

**MENTALLY ILL OFFENDER
HOUSING NEEDS ASSESSMENT
FOR CENTRE COUNTY**

for the

**CENTRE COUNTY
CRIMINAL JUSTICE ADVISORY BOARD**

prepared by

Diana T. Myers and Associates, Inc.

with the assistance of
Patricia Griffin, Ph.D.

August 2009

**MENTALLY ILL OFFENDER
HOUSING NEEDS ASSESSMENT
FOR CENTRE COUNTY**

for the

**CENTRE COUNTY
CRIMINAL JUSTICE ADVISORY BOARD**

prepared by

Diana T. Myers and Associates, Inc.

6 South Easton Road

Glenside, PA 19038

215-576-7970

info@dma-housing.com

with the assistance of
Patricia Griffin, Ph.D.

Table of Contents

Executive Summary 1

I. Introduction and Background..... 6

II. Quantitative Data and Key Findings 9

III. Analysis and Recommendations 17

IV. Housing Resources and Recommendations 32

V. Data Collection Recommendations 42

VI. Cost Benefits of Supportive Housing 47

VII. Next Steps 48

VIII. Glossary..... 49

LIST OF APPENDICES 56

Appendix A – Members of the Workgroup.....-A-1

Appendix B – List of Persons Interviewed-B-1

Appendix C – Interview Questions-C-1

Appendix D – Data provided by Centre County Correctional Facility-D-1

Appendix E – Relevant model programs, etc.-E-1

Appendix F – Mental Health Service Inventory-F-1

Appendix G – Housing Resources -G-1

Appendix H – Housing Authority Policies -Individuals w/Criminal Histories-H-1

LIST OF SUPPLEMENTAL DATAData Supplement 1

Data Supplement A – Data provided by Workgroup..... Data –A-1

Data Supplement B –Summary of CCCF Data Data –B-1

Data Supplement C – Comparison of Centre County MH Population Data –C-1

Data Supplement D – Data on CCCF Mental Health Frequent Users.... Data –D-1

Data Supplement E – Comparison of CCCF and MHMR Data Data –E-1

Data Supplement F – Additional Point-in-Time Data.....Data –F-1

Data Supplement G – Point-in-Time Data from CCCF Data –G-1

Data Supplement H – Summary of Centre County Homeless Housing Inventory
and Point in time Count of People, 2008 and 2009 Data –H-1

Executive Summary

Background

The Centre County Board of Commissioners, following a recommendation from the County Criminal Justice Advisory Board (CJAB), engaged Diana T. Myers and Associates, Inc. (DMA) to conduct a housing needs study of people with mental illness involved with the criminal justice system in Centre County. The goals of the study were to: collect and analyze data on the target population; determine the resources and gaps in the existing criminal justice, mental health and housing systems; and to recommend strategies for filling those gaps.

Under the guidance of a CJAB work group, the consultant conducted 32 interviews with key stakeholders and analyzed data from a variety of sources including the Centre County Correctional Facility (CCCF) and County Mental Health. They also conducted Point in Time Surveys in the CCCF, the Centre County Forensic Mental Health Case Manager's Caseload and the Meadows Psychiatric Hospital on the night of January 28, 2009.

Major Findings

- ⇒ Of the 6,735 unduplicated individuals committed to CCCF over the ten year period from 1998-2008, 83% were men. Six hundred and thirty eight or 9.47% of those individuals self-reported a mental illness and 265 (41%) of those who self-reported a mental illness also reported a co-occurring substance use disorder.
- ⇒ While the number of CCCF inmates who self-reported mental illness and/or substance use disorders at intake is lower than national and state averages, these individuals have spent many more days in CCCF than the average inmate. The overall average number of days incarcerated for all inmates was 97 days in CCCF, persons with mental illness spent 169 days, and persons with co-occurring mental illness and substance abuse disorders spent 236 days in the CCCF.
- ⇒ These additional days spent in jail by individuals who reported mental illness and co-occurring substance use disorders increased the average cost of incarceration by nearly \$10,000 per inmate, as compared to individuals who did not report a mental illness.¹

¹ This figure is based only on the average daily cost of incarceration; and does not include the cost of arrest, court processing, psychotropic drugs while incarcerated, etc.

- ⇒ The cost of incarcerating these 235 offenders was \$2.26M more than the cost of incarceration for offenders who did not report a mental illness or co-occurring substance use disorder.
- ⇒ There were 51 individuals with mental illness who have been incarcerated in the CCCF five or more times in a ten year period, or so called “Mental Health Frequent Users” of the criminal justice system. The MH Frequent Users are characterized by the following:
 - They have spent an average of 677 days incarcerated, which is nearly seven times as many days as compared to CCCF’s overall inmate population and almost four times as many days as CCCF’s self-identified inmates with mental illness.
 - The average cost of incarceration for these individuals is over seven times higher than that of individuals who did not report a mental illness.
 - Of the 1,145 charges made against the 51 frequent users, only 1.4% were for violent offenses; most were either misdemeanors or summary offenses.

There have been a number of excellent collaborative initiatives between Centre County Mental Health and the CCCF to track and treat individuals with mental illness. In addition, Centre County and its housing developers have been aggressive in their efforts to expand affordable housing for low income individuals, including individuals with mental illness. However, many gaps remain.

Recommendations

Intercept Recommendations

There are several keys to successfully diverting individuals with mental illness from involvement with the criminal justice system. These include: adequate housing and mental health services to support people in the community thereby helping them avoid contact with law enforcement and/or being incarcerated; adequate mental health services for people who are in jail; comprehensive re-entry planning that includes housing and supportive services; and sufficient permanent supportive housing options to serve as resources for diversion at various points.

The consultants used the Sequential Intercept Model² as a tool to analyze the current interface between the mental health and criminal justice systems. A major recommendation for improving coordination is *the implementation in the court system of a special Forensic Mental Health Team (FMHT)* composed of a

² Developed by Patricia A. Griffin, Ph.D. and Mark R. Munetz, M.D, the Sequential Intercept Model focuses on five interception points at which an intervention can be made to prevent individuals from entering or continuing through the criminal justice system.

Court of Common Pleas judge, district attorney, public defender, intensive case manager, probation officer, and a housing specialist. Each team member would receive specialized training in behavioral health and would be the designated person from his/her office to process cases involving persons with mental illness. This approach will facilitate early recognition of repeat offenders and enable the Team to formulate a plan for each individual. It will also ensure the most appropriate disposition of the case, whether incarceration, mental health treatment or another diversion.

Other key recommendations for improving coordination and/or additional services have the goal of reducing the number of people at different intercept points.

These include:

- *The establishment and strengthening of Crisis Intervention Teams (CIT) within the law enforcement agencies*
- *The use of a standardized mental health screening and assessment tool*
- *Establishment of a Day Reporting Center and a recovery-oriented work-release program*
- *Consistent, systematic re-entry planning for the discharge of individuals with mental illness from CCCF.*
- *Hiring of a Forensic Intensive Case Manager by County Mental Health and of a Mental Health Probation Officer by Probation and Parole*
- *Additional cross-systems work between Probation/Parole and MH/MR to include strategies for reducing the occurrence of technical violations and ineligible parole plans*

Housing Recommendations

The housing recommendations are based upon the above finding that many of the people with mental illness who are criminal justice involved commit non-violent offenses and might be better served in settings other than jail. Research has proven that if these individuals had permanent supportive housing and/or other viable alternatives available to them, the majority would have significantly reduced involvement with the criminal justice system. A 2007 report from Portland, Maine found that providing permanent supportive housing to homeless individuals resulted in significant decreased interaction with the criminal justice system, including 66% reduction in costs associated with police contacts and 62% reduction in incarceration costs.³

The following recommendations include actions designed to expand affordable housing options for all persons with serious mental illness including those with criminal justice involvement. New housing options specifically for people with serious mental illness with criminal justice involvement are recommended only

³ Cost of Homelessness - Cost Analysis of Permanent Supportive Housing, State of Maine – Greater Portland, September 2007. Accessed from <http://www.mainehousing.org/Documents/HousingReports/CostOfHomelessness.pdf>

when a specialized approach is warranted for that population. Key housing recommendations include:

- *The creation of 4-6 emergency beds for diversion from arrest for persons in crisis, individuals who would be denied bail primarily because they cannot establish a home, and individuals who remain incarcerated due to the lack of housing and will eventually max out.*
- *Establishment of a pilot program to provide rental payments for individuals sentenced to 60 days or less in order to prevent loss of housing during incarceration.*
- *Initiation of a three year Mental Health Frequent User Pilot Program (FUPP) for frequent users who have committed non –violent crimes, including a 60-90 day Bridge/Feeder Program.*
- *Working with the Centre County Housing Authority to clarify policies and improve access to people with criminal records.*
- *Taking advantage of VASH (Veterans Administration Supportive Housing program), the new Veterans Section 8 housing set aside voucher program.*
- *Application by the Housing Authority of Centre County (HACC) for 25 Section 8 Mainstream Vouchers and additional Shelter + Care slots.*
- *Consideration of requiring set-asides of 5 units for individuals with serious mental illness in all appropriate housing projects receiving assistance from the County.*

Data Recommendations

It is recommended that *the Forensic Mental Health Team and relevant members of the Criminal Justice Advisory Board (CJAB) work together to develop a data collection plan.* Data collection can be person-focused or designed to evaluate the outcomes of a particular intervention. It can include cross-systems data sharing and analysis or focus on a particular organization. Regardless of which method of data collection and analysis is used, the issue of client confidentiality must always be at the forefront of planning.

Cost Benefits of Supportive Housing

There are numerous studies that demonstrate the benefits of supportive housing for individuals with serious mental illness and/or co-occurring disorders. Specifically, these studies have found that while participation in mental health services and the rate of employment is significantly increased, the number of incarcerations, hospitalizations, emergency room and shelter bed use are dramatically reduced. In fact, decent housing and supports are not only essential to recovery, but also cost effective alternatives to homelessness, incarceration and other undesirable alternatives.

It is extremely difficult to project cost savings to Centre County of implementing the recommendations in this report. However, based on costs identified in this study, if 51 Frequent Users were diverted to stable supportive housing, there

would not only be potential savings in jail operations costs, but also reduced contact with law enforcement, district attorney, public defender, central court, and the prothonotary, among others. In addition, providing services in the community will allow many individuals to qualify for mainstream housing options and other public benefits, which would largely shift the financial burden from the county to federal and state funded programs.

Next Steps

This report contains some 40 recommendations. While the responsibility for certain recommendations would clearly fall under an existing county agency, there is currently no single body responsible for implementation initiatives for people with mental illness involved in the criminal justice system. We therefore *recommend that the Criminal Justice Advisory Board (CJAB) appoint a Committee with representation from all three key systems to successfully address this population---criminal justice, mental health/substance abuse and housing.* This Committee would report directly to the CJAB and its roles would include review and prioritization of the recommendations within this report and identification of responsible agencies for implementation.

Conclusion

This report examines Centre County's current system for addressing people with mental illness with criminal justice involvement. Experience with other communities shows that proper coordination and the addition of specific housing and service resources can have a positive impact. Indeed, in their paper developed for the National Symposium on Homelessness Research, Stephen Metraux, PhD, Caterina Roman, PhD and Richard Cho, MCP emphasize the importance of housing in addressing this issue: "Housing stability stands as a prerequisite to service delivery as well as a strategy for preventing returns to criminal justice involvement and incarceration."⁴

The recommendations in this report have the goal of reducing the number of individuals with mental illness who are arrested and incarcerated, the number of incarcerations per person, the number of days spent in jail and the number of people serving their maximum sentences. Finally, implementation of the recommendations will certainly improve coordination among the key stakeholders in Centre County and provide a blueprint to create a system of housing and services to meet the needs of this population.

⁴ Metraux, PhD, Roman, C.G., Cho, R.C. "Incarceration and Homelessness" a paper presented at the national Symposium of Homelessness Research March, 2007. Accessed from <http://aspe.hhs.gov/hsp/homelessness/symposium07/metraux/>

I. Introduction and Background

Data collected by the Centre County Correctional Facility (CCCF) in 2007 found 11.7% of inmates had a diagnosis of serious mental illness and/or a co-occurring substance use disorder. It appeared that many of these individuals were incarcerated after being arrested for minor offenses that were related to their mental illness and/or probation/parole violations stemming from their inability to maintain themselves in the community. Compounding the problem for the individuals described above was the lack of affordable, supportive housing options.

In view of these findings and following a recommendation from the Centre County Criminal Justice Advisory Board (CJAB), the Centre County Board of Commissioners engaged Diana T. Myers and Associates, Inc. to conduct a housing needs study of people with mental illness involved with the criminal justice system in Centre County. This project was supported with the aid of subgrant funding from the PA Commission on Crime and Delinquency. The study results will aid in developing strategies to reduce both the number of people with mental illness incarcerated in the county correctional facility and their rate of recidivism.

The goals of the study were to:

- Collect data that clearly defines the housing needs of persons with mental illness who become involved in the criminal justice system.
- Identify gaps in the existing criminal justice, mental health and housing systems for addressing this population
- Develop strategies to reduce initial involvement of persons with mental illness with the criminal justice system.
- Develop strategies and programs to help intercept and divert persons with mental illness from the criminal justice system.
- Develop strategies to make available suitable housing and ancillary services for individuals with mental illness who are either at high risk for offending, or who have already offended.

The Scope of Services for the study included the following:

- Collection of data from primary and secondary sources including personal interviews
- Housing inventory update/collection
- Services inventory update/collection
- Data analysis, including the scope of the problem and identification of frequent users
- Identification of housing and service needs and gaps
- Recommendations for addressing unmet needs and gaps

Methodology

The CJAB designated a workgroup to assist the consultant with the development of the report. The workgroup provided invaluable assistance in many areas including: identifying data sources and people to be interviewed; providing data; determining appropriate time frames and definitions for the purposes of data analysis; reviewing and providing feedback on drafts of the report; checking the accuracy of anecdotal comments; and assisting in formulating recommendations. The members of the workgroup are listed in Appendix A.

The consultant used two methods of data collection for the study:

1. Interviews

The consultant conducted face to face and telephone interviews with 32 key stakeholders in Centre County. All face-to-face interviews were conducted in Centre County on October 16 & 17 and March 16 & 17. Telephone interviews were conducted as needed between October 2008 and March 2009. The findings from these interviews are used below to emphasize various quantitative results, but are primarily reported in Section III under each Intercept Point. (See Appendix B for a list of all individuals interviewed and Appendix C for a list of interview questions.)

2. Data Collection

Per the Scope of Services and contractual agreement for this study, the Consultant was not responsible for primary data collection. Therefore, with the exception of the Point-in-Time Surveys conducted on the night of January 28, 2009 in conjunction with the homeless Continuum of Care, the consultant relied on data that was already available.

Data from the following sources was used in the study:

- Data from Centre County Mental Health from 7/1/05 – 6/30/08
- Data from Centre County Probation/Parole from 7/1/05 – 6/30/08⁵
- Data from Centre County Correctional Facility from 1992-2008
- Point-in-time survey of the homeless on the night of January 28, 2009
- Point-in-time survey of the Centre County Forensic Mental Health Case Manager's Caseload on January 28, 2009
- Point-in-time survey of the Meadows Psychiatric Hospital on the night of January 28, 2009
- Point-in-time survey of the Centre County Correctional Facility inmates on the night of January 28, 2009

⁵ Data from Centre County Probation and Parole is based on estimates, as they do not normally collect this type of data.

- 2008 Mental Health Housing Plan from Centre County Mental Health
- 2009 Forensic Mental Health Plan from Centre County Mental Health

Organization of the Report

Section I includes the Introduction and Background for the report. Section II presents the major findings from the quantitative analysis of data provided by Centre County Mental Health, Centre County Probation/Parole, the Centre County Correctional Facility (CCCF), and from the Point in Time Surveys conducted on the night of January 28, 2009.

Additional data findings are provided in the supplemental Data Appendix.

Section III is organized according to the Sequential Intercept Model, a conceptual framework examining the interface between the mental health and criminal justice systems, as further described below. This section of the report begins with a brief description of the Sequential Intercept Model and then provides the following for each Intercept Point: a brief summary; key issues for people with mental illness in Centre County; a description of the County's current system and gaps in the system; and finally, recommendations for filling those gaps.

Following the analysis and recommendations related to the Sequential Intercept Model are the Housing Recommendations in Section IV and Data Collection Recommendations in Section V. Section VI includes a discussion of the cost-benefits of permanent supportive housing. The document ends with a conclusion and recommendations for implementation under Section VII - Next Steps and the Glossary under Section VIII.

II. Quantitative Data and Key Findings

Following is data for the three year time period 7/1/05 – 6/30/08 that describes the individuals with mental illness involved with the criminal justice system:⁶

Key Finding: A significant number of people involved in the criminal justice system have housing problems.

From Centre County Mental Health:

- 178 individuals receiving mental health services/support were incarcerated in the county prison during the designated time period.
 - 33 (or nearly 17%) experienced housing problems: 12 individuals were homeless and 21 individuals lacked stable housing.
- 79 of these individuals were on both the county's mental health caseload and on probation/parole.
- 7 individuals from Centre County with a criminal history have been in state hospitals under civil commitment; 2 of these individuals had a history of unstable housing.
- 3 individuals from Centre County that lack stable housing have been under forensic mental health commitment in state hospitals.

From Centre County Probation and Parole:

- 56 individuals on probation/parole were hospitalized due to mental illness and/or substance abuse.
- 39 individuals on probation/parole had a history of homelessness and/or lacked stable housing.
- 28 individuals on probation/parole had no known address.
- 12 inmates were denied probation/parole as a result of not having a residence; these inmates served an additional 1,057 days after becoming eligible for parole.
- 5 individuals on probation/parole returned to jail due to technical violations related to their housing.
- 3 inmates were sent to jail versus being released on bail or to community supervision because they had no housing.

Centre County Correctional Facility Data

The Centre County Correctional Facility (CCCF) is a new facility, which opened in 2005. It expanded the county inmate capacity from 78 inmates at the old facility to up to 350 at the new facility. At the current time there are approximately 225 daily inmates, 20-25 of whom are women. The average cost

⁶ This data was provided by members of the Work Group (Mental Health, Probation and Parole, and the Correctional Facility).

per day per inmate is \$66; this amount does not capture the greater daily cost for inmates receiving psychotropic medications.

CCCF provided the consultants with an excel spreadsheet containing several data elements for each inmate who had been committed to the CCCF since 1992.⁷ As determined by the Work Group, the data analysis was limited to the ten year period from 1998-2008. The data provided by the CCCF on mental illness, drug addiction and alcohol addiction was self-reported data. This data was based on the following questions asked of inmates at the time of the CCCF intake:

- Do you have any mental illnesses?
- Are you a drug addict?
- Are you an alcohol addict?

CCCF Findings

- ⇒ There were 6,735 unduplicated individuals committed to CCCF from 1998-2008, with a total of 11,128 commitments for a total of 653,733 days in jail.
- ⇒ Gender: men = 83.41%, women = 16.59%.

Key Finding: The number of CCCF inmates who self-reported mental illness and/or substance use disorders at intake is lower than national and state averages.

- 638 (9.47%) CCCF inmates self-reported a mental illness at intake over the last ten years and 265 (41%) of those who self-reported a mental illness also reported a co-occurring substance use disorder.
- A recent national study of jail admissions shows that nearly 17% of inmates have a serious mental illness⁸ and state level data shows that 18% of county inmates receive psychotropic medication⁹.
- Nationally, nearly 75% of offenders with a serious mental illness also have a co-occurring substance use disorder.¹⁰

Key Finding: Over the last ten years, persons who have self-identified as having a mental illness and/or co-occurring substance use disorder have spent many more days in CCCF than the average inmate:

⁷ See Appendix D for the complete list of data points provided by the jail.

⁸ Steadman HJ, Osher FC, Robbins PC, Case B, Samuels S. "Prevalence of Serious Mental Illness Among Jail Inmates." *Psychiatric Services* 60:761-765, 2009.

⁹ Data Source is the Pennsylvania Department of Corrections accessed from http://www.cor.state.pa.us/county/lib/county/Mental_Health.pdf.

¹⁰ Teplin, L., Abram, K. "Co-Occurring Disorders among Mentally Ill Jail Detainees: Implications for Public Policy," *American Psychologist* 46:10, pp. 1036-45.

- Individuals who self-identified as having a mental illness spent an average of 79 additional days in jail, as compared to those who did not identify as having a mental illness.
- Individuals who self-identified as having a co-occurring mental illness and substance use disorder spent an average of 146 additional days in jail, as compared to those who did not identify as having a mental illness or co-occurring substance use disorder.

Key Finding: The additional days spent in jail by individuals who reported mental illness and co-occurring substance use disorders increased the average cost of incarceration by nearly \$10,000 per inmate, as compared to individuals who did not report a mental illness.

- 235 offenders self-identified as having a mental illness and co-occurring substance use disorder. The cost of incarcerating these 235 offenders was \$3.66M, which was \$2.26M more than the average cost of incarceration of 235 offenders who did not report a mental illness or co-occurring substance use disorder. Note: These figures are based only on the average daily cost of incarceration; and do not include the cost of arrest, court processing, psychotropic drugs while incarcerated, etc.

Mental Health Frequent Users of CCCF

In order to focus in on a finite target group, the data was examined in order to identify the mental health (MH) frequent users of CCCF. The following criteria were used to identify frequent users:

- persons who self-identified as having a mental illness during one or more of their commitments to the Centre County Correctional Facility (CCCF)
- persons with five or more commitments over the last ten years, with their most recent commitment between 2003 – 2008.

Of the 638 inmates who self-identified as having a mental illness, 51 individuals (8%) met these criteria. The demographics of the mental health frequent users include:

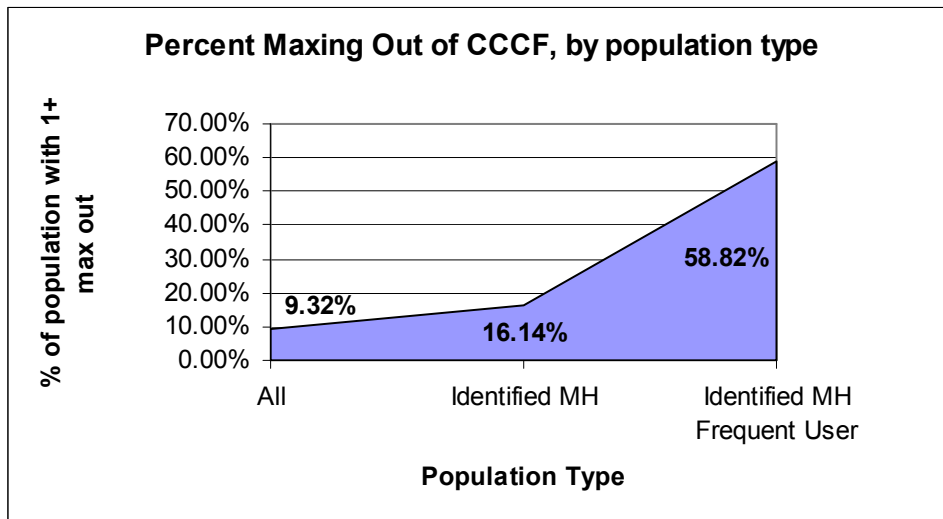
- Gender: 8 females (15.7%) 43 males.
- Average age = 34.76; range = 22-56 years of age.
- Average income = \$5,434.06 per year; range = \$0 - \$35,000.¹¹ 29 people, or 58%, reported no income.

¹¹ One individual reported an annual income of \$375,000. This income was found to be associated with the bad checks written by this individual. Therefore the average income of the other 50 frequent users was used in place of his self-reported \$375,000 for this calculation.

- 37 (72.55%) individuals self-identified as having a mental illness and co-occurring substance/alcohol use problems.
- Dependents: Average = 1.25 dependents/person; range = 0-5. 23 males reported an average of 2.35 dependents; 5 females reported an average of 2 dependents.
- Military service: 7 veterans (13.73%).

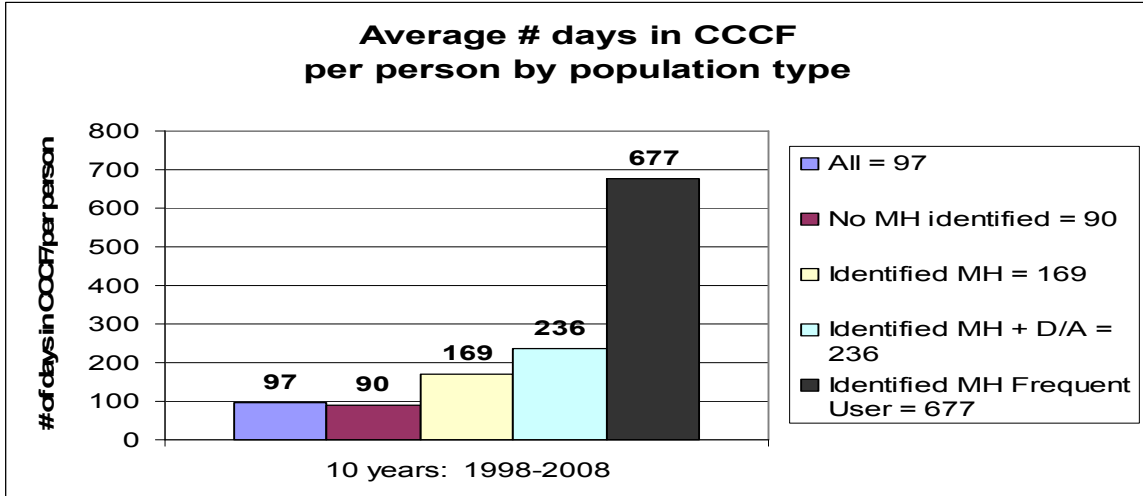
Key Finding: The number of MH Frequent Users who have maxed out of CCCF one or more times is over six times higher than CCCF's overall inmate population.

- 30 individuals (58.82%) of MH frequent users maxed out of CCCF during one or more jail stays as compared to 9.32% of the overall CCCF population and 16.14% of individuals who have self-identified having a mental illness.



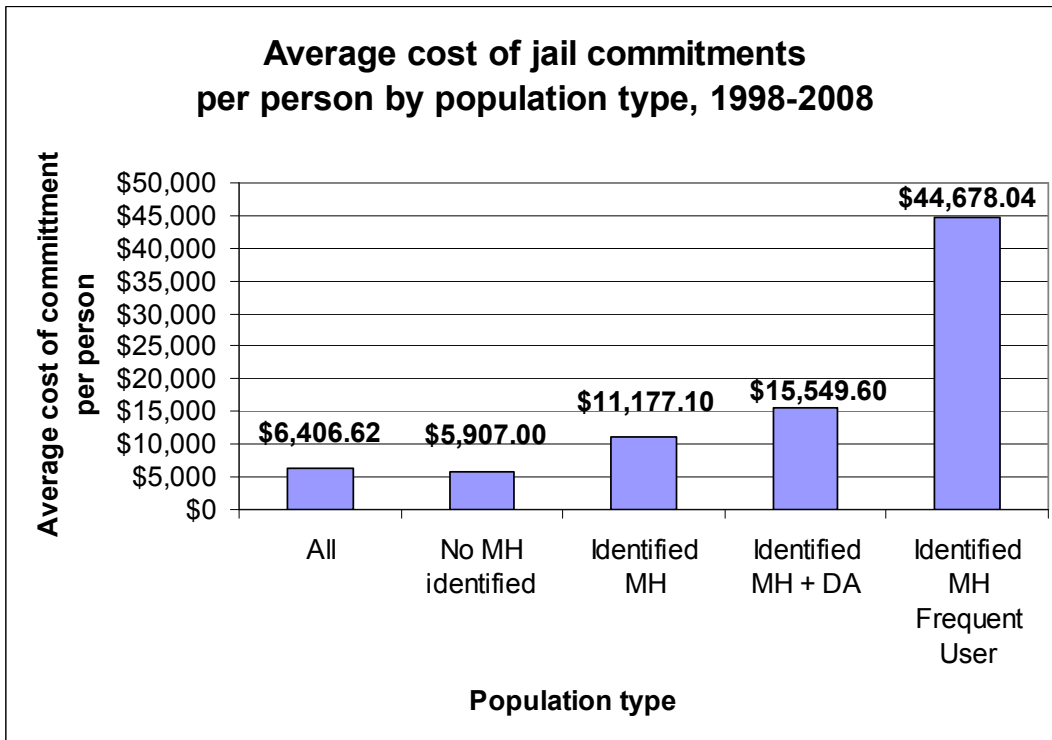
Key Finding: The MH Frequent Users have spent nearly seven times as many days incarcerated as compared to CCCF's overall inmate population and almost four times as many days incarcerated as CCCF's self-identified inmates with mental illness.

- The MH Frequent Users' average length of incarceration per jail stay is nearly double that of the overall CCCF population (103.37 days versus 58.75 days).



Key Finding: The average cost of incarceration of the Mental Health Frequent Users is over seven times higher than that of individuals who did not report a mental illness.

- The additional days spent in jail by the mental health frequent users increased the average cost of incarceration by nearly \$39,000 per inmate, as compared to individuals who did not report a mental illness. (Note, this is only the cost of incarceration; this figure does not include the cost of arrest, court processing, psychotropic medication during incarceration, etc.)



Key Finding: In Centre County, less than three percent of the charges against the Mental Health Frequent Users are classified as a violent crime¹² compared with national statistics of nearly half of all inmates having been committed for a non-violent crime.¹³

- The type of charges occurring most frequently include:

Type of Charge
1- Bad Checks
2- Contempt for Violation of Order or Agreement
3- Simple Assault
4- Theft by Deception-False Impression
5- Receiving Stolen Property
6- Theft by Unlawful taking –movable property
7- Driving under the influence of alcohol
8- Harassment/strike, shove, kick, etc.
9- Burglary
10- Forgery-alter writing

- When the charges were provided¹⁴,
 - 27.11% = Summary offense
 - 50.22% = Misdemeanor
 - 21.78% = Felony

Additional Data on MH Frequent Users

Centre County’s Base Services Unit provided the following data on the individuals in the MH Frequent Users group who were known to their system¹⁵:

- ⇒ 50 of 51 MH Frequent Users are known to the Centre County Base Services Unit, from either the Mental Health unit or Drug/Alcohol unit, or both.
 - 18 of the identified frequent users are currently receiving services from Centre County’s Base Services Unit; 9 individuals are currently receiving mental health services, 7 are receiving services for drug and alcohol, and 2 individuals are receiving services for both mental health and drug/alcohol

¹² Per the FBI’s Uniform Crime Reporting: Violent crime is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. By definition, violent crimes involve force or threat of force. Definition accessed from http://www.fbi.gov/ucr/cius_04/offenses_reported/violent_crime/index.html.

¹³ Ditton, P.M. “Mental Health Treatment of Inmates and Probationers.” Washington DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, July 1999.

Accessed from: http://consensusproject.org/advocacy/step1_1#footer1

¹⁴ The charges were provided for 675 of the 1,145 total charges.

¹⁵ This data is not comprehensive; it is based on notes located within an individual’s case file.

- Additionally, 10 of these frequent users are currently on the Forensic Mental Health Case Manager's caseload.
- ⇒ 7 of the frequent users are known to have experienced homelessness; an additional 5 have a history of unstable housing.
- ⇒ 3 frequent users have utilized crisis services.

Point-in-time Data

On January 28, 2009 the annual point-in-time count of the homeless took place in Centre County and in every county in Pennsylvania. In addition to the homeless and demographic information for Centre County's homeless programs (emergency shelter, transitional housing and permanent housing programs), these agencies also collected data regarding involvement with the criminal justice system. Several additional agencies, including Centre County Mental Health, Mt. Nittany Medical Center, Can Help mobile crisis unit, The Meadows Psychiatric Center, and CCCF also participated, in an attempt to count homeless persons who are not being housed in one of the homeless programs.

Key Finding: Very few members of the target population are being housed through Centre County's homeless system, probably because the individuals do not meet current eligibility criteria:

- ***either they are not homeless according to the HUD definition¹⁶ and/or***
- ***they are not among the target populations for the three existing emergency shelter programs; which include runaway youth and domestic violence.***

A summary of these results include:

- Centre County's emergency shelters and transitional housing programs reported that they had no one with a serious mental illness who had a history with the criminal justice system housed in their programs on the night of the point-in-time count nor did they provide shelter to homeless persons with mental illness released directly from jail during 2008.
- Centre County's permanent housing program for the homeless (Shelter + Care) reported that four of their 18 program participants with mental illness had previously been incarcerated. All four of these individuals have a mental health caseworker and one individual is also on probation or parole.
- 134 of approximately 230 inmates in the Centre County Correctional Facility on the night of January 28, 2009 completed a point-in-time survey. 31 (20%) of these inmates self-reported a mental illness, a higher number than reported at intake.
- 12 (39%) of the 31 inmates who self-reported a mental illness also reported housing problems.

¹⁶ HUD's homeless definition can be found in the Glossary, in Section VIII of this report.

- 8 of the 31 inmates who self-reported a mental illness indicated that if they were released the following day they would not be able to return to their own home or the home of a family member.
- 4 of the 31 inmates who self-reported a mental illness indicated that they were homeless at the time of arrest.

III. Analysis and Recommendations

The consultants believe that the data demonstrates the need for several recommendations in the areas of housing, services and coordination that will assist Centre County in meeting the needs of the target population.

Strategy

The recommendations of the consultant team recognize that many of the people with mental illness who are criminal justice involved, and especially the frequent users, don't necessarily belong in jail. They commit non-violent offenses largely stemming from their mental illnesses. In fact an analysis of the 1,145 charges made against the 51 frequent users revealed that only 1.4% were for violent offenses; most were either misdemeanors or summary offenses. As noted by a number of interviewees, it is clear that many of these individuals might be better served in settings other than jail, but end up there due to a lack of such alternatives.

It is posited that if these individuals had permanent supportive housing and/or other viable alternatives available to them, the majority would have significantly reduced involvement with the criminal justice system. Indeed, researchers have found positive correlations between supportive housing and criminal recidivism rates. For example, a 2007 report out of Portland, Maine found that providing permanent supportive housing to homeless individuals resulted in significant decreased interaction with the criminal justice system, including 66% reduction in costs associated with police contacts and 62% reduction in incarceration costs.¹⁷ New York City's FUSE (Frequent User Service Enhancement) pilot program found that their first round of participants experienced a 53 percent reduction in jail days during the first year of housing placement. A Chicago supportive housing program found that the recidivism rates of their residents were more than 30 percent less than the statewide average.¹⁸

Coordination

There are several keys to successfully diverting individuals with mental illness from involvement with the criminal justice system. These include: adequate housing and mental health services to support people in the community thereby helping them avoid contact with law enforcement and/or being incarcerated; adequate mental health services for people who are in jail; comprehensive re-entry planning that includes housing and supportive services; and sufficient

¹⁷ Cost of Homelessness - Cost Analysis of Permanent Supportive Housing, State of Maine – Greater Portland, September 2007. Accessed from <http://www.mainehousing.org/Documents/HousingReports/CostOfHomelessness.pdf>

¹⁸ Reducing Parolee Recidivism Through Supportive Homes: Successful Programs by State Research conducted by Sharon Sprowls (Housing California) Accessed from: http://www.housingca.org/resources/PROMISE_OtherStates.pdf

permanent supportive housing options to serve as resources for diversion at various points. Second, because we are discussing a population with special needs and characteristics, the individuals working with the target population in each system - criminal justice, mental health/substance abuse, and housing - must have a good understanding of those needs and characteristics. The pivotal piece, however, is viable coordination among the systems involved.

As described below, Centre County currently already has a number of excellent initiatives in place. For example, the Mental Health Office is currently training law enforcement officers to ensure that they understand how to interact with the individuals with mental illness that they encounter. There is a mental health crisis unit that works closely with law enforcement officers upon request. There is a Forensic Mental Health Case Manager from the Office of Mental Health who works in the jail along with four prison counselors. This Case Manager has direct access to the county jail and county probation client data system. The County Mental Health Housing Specialist is also a member of the Centre County Affordable Housing Coalition and is extremely active in increasing housing options for low income households, including this population.

Despite these positive initiatives, however, there are a number of gaps in the system. Further, coordination can be strengthened in order to better support the target population.

The Sequential Intercept Model

The Sequential Intercept Model is a conceptual framework for examining the interface between the mental health and criminal justice systems when addressing the needs of people with serious mental illness involved in the criminal justice system¹⁹. Developed by Patricia A. Griffin, Ph.D. and Mark R. Munetz, M.D, the model focuses on a series of interception points at which an intervention can be made to prevent individuals from entering or continuing through the criminal justice system. “Interception has several objectives: preventing initial involvement in the criminal justice system, decreasing admissions to jail, engaging individuals in treatment as soon as possible, minimizing time spent moving through the criminal justice system, linking individuals to community treatment upon release from incarceration, and decreasing the rate of return to the criminal justice system.” Ideally, each person will be intercepted at the earliest feasible point, with decreasing numbers moving to each subsequent intercept point.

The Sequential Intercept Model is based on five intercept points: 1) Law Enforcement & Emergency Services, which includes pre-arrest diversion programs; 2) Initial Hearings & Initial Detentions, which includes post-arrest diversion; 3) Jails & Courts, which include treatment either in lieu of incarceration

¹⁹ Munetz, M., Griffin, P. “A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model.” *Psychiatric Services* 57 (2006): 544-549.

or during time served; 4) Re-entry from Jails, Prisons and Hospitals, including re-entry planning; and 5) Community Corrections and Community Support Services, which includes ongoing community-based supports.

This framework was used to analyze current systems and resources; identify gaps in the system; develop the necessary resources to promote the diversion of people with mental illness from the criminal justice system; and to link individuals with community treatment.

Note: The contact information for all model programs referenced is provided in Appendix E.

Intercept 1: Law Enforcement & Emergency Services – Law enforcement officers are frequently the first contact for individuals with mental illness who are experiencing a crisis and/or who have committed an offense. Therefore pre-arrest diversion programs are the first point of interception. Although arrest should be the last resort for many of these individuals, the community may have few viable alternatives and/or the police may lack understanding of the population or be unaware of available alternatives to arrest, hospitalization and/or incarceration. The key to successful diversion at this intercept point is cooperation and coordination between law enforcement and mental health officials.

In Centre County the key issues at Intercept 1 include:

- 1) Police Officer training around working with individuals with mental illness, substance abuse, and the co-occurring of these disorders.
- 2) Access to appropriate mental health supports.
- 3) Alternatives to arrest.

State College Police worked with Centre County Mental Health to develop training for officers working with individuals experiencing a mental health crisis. Currently, all local police departments are requiring officers to have two hours of mandatory training. In police departments where training has occurred, it has been reported that officers' are beginning to have a better understanding of this population and resources available, but additional training is needed.

Indeed local police departments are interested in further expanding the training and resources available to officers through establishing formal Crisis Intervention Teams (CITs). In March 2009 the County applied to the Bureau of Justice Assistance (BJA) for a grant to plan and implement mental health training as part of this effort. Their goal is to train police officers, mental health professionals, 911 responders, jail staff and other corrections officers, detention center staff, Mt. Nittany security officers, ambulance drivers and others who may have contact with persons with mental illness.

Local police departments also utilize the services of CAN HELP when responding to a mental health crisis. CAN HELP provides mental health crisis services throughout Centre County and services are available 24/7 by telephone, walk-in, or through mobile response. CAN HELP is required to respond within 30 minutes of each call and averages 600-700 calls per month.

In interviews with two local police chiefs, both spoke in detail about the benefits of having resources such as training and crisis services available to their officers. One chief described his vision of additional coordination with the mental health system in order to identify individuals with mental illness who are at risk of arrest or escalated involvement with the criminal justice system.

At the present time there are no crisis emergency beds available in the county. Without an address, homeless individuals interacting with police, especially those with mental illness, are at risk of arrest. If the individual needs hospitalization, county staff either uses in-patient hospital beds, or if none are available, the individual is sent out of county for an in-patient bed. If an individual in crisis is homeless and does not require hospitalization, the individual can be referred to one of the local homeless shelters or for a hotel/motel voucher and coupled with mobile crisis services, as needed. If an individual is neither homeless nor requires hospitalization, crisis services can be provided at the individual's home until the issue is resolved or transferred to a mental health caseworker.

Unfortunately, these resources are often unavailable. There is very limited availability within the existing homeless shelters for the target population. There are a total of 40 emergency shelter beds in three emergency shelters in Centre County: one shelter targets unaccompanied youth, another shelter targets victims of domestic and sexual violence, and the third shelter serves a mixed population. Due to concerns about staff capacity and maintaining safety, the current practice of the third shelter mentioned above is to provide shelter to no more than one criminal justice involved homeless person at a time.

Recommendations

We recommend:

- The establishment of Crisis Intervention Teams (CIT) within the police agencies. Studies have found that educating police officers about recognizing and responding to individuals experiencing a mental health crisis is an effective avenue for pre-arrest diversion. If the County is not awarded the BJA grant to establish formal Crisis Intervention Teams, it is recommended that the county explore other means to expand the current training to significantly more than two hours per officer. For example, Cambria and Somerset Counties have developed the Laurel Highlands Region CIT training program after sending officers to Memphis to attend the formal Crisis Intervention Training, which is 40 hours long. Centre County might consider partnering with the Laurel Highlands Region CIT to arrange for additional training.

- Until there are widespread Crisis Intervention Teams, Centre County may want to consider *strengthening the partnership between mobile crisis and local police departments*. This may include:
 - Mobile crisis teams regularly accompanying police officers on mental health crisis calls.
 - The establishment of a partnership with 911. This may include 911 staff making notes in the “premise history” section of their database indicating if any history of mental health related calls is associated with each address. In Philadelphia, concerned families can submit a special form to notify the Police Department and 911 of any special circumstances associated with a particular address.
 - With access to appropriate resources, this type of system could evolve into a pre-arrest diversion in which the mental health crisis worker connects the person to treatment in lieu of an arrest, assuming the consumer requests said services.
- That the county *create 4-6 emergency beds*. (Note: This and all housing recommendations are discussed in greater detail under housing recommendations, which follows this section of the report.)

Intercept 2: Initial Hearings & Initial Detentions – Post arrest is the next possible point of diversion. At this intercept point, assessment of individuals provides information on mental health status and desired treatment options. Individuals with mental illness who have been charged with a nonviolent, low-level crime could be eligible for pre-trial release and/or treatment as an alternative to incarceration or as a condition of bail.

In Centre County the key issues at Intercept 2 include:

- 1) The identification and assessment of individuals with mental illness.
- 2) Access to housing and treatment programs to support diversion from jail.

Centre County now uses central booking. The Centre County Central Booking Center is located at the same site as the Centre County Correctional Facility. Once an arrest has been made and police have filed the charges, offenders taken into custody are typically transported by police to the Central Booking Center for booking, including fingerprinting, arraignment, and setting of bail.

Preliminary Arraignments, when required, also take place at the Central Booking Center, with the Magisterial District Judge (MDJ) conducting the Arraignment via video-conferencing. There are six MDJs. There are no formal initiatives to divert individuals with mental illness into treatment in lieu of incarceration. Furthermore, MDJs are often times not aware that an offender has a mental illness. When mental health status is known, the MDJ can require mental health treatment as a condition of bail; however, if the offender does not have a viable address, the only treatment options would include either a residential treatment program or jail.

There is currently no system in place to complete a mental health screening prior to the initial detention. Screening currently begins when an individual is initially committed to the Centre County Correctional Facility. A formal intake including questions on mental illness and substance use, and a suicide screening tool is also utilized for all offenders in their custody. Although the suicide screening tool is useful at this point for protecting the safety of inmates, an additional screening for mental illness would also be beneficial. Using an additional mental health screening and assessment tool would identify a higher number of individuals in need of additional support and create a uniform method of identifying offenders with mental illness. Additionally, the identification of individuals with a history of services from Centre County Mental Health could be identified through existing data sharing.

The Center for Alternatives in Community Justice (CACJ) has a pre-trial supervision program that provides an alternative to incarceration, which includes assistance in receiving needed social services for pretrial detainees charged with offenses that are eligible for bail. Since CACJ's supervised bail program includes requirements such as "a viable place to live" for program participation, members of the target population who lack housing options are currently ineligible.

Recommendations

We recommend:

- The Central Booking Center, Centre County Correctional Facility and Centre County Mental Health staff *explore collaborative alternatives for the earliest identification of the highest number of individuals with mental illness entering the criminal justice system*. This could include the use of the Brief Jail Mental Health Screen available from the GAINS Center. This screening tool takes approximately 3 minutes to administer by a correctional officer and has been proven to accurately identify the majority of individuals who should be given a more in-depth mental health assessment. This type of screening and additional assessment would also assist in identifying persons who are not yet known to the mental health system in order for them to be offered treatment options as an alternative to incarceration or mental health services while in jail.²⁰
- *MDJs and others involved with the initial hearings and detentions receive training from Centre County Mental Health* in order to educate them about persons with mental illness and the community resources available to divert them from incarceration.

²⁰ Steadman HJ, Scott JE, Osher F, Agnese TK, Robbins PC: Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*: Vol. 56 (7), 816-822, 2005.

- *Working with CACJ and the court system to make pretrial release services more available to persons with mental illness.* Centre County Mental Health may also want to consider partnering with CACJ on pretrial release services for individuals known to their system.
- *Developing diversion beds* to be available to individuals who would be denied bail because they lack a viable place to live. Depending on the demand for these beds, the 4-6 beds recommended above for emergency use may be sufficient to meet diversion needs as well.

Intercept 3: Jails & Courts – Special court initiatives, including Mental Health Courts are included at Intercept 3. Any court initiative with a focus on mental health should include treatment options instead of jail time when appropriate. Treatment is paramount at this intercept point since it should be both an option to the court system as an alternative to jail as well as available during incarceration. In addition, treatment in jail can include counseling, medication, peer support, and other services. Training among jail personnel and additional mental health assessments may help to identify individuals who are not currently receiving mental health services.

In Centre County the key issues at Intercept 3 include:

- 1) A special court initiative to provide treatment alternatives to jail
- 2) Further identification of individuals with mental illness
- 3) Treatment options available to individuals with mental illness and co-occurring substance use while incarcerated

In the courts, persons with mental illness are not assigned to a specific judge, district attorney and/or public defender. There are four Court of Common Pleas Judges who are often not aware that an offender has a mental illness or what treatment options are available within CCCF and/or the community. Additionally, there is no formal judicial protocol for providing sentencing that promotes treatment and/or diversion to persons with mental illness. There is also a lack of in-depth knowledge of treatment options available to the target population among judges.

Centre County Mental Health provides a high level of mental health services to inmates, especially compared to other local jails. This includes funding for a Forensic Mental Health Case Manager who provides case management services to 170-175 individuals with mental illness who are in jail and/or on probation/parole. At the time of the point-in-time count, 23 individuals on this case load were incarcerated, with the remainder on probation/parole.

As stated above in Intercept 2, all inmates of CCCF are given a suicide risk questionnaire. Individuals identified through this screening become known to the CCCF Prison Counselors, the Forensic Mental Health Case Manager, the psychiatrist and those involved with providing mental health treatment. In

addition to monitoring of suicidal individuals, services provided in jail include: an assessment of mental health treatment needs; coordination/referrals to psychiatrists, therapists, and psychiatric rehabilitation; and assistance with probation/parole in discharge planning.

Inmates who are already known to the Centre County Office of Mental Health are offered case management services from the Forensic Mental Health Case Manager. The case manager and supervisor have direct access to the county jail and county probation client data system. This information is used in order to provide outreach and engage individuals in services, as well as to notify the previously designated Mental Health case manager of their client's involvement with the criminal justice system. Additionally, the Forensic Mental Health Case Manager completes a mental health intake and assessment on inmates suspected of having a mental illness, evaluates the need for services and coordinates mental health services for inmates with mental illness. The current evaluation includes the presenting problem, suicidal/homicidal thoughts, symptomology and drug/alcohol related questions.

During incarceration in the CCCF, inmates also have access to the following:

A psychiatrist is available to CCCF inmates weekly, either in person or using the tele-health model (services are provided through video conferencing). Psychotropic medications are dispensed according to a drug formulary developed by PrimeCare and CCCF. However, there can be a lack of continuum of medication for individuals on psychotropic medication from the community to jail. CCCF's drug formulary provides an older generation of psych meds to the target population. Although the prison psychiatrist has the flexibility to provide medication outside of the formulary, this does not appear to commonly occur.

The PRIDE Program, which is a 20-week drug and alcohol education program, is available for men only and spaces in the program are generally open. Outpatient drug and alcohol and mental health counseling is available for both men and women. However, there are no programs that specifically serve those with co-occurring mental illness and substance use disorders.

Therapists from the Penn State Psychological Clinic are available to do both individual counseling and groups. Funded through the Centre County Mental Health, the therapists will also help inmates to prepare for re-entry. Upon release, individuals may choose to continue therapy with Penn State Psychological Clinic or choose another provider for the services.

Centre Peace provides conflict resolution training for 10-12 inmates quarterly and the CCCF operates an active work release program that serves from 20 to 30 inmates at a time. The work release program has a solid track record and serves as a good transition to successful re-entry.

Recommendations

We recommend:

- *Implementation of a special mental health initiative in the court system as described below:*

Forensic Mental Health Team

We recommend the creation of a Forensic Mental Health Team (FMHT) in order to implement a special court initiative for persons with mental illness. At the present time, given the high number of cases assigned and the random method of assignment, court officers have little time with each offender and are often unable to determine whether diversion or another alternative would be an appropriate course of action. This approach will enable members of the team to recognize repeat offenders, to formulate an individualized plan for each and to ensure the most appropriate disposition of the case, whether it be incarceration, mental health treatment or another diversion. *This team would include the designation of a Court of Common Pleas judge, district attorney, public defender, intensive case manager, probation officer, and housing specialist to process cases involving persons with mental illness, who meet program qualifications, as designed by the FMHT. The team should also include a housing person when applicable. Team members would receive specialized training in behavioral health and would be the designated person from his/her office to work with individuals with mental illness. This model builds upon and expands the team-based approach currently being used in the jail between probation, mental health and CCCF prison counselors. While designated as a team, all meetings would not necessarily include all members of the team, just those relevant to the activity at hand.*

We are recommending a team approach for several reasons. First, while individuals interviewed did not see the number of individuals with mental illness as large enough to warrant a Mental Health Court, they recognized the potential benefits of a special initiative. Indeed, the jail days consumed by the frequent users alone deserves special consideration. The FMHT approach embraces the principles of a specialty court without incurring the high cost of its establishment and maintenance.

Second, if members of the FMHT are the only ones to serve this population, they will become familiar with the individuals and their histories. This approach will enable members of the team to recognize repeat offenders and to formulate an individualized plan for each. The Team approach will also enable the County to detect people with mental illness (MI cases) earlier in the process, which will reduce the number of jail days and hence the cost to the county. Finally, it has the advantage of ensuring the most appropriate disposition of the case, whether it be incarceration, mental health treatment or other diversion.

To maximize the success of this approach, we suggest that:

- Law enforcement officers be trained in identifying and addressing mental illness among individuals they come in contact with
- Forensic Team members have adequate time and training to handle a specialized case load
- Good assessment tools be instituted to ensure early detection of target cases
- A range of housing and treatment options be available as an alternative to incarceration (e.g. short term housing for up to 30 days as an alternative to jail or shelter for homeless individuals)
- Appropriate mental health services be available for those individuals who are incarcerated
- Stable housing and mental health related supports be available for individuals upon release from jail (including transitional housing and permanent supportive housing)
- A second tier team including representatives of the AAA, Office of Veterans Affairs, Housing Transitions and others be established and its members trained to serve as resources for the target population

The success of the FMHT will rely heavily on the strengthening and development of new housing and service partnerships. It would be beneficial for all parties to be provided with a list of relevant resources, which would include: emergency housing, in-patient treatment, outpatient treatment, and mobile supports, as well as transitional and permanent housing.

Additional recommendations during incarceration include:

- As the data suggests, Centre County Correctional Facility may have a number of inmates with an undiagnosed mental illness. *Additional mental health screening at intake and at various times by different CCCF staff members* should lead to identifying more inmates with mental illness²¹. This can be accomplished by providing additional education about mental illness to CCCF staff members who work with prisoners and through ongoing screening with a standardized screening tool such as the Brief Jail Mental Health Screen, as mentioned above.
- For individuals identified through improved screening and others referred to the Forensic Mental Health Case Manager, the *use of a standardized mental health assessment tool* is recommended. See *Screening and Assessment of Co-occurring Disorders in the Justice System (2008)* for a review of appropriate tools.²²

²¹ The Brief Mental Health Screen has been found to identify 73.5% of males and 62% of females who should have an additional mental health assessment; this number is lower for females.

²² Peters, R.H., Bartoi, M.G., & Sherman, P.B. (2008). *Screening and assessment of co-occurring disorders in the justice system*. Delmar, NY: CMHS National GAINS Center.

- *Continuum of medication while in jail.* The prison psychiatrist has the flexibility to prescribe any medication, even if that medication is not part of the jail's formulary. For individuals who have a successful history with a particular medication, it would be beneficial for them to remain on the same medication during incarceration. This may take advocacy on the part of the Mental Health Forensic Case Manager.
- *Provide specialized services to individuals with co-occurring mental illness and substance use disorders* in the jail. This may be especially important for the Mental Health Frequent Users since they have a high incidence of co-occurring substance use disorders, as demonstrated in the above data.
- *Establish a Day Reporting Center* in order to provide judges with additional alternatives to incarceration. This program could provide treatment to offenders at several intercept points (in place of jail, while incarcerated, and during re-entry transition).
- *Establish a recovery oriented work-release program* specifically for persons with mental illness. This would further allow persons with mental illness to create relationships within the existing mental health systems of support and the larger community. (See Appendix E for information on Bradford County's Main Link Peer Support Program.)

Intercept 4: Re-entry from Jails, Prisons and Hospitals – The basis of the fourth intercept point is supported re-entry from incarceration to the community. It is recommended that re-entry planning for individuals with mental illness begin as soon as possible to ensure the necessary documents, benefits and supports are in place when individuals return to the community. Availability of a comprehensive continuum of housing and support services is also recommended at this intercept point in order to reduce recidivism.

In Centre County the key issue at Intercept 4 is consistent, systematic re-entry planning from the Centre County Correctional Facility.

Re-entry from jail can create “the perfect storm” for some individuals, according to an interviewee. Some inmates (perhaps those maxing out) are released with no medication, no housing, and no support services. This time of transition can threaten the stability of their mental health. Although inmates can ask to meet with CCCF Prison Counselors, parole officers and case managers in order to request referrals related to housing and/or services after discharge, there is no system in place to ensure consistent, systematic re-entry planning for inmates with mental illness. Many times, a re-entry plan is not even discussed until an inmate's discharge plan is rejected by Probation/Parole.

Members of the target population would benefit from systematic re-entry planning while incarcerated. Formal planning is needed around the areas of housing,

services, employment, benefits, and informal supports. The existing regular meetings of the Forensic Mental Health Case Manager, designated probation officer and CCCF Prison Counselors provide the opportunity for re-entry planning as well as ongoing case review.

Upon release, inmates with mental illness can request a three day supply of medication; however, PrimeCare does not provide a prescription for medication beyond those three days. This is complicated by the fact that it typically takes one to two months for an individual to have an appointment with a psychiatrist in the community.

As discussed under Intercept 3, there are a number of services that are available to individuals during incarceration, but with the exception of services from the Forensic Mental Health Case Manager, these services are terminated upon discharge. Centre County Mental Health has a Peer Support program that could be utilized to help provide a continuity of support after re-entry.

Re-entry planning may also benefit from the assistance of other outside agencies since many of the MH Frequent Users and other inmates within the target population of this study have already burned their bridges with friends and family members in the community. It may take a considerable amount of time to arrange for housing after release. For individuals who are able to return to their own homes or the homes of family/friends, there may be the need to support these existing relationships in the community to ensure a smooth transition. Centre County's Office of Adult Services provides Housing Case Management services. Although Adult Service's Housing Case Managers do not work directly with inmates regarding re-entry planning, they can provide services to the families of inmates in order to facilitate re-integration and to ensure appropriate housing is available for the inmate upon release.

Recommendations

We recommend:

- *Consistent, systematic re-entry planning for the discharge of individuals with mental illness from CCCF.* This can begin as part of the ongoing meetings with probation/prison counselors/forensic case manager. In order for successful re-entry planning to occur, there needs to be increased access/knowledge of community-based housing and support service resources among probation/parole, prison counselors, etc. CCCF Prison Counselors and all parties charged with re-entry planning would benefit from additional training about the characteristics and needs of individuals with mental illness and co-occurring substance use disorders, as well as increased information regarding the resources that are available within the broader community.

- *Re-entry planning include: proper identification, a verified place to stay for at least 30 days, arrangements to have Medical Assistance and SSI benefits (where appropriate) reinstated or to apply for Medical Assistance and SSI, family or other personal support connections.* This planning could also include connecting veterans to the VA system and the resources available within that service system.
- *Improved access to psychotropic medication upon release: ensure 7 days of medication, script for an additional 30 days of medication and a method for filling this prescription, an appointment with a mental health case manager within one week of discharge, an appointment with a psychiatrist or other physician who can write a script within three weeks of discharge.*
- *Expanding the existing peer support program to include forensic peer support (this recommendation would also include Intercepts 3 & 5).* Peer support could bridge the gap in the existing continuum of support. If any of the existing peer specialists are familiar with the criminal justice system, these individuals could be trained to be Forensic Peer Specialists; if there is no peer specialist meeting the desired qualifications, one could be sought after and certified. Components of a Forensic Peer Support program may include:
 - In-reach to assist in planning and establishing relationships with inmates that can continue upon release. It has been proven that peers are able to establish such relationships due to their experience. Howie the Harp Peer Advocacy Center in New York began its Forensic Peer Support Program in 2001; the program provides support services to people with mental illness with criminal justice involvement. Over the last seven years, their outcomes include 163 graduates of the program out of the original 193 participants; 81 of these individuals placed into competitive employment positions.²³
 - While incarcerated, assist in finding community-based housing and employment, which may include one of Centre County Mental Health's employment rehabilitation programs, or through work release such as in the Bradford County program.
 - If associated with a drop-in center or club house model, forensic peer support can also provide an important link to the community for the first thirty days after release where there are familiar people, thus reducing the likelihood of recidivism due to isolation and lack of community supports.
 - While the peer specialist costs are reimbursable through Medicaid once the individual has his/her benefits reinstated, they are not eligible during in-reach to jail. In Bradford County the drop-in center is a certified mental health provider and the peer specialists are employees, so they have county authorization to bill for peer services.

²³ The CMHS National GAINS Center for Systemic Change for Justice Involved Persons with Mental Illness. How Forensic Peer Specialists Can Help Your Program (New York, NY, Thursday September 20, 2007.)

- *Increasing housing options available to this population, including immediate access to short-term options in order to leave jail; transitional housing and permanent supportive housing options; and assistance with re-unifying with family. The County may want to consider working with the local or state NAMI chapter to explore efforts to support families returning from incarceration. Additional specific housing recommendations are discussed in the section following Intercept Five.*

Intercept 5: Community Corrections and Community Support Services –

This intercept point reinforces the third and fourth points by promoting the proper support for offenders and ex-offenders with mental illness. This includes awareness on the part of Probation/Parole officers of the unique needs of individuals with mental illness; as well as the knowledge of the needs of ex-offenders on the part of mental health caseworkers.

In Centre County the key issues at Intercept 5 include:

- 1) Probation/Parole providing additional resources for this population
- 2) Centre County Mental Health providing ongoing support
- 3) Affordable housing options available to support community-based recovery

There are currently 19 parole officers with a total caseload of nearly 4,000 probationers and parolees. Centre County Mental Health has provided basic mental health training to the Probation/Parole office. Although Probation/Parole Officers are required to complete a specific number of hours of training per year, they are not required to take classes that provide specific training for working with offenders with mental illness.

A high number of CCCF inmates who self-reported mental illness have been re-committed to the jail due to parole/probation violations. In fact, parole/probation violations were associated with 119 (35.63%) commitments for the frequent users group.

Centre County Mental Health provided services to 178 individuals with a history of incarceration during the last three years --- from 7/1/05 to 6/30/08. Available community mental health services include, but are not limited to site-based psychiatric rehabilitation, inpatient services, supported employment, peer support, club house and housing support. (See Appendix F for a list of services provided by Centre County Mental Health.) Centre County Office of Mental Health provides funding for the Forensic Mental Health Case Manager. This staff position provides the connections to necessary resources to individuals in the jail and the community. Additionally, the Forensic Mental Health Case Manager is currently one of the only staff positions that maintain the relationship with each inmate after they are released. However, this position carries a high caseload and is therefore only able to provide a minimal amount of support. There is a need for a designated staff person to provide intensive case management support to justice involved consumers.

There was a consensus among those interviewed that there is a need to have specialized cross-system staff positions between probation/parole and mental health. This would include a dedicated Forensic Intensive Case Manager within Centre County Mental Health and a dedicated Mental Health Parole Officer in Probation/Parole. As reported in the data findings section, there have been 79 individuals on both the county's mental health caseload and on probation/parole between 7/1/05 – 6/30/08.

Recommendations

We recommend:

- *Probation/Parole designate an officer who is specially trained to understand the behavior and needs of the offender with mental illness.* This officer could also be part of the FMHT discussed above.
- Probation/Parole require all Probation/Parole Officers to complete a specific number of *training hours per year that increases knowledge about mentally ill offenders.*
- *Centre County Mental Health to designate a specific Intensive Case Manager (ICM) who is specifically trained to understand the criminal justice system and the unique challenges of offenders.* This ICM could be part of the FMHT discussed above.
- *Cross-systems work between Probation/Parole and Centre County Mental Health to include strategies to reduce the occurrences of technical violations and ineligible parole plans that lead to individuals maxing out.* Parole/probation violations were associated with 119 (35.63%) commitments for the mental health frequent users group, additionally 59% of this group maxed out of the prison one or more times. The Parole Restoration Project, through the Center for Alternative Sentencing and Employment Services, is a model program that works to ensure that individuals with mental illness are receiving treatment instead of additional jail time; see Appendix E for their contact information.
- *Ongoing cross-system work to identify additional housing and service gaps in the existing system.* Among others, this work may include members of the CJAB, including Centre County Mental Health, police, CCCF staff, probation/parole, judges, district attorney and public defender.

IV. Housing Resources and Recommendations

Resources

Access to affordable housing in appropriate locations is critical for successful re-entry into the community by persons with mental illness. Following are the current housing resources available. (Appendix G contains an inventory of housing resources available in Centre County):

Emergency Housing

Inmates with no housing upon release can go to Centre House, a supervised overnight emergency shelter in State College run by Housing Transitions. The shelter serves men, women and families. Although the bed distribution varies, as of the 2008 Point in Time Count there were 8 beds for single individuals and 8 beds for persons in families. It should be noted that at the current time, their policy is to accept no more than one individual from the CCCF at one time. For some of the program participants in the emergency shelter (mostly those that are local Centre County residents with mental illness) they use some of the principles of a Safe Haven housing model. This means they place few demands on the residents in order to keep them off the streets. There are future plans to renovate the shelter using ESG funds.

Transitional Housing

Housing Transitions has two subsidized transitional housing program for homeless and formerly homeless individuals. In the first program, ten beds are funded under the HUD Supportive Housing Program, 2 for individuals and 8 for persons in families. The second program, Bridge Housing, provides 5 beds in two units for families. There are few if any vacancies in these programs.

Permanent Supportive Housing

At the present time the Centre County Housing Authority has 18 Shelter Plus Care Vouchers for homeless families and individuals with disabilities. In addition, Housing Transitions was awarded HUD funding in early 2009 for Nittany House Apartments, which will provide 8 additional beds in three units of permanent supportive housing. This would be a site-based program at the same location as their emergency shelter.

Although rental subsidies are available through some of these programs, the serious lack of affordable housing in Centre County makes it especially difficult for this population to access privately owned permanent housing. Fortunately, subsidized housing is available through the Housing Authority of Centre County (HACC) and other private housing companies. Although HACC has an admissions preference for homeless and disabled individuals working with case management, some members of the target population may not be eligible due to their policies regarding admission of individuals with criminal records. The Public Housing Authority's (PHA's) current policies exceed the federal requirements to

deny admission to sex offenders subject to lifetime registration under Megan's Law or individuals convicted for the production of methamphetamines in federally assisted housing. The PHA also denies admission to individuals or family members who have "committed drug-related criminal activity or violent criminal activity within the past three years."

In addition, their policies state: "the HACCC will deny assistance to a family based upon drug-related criminal activity, violent criminal activity, or alcohol abuse if the preponderance of evidence indicates that a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted." This policy has the potential to affect a high percentage of the target population, as the data shows many have a history of drug and/or alcohol abuse.

Despite activities of the Affordable Housing Coalition to involve more private landlords in public programs, individuals with criminal records frequently have a difficult time finding a landlord who will accept Section 8 fair market rent. There is a need to create a pool of landlords willing to work with the target population.

Recommendations

Following are the recommendations for increasing housing options for people with mental illness who become involved with the criminal justice system. As with the above recommendations, the goals of the housing recommendations are to:

- reduce the number of individuals with mental illness entering or re-entering the criminal justice system and
- decrease the number and duration of incarcerations of those who do enter the system

As determined from the data and interviews, there are three common scenarios of individuals facing housing problems: 1) individuals who are homeless prior to incarceration, 2) individuals who lose their housing while they are incarcerated, and 3) individuals who are "unstably" housed, which means they have no permanent housing—they are living temporarily with friends or family, they move frequently, or they are living in emergency shelters or other short term housing.

As demonstrated in the following recommendations, a major objective is to try to ensure that individuals in the target population have access to the full range of affordable housing options in the community. The recommendations also reflect the philosophy that while individuals in the target population may need certain specialized services, their housing needs are basically the same as other low income persons with mental illness. Therefore, the recommendations include actions designed to expand affordable housing options for all persons with mental illness including those with criminal justice involvement. New housing options specifically for people with mental illness with criminal justice involvement are recommended only when a specialized approach is warranted for that population.

Based on this approach, accomplishing the above goals will require the following:

- immediate access to emergency options;
- actions to prevent the loss of housing during incarceration;
- temporary alternatives for re-entry for individuals who have no other housing options;
- removing impediments to admission to existing affordable housing, including public housing and other subsidized housing;
- creating new permanent supportive housing options.

It is important to note that in general, Centre County has been extremely aggressive in addressing its affordable housing problem. The County and the Affordable Housing Coalition have taken a number of important steps to reduce barriers to affordable housing development and to increase the local capacity to attract federal and state resources for increasing the stock of affordable housing. In addition, the “Up to 60% Area Median Income (AMI) Committee” of the Affordable Housing Coalition has supported certain housing initiatives targeted to low income persons with mental illness such as the Fairweather Lodge. Although to date no special housing initiatives have been undertaken for individuals with mental illness and criminal justice involvement, the Up to 60% Committee is well aware of the need and is awaiting the results of this study to form their future plans and activities.

Emergency Housing:

One of the greatest gaps at the current time is the lack of short term emergency beds for people with mental illness. We therefore recommend that the County *create 4-6 emergency beds*. These beds would be available for:

- 1) individuals who are in crisis and need intensive supports for a short period of time but who do not qualify for hospitalization
- 2) diversion from arrest for persons in crisis
- 3) individuals who would be denied bail primarily because they cannot establish a home
- 4) individuals who remain incarcerated due to the lack of housing and will eventually max out
- 5) persons who lose housing while on parole/probation and are at risk of re-incarceration due to this parole/probation violation

These beds could either be leased/set aside from a current program or programs or created/leased specifically for this purpose. Because all of these beds would be occupied by persons with mental illness, we recommend that Centre County Mental Health take responsibility for following through with this recommendation working closely with the Adult Services Department.

Possible Funding Sources:

We suggest that the County analyze the current use of hotel and motel vouchers and other resources used to provide emergency shelter. The objective would be to identify the number of nights provided, the cost and the category of household utilizing these resources for the past several years and then to determine if these funds could be used more effectively in other ways. For example, it might be more cost effective to use these funds to lease several apartments for emergency use rather than for hotel and motel payments.

For individuals who are homeless or at risk of homelessness, County Homeless Assistance Program (HAP) funds might be utilized for emergency rental assistance. State and Borough Emergency Shelter Grants (ESG) could also be used for housing individuals who meet their eligibility guidelines, including for the purchase and/or rehabilitation of a property for emergency housing.

It is also possible that Homeless Prevention Rapid Rehousing (HPRP) dollars from the Department of Community and Economic Development (DCED) County Housing Partnership Program could be used to assist eligible households as a demonstration or pilot program. At the end of three years, if the program has positive outcomes, the County could apply for other sources of funds to maintain the program.

Homeless Prevention:

While some individuals are homeless prior to incarceration, others lose their housing while incarcerated. For example, on the night of January 28, 2009, of the 23 individuals with mental illness on the Forensic Mental Health Case Manager's caseload, 7 or 30% had lost their housing while in jail.

We recommend that the Mental Health Office create *a pilot program to provide rental payments for individuals sentenced to 60 days or less in order to prevent loss of housing during incarceration*. As emphasized during the interview with the mobile crisis team, the stability of having a home to return is critical at re-entry, especially for persons with mental illness. Depending upon the situation, it may be beneficial to mental health stability as well as a cost effective way to help individuals maintain their housing during incarceration. It would be less expensive to provide short term rental assistance than to risk having an individual lose his or her housing and possessions, which be much more costly, requiring re-housing assistance including security deposit, first months rent, utility hook-ups, furnishings, etc.

Possible Funding Sources:

Once again, this is an opportune time to initiate a program to prevent homelessness. Funds for this purpose would be eligible under the County

Housing Partnership HPRP program. In addition, if and when available, Mental Health base dollars, CHIPP funds or HAP funds could be used for this purpose.

Frequent User Pilot Program (FUPP):

A major finding of this study is the identification of approximately 50 individuals with mental illness who have been incarcerated in the CCCF five or more times in a ten year period, or so called “Mental Health Frequent Users” of the criminal justice system. Although data was not available to cross reference these individuals with other public systems, similar studies have revealed that these individuals are also likely to be frequent users of other public systems. They tend to cycle from the streets to jail, to homeless shelters, to psychiatric hospitals and back again, draining public resources. We recommend that the County *collect additional data on frequent users to see what other public services they have received in order to determine actual cost to the County.*

Further, in order to address this cohort, *we recommend the establishment of a three year Frequent User Pilot Program (FUPP) for frequent users who have committed non –violent crimes.* It is recommended that this program target 50 frequent users, approximately 10 persons per year for the next 5 years. The proposed pilot program has both a short-term and long-term component and includes a series of initiatives designed to create individualized permanent housing solutions.

Short-term:

The first initiative of the FUPP is *the creation of a 60-90 day Bridge/Feeder Program.* We suggest that 6 units be designated for frequent users who lack housing options and are at risk of maxing out of the CCCF primarily due to the lack of housing. The units would be leased, perhaps under a master leasing program in which a third party leases the units and then sub-leases to individuals who would not generally be able to obtain a rental unit due to poor credit, rental history or a criminal background. The master lease program could be undertaken by a nonprofit provider agency such as Strawberry Fields, Centre Peace, or Housing Transitions. The units could be in one building or scattered in several buildings and residents would be permitted to stay up to 90 days. See Appendix E for additional information about master leasing programs.

The major benefit of the Bridge/Feeder Program is that it will provide a temporary residence so that individuals can seek permanent housing and employment while in the community since it is clearly much easier to obtain housing and employment while in the community than from jail. Residence in such a program would also give individuals time to reinstate their benefits and establish connections in the community, including with case workers and psychiatrists as well as family members and other natural supports. In addition to housing, *we recommend that County Mental Health explore adopting Critical Time Intervention (CTI),* an evidence-based case management approach that begins while the individual is institutionalized and provides intensive supports for

transition from homelessness to permanent housing for up to 9 months. This approach is currently being used in Montgomery County; see Appendix E for more information.

Long-term (permanent housing):

Once an individual is in the Bridge/Feeder Program, his/her long-term housing needs can be properly addressed. Since the barriers to permanent housing will be different for each person, there is a need for multiple paths to permanent housing. We recommend that *the County explore the following range of permanent housing resources* that these individuals could access depending on their situation:

- Individuals who meet the definition of homelessness according to the HUD McKinney program will be eligible for the County's Shelter + Care program administered by the Centre County Housing Authority. If necessary, the PHA could be approached to see if and how these individuals could receive a priority for these vouchers.
- Individuals who do not meet the HUD definition of homeless can apply for Section 8/Housing Choice Vouchers. Some of these individuals could qualify for an admission preference under "disabled individuals working with case management."
- Others might be appropriate for a longer term master lease program. This would allow the individual to develop a rental history while in the master lease program which would assist with future lease-up.
- Some individuals may have the means to support rent and household expenses through employment and various other resources. Instead of ongoing rental assistance, these individuals may need access to housing search assistance, security and utility deposits; first/last month's rent, rent arrears, household set-up or other re-housing expenses. The goal of providing these individuals with assistance is to obtaining permanent housing.

Possible Funding Sources

Upon our recommendation, the County applied to PA's Department of Community and Economic Development (DCED) for a special initiative grant through the Homeless Prevention and Rapid Re-housing Program for the proposed Bridge/Feeder program Housing. The competitive program will provide grants of up to \$200,000, 60% of which must be spent in the first two years to meet HPRP requirements. The target population is eligible for re-housing under this program. If this grant is not awarded, the program could also be funded through the formula HPRP grant to the County from DCED.

Reimbursement of Critical Time Intervention can be through the behavioral health managed care organization once the individual has returned to the community and had his/her Medical Assistance benefits reinstated. The County can also use part of its Homeless Prevention and Rapid Re-housing Program allocation from DCED to supplement funding of the CTI case management for the time the services are not eligible for Medicaid reimbursement.

The HEARTH Act, the reauthorization of the McKinney-Vento Homeless Legislation, will provide another potential funding source for rental assistance through the Emergency Solutions Grant (ESG); which will be a re-vamped Emergency Shelter Grant program. The new ESG program will include additional eligible activities and expand the definition of homeless.

We recommend that the County collect data on the individuals participating in the pilot as well as individuals not participating in the pilot in order to compare outcomes. In order to justify continued funding, the County could complete a comprehensive evaluation at the end of the pilot period. With data demonstrating the success of the pilot program, an application for continued funding could be submitted to the Borough and/or State for HOME dollars or ESG funds.

Permanent Housing:

The expansion of permanent housing for the target population can be accomplished in one of two ways: 1) by improving access to existing housing and 2) by creating new housing opportunities.

Improving Access to Existing Permanent Housing

- We recommend *working with the Centre County Housing Authority to improve access to people with criminal records*. Although there is evidence that HACC is flexible about applying its current admissions policy for individuals with criminal history, we recommend that the PHA clarify its written policies with regard to when people with mental illness involved with the criminal justice system can be admitted to public housing and HCV. Below are examples of Centre County Housing Authority policies to consider for review. These examples include policies that are specific to criminal records and those that may negatively affect the eligibility of persons with mental illnesses. (Additional excerpts from the Housing Authority of Centre County's criminal record policy can be found in Appendix H.):
 - Denying admission to individuals who have "committed drug-related criminal activity or violent criminal activity within the past three years".
 - Denying assistance to "a family based upon drug-related criminal activity, violent criminal activity, or alcohol abuse if the preponderance of evidence indicates that a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted."

- Any family member has demonstrated *a pattern of abuse of alcohol or a pattern of illegal use of a controlled substance* that may interfere with the health, safety or right to peaceful enjoyment of persons residing in the immediate vicinity of the residence (neighbors). If the HACC has reason to believe that a detrimental pattern exists, additional inquiry may be initiated through such resources as police and medical records (if available) to determine if there is a threat to the health, safety, or right to peaceful enjoyment of neighbors.
- *Any family member has a record of disturbance of neighbors, destruction of property, or, living or housekeeping habits at prior residences which may adversely affect the health, safety and welfare of other residents or neighbors.*
- We recommend *contact with all other providers of subsidized housing in the County* to determine:
 - Current admission requirements and waiting list
 - Whether any impediments exist to admission by the target population, such as policies regarding criminal history
 - Whether the property owner/manager would be willing to work with re-entry planners to admit the target population
 - Under what conditions the property owner/manager would consider setting aside or targeting units specifically for people with mental illness with criminal records
- We recommend *taking advantage of the VASH (Veterans Administration Supportive Housing program), the new Veterans Section 8 housing vouchers set aside* through the Blair Co. PHA for eligible veterans coming out of jail. Veterans status should be identified during re-entry planning, individuals should be made aware of their eligibility, given contact information and encouraged to apply for available housing vouchers and additional treatment programs. The County could begin by contacting the Blair Co. PHA to obtain information on the number of vouchers available and application requirements.
- We recommend that the Housing Authority of Centre County collaborate with the Up to 60% AMI Committee to take on *an intensive effort to identify private landlords to work with this population with the goal of identifying an additional ten units per year for the target population.* We specifically recommend that the Committee:
 - Conduct a landlord focus group to identify impediments to their expanded participation in providing housing for the target population; technical assistance in conducting a focus group is available through the PA Association of Area Agencies on Aging
 - Consider the creation of incentives such as mental health and housing supports to individuals in units provided by new housing providers

- Consider other actions based on feedback from landlords, such as establishing a damage fund or other financial guarantee or incentives for landlord participation

See “Ten Ways to Boost Participation by Private Housing Providers” for additional information on this topic. This monograph can be found on the www.pahousingchoices.org website.

- We recommend investigating the desirability of establishing the following:
 - *A renter’s certification program* in order to attract landlords such as being used in Butler County. Landlords have expressed greater willingness to admit tenants who have successfully completed certification programs that address tenant rights and responsibilities and credit issues.
 - *An eviction prevention program* similar to the program used in Lackawanna County in which landlords with tenants at risk of eviction contact the program to send a team of community agencies out to meet with the tenant. The team works to mediate a solution that prevents eviction within five days of the initial contact.

Possible Funding Sources

Many of the above recommendations can be accomplished using existing staff time and expertise. New dollars for a damage/guarantee fund or landlord incentive could be funded using CHIPPs or base dollars from Centre County Mental Health.

Creating New Housing

- We recommend that the *Housing Authority of Centre County* (HACC) apply for *additional Shelter + Care slots* under the HUD McKinney Homeless Program since the current program is limited to one and two bedroom units and cannot accommodate larger families. The PHA could then target up to 10 of the 20 existing 1-2 bedroom Shelter Plus Care slots for the frequent users as described above.
- Periodically HUD announces the availability of additional Section 8 Mainstream Housing Vouchers, which are designated specifically for persons with disabilities. Indeed there is a draft Notice of Funding Availability from HUD that will be providing 4000 vouchers nationwide for Mainstream Vouchers. We recommend that the *Housing Authority of Centre County* apply for *25 Section 8 Mainstream Vouchers* if and when this NOFA is announced.
- *We recommend that examination of strategies for expanding the creation of new housing by non-profits.* Strategies to be pursued could include:

- Encouraging the Borough/County to set aside HOME funds and issue a Request for Proposals specifically offering subsidies to developers building or rehabilitating housing that serves the target population.
- Work with a local entity to apply for the HUD Section 811 housing program for people with disabilities; this would include assistance in identifying sources of service funding for the target population.
- We recommend that the County *consider requiring set-asides of 5 units for individuals with mental illness in all appropriate housing projects receiving assistance from the County*. For example, the County could work with developers applying for PennHomes and Low Income Housing Tax Credits through the PA Housing Finance Agency to include set-asides for this population in return for commitment of CDBG/HOME dollars and for supportive services by Centre County Mental Health.
- It is important to note that many sex offenders have not been diagnosed with a serious mental illness. However, because providing housing for this population is especially problematic given the requirements under Megan's Law we recommend *consideration of developing a special initiative with 1-2 landlords* willing to accept this population.

V. Data Collection Recommendations

The purpose of data collection and analysis is to:

- 1- Better establish and refine need
- 2- Determine effectiveness of current interventions
- 3- Measure the success of new initiatives

Data collection should be kept as simple as possible, focusing on only the relevant information needed to accomplish one of the three above purposes. We recommend that the County seek partnerships with local colleges and universities as a strategy to increase its capacity to collect and analyze data. College interns could be used for data entry and analysis and/or statistics classes could use data to look for new trends.

It is recommended that *the Forensic Mental Health Team and relevant members of the Criminal Justice Advisory Board (CJAB) work together to develop a data collection plan*. Data collection can be person-focused or designed to evaluate the outcomes of a particular intervention. It can include cross-systems data sharing and analysis or focus on a particular organization. Regardless of which method of data collection and analysis is used, the issue of client confidentiality must always be at the forefront of planning.

Some agencies in Centre County already share data (e.g. Centre County Mental Health and Probation/Parole). These existing data sharing systems appear to be working well and serving their intended purposes. Any new data sharing agreements can build upon the progress already made through existing data sharing agreements, while always ensuring client confidentiality.

If the CJAB chooses to implement a cross-systems data collection process, we recommend that this be initiated with a pilot to track the outcomes of the Mental Health Frequent User Pilot Program. The CJAB will need to identify the necessary data to be collected in order to track the specific outcomes. Because we are attempting to measure the effect of housing and support service interventions, these items should be included in any data collection process and all data outcomes should be measured pre and post pilot. (The supplemental Data Appendix provides some baseline data that could be used in tracking the Mental Health Frequent Users.)

Using the Sequential Intercept Model is another method for data collection and analysis. In order to implement this or any other systems level approach, each system will need to establish baseline data and variables and then collect data on those variables at the different intercept points. Baseline data will provide a beginning point from which to compare all future outcomes; the sooner this data is developed, the more it can measure the maximum impact of future interventions. Each system could collect data on interventions specific to that intercept point, as well as data points relevant to each system. Variables could

include: demographics; housing status; mental health service utilization; jail entry/exit data, including the number of days spent in jail and jail visits; re-entry planning, including type of assistance provided; jail max outs.

Data provided in the Findings section of this report, as well as in the supplemental Data Appendix can help in developing baseline data. However, new baseline data should be developed once more reliable data collection begins. For example, the quality of the data used to identify persons with mental illness within the jail will be improved once CCCF begins to use a standardized screening and assessment tool. Therefore, new baseline data should be established using the improved identification procedure rather than comparing future data to the data previously collected by the County.

The following provides specific examples of data that may be collected at each intercept point. It will be important for data to be analyzed over time; changes in data results will provide vital information about where existing and additional resources could be focused and be used to monitor if interventions are working.

Intercept Point 1: LAW ENFORCEMENT/EMERGENCY SERVICES

Centre County Police Agencies are already collecting some data, as provided below.

Mental Health Assistance Calls

Police Agency	2006	2007	2008	Total
State College	109	216	194	519
PSU	35	31	45	111
Ferguson Township	31	45	23	99
Patton Township	10	10	18	38
Spring Township	20	27	29	76
Total	205	329	309	843

Suicide or Suicide Attempted (Included in above stats)

Police Agency	2006	2007	2008	Total
State College	21	29	13	63
PSU	3	5	4	12
Ferguson Township	10	7	4	21
Patton Township	4	1	3	8
Total	38	42	24	104

Note: While 2008 numbers appear to be lower than 2007, the police agencies note that this data does not represent all the calls related to individuals with mental illness.

Additional data collection may include the action taken (arrest, hospitalization, diversion, etc.) noting when police partnered with Can Help Mobile Crisis to

respond to individuals in crisis as compared to the actions taken when police did not utilize Can Help's services. The collection of this data could include housing status at the time of each incident.

Can Help Mobile Crisis and Mt. Nittany Hospital could collect housing and criminal justice related data for individuals utilizing mental health related emergency services. This could be correlated with the length of stay at Mt. Nittany Hospital for individuals who lack appropriate housing options at the time of discharge. This data will be useful in counting the number of individuals with mental illness not engaged in the mainstream service system, as well as provide the necessary data for any future cross system cost analysis.

Homeless shelters can collect information on mental health and criminal justice involvement and compare length of stay of individuals within the target population as compared to individuals without mental illness or justice involvement. This type of information may help to justify the need for specialized emergency housing initiatives to meet the needs of the target population.

Intercept Point 2: INITIAL DETENTION/INITIAL HEARINGS

At some point in the future, the Central Booking Center should develop an accurate method to identify individuals with mental illness at this intercept point. Improved identification of persons with mental illness will provide the foundation for future jail diversion programs the County explores.

Center for Alternatives in Community Justice (CACJ) could consider tracking the number of individuals with mental illness that they are not able to assist and the reasons these persons are not eligible for their program. This data would assist CACJ in identifying how to make their program available and accessible to the highest number of people possible and what resources are necessary to meet this goal.

The Court System could collect housing and mental health status at time of initial detention/hearing. This would include the number of individuals sent to jail at initial detention/hearing and number of jail days served because no appropriate housing options exist.

Intercept Point 3: JAIL, COURTS, FORENSIC EVALUATION AND HOSPITALIZATION

Currently, the housing status for many CCCF inmates is unknown. Centre County Correctional Facility should collect housing and homeless related information in a method that would make it easier to track over time. The housing related information currently collected during CCCF's intake process does not provide the necessary information to actually determine if an inmate was homeless at the time of commitment. For example, if an individual were

living at a homeless shelter, that street address would be entered into the database, but unless you were searching for that particular address there would be no method of identifying this individual as homeless. Additionally, if an individual is intoxicated at intake or unable to complete the intake, this person's housing status may be left blank. It is unclear if a blank housing status box indicates homeless or uncollected data.

CCCF should also collect better data on mental illness. As reported in the data findings section, information is currently self-reported. Inmates are currently asked the following questions at the time of CCCF intake: "Do you have any mental illnesses? Are you a drug addict? Are you an alcohol addict?" We have already made recommendations regarding the need for formal screening and assessment in place of self-reported data. Until that comes to fruition, there are other actions that could improve the quality of CCCF's data. This may include an update of the inmate's mental health classification if the individual becomes engaged with mental health services and/or psychotropic medication during incarceration.

Inmates with mental illness have access to a number of treatment options while incarcerated. The assumption is made throughout the report that housing and community-based mental health services are key elements to supporting individuals in the community. It is currently unknown if participation in treatment in jail will lead to an increase of mental health service utilization once the individual is released from jail. However, analyzing the future service utilization of offenders with mental illness may provide insight into which jail-based programs are most successful in engaging inmates in services.

One of the issues raised during interviews with judges was that they are rarely made aware of the fact that an individual has a mental illness. Providing judges with information regarding an individual's mental health status may lead to more sentencing of treatment in lieu of incarceration. As court proceedings are public affairs, it is paramount that any identification system respects the confidential nature at hand.

Data outcomes could be collected and analyzed from the court and Forensic Mental Health Team. This would include the type of treatment alternative to jail, housing status, adherence to treatment, re-arrests, and number of jail days after being provided a jail alternative. This type of data would prove useful in program evaluation and assist in determining what types of interventions are working for individuals with specific needs.

Intercept Point 4: RE-ENTRY FROM JAIL

Re-entry planning is designed to prevent an individual from returning to jail after release. The outcomes of individuals who receive re-entry planning assistance, as defined above, could be compared to those who do not receive assistance.

Data points to track include housing status, utilization of mental health services, number of re-arrests, and jail days.

As seen in the data findings, 59% of the Mental Health Frequent Users have served their full sentence and maxed out of CCCF. The number of max outs and jail days could be compared when re-entry planning is used as compared to not. These re-entry outcomes may be useful to justify the piloting of an in-reach program such as the Forensic Peer Specialist program currently in operation in Bradford County.

Intercept Point 5: COMMUNITY CORRECTIONS AND SUPPORTS

Centre County Probation and Parole does not currently collect data regarding mental illness or housing status. It is recommended that they begin to collect this data in order to effectively track outcomes and interventions for persons with mental illness.

Additionally, Centre County Mental Health and Probation/Parole could work together to identify the housing status and service utilization of individuals who are part of the Mental Health Frequent Users group in order to identify common elements and needed resources for these individuals.

As stated above, data collection should be kept as simple as possible. The data provided in this report, as well as all future data, provides the necessary tools for effective advocacy, justification of systems level change and the ability to conduct cost savings analysis.

VI. Cost Benefits of Supportive Housing

It is difficult to predict how much money Centre County could save by implementing the recommendations in this report. Even under the best of circumstances--- when clear outcome measures have been established and good data collection methods are in place--- there are many variables that can impact cost savings. Unfortunately, estimating the cost benefit of future actions is even more challenging since the appropriate data has not been collected to determine current costs let alone to estimate the impact of future actions.

As reported in Section III, however, there are numerous studies that demonstrate the benefits of supportive housing for individuals with serious mental illness and/or co-occurring disorders. Specifically, these studies have found that while participation in mental health services and the rate of employment is significantly increased, the number of incarcerations, hospitalizations, emergency room and shelter bed use are dramatically reduced. In fact, decent housing and supports are not only essential to recovery, but also cost effective alternatives to homelessness, incarceration and other undesirable alternatives.

These methodological difficulties notwithstanding, we can attempt to project potential savings to the CCCF of implementing the Frequent User Pilot Project for 51 individuals, using the following assumptions:

- ⇒ 51 Frequent Users being successfully housed in supportive housing
- ⇒ A reduction of 580 days per person in CCCF which results in a savings of \$38,272 per person (\$44,678 for Frequent Users minus \$6,406 for the average inmate)

There would be a potential cost saving to the CCCF of \$1,951,872. It is important to note that these savings do not include the savings in law enforcement, administrative court costs, psychotropic drugs for inmates or other non CCCF costs.

While preventing the incarceration and re-incarceration of the mental health frequent users may not result in a dollar for dollar savings for the jail, it may reduce operating costs and the long-term rate of growth of the jail. Additional savings may be accrued by a reduction of contact with law enforcement, district attorney, public defender, central court, the prothonotary among others.

Furthermore, the Centre County Correctional Facility is largely funded with local taxpayer dollars. When individuals are being housed in the community, as opposed to the jail, many are eligible for medical assistance and various types of benefits and housing programs that are funded through federal and state programs. Shifting the financial burden to meet the needs of these individuals may also result in additional savings to programs funded by the Centre County Base Services Unit, among others.

VII. Next Steps

Throughout this report the consultant has made nearly 40 recommendations related to the housing and service needs of individuals with mental illness involved in the criminal justice system. In a number of cases the responsibility for carrying out those recommendations is clear and stated. For other recommendations there is no obvious agency to designate for implementation. There needs to be a single entity within the county that has the responsibility and authority to take actions for people with mental illness who become involved with the criminal justice system. *Therefore we recommend that the County Criminal Justice Advisory Board (CJAB) appoint a Committee with representation from all three key systems to successfully address this population---criminal justice, mental health/substance abuse and housing.*

This Committee would report directly to the CJAB and its roles would include the following:

- ⇒ to review and prioritize the recommendations within this report (those priorities may be dependent on need, current resources, future funding opportunities, and staff capacity)
- ⇒ identify responsible agencies for implementation
- ⇒ oversee the development of action plans for recommendations to be implemented by each responsible agency
- ⇒ monitor progress on action steps
- ⇒ identify funding sources and opportunities for implementation activities

The members of this report's workgroup may serve as the core of this Committee. However, additional Committee members will need to be appointed in order to ensure adequate representation for each of the three systems and each of the five sequential intercept points. As such, additional members may include the county housing coordinator, a judge, and representatives from the Centre County Housing Authority, Affordable Housing Coalition, law enforcement, district attorney's office and public defenders office, among others.

In conclusion, the consultant believes that if implemented, the recommendations in this report will have a positive impact on people with mental illness with criminal justice involvement. They have the potential to help Centre County better identify people with mental illness who have or might have contact with the criminal justice system. They have the potential to assist in reducing the number of people with mental illness who are arrested and incarcerated. They have the potential to reduce the average number of incarcerations per person, the number of days spent in jail and the number of people serving their maximum sentences. Finally, implementation of the recommendations will certainly improve coordination among the key stakeholders in Centre County and provide a blueprint to create a system of housing and services to meet the needs of this population.

VIII. Glossary

Affordable Rent

The standard, developed by HUD and often used by state and local programs, setting the tenant share (payment for rent and utilities) at no more than 30% of gross family income.

Area Median Income (AMI)

Area Median Income (AMI) is the midpoint in the income distribution within a specific geographic area. By definition, 50% of households earn less than the median income, and 50% earn more. HUD calculates AMI levels for different communities annually, with adjustments for family size. AMI is used to determine the eligibility of applicants for both federally and locally funded housing programs. For example, HUD defines very-low income as below 50% of the Area Median Income.

Bridge Housing

This is "The Bridge" that provides temporary rental assistance until affordable permanent housing can be secured. The time period for rental assistance can vary, but assistance is usually not provided for more than 18 – 24 months.

Central Booking Center (CBC)

The purpose of a CBC is to efficiently process defendants charged with criminal actions with the express intent of returning the arresting officer(s) to their shift in their communities. CBC processing of defendants includes fingerprinting, photographing, determining of prior records, and the preliminary arraignments via videoconferencing. Centre County's CBC is co-located at the Centre County Correctional Facility.

CHIPPs Funds

The Community Hospital Integration Projects Program (CHIPP) is a Pennsylvania initiative designed to promote the discharge of persons from state mental hospitals who have a long-term history of hospitalization or otherwise complex service needs and who have been unable to be supported successfully in the community. The state-to-county funding program allows County Mental Health Programs to develop the community resources and programs needed for each state hospital resident to be considered for release to the community.

Clubhouse

Clubhouse is a specific type of site-based psychiatric rehabilitation program that is an evidence-based practice. It is designed to assist people with mental illness recover social and vocational functioning and to lead full and satisfying lives that are free of isolation and stigma. A unique feature of the clubhouse model is the focus on work as the primary rehabilitative tool through which members are engaged and recover functioning. Member participation and involvement in all aspects of clubhouse operation, functions, and decision-making is integral to the clubhouse model, as are peer support, education, self-determination, responsibility, and the opportunity to be

employed in real work settings. Centre County's clubhouse is called Opportunity Centre Clubhouse (OCC).

Community Development Block Grant (CDBG)

HUD awards Community Development Block Grant (CDBG) funds on a formula basis to Entitlement Communities (cities with populations over 50,000 and counties with populations over 200,000, this includes State College Borough) and to States for the Non-entitlement communities. CDBG funds can be used for acquisition and rehabilitation of housing as well as many other community and economic development activities. The activities funded under CDBG must benefit low- and moderate-income persons (under 80% area median income) or prevent or eliminate blight.

Consolidated Plan

The Con Plan is an annually-updated plan submitted to HUD by the PA Department of Community and Economic Development (DCED) and each Participating Jurisdiction (State College Borough), describing how HUD funds will be used. The Con Plan identifies a community's (state/county/city) housing, homeless, community and economic development needs and the resources for meeting those needs. Communities are required to collect/analyze certain data and solicit input from the community.

Crisis Intervention Team (CIT)

CIT is a police based first responder program for those in a mental health crisis. Under this model, police officers receive extensive training provided by community mental health professionals, family and consumer advocates and experts in related fields in responding to citizens experiencing a behavioral crisis. The emphasis is on mental health knowledge, crisis resolution skills and access to community services.

Critical Time Intervention (CTI)

CTI is an empirically supported, time-limited case management model designed to prevent homelessness in people with mental illness following discharge from hospitals, shelters, jails/prisons and other institutions. This transitional period is one in which people often have difficulty re-establishing themselves in stable housing with access to needed supports. CTI works in two main ways: by providing emotional and practical support during the critical time of transition and by strengthening the individual's long-term ties to services, family, and friends. Ideally, post-discharge assistance is delivered by workers who have established relationships with clients during their institutional stay.

Day Reporting Center

Day Reporting Center is a county intermediate punishment program that allows offenders who meet the program's criteria to be released from the jail early. Programs work to address the risk factors that contribute to criminal behavior; this may include supervision and treatment programs, such as life skills, drug and alcohol, education, and job readiness.

Drop-in Center

A drop-in center is a social club offering peer support and a flexible schedule of activities. It may operate on evenings and/ weekends. Many centers are run by and for their members, and provide an accepting, caring, non-clinical atmosphere where the participants feel they belong. Drop-ins help consumers take responsibility for their own mental health through self-help, and provide support in times of crisis and social isolation allowing consumers to improve social skills and develop and maintain healthy relationships. Centre County has a drop-in center called Mutual Understanding Support Team (MUST).

Emergency Shelter

Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of homeless persons. The length of stay can range from one night up to as much as three months. Emergency Shelter programs in Centre County include Centre House, Sylvia Stein Shelter and Burrowes Street Youth Haven.

Emergency Shelter Grant (ESG) Funds

ESG are funds from HUD that provide homeless persons with basic shelter and essential supportive services. It can assist with the operational costs of the shelter facility, and for the administration of the grant. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs. As an Entitlement region, State College Borough receives these funds directly from HUD. Centre County can apply for funding from the PA Department of Community and Economic Development.

Fair Market Rent (FMR)

FMRs are gross rent estimates that include the cost of the actual rent plus the cost of utilities, except telephone. The Department of Housing and Urban Development (HUD) sets FMRs to assure that a sufficient supply of rental housing is available to program participants.

Fairweather Lodge

The Fairweather Lodge is a housing and employment program that allows adults with a serious mental illness or co-occurring disorder to reintegrate into the community. Using a structured consumer-governed shared housing and employment model, the goal for each Lodge is to provide emotional support, empowerment, a place to live and employment for its members. Centre County has one Fairweather Lodge, which is operated by Strawberry Field and located in Ferguson Township.

HOME Program – HOME Investment Partnership Program

A category of HUD funding that provides various types of housing assistance. Eligible activities include new construction, rehabilitation, acquisition of rental or sales housing and rental assistance for low- and moderate-income families. Program rules require that specified percentages of housing units be targeted to tenants at specified income levels (low, very low, etc.) with affordable rents based on Fair Market Rents for the area.

State College Borough receives HOME funds directly from HUD. Centre County applies to DCED for this funding.

Homeless Assistance Program (HAP)

HAP is a program of the PA Department of Public Welfare that provides each county with funding in order to fund case management, rental assistance, bridge housing, emergency shelter and innovative supportive housing services. HAP funds in Centre County are provided to Centre County Adult Services.

Housing Trust Fund or Act 137 Funds

A housing trust fund is a tool that local governments can use to create or leverage housing resources to enhance their ability to meet the affordable housing needs of their residents. Since the Act's passage in 1992, more than half of Pennsylvania's 67 counties altogether have raised more than \$125,000,000 for affordable housing related programs in their communities. Those programs have ranged from senior citizen housing to owner-occupied rehabilitation work to providing financial assistance for developing rental housing.

HUD – U.S. Department of Housing & Urban Development

The federal agency that funds and regulates numerous housing assistance programs.

HUD Homeless Definition

Persons are considered homeless under HUD's definition if they:

- 1) lack a fixed, regular, and adequate nighttime residence;
- 2) have a primary nighttime residence that is -
 - ⇒ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - ⇒ an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - ⇒ a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

HUD Housing Choice Voucher Program (formerly called Section 8)

A term used in reference to many of HUD's federal housing assistance programs, with numerous categories of tenant based and site based subsidies. The term is most commonly used in reference to Section 8 vouchers (tenant based rental assistance). These rental subsidies are available through local Public Housing Authorities (PHA's).

HUD Section 811, Supportive Housing for People with Disabilities

Under the Section 811 Program, HUD provides funding to nonprofit organizations to develop rental housing and provide on-going rent subsidies for very low-income adults with disabilities.

Intensive Case Manager (ICM)

An ICM is assigned to an individual when they have been identified as requiring intensive supports and monitoring. The case manager assists the individual and the family in accessing mental health treatment programs, facilitates coordination between the systems involved, and links to community resources. The ICM must meet face-to-face with the individual a minimum of every two weeks and offers mental health crisis intervention 24 hours per day, 7 days per week.

LIHTC - Low Income Housing Tax Credit Program

The Low Income Housing Tax Credit Program became law through of the Tax Reform Act of 1986. LIHTC does not provide loans or grants but rather a tax incentive to owners of affordable rental housing. Housing developers receive a federal tax credit in exchange for housing units that are targeted to people at “low” and “very low” income levels. In PA this program is operated by the Pennsylvania Housing Finance Agency (PHFA) that directs private capital toward the creation of affordable rental housing.

Mainstream Vouchers

Mainstream vouchers are housing vouchers specifically set-aside exclusively for people with disabilities. These vouchers are funded through HUD’s Section 811 program for a five year period. Public Housing Authorities and non-profit organization can apply for these vouchers.

Max Out

Sentencing is handed down with a minimum and maximum term. Offenders are typically eligible for parole after a certain amount of time served. Max out means to serve the maximum sentence.

McKinney-Vento Continuum of Care

In 1987 Congress passed the Stewart B. McKinney Homeless Assistance Act to provide funds to states, local governments and non-profit organizations to address the housing and service needs of homeless families and individuals. The program is administered by the U.S. Department of Housing and Urban Development (HUD). It provides funding for supportive services, transitional housing, and permanent supportive housing for homeless families and individuals. There is an annual competitive application process for these funds.

Mobile Crisis

Crisis intervention/mobile crisis is a global term that includes varying services to provide immediate intervention to assure safety for individuals experiencing moderate to severe distress including telephone, walk-in, and mobile crisis services provided in the community. This service is provided by CAN HELP in Centre County.

Parole

A conditional release of a prisoner serving an indeterminate or unexpired sentence.

Permanent Supportive Housing

This term is often used to describe various types of permanent housing provided to individuals with support service needs. The OMHSAS definition of supportive housing includes housing that is safe and secure, affordable and permanent, as long as the consumer pays the rent and honors the conditions of the lease. Supportive housing is linked to support services that are optional and not required and flexible, delivered when the consumer needs them, and where they live.

Pre-trial Release

Pre-trial release/diversion programs provide alternatives to incarceration for individuals who are unable to post bail but are charged with bailable offenses. In Centre County, this service is provided by the Center for Alternatives in Community Justice.

Probation

The action of suspending the sentence of a convicted offender and giving the offender freedom during good behavior under the supervision of a probation officer.

Preference

A term used when a housing program elects to give priority to one or more specified populations in its waiting list for housing assistance; in effect, maintaining separate waiting lists for individuals or families who meet specific criteria, such as disability, homeless, elderly. Centre County Housing Authority has preferences for victims of domestic violence, homeless, veterans, and disabled individuals working with a case management program, among others.

Safe Haven Model

Safe Havens can provide transitional or permanent housing to hard to reach homeless persons. This type of housing is commonly referred to as “low-demand” as individuals with addictions come directly from the street and are not required to stay clean and sober, participate in treatment programs.

Shelter Plus Care Program

Shelter Plus Care is part of the HUD McKinney funding. This program provides rental assistance and support services to homeless individuals and/or families with disabilities. Centre County has two Shelter Plus Care programs through a partnership with Centre County Mental Health and Centre County Housing Authority.

Subsidized Housing

This is housing in which tenants pay less than the going market rate for rent, typically 30% of their income. Subsidized housing receives financial assistance from one or more public agencies to build or operate the development, or to help pay for some of the rent and utility costs. Rents are typically set according to Fair Market Rents (FMRs). Household income guidelines, based on Area Median Income (AMI) determine eligibility to live in subsidized housing.

Transitional Housing

HUD defines transitional housing as a project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months. Transitional Housing programs are eligible for funding through the McKinney program. Transitional Housing programs in Centre County include Housing Transition's Supportive Housing Project and Bridge Housing programs, the Women's Resource Center's Bridge Housing Program, and Centre County Youth Service Bureau's Stepping Stone Transitional Living Program.

LIST OF APPENDICES

APPENDIX A

Members of the Workgroup

APPENDIX B

List of Individuals Interviewed

APPENDIX C

Interview Questions

APPENDIX D

Data points provided by Centre County Correctional Facility

APPENDIX E

Relevant model programs, research and contact information regarding specific recommendations

APPENDIX F

Mental Health Service Inventory

APPENDIX G

Housing Resources

APPENDIX H

Housing Authority of Centre County Policies on Individuals with Criminal Histories

Appendix A – Members of the Workgroup

Cathy Arbogast	Centre County Drug and Alcohol Office
Val Barner	Centre County MH/MR
Natalie Corman	Centre County MH/MR
Warden Ed DeSabato	Centre County Correctional Facility
Deputy Warden Jeff Hite	Centre County Correctional Facility
Gene Lauri	Criminal Justice Planning Department
Linda Marshall	Centre County Planning & Community Development Office
Deputy Warden Terry McClellan	Centre County Correctional Facility
Carol Waltz	Centre County MH/MR
Karla Witherite	Centre County Probation and Parole
Thomas Young	Centre County Probation and Parole

Appendix B – List of Persons Interviewed

William Allenbaugh	Penn State University & Project Point of Light
Amy Anderson	Centre County MH/MR
Val Barner	Centre County MH/MR
Tim Boyde	Centre County Commissioners Office
Thom Brewster	Centre Peace
Natalie Corman	Centre County MH/MR
Dave Crowley	Centre County Public Defender Office
Kristi Dann	Centre County Housing Authority
Warden Ed DeSabato	Centre County Correctional Facility
Commissioner Jon Eich	Centre County Board of Commissioners
Judge David Grine	Court of Common Pleas, 49 th District
Kristen Hazelett	Centre County Correctional Facility
Deputy Warden Jeffery Hite	Centre County Correctional Facility
Judge Dan Hoffman	Magisterial District Judge
Randy Holderman	Centre County Housing Authority
George Khoury	Centre County Housing Authority Board
Chief Tom King	State College Police Department
Judge Tom Kistler	Court of Common Pleas, 49 th District
Gene Lauri	Criminal Justice Planning Department
Judge Brad Lunsford	Court of Common Pleas, 49 th District
Linda Marshall	Centre County Planning & Community Development Office
Deputy Warden Terry McClellan	Centre County Correctional Facility
Bob Ott	Centre County Office of Adult Services
Shannon Quick	Centre County CAN HELP
Ron Quinn	Housing Transitions
Beth Rudloff	Center for Alternatives in Community Justice
Judge Pamela Ruest	Court of Common Pleas, 49 th District
Director or Chief Steve Shelow	Penn State University Police Department
Mark Smith	Centre County District Attorneys Office
Carol Waltz	Centre County Office of Mental Health/ Mental Retardation-Drug and Alcohol
Karla Witherite	Centre County Probation and Parole
Thomas Young	Centre County Probation and Parole

Appendix C – Interview Questions

Questions for all Interviewees:

- 1- What is your current role in the Centre County housing, mental health or criminal justice system?
- 2- Specifically, how do you interface with the target population?
- 3- What do you hope to see as the outcome/s of the study?
- 4- Assuming that housing for the target population is needed in the following three areas, what do you see as the greatest gaps in Centre County?
 - Emergency/crisis- short term
 - Transitional-up to 24 months with intensive support services
 - Permanent supportive housing- with a lease, services available but not mandatory
- 5- Do you see any serious gaps in support services for the target population? If so, what are they?
- 6- What do you see as the greatest obstacles to filling the gaps identified?
- 7- What strategies do you think will be successful in overcoming these obstacles?
- 8- Is there a specific group in the County that does or should take the lead in expanding housing and services for the target population? If so, who?
- 9- What expanded role could you or your agency play in designing, financing or implementing housing for the target population?
- 10-What incentives/mandate might your agency need in order to participate?

Questions for Housing Agencies:

- 1- Where do you see housing for the target population fitting into the larger County affordable housing strategy?
- 2- To your knowledge, what is the current housing situation of these individuals? Homeless? Shelters? Transitional or Permanent Housing? Families?
- 3- What resources do you have that are or might be available to this population?
- 4- Are there any housing programs that specifically target the mentally ill who are involved with the criminal justice system? At arrest? At re-entry? Other? If so, please describe.
- 5- Are there any special supports or services provided to such individuals who reside in homeless or other subsidized housing?
- 6- If so, please describe. If not, what supports or services do you think are needed?
- 7- Are there any existing housing programs that you think might be converted or adapted to address this population?
- 8- Are you aware of any specific resources that could be used to finance the development, operations or support services for housing serving the target population? If so, what are they and how can I get more information?

Questions for Mental Health Agencies:

- 1- What mental health services are available to persons with mental illness who are involved with the criminal justice system? At arrest? While incarcerated? On parole?
- 2- Specifically, what crisis services are available? Are they adequate? If not, what are the unmet needs for crisis beds/services?
- 3- With what frequency do members of the target population go to the state hospital forensic or civil units? Are beds generally available when needed?
- 4- What happens when law enforcement officers are called to a crime scene and the individual is suspected as having a mentally illness?
- 5- Are there any specialized mental health programs or services that target the mentally ill who are involved with the criminal justice system? At arrest? During incarceration? To prepare for re-entry? On parole/probation? Other? If so, please describe.
- 6- Is there coordination between the mental health and criminal justice systems in addressing this population? If so, please describe.
- 7- Are there any special supports or services provided to such individuals who reside in homeless or other subsidized housing? If so, please describe. If not, what supports or services do you think are needed?

Questions for Law Enforcement Agencies:

- 1- What happens when law enforcement officers are called to a crime scene and the individual is suspected as having a mentally illness? What about if he/she is homeless?
- 2- If you have determined that the incident is primarily due to mental illness how do you handle the case?
- 3- Do law enforcement officers currently have any special training in how to deal with persons with mental illness?
- 4- Are officers able to contact the mental health office to assist in dealing with persons with mental illness?
- 5- How often do you find that persons with mental illness who have committed an offense are homeless or have unsuitable housing?
- 6- Does this affect your handling of the case?
- 7- What additional services or housing do you think should be available to enable you to best handle these cases?

Questions for the Judges:

- 1- Does Centre County currently have any specialty courts? If not, are you considering any? If so, why?
- 2- What type of cases does your court handle? Do you frequently encounter persons with mental illness?
- 3- If so, of what kind of offenses are they generally convicted?
- 4- In your experience do these individuals generally have higher recidivism rates than others? Are they more likely to be homeless?

- 5- If you have a non-violent mentally ill offender, what alternatives do you currently have to incarceration? How often do you exercise those alternatives?
- 6- Would the availability of more crisis, transitional and permanent housing beds for the target population been seen as a positive alternative for you? If so, which specific type of housing or services would be most helpful?
- 7- Are you familiar with the mental health courts currently operating in 5 other counties in PA? (Erie, Allegheny, Lancaster, York, Venango) Would you see any benefit to starting such a court in Centre County?
- 8- What about a special mental health case load in the Probation and Parole Department that would provide more intensive case management and mental health services to participants?
- 9- Do you have any suggestions for changes that would have a positive impact on handling persons with mental illness involved in the Centre County criminal justice system?

Questions for the Warden:

- 1- What percentage of the individuals incarcerated in the Centre County jail have serious mental illness?
- 2- Do you believe that the recidivism rate is higher for these individuals? If so, what do you think is the reason?
- 3- What is your current intake and assessment procedure for determining mental health status and need for services/medication?
- 4- Do you have a special "mental health roster" that can track these individuals?
- 5- What mental health treatment or services are provided for inmates, and if any, by whom?
- 6- What is the current medication protocol? Are inmates able to continue medication they were taking prior to incarceration?
- 7- What medication/prescriptions do they get upon release?
- 8- Are there any mental health professionals available to inmates? If so, what is the position and who pays for that position?
- 9- Is there coordination between the mental health and criminal justice systems in addressing this population? If so, please describe.
- 10- Are any special steps taken to ensure inmates have decent, appropriate housing upon release? If so, what and by whom?
- 11- Are inmates ever released to a homeless shelter? If so, which one?
- 12- What housing options and/or services do you think should be available in order to help reduce recidivism among the target population?

Questions for Probation and Parole:

- 1- Is there any special case load or staff assignment for persons with mental illness? If not, do parole officers receive any special training in dealing with individuals with mental illness?
- 2- Are there any specific procedures for linking paroles with mental illness to the county mental health system either prior to or while on parole?

- 3- Are there any special requirements that must be met by inmates regarding a housing plan as a condition of parole?
- 4- If so, what assistance are inmates given, if any, in putting together a housing plan?
- 5- Are individuals released to a homeless shelter? If so, which one(s)?
- 6- Can they use the homeless shelter as their address while on parole?
- 7- Are there currently any special services or provisions for individuals with mental illness on parole? If so, please describe.
- 8- Do you believe that the recidivism rate is higher for these individuals? If so, what do you think is the reason? Is the lack of stable housing a contributing factor?
- 9- Do you think that the lack of stable housing contributes to parole violations and therefore a higher recidivism rate?
- 10- What housing options and/or services do you think should be available in order to help reduce recidivism among the target population?

Questions for Criminal Justice: Public Defender, District Attorney, CJAB

- 1- What percentage of your caseload has serious mental illness?
- 2- Do you believe that the recidivism rate is higher for these individuals? If so, what do you think is the reason?
- 3- Do you think these individuals would benefit from alternatives to incarceration? If so, what alternatives would you like to see available?
- 4- Do a disproportionate number of individuals with mental illness have no or unstable housing compared to other clients?
- 5- If so, what type of housing do you think would be most helpful in addressing their housing need?
- 6- What assistance do they need in order to obtain and retain decent housing?
- 7- Are you familiar with the mental health courts currently operating in 5 other counties in PA? Would you see any benefit to starting such a court in Centre County?
- 8- What about a special mental health case load in the Probation and Parole Department that would provide more intensive case management and mental health services to participants?
- 9- Do you have any suggestions for changes that would have a positive impact on handling persons with mental illness involved in the Centre County criminal justice system?

Appendix D – Data provided by Centre County Correctional Facility

The following data was provided for all individuals committed to the Centre County Correctional Facility between 1992 and 2008:

- Booking Number
- PIN – Permanent Identification Number (unique to each inmate)
- Age
- Sex
- Salary
- Marital Status
- Dependent
- Charge Description
- MORF – Grade of criminal offense (e.g. felony, misdemeanor, summary)
- RELT – Release Type (e.g. bail, court order, expiration of maximum sentence)
- PV – Parole Violation
- PBT – Probation Violation
- COMDATE – Date committed to facility
RELDATE – Date released from facility
- Served – Number of days served in facility
- Military
- City
- M/I – Mental Illness, self proclaimed
- Drug – Drug Addict, self proclaimed
- Alcohol – Alcohol Addict, self proclaimed
- Job

Appendix E – Relevant Model Programs, Research and Contact Information Regarding Specific Recommendations

1. Laurel Highlands Region Crisis Intervention Team Training Program (814) 533-2074, <http://www.laurelhighlandscit.com>
2. In Philadelphia, concerned families can submit a special form to notify the Police Department and 911 of any special circumstances associated with a particular address - <http://philadelphia.nami.org/forensic.html>
3. GAINS Center Brief Jail Mental Health Screen - <http://gainscenter.samhsa.gov/html/resources/MHscreen.asp>
4. Jericho Project post booking diversion model - http://www.nami.org/Content/NavigationMenu/Inform_Yourself/Upcoming_Events/Convention/Courts_as_Catalysts--S.Bush--June_23.ppt
5. *Screening and Assessment of Co-occurring Disorders in the Justice System* (2008) for a review of appropriate tools - <http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf>
6. Bradford County's Main Link Peer Support Program
17 Pine Street, Towanda, PA 18848, 570-265-0620,
<http://www.themainlink.net>
7. Parole Restoration Project, an initiative of the Center for Alternative Sentencing and Employment Services (CASES) - <http://www.cases.org/prp.html>
8. *Ten Ways to Boost Participation by Private Housing Providers* can be located on the PA Housing Choices Website - <http://www.pahousingchoices.org/landlorddocs>. Additional information on this website includes:
 - Information about master leasing programs
 - Renter's certification program such as in Butler County
 - Eviction prevention program such as Lackawanna County
9. Critical Time Intervention - <http://criticaltime.org/>
10. HUD Veterans Affairs Supportive Housing (VASH) program - <http://www.hud.gov/offices/pih/programs/hcv/vash/>

Appendix F – Mental Health Service Inventory
(as provided by Centre County Mental Health)

Child/Adolescent Services

A system to provide multi-agency help to seriously disturbed children.

Consumer Drop-In

Centers where consumers help other consumers.

Emergency Services

24 hour crisis intervention.

Family Based Services

Intense in home family intervention and treatment for children.

Family Support Services

Assistance to the family to maintain the mentally ill person in the home.

Housing Supports

Rental and housing assistance.

Inpatient Services

Hospitalization.

Intake/Case Management

To access the problem and monitor treatment.

Intensive Case Management

Intense casework to help people remain in the community

Outpatient Services

Individual, group therapy, and medications.

Partial Hospitalization

Day treatment alternatives to hospitalization.

Rehabilitation/Training

Vocational services, supported and sheltered employment.

Residential Services

Residential treatment for persons needing ongoing staff assistance.

Resource Coordination

Moderately intense casework to help people through the maze of services.

Student Assistance Program

Assistance in the school to provide early identification and treatment.

Appendix G – Housing Resources²⁴**Housing Authority of Centre County***Public Housing:*

Beaver Farm Apartments	Public Housing	Housing Authority of Centre County	Fam	20	HUD	3 bedroom units that provide housing assistance for families.
------------------------	----------------	------------------------------------	-----	----	-----	---

Section 8/Housing Choice Vouchers:

Section 8	Housing Choice Vouchers	Housing Authority of Centre County	All	641 Vouchers	HUD	241 vouchers are utilized by our consumers (34%)
-----------	-------------------------	------------------------------------	-----	--------------	-----	--

Affordable Private Housing

Housing Name	Type of Housing	Target Group	Capacity	Housing Funding	Additional Information
Addison Court	Subsidized Housing	Elderly, PwD, PhysDis, MH, MISA	89	Tax Credits	1-2 bedroom units in State College for elderly and disabled individuals.
Ashworth Woods	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	84	Tax Credits	4 bedroom units in Boalsburg that provides for families.
Bellaire Court	Subsidized Housing	Eld, PwD, PhysDis, MH	18	Tax Credit	1-2 bedroom units in State College for elderly and disabled individuals.
Brockerhoff House	Subsidized Housing	Eld, PwD, PhysDis, MH	33	HUD	1 bedroom units in Bellefonte for elderly and disabled individuals.

²⁴ Centre County Mental Health provided much of the information provided in Appendix G. Additional housing resources can be found at http://www.co.centre.pa.us/planning/housing/housing_resources.pdf.

Centre County CJAB Housing Report

Centre Estates	Subsidized Housing	Fam, Eld, PwD, PhysDis, MH, MISA	30	PHFA	1-2 bedroom units in Boalsburg that has no restrictions except income.
Crestside Terrace	Subsidized Housing	Eld, PwD, PhysDis, MH	40	HUD	1 bedroom units in Bellefonte for elderly and disabled individuals.
Dublinwood	Subsidized Housing	Fam, Eld, PwD, PhysDis, MH, MISA	41	PHFA	1-2 bedroom units in Milesburg that has no restrictions except income
Fox Hill	Subsidized Housing	Elderly, PwD, PhysDis, MH, MISA	48	Tax Credits	1-2 bedroom units in Bellefonte for elderly and disabled individuals.
Governor's Gate	Subsidized Housing	Fam, Eld, PwD, PhysDis, MH, MISA	66	HUD	1-2 bedroom units in Bellefonte for families, elderly and disabled individuals.
Huntingdon Park	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	42	Tax Credits	3 bedroom units in State College for families and disabled individuals.
Mt. Nittany Residence	Subsidized Housing	Eld, PwD, PhysDis, MH	150	HUD	1-2 bedroom units in State College for elderly and disabled individuals.
Park Crest Terrace	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	240	Tax Credits	2,3 bedroom units in State College for families and disabled individuals.
Pheasant Glenn	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	92	Tax Credits	3,4 bedroom units in State College for families and disabled individuals.

Centre County CJAB Housing Report

Philips Place	Subsidized Housing	Elderly, PwD, PhysDis, MH, MISA	24	PHFA	1 bedroom units in Philipsburg for the elderly population.
Philipsburg Courts	Subsidized Housing	Fam, Eld, PwD, PhysDis, MH, MISA	16	PHFA	1-2 bedroom units in Philipsburg that has no restrictions except income.
Philipsburg Towers	Subsidized Housing	Eld, PwD, PhysDis, MH	101	HUD	1-2 bedroom units in Philipsburg for elderly and disabled individuals.
Pleasant Hills	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	40	Tax Credits	2, 3 bedroom units in Pleasant Gap for families and disabled individuals.
Spring Brae	Subsidized Housing	Fam, Eld, PwD, PhysDis, MH, MISA	36	PHFA	1-2 bedroom units in Bellefonte that has no restrictions except income.
Sylvan View	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	49	Tax Credits	3 bedroom units in State College for families and disabled individuals.
Terra Sylvan	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	20	Tax Credits	1, 2, 3 bedroom units in Bellefonte for families and disabled individuals.
Waupelani Heights	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	34	Tax Credits	2, 3 bedroom units in State College for families and disabled individuals.
Yorkshire Village	Subsidized Housing	Fam, PwD, PhysDis, MH, MISA	40	Tax Credits	2, 3 bedroom units in State College for families and disabled individuals.

Mental Health Housing

Housing Name	Type of Housing	Target Group	Capacity	Housing Funding	Additional Information
Community Services Group, Enhanced CRR	CRR-Group Home	MH/MISA/PD	7	CHIPP Base	Transitioned from a LTSR to CRR on 7-1-07. Consistently full and able to assist individuals coming out of Danville State Hospital. Encourage all residents to sign up for Section 8 as the provider accepts this assistance.
Eagle Valley	SH	MH	2	Base CHIPP	Permanent housing for 2 consumers with additional supports as needed.
Fairweather Lodge	FWL	MH/MISA/PD	4	HOME DCED	Will begin residing in home 2-1-08 and begin business plan.
Sharp Visions CRR	CRR-Group Home	MH/MISA/PD	3	Base CHIPP	Permanent housing option for three individuals with limited plans for turnover.
Strawberry Fields Inc, CRR	CRR-APT	MISA/MH	11	Base	Consistently full and able to assist individuals coming out of Danville State Hospital. Encourage all residents to sign up for Section 8 as the provider accepts this assistance.
Strawberry Fields, Inc.	SH	MH	1	CHIPP Base	Individual began living there on 6/28/07 after a discharge from Danville State Hospital.

Homeless Housing Inventory

Emergency Shelters in Centre County				
Provider Name	Facility Name	Family Units/ Beds	Individual Beds	Target Population
Centre Co. Youth Service Bureau	Burrowes Street Youth Haven	N/A	As needed	Homeless Youth
Centre Co. Women's Resource Center	Sylvia Stein Shelter	4 / 13	5	Domestic Violence
Housing Transitions, Inc.	Centre House Emergency Shelter	2 / 10	8	Homeless
Totals		6 / 23	13+	

Transitional Housing Programs in Centre County				
Provider Name	Facility Name	Family Units/ Beds	Individual Beds	Target Population
Housing Transitions, Inc.	Supp. Hsg Project	3 / 6	3	MH, MISA, PD, DV
Centre Co. Youth Service Bureau	Stepping Stone Transitional Living Program	N/A	4	Homeless Youth
Centre Co. Women's Resource Center	Bridge Housing	6 / 13	6	DV, Families, PwD, MH, MISA
Housing Transitions, Inc.	Bridge Housing	2 / 4	2	Homeless
Totals		11 / 23	15	

Permanent Supportive Housing Programs in Centre County				
Provider Name	Facility Name	Family Units/ Beds	Individual Beds	Target Population
Housing Authority of Centre Co.	Centre Co. S+C	NA	10	MH, Homeless
Housing Authority of Centre Co.	Shelter + Care II	2 / 6	8	MH, Homeless
Housing Transitions, Inc.	Nittany House	N/A	8	Funding provided, but project not open yet
Totals		2 / 6	26	

Codes:

Type of Housing: PSH, PSH/SRO, S+C, CRR, CRR-Group Home, CRR-APT, LTSR, Fairweather Lodge, Supportive Housing has not been a defined “funding” category by OMHSAS; however, PSH (Permanent Supportive Housing) is defined on page 7.

Target Group: MISA = Mental Illness/Substance Abuse; MH= Mental Health; PwD = People with Disabilities (not targeted to specific disability subpopulation); PhysDis = Physical Disabilities; Youth; Eld = Elders; Fam = Family; DV = Domestic Violence; HM = Homeless (More than one code can be used per property), SA = Substance abuse

Appendix H – Housing Authority Policies on Individuals with Criminal Histories

Excerpts from Housing Authority’s Administrative Plans for Shelter Plus Care and Housing Choice Vouchers

The household must not be currently engaging in, or has engaged during the past 3 years before the date of the application:

- a. drug related criminal activity;
- b. violent criminal activity;
- c. Other criminal activity that would threaten the health or safety of the Housing Authority of Centre County or owner or any employee, contractor, subcontractor or agency of the Housing Authority of Centre County or owner who involved in the housing operations.

If the Housing Authority of Centre County seeks to deny assistance because of illegal use, or possession for personal use of a controlled substance, or violent criminal behavior, the offense must have occurred within one year before the date that the Housing Authority of Centre County provides notice to the family of the determination to deny assistance. The Housing Authority of Centre County will consider whether such household member is participating in or has successfully completed a supervised drug or alcohol rehabilitation program, or anger management program. For this purpose, the Housing Authority of Centre County may require the participant to submit evidence of the household member’s current participation in, or successful completion of, a supervised drug or alcohol rehabilitation program or anger management program.

The Housing Authority of Centre County will deny any household member (for life) if he/she is subject to a lifetime registration requirement under a State sex offender registration program. The Housing Authority of Centre County uses the Department of Justice’s National Sex Offender Registry Web-Site to check for applicants applying to receive housing assistance.

All applicants and participants of the Section 8 Program must meet other specific eligibility criteria. The following are sections of specific interest where the Housing Authority of Centre County can deny program assistance to an applicant (or will terminate participation for a participant):

Section a: Any member of the family has been evicted from any public housing, Indian housing, Section 23, or any Section 8 Program because of drug-related criminal activity as defined in 24 CFR 982.4, or if any member of the family has been evicted from public housing for any other reason in the past (3) three years. The three-year period shall begin on the date of such eviction. The HACC will

obtain verification from the public housing authority (“PHA”) or the owner of federally assisted housing if applicable.

- Section c: Any member of the family has committed drug-related criminal activity or violent criminal activity within the past three (3) years as defined in 24 CFR 982.4. The HACC obtains criminal background checks on each applicant family. Police reports may also be used for verification.
- Section d: Any family member has demonstrated a pattern of abuse of alcohol or a pattern of illegal use of a controlled substance that may interfere with the health, safety or right to peaceful enjoyment of persons residing in the immediate vicinity of the residence (neighbors). If the HACC has reason to believe that a detrimental pattern exists, additional inquiry may be initiated through such resources as police and medical records (if available) to determine if there is a threat to the health, safety, or right to peaceful enjoyment of neighbors.
- Section e: Any family member has ever been convicted of manufacturing or producing methamphetamine (“speed”) on the premises of a federally assisted housing development or unit in violation of any federal or state law. These individuals will be permanently denied admission to the HACC Section 8 Program.
- Section f: Any family member has committed any fraud, bribery or other corrupt or criminal act in connection with any federal housing program.
- Section l: Any member of the family has ever been convicted as a sex offender and subject to the lifetime registration with federal, state or local law enforcement agencies. These individuals will be permanently denied admission by the HACC.
- Section n: Any family member has a history of criminal activity involving crimes of physical violence to persons or property and other criminal acts which would affect the health, safety and welfare of other residents, including but not limited to arrest or conviction for drug-related offenses.

Evidence of Criminal Activity

The HACC will deny assistance to a family based upon drug-related criminal activity, violent criminal activity, or alcohol abuse if the preponderance of evidence indicates that a family member has engaged in such activity, regardless whether the family member has been arrested or convicted.

The HACCC will use the preponderance of evidence definition in Black's Law Dictionary, which is:

“Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probably than not.”

Eligibility Exceptions

- a. The HACCC will not deny admission to the Section 8 Program for a family member's drug-related criminal activity if the family member can demonstrate that he/she:
 - (1) Has an addiction to a controlled substance, has a record of such impairment, or is regarded as having such as impairment; and
 - (2) Has recovered from such addition, does not currently use or possess controlled substances and:
 - has successfully completed a supervised drug or alcohol rehabilitation program;
 - has otherwise been rehabilitated successfully; or
 - is participating in a supervised drug or alcohol rehabilitation program.
- b. The HACCC will not deny the admission to the Section 8 Program for a family member's drug-related criminal activity, violent criminal activity or alcohol abuse if the family member involved in such activity or abuse no longer resides in the household because he/she is incarcerated.

LIST OF SUPPLEMENTAL DATA

Data Supplement A

Data provided by Workgroup

Data Supplement B

Summary of Centre Co. Correctional Facility Data

Data Supplement C

Comparison of Centre County MH Population to Other Fifth Class Counties

Data Supplement D

Data on CCCF Mental Health Frequent Users

Data Supplement E

Comparison of CCCF and MHMR Data

Data Supplement F

Additional Point in Time Data provided by Centre County Mental Health

Data Supplement G

Point in Time Data from Centre County Correctional Facility

Data Supplement H

Summary of Centre County Homeless Housing Inventory and Point in time Count of People, 2008 and 2009

Data Supplement A – Data provided by Workgroup

Data	Codes: Pop = Population, MH = Mental Health, HL = Homeless	Pop = All	Pop = MH + HL	Pop = MH + lack of stable hsg
⇒ Desired data includes the following data points for 7/1/05 – 6/30/08				
From CCCF:				
Average daily cost per inmate in CCCF		\$66		
Number of inmates who were homeless when leaving the jail (i.e. those who lost housing while incarcerated)		0		
Number of inmates who were sent to jail (versus released on bail or to probation/community supervision) because they had no housing		3		
Number of inmates who were discharged to a shelter		Maybe 15 or 20		
Number of inmates denied probation as a result of not having a residence		12		
→ Number of additional days these inmates remain in jail		1057		
From Probation:				
Details about the housing history of persons on probation:				
→ Number of people on probation with no known address		28		
→ Number of people on probation with a history of homelessness and/or lack of stable housing		39		
Number of people on probation that returned to jail due to technical violations related to their housing		5		
Number of people with a history of hospitalizations (due to MH and/or substance abuse)		56		
From MH/MR:				
Number of people receiving MH services in Centre Co.		4398 3 yrs		
Number of CCCF inmates currently on the county's mental health caseload		23		
Number of people on probation and on the county's mental health caseload		79		
Number of people from Centre Co. under forensic mental health commitment in state hospitals who lack stable housing		3		1
→ Number of times these individuals have been hospitalized		1		
→ Number of days spent in the hospital		218		

→ Number of times incarcerated at CCCF	1.3		
→ Number days spent in jail	594		
Number of people from Centre Co. in state hospitals with a criminal history	7		2
→ Number of times these individuals have been hospitalized	1		
→ Number of jail admissions	3x 1 person		
→ Number days spent in jail	191		
Number of people receiving mental health services/supports who are in prison or have been in the last three years	178	12	21
People Returning from SCI's			
Total number returning to Centre Co.	37		
Number with SMI	18		

Data Supplement B –Summary of Centre Co. Correctional Facility Data

10 years: 1998 – 2008	ALL	All without MH	MH	Drug	MH+Drug	MH + Drug/Alcohol
Number of people	6,735	6,097 (90.53% of total)	638 (9.47% of total)	569	181	265
Total jail stays	11,128	9,793	1,335	1,394	483	659
Total days in jail	653,733	545,690 (83.47% of total)	108,043 (16.53% of total)	118,201	41,710	62,433
Avg. # of jail stays per person	1.65	1.60	2.09	2.45	2.67	2.49
Avg. # days in jail per person	97.07	89.50	169.35	207.73	230.44	235.60
Avg. # of jail days per stay	58.75	55.72	80.93	84.79	86.36	94.74
Recommitment Rate	31.91%	30.44%	45.92%	56.24%	58.01%	54.72%

5 years: 1998 – 2002	ALL	All without MH	MH	Drug	MH+Drug	MH + Drug/Alcohol
Number of people	3,232	2,963 (91.68% of total)	269 (8.32% of total)	277	90	126
Total jail stays	4,929	4,422	507	564	197	276
Total days in jail	268,457	227,173 (84.62% of total)	41,284 (15.38% of total)	45,129	16,976	26,247
Avg. # of jail stays per person	1.53	1.49	1.88	2.62	2.19	2.19
Avg. # days in jail per person	83.06	76.67	153.47	209.90	188.62	208.31
Avg. # of jail days per stay	54.46	51.37	81.43	80.02	86.17	95.10
Recommitment Rate	29.42%	28.25%	42.38%	52.35%	50.00%	57.94%

5 years: 2003 – 2008	ALL	All without MH	MH	Drug	MH+Drug	MH + Drug/Alcohol
Number of people	4,203	3,731 (88.77% of total)	472 (11.23% of total)	412	136	197
Total jail stays	6,199	5,371	828	830	286	383
Total days in jail	385,276	318,517 (82.67% of total)	66,759 (17.33% of total)	73,072	24,734	36,186
Avg. # of jail stays per person	1.47	1.44	1.75	2.01	2.10	1.94
Avg. # days in jail per person	91.67	85.37	141.44	177.36	181.87	183.69
Avg. # of jail days per stay	62.15	59.30	80.63	88.04	86.48	94.48
Recommitment Rate	28.46%	27.10%	39.19%	49.75%	50.74%	48.22%

In new CCCF: 7/1/05 – 6/30/08	ALL	All without MH	MH	MH + Drug/Alcohol
Number of people	2,560	2,217 (86.60% of total)	343 (13.4% of total)	147
Total jail stays	3,404	2,907	497	224
Total days in jail	222,356	183,191 (82.39% of total)	39,165 (17.61% of total)	19,447
Avg. # of jail stays per person	1.33	1.31	1.45	1.52
Avg. # days in jail per person	86.86	82.63	114.18	132.29
Avg. # of jail days per stay	65.32	63.02	78.80	86.82
Recommitment Rate	23.63%	22.64%	30.02%	36.69%

Gender, 1998-2008

Total people = 6,735.
Gender reported for 6,721 people.

- Males = 5,606
- Females = 1,115

1998 – 2008	All N = 6,735	Self-reported MH N = 638	Mental Health Frequent Users N = 51
Avg. # of jail stays per person	1.65 jail stays	2.09 jail stays	6.55 jail stays
Avg. # days in jail per person and cost of CCCF stay @ \$66/day	97.07 days (\$6,406.62)	169.35 days (\$11,177.10)	676.94 days (\$44,678.04)
# persons with 1+ max outs	628 people (9.32% of people)	103 people (16.14% of people)	30 people (58.82% of people)
Total # max out occurred	747 max outs (6.71% of jail stays)	132 max outs (9.89% of jail stays)	46 max outs (13.77% of jail stays)

Data Supplement C – Comparison of Centre County MH Population to Other Fifth Class Counties

Comparison of Centre County MH Population to Other Fifth Class Counties				
County	Prison Population	# on Psych Meds	# receiving MH Counseling	# receiving Psych Care
Centre	251	52	52	52
Statewide Average	501.19	89.28	90.40	80.84
Fifth Class Average	301.57	42	33.86	30.29
- Blair	299	58	0	58
- Lebanon	446	6	62	0
- Lycoming	354	8	33	32
- Mercer	230	70	70	70
- Monroe	329	80	0	0
- Northumberland	202	20	20	0

Data accessed from http://www.cor.state.pa.us/county/lib/county/Mental_Health.pdf.

Data Supplement D – Data on CCCF Mental Health Frequent Users

PIN	# Commitments	Total days in jail	Age*	Sex	Salary*	Marital*	Depend*	Military-Veteran*	City*	Drug	Alco	Job*
00-0034	5	406	36	M	\$0	D	0	N	Philips-burg	N	N	none
00-0425	5	708	50	F	\$4,000	S	3	N	State College	N	N	laborer
00-0578	6	979	26	M	\$0	S	0	N	Aarons-burg	N	N	laborer
00-0687	9	812	25	M	\$0	S	0	N	Boals-burg	N	Y	none
01-0047	8	912	32	M	\$0	S	5	N	State College	N	Y	laborer
01-0155	6	1,066	27	M	\$20,000	S	1	N	State College	Y	Y	laborer
01-0185	6	86	56	M	\$0	P	0	Y	Holidaysburg	N	Y	laborer
01-0355	5	21	34	M	\$0	S	2	N	Bellefonte	Y	Y	none
01-0571	5	626	26	M	\$700	S	0	N	Sweet Valley	Y	Y	laborer
01-0625	6	1,345	24	M	\$0	S	0	N	Port Matilda	Y	Y	none
01-0653	6	66	56	M	\$10,000	S	0	N	Bellefonte	N	N	retail
02-0243	5	607	30	M	\$35,000	M	3	N	Bellefonte	N	N	semi-pro football
02-0787	5	363	33	F	\$0	S	1	N	Muncy	N	N	none
03-0213	5	645	22	M	\$0	S	0	N	Clearfield	Y	Y	laborer
03-0247	5	385	23	M	\$15,000	S	1	N	Bellefonte	Y	N	bag plant
03-0602	5	922			Reported \$375,000. Not counted in average.					N	N	
04-0097	5	716	23	M	\$5,000	S	0	N	State College	Y	Y	owner
			38	M		S	2	Y	Rebersburg			laborer

Centre County CJAB Housing Report

04-0266	5	261	22	M	\$0	S	0	N	Chester Hill	N	N	laborer
04-0320	5	292	24	M	\$0	S	2	N	Sandy Ridge	N	N	laborer
05-0100	5	728	22	M	\$0	S	0	N	Bellefonte	Y	Y	laborer
05-0174	6	416	31	M	\$0	S	0	N	Tyrone	Y	N	laborer
06-0456	6	121	26	F	\$0	S	3	N	State College	N	N	none
92-0316	8	1,210	50	M	\$13,000	P	3	Y	Loganton	N	Y	laborer
92-0502	5	570	39	M	\$0	S	2	N	Philipsburg	N	Y	none
92-0669	6	20	37	M	\$12,000	M	5	N	State College	Y	N	laborer
92-0790	12	522	46	M	\$0	S	0	N	not reported	Y	N	none
92-0836	9	1,030	32	M	\$0	S	0	N	Bellefonte	N	N	none
92-0837	7	557	37	M	\$0	S	2	N	Bellefonte	Y	N	laborer
92-0866	5	195	35	F	\$0	S	2	N	Howard	N	N	none
93-0203	6	109	34	M	\$35,000	S	0	N	Fleming	N	N	laborer
93-0533	5	237	41	M	\$0	S	1	N	Port Matilda	Y	Y	none
94-0052	6	1,816	29	M	\$5,000	S	0	N	State College	Y	N	front desk worker
94-0106	7	1,477	52	M	\$0	S	2	N	Bellefonte	N	Y	laborer
94-0201	5	26	29	M	\$9,000	M	2	N	Bellefonte	Y	N	laborer
94-0294	11	1,407	32	M	\$18,000	S	3	N	Bellefonte	Y	N	carpenter
94-0505	9	1,327	32	M	\$5,000	H	2	N	Lock Haven	N	Y	laborer
95-0544	5	450	38	M	\$10,000	M	2	N	Bellefonte	N	N	painter
95-0873	8	582	43	M	\$0	M	0	N	Boalsburg	N	Y	none
97-0008	6	63	42	F	\$3	D	0	N	Julian	Y	N	laborer

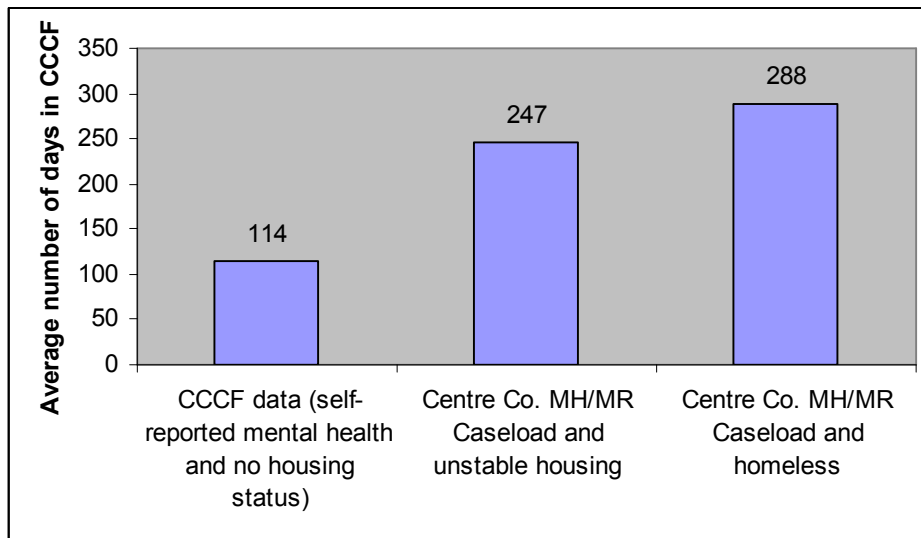
Centre County CJAB Housing Report

97-0345	8	154	40	M				D	1	Y	Y	Y	laborer
97-0495	9	219	35	M		\$0		S	5	N	Y	Y	carpet installer
97-0584	6	2,186	27	M		\$0		M	1	N	Y	Y	landscaper
97-0840	9	985	48	M		\$20,000		S	3	Y	Y	Y	laborer
98-0087	6	727	33	M		\$10,000		D	0	N	Y	Y	laborer
98-0115	6	132	52	M		\$8,000		S	1	Y	Y	Y	none
98-0518	5	569	25	F		\$0		S	1	N	Y	Y	disability
98-0781	12	952	30	F		\$0		M	0	N	Y	Y	laborer
98-0848	10	670	26	M		\$25,000		S	3	N	Y	N	cook
98-0876	6	1,639	49	M		\$0		M	0	Y	N	Y	laborer
98-0932	7	1,089	46	F		\$0		D	0	N	Y	Y	none
99-1038	6	1,121	28	M		\$0		S	0	N	N	Y	laborer

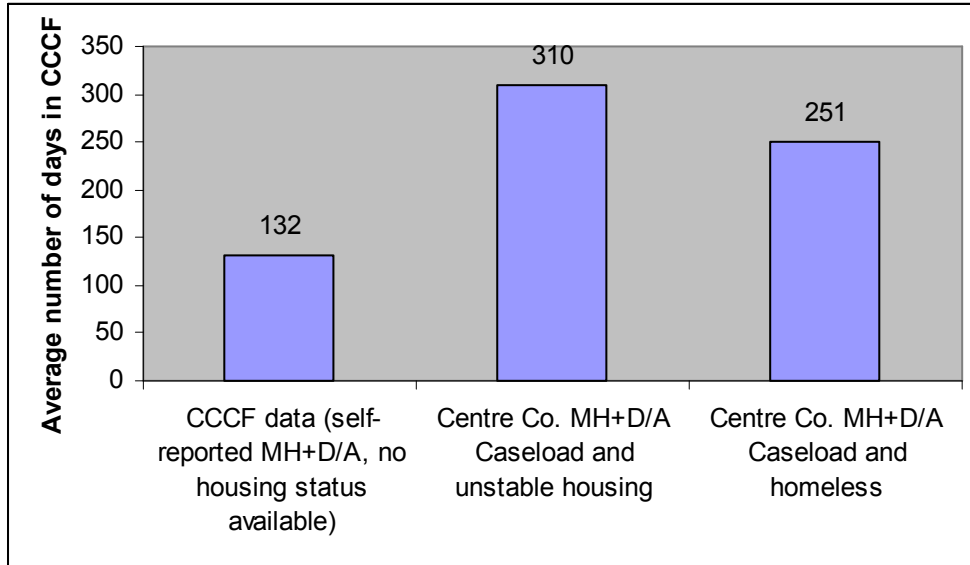
* = as reported at the time of most recent commitment

Data Supplement E – Comparison of CCCF and MHMR Data

People w/ Mental Illness: 7/1/05 – 6/30/08	CCCF (MH self- reported)	CCCF + MH Caseload and homeless	CCCF + MH Caseload and unstable housing
Number of people	338	10	12
Total jail stays	497	18	31
Total days in jail	39,165	2,878	2,965
Avg. # of jail stays per person	1.45	1.8	2.58
Avg. # days in jail per person	114.18	287.8	247.08
Avg. # of jail days per stay	78.80	159.88	95.65



People w/ Mental Illness + Drug/Alcohol: 7/1/05 – 6/30/08	CCCF (MH self- reported)	CCCF + MH Caseload and homeless	CCCF + MH Caseload and unstable housing
Number of people	147	8	9
Total jail stays	224	16	23
Total days in jail	19,447	2,007	2,786
Avg. # of jail stays per person	1.52	2	2.55
Avg. # days in jail per person	132.29	250.88	309.55
Avg. # of jail days per stay	86.82	125.44	121.13



Data Supplement F – Additional Point in Time Data provided by Centre County Mental Health

- Centre County Mental Health's Forensic Mental Health Case Manager had a caseload of 23 on this date.
 - 16 (70%) of these individuals have been in jail 2 or more times
 - 17 have co-occurring substance abuse
 - 1 individual was homeless prior to entering the jail
 - 7 lost housing while in jail
 - None will be released to a shelter
- The Meadows Psychiatric Center reported that they had one patient who was homeless and has spent time in jail or prison. This individual currently has a caseworker from Centre County MH/MR.
- Neither the Mt. Nittany Medical Center nor the Can Help mobile crisis provided services to any individuals in the target population during this point-in-time count.

Data Supplement G – Point in Time Data from Centre County Correctional Facility

MH Only Responses Only:

1) Have you been arrested three or more times in the last 10 years?

YES = **22** NO = **9**

2) Where were you living when you were arrested?

- Your own house/apartment = **14**
- The house/apartment of a family member = **7**
- The house/apartment of a friend = **4**
- Motel/Hotel
- Shelter
- Street/Homeless = **4**
- Other = **2**:

3) If you were released tomorrow where would you go to live?

- Your own house/apartment = **12**
- The house/apartment of a family member = **11**
- The house/apartment of a friend = **1**
- Motel/Hotel
- Shelter
- Street/Homeless = **5**
- Other = **1**:
- did not answer = **1**

4) Do you have a mental illness?

YES = **31** NO

Data Supplement H – Summary of Centre County Homeless Housing Inventory and Point in time Count of People, 2008 and 2009

Centre County	Source: PITS, 1/30/08		Source: PITS, 1/28/09	
	Family	Individuals	Family	Individuals
429027				
Housing Inventory				
Total # of beds in Emergency Shelter (ES)	19	18	23	13
Total # of beds in Transitional Housing (TH)	22	7	23	15
→ # of these TH beds funded under Continuum of Care (CoC)	6	4	6	7
Total # beds Permanent Supportive Housing (PSH)	2	16	6	18
→ # of these PSH beds funded under CoC	2	16	6	18
→ # designated chronic beds in PSH	N/A	1	N/A	1
Point-in-time Count of People				
# homeless in ES	2	8	2	13
# homeless in ES w/ disability	0	4	0	6
# chronic homeless in ES	N/A	3	N/A	3
# homeless in ES w/ serious mental illness	2		5	
# homeless in ES w/ substance abuse	2		2	
# homeless Veterans in ES	2		1	
# homeless domestic violence victims in ES	5		7	
# homeless Convicted of Crime in ES	2		0	
# in TH	18	6	17	10
# in TH w/ disability	2	3	0	9
# in TH w/ serious mental illness	3		1	
# in TH w/ substance abuse	3		4	
# Veterans in TH	2		1	
# domestic violence victims in TH	6		9	
# Convicted of Crime in TH	5		4	
# chronic homeless persons housed in PSH	1		0	
# in PSH w/ serious mental illness	17		14	
# in PSH w/ substance abuse	2		4	
# Veterans in PSH	0		0	
# Convicted of Crime in PSH	3		4	
# unsheltered homeless	no unsheltered count conducted in 2008		0	1
# chronic unsheltered			N/A	1