of the four key outcomes without 3rd party help?

Describe Local Implementation: For PrimeCare specifically, we currently receive the prevalence of C/D roster individuals at the jail. For the length of stay (LOS), there are conversations are in place about being able to pull the information directly from the jail management system, OMS. Our Information Technology (IT) department sends out a weekly report, however only LOS is made known to the county's Mental Health & Autism Development Programming (MHADP) Department, in which the list would encompass C/D roster individuals, but not necessarily. Recidivism is currently tracked for MISA, individuals being flagged almost immediately. In recent years, the connection to treatment has made strides with the help of our reentry coordinators at the jail. There is still work to be done to make sure individuals with an SMI are not being released unexpectedly. We continue to show we are an innovative county, but we are still not where we want to be.

Next Steps: Work with OMS vendor to populate C/D rosters and LOS in its system.

Networking

Question: Did the mental health staff/supervisors regularly mention connections with counterparts in other counties?

Justification: Frequent networking between systems can bolster sharing of best practices and innovative adaptations to common problems.

Operationalization: Did one of the key stakeholders already know other key stakeholders in other counties?

Describe Local Implementation: County offices do network outside of the county. Specifically, the Capstone program does work with both Cumberland and Perry counties and happens quite frequently. From the treatment court aspect, Mental Health Court, site visits were conducted in both Lancaster and Cumberland counties as well as site visits for Team MISA in Lehigh and Lancaster counties.

Networking Cont'd

Next Steps: As staffing changes continue amongst all county departments, ensure a list of connections are established and kept up to date.

Evaluation Experience

Question: Did the county work with an evaluation organization before the screenings took place?

Justification: A working history and familiarity with research institutions, and evaluation methods, can improve knowledge of best and evidence-based practices to implement in the field.

Operationalization: Did we hear them describe working with an evaluator, if they had not worked with the WSU CBHJ in years prior?

Describe Local Implementation: Pretrial trained the judges at both common pleas and magisterial district court levels, diversion specialists, and other individuals on the pre-trial risk assessment tool. For others like, BJMHS and TCU screen, staff at the booking center and the jail were trained prior to screening individuals. However, we don't have an evaluation plan on how many staff "catches" one way or other as of currently.

Next Steps: For those individuals who had D&A and MH screens completed, pursue collecting data to further evaluate outcomes and determine if validating is within the expected parameters.

Boundary Spanner

Question: Did the county have a boundary spanner, defined as someone who knows two or more systems intimately?

Justification: A champion with 'boots-on-the-ground', a boundary spanner can use knowledge of mental health and criminal/legal systems to advocate for clients at key junctures in a criminal legal system.

Operationalization: Did our mental health contact in the county operate across multiple intercepts? Or did they remain siloed within their single intercept?

Describe Local Implementation: The members of the CJAB and the Stepping-Up Subcommittee. Specifically, Dr. Ashley Yinger, Mental Health and Criminal Justice (District Attorney's Office), Robert Jackson, Mental Health Advocate and Criminal Justice (Public Defender's Office), D&A case management, CJAB Administrator, Criminal Justice Assistant, and BHU District Attorney. Others include Treatment Court teams, MISA, reentry coordinators, CoResponders, and diversion specialists.

Next Steps: Retain more staff in various departments who have this function as part of their job duties

Control Variables

Median Household Income

Question: Standardized median household income (median household income divided by the standard deviation of the median household income variable).

Justification: Richer communities provide more tax revenue to public county systems and are more likely able to afford private mental health services without burdening the public mental health system.

Operationalization: Link to the data can be found here: 2014-2018 Median Household Income in the United States by County.

Describe Local Implementation: According to the U.S. Census Bureau, Dauphin County has a median household income of $58,916.00, which is $1,437.00 below the national median.

Rural

Question: Was the county non-rural?

Justification: Rural counties generally have a smaller tax base and smaller public institutions, which makes it difficult to attempt innovative programming at scale.

Operationalization: A county was considered rural if its population was under 100,000.

Describe Local Implementation: We are not considered rural by the SIMPLE scorecard's study standards. The population of Dauphin County is 287,400 people as of the July 2021 Census Update.

Index of CJAB Members and Stepping Up Subcommittee Members

An asterisk (*) symbol indicates the individual is part of the Stepping Up Subcommittee.

CJAB 2023 Membership Chart

Name	Position
Francis T. Chardo District Attorney, **(CJAB Chairman)***	District Attorney's Office
Chad Saylor	County Commissioner
George Hartwick, III*	County Commissioner
John F. Cherry	President Judge, Court of Common Pleas
John Bey	Director of Corrections, Dauphin County Prison
Greg Briggs*	Warden, Dauphin County Prison
Chadwick Libby* **(Reentry Coalition Co-Chair)**	Chief, Probation Services (Adult & Juvenile)
Amy Rosenberry*	Executive Director, Victim-Witness Assistance Program
Nicholas Chimienti, Jr.	Sheriff, Sheriff's Department
Matthew Miller*	Director, Work Release Center
Ashely Yinger*	Criminal Justice Programming Administrator, District Attorney's Office
Randie Yeager	Human Services Director (Children & Youth, Drug & Alcohol Services, Mental Health / Intellectual Disabilities
Shannon Danley*	Director, Pre-Trial Services
Deborah Freeman*	Court Administrator, Court of Common Pleas
Ms. Kristin Varner	Administrator, Drug & Alcohol Services
Ms. Andrea Kepler*	Administrator, Mental Health/Autism/Developmental Programs
Troy Petery*	Deputy Court Administrator, Court Administration (Magisterial District Judges)
Mary Klatt*	Chief Public Defender
Catharine Kilgore*	CJAB Administrator, District Attorney's Office
Jeff Enders	Director, Emergency Management Agency
William Wenner*	Magisterial District Judge
Dale Klein	Magisterial District Judge
Scott Burford	County Administrator
Elizabeth Zeigler Parry*	County Information & Technology Services
Tom Carter	Chief, Harrisburg Police Department

Justin Hess	Chief, Middletown Township Police - Representing the Dauphin County Police Chiefs Association
Lacosta Mussoline	PA Department of Corrections, Re-Entry Services
AliceAnne Frost	Capital Region Ex-Offenders Support Coalition (CRESC), **Reentry Coalition (Co-Chair)**
Dorothy Scott	**Reentry Coalition (Co-Chair)**

Other individuals and agencies invited to attend CJAB meetings regularly.

Dr. Jonathan Lee	School of Public Affairs, Penn State University, Harrisburg
Maureen Bunn	Grant and Human Services Development Fund Manager, Human Services Department
Robert Martin	Director of Public Safety, Susquehanna Township
Kimberly Mackey	PA Commission on Crime & Delinquency, Southeast Regional CJAB Representative
Garth Warner*	Chief, Derry Twp. Police, Past President Dauphin County Police Chiefs Association
Robert Sisock*	Deputy Court Administrator, Court Administration (Common Pleas Judges)
Nicole Mattern	Deputy Director, Probation Services, Juvenile Division
Mike Keefer*	Reentry Coordinator (MH, Sentenced Cases), Treatment Unit, Dauphin County Prison
Marisa Miller	Criminal Justice Assistant, District Attorney's Office
Adam Kosheba	Chief, Lower Paxton Twp. Police – Immediate Past President of the Dauphin County Police Chiefs Association
Dennis Sorensen*	Deputy Chief, Harrisburg Police Department

Stepping Up Subcommittee Members*

Gina Abromitis	CoResponder, Derry Twp. Police Department & Hummelstown Borough Police Department
Mitchell Andjeski	Behavioral Health Unit Public Defender
Heather Burd	Behavioral Health Unit Coordinator, District Attorney's Office
Charla Plaines	PA Reentry Council Representative, PA Attorney General's Office, Dauphin County Prison Advisory Committee
Devon Chianos	CoResponder, Swatara Twp. Police Department
Jorge Collazo-Gonzalez	CoResponder, Harrisburg City Police Department
Andy Cooper	Deputy Director, Adult Probation Services
Kacey Crown	Executive Assistant, Human Services Department

Darrell Reider	Chief, Swatara Twp. Police Department
Thomas Denniston	CoResponder, Harrisburg City Police Department
Dr. Michael McCartney	Clinical Psychologist, Community Services Group
Sarah Fraley	CoResponder, Lower Paxton Twp. Police Department
Gelu Negrea	Veterans Justice Outreach Specialist, Lebanon County VA Medical Center (VISNFOR)
Lydia Hoke	CoResponder, Susquehanna Twp. Police Department
Robert Jackson	Mental Health Advocate, Public Defender's Office
Lisa Kessler-Peters	Homeless Coordinator, HELP Ministries
Julie Mackey	Executive Assistant to Commissioner George P. Hartwick III
Elizabeth Manning	Behavioral Health Unit Program Manager, District Attorney's Office
Rebecca Margerum	Magisterial District Justice 12-3-01
Diane Morgan	Behaviorial Health Unit District Attorney
Michael Leister	Re-entry Coordinator PA Commission on Crime and Delinquency
Kariem Morssy	Criminal Justice Assistant / Diversion Coordinator, District Attorney's Office
Lionnel Pierre	Deputy Warden, Dauphin County Prison
Janine Rawls	Behaviorial Health Reentry Coordinator, Dauphin County Prison
Dr. Robert Nichols	Psychologist, Director of Mental Health Primecare Medical
Jordan Rolko	CoResponder, Steelton Brough Police Department & Lower Swatara Twp. Police Department
Leila Simmons	Mental Health Director, CMU
Susan Mizak	Lead Supervisor, Keystone Human Services
Theresa Warburton	Supervisor, Work Release Center
Meredith Zurin	Quality Assurance Supervisor, Probation & Parole Services