



FINAL REPORT

DAUPHIN COUNTY PRISON

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Presented to:

John Bey
Director of Criminal Justice

Gregory Briggs
Warden

Presented By

JOHN E. WETZEL, CEO

Phronema Justice Strategies, LLC

Written by:

Madeline K. McPherson

John E. Wetzel



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Executive Summary

The nation's prisons and jails are suffering from crisis-level understaffing with too few resources to ensure the safety and security of the people who live and work within them. Most facilities are in "survival" mode where the very things that contribute to health and wellness for both staff and incarcerated people (IPs) are restricted in the interest of basic security. Even still, existing ways of doing things are insufficient to prevent critical incidents from occurring. This slow decline in recruitment of correctional staff, paired with burnout for existing staff, was further exacerbated by the COVID-19 pandemic, which led to new operational demands coupled with fewer staff. American corrections is in crisis mode, and current practices are unsustainable for keeping staff and IPs safe in the long-term.

Dauphin County Prison ("DCP") is not unique in its challenges. While the perception of DCP and the community's trust in its leadership has eroded over the course of the last decade, DCP has faced many of the same challenges as countless other correctional facilities throughout the country. Consequently, the framing around solutions at DCP must be broad enough to address the full scope of issues within the facility.

Jails and prisons should build the capacity to support the wellbeing of staff and IPs rather than maintain a one-track focus on keeping the doors locked. Even in systems where survival is the goal, understaffing creates challenges to addressing critical incidents, particularly for a correctional population that is increasingly living with mental illness, substance use disorder, and poor physical health. The margin for error is small when a system is stressed, and too often, close calls are *too close for comfort*, such as a June 2023 incident involving two DCP correctional officers who intervened in an attempted suicide. To quote those officers at the July 2023 Dauphin County Prison Board meeting, "We're all tired."¹

In order to address the current national staffing crisis, there are necessarily short and long-term goals that require distinct approaches. In the short-term, correctional agencies need practical solutions that provide adequate staff to cover critical posts and provide access to programs and services for incarcerated people. In the long-term, corrections requires a shift in the environment of prisons and jails to better

¹ <https://www.pennlive.com/crime/2023/08/were-all-tired-severe-understaffing-at-dauphin-county-prison-boosts-overtime-costs.html>



support people working and living there. At the core of success lies a facility's climate and culture, which exists uniquely 1) among staff, 2) among IPs, and 3) between staff and IPs. Within a jail's culture and climate, we can typically identify what is likely to contribute to success versus what is likely to contribute to failure.

While "success" within a facility will be defined by its leadership, we generally consider the ultimate goal of corrections to be staff and IPs who are healthy and safe as well as a physical plant that is secure; the latter contributes to the former. A healthy climate in corrections involves a low risk of physical harm, a clean atmosphere, and a reasonable level of noise. IPs are able to access adequate food, receive adequate medical and mental healthcare, achieve quality sleep, engage in meaningful work or activity, and stay physically active. A final, less obvious contributor to a healthy climate in a prison or jail is adequate and open communication among staff and between staff and IPs. Transparency and information sharing keeps everyone in the know and in some cases can even save lives and undergird a healthy climate for all.

DCP has faced challenges in the past in some of these areas. While conditions in the aging facility have not always created the best atmosphere for both staff and IPs, DCP has made significant headway to improve areas of the physical environment for both groups, including upgrading the facility's HVAC and maintenance systems and renovating the staff dining hall. Additionally, the DCP team has made significant headway in improving internal communication and transparency with the community. Building rapport inside and outside the fences will always be a worthy goal, and DCP leadership should be commended for the progress made thus far.

As the DCP team moves forward, it is important to continue building relationships with key constituencies, including but not limited to staff, union members and leadership, incarcerated people, family members, local advocates, and other criminal justice system officials. Each of these groups, as well as DCP leadership, has a vested interest in the success of the agency. As current leadership has defined what success means at DCP and has engaged in strategies to achieve it, any plan must include a mechanism in place to interact with these stakeholder groups in a high-quality manner. While specific approaches will be unique to the specific groups, the bottom line remains that a public service agency is part of a community, and thus the effort to engage openly and transparently with agency stakeholders is necessary and worthwhile. DCP's efforts to-date have begun the process of mending these



relationships and should continue. In order for the efforts at DCP and by the Prison Board to be recognized and trusted by the community, there needs to be an understanding among all constituencies about what the goals of the agency are and what are agreed-upon measures to achieve said goals.

DCP faced challenges prior to the new administration that can be attributed to a few common themes, most of which involve a lack of necessary and reliable information sharing. For instance, both a review of training and department policy found that staff had not been briefed, trained, or updated on a number of critical topics in quite some time. This lack of communication impedes staff's ability to do their jobs as expected and increases the likelihood that staff are carrying out their duties inconsistently or even in violation of policy. At a higher level, communication between the Prison Board and DCP leadership has not always been open. For this reason, a goal of the current Warden has been to build a leadership team of experts in correctional management and other areas (e.g., mental health and substance use disorder treatment, alternatives to incarceration, criminal justice systems mapping, etc.) who have the experience to envision a bigger picture of criminal justice in Dauphin County. .

Recommendations

While considerable progress has been made by the DCP team in the last two years, enduring change in Dauphin County will be a long-term and ongoing process. As such, we offer the following recommendations for continued progress in improving the health and wellness of individuals working and residing at DCP and in bridging the gap between the agency and the community. In this section we offer recommendations across the following broad areas of need:

1. **Workshops.** Adding monthly and quarterly workshops between DCP, the Prison Board, and relevant stakeholder groups. These workshops will provide an opportunity for discussions of challenges, successes, and future strategic planning. The Prison Board will be able to receive information in a safe, productive way. Regularly scheduled workshops will encourage *preventive* rather than *reactive* approaches to what is going on at DCP.

These meetings must be pre-deliberative, thereby providing a good "preview" for the Prison Board of upcoming issues. We recommend workshops to occur



two weeks before the next Prison Board meeting for at least 1.5 hours. Warden Briggs and his team may plan to pre-meet with whomever is attending, a process that forces collaboration and helps to build relationships. The Prison Board, in essence, "doubles" oversight. These workshops also reduce the need for airing of grievances at the public Prison Board meetings. Recommended workshops include:

- a. Quarterly, a workshop with DCP leadership talking about challenges in the last quarter and plans for the next.
 - b. Quarterly, a workshop with DCP Staffing team talking about operational challenges in the last quarter and plans for the next quarter.
 - c. Quarterly, a workshop with the Community Advisory Committee and DCP leadership talking about challenges in the last quarter and plans for the next.
2. **Holistic Safety.** Adopt a Holistic Safety framework to approaches and operations at DCP in order to improve the culture and climate for both staff and incarcerated people. Holistic Safety tells us that corrections does not need to involve an "us vs. them" mentality where staff is "in control" while IPs are "under control." Rather, we are challenged to shift in our perception of corrections to acknowledge that staff and IPs share the same goals to remain safe, to be treated with respect, and ultimately to make it home. We recommend that DCP become familiarized with the Holistic Safety approach and consider making it the foundation of DCP's climate and culture. More information on Holistic Safety can be found [here](#) and [here](#).
 3. **Training.** Continue to advance training for DCP staff in topics that improve job efficacy and better serve incarcerated people. We recommend the development and completion of a full-scale [Yield Theory](#) training, which includes verbal de-escalation and identifying useful methods of interpersonal communication. Continue to train all staff in Mental Health First Aid. The greater the number of staff who are able to recognize individuals who are living with mental health challenges or illnesses, the greater likelihood that IPs will receive care and treatment before they experience a point of crisis. Finally, we recommend establishing a formal Crisis Intervention Team (CIT) program.



4. **Mental Health Treatment.** Continue to develop an Inmate Management System (IMS) to complete mental health assessments for IPs. DCP is currently in the process of adopting Vantage, a need-based assessment tool, within the Treatment Department. Staff training on the new tool will be key to integrating the tool with existing practices at DCP and thus maximizing the tool's usefulness.
 - It is important that any IMS integrates with other county systems to facilitate information sharing and continuity of care. DCP has been successful in diverting C-roster IPs from jail to other county programs and should be expanded to focus on D-roster IPs.
 - For the Treatment Department, we recommend adopting a consistent cognitive behavioral therapy (CBT) approach to mental health treatment at DCP. We suggest Yield Theory as a good paradigm to complement the verbal de-escalation training to be offered to staff.
 - Finally, we recommend adopting a performance-based contracting model for any vendors that provide services to DCP. Vendors and contractors should be able to demonstrate effective delivery of services in order to secure subsequent contract terms with Dauphin County. This not only ensures that the *best*, most effective providers are under contract, but it also serves as an mechanism for oversight of contracted work.
5. **Policy Review.** Identify categories of departmental policy that will be flagged on a periodic basis (and when updates are made) for an enhanced review with a subject matter expert. We support the creation of an Auditor position within DCP, something the leadership team is already exploring, to formalize policy review as part of regular operations.

Additional Recommendations. In addition to the above, we offer the following recommendations to assist DCP and Dauphin County with continued improvement across correctional and County operations.

6. Continue with and complete a formal Staffing Analysis.
7. Explore mechanisms to improve the environment within DCP.



8. Explore ways to bolster the Work Release program. At present, there is a low number of individuals assigned to Work Release, leading to underutilized bed space for the program. Some of the attrition occurred due to the COVID-19 pandemic. Indeed, pre-pandemic rosters have not yet been realized.
9. Explore different oversight structures through the County Commissioners Association of Pennsylvania (CCAP).
10. Finalize the role of a Director of Criminal Justice position in place of a Director of Corrections to increase accountability and to provide broader oversight of the network of Dauphin County criminal justice agencies.
11. Explore closing the Booking Center between 8 a.m. and 4 p.m. to reduce strain on DCP staffing levels.
12. We strongly advise the County to amend court hearing schedules and assignments to avoid mixing IPs with members of the public. This change would greatly improve both the security of DCP and maintain the safety of IPs.
13. Develop and implement leadership and management training for middle manager positions (e.g., Sergeants, Lieutenants, etc.). Middle managers are key to the success of any organization as they are integral in transforming and monitoring high-level, institutional goals into practices on the ground. They also act as a liaison between line staff and executive-level staff. Ensuring that these leaders are well-trained and prepared to fulfill their duties will only strengthen DCP as a whole.
14. Develop a formal staff promotion process that involves a written test, oral board, and scoring matrix that can be used to create a promotion list. Such a process both improves the transparency of the promotion process for staff and also provides staff with clear guidance on how to achieve promotion.

Dauphin County Upon Engagement

Phronema Justice Strategies, LLC ("PJS") was engaged by the Dauphin County Prison Board in November of 2021 to undertake a comprehensive, "top to bottom" review of prison operations in a manner that would engage with community stakeholders in a



transparent way. The County had recently parted ways with the former Director of Corrections and expressed significant concerns about the total operation of Dauphin County Prison (“DCP”).

After no in-custody deaths of incarcerated people were reported in 2018, an alarming 9 deaths took place in 2019, followed by 2 in 2020 and 5 in 2021 (16 deaths total in 3 years). This prompted concerns not just from the Prison Board but also the Dauphin County community.

Groups we engaged with (through Community Marketing Concepts) include but are not limited to:

- Recently released incarcerated people from DCP who also had a state incarceration history
- Individuals who were currently incarcerated and had a history of state incarceration
- Members of the Harrisburg Black community
- Union leadership and members
- Elected officials
- DCP community group
- Pennsylvania Prison Society members

The unified goal was to improve conditions at DCP. The ability to produce meaningful change, however, requires a balance between proper planning and suitable strategy. The latter component has been the challenge at DCP, but the plan has remained the same: to improve communication, policy, and training at DCP, which in turn better supports the community.

Our team was brought in to conduct a review of current operations, including the state of the DCP facility; to analyze recent in-custody deaths and propose strategies to reduce their frequency; and to reduce violence at DCP, including assault and uses of force. Collaborating with DCP, we identified areas for improvement that were



subsequently addressed through strategies developed and implemented by Warden Briggs and his team.

Enhancing communication, both internal and external, became a priority for DCP. Not only are DCP administrators focusing on top-down communication to line staff but also in the reverse direction: on issues of staffing, for instance, feedback has been systematically collected from line staff to capture the real time experience of line staff in the Security and Treatment departments.

Across Pennsylvania, jail (county prison) oversight in most counties is achieved through a "Prison Board" which comprises:

- 3 County Commissioners
- District Attorney
- President Judge or designee
- Sherriff
- County Controller

This is statutorily established yet insufficient given the current challenges and complications in corrections. Dauphin County chose to address this shortcoming by creating a Director of Criminal Justice, who serves, in essence, as the Prison Board's criminal justice subject matter expert (SME) and acts as a liaison between the Board, the prison, criminal justice systems actors and the community. The sole responsibility of this position is to ensure the County is delivering its criminal justice duties in a manner that benefits the citizens of Dauphin County.

While in-custody deaths were the most pressing concern, records at the time also reflected an abnormally high number of other "extraordinary occurrences," particularly for assaults and the use of restraints.

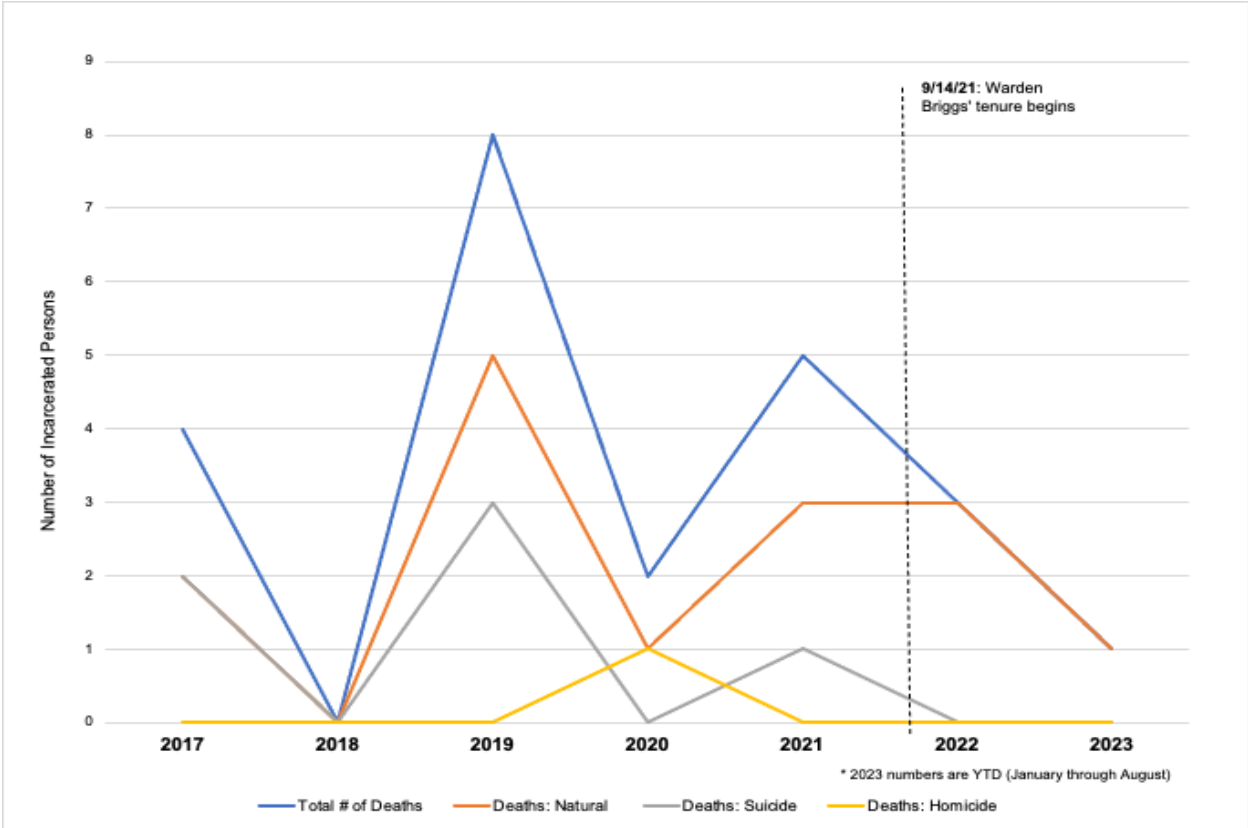


Figure 1. In-Custody Deaths at Dauphin County Prison, 2017 through August 2023

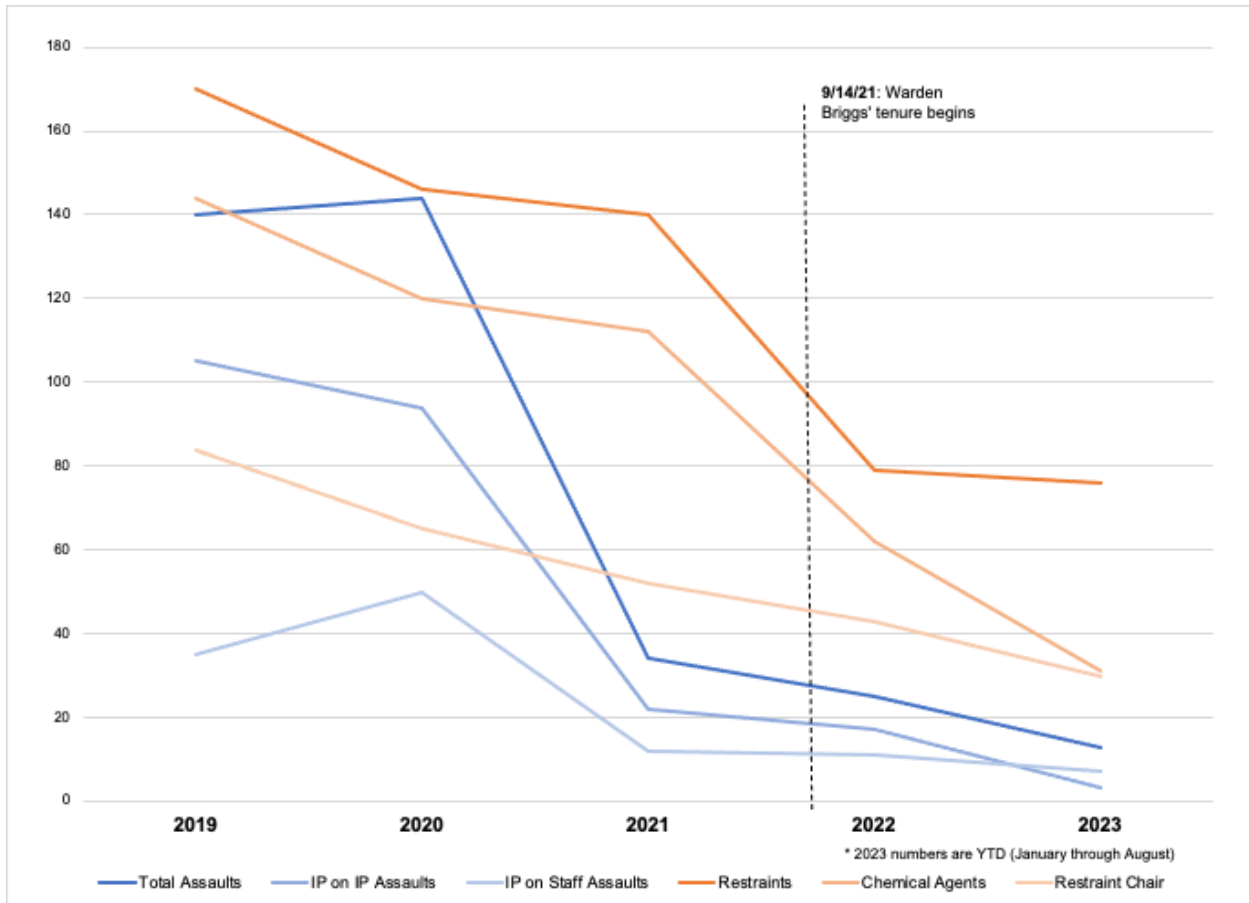


Figure 2. Violence reduction at Dauphin County Prison, 2019 through August 2023

The good news is that DCP — in concert with members of the community, its corrections unions, and the elected members of the prison board — has made measurable and quantifiable improvements under the leadership of Warden Briggs and his newly structured executive team. We are pleased to provide this report to both memorialize the progress and to mark areas that still require attention and improvement. In this report, we present objective measures of each area for which we were consulted.

Though DCP previously struggled to follow-through on strategic improvements, the current administrative team continues to adjust and make changes as necessary to achieve the County's goals of increasing the safety and security of DCP. Given his skillset and broad support from the union community, Warden Briggs is uniquely



positioned to lead DCP toward success. However, Warden Briggs is not able to single-handedly solve every issue related to DCP's position in the criminal legal landscape of Dauphin County. As such, we recommend the County conducts a comprehensive review of how other criminal justice policies and procedures have impacted the jail over time.

Setting The Scene

The Dauphin County Prison ("DCP") complex in Swatara Township has operated as the sole correctional facility in Dauphin County since it first opened in 1957. DCP houses between 800 and 1,000 incarcerated people per month, on average, and admits between 3,000 and 4,000 unique individuals per year. The organizational structure of the prison involves an executive leadership team that is headed by the Warden, who reports to a Director of Criminal Justice.

The Director of Criminal Justice is a position PJS recommended. This person oversees all operations at DCP and the Judicial Center ("the Booking Center") as well as the Internal Affairs Division. In addition, this position reports directly to the Prison Board—an empowered subject matter expert both to provide the Prison Board with contextualized information and to ensure all county criminal justice efforts are adjusted for within DCP, a layer previously not present. This position, in turn, reports to the County Prison Board of Inspectors, which is made up of the top criminal justice officials in Dauphin County. As such, the Director of Criminal Justice is a mission critical position with the Dauphin County government who not only advises and manages the day-to-day at DCP but who also engages in planning with and disseminating information to the greater criminal justice landscape.

In recent years, the County infrastructure has lacked the checks and balances necessary to identify and intervene when operations at DCP became untenable. As such, when our team began working with DCP leadership, our role was to complete a "top-down" review of prison operations to identify the root causes of issues at DCP and to propose strategic solutions to address them. Our team identified four main areas where DCP faced challenges and thus were ripe for improvement. They included:



1. Communication
2. Policy Improvements
3. Training
4. Transparency

Open and frequent communication is instrumental to maintaining both the safety and security of a correctional institution. In the wake of communication challenges, the current DCP administration implemented standing meetings with the Medical department to discuss critical or otherwise notable cases, and since this change, the number of deaths occurring at DCP has gone down significantly.

Second, policy improvements have been key to bringing all DCP staff together on need-to-know information that is backed by the best and most up-to-date practices in corrections. We worked with Warden Briggs and DCP Prison Board Solicitor Frank Lavery, Jr. to review all existing department policies and found that many were either outdated or missing (i.e., they had not yet been developed). As a result, the following policies were reviewed and modified:

- Vehicle Usage policy
- On Duty Weapons qualifications
- AXON Body Worn Camera policy and procedure
- Dauphin County Code of Ethics
- Dauphin County Sexual Harassment policy
- Inmate Mail policy
- Key Control policy
- Prison Emergency Plans
- Suicide Prevention and Intervention



- Fire Safety Education
- Prison Rape Elimination Act (PREA)
- American Heart Association Automated External Defibrillator (AED)
- Basic First Aid

In addition, there is now a process to ensure SME review and summary before the Board approves a policy.

Third, training had lapsed across departments. Three trainings were especially critical and have been offered to staff in recent months:

- Transportation
- Use of Force
- Yield Theory (verbal de-escalation coupled with communications skills; to be completed this year for all staff and annual updates subsequent).

Finally, transparency has been an issue at DCP in the past. As a pillar of the community, DCP has an obligation to be transparent with both County officials (e.g., the Prison Board) as well as the community at large. In the years prior to this current administration, neither the Prison Board nor the community was aware about what was going on inside DCP. As a solution to this, DCP has implemented regular community meetings and a designated email address, through which community members can offer feedback and ask questions. A Community Advisory Board now takes monthly tours of the facility as do official visitors from the Pennsylvania Prison Society.

PJS Scope of Work & Progress Made

Phronema Justice Strategies, LLC ("PJS") entered into a contract with Dauphin County in November 2021 to provide consulting and executive management services to the Dauphin County Prison ("DCP"). We were hired to consult directly with Warden Briggs



and DCP staff on ways to 1) reduce the frequency of deaths of people in DCP custody, 2) reduce violence, and 3) review and advise on facility operations. This section lays out the initial scope of work for each area of focus and reports on the progress DCP has made to date.

In-Custody Deaths

The most externally visible of the ongoing issues at DCP were reports of incarcerated people dying while in custody. From 2017 through 2021, twenty people died either while in DCP custody or at area hospitals soon after being incarcerated at DCP. Figure 1 shows the trend of in-custody deaths at DCP from 2017 through August 2023.

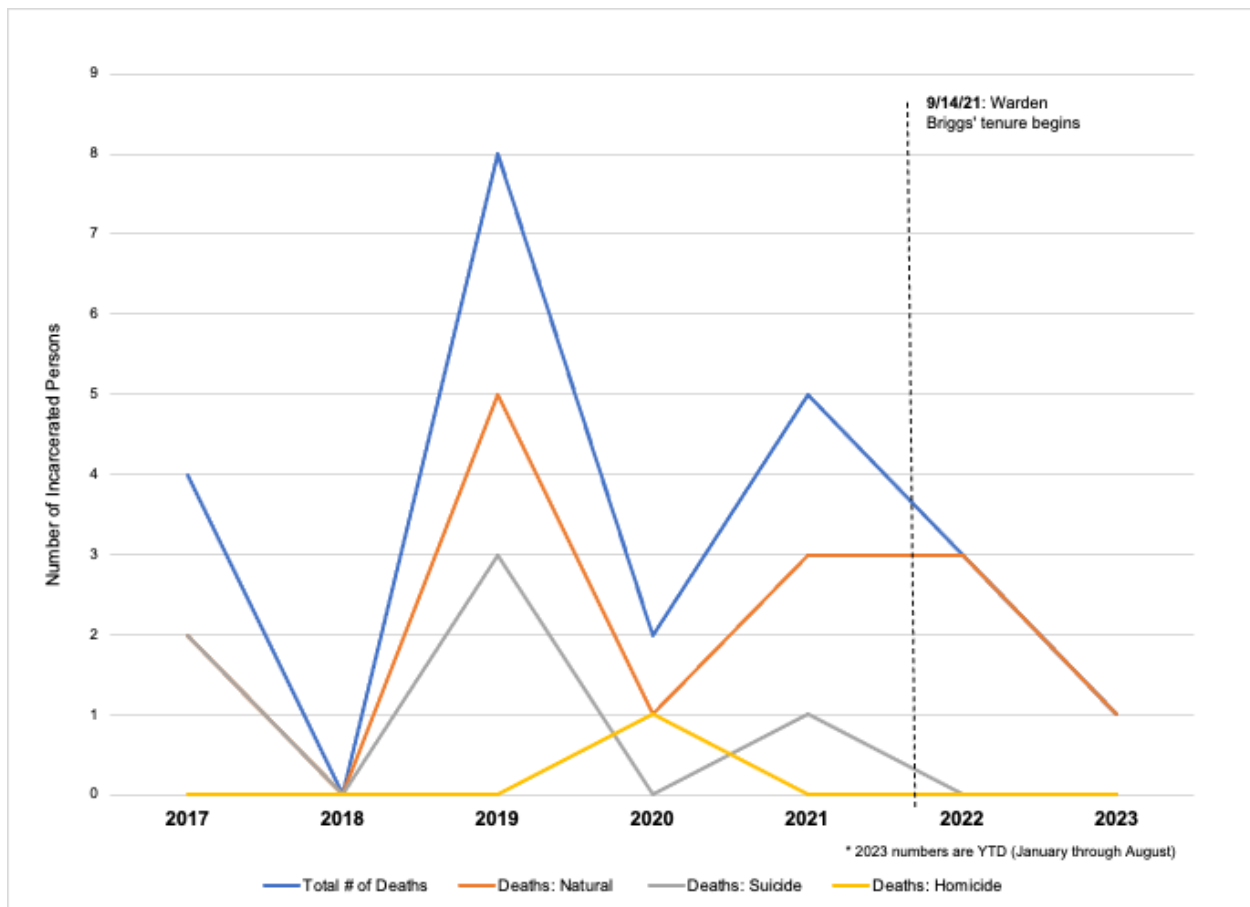


Figure 1. In-custody deaths at DCP from 2017 through August 2023



Uses of Force

Another area that prompted PJS to begin working with Dauphin County was the prevalence of use of force incidents within the facility. DCP tracks uses of force in terms of physical intervention, use of mechanical restraints, use of a restraint chair, and use of chemical agents (e.g., oleoresin capsicum or “OC” spray). While correctional work frequently involves the use of force in order keep both staff and incarcerated people safe, it should occur in limited circumstances after all other attempts at verbal de-escalation or other non-physical methods of obtaining compliance are employed. Data showed that the total number of force incidents stayed relatively stable through the COVID-19 pandemic in spite of an overall population decrease at DCP. Physical interventions, in particular, hit a high in 2021. Table 2 shows the annual totals for uses of force from 2019 through August 2023.

Type of Use of Force	2019	2020	2021	2022	2023*
Physical	185	166	240	230	96
Mechanical Restraints	170	146	140	79	76
Restraint Chair	84	25	52	43	31
Chemical Agents	144	120	112	62	30

Figure 2. Uses of Force by Type from 2019 through 2022 (Note: categories are not mutually exclusive; *2023 figures are YTD, January through August)

Uses of force that involve mechanical restraints or restraint chairs require medical staff to document the time at which a person is put into restraints. They must also log wellness checks that are conducted at regular intervals in order to monitor the status of the individual. Ensuring the safety of individuals involved in restraints is of utmost importance, and DCP’s now regular standing Medical meetings have improved



communication on these types of cases. Additionally, updates to Use of Force policy and training have promoted consistency and compliance in challenging situations.

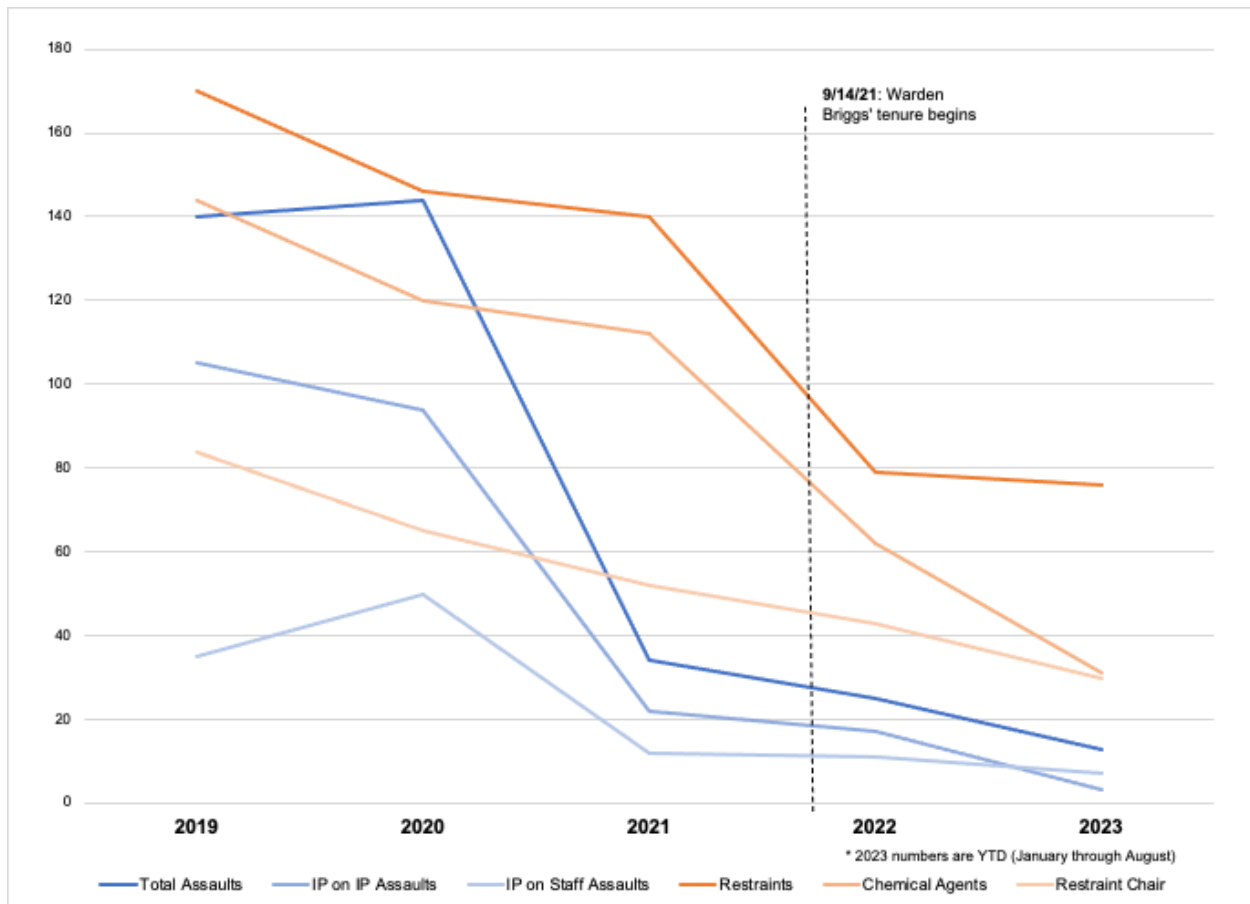


Figure 2. Reduction in violence at DCP, 2019 through August 2023

Mental Health Commitments & Crises

As DCP staff have reported, the needs of the incarcerated population have changed over the last decade or so, with a higher proportion of incarcerated people entering local jails with acute mental health and substance use disorders. Whether individuals are admitted to DCP in mental distress or they develop it during their stay, security and treatment staff are faced with a population who frequently requires constant observation (i.e., a CO is required to maintain observation of the individual at all times), medication management, and sometimes involuntary commitment. Between 2019



and 2021, there were an average of 13 individuals who were put on a "304" hold, which indicates a long-term involuntary mental health commitment. Given the unique needs of the DCP population, Warden Briggs and his team have improved the frequency and quality of communication across shifts to ensure the needs of incarcerated people are adequately being met.

Staffing

Scope of Work

PJS first met with DCP executive leadership in January 2022 for the purposes of initiating a full-scale staffing analysis. This process was developed by Rod Miller in the late 1980s to assist jails and prisons with assessing the state of their routine activities and to analyze whether their operational needs could be met by their current staffing rosters and deployment. Through a comprehensive process, Miller and his associates work directly with correctional leadership and staff to optimize the way the resources a facility has with its goals and objectives.

When PJS began working onsite, DCP was significantly understaffed, operating with a correctional officer (CO) vacancy rate that leadership estimated was around about 10%. Difficulties with both recruitment and retention have played into strained staff rosters, leading most shifts to operate with fewer COs than needed and overlying on overtime and mandates to ensure to fill critical posts. Similarly, the Treatment Department was estimated to be at 20% vacancy, with a need for more mental health and programming staff.

Around the time of our first joint team meeting, we determined that a 2018 staffing analysis that was believed to have been conducted had never been fully completed. As such, PJS's staffing work was the first analysis of staffing and operations to be conducted at DCP in a number of years. This is particularly relevant given that DCP took over staffing of the Dauphin County Judicial Center in 2019, which requires five full-time equivalent (FTE) officer positions and one supervisor position to cover the Judicial Center 24 hours per day, 7 days per week. Also as noted, DCP staff have reported a change in the makeup and needs of the DCP population over the last ten years, where incarcerated people more frequently require significantly closer



supervision and more frequent medical transports. These realities of changing correctional practice have necessitated correctional facilities and agencies to implement deliberate assessments of current practices in order to best optimize the staff they have and to efficiently forecast how many more and what type of additional staff are needed.

Another aspect to the staffing needs at DCP involve the experiences and wellness of staff members. Correctional facilities are only as fortified as their staff are mentally and physically well. PJS has toured the DCP facility and spoken with staff members from line staff through executive leadership to determine how staff are doing, given the staffing shortage, and to brainstorm simple ways to improve the experience of working at DCP.

Progress Made

The staffing analysis team continues to work with a multidisciplinary team of DCP middle and upper managers to identify staffing issues and needs while also completing the staffing analysis process. As of May 2, 2023, the Staffing Analysis team was working to compile a complete list of "intermittent activities," which captures all activities that incarcerated people and staff are engaging in that go beyond 24/7 activities (i.e., "supervising inmates" is not considered an intermittent activity, but "programs" would be). The implementation and completion of the staffing analysis is still in progress. The DCP team continues to work through the multi-step process (for more information on the Jail Staffing Analysis, see [here](#)). Additionally, the Director of Criminal Justice reports engagement at the county level to improve recruitment strategies to invite new hires and to support recruits through the hiring process, as the Staffing team reports an estimated 20% of turnover among new hires within the first year. In one recruitment initiative, DCP rolled out financial incentives for staff, including a \$3,500 signing bonus and a \$250 biweekly attendance bonus for new hires and Security staff, respectively. These financial incentives are designed not only to support staff through compensation but also to provide a sense that DCP and the County recognize employees' dedication and commitment.

At last discussion, the vacancy rate within the Security Department was estimated to be about 10% (48 positions). Despite recent rounds of hiring in the Treatment Department has produced a vacancy rate that is still an estimated 20% (10 positions).



DCP, like most correctional facilities, continues to rely on overtime and mandates to ensure proper staffing levels across all three shifts. Discussions of overtime with PJS at the May 2nd meeting centered around the rebuilding of a staffing coverage plan where higher compensation could be a trade-off for high levels of overtime. As it relates to staff wellness, improvements were made to the staff dining room to provide a better environment for on-site breaks for staff during their shifts.

Policy & Training

Scope of Work

In addition to staffing issues within DCP, PJS also advised the Leadership team on a number of policy and training topics, beginning in November 2021. Measurable, meaningful change in an institution like DCP or any correctional facility requires a multi-faceted approach to 1) existing problems and 2) forecasted needs. Two ways to accomplish the latter is to ensure that the institutional policy and practice is up-to-date, and that staff are properly trained in those policies as well as any skills that make them stronger employees in their respective positions.

PJS assessed the existing policies at DCP and made recommendations as to which policies needed to be reviewed and updated. The team also determined whether DCP was missing policy on topics that reflect new and improved ways of doing business in corrections (e.g., a policy governing work with incarcerated people who identify as LGBTQ+).

Progress Made

While improving staffing at DCP is one of the most significant and timely PJS initiatives, reviewing, updating, and implementing new and existing policy and training to staff was a process that began immediately once our contract with the County began.

In terms of training needs, PJS reviewed training records for staff and determined which training topics needed to be offered to ensure that staff were all working from the same standards. For example, PJS found that security staff had not been trained on the Use of Force policy in some time, and as such, DCP offered refresher training



to all security staff, regardless of seniority, on an updated version of the policy as well as proper Use of Force techniques. Security staff were also trained or retrained on the following policies or training topics:

1. Vehicle Usage policy
2. On-Duty Weapons qualifications
3. AXON Body Worn Camera policy and procedure
4. Dauphin County Code of Ethics
5. Dauphin County Sexual Harassment policy
6. Inmate Mail policy

Additionally, all staff were trained or retrained on the following policies or training topics:

1. Key Control policy
2. Prison Emergency Plans
3. Suicide Prevention and Intervention
4. Fire Safety Education
5. Prison Rape Elimination Act (PREA)
6. American Heart Association Automated External Defibrillator (AED)
7. Basic First Aid

A number of new staff policies and training were developed to address gaps in institutional policy on critical or relevant topics. The following new policies and training were developed and introduced to staff:

1. CISM
2. LGBTQ+



3. Inmate Transports
4. Assault Management Applications in Corrections component added to Use of Force training
5. Incorporation of Dr. Christian Conte's YIELD theory into de-escalation training

Finally, in the past when a person was housed at DCP they were required to pay a room and board fee, which was frequently difficult or impossible for an incarcerated person to pay. The longer their stay, the higher this fee would inevitably be. To address community concerns and to improve fairness and feasibility for DCP residents, DCP replaced this fee with a one-time booking fee. Another financial change for incarcerated residents involved updates to the "Inmate Worker" policy which now enables Dauphin County to pay individuals for the work they do on behalf of the County. This policy went into effect in early 2023. Lastly, the Inmate Handbook has been revised and updated as needed, which provided for improved communication and guidance of the expectations DCP staff has for incarcerated residents.

Management & Executive Leadership

Scope of Work

DCP administrators are key to implementing and supporting the staff through any other changes made at the prison. Without strong leadership that permeates the organizational structure, any new strategy is unlikely to succeed beyond an initial implementation period, or at least, with diminished returns over time. As such, we have supported Warden Briggs through the process of building a top-tier executive leadership team.

Progress Made

At the executive level, a number of new deputy wardens and directors were either hired or promoted to new positions. The following individuals are now serving in new



roles that have formed a strong executive leadership team around Warden Briggs, bringing with them years of corrections and correctional management experience:

1. John Bey, Director of Criminal Justice
2. Bruce LeValley, Deputy Warden of Operations
3. Lionel Pierre, Chief Deputy Warden
4. Latonya Ray, Deputy Warden of Treatment
5. Jill Cufaro, Director of Unit Management, Treatment Department
6. DiAndra Pena, Litigation & Policy Coordinator

While Executive Leadership serves at the helm, the middle managers of a correctional facility truly steer the ship and keep it on course. As such, another DCP effort has involved rebuilding the middle management staff tier within the Security Department and to increase the number of commissioned officers at DCP. These efforts are still ongoing.

Conditions of Confinement

Scope of Work

Part and parcel of correctional work is to ensure that conditions of confinement for incarcerated people are not only meeting legal standards for care, custody, and control but also to go above and beyond those standards to provide for residents. DCP has improved conditions in a number of key areas to improve quality of life for individuals while they are housed at DCP.

Progress Made

Technology solutions included placing televisions on each housing unit and ensuring that each resident has access to their own tablet. These tablets house law library resources through LexisNexis as well as email services to help incarcerated people communicate with friends and family in the community. Additional yards were

Phronema Justice Strategies



John Wetzel

(717) 729-8612

john@phronemajusticestrategies.com

2151 Linglestown Road Suite 300

Harrisburg, PA 17110

michaela@phronemajusticestrategies.com

opened across the DCP and Spring Creek campuses for the first time in over a decade, providing more space for individuals to get recreational time outside. Finally, DCP opened a Juvenile Offenders Unit for the first time, which provides sight and sound separation from adult residents. This unit both ensures the safety and security of juvenile residents while also improving compliance with federal law governing the custody of minors.

Conclusion

Dauphin County Prison and its leadership team has remained committed to making improvements in day-to-day operations. Their effort is reflected in the hiring of our firm and demonstrates a commitment to serving the Dauphin County community with honor and integrity. The goal of our work at Phronema Justice Strategies, LLC is to provide top tier management consulting in criminal justice and corrections. Our mission is to address gaps that exist between the criminal legal system, justice-involved people, and communities, responses to which have traditionally been siloed rather than comprehensive. Our work in Dauphin County is but one example of this novel approach to justice reform that shows when we care for our most vulnerable neighbors, our community grows stronger overall. Our team will continue to build upon the efforts highlighted in this report for the duration of our County contract.



Appendix A: **Additional Reports**

1. **Facility Treatment and Programming Assessment**, September 2022
2. **A Review of the County's Jail Diversion Programs**, December 2022

Facility Treatment and Programming Assessment

Dauphin County Prison (DCP)

A comprehensive onsite review of the screening, classification, assessment, programming and treatment interventions offered by the DCP for the purpose of assisting in the redesign of their current treatment and programming interventions.

September 14, 2022

To: Gregory Briggs, Warden
Dauphin County Prison

From: John Wetzel, CEO
Phronema Justice Strategies

By: Derek Oberlander

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EXECUTIVE SUMMARY

On Thursday, September 8, 2022, a comprehensive onsite review of the screening, classification, assessment, programming and treatment interventions offered by the Dauphin County Prison (DCP) was conducted for the purpose of assisting the DCP with redesigning their current treatment and programming interventions. The review consisted of interviews with staff and inmates, direct observations, and touring the facility. This review did not include an assessment of the booking process which is done in a separate location. Special thanks to Warden Briggs and his staff, who were extremely accommodating, open, and transparent throughout the review process.

The review demonstrated that while the circumstances that the Dauphin County Prison (DCP) responds to on a daily basis are unique to this facility, the challenges that they are facing are not. Approximately 11 million people cycle in and out of jails in the United States every year leaving officials to manage a transient population with unique needs. (Lowder, et al., 2022, p. 374). In addition, jails and prisons across the U.S. are struggling to maintain staffing levels and are experiencing higher than normal vacancy rates. During the assessment, it was noted that the DCP currently has six (6) treatment specialist vacancies and thirty (30) corrections officer vacancies. As with all facilities, these vacancies exacerbate the daily challenges that jails face to include impacting the ability to provide meaningful programming and treatment interventions on a consistent basis for their complex and unique populations. These challenges are compounded by the high turnover and brief window for intervention before a person incarcerated in a jail returns to the community as compared to an individual incarcerated in a state correctional institution.

According to data from the DCP's offender management system, for the time period of August 2021 through August 2022, the average length of stay for a person admitted to the DCP was 122-days. Given this brief window, it is imperative that the DCP's redesign of their current treatment and programming include an evidence-based practice that determines which people should be prioritized for intervention and what issues need addressing to enhance their chance of success and reduce their risk to the community.

The DCP has selected the Ohio Risk Assessment System (ORAS) for a comprehensive risk assessment to identify dynamic risk factors that drive a person toward negative or criminal behaviors. The ORAS is a validated actuarial risk and needs assessment and is detailed in section 3 of this report. While most state corrections systems are using a validated risk assessment instrument to establish appropriate eligibility criteria for prison-based treatment programs and to ensure evidence-based parole decision making, these practices are relatively rare in the nation's jails, which typically focus on diagnostic activity and identifying security risk to inform classification decisions and population management. (Christensen et al. 2012, pg. 1). The DCP is to be commended for selecting a comprehensive assessment instrument. During the onsite review, it was noted that because currently only two staff are trained to administer the ORAS, it is not currently being utilized.

As a result of the ORAS not currently being administered, there is not an evidence-based instrument being utilized to identify targets for change in order to effectively and efficiently form the basis for case planning and decisions about who should receive what treatment and programming interventions at the DCP, or when they transition back to the community. Staff reported during the review that case management and treatment planning is currently being determined according to an inmate's current offense.

The DCP is moving to a unit management approach. The layout and operations of the facility present some issues for the delivery of in-person programming and treatment interventions. The facility is broken down into three primary areas:

- 1.) Spring Creek, which consists of housing units, G, H, I, J and K, contains housing for youthful offenders, general population females, and the men's therapeutic community. There are limited areas in the section of the facility to facility groups other than the dayrooms of the block. It is noted that staff reported that run groups in these areas can be difficult due to noise and concerns about disclosing in a group setting with other inmates on the block being able to hear the groups in progress;
- 2.) Main Side, which consists of housing units A through F, L and M, contains housing for men's classification, men's general population, mental health, and medical. There are classrooms and a chapel located on the main side which would support various groups. It was noted during the review that almost all the block dayrooms in this section of the facility are not useable because they have beds currently installed there to meet the bed space needs; and
- 3.) Pods P through Q, which consists of disciplinary housing, protective custody, and female classification. There is usable space for programming in on the Pods area of the facility.

Currently, treatment specialists are providing treatment interventions for addictive and compulsive behaviors, violence intervention, support skills, and relapse prevention for female offenders. There wasn't a structured curriculum for any of these interventions that could be shown during the review. Staff who were interviewed, indicated that they had various handouts and books that they utilized to deliver the interventions. The length of programming is also not clearly established.

Treatment specialists and inmates who were interviewed all reported that these interventions were being offered. Observation supported this. During the review, inmates were observed in a classroom on the main side participating in support skills programming. On the spring creek side of the facility, female inmates were observed participating in relapse prevention. Inmates that were interviewed during the review reported that they would like to see more employment skills type of programming to include job searches and resume writing.

Staff also reported that six of the treatment specialist recently were trained in Moral Reconciliation Therapy (MRT) but as of the date of the review, it is not being implemented. MRT is an effective systematic, cognitive-behavioral approach that treats a wide range of issues including substance abuse, domestic violence, trauma, parenting, job skills, and other issues. The programs are implemented in groups utilizing workbooks directly targeting specific issues. (CCI MRT <https://www.ccimrt.com>). While MRT is not being implemented yet, it offers structured and evidence-based interventions that could be delivered to those identified as needing interventions via the ORAS.

A Therapeutic Community (TC) is being implemented on I-block for male inmates; however, the structure of the program was not able to be ascertained during the review. It was reported that some of the inmates have been on the block in the program in excess of 1-year and they are able to remain on the TC as long as they are compliant.

Currently, there are no NA/AA groups being conducted at the DCP.

Outside resources are also currently providing the following programs: Breaking the Chains, Getting Ahead While Getting Out, and SOAR. Staff reported that a local treatment center was contracted to provide IOP groups but that is not occurring at this time.

Staff reported during the review that the four youthful offenders, who are housed on the spring creek side of the facility, are not receiving any type of structured programming. Staff trained to administer the ORAS should immediately administer the assessment to these youthful offenders and begin to implement the MRT interventions as identified.

In addition, during the review it was noted that inmates housed on the Pods, P and Q, which houses disciplinary custody, protective custody, and female classification inmates, are not currently receiving any type of structured programming.

The reviewed also showed that there is no type of programming being done for inmates with sex offenses at this time. Staff reported in the past that when this programming was being done that it was easy to single out who was participating in the programming resulting in increased placements in protective custody and low participation.

The DCP offers good educational services via a combination of teachers employed by the DCP and teachers from the Dauphin County School District for students ages 20 and under as of the first day of class. Staff reported that they are able to deliver services in-person or in-cell to meet the required programming hours.

The DCP currently offers religious services Monday through Friday during the week. There are no religious services offered on the weekend.

The DCP has a very active reentry and transition planning services department. Staff who oversee the reentry and transition planning did report missed opportunities for services in that inmates who have disqualifying charges are not offered drug and alcohol screenings because of their current offense and as a result, sometimes those individuals are released on bail after being admitted to the jail without being screened or offered and connected to services in the community.

Inmates at the DCP who do not have a disqualifying offense are offered substance abuse screening via the TCU for drug and alcohol screening. Inmates are informed about the various diversion Courts and if interested they can volunteer to receive the TCU if they meet the criteria. The reentry team also does mental health screening on all C and D roster inmates who were admitted for probation violations.

Medical and psychiatric services at the DCP are provided by PrimeCare Medical. PrimeCare medical staff perform the initial screenings for acute physical and mental health needs when admitted to the facility. Inmates at the DCP are also being administered mental health screening by Prime Health and placed on the mental health roster and housing as appropriate.

This review is broken down into four sections: Screening, Classification, Comprehensive Assessments, and Targeted Interventions. These sections expand on the above executive summary and provide more background into each of these areas, a review of the findings from the current practices and procedures, and detailed recommendations.

The goal of this review is to assist the DCP with redesigning their treatment and programming interventions. The executive summary provides a brief overview of the various areas that were reviewed in order to assist with that initiative. The DCP recently trained six treatment specialists in Moral Reconciliation Therapy (MRT). MRT can be the DCP's foundation for this initiative. Because of limited resources, the DCP should select a brief risk screening instrument that can

be administered to everyone being admitted to the DCP in order to determine who should receive the more comprehensive ORAS assessment. The DCP should also train additional staff to administer the ORAS so that the facility can effectively identify the population that needs the MRT interventions. In addition, the DCP should also select a scalable evidence-based brief intervention, that can be delivered to individuals as opposed to a group setting in order to supplement the MRT programming. The brief interview should be scalable and in a format that can be delivered either in-person, in-cell, or on a tablet to overcome some of the current obstacles to treatment and programming that the DCP is currently experiencing. Some of the key recommendations from each of the four sections listed above are:

- 1.) Immediately establish a committee for this initiative consisting of facility staff from all DCP job classifications to include administration, supervisors, and treatment and security line staff, the Courts, Prison Board, other key stakeholders and community resources. Establish a project charter, goals, milestones and schedule regular meetings. (Buy-in from staff and the various stakeholders will be key to the success of this initiative);
- 2.) Have the committee review and consider selecting a brief risk screening instrument. Some of those instruments are the proxy, LSI-R:SV, the Wisconsin Risk Assessment or possibly the Arnold Venture's Pretrial Risk assessment (PSA) which is quick assessment that would be beneficial to both the Court, for pretrial release decisions, and the DCP to determine needs for a more comprehensive assessment.
- 3.) The selected brief screening instrument should be administered to everyone admitted to the DCP moving forward in order to identify the target population that should receive the comprehensive ORAS. With limited resources and small windows for intervention, it is imperative that a target population for the comprehensive assessment be identified;
- 4.) Have the committee determine when and where the brief screening instrument will be administered (e.g., at booking or during the current classification process);
- 5.) Have the committee determine who will administer the brief risk screening instrument and get staff trained. (In some jurisdictions, correctional staff and intake officers are completing the brief risk screening instruments);
- 6.) In addition, the DCP should consider implementing a screening tool to assess the need for trauma informed care e.g., the ACEs, CTS, STRESS, or UCLA PTSD Reaction Index and select an evidence based treatment intervention such as seeking safety;
- 7.) Prioritize getting additional staff trained to administer the ORAS;
- 8.) Consider administering the current DCP population the selected brief risk screening instrument in order to establish a baseline of high, medium, and low risk-to-reoffend people at the facility and determine intervention tracks for each level;
- 9.) Identify the appropriate target population to receive the ORAS (Evidence-based practices recommend that comprehensive assessments be provided for inmates who screened as medium or higher for risk-to-reoffend (Christensen et al. 2012, pg. 6);
- 10.) Consider administering the identified target population the ORAS for the purpose of helping the DCP establish a profile of treatment needs to assist in determining who should receive the structured MRT programming;
- 11.) Have the committee seek out an additional brief intervention, for individual delivery, that is evidence-based with structured curriculums that are scalable so that they could be delivered to those needing lower levels of intervention and that can be delivered in-person, in cell, and/or on a tablet (e.g. the Carey Guides, etc.) this intervention could be provided to lower level risk inmates;
- 12.) Address the six treatment specialist position vacancies. Suggest that the committee review the job description and salary for the treatment specialist 1 position which is currently posted for a starting hourly rate of \$16.51 for the position and it requires a Bachelor's degree. Staff reported that it is difficult to fill these positions because of the

starting wage. A review of similar jobs posted on indeed.com for Dauphin County showed similar case manager type positions with similar education requirements and a starting wage of \$19.32 to \$21.52 per hour.

- 13.) Prioritize implementing of the MRT programming for four youthful offenders so that they have immediate programming while the other recommendations of this report are being reviewed and considered. Utilize staff currently trained to administer the ORAS to administer the instrument to the youthful offenders and then begin the MRT programming.
- 14.) If a brief risk screening is implemented at booking, consider a resource packet that can be provided to people scoring medium or higher on the screening that can be given to them if they are booked and released.

Section 1 – Screening

Screening is the process of making a brief appraisal of people at the time of booking into jail. It usually entail observations along with a short set of questions. It helps to identify specific needs and risks associated with each person.

Risk screening usually involves using a brief instrument to quickly capture basic information about a person's risk-to-reoffend. The information gathered is then used to determine if a more comprehensive assessment is warranted. (Christensen et al. 2012, pg. 3). Risk screening identifies the appropriate target populations, and assessment tells you what to do with them. (Christensen et al. 2012, pg. 6).

The National Institute of Corrections (NIC) and Urban Institute's (UI) Transition from Jail to Community (TJC) model recommends that each person booked into a jail receive a short risk-to-reoffend screen and a pretrial risk assessment. Short risk screenings will help to identify those who need a full risk and needs assessment and are targeted to receive intensive services pre and post release as well as those of lower risk who are candidates for release, diversion, or alternatives to incarceration (NIC/UI TJC Toolkit, 2018).

Findings:

During the admission process into the facility, the DCP offers a quick initial screening for acute mental and physical health needs along with a suicide screening for all people being admitted into the facility. This initial screening is completed by the medical department at the facility.

Inmates at the DCP who meet the criteria for diversion are being offered the TCU for drug and alcohol screening. Inmates volunteer to receive the TCU if they meet the criteria for diversion. Inmates at the DCP are also being administered mental health screening and placed on the mental health roster and housing as appropriate.

The DCP utilizes the Ohio Risk Assessment System (ORAS) for comprehensive assessments absent a risk screening tool. A risk screening tool would help to determine the target population that should receive this comprehensive assessment with is time and resource intensive. The ORAS is discussed in detail in Section 3 of this report.

Recommendations:

- 1.) The DCP, and its stakeholders, should consider implementing a brief risk screening instrument, that is evidence-based, to be administered to everyone that is booked into the facility.

In 2007, the National Institute of Corrections (NIC) partnered with the Urban Institute (UI) and launched the Transition from Jail to Community (TJC) initiative. As part of that initiative, the NIC has provided a TJC toolkit resource that provides the following quick risk screening instruments that are commonly used in correctional settings:

Tool Name	Cost	Time to Complete Interview	Inventory Items	Instrument Result	Additional Information
Proxy Risk Triage Screener (Proxy)	No Cost	Five minutes or less	Three Items – Current age, age at first arrest, # of priors	Risk of recidivism on an 8 point scale	j-sat.com
Level of Service Inventory-Revised Screening Version (LSI-R:SV)	\$2.20 / use	15 minutes	Eight Items – Criminal history, education/employment, family/marital, companions, alcohol/drug problems, attitudes/orientation, personal/emotional	Risk of recidivism score on an 8-point scale and brief summary of dynamic risk areas that may need attention	www.storefront.mhs.com
Wisconsin Risk Assessment	No Cost	15-30 minutes	11 items – criminal history (adult and juvenile), drug/alcohol involvement, living arrangements, general attitude for change	Risk of recidivism score	https://apps.urban.org/features/tjctoolkit/module6/Wisconsin-risk.pdf

In addition to the quick screenings above, another assessment to consider, which is a pretrial assessment, that is currently being utilized by several states and jurisdictions is the Public Safety Assessment (PSA) developed by Arnold Ventures.

Arnold Ventures Public Safety Assessment (PSA)	No Cost		Nine items, age at time of arrest, if current offense is violent, if had a pending charge at time of current offense, prior misdemeanor, prior felony, prior conviction for violent offense, failed to appear at pretrial hearing in		https://advancingpretrial.org/psa/factors/
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			last 2 years, failed to appear at a pretrial hearing more than 2 years ago, previously sentence to incarceration.		
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The information in the tables above regarding the first 3 risk screening tools is available at: <https://info.nicic.gov/tjc/module-6-section-3-selecting-screens-and-assessment-tools> and the PSA information is available at the link to the Arnold Ventures website at <https://advancingpretrial.org/psa/factors/>

- 2.) In addition, the DCP should consider implementing a screening tool to assess the need for trauma informed care e.g., the ACEs, CTS, STRESS, or UCLA PTSD Reaction Index.

Section 2 – Classification

Classification in the prison system refers to the procedure of placing prisoners in one of several custody levels (e.g., maximum close, medium, and minimum) to match offender needs with correctional resources (e.g., the type of facility to which they will be assigned, and the level of supervision they will receive once they are there). (Sun, 2008 p. 25).

Findings:

During the onsite review, staff reported that usually within 1-business day of being admitted to the facility, inmates at the DCP have an Initial Classification Assessment completed. Males are initially housed on A-block during classification for a period of 7-days and females are housed on Q-Pod for classification. Both males and females are housed on the classification blocks/pods for a minimum period of 7-days for quarantine due to COVID protocols. There are two staff that complete the classifications, Mary Box completes Initial Classification Assessment for all males admitted to the facility and Jen Engle, who is a treatment specialist, assists with completing the Initial Classification Assessment for the females admitted to the facility.

The initial classification assessment determines custody levels for maximum custody, medium custody, and minimum custody.

Recommendations:

Consider utilizing current resources to administer the selected brief risk screening instrument during classification if it is not administered at booking or intake.

Section 3 – Comprehensive Assessments

Assessment is a corrections process that is closely related to but distinct from correctional classification. Instruments for correctional assessment typically cover two areas: (1) risk, and (2) needs of the offender. (Sun, 2008 p. 27).

As noted in section 1, the DCP has elected to utilize the Ohio Risk Assessment System (ORAS) to identify dynamic risk factors that drive a person toward negative or criminal behaviors. The ORAS is a validated actuarial risk and needs assessment that was developed by the University of Cincinnati, Center for Criminal Justice Research for the Ohio Department of Rehabilitation and Correction (DRC) in 2006. It identifies each person's risk of re-offending. The ORAS helps staff assess offenders, target interventions and inform responses to behavior. It can be used at pretrial, prior to, or while on community supervision, at prison intake, and in preparation for reentry. (<https://drc.ohio.gov/Organization/Parole-and-Community-Service/Adult-Parole-Authority/Quality-Assurance/Ohio-Risk-Assesment-System-ORAS-Validated-Tools>).

Unlike simple risk screening, actuarial assessments provide insight into dynamic, or changeable, criminogenic needs and related treatment targets for each individual. Criminogenic needs include antisocial peers, antisocial thinking, antisocial personality, criminal history, employment/vocational skills, family dysfunction, education level, substance/alcohol abuse, self-management/life skills, and use of leisure time (Andrews et al. 2006). Comprehensive criminogenic risk/need assessment instruments are targeted to those who score medium to high on the quick initial screening, indicating that they may need more intensive intervention. (Christensen et al. 2012, pg. 6).

Findings:

During the onsite review, it was noted that currently, only two staff at the DCP are trained to administer the ORAS. It is also noted that the ORAS is not currently being administered at the DCP. It is also noted that depending on the ORAS tool being administered, each assessment can take between 45 to 90 minutes to complete. Staff were not able to provide any baseline data for the ORAS or the process for determining which inmates receive the comprehensive assessment.

Recommendations:

- 1.) Prioritize getting additional staff trained to administer the ORAS;
- 2.) Use evidence-based practices to determine what population should receive the ORAS assessment, e.g., inmates who scored medium to high on the quick initial screening (intake classification assessment done by DCP during classification) (Christensen et al. 2012);
- 3.) Once the target population is identified, administer the ORAS;
- 4.) Gather and share the data from the assessments with stakeholders to include community resources so that a profile can be established in order to help the facility match the implementation of evidence-based interventions relative to the prevalence of criminogenic needs of those assessed (Christensen et al. 2012);
- 5.) Ensure moving forward that all inmates who are initially screened as medium or higher risk are administered the ORAS as soon as possible; and
- 6.) Implement a procedure for a quality assurance process that regularly monitors the quality of screenings and assessments by having unit managers and supervisors observe the assessment interviews. This should not be a disciplinary process. It should be an

continuous improvement and learning process whereby the staff and administration are provided with recommendations and feedback on the process. A recommendation would be to have each of the three unit managers observe 4 assessments per month and provide the Director of Unit Management with a monthly report that includes their observations and recommendations. The report should be forwarded to the Deputy Warden for Treatment and reviewed during monthly staff meetings for continuous improvement.

7.) **Section 4 – Targeted Interventions**

The National Institute of Corrections and the Urban Institute's (UI) Transition from Jail to Community (TJC) Toolkit (2018), Module 5: Targeted Intervention Strategies, notes that jail settings are a busy and sometimes chaotic environments where decisions still have to be made at reception to determine each individual's risk and needs. This is a particularly acute problem within a jail facility because of the rapid rate of turnover and short length of stay for most of the inmate population.

Findings:

During the onsite review, several staff were interviewed to include supervisors, treatment specialists, and reentry specialists regarding treatment interventions currently being implemented at the DCP. In addition, Inmates were interviewed about the interventions that were being provided. Warden Briggs and his team are to be commended for their efforts to provide meaningful programming and reentry services despite some of the current challenges that they are facing.

The onsite review, observations, and interviews showed that treatment specialists are providing programming for the adult inmate population at the DCP based on treatment plans that are being developed after classification.

During the onsite review, there were four youthful offenders housed at the DCP. Staff reported that there is currently no structured programming for the youthful offenders.

During the review, staff and inmates reported that due to staffing issues that the facility is locked down several times per week which impacts programming in some areas of the facility. Staff reported that this typically occurs after the first couple weeks of the month because staff are required to work 3 overtime shifts per month and all staff try to get those shifts out of the way during the first week of the month. Staff reported that when this occurs that programming is delivered in cell.

Currently, adult males and females incarcerated at the DCP are offered the following treatment interventions:

- Addictive and Compulsive Behaviors
- Violence Intervention
- Support Skills
- Relapse Prevention for Females
- Education services through DCP staff and the Dauphin County School District for students 20 years of age and younger as of the first day of school.
- There is a Therapeutic Community (TC) for males on I-block

Staff also reported that six of the treatment specialist recently were trained in Moral Reconciliation Therapy (MRT) but that it is not being implemented yet. MRT is an effective systematic, cognitive-behavioral approach that treats a wide range of issues including substance abuse, domestic violence, trauma, parenting, job skills, and other issues. Staff did express some concerns in the spring creek area with providing MRT on the block due to the structure of the programming which requires disclosure and concerns that the inmates would refrain from disclosing on an open block. The spring creek side does not have large group rooms to support this programming.

With the exception of the relapse preventions for females, staff consistently reported that there is not a specific structure or curriculum for the Addictive and Compulsive Behaviors, Violence Intervention, or Support Skills programming that is being provided and that the duration can be as long as they are housed on a specific block.

Recommendations:

- 1.) Utilize the ORAS to establish a profile as noted in section 3 of this report in order to determine which individuals should receive interventions;
- 2.) Have a committee review the implementation of MRT facility wide coupled with
- 3.) The National Institute of Corrections and the Urban Institute's (UI) Transition from Jail to Community (TJC) Toolkit (2018), Module 8: Section 3: Delivering In Jail and Community Interventions notes that research shows that certain interventions have the greatest impact on recidivism rates for correctional populations. The following are the five major areas for treatment noted in the report:
 - Cognitive behavioral/life skills groups
 - Substance abuse groups / CBT substance abuse treatment
 - Job readiness and employment
 - Educational programs
 - Housing and community reintegration planning.
- 4.) Consider a combination of MRT, delivered to groups, and another brief evidence-based intervention, that can be delivered to individuals, to address programming needs. Housing unit assignment will be a factor for blocks seeking to implement MRT groups. The main side of the facility could accommodate MRT groups and the brief intervention tools such as the Carey Guides could be utilized in the other areas of the facility for delivery to individuals. The brief intervention selected should be scalable so that it can be brief if necessary, able to be delivered to individuals, and so that it can be delivered either in-person, or in-cell, due to the current challenges that the DCP is facing with vacancy rates and physical plant challenges for facility groups in some areas of the facility.

Resources:

Moral Reconciliation Therapy (MRT) (CCI MRT <https://www.ccimrt.com>).

Carey Guides – The Carey Group – <https://www.thecareygroup.com>

Rick Parsons, Deputy Director

Phone: (484)792-1688

Email: rick@thecareygroup.com

National Curriculum Training Institute (NCTI) – <https://www.ncti.org>

Complete Behavior Change System – Crossroads Cognitive Curriculum for Adults and Juveniles
Phone: (800)622-1644

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A Review of the County's Jail Diversion Programs

A review of the pre-arrest, pre-booking, and post-booking/pretrial diversion programs that are being implemented in Dauphin County, Pennsylvania.

Issued December 6, 2022

To: Gregory Briggs, Warden
Dauphin County Prison

From: John Wetzel, CEO
Phronema Justice Strategies

By: Derek Oberlander

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EXECUTIVE SUMMARY

This report is being provided in response to a request to conduct a review of the jail diversion programs being implemented by Dauphin County. On Monday, October 31, 2022, a review of the County's jail diversion programs commenced through onsite interviews with staff, direct observations, touring the Dauphin County Judicial Center, gathering data, reviewing reports and information about diversion programs, and reviewing diversion initiatives that are being implemented by jurisdictions and communities across the country. Special thanks to Warden Briggs, Dr. Ashley Yinger, the Pretrial Services staff and the Dauphin County Prison staff who were extremely accommodating, open, and transparent throughout the review process.

Dauphin county, as with most communities across the country, continues to face the challenges of managing high numbers of people cycling in and out of its criminal justice system with higher rates of serious mental illness (SMI), substance use disorders (SUDs), or both, when compared to those of the general public. These challenges have a significant human and financial impact on the people, communities, and jurisdictions who are attempting to meet these demands with limited resources, negative public perceptions, the political climate, overburdened courts, crowded jails and prisons, strained budgets, and staffing shortages across the board.

In an updated 2019 report from the Council of State Governments (CSG) Justice Center on the Stepping Up initiative being implemented in Dauphin County, the authors discuss the aforementioned problem that is occurring in communities across the country and note that, "An estimated 2 million times each year, people who have serious mental illness—almost three-quarters of whom also have substance addictions—are booked into local jails." The authors add that, "Federal and state policy and funding barriers, along with limited opportunities for law enforcement training and arrest alternatives in many communities, have made county and other local jails the de facto mental health hospitals for people who cannot access appropriate community-based mental health treatment and services." (Dauphin County, CSG Justice Center, 2019).

In a 2020 report prepared for Arnold Ventures on Effective Response to Individuals in Crisis, the author notes that, "A 2017 study found that almost half of inmates were diagnosed with a mental illness (48%), of whom 29% had a serious mental illness. In addition to high rates of mental health conditions, as many as two-thirds of people in correctional settings have a diagnosable substance use disorder. And, increasingly homelessness and other social determinants of health are recognized as contributing to criminal justice system and ED encounters." (Manaugh, 2020).

The Bureau of Justice Assistance's (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), issued a report in 2022 where the authors note that, "Justice-involved adults with Serious Mental Illnesses (SMIs), Substance Use Disorders (SUDs), or Co-Occurring Disorders (CODs) are at high risk of various adverse outcomes including homelessness, violence, victimization, hospitalization, and re-arrest." (Jails Diversion Models: Part 1, 2022).

The Prison Policy Initiative issued a report in 2022 on the topic of Mass Incarceration noting that, "In a typical year, about 600,000 people enter prison gates, but people go to jail over **10 million times** each year because of '**enormous churn**' in and out of jails which is particularly high because most people in jails have not been convicted. The authors note that, "some have

just been arrested and will make bail within hours or days, while many others who can't make bail remain behind bars until their trial. Only a small number, about 103,000 on any given day, have been convicted and are generally serving misdemeanors sentences under a year. At least 1 in 4 people who go to jail will be arrested again within the same year and often includes those dealing with poverty, mental illness, and substance use disorders." (Sawyer & Wagner, 2022).

Because of these challenges, and with the support of the Dauphin County Commissioners, Legislators, Judges, court administrators, the District Attorney, Public Defender, local law enforcement agencies, mental health providers, drug and alcohol treatment providers, corrections and probation officials, and the public, Dauphin County is responding with pre-arrest police and community-based early interventions, pre-booking diversion, and Judge and Prosecutor-led post-booking/pretrial diversion programs.

As a result of these types of programs being implemented across the country, there is an abundance of information and research on the various programs, their effectiveness, and their cost efficiency in order to help communities make evidence-informed decisions.

Diversion is defined in a 2021 Prison Policy Initiative report as, "A broad term referring to any means of exiting the criminal justice system without a criminal conviction, while an alternative to incarceration can be offered to someone who has been convicted." In the report, the authors discuss envisioning the criminal justice system as, "a highway on which people are heading toward the possibility of incarceration; depending on the state or county, this highway may have **'exit ramps'** in the form of diversion programs and alternatives to incarceration." The "exit ramps" that the authors refer to are: "Pre-police (exit 1); Pre-Arrest (exit 2); Pre-Charges (exit 3); Pre-Trial (Exit 4); and Alternatives to Incarceration (exit 5)." The authors suggest that, "the most powerful diversion strategies are those that shift people out of the criminal justice system as early as possible, those that allow people to avoid the long-lasting consequences of a criminal record, and those that are based on public health research and harm reduction principles." (Wang & Quandt, 2021).

The Vera Institute of Justice (Vera) issued a report in 2022 on diversion programs where the authors note that, "Diversion programs operate across the country at various stages and decision points throughout the criminal legal system; varying in form, target population, desired outcomes, eligibility requirements, and in which organization or entity serves as facilitator. These programs aim to minimize contact with the criminal legal system and shift those involved away from arrest, prosecution, and incarceration by targeting the underlying problems that led to the criminalized behavior in the first place. This is accomplished by addressing the root causes of community instability-challenges such as food and housing insecurity, joblessness, lack of educational resources, and unmet mental health needs." The authors add that, "Diversion programs not only help to improve long-term community safety and reduce crime but have also proven to be cost-efficient. Common diversion programs consist of: Pre-police encounter diversion; Pre-arrest diversion; Pre-charge diversion; and Pretrial diversion." (Johnson & Ali-Smith, 2022).

The Dauphin County Commissioners, Judges, District Attorney, Public Defender, local law enforcement, Dauphin County Prison Administration, Judicial Center staff, Probation, and the County's mental health providers and Drug & Alcohol treatment providers are to be commended for the various innovative programs that they are implementing to help provide meaningful diversion programs for the community that they serve.

The review showed that many of Dauphin County's front-end diversion programs are built around its "Stepping Up" initiative. In 2015, a nationwide "Call to Action" was issued following the launch of a Stepping Up initiative that was created through a partnership of The Council of State Governments (CSG) Justice Center, the National Association of Counties and the American Psychiatric Association Foundation. Stepping Up is a national initiative to help advance counties' efforts to reduce the number of adults with mental illness and co-occurring substance use disorders in jails. (NACo, 2019). The initiative has four key measures: Reduce Jail Bookings, Reduce Jail Length of Stay, Increase Connections to Treatment, and Decrease Recidivism. (Habert, Yinger, Brower, et al., 2021).

In 2016, the Dauphin County Commissioners answered this "Call to Action" by signing and passing a "Stepping Up" resolution in 2016 to reduce the number of people with serious mental illness (SMI) in the Dauphin County Prison (DCP). A 2021 report from the CSG finds that as of the date of the report 558 counties across the country, to include 35 of Pennsylvania's 67 counties, have adopted "Stepping Up" resolutions committing to reducing the number of people with mental illness in their jails. (Blandford, Coyne, Fitzgerald, et al., 2021).

Dauphin County's Stepping Up initiative is facilitated through the District Attorney's office by the Criminal Justice Program Administrator, Dr. Yinger, along with a team of dedicated staff, and with the support of numerous stakeholders in the county to include the County Commissioners, Judges, local law enforcement, the Dauphin County Prison, and treatment providers. Dauphin County has also partnered with the Council of State Government (CSG) to receive ongoing assistance in collecting and analyzing their data to help continue to inform decision making.

A 2021 report by the CSG recognizes Dauphin County's effort with this initiative by designating it as a "Stepping Up Innovator" and specifically discussed their co-responder initiatives. According to the report, "Stepping Up recognizes a county as an Innovator when it has demonstrated the capacity to accurately identify people in their jails who have mental illnesses and substance use disorders, collect and share data on these individuals to better connect them to treatment and services, and to use that data to inform local policies and practices." (Haneberg, 2021).

Agencies involved with Dauphin County's diversion programs include almost all departments involved with CJAB. The District Attorney's Office, MH/AD/DP, D&A, Central Booking, Pretrial, Probation, Jail, Work Release. (County Commissioners Association of Pennsylvania, 2021).

Some of the innovative initiatives and programs for pre-arrest police and community based early intervention, pre-booking, and post-booking/pretrial diversion programs being implemented by Dauphin County are:

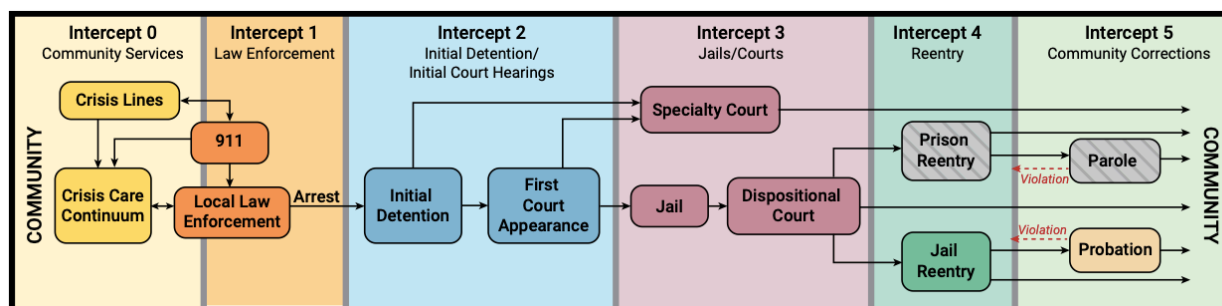
- **Creating a Stepping Up Coordinator's Position;**
- **Implementing a Pretrial Risk Screening Assessment at Booking (November 2018);**
- **Mental Health and Drug and Alcohol (D&A) screenings at booking;**
- **Crisis Intervention Team (CIT) Training (Started in 2019)** – A police-based specialized response program where police receive specialized training to recognize and response to someone experiencing mental illness;
- **Team Mental Illness Substance Abuse (MISA) (Started in 2019)** – Consists of a team of criminal justice and human service entities and is chaired by an Assistant District Attorney and the Criminal Justice Administrator. Group meets weekly to discuss

upcoming Court cases involving mental health and substance use disorders. Develops case plans and makes recommendations for their upcoming Court hearings;

- Mental Health Reentry Coordinator;
- **Co-responder Program (Started May of 2020)** – Mental Health Professional embedded with law enforcement;
- **Mental Health/Autism/Developmental Programs (MH/A/DP)**
- **Mental Health Court;**
- **Recovery Court (RCC);**
- **Law Enforcement Treatment Initiative (LETI);**
- **Veterans Court;** and
- **Increasing Mental Health (MH) Services.**

In order to help map and visualize how Dauphin County’s policies and practices to divert individuals with an SMI, SUDs, or a COD are being implemented, the linear Sequential Intercept Model (SIM) that was developed by members of the Policy Research Associates, Inc. (PRA) was utilized for this review. For this review, pre-arrest, pre-booking, and post-booking/pretrial diversion programs were reviewed using SIM Intercepts 1 – 3. Intercepts 4 and 5, Reentry and Community Corrections, to include probation and parole, are not included in this review as those intercepts typically occur after there has been a criminal conviction.

Figure 1. Sequential Intercept Model (SIM)



Source: Policy Research Associates, <https://www.prainc.com/wp-content/uploads/2018/06/PRA-SIM-Letter-Paper-2018.pdf>

In the previously cited 2022 report from the BJA’s Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), the authors note that, “The Sequential Intercept Model (SIM) provides a framework for interactions between the criminal justice system and service providers. The SIM defines six “intercepts” (starting with 0; Figure 1). These intercepts are similar to the “exit points” described by the Prison Policy Initiative (*Pre-Police, Pre-Arrest, Pre-Charges, Pre-Trial, and Alternatives to Incarceration*). The SIM can help you conceptualize where diversion programs may be integrated into your local justice system. It can be used as a mapping tool to visualize and develop a local strategic plan to divert adults with SMI, SUD, and COD into treatment programs.” (Jails Diversion Models: Part 1, 2022).

The goal of this review is to assist Dauphin County with their continuing efforts in making evidence-informed decisions with regard to implementing meaningful pre-arrest, pre-booking, and post-booking/pretrial diversion programs for appropriate persons with mental illness, addiction, or both, and appropriate offenses, in favor of options that present a minimal risk to public safety and a greater opportunity for rehabilitation.

The review is broken down into four sections: Pre-Arrest Diversion Programs, Pre-Booking Diversion Programs, Post-Booking/Pretrial Diversion Programs, and Information and Data Sharing. These sections expand on the above executive summary and provide more background into each of these areas, a review of the findings from the current practices and procedures, and detailed recommendations.

Based on this review, some recommendations and potential next steps are:

- 1.) The review shows that there is cross-agency information sharing; however, there continues to be various barriers to this critical task for various reasons to include federal and state information-sharing laws and “silos” across the different agencies. Dauphin County was able to match the datasets of seven agencies together for the CSG Justice Center’s 2018 report on Dauphin County’s Stepping Up initiative so that it could not be traced back to an individual. Continue to monitor and support this collaboration and allocate the necessary resources for this important initiative through the CJAB’s Data Subcommittee.
- 2.) Intervening with frequent utilizers and providing follow-up after crisis – Ensuring compliance with federal and state information-sharing laws, consider linking subset data from local police department arrests with EMS behavioral-health involved ambulance event data to create “hotspots” to help identify at-risk individuals and high use locations in order to better allocate early intervention resources to include deployment of CIT trained staff and co-responders. A 2019 report from the American Journal of Public Health (AJPH) highlighted this type of initiative that was conducted help identify Chicago’s High Users of Police-Involved Emergency Services. (Tentner, A., et. al, 2019).
- 3.) If the costs of these programs and initiatives has not yet been evaluated, consider commissioning an economic evaluation of the current Dauphin County’s diversion program’s costs and impact on the community, including law enforcement, adjudication, detention, supervision, and costs of health services. The purpose of the economic evaluation would be to determine what it costs for early intervention and to divert a person, how/if early intervention and diversion are being shifted between the criminal justice system and the treatment systems, and what is the cost-effectiveness of jail diversion. This recommendation was found in the Jail Diversion Toolkit provided by National Association of Counties. The kit provides a review of Bexar County’s (Texas) and implementation of their programs. (Jail Diversion Toolkit - NACo).
- 4.) Continue the cross-systems engagement with all of the various agencies and stakeholders in the community. If not already done, consider compiling the following baseline statistics to help gauge the progress of the current pre-arrest early interventions, pre-booking and post-booking/pretrial diversion programs in order to establish proof of the programs’ success and/or failure. Suggestions for this from the Jail Diversion Toolkit suggest the following data points: Calls for service to law enforcement; calls for transportation/referral; re-arrest; jail admissions, revocation of community-supervised release, mental health crisis facility admissions; psychiatric inpatient admissions and total number of days; substance abuse crisis facility admissions; and yearly involuntary treatment costs. (Jail Diversion Toolkit - NACo)
- 5.) In addition, consider compiling the following data points to the present time to support the “Stepping Up” initiative. These data points are available for 2016. Consider providing the following updated data points from 2017 to the present: Number of incarcerated persons

housed at DCP with a mental illness; Number of incarcerated persons housed at DCP with a serious mental illness (SMI); Average Length of Stay (LOS) for an incarcerated person with an SMI; Average Length of Stay (LOS) for an incarcerated person without an SMI. The review demonstrated that this data was available for 2016.

- 6.) Consider utilizing the Policy Research Associates' Sequential Intercept Model (SIM) included in this review to continue to identify gaps, resources, and diversion opportunities and "intercept" points in Dauphin County. (PRA, 2019).
- 7.) The CIT and co-responder programs being implemented are both noted as best practices in a 2019 report published by the Policy Research Associates (PRA) on their Sequential Intercept Model (SIM) with regard to early intervention and community services. In addition, the report noted an additional best practice, Emergency Department diversion. The report notes that Emergency department diversion can provide triage for behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis. (PRA, 2019).
- 8.) During the review it was noted that the Dauphin County Department of Drug and Alcohol has a "warm handoff" policy with the local hospitals; however, as with most agencies across the country, staffing issues are creating barriers for this service. Review the policy and programmatic barriers that may be contributing to this challenge.
- 9.) During the review, the challenges of disqualifying offenses was discussed. A person can be booked into the DCP with a disqualifying offense and not be screened or connected with community-based services due to that offense and then is subsequently released (on bail) without being linked to services. Review the policy and programmatic barriers that may be contributing to this challenge.
- 10.) During the review, the county of residence was discussed as another challenge to diversion. Discussed an example of an out-of-state person who has a substance use disorder, has been arrested multiple times in Dauphin County, and detained and booked into the DCP. Most recently, this person was given time served at sentencing and released without being connected to services due to county of residence issues and residing out of state. Review the policy and programmatic barriers that may be contributing to this challenge.
- 11.) During the review, the challenge of refusing to participate in the diversion programs and/or assessment process was discussed. Review the policy and programmatic barriers that may be contributing to this challenge.
- 12.) Consider conducting a review of SIM intercepts 4 and 5 (Reentry, Community Corrections to include probation and parole) to review the data and practices for transition planning, MAT for substance disorders, warm hand-offs from corrections to community service providers, and access to recovery supports, benefits, housing and employment.
- 13.) Continue working to fill the vacant Diversion Specialist position that has been vacant since October. Review what issues may be impacting the filling of this position.

Section 1 – Pre-Arrest Diversion Programs (SIM Intercepts 0 and 1 – Community Services and Law Enforcement):

“Pre-arrest diversion programs provide a means for behavioral health treatment and service providers to collaborate with law enforcement agencies to divert people experiencing behavioral health crises into treatment and services at the time of an encounter with a law enforcement officer, as an alternative to arrest. Encounters with first responders, including law enforcement officers, often occur during a crisis, such as criminal violations driven by SMIs, SUDs, both, or by an overdose.” (Jails Diversion Models: Part 1, 2022).

A 2022 report from the BJA’s Public Safety Risk Assessment Clearinghouse (PSRAC) notes that, “The purpose of front-end diversion is to increase public safety by averting incarceration and its negative consequences for appropriate persons and offenses, in favor of options that present a minimal risk to public safety and a greater opportunity for rehabilitation.” (Diversion, 2022).

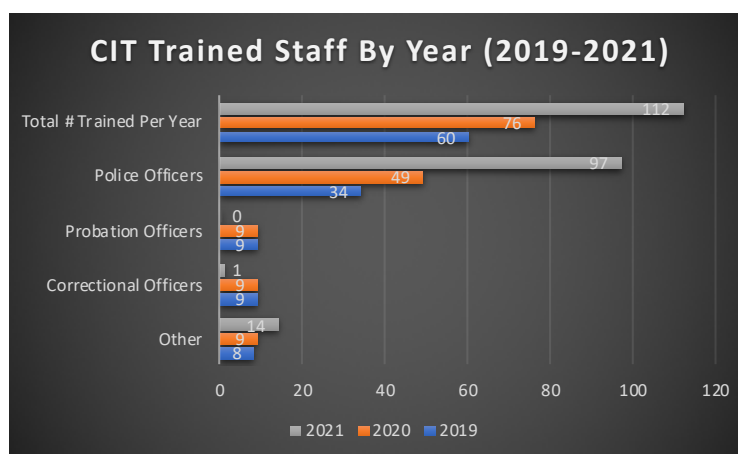
Types of Pre-Arrest Diversion Programs include:

- Crisis Intervention Teams (CITs) – A police-based specialized response program where police receive specialized training to recognize and respond to someone experiencing mental illness;
- Mobile emergency response services – Example, 911 dispatchers may be trained to triage emergency calls and direct mobile crisis teams
- Co-responder programs – Involving partnerships where mental health clinicians and law enforcement officers respond together in appropriate cases.

Findings:

1. Dauphin county has the following pre-arrest and early intervention diversion programs in place:

- **Crisis Intervention Teams (CITs)** – As of October 26, 2022, 225 police officers, 59 State Troopers, 3 Sheriffs, 11 Probation Officers, 22 Dauphin County Prison staff to include Corrections Officers, Diversion Specialists, and treatment staff, and 25 staff from the Behavioral Health Unit in the District Attorney’s office and human services staff in Dauphin County have completed CIT Training. 25 additional staff are registered for the class that starts on 11/28/22 – 12/2/22.

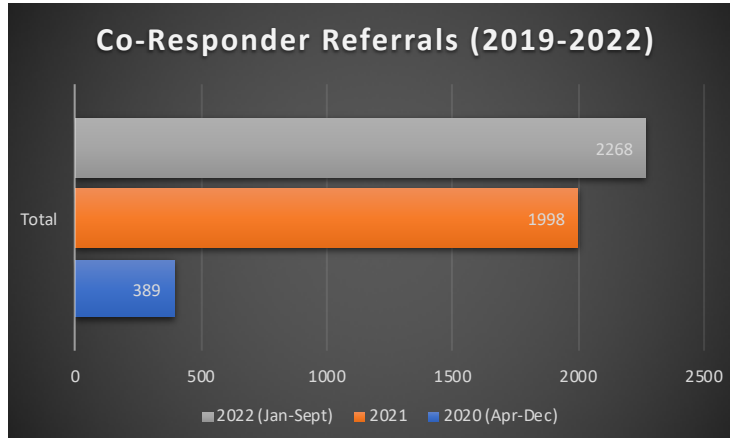


Note(s):

- 1.) Despite the COVID Pandemic, the review shows that Dauphin continues to make outstanding progress with this initiative.
- 2.) Yearly CIT training information obtained from Dr. Yinger’s year-in-review reports for 2019-2021.

Section 1 Findings (Cont'd):

- Co-responder Program** - Dauphin County's co-responder program began in March 2020. Currently, there are eight positions funded for co-responders and there is funding for two additional positions through current PCCD funding. In reviewing the data that was provided, there were 2,268 co-responder referrals made during the period of January 2022 through September of 2022. Of those 2,268 referrals that were made, only 107 of them were contacts that resulted in criminal charges. 255 of the contacts resulted in voluntary admissions, 258 resulted in involuntary admissions, 1,330 of the contacts resulted in new services/follow up, and 427 of the contacts resulted in no follow up needed or refused services.



Note(s):

- Co-responders are currently embedded with the following local police departments in Dauphin County:
 - Harrisburg City PD
 - Swatara PD
 - Susquehanna PD
 - Lower Paxton PD
 - Derry PD
 - Hummelstown PD
 - Steelton PD
- Yearly Co-Responder referral information obtained from Dr. Yinger's year-in-review reports for 2020-2021.

- Law Enforcement Treatment Initiative (LETI)** – This program began in Dauphin County in 2021. The goal of this initiative is to connect individuals suffering from SUDs with treatment options. The program empowers law officers to guide individuals who are suffering from addiction into treatment, rather than diverting them into the criminal justice system.
- During the review, Dr. Yinger discussed that grant funding has been awarded to place a behavioral health coordinator in the 911 center to help triage calls. For example, to help determine appropriate need for a co-responder's participation in the response.

Recommendations:

- CIT and co-responder programs were both noted as best practices in a 2019 report published by the Policy Research Associates (PRA) on their Sequential Intercept Model (SIM) with regard to early intervention and community services. In addition, the report noted an additional best practice, Emergency Department diversion. The report notes that Emergency department diversion can provide triage for behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis. (PRA, 2019).

- 2.) During the review it was noted that Dauphin County Department of Drug and Alcohol has a “warm handoff” policy with the local hospitals; however, as with most agencies across the country, staffing issues are creating barriers for this service. Allocate the funding and resources to ramp up staffing to meet this demand.

Section 2 – Pre-Booking Diversion Programs (SIM Intercept 2 – Initial Detention/Initial Court Hearing)

Pre-booking diversion: Most commonly defined as programs and practices that can occur at any point in the criminal justice system before a person is booked into a facility and relies heavily on effective interactions between police and community mental health and substance use disorder treatment providers. (Behavioral Health Diversion Interventions, CSG Justice Center, 2019).

Findings:

In Dauphin County, when police arrest a person and take them into custody, the detainee is brought to the Dauphin County Judicial Center. The Judicial Center is in a separate building that is located adjacent to the Dauphin County Prison (DCP). Prior to their arraignment with the Magisterial District Judge (MDJ), a diversion specialist from Dauphin County Pretrial Services (DCPS) completes a pretrial risk assessment, mental health screening and a drug and alcohol screening (TCU 5 and an opioid supplement if necessary).

In 2019, Dauphin County Prison repurposed four positions into Diversion Specialists. The staffing complement for the Diversion Specialists consists of four diversion specialists and a supervisor. Since October 2022, there has been one diversion specialist vacancy in the department.

Diversion specialists complete the three assessments and serve as interim case managers to help coordinate treatment when appropriate. The assessments help to identify treatment needs, linking the person to the necessary level of treatment. The diversion specialists provide the assessments the MDJ for their use prior to the hearing. The diversion specialists also attend the arraignment hearings. The diversion specialist provide follow-up to ensure connections with community service providers for those released from the Judicial Center needing services. If it is an emergent need, diversion specialists contact Dauphin County crisis.

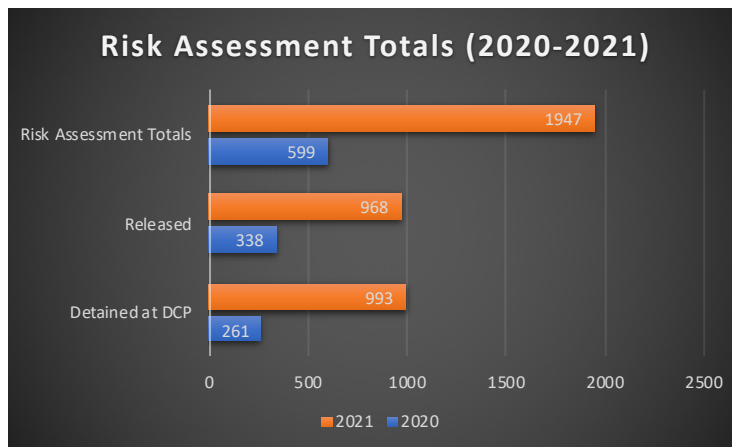
The diversion specialists provide coverage seven days per week between the hours of 6:00 am and 11:00 pm by working 10-hour shifts.

Section 2 Findings (Cont'd):

1.) Assessments completed by Dauphin County Pretrial Service (DCPS):

- Pretrial Risk Assessment -**
 Dauphin County currently utilizes a pretrial risk assessment that was implemented in 2018. The assessment that is currently being utilized was developed from Allegheny County’s Pretrial Risk Assessment.

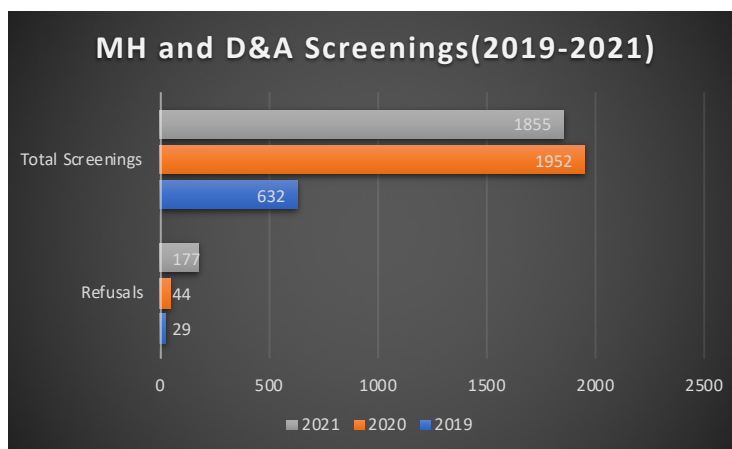
Penn State University is currently conducting an assessment to see if the current risk assessment is working and accurate based on its intended use.



Note(s):

Yearly Risk Assessment information obtained from Dr. Yinger’s year-in-review reports for 2020-2021.

- MH and D&A Screenings –**
 DCPS utilizes a brief MH Screening for MH screenings and the TCU 5 for D&A screenings on detainees that are brought into the Judicial Center.



Note(s):

Yearly MH and D&A Screening information obtained from Dr. Yinger’s year-in-review reports for 2019-2021.

Recommendations:

- Pretrial Risk assessment. Since 2018, DCPS has been utilizing a pretrial risk assessment tool developed from Allegheny County’s pretrial risk assessment tool. Penn State is currently assessing this instrument. Dauphin County Prison (DCP) and Dauphin County Probation are utilizing the ORAS to determine criminogenic risk and needs. Consider if Probation and DCP would benefit from having a risk screening instrument to determine who should receive the more detailed ORAS assessment. Recommend that consideration be

given to working across the three departments to implement a common risk assessment instrument.

- 2.) During the review, the challenges of disqualifying offenses was discussed. A person can be booked into the DCP with a disqualifying offense and not be screened or connected with community-based services due to that offense and then is subsequently released (on bail) without being linked to services. Review the policy and programmatic barriers that may be contributing to this challenge.
- 3.) During the review, the county of residence was discussed as another challenge to diversion. Discussed the example of an out-of-state person who has a substance use disorder, has been arrested multiple times in Dauphin County, and detained and booked into the DCP. Most recently, this person was given time served at sentencing and released without being connected to services due to county of residence issues and residing out of state. Review the policy and programmatic barriers that may be contributing to this challenge.
- 4.) During the review, the challenge of refusing to participate in the diversion programs and/or assessment process was discussed. Review the policy and programmatic barriers that may be contributing to this challenge.

Section 3: Post-Charges / Pretrial Diversion Programs (SIM Intercept 3 – Jails/Courts)

A 2019 report from the CSG Justice Center notes that, “Post-booking diversion: Most commonly refers to programs that are used to identify and divert people who have behavioral health needs after they have been booked into jail. Post-booking diversion interventions are typically led by either the courts or jails.” It also notes that, “Pretrial diversion: Pretrial diversion is a type of post-booking diversion. It is commonly defined as programs and practices that occur at any level or stage of justice supervision between law enforcement contact and a plea or other disposition of the criminal case. As a result, pretrial diversion may involve multiple agencies, including jail, pretrial release, prosecutors, defense counsel, and even probation departments that operate in a pretrial capacity.” (Behavioral Health Diversion Interventions, CSG Justice Center, 2019).

Post-charge and pretrial diversion initiatives include Prosecutor and Judge led programs. Some Prosecutor and Court-led programs in Dauphin County are:

- Accelerated Rehabilitative Disposition (ARD);
- Dauphin County DUI Repeat Offender Program (DC Drop);
- Drug Court;
- Veteran’s Court;
- Mental Health Court;
- Team MISA (Mental Illness/Substance Abuse); and
- Recovery Connections Court (RCC).

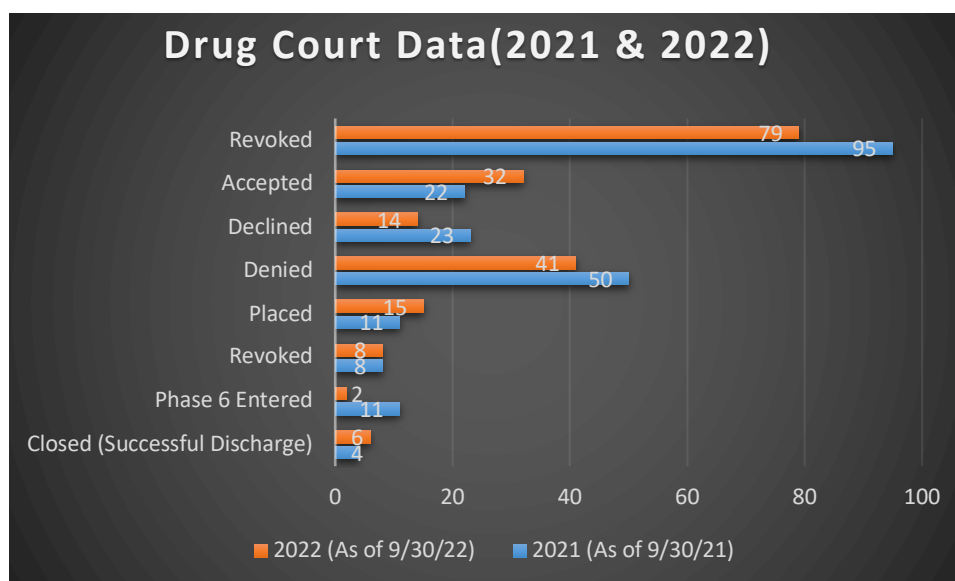
Findings:

- **Drug Court and Drug Court DUI Track Data for 2021 and 2022**

A 2022 report for the U.S. Department of Justice’s Office of Justice Programs notes that, “Drug courts are specialized court docket programs that target adults charged with or convicted of a crime, youth involved in the juvenile justice system, and parents with pending child welfare cases who have alcohol and other drug dependency problems. Although drug courts vary in target populations and resources, programs are generally managed by a multidisciplinary team including judges, prosecutors, defense attorneys, community corrections officers, social workers, and treatment service professionals. Support from stakeholders representing law enforcement, the family, and the community is encouraged through participation in hearings, programming, and events such as graduation.” (Drug Courts, 2022).

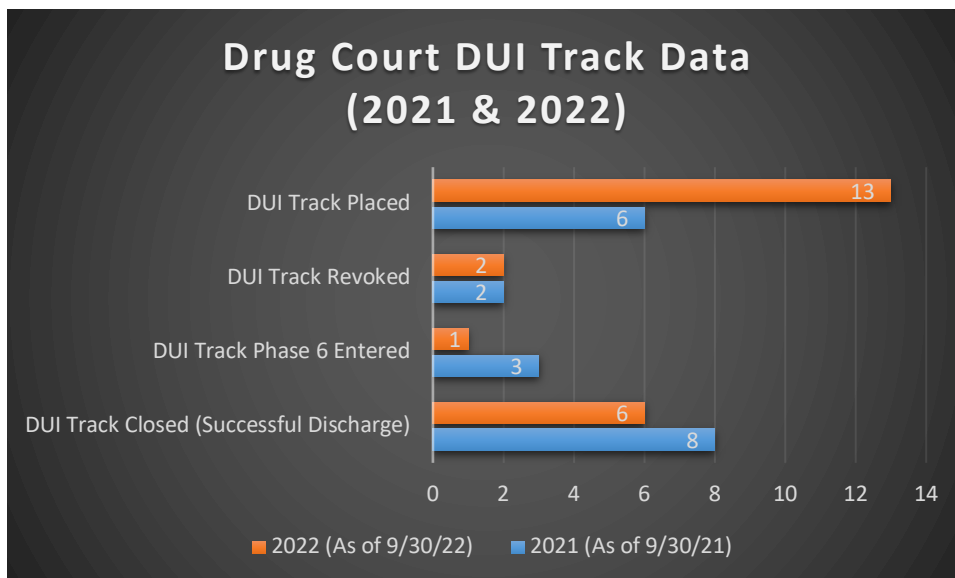
The Dauphin County Drug Court is designed to offer offenders with drug and/or alcohol issues(s) the opportunity for treatment, combined with intensive supervision, in lieu of jail time. It is a high-intensity program that involves frequent Court appearances before the Drug Court Judge; completion of the Court-ordered treatment program, and an intense level of supervision. Participation in the program lasts an average of 26-months from sentencing to program completion. Participation in the program is optional.

Figure 3-1: Dauphin County Drug Court Data for 2021 & 2022



Section 3 Findings (Cont'd):

Figure 3-2: Dauphin County Drug Court DUI Track Data for 2021 & 2022

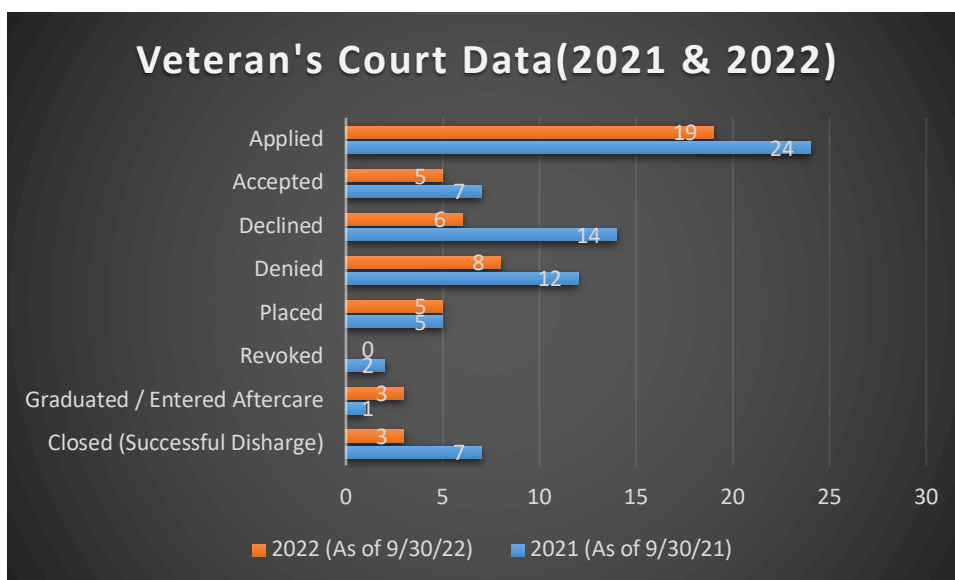


- **Veteran’s Court Data for 2021 and 2022:**

The Veteran’s Treatment Court involves Veterans charged with criminal offense(s), by diverting eligible Veteran-defendants with substance use dependency and/or mental illness. The court substitutes a treatment problem solving model for traditional court processing.

- Participation in the program is voluntary

Figure 3-3: Dauphin County Veterans Court Data for 2021 & 2022



Section 3 Findings (Cont'd):

- **Mental Health Court**

A 2021 report by the Prison Policy Initiative notes that, “There are more than 250 mental health courts around the country, which require defendants to enter treatment ranging from inpatient stays at psychiatric facilities to case management and therapy. Often, mental health courts operate with a recovery model, where relapse is expected. Conversely, drug courts tend to emphasize and require abstinence, raising the stakes for someone with a substance use disorder.” (Wang & Quandt, 2021).

The Dauphin County Mental Health Court is designed to offer offenders with SMI the opportunity for treatment, typically combine with restrict probation, in lieu of jail time. Offenders can be referred to the program by police officers, Magisterial District Judges (MDJs), attorneys, probation officers, case managers, prison staff, judge, family members, and other agencies or individuals who come into contact with an offender who might qualify for the program.

- Participation is voluntary.
- The MH Court began in 2022.

- **Team MISA**

Dauphin County implemented the Team Mental Illness Substance Abuse (MISA) initiative in 2019. The program is designed to offer offenders with mental health diagnosis case planning to avoid reincarcerations. The team consists of an array of Dauphin county criminal justice and human service agencies. The group meets every week where cases are discussed for people with an upcoming court date who have MH diagnosis and/or SUD or both. Case plans are developed, and treatment recommendations are provided for the upcoming hearing for consideration.

- Serious Offenses are excluded from Team MISA;
- Helping to shorten length of stay for those with am SMI; and
- There were 14-people in DCP waiting on MH beds on 10/30/2022.

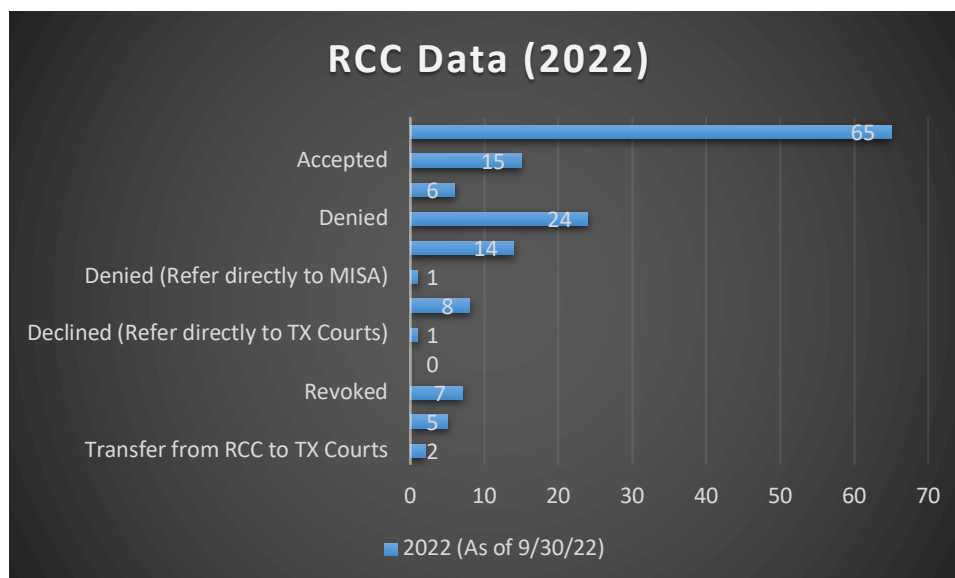
- **Recovery Connections Court (RCC) Data:**

The Recovery Connections Court (RCC) program promotes public safety by keeping participants with SUDs safe and accountable as they complete necessary treatment and other rehabilitative services long enough to receive treatment benefits.

- Participation is voluntary.

Section 3 Findings (Cont'd):

Figure 3-4: Dauphin County RCC Court Data for 2021 & 2022



- **Law Enforcement Treatment Initiative (LETI);**

Section 4 – Information Sharing and Data Collection

In a 2010 publication prepared by the CSG on the topic of working with HIPAA and other Privacy Laws when criminal justice agencies and treatment providers are cross-collaborating on individuals with mental illness in the criminal justice system, the authors note that, “A critical component of this cross-system collaboration is information sharing, particularly information about the health and treatment of people with mental illnesses who are the focus of these responses. At the individual level, health information is essential to provide adequate assessment and treatment. At the program level, it can be used to identify target populations for interventions, evaluate program effectiveness, and determine whether programs are cost-efficient. However, legal and technical barriers, both real and perceived, often prevent a smooth exchange of information among these systems and impede identifying individuals with mental illnesses and developing effective plans for appropriate diversion, treatment, and transition from a criminal justice setting back into the community.” (Petrila, J., & Fader-Towe, J, 2010).

Findings:

Dauphin County has established a Data Subcommittee as part of its CJAB. This subcommittee is working to improve cross-system information sharing. The group will begin reviewing the data that could be used as a criminal justice system report on trends/annual outcomes.

The review demonstrated that Information sharing across agencies continues to present some barriers for various reasons to include state information-laws regarding behavioral health information and “silos” across the different agencies.

Section 4 Findings (Cont'd):

In 2016, Dauphin county asked the CSG Justice Center to conduct an in-depth and cross-system data analysis for the flow of people with an SMI through the Dauphin county criminal justice system. The results were published in a 2018 report that was updated in 2019. (Dauphin County, 2019). Due to state information-sharing laws regarding behavioral health information, the county matched the datasets of the seven agencies together, and then provided CSG Justice Center staff with de-identified, case-level information so that it could not be traced back to an individual but could still be analyzed for the purposes of the project.

Recommendations:

- 1.) The review shows that there is cross-agency information sharing; however, there continues to be various barriers to this critical task for various reasons to include federal and state information-sharing laws and “silos” across the different agencies. Dauphin County was able to match the datasets of seven agencies together for the CSG Justice Center’s report on Dauphin County’s Stepping Up initiative that was issued in 2018 so that it could not be traced back to an individual. Commit to continuing to support and allocate the necessary resources for this important initiative through the CJAB’s Data Subcommittee.
- 2.) Ensuring compliance with federal and state information-sharing laws, Consider linking subset data from local police department arrests with EMS behavioral-health involved ambulance event data to create “hotspots” to help identify at-risk individuals and high use locations in order to better allocate early intervention resources to include deployment of CIT trained staff and co-responders. A 2019 report from the American Journal of Public Health (AJPH) highlighted this type of initiative that was conducted help identify Chicago’s High Users of Police-Involved Emergency Services. (Tentner, A., et. al, 2019).

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RESOURCES (Provided by U.S. Department of Justice Office of Justice Programs, 2022)

BJA Adult Drug Court Grant Program

bja.ojp.gov/program/adult-drug-court-grant-program/overview

Veterans Treatment Court Grant Program

bja.ojp.gov/program/veterans-treatment-court-grant-program/overview

National Drug Court Resource Center

ndcrc.org

Interactive Map of Drug Courts

ndcrc.org/interactive-maps

Adult Drug Court Training and Technical Assistance

ndci.org/resource/training/ta

Justice for Vets

justiceforvets.org

State-based Adult Drug Court Training and Technical Assistance

courtinnovation.org/training-ta

National Training System for Treatment Court Practitioners

treatmentcourts.org

OJJDP Drug Courts

ojjdp.ojp.gov/programs/drug-courts

Juvenile Drug Treatment Court Training and Technical Assistance

ndci.org/jdte

NIJ Overview of Drug Courts

nij.ojp.gov/topics/articles/overview-drug-courts

Adult Drug Court Research to

Practice (R2P) Initiative nij.ojp.gov/topics/articles/adult-drug-court-research-practice-r2p-initiative



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