

HOUSING NEEDS STUDY

for the

YORK COUNTY CRIMINAL JUSTICE ADVISORY BOARD

prepared by

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York CJAB Housing Report

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I. EXECUTIVE SUMMARY

The York County Criminal Justice Advisory Board (CJAB) engaged Diana T. Myers and Associates, Inc. to conduct a housing needs study of people with mental illness involved with the criminal justice system. The study took place between October 2006 and December 2007. The goals of the study were to:

1. Gather data on individuals with serious mental illness and/or co-occurring substance use disorders who are involved with the criminal justice system
2. Assess the current housing and services available to this population
3. Identify barriers and recommend a plan to address barriers
4. Recommend reallocation and expansion of resources in order to create a comprehensive continuum of housing and services.

Methodology

The consultant relied on two sources to formulate their findings: personal interviews and quantitative data. Interviews of 26 key stakeholders were conducted in December 2006 and January 2007 using a combination of standardized and individualized questions. Per the Scope of Services and contractual agreement for this study, the consultant was not responsible for primary data collection, which restricted the breadth of the data findings. However, data was collected on 2,473 individuals, including primary data from the York County Prison and through Point in Time Surveys of the homeless and individuals in the York Hospital Psychiatric Ward conducted in January 2007. The major source of data was on 106 individuals currently on the York County Mental Health Case Load of Adult Probation and Mental Health Court. All 106 individuals have an Axis I mental health diagnosis and a history of criminal involvement.

Findings

Key findings include the following:

- Analysis of the data suggests the importance of housing for the target population. When homelessness is used as a variable, the data found that individuals with serious mental illness involved with the criminal justice system who have also experienced homelessness had
 - ⇒ *higher recidivism rates (96% as opposed to 75%),*
 - ⇒ *twice the average number of incarcerations and*
 - ⇒ *three times the average number of jail days than individuals who had not experienced homelessness.*
- With limited housing and service resources available to the target population, prison is being used as an alternative to housing and treatment options. Data from the Mental Health Unit of Adult Probation showed that 11% of the Unit's caseload were discharged from prison to homelessness; 25% were homeless at some point during supervision; and 29% were denied parole due to lack of housing.
- Incarcerated individuals with serious mental illness and/or co-occurring substance use disorders receive little or no mental health treatment while in prison. Emphasis is on medication management and suicide prevention.

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- While 64% of the Mental Health Unit of Adult Probation was found to have co-occurring mental illness and substance use, there are no programs designed to specifically meet these needs for the target population.
- There is a lack of specialized transitional and permanent housing for people with criminal histories. There is a need for appropriate supportive housing options set-aside for the target population. The needs of the target population include affordable housing linked to the appropriate services for mental health, substance use disorders, life skills, education and vocation.
- Data needed to fully understand the needs and impact of this population is either not collected or not analyzed on a regular basis. Pertinent agencies are short on staff, technical and/or financial resources to undertake this task.
- There is a need for cross-training of staff to better understand the workings and potential barriers of other systems. Members of the target population should be included in this training process.
- There is a critical need for expanded re-entry planning. Many members within the target population are released from jail without housing, access to benefits, and medication.
- Despite excellent collaboration on some levels, current agency and system boundaries and regulations challenge the expansion of coordination of housing and services for the target population.
- There is no clear assignment of responsibility for planning and implementing housing and services for the target population.

Recommendations

From the number of players and the voices of the key stakeholders interviewed, it is clear that there is community will to solve the problems identified in the study. Indeed there are a number of significant initiatives already in place including a Mental Health Court. However, there are still a number of important gaps, and there are organizational and systemic barriers that impede the planning and implementation of viable solutions.

In order to address the specialized needs of the target population, recommendations are presented in three areas: Program, Data, and Organization. Program recommendations are focused on housing and support services in order to reduce incarceration and recidivism. Data recommendations are made for the collection of ongoing and additional data on a regular basis, as well as suggestions for when, how and by whom data should be collected. Organization recommendations are designed to ensure the successful implementation of new programs.

The recommendations within this report are made according to the five steps of the Sequential Intercept Model, which provides an organizing tool for a discussion of diversion and linkage alternatives. Intercepts are designed to “prevent initial involvement in the criminal justice system, decrease admissions to jail, engage individuals in treatment as soon as possible, minimize time spent moving through the

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criminal justice system, link individuals to community treatment upon release from incarceration, and decrease the rate of return to the criminal justice system.”¹

Program Recommendations

Housing: Based on the study’s findings, it is clear that homelessness and inadequate housing contribute to the number of arrests, incarcerations and parole violations among the target population. Therefore increasing the number and type of housing options should have a direct impact on reducing the number of arrests, incarcerations and parole violations. Three categories of housing are recommended in order to create a comprehensive continuum. This includes 10 short-term/emergency beds for individuals in crisis and/or being released from prison without a place to go; 34 units of transitional housing, available for up to two years; and the development of 105 permanent housing units. 50 additional permanent housing options are also recommended by expanding York Housing Authority’s preference for persons with disabilities and developing partnerships with private landlords. Additional information about these recommendations can be found in Chart 1, on pages 58-60.

Services: A comprehensive mental health treatment system focused on the needs of individuals with serious mental disorders is undoubtedly the most effective means of preventing the criminalization of people with mental illness. Key recommendations for enhancing services include:

- Establishment of a crisis intervention/ mobile crisis team
- Appointment of a Joint Task Force to develop a process for initial point of contact for members within the target population.
- Additional mental health treatment for inmates during incarceration
- The expansion of re-entry transition planning in order to help reconnect individuals with the necessary resources and community based supports
- Initiation of a program to provide co-occurring substance use and mental health treatment to the target population

Data Recommendations

Additional data collection and analysis is necessary in order to determine success of current interventions and measure the success of new initiatives. The following recommendations will enhance York County’s current data collection ability:

- Collect and establish baseline data
- Electronically collect and analyze data
- Analyze specific outcomes according to the Sequential Intercept Model

Organization Recommendations

If the issue of housing and services for people with serious mental illness is to be successfully addressed, it must become part of the larger discussion of affordable housing in York County. Key recommendations include:

- The Housing and CD Loan Committee assume responsibility for developing new resources for affordable housing

¹ 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.

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- Expansion of Health York County Coalition Housing Task Force to serve as countywide affordable housing coalition
- LHOT and CJAB to be subcommittees of the affordable housing coalition

Conclusion

Due to the number of public systems providing services to the target population, it is extremely difficult to project cost savings of various programs or initiatives. However national studies clearly demonstrate that over time, supportive housing, defined as permanent housing with access to recovery-oriented services, drastically reduces criminal justice involvement, shelter, hospitalization and other public expenditures.

In York County, the cost of providing permanent supportive housing to the target population is estimated at \$40/day as compared to \$58/day in York County Prison. This is a significant factor, especially given the limited public resources available for addressing housing and services for people with serious mental illness involved with criminal justice system. But equally important is the human factor -- with access to affordable housing and adequate recovery-oriented services, these individuals can live stable lives and contribute to the social fabric of their communities.

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II. BACKGROUND

INTRODUCTION

There are a number of individuals in York County with serious mental illness and/or co-occurring serious mental illness and substance use disorders who are involved with the criminal justice system. Some of these individuals were homeless prior to arrest and others lost their housing while incarcerated. Many of these individuals have high recidivism rates and utilize an inordinate amount of county resources. They burden both the county mental health and criminal justice systems as well as other public institutions such as hospital emergency rooms and psychiatric unit beds.

The lack of appropriate housing and support services is a major contributing factor to the cycling of these individuals through the criminal justice system. In order to determine the magnitude and nature of the problem, the York County Criminal Justice Advisory Board (CJAB) engaged Diana T. Myers and Associates, Inc. to conduct a housing needs study of people with mental illness involved with the criminal justice system.

The Scope of Services for the study includes the following steps in three phases as follows:

Phase 1: DATA COLLECTION/RESEARCH

1. Establish Work/Resource Group
2. Prepare for Meeting with Work Group
3. Meet with the Work Group
4. Collect Data and Conduct Selected Interviews

Phase 2: ANALYSIS

5. Determine Unmet Needs
6. Prepare Summary of Initial Findings
7. Meet with Work Group to Discuss Initial Findings

Phase 3: PROGRAM/POLICY/PROJECT RECOMMENDATIONS

8. Formulate Recommendations/Program Design
9. Draft and Submit Report
10. Meet with Work Group to Discuss Initial Recommendations/Program Design
11. Make Revisions to Report
12. Present Revised Report to Full CJAB
13. Present Final Recommendations/Report to County Commissioners

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TARGET POPULATION

Based on the Request for Proposals, the initial meeting with the Study Work Group, and key stakeholder interviews, the consultant defined the target population for the study as *individuals with serious mental illness involved with the criminal justice system*. That includes individuals who:

- are receiving services through York/Adams MH/MR and have been involved with the criminal justice system
- have been incarcerated in the York County Prison and received psychotropic drugs during incarceration
- are on the Mental Health Caseload of Adult Probation
- are or have been under the supervision of the York County Mental Health Court Program
- are homeless, have a criminal record and a history of mental illness

BARRIERS

Two types of barriers impede successfully addressing the housing and service needs of the target population:

1. General Barriers to Securing Affordable Housing and Services

- Lack of decent, safe, affordable housing
- Loss of state hospital beds
- Lack of understanding of housing options and resources by the target population, criminal justice officials and service providers
- Community opposition to developing affordable housing, especially for special needs populations
- Lack of recovery-oriented services and resources to assist individuals with serious mental illness and co-occurring disorders in obtaining, establishing and maintaining the housing of their choice
- Lack of dedicated funding streams to develop new housing and recovery-oriented services
- Lack of public transportation in large areas of the county

2. Barriers Specific to Housing Individuals with Criminal Justice Involvement

- Lack of sufficient data on persons with serious mental illness and/or co-occurring substance use disorders involved in the criminal justice system
- Inadequate re-entry planning for both housing and services
- Confusion about the York Housing Authority policy regarding individuals with criminal records
- Federal and state statutes that allow private landlords and property managers to refuse to rent to people with criminal backgrounds
- Jeopardy to the housing status of families living in certain housing when reuniting with individuals with criminal records

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- Suspension and denial of public benefits to certain individuals with criminal records
- Ineligibility for HUD funded homeless housing programs by formerly incarcerated individuals who do not meet HUD's definition of homeless (see Appendix A for the HUD definition)
- Legal restrictions on housing location for arsonists and sex offenders
- Lack of clear assignment of responsibility for planning and implementing housing and services for persons with serious mental illness and/or co-occurring disorders involved in the York County criminal justice system

GOALS OF THE STUDY

Based on the above barriers, the purposes of this study are:

1. To gather data on individuals with serious mental illness and/or co-occurring substance use disorders who are involved with the criminal justice system;
2. To assess the current housing and services available to this population;
3. To identify barriers and recommend a plan to address barriers; and
4. To recommend reallocation and expansion of resources in order to create a comprehensive continuum of housing and services.

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DATA COLLECTION AND METHODOLOGY

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

1. Interviews

The consultant conducted face to face and telephone interviews with 26 key stakeholders in York County. All face-to-face interviews were conducted in York County on December 13 and 14, 2006 and telephone interviews were conducted at various times in December 2006 and January 2007. Attached as Appendix B is the list and affiliation of the individuals interviewed.

The consultants used a combination of standardized and individualized interview questions in each interview. The list of standardized interview questions is found in Appendix C.

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 25, 2007 in conjunction with the homeless Continuum of Care, the consultant relied on data that was already available. This method clearly restricted the breadth of the findings. However, it was cost effective, since the collection of statistically significant primary data is both costly and time consuming.

Demographic and other data was collected from the following sources:

1. Point-in-Time Survey of the Homeless on the Night of January 25, 2007
2. Point-in-Time Count of York County Prison Inmates during the Week of January 22, 2007
3. Point-in-Time Survey of Adult Psychiatric Ward of York Hospital on the Night of January 25, 2007
4. Mental Health Housing Survey of the Mental Health Caseload of Adult Probation and Mental Health Court, January 2007
5. 2005 Statistics from York County Prison
6. Housing and Services Inventory from York/Adams Mental Health Mental Retardation Program
7. York County Human Services Division, 2006 Description of Services

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8. Housing Inventory and Planning Documents from York County Planning Commission
 - Affordable Housing Expansion Strategy, 2006 by Mullin & Lonergan Associates
 - 2004 York County Continuum of Care Strategy for the Homeless
 - Consolidated Plan for York County, Pennsylvania: Fiscal Years 2005-2009
9. Pennsylvania Licensed Personal Care Homes in York County, Compiled October 2005 by York County Area Agency on Aging
10. Inventory of Recovery Houses Approved by York County Drug and Alcohol and Mental Health Courts, March 2006

III. FINDINGS

Following are the key issues under study and the major findings:

INTERVIEW FINDINGS

What is the Perceived Problem?

Interviewees were asked to define the problem as they see it. While the range of responses was great, there was consensus on a number of key issues:

Prison as an alternative to housing and treatment facilities:

There is general consensus that many of the individuals in the target population commit crimes because they are mentally ill, not because they are criminals, and that if viable alternatives were available, they would not end up in prison. Interviewees noted the impact of not only the closing of civil state hospital beds, but also specifically the shortage of beds in hospital forensic units. There is a difference of opinion regarding access to and availability of state hospital forensic beds², but in any case these are only a temporary arrangement. Once discharged, often without appropriate supports, the target population find themselves back in jail. Many of these individuals do not need to remain in jail, but are viewed to be too dangerous or too unstable to live independently or in some group settings. In short, many of these individuals are in prison because of the lack of safe community based options.

Shortage of appropriate housing options:

While there is a range and relatively high number of affordable housing options in York County, there is still insufficient supply to meet the need of eligible low- and moderate-income households, including people with serious mental illness. Further, individuals with criminal histories face special barriers to accessing the affordable housing that is

² Forensic beds are available to individuals charged with a crime who have been found by the courts to be incompetent to stand trial or not guilty by reason of insanity or who are serving a county sentence and committed for treatment.

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available; as cited above, major barriers include discrimination and policies that prohibit admission of persons with criminal histories to both public and private housing.

Interviewees identified shortages of all types of housing for the target population, from crisis beds to transitional housing to permanent supportive housing. However, the lack of specialized housing with services for individuals immediately following incarceration was seen as especially critical since few of the existing emergency/crisis beds are available to this population due to the small number of vacancies. Furthermore, there have been some issues with existing programs accepting individuals with certain mental health and/or criminal histories.

As noted above, some individuals released from the county prison do not qualify for housing funded by HUD through the Homeless Continuum of Care (CoC). In addition, many emergency shelters have a maximum stay of five days and/or individuals must vacate during the day, which would not best serve the target population. Finally, other housing options, such as recovery houses, are affordable but not necessarily safe or decent. Many of the recovery houses are unlicensed and unregulated and, in some, the residents continue to use drugs and alcohol while in residence.

This problem is magnified for individuals in crisis. It was reported that a significant number of patients without housing are admitted to York Hospital's Psychiatric Unit each week. A hospital administrator reported that of the 11 patients admitted per week, 10 are homeless substance abusers with criminal justice histories. These psychiatric units also appear to be commonly used by residents of recovery houses, being admitted as suicidal and spending 3-5 days in the hospital before returning to the house.

Lack of mental health and other services for the target population:

There is also consensus that while the County Office of Mental Health offers a wide range of mental health services available to individuals in community or hospital settings, there are currently insufficient services to address the target population. Once incarcerated, the focus for inmates with serious mental illness is on medication management and suicide prevention. Unfortunately, the prison psychiatrist can only prescribe approved medications according to the current formulary, which is dictated by PrimeCare, the contracted medical provider for York County Prison. This formulary largely includes only an older generation of medications, which means there is no medication continuum; individuals receive one set of medication while in prison and a different medication in the community.

There is widespread general agreement that the first month post release is critical to whether or not an individual with serious mental illness and/or co-occurring disorders will return to prison. Unfortunately, there are a number of factors that prohibit these individuals from making a smooth transition from jail to the community. Many individuals have had their Medical Assistance and Social Security benefits terminated or suspended after some period of incarceration. Inmates with serious mental illness receive only 3 days of medication upon release along with a prescription for two weeks to be filled at Minnich's Pharmacy. Additionally, there are long waiting lists for

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psychiatrist appointments and for outpatient treatment programs; following release it generally takes up to two months for uninsured individuals to get an appointment with a psychiatrist and obtain a new prescription.

Finally, there are insufficient recovery-oriented mental health services to support the targeted individuals in community-based transitional and permanent housing.

Lack of dual diagnosis services:

Another service deficiency is in the area of treatment for individuals with dual diagnoses of severe mental illness and co-occurring substance use disorders. At the current time there are support groups for those with a dual diagnosis, but no specialized treatment programs. Most services for mental health and substance use disorders are separated, perhaps due to funding sources. However, best practice dictates that programs that address both mental illness and substance use disorders at the same time are most effective in the long term and a number of other counties have successful mental illness/substance abuse (MISA) programs.

Lack of education of players in the criminal justice system:

A number of interviewees noted that many players in the criminal justice system do not have a good understanding of mental illness, its symptoms and behaviors.

Lack of resources available to police department:

In order for local law enforcement to be able to best respond to the needs of this population, more than education is needed. Police report that they attempt to avoid arresting individuals in crisis that they encounter, but if safety concerns exist, an arrest cannot be avoided. Although jail is not an appropriate setting, viable housing options are not available. The police department is interested in having mental health partners in order to better address the needs of the mentally ill homeless on the street, but in order for this approach to be viable, housing alternatives are also needed.

Insufficient coordination around certain issues:

Many interviewees pointed out the excellent cooperation that exists among agencies in York County addressing the target population. This cooperation operates well on several levels. At the grass roots level, if an agency dealing with an individual needs information or assistance from another agency, it is easily obtained. Second, there are a number of interagency committees that focus on the identification of unmet needs and key issues. Third, there are a number of interagency programs serving the target population, most notably the Criminal Justice Advisory Board, the Mental Health Court and the Intensive Mental Health Unit of Adult Probation.

Unfortunately, the same interviewees noted a number of gaps in the current system and the lack of formal and on-going coordinating mechanisms to address those gaps. Major gaps were identified in two areas:

- Re-entry planning, where formal coordination between the prison and mental health system is essential; and

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- The development of new housing options specifically for people with serious mental illness and/or co-occurring disorders involved with the criminal justice system.

Other issues identified by one or two interviewees:

- The lack of transportation outside the city, which impedes access to certain services suggesting the need for additional resources to be located outside the City of York.
- The need to address housing needs of youth 18-25 with a new mental health diagnosis and forensic issues
- The need to address the special issues of women in the target population who are reuniting with their children

DATA FINDINGS

Which individuals were surveyed for this study?

There were 2,579 individuals surveyed. The majority of the available data was collected during a point-in-time (PIT) count on the night of January 25, 2007, which provided unduplicated information for 2,473 individuals. (See Graph 1.) Data collected by Adult Probation was over a period of time, and it is unknown if any of the 106 individuals on the Adult Probation Mental Health Caseload were also counted during the PIT count.

The following describes the data collected:

- **2,473 unduplicated individuals³**

1. 93 adults in Emergency Homeless Shelters (ES) on January 25, 2007
2. 61 adults in Transitional Housing (TH) Programs for the homeless on January 25, 2007
3. 128 adults in Permanent Supportive Housing (PSH) Programs for the homeless on January 25, 2007
4. 13 unsheltered homeless adults on January 25, 2007
5. 7 adults in York Hospital with an unknown housing status on January 25, 2007
6. 2,171 adults in York County Prison (YCP) on the night of January 25, 2007, including 456 adults on psychotropic medication the week of January 22, 2007

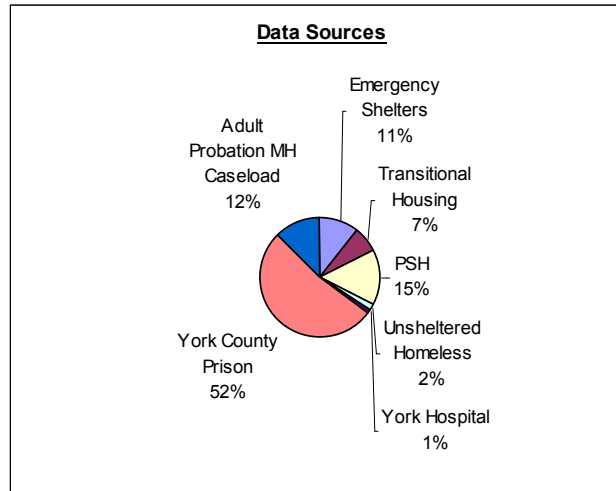
- **106 individuals with various types of housing status during the point-in-time count**

7. 106 adults on the Mental Health Caseload of Adult Probation, including 18 adults involved with the Mental Health Court, the month of January 2007

³ The personal demographic data collected from sources 1-5 were all self-reported, which may mean that certain information, such as mental health status, is undercounted.

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Graph 1.



Who is the focus of the data analysis?

Although the data below includes analysis on all individuals surveyed, the majority of the data focuses on 106 individuals on the Mental Health Caseload of Adult Probation. The data provided by Adult Probation was more comprehensive and accurate, as this data was pulled from client records. Additionally, data collected from all other sources included individuals who are not considered to be within the target population.

Who is on the Mental Health Caseload of Adult Probation?

Total MH Probation caseload = 106

- Gender: 41 women, 65 men
- Age: Range = 18-72 years, Mean = 35 years, Median = 35.89 years
- Race: 77=white, 21=black, 7=Hispanic, 1=mixed
- Family Composition = specifics are unknown, however 44 individuals have reported to live with their family while on probation
- Income: The average monthly income is \$578.63, with a range of \$0 - \$2000/month. Income sources include: 18 individual's income is from employment, 61 receive social security (9=SSD, 48=SSI, 3=SSI/Job, 1=SSI/Pension) and 27 individuals have no job or income
- MH Diagnosis: Individuals on the caseload have a variety of diagnoses, including 32 individuals with bipolar disorder, 21 with schizophrenia, 13 with paranoid schizophrenia, and 10 with major depression

What is their involvement with the criminal justice system?

A common measure of frequency of involvement with the criminal justice system is recidivism. For the purposes of the discussion below, *recidivism* is defined as greater than one admission to jail. *Recidivism rate* is defined as percentages of those who have been to jail more than one time.

Individuals with serious mental illness who are on parole have high rates of recidivism. In fact, the MH Probation caseload has 8 individuals who have been incarcerated 10 or more times.

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Table 1: Incarceration and jail time of 106 adults on the MH Probation Caseload

N=106	0 incarcerations	1 incarceration	2 incarcerations	3 incarcerations	4-9 incarcerations	10-28 incarcerations
Number of people	20 (19%)	16 (15%)	11 (10%)	15 (14%)	36 (34%)	8 (8%)
Total days in jail	0	1,888	1,762	5,445	18,436	8,448
Range: Minimum/max days in jail	0	1/764	25/330	10/760	4/1696	293/1627
Average days in jail	0	118	160	363	512	1056

- 81% of the MH Probation caseload has been incarcerated
- Of the MH Probation caseload who has spent time in prison, the recidivism rate for these individuals is 81%
- The average number of incarcerations for the MH Probation caseload is 3.73
- Types of crimes committed by individuals on MH Probation Caseload:
 - ⇒ Crimes of Violence = 18%
 - ⇒ Sex Crimes = 6%
 - ⇒ Public Nuisance Crimes = 8%
 - ⇒ Public Order Crimes = 8%
 - ⇒ Drug and Alcohol Related Crimes = 12%
 - ⇒ Theft Related Crimes = 44%
 - ⇒ Miscellaneous Crimes = 4%

Individuals who are homeless are also highly likely to have a criminal history and high recidivism rates:

- 45% of the adults in emergency shelters reported having a criminal history
- Individuals in emergency shelters reported an average number of 2.5 incarcerations and a recidivism rate of 52%
- 50% of adults in permanent supportive housing programs reported a criminal history
- Six of the 13 unsheltered homeless individuals responded to questions regarding their criminal history. Four of these individuals indicated that they had spent time in jail. Three of the four had been in jail more than one time. Their average number of incarcerations was 9.5 per person.

What is their mental health history?

A significant number of individuals with criminal histories also have serious mental illness and a high percentage of those have co-occurring substance use disorders:

- While by definition all of the 106 individuals on the MH Probation Caseload have a mental health diagnosis, 64% are also considered dually diagnosed, with co-occurring substance use disorders.
- 14% of the MH Probation Caseload spent time in Mayview or Norristown State Hospital to address competency issues. 40% of these individuals have also experienced homelessness while on supervision.

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- 41% of the MH Probation Caseload have experienced hospitalization while on supervision. 35% of these individuals have also experienced homelessness while on supervision.
- 71% of the surveyed individuals in York Hospital's Psychiatric Unit also reported a history of substance use.
- 81% of individuals in permanent supportive housing programs with a criminal history also reported mental illness.
- 70% of individuals in emergency shelters with a criminal record also reported a mental illness and/or substance use disorder.

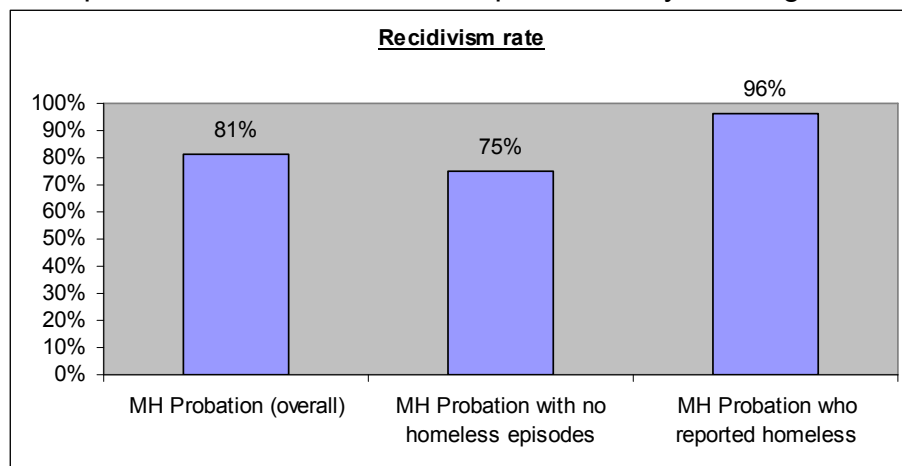
What is their involvement with the homeless system?

A number of individuals on the MH Probation Caseload have experienced homelessness. Additionally, a large number of individuals with criminal records living in emergency shelters are considered chronically homeless:

- 11% of MH Probation Caseload were discharged to homelessness
- 25% of MH Probation Caseload were homeless at some point during supervision, while 56% experienced housing instability (defined by MH Probation as more than one move following release from prison)
- 29% of MH Probation Caseload were denied parole due to lack of housing
- 50% of individuals in emergency shelter who reported a criminal record also meet HUD's definition of chronically homeless, which means they have been continuously homeless for 12 months or more or experienced 4 episodes of homelessness in three years

An analysis of the data demonstrates the importance of housing on recidivism. Individuals on the MH Probation Caseload who have experienced homelessness have recidivism rates 24% higher than those who have not experienced homelessness (see Graph 2).

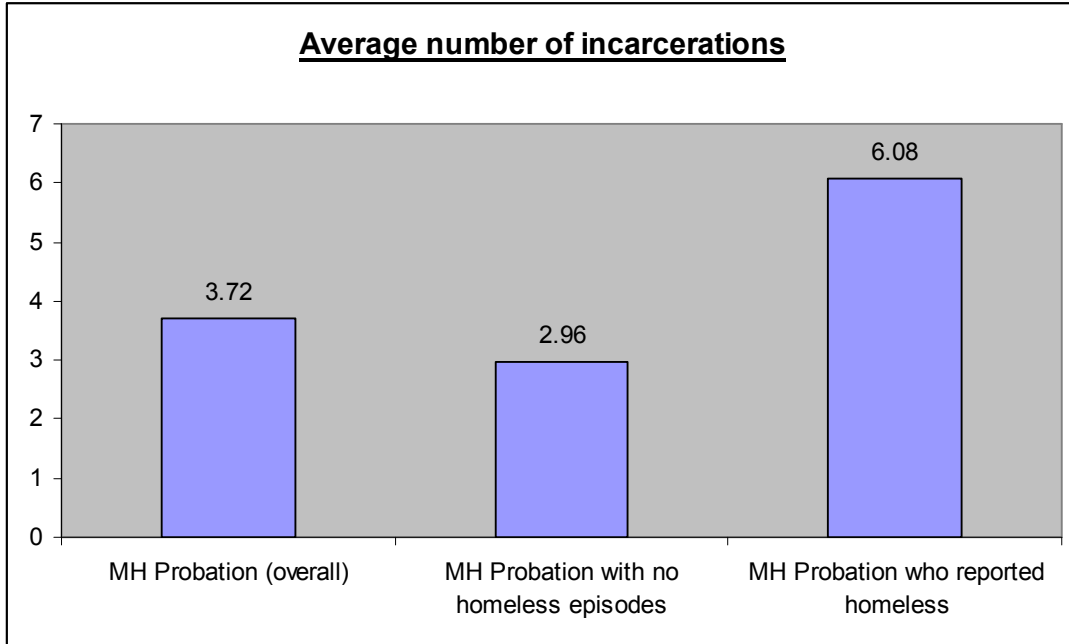
Graph 2: Recidivism rate of MH probation, by housing status



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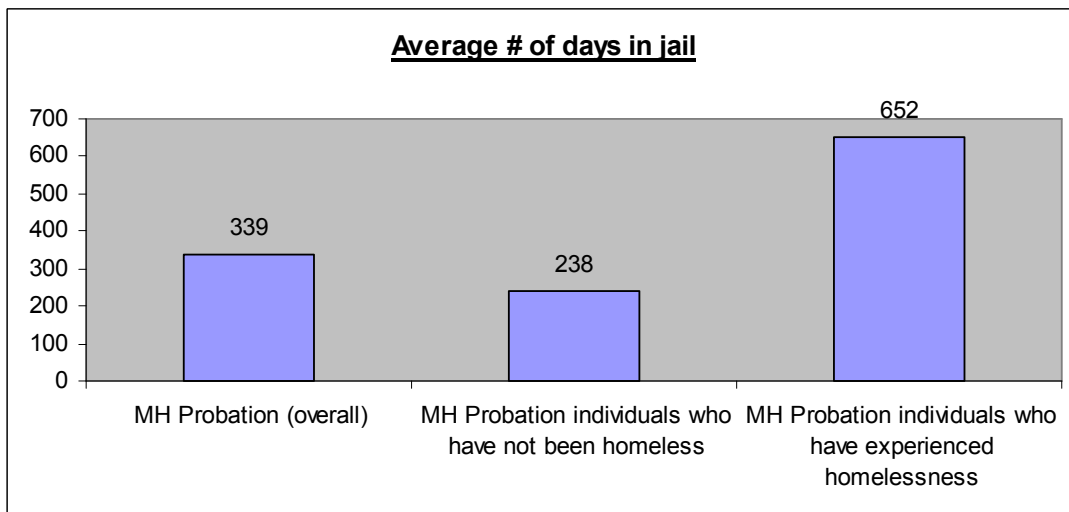
Individuals on the MH Probation Caseload who reported homelessness have more than twice the number of incarcerations than those who have not experienced homelessness (see Graph 3).

Graph 3: Average number of incarcerations of MH probation, by housing status



Further, Individuals with serious mental illness who experience homelessness spend nearly three times the number of days in jail than those who have not experienced homelessness (see Graph 4).

Graph 4: Average # of days in jail of MH Probation, by housing status



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Who are the most frequent users of public services among this population?

Data on the MH Probation caseload reveals that individuals with serious mental illness who have experienced homelessness have higher rates of returning to jail and a higher average number of days spent in jail. Lacking stable permanent housing, these individuals are caught in the “revolving door” between prison, psychiatric wards, the streets, emergency shelters, abandoned buildings, and other temporary or inappropriate accommodations. This revolving is demonstrated below:

- 81% of MH Probation has spent time in jail
- 41% of MH Probation Caseload has experienced hospitalization while on supervision; 35%⁴ of these individuals have also experienced homelessness while on supervision
- 25% of MH Probation has experienced homelessness

How does the MH Probation compare to the MH Court data?

18 of the 106 individuals on the MH Probation caseload are participants of the MH Court. When these two groups are compared (MH Court vs. non-MH Court), there are interesting differences. Although participants of the MH Court have been incarcerated at a slightly higher rate than those not on the MH Court, the number of days they have spent in jail is drastically less. The MH Court participants also have lower rates of homelessness and none have been denied parole due to a lack of housing. Perhaps the difference in days spend in jail is due to the intensive case management and services provided through the MH Court.

Table 2: Comparison of MH Court participants to MH Probation Caseload not involved with the MH Court

	MH Court N=18	MH Probation (without MH Court participants) N=88
Average number of incarcerations	4	3.67
Average number of jail days	176.38	372.77
% with a probation violation	44.44%	51.14%
% with new charges	27.78%	27.27%
% technical violations	44.44%	47.72%
% hospitalized	44.44%	39.77%
% homeless ¹	11.11%	27.27%
% denied parole due to lack of housing	0	22.73%
% paroled to a shelter	16.67%	6.82%
% sent to Mayview/Norristown State Hospital to address competency	0	48.86%

How does the York data compare to national statistics?

Although data is not comparable, York County statistics are generally higher than national averages. It should be noted that some criminal justice experts question the methodology used in the Bureau of Justice study to determine mental illness, since it focuses on symptoms rather than disorders. However, it is the most current national data available.

⁴ Homeless status was self-reported. These individuals may or may not meet HUD’s definition of homeless.

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Table 3: National statistics of local jails⁵ compared to York County data

Selected characteristics	U.S.	York Co.	Description of York statistic
In jail and have a MH problem	64%	N/A	The percentage of individuals with a mental illness at the YCP is unknown. The closest related information is reported below (21% receive medication).
MH and more than 3 incarcerations	26%	56%	56% of MH Probation caseload has been in jail more than 3 times
Substance use disorder and MH problem	76%	64%	64% of MH Probation caseload have a serious mental illness and co-occurring substance use disorder
MH and homeless in year before arrest	17%	37%/100%	37% in ES with a criminal record report that they were homeless when sent to jail. 100% of unsheltered homeless report that they were homeless when sent to jail.
% of jail population receiving medication for MH treatment	9%	21%	21% in YCP are receiving medication for MH treatment

What is the Population of the York County Prison?

York County Prison (YCP) is the third largest County jail in the state, with a total of 2,187 beds. A significant number of these beds are designated to hold Immigration and Naturalization Service (INS) detainees. In fact, YCP has the second largest number of INS detainees in the country.

YCP is respected as a progressive jail that is technologically advanced. The prison is well known for their pod/cluster system of housing prisoners. This allows the jail to group violent offenders away from the non-violent and mentally ill inmates needing specialized attention away from the general population.

What Housing is Currently Available to this Population?

There is a wide variety of affordable housing options in York County due to the many active nonprofit and for profit developers taking advantage of federal, state and local programs. A summary of the major affordable housing resources in York County is provided in Appendix D.

Unfortunately, the number of affordable housing units is still far short of the demand. In particular, the target population is unable to access a majority of these units due to the barriers listed above. In addition, the Low Income Housing Tax Credit program, which is the primary vehicle for the development of most affordable housing in the Commonwealth, targets households with incomes 50% or 60% of the area median.

⁵ U.S. statistics only: Bureau of Justice. "Bureau of Justice Statistics Special Report, Mental Health Problems of Prison and Jail Inmates." Sept. 2006. Accessed from: <http://www.ojp.usdoj.gov/bjs/abstract/mhppji.htm>

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Supplemental Security Income (SSI), the primary income source for many individuals within the target population, is approximately 20% of area median. Therefore, this program is not affordable to these individuals without additional subsidies.

Despite the lack of access to general affordable housing units, there are a number of programs and projects in York that are specifically targeted to the homeless and/or persons with serious mental illness. Following is a brief description of those resources. It is important to note, however, that while these units are *affordable* to the study population, some of them are barred to individuals with criminal histories or individuals that do not meet the HUD definition of homelessness. In addition, some of these housing options are targeted to specific subpopulations. For example, Community Hospital Integration Program Project (CHIPP) funded housing is targeted to individuals leaving state hospitals.

Subsidized Housing

- There are 1,069 public housing units; however the waiting list for public housing is currently closed.
- As of September 2007, there are 1,565 Section 8/Housing Choice Vouchers of which 50 are currently set-aside for individuals with disabilities. The waiting list for this program re-opened in August 2007.
- Of the 323 subsidized units financed using Low Income Housing Tax Credits, 15 are affordable to individuals at 20% of Fair Market Rent (FMR); they are in four recently funded projects.
- There are an additional 257 privately owned subsidized housing units that have received financing from the HOME program and/or other public sources.

Homeless Housing

- There are 116 year round beds in emergency shelters available to single individuals and families. Although policies vary from shelter to shelter, some emergency shelters limit the number of days as well as the times someone can stay at the facility (i.e. some shelters require individuals to leave during the day).
- There are 150 transitional housing beds available to homeless single individuals and families throughout the county. The goal of this program is to assist these individuals to move into permanent housing within 24 months.
- There are 150 permanent supportive housing beds (76 are funded by homeless dollars). All of these beds are for homeless households with a disabled adult; 138 of these beds are designated for single individuals only.

Mental Health Housing

- York County has a total of 49 Community Residential Rehabilitation Services (CRRS) beds. These beds vary from a minimum level of care to an intensive maximum level of care. Bell Socialization reports that several of these beds turn over every six months to a year. Some CRR beds are subsidized by Section 8 and residents pay 30% of their income. Residents without the Section 8 subsidy pay 72% of their income to contribute to their room and board.

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- 24 Community Hospital Integration Program Project (CHIPP) assisted living beds are available to individuals who formerly resided in the state hospital. These beds are distributed throughout eight homes; each house has 24/7 staff. Residents can permanently remain living in these homes, as a result this program has little turnover.
- 76 CHIPP supportive apartments are commonly used for those who are reintegrating into the community from the state hospital or a CRR. Two of these beds are designated as diversionary beds and are available for 90 days and are designed to prevent hospitalization, although due to the lack of 24/7 staff they are not appropriate for someone in crisis.
- Bell Socialization manages 50 supportive housing beds located in four houses. These units have project-based Section 8 subsidies and are available to individuals with mental illness and low-income. Supportive services are provided by Bell. These units have little turnover, but Bell does manage a waiting list.
- Adams Hanover Counseling Services provides 30 supportive housing beds in scattered sites units across the County.
- Bell manages 4 supportive housing beds for youth in transition ages 18-29.
- There are 4 respite beds managed by Bell. These beds are primarily used by participants of the Community Treatment Team (CTT) program. These beds are available for individuals in need of emergency housing, not for individuals in crisis due to a mental illness.
- Northwestern Human Services (NHS) has 10 crisis diversionary residence beds. The crisis diversionary program is much like a shelter with mental health services provided; these beds are available for up to 90 days.
- At the same location as the crisis diversion residence, NHS also has a 16 bed extended acute care program, which is similar to inpatient hospitalization.
- There are 8 long-term structured residence beds contracted through Community Services Group.

Other

- The YMCA and Dutch Kitchen have a total of 123 SRO beds.
- Of the 42 Recovery Houses in York County, only 17 are considered appropriate and approved by the Drug Court.
- There are 39 Personal Care Boarding Homes; 11 of which do not accept the state Boarding Home Supplement, which makes them unaffordable to the target population.

What Mental Health Services are Currently Available?

York County has a range of mental health services available to people with serious mental illness. However, as noted above, some programs are targeted to specific groups, such as those individuals who have moved from a state hospital to the community. Others are available to all in the target population.

York County MH/MR funds several services for the target population. These services include supported housing, case management, mobile psychiatry, inpatient hospitalization and the Mental Health Court (a full list of services and definitions provided by York County MH/MR can be found in Appendix E).

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Are There Any Programs or Services Specifically for the Target Population?

Yes. There are currently four initiatives that specifically target people with serious mental illness involved in the criminal justice system. It is clear from these efforts that York County is concerned about this population and has devoted considerable time and energy to addressing their problems. Notably, York/Adams MH/MR has provided staff and/or resources to many of these initiatives. Following is a brief description of each:

1. The Intensive Mental Health Unit of Adult Probation of the York County Adult Probation/Parole Department- supervises on average 120 offenders who have serious mental illness and are on probation/parole. This unit has three officers, two of whom have backgrounds working with individuals with serious mental illness. One officer supervises those in the Mental Health Court Program as well as some who are not part of the Mental Health Court. The other two Probation Officers supervise individuals with mental illness not in Mental Health Court. These officers supervise offenders with serious and persistent mental illness and have caseloads of about 40 each. Probation Officers work on housing issues, medication monitoring, obtaining and monitoring mental health and drug/alcohol treatment appointments as well as the conditions of probation/parole. Officers supervise offenders intensively and conduct frequent field visits to their homes.
2. The York County Mental Health Court- is a pretrial diversionary program for offenders diagnosed with a serious mental illness, however, individuals arrested or convicted of certain violent crimes and sexual offenses are not eligible for the program. The Court coordinates services of five county agencies: the Criminal Court, York/Adams MH/MR, York County Adult Probation, the District Attorney's Office, and the Public Defender's Office. As of December 2006, the program was serving 18 individuals with 10-15 pending and a capacity to serve up to 35 individuals at a time.

The purpose of the program is to fast-track eligible court participants to key mental health treatment services so that they can maintain benefits, housing, and employment. Acceptance to the program requires compliance with a treatment plan and includes client monitoring by both a case manager and probation officer. A range of supports is provided including: speedy access to psychiatric care, random drug screening, mental health community living arrangements, social rehabilitation, supported housing services and representative payee services. Key gaps in current resources have been identified and include: structured and unstructured housing; ongoing staff training; educational needs of program participants; and administrative support for programs.

3. Mental Health Services in York County Prison- York County Prison has five staff positions that work to identify and treat inmates with a wide range of issues while in jail. Staff includes a full-time MH Coordinator, full-time MH nurse, two part-time psychologists and a part-time psychiatrist. Together this staff provides assessments of all inmates with a documented or suspected mental illness, medication management to individuals on psychotropic medication and assigns

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appropriate living areas to inmates displaying symptoms of mental illness. The MH Coordinator position is funded by York/Adams MH/MR, all other positions are funded by York County Prison.

4. Freedom Program in York County Prison- is offered for those individuals with drug and alcohol problems. This program follows a specific curriculum and consists of a 12 week program for 48 people per session. York County Prison funds two full-time counselors to run this program, as well as all other costs associated with this program.

What Organizational Structures are in Place in York County to Address the Specific Needs of this Population?

At the current time York County has a number of different entities that are either directly or indirectly addressing the housing and service needs of people with serious mental illness and/or co-occurring disorders involved with the criminal justice system. Four separate county systems are involved:

- 1- The mental health system including:
 - o York/Adams MH/MR
 - o Local Housing Options Team (LHOT) (first meeting was held June 12, 2007)
- 2- The criminal justice system (including law enforcement, the court system and prison system)
 - o The Criminal Justice Advisory Board (CJAB)
- 3- The homeless continuum of care
 - o The Central Harrisburg Region Continuum of Care
- 4- Housing and community development
 - o York Housing Authority
 - o York County Planning Office
 - o York County Housing and Community Development Loan Committee
 - o Department of Community Development, City of York

In addition, there are a number of private initiatives addressing housing issues:

1. The Housing Task Force of the Healthy York County Coalition
2. The York Housing Council
3. The Housing Alliance of York
4. Affordable Housing Endeavors
5. Emergency Food and Shelter Board
6. FEMA Board

Is there Sufficient Capacity in York County to Develop Additional Affordable Housing?

Yes. There are a number of housing and community development entities that are producing and/or managing affordable housing:

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Nonprofit Developers:

- Bell Socialization
- Crispus Attucks Association, Inc.
- Creating Opportunities in Neighborhood Environments (CONE, York Housing Authority's nonprofit CHDO)
- Homes for America
- Housing Development Corporation of Lancaster
- Housing Initiatives Community Development Corporation (CHDO)
- Y Community Development Corporation (YMCA)
- York Area Development Corporation
- York Habitat for Humanity
- York Housing Authority

For-profit Developers:

- Dorgan & Zuck Building Contactors, Inc.
- Pennrose Properties, LLC
- PFG Capital Corporation
- Springwood Development
- Stoltzfus

A recent study funded by the Housing Task Force of the Healthy York County Coalition concluded that “local developers are taking advantage of nearly all funding sources...technical capacity is strong, partnerships are in place and more developers is not the answer”.

What is the York Housing Authority Policy Regarding Individuals with a Criminal History?

The York Housing Authority has comprehensive Criminal Activity policies for both public housing and the Housing Voucher Program, copies of which are found in Appendix F. In accordance with federal statutes, persons with certain drug related convictions are permanently barred from admission, while persons convicted of lesser crimes can be considered after 1 or 3 years, depending on the nature of the crime and completion of an accredited rehabilitation program.

Are there any Major State Initiatives that Impact on this Issue?

Yes. The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) recently issued a Housing Report in which supportive housing is strongly recommended as a “successful, cost-effective combination of affordable housing with services that helps people with serious mental illness to live more stable, productive lives.” In fact, OMHSAS is now requiring the development of County Housing Plans and they, along with the Pennsylvania Housing Finance Agency, are targeting resources specifically to supportive housing initiatives.

The OMHSAS definition of supportive housing includes the availability of affordable housing with access to optional and flexible services. The complete definition of Supportive Housing is found in Appendix G.

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Three other initiatives are relevant:

- OMHSAS is encouraging targeted counties, including York, to expand the use of Health Choices reinvestment dollars for permanent supportive housing. They are promoting the use of these funds for eight specific purposes as outlined in Appendix H.
- In the 2008 Qualified Allocation Plan (QAP) for the Low Income Housing Tax Credit program, the Pennsylvania Housing Finance Agency (PHFA) has included a Supportive Housing Set-Aside. This special Set-Aside of Tax Credits, in the amount of five percent (5%) of the state per capita allocation, will be available in the Year 2008 funding round. Further details are described in Appendix I.
- The Pennsylvania Commission on Crime and Delinquency (PCCD) has been encouraging every county to establish a Criminal Justice Advisory Board (CJAB) and ensure that they have representation from the social service sector. Since York has both, this should strengthen future opportunities for PCCD support of new initiatives.

SUMMARY OF FINDINGS

Finally, what are the Major Organizational, Systemic, Housing and Service Barriers and Needs to be Addressed?

Organizational and Systemic Needs/Barriers

From the number of players and the voices of the key stakeholders interviewed, it is clear that there is community will to solve the problems posed by the target population. Indeed there are a number of significant initiatives already in place. However, there are still a number of important gaps, and there are organizational and systemic barriers that impede the planning and implementation of viable solutions:

- Resources in the criminal justice, housing, mental health and homeless systems are limited. Since this is a time of stagnant or reduced funding, program administrators must be prudent in the use of existing funds and creative in attracting new resources.
- Supportive housing, as defined in Appendix I, does not mandate services and therefore may not be appropriate for individuals who are still under supervision in the criminal justice system. It is, however, the most desirable permanent housing option for people with serious mental illness and as such, a critical resource in the continuum of housing offered to the target population.
- Despite excellent collaboration on some levels, current agency and system boundaries and regulations challenge the expansion of coordination of housing and services for the target population. For example:

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- ⇒ prison officials currently define their role as “custody, care and control” during incarceration -- they do not see a role for themselves before or after incarceration;
 - ⇒ HUD funded homeless services can only assist individuals who meet the HUD definition of homeless, which specifically excludes many individuals leaving prison; and
 - ⇒ With the exception of individuals who are involuntarily committed or under the supervision of the court, probation or parole, the mental health system primarily serves individuals who voluntarily seek services from the county
- There has been no single group responsible for expanding housing options for the target population and no priority for the allocation of housing and service resources to serve the target population. Despite the many commendable interagency efforts, none of the current groups has clear responsibility or authority for setting priorities or implementing new housing initiatives. It should be noted, however, that the Local Housing Options Team (LHOT), which is in its formative stage, could assume some or all of these roles.
 - There is a need for cross-training of behavioral health, mental health and criminal justice personnel -- especially law enforcement officers -- in order to promote better understanding of the criminal justice system, the target population, its needs, and current resources.
 - Data needed to fully understand the needs and impact of this population is either not collected or not analyzed on a regular basis. Pertinent agencies are short on staff, technical and/or financial resources to undertake this task on a regular basis.

Housing and Services

Despite many active affordable housing developers and the current programs and services targeting this population, there are major gaps in both affordable housing and services. The following summarizes the major barriers and unmet needs for housing and services:

- Insufficient re-entry planning is being provided to individuals leaving the county prison. It is recognized that due to the brevity of many county jail terms and to the uncertainty of specific release dates, good re-entry planning can be very difficult. Even so, incarcerated individuals could be assisted with linkages to mental health services, documentation of identification, restoration of benefits and other important elements of re-entry planning. Increased coordination between the prison and mental health systems around this issue is warranted.
- The County Office of Mental Health is funding a Mental Health Coordinator, who is located in York County Prison. However, incarcerated individuals with serious mental illness and/or co-occurring substance use disorders receive little or no mental health treatment while in prison. Emphasis is on medication management and suicide prevention.

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- There is a lack of treatment programs specifically for individuals with co-occurring mental illness and substance use disorders, before, during and after incarceration.
- There are limited crisis options as alternatives to or post incarceration. At present, law enforcement officers, court officials and discharge planners are stymied by a lack of viable alternatives for short-term housing with appropriate supervision and/or supports.
- There is a lack of specialized transitional and permanent housing for people with criminal histories. Appropriate supportive housing options must be developed and set-aside for the target population. The housing must be affordable and linked to the appropriate services for mental health, substance use disorders, life skills, educational and vocational services.

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IV. RECOMMENDATIONS

As demonstrated in the Findings section of this report, York County has been responsive to the needs of the target population. They have developed a range of resources for individuals with serious mental illness and/or individuals who are homeless. However, these programs are not designed to address the specialized needs of the target population, comprised of individuals with serious mental illness involved with the criminal justice system, many of whom are also homeless. Although there may be programs similar to some of the recommendations listed below, it is our belief that there is a need for the specialized resources as recommended.

This report presents recommendations in three areas:

- Program
- Data
- Organization/Coordination

Program recommendations are focused on housing and support services that will result in reduced incarceration and recidivism. Under the second section, recommendations are made for the collection of additional data on a regular basis and suggestions for when, how and by whom data should be collected. Finally, recommendations are made for organizational/coordination changes designed to ensure the successful implementation of new programs.

PROGRAM RECOMMENDATIONS

The initial study findings have documented over 100 individuals with serious mental illness who are homeless or at risk of homelessness and involved with the criminal justice system in York County. Among others, this group includes individuals on the MH Probation caseload who were either denied parole due to lack of housing or paroled to a shelter; unsheltered individuals with a criminal history living on the streets; and individuals with criminal history and mental illness living in emergency shelters. Without stable, permanent housing, these individuals are caught in the “revolving door” between the streets, emergency shelters, prison, psychiatric wards, emergency rooms, abandoned buildings, and other temporary or inappropriate accommodations.

The program recommendations in this report are based on the premise that if the County can provide appropriate housing options and support services for these individuals over the next five years, the revolving door will come to a standstill or at least slow down.

Program recommendations are provided for both housing and services. As the Findings section of this report suggests, the target population will need a wide range of housing and service options in order to successfully reintegrate into and remain in the community. Program recommendations are presented using the Sequential Intercept Model - each recommendation will designate the Intercept Point/s impacted. Following is a general description of the Sequential Intercept Model and the five key intercept

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points. Chart 1 (pages 58-60) summarizes the program recommendations with relevant intercept point/s, suggested implementation year, agency or individual responsible for implementation, and potential funding sources for each. Additional information on potential funding sources is provided in Appendix J.

IMPORTANT NOTE: Appendix K provides further information regarding specific recommendations including model programs, research, and contact information.

THE SEQUENTIAL INTERCEPT MODEL

The Sequential Intercept Model is an exciting new 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 system.⁶ 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 intercepted at each subsequent intercept.

The model provides an organizing tool for a discussion of diversion and linkage alternatives and for addressing the over-representation of people with serious mental illness in the criminal justice system. Using the model, a community can develop targeted strategies that evolve over time to increase diversion of people with mental illness from the criminal justice system and to link them with community treatment.

The Intercept Model is currently being used in Allegheny County to provide a comprehensive approach to addressing people with serious mental illness involved with the criminal justice system. A copy of an article from the March 2007 *Housing Choices Newsletter* that describes the Allegheny County program is attached as Appendix L.

⇒ Intercept Point 1: LAW ENFORCEMENT/EMERGENCY SERVICES

Pre-arrest diversion programs are the first point of interception, since law enforcement officers are frequently the first contact with individuals with mental illness who are experiencing a crisis and/or who have committed an offense. Although arrest should be the last resort for 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.

⁶ 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.

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⇒ **Intercept Point 2: INITIAL DETENTION/INITIAL HEARINGS**

When communities lack pre-arrest diversion programs, post arrest is the next possible point of diversion. At this intercept point, assessments of individuals provide information on mental health status and desired treatment options. Individuals with mental illness who have committed a nonviolent, low-level crime could be eligible for treatment as an alternative to incarceration or as a condition of probation. The court and county mental health system could join together in an initiative that would not only provide assessment, but also links to vital community resources.

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

Because of the high number of individuals in jail with a mental illness, treatment in jail is critical to reducing recidivism and supporting a successful return to the community.

Mental health courts also fall under this intercept point. As shown in York County, these courts are designed to focus on treatment rather than punishment.

⇒ **Intercept Point 4: RE-ENTRY FROM JAIL**

The basis of the fourth intercept point is supported transitions from incarceration to the community. A comprehensive continuum of housing and support services is recommended at this intercept point in order to ensure successful re-entry into the community by individuals with mental illness and to ultimately lower the risk of recidivism.

⇒ **Intercept Point 5: COMMUNITY CORRECTIONS AND SUPPORTS**

This intercept point reinforces the third and fourth points by promoting the proper support for individuals with mental illness who are on probation or parole. Probation/parole officers should be aware of and address the unique needs of individuals with mental illness. For example, missing mental health related appointments can result in technical violations and possibly lead to incarceration. Many programs, including York County, hire probation officers with a specialization in mental illness to work with the target population.

IMPORTANT NOTE: Chart 1 provides a timeline and potential funding sources for each of the recommendations listed below.

HOUSING RECOMMENDATIONS

Based on the findings in Section III, it is clear that homelessness and inadequate housing contribute to the number of arrests, incarcerations and parole violations among the target population. Therefore increasing the number and type of housing options

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should have a direct impact on reducing the number of arrests, incarcerations and parole violations.

It is important to note that in keeping with the goal of providing housing with recovery-oriented supports, individual choice should be a key consideration, especially for permanent housing options. It must be recognized, however, that levels of choice may be limited for individuals who are under supervision of the court or on parole/probation.

In 2006, Pennsylvanians receiving SSI would have had to spend 100% of their income to rent a one-bedroom apartment.⁷ The following recommendations are based upon the premise that many individuals within the target population have very low incomes and access to subsidized housing is imperative.

Three categories of housing are recommended: Short-term/emergency housing, transitional housing and permanent housing, as follows:

SHORT-TERM/EMERGENCY HOUSING OPTIONS

- 1. We recommend designation of 10 specialized short-term/emergency beds specifically for persons with serious mental illness who have past or potential involvement with the criminal justice system.**

Intercept Points: 1, 2, 3 and 4

These beds should be available for:

- referral by law enforcement officers as an alternative to arrest
- referral by bail officers or magisterial district judges as an alternative to incarceration
- referral by court officials including the mental health court as an alternative to incarceration
- individuals being released from county jail who have no other place to go

These beds could either be purchased and set-aside from existing facilities such as CRRs, a hospital or emergency shelter, or if no vacancies exist, through the purchase or development of new sites.

We suggest that individuals be able to stay for up to 30 days to allow time to stabilize and address their emergency needs. Individuals should be linked with case management, medication and other supports while in these facilities, including assistance with access to transitional or permanent settings within an appropriate time period. This 30-day time period is a key component to this recommendation; if adequate resources are available, this should allow sufficient time for individuals to be connected with transitional or permanent housing and ensure that the beds continue to be available for their intended purpose.

⁷ O'Hara, A., Cooper, E., Zovistocki, A., Buttrick, J. Priced Out in 2006. Boston, MA: Technical Assistance Collaborative, 2006.

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TRANSITIONAL HOUSING

- 2. We recommend a 12-bed Safe Haven for individuals with mental illness who meet HUD's definition of homelessness under the Continuum of Care program.**

Intercept Points: 1, 2, 3 and 5

We are recommending a site-based "low demand" transitional housing setting for HUD eligible homeless individuals who are resistant to coming in off the streets or who are referred from emergency shelters. This facility would provide affordable housing with support services that are available but not mandated.

According to the HUD definition, a Safe Haven has the following characteristics:

- Serves hard-to-reach homeless persons with severe mental illnesses who are on the streets and have been unable or unwilling to participate in supportive services
- Allows 24-hour residence for an unspecified duration
- Has private or semi-private accommodations
- Limits overnight occupancy to no more than 25 persons
- May include a drop-in center as part of outreach activities
- Is a low demand facility where participants have access to needed services, but are not required to utilize them

These beds should be available for the following:

- Those who meet HUD's definition of homeless (See Appendix A for the complete definition and an explanation of all eligible populations)
- For previously homeless individuals being released from county jail who have served less than 30 consecutive days in jail
- As an alternative to incarceration for homeless individuals arrested for low-level crime
- As an alternative to arrest for homeless individuals referred by law enforcement officers
- As an alternative to incarceration for homeless individuals referred by bail officers or magisterial district judges
- As an alternative to incarceration for homeless individuals referred by court officials including the mental health court

Although individuals leaving incarceration would generally not be eligible for this program, it would be highly effective as an alternative to arrest and/or incarceration or for individuals who become homeless while on probation or parole.

- 3. We recommend a 12-bed half-way house for individuals who do not meet HUD's definition of homeless.**

Intercept Points: 1, 2, 3, 4 and 5

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This program would serve individuals under court supervision or on probation or parole who have no other viable housing options and who need a structured housing setting with intensive support services for up to a two-year period. Individuals leaving incarceration who are ineligible for HUD funded homeless programs would be targeted, including individuals with criminal records that exclude them from public housing. The purpose of this specialized forensic program would be to ensure that individuals are not re-incarcerated primarily due to a lack of stable housing.

One strategy to implement this recommendation would be to convert an existing CRR or recovery house into a half-way house. Assuming re-zoning would not be necessary, utilizing an existing structure may reduce issues of NIMBYism and avoid community opposition commonly associated with the development of new group homes and other specialized facilities.

4. We recommend a 10-unit tenant based rental assistance (TBRA) bridge program for individuals and family members with serious mental illness needing transitional housing with supports.

Intercept Points: 1, 2, 3, 4 and 5

This transitional housing program would be designed for individuals needing less structure and supervision than those residing in a half-way house. TBRA is a rental subsidy under which a household only needs to spend 30% of their income to live privately owned rental housing. TBRA would serve as a bridge for a variety of populations, including individuals who have exhausted their 30 days in short-term/emergency housing and individuals leaving incarceration who are ready to move into the community but not ready or eligible for permanent housing options. Many housing programs are designed to provide housing to single individuals; however TBRA is flexible enough to provide housing to both singles and families. This is an especially important resource for individuals who are reuniting with family members following incarceration.

The program would provide tenant-based rental assistance for up to two years through a master leasing program. To be most effective, program participants should be on the waiting list for the Section 8/Housing Choice Voucher Program, public housing or other subsidized permanent housing program.

In a master leasing program, a housing provider leases the housing and subleases to program participants. Because each participant will have his/her own lease, this will allow them time to develop a rental history. Support services will be available to assist participants to address drug and alcohol issues and allow for them to stabilize their income and employment. Each of these items will help the participant become eligible to secure permanent affordable housing.

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In order to further demonstrate to future landlords and permanent housing providers that bridge program participants will be good tenants, it is recommended that a “ready to rent” type of certificate-based program be developed. A certificate would be issued to demonstrate that they are in recovery and prepared to be good tenants, once program requirements are completed. The Pennsylvania Self-Determination Housing Project has developed a “Prepared Renters Education Program” (PREP), which could be used to meet this need.

PERMANENT HOUSING

The PA Office of Mental Health and Substance Abuse Services (OMHSAS) has recently issued *A Plan for Promoting Housing and Recovery Oriented Services*, which identifies the development of permanent supportive housing for individuals with serious mental illness as a major goal. Supportive housing is basically defined as affordable housing associated with a flexible array of comprehensive services that are not a condition of on-going tenancy. The OMHSAS definition of supportive housing is found in Appendix G of this document.

The following recommendations for permanent housing are made with the clear understanding that recovery-oriented services must be available in the community to support individuals in obtaining and maintaining permanent housing. *Faces of Recovery: Supporting People in Housing*, an August 2007 publication of OMHSAS, contains definitions and examples of recovery-oriented services for individuals in supportive housing. A copy of that document may be found online at www.PaHousingChoices.org.

Following are the specific recommendations for permanent housing:

5. We recommend 45 Shelter Plus Care beds, 32 for chronically homeless individuals with mental illness.

Intercept Points: 1, 2 and 5

This HUD program provides rental assistance with supportive services for individuals in private rental units. Funded through the HUD McKinney Continuum of Care, this program targets individuals who meet the HUD definition of chronically homeless (definition included in Appendix A). The recent Point-in-Time Survey in York County revealed that there are 45 chronically homeless individuals in need of housing. Based on the consultant’s early recommendation, the York Housing Authority submitted an application to HUD in June 2007 for a 15 bed Shelter Plus Care Program, 2 of which will target the chronically homeless. They anticipate approval by the end of the year with funding available in 2008. We recommend that the Housing Authority apply for an additional 30 beds of Shelter Plus Care for the chronically homeless – 15 beds in 2008-09 and 15 beds in 2010-11.

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While many individuals leaving county jail will not qualify for this program, it should have a significant impact on reducing the number of individuals arrested and incarcerated for reasons primarily related to their homelessness.

6. We recommend initiation of a 25-slot Tenant-Based Rental Assistance (TBRA) permanent housing program.

Intercept Points: 4 and 5

Although the goal of the bridge housing program mentioned in recommendation number four is to help individuals to develop a positive rental history and the skills necessary to become a good tenant, some individuals will remain ineligible for traditional housing assistance programs. A TBRA program would provide permanent long term rental assistance with priority to individuals with serious mental illness not qualifying for HUD homeless assistance. This program model is especially important for people excluded from public housing authority programs and/or non-desirable to private landlords due to criminal histories. In order to be most effective, recovery-oriented services should be available to individuals with rental assistance as needed.

Permanent TBRA can be administered three different ways (similar to the bridge program described above): 1. With a housing provider entering into a master lease for multiple units owned by a specific landlord and subleasing to program participants; 2. An agency enters into individual leases with landlords and subleases units to participants; 3. Individuals can find their own units and the agency will then enter into a lease with both parties. The administering entity issues a housing voucher to the eligible household, which pays up to 30% of their adjusted income to rent a private unit.

7. We recommend the County support the development of up to 30 units of new permanent supportive housing for the target population as a percentage of new affordable housing being subsidized by the County within the next five years.

Intercept Points: 2, 3, 4, and 5

Nonprofit and for-profit developers have been fairly aggressive in taking advantage of mainstream housing resources for new construction, including Low Income Housing Tax Credits and PennHOMES funds available through the PA Housing Finance Agency. Not only has PHFA introduced a set-aside of tax credits for permanent supportive housing, but also the new OMHSAS Housing Policy encourages counties to use Health Choices reinvestment dollars to provide both capital and operating subsidies for projects funded through these sources. We recommend that the county set aside reinvestment, HOME and housing trust fund dollars as necessary to leverage these federal and state dollars. In keeping with the philosophy of community integration, we recommend that no more than 10% of any single project receive subsidies for the target population.

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Other resources that should be tapped for the development of permanent supportive housing include the HUD Section 811 program, the Federal Home Loan Bank of Pittsburgh Affordable Housing Program, the PA Department of Community and Economic Development Housing and Redevelopment Assistance Program and programs through Rural Development of the U.S. Department of Agriculture such as the 515 rental housing program. Additional information on these programs is found in Appendix J.

- 8. We recommend implementation of a Fairweather Lodge for 5 individuals who prefer to live and work together.**

Intercept Points: 4 and 5

Fairweather Lodge is a mental health evidence-based practice that combines shared housing with employment for its residents. There are numerous successful examples of this peer supported permanent housing model throughout the nation as well as in Pennsylvania. Technical assistance in developing a Fairweather Lodge is available from Stairways Behavioral Health through the Office of Mental Health and Substance Abuse Services (OMHSAS).

- 9. We recommend that the York Housing Authority expand its preference for people with disabilities in its Housing Choice Voucher Program for up to an additional 50 units.**

Intercept Points: 4 and 5

Although the Housing Authority currently has a preference in its housing choice voucher program for up to 50 vouchers for people with disabilities, 20 of these are specifically for applicants moving from public housing and all are currently in use. We therefore recommend that the Housing Authority increase the number of vouchers to 100 vouchers in its preference for people with disabilities. Since as of September 2007, the York Housing Authority has 1,565 total housing choice vouchers, 100 vouchers would equate to 6.4% of the total number of vouchers.

Second, we recommend that the Housing Authority exercise the option to keep the waiting list open for households qualifying for the preference, since their waiting list is frequently closed.

Finally, we recommend that the Housing Authority consider project-basing some of those vouchers to either existing units to be occupied by people with disabilities who have a criminal history, or for new housing developed for the target population with subsidies from state and local sources.

- 10. We recommend that the county work with private landlords to increase permanent housing options for the target population.**

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Intercept Points: 4 and 5

The LHOT or other appropriate entity should identify and do outreach to private landlords through landlord/rental housing associations or other means in order to provide education about the target population; understand their concerns about renting to this population; and identify and develop solutions to address concerns and thereby increase availability of private housing.

Strategies to implement this recommendation might include activities such as providing a representative payee to ensure rent is paid on time; ensuring that appropriate services are available to individuals as needed; providing a single point of contact for landlords in case of emergency; or funds for excessive damages.

Although no formal outreach and education have been done, the County's MH/MR Housing Specialist from Bell Socialization has begun some of these efforts. This staff has developed individual relationships with some York landlords and should expand these efforts in order to increase the number of landlords who are willing to rent to the target population. The contact information for these landlords should be distributed for use by other relevant staff, such as MH/MR Caseworkers and Adult Probation.

SERVICES RECOMMENDATIONS

The goal of having appropriate services available to support individuals in finding and maintaining their housing is emphasized throughout this report. Indeed, "An accessible, comprehensive, effective mental health treatment system focused on the needs of individuals with serious and persistent mental disorders is undoubtedly the most effective means of preventing the criminalization of people with mental illness."⁸

This goal is congruent with the principles and goals put forth in the above mentioned OMHSAS publication, *A Plan for Promoting Housing and Recovery-Oriented Services* and an earlier publication entitled *A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults*. These documents, along with a recent policy statement, require that county mental health offices develop housing plans that incorporate recovery-oriented supports.

We therefore strongly support the York County Office of Mental Health's plan to undertake a comprehensive review of its current service delivery system to assess the availability and accessibility of recovery-oriented services. Specifically we urge the Office to make any changes necessary to ensure that supports are mobile, flexible and able to support individuals in finding and maintaining the housing of their choice. This should include a determination as to the services and supports necessary to both keep people with serious mental illness out of the criminal justice system and to ensure a smooth transition back to the community by those who are incarcerated.

⁸ 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.

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The following recommendations address the need for *specific* services and supports for people with serious mental illness involved with the criminal justice system.

11. We recommend the creation of a crisis intervention/mobile crisis team.

Intercept Point: 1, 2, 4, and 5

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.⁹

York Hospital serves as the central depot for anyone in crisis in York County. Although York Hospital is meeting the needs of individuals in crisis, in many cases this level of intervention may not be warranted. There is a need to provide mobile intervention to individuals in crisis.

Due to the current lack of mobile crisis intervention, the police department is commonly seen as the only available and appropriate resource to address this need. When safety concerns exist, it is necessary to involve the police department; however there are many instances when police involvement is not needed.

Examples of roles that a mobile crisis intervention team can play include:

- Provide an alternative to evaluation at York Hospital
- Provide an alternative to police involvement
- Work alongside the police officers when an individual is a safety risk and displaying signs of crisis
- Provide support to individuals living in non-structured, non-supervised community based housing
- Provide support to recommendations 9 and 10 by responding to the housing authority and private landlords when an individual is in crisis

12. We recommend initiation of an aggressive cross-training program for all systems personnel who come in contact with the target population.

Intercept Point: 1

The target population comes in contact with many different types of systems at different stages. As described above, law enforcement officers are often the first and most crucial point of contact for persons with serious mental illness in crisis and/or committing an offense. As such it is critical that these officers understand the special needs and characteristics of these individuals, especially those who are homeless. They also need to be fully versed on all alternatives to arrest and incarceration, and appropriate referrals for each alternative. At the same time, human service workers, including

⁹ Diana T. Myers and Associates, Inc. "Faces of Recovery: Supporting People in Housing," A Publication of the PA Office of Mental Health and Substance Abuse Services, August 2007. Retrieved from <http://www.pahousingchoices.org/Faces.pdf>.

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mental health case workers, community treatment teams, members of a mobile crisis team, emergency room personnel and homeless providers, should be trained in the steps of the judicial process, the role of law enforcement officers, and housing options. Probation/parole officers should be trained in housing options and other alternatives to incarceration.

All systems need to fully understand the York Housing Authority policies for individuals with criminal records. There is also a need for more understanding of the Housing Authority's management of set-aside units, the operation of the waiting list and the preference for individuals with disabilities. Specifically, case managers and those assisting members of the target population should understand who and when an individual is eligible to apply for which type of housing.

Recommendation 14 addresses the need for discharge planning, which includes the reinstatement of SSI, medical assistance and other public benefits. Cross-training efforts should also include education about these various benefits and their eligibility.

Individuals within the target population should play an essential role in all cross-training.

13. We recommend appointment of a Joint Task Force to coordinate and implement a process to ensure the proper assessment and disposition of individuals with serious mental illness at initial point of contact.

Intercept Point: 1

We recommend the establishment of a Task Force composed of representatives of the York Police, York County MH/MR, Adult Probation, York Hospital and other relevant crisis responders, possibly as a subcommittee of the CJAB. The charge to the Task Force should be to design a cooperative effort among law enforcement, mental health and probation systems to ensure that law enforcement officers have access to trained mental health professionals to assist them in rapidly assessing individuals and identifying alternatives for diversion from jail. The goal would be to create a specialized crisis response system where the appropriate professionals are working with those in crisis, rather than or in addition to the police. This system would provide police with additional alternatives to arrest and would aim to return police officers to duty within 15 minutes of responding to an individual in crisis.

This Task Force should develop the procedures under which a mobile crisis team (recommendation 11) can best serve the target population at the initial point of contact with the criminal justice system. However, since the creation of a mobile crisis team could take a significant amount of time, interim models should also be explored. There are several different models and methods that could be put into practice. We recommend that at a minimum, the Task Force review the following approaches:

- police officers to have 24/7 phone access to mental health professionals

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- creation of a specialized team of police officers trained to respond to calls involving individuals with serious mental illness
- establishment of a specialized crisis response center

The appropriate model for York may result in modifications to the current law enforcement dispatch system, the current mental health crisis approach and other criminal justice and mental health system practices.

14. We recommend establishment of policies and procedures for transition planning for inmates with mental illness re-entering the community in order to reduce risk of homelessness and recidivism.

Intercept Point: 2, 3, and 4

Since release from county jail can be unexpected and/or with short notice, we recommend that discharge planning be initiated at the point of admission. If planning begins from the outset, especially for individuals known to be in jail for a short amount of time, it will ensure that at least certain components of the transition plan will be in place prior to release.

It is recommended that a policy be adopted with the goal that every individual with serious mental illness have at least the following in place prior to release:

- Proper identification
- A verified place to stay for at least 30 days
- If in prison for more than 30 days, an appointment to reinstate medical assistance and other benefits
- Arrangements to have SSI benefits reinstated or to apply for SSI
- 7 days of medication
- An appointment with a mental health case manager within one week of discharge
- An appointment with a psychiatrist within one week of discharge

The implementation of these policies will involve close coordination among the county prison staff, the county mental health office and the county adult probation department. The first step should be for the jail staff to review data currently collected at intake in order to ensure that it includes the key pieces of information needed to begin transition planning.

To further the efforts of transition planning, the York County Prison and local social security office can exchange information in order to expedite the reinstatement of benefits. The local social security office can provide a contact person to assist transition staff in the development and implementation of a pre-release procedure. For more information, see Appendix K-4, #14.

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It may be appropriate for the Task Force established under recommendation 13 above to also work on implementation of this recommendation since the same players will be involved.

15. We recommend that the County give serious consideration to increasing mental health treatment for inmates of the York County Prison.

Intercept Point: 3

At present, according to current prison protocol, most inmates in the target population only receive psychotropic drugs during incarceration. While we recognize that many inmates are in the prison for short periods of time, which would make additional mental health treatment difficult if not impossible, it should be recognized that the average jail stay of individuals on the MH Probation unit is 91.6 days and in fact some inmates are incarcerated for periods of up to a year. We therefore recommend that:

- All individuals on the adult probation mental health case load continue to receive case management services while incarcerated
- The prison and mental health personnel meet to determine what mental health treatment should be provided for those inmates with longer stays, including consideration of additional psychiatric care and/or hiring an additional therapist for the jail staff.

16. We recommend that a new staff position of “boundary-spanner”¹⁰ be created.

Intercept Point: 1,2,3,4, and 5

The purpose of the Boundary Spanner position is to provide local leadership and promote interagency collaboration among the mental health, substance abuse, criminal justice, corrections and housing systems in developing a streamlined re-entry process for the target population. This individual could participate on the Joint Task Force, the Criminal Justice Advisory Board and in cross systems training, be responsible for implementing transition policies, and carry out other duties related to the goal of reducing recidivism and homelessness among the target population. This position is an essential tool for establishing a framework for the continuation of services between jail and the community.

The funding and supervision of this position could vary according to available resources and interest. For example, Montgomery County Emergency Services houses several boundary spanner positions; Chester County funds a position out of their Office of Mental Health; and Philadelphia’s Department of Behavioral Health funds several forensic liaison positions.

¹⁰ Steadman, H. “Boundary spanners: a key component for the effective interactions of justice and mental health systems.” Law and Human Behavior 16 (1992): 75-87.

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17. We recommend that the York County Mental Health Office initiate a treatment program specifically for individuals with co-occurring disorders.

Intercept Points: 2, 3, 4, and 5

We recommend that the County Mental Health Office implement an integrated dual-diagnosis treatment program that can be accessed prior to, during or post incarceration by individuals with co-occurring mental illness and substance use disorders. Evidence based practice indicates that programs designed specifically for persons with co-occurring disorders are more effective than having those individuals treated in separate systems that may have conflicting policies and practices. This program should be available as an alternative to arrest for: individuals under the mental health or drug court, selected individuals while incarcerated, as well as those on probation or parole.

The feasibility of operating this program out of the existing Day Reporting Center should be investigated. Currently the Day Reporting Center is only available to a small number within the target population; expansion would provide a location for additionally needed specialized services.

18. We recommend the creation of a Peer Support Services Program with emphasis on supporting individuals moving from the county jail to community-based housing options.

Intercept Points: 2, 3, 4, 5

The PA Office of Mental Health and Substance Abuse Services is promoting the development of Peer Support Services Programs, which are “specialized therapeutic interactions conducted by trained professionals who are self-identified current or former consumers of behavioral health services. ... Services are self-directed and person-centered with a recovery focus.”¹¹ The Pennsylvania Medicaid State Plan allows Peer Support Services to be paid through Medicaid funds.

We recommend that the County initiate a Peer Specialist Program with a priority of supporting individuals with serious mental illness involved with the criminal justice system. This can include homeless individuals, those under court supervision, individuals on probation or parole as well as those re-entering the community from incarceration.

It is anticipated that the Substance Abuse Mental Health Services Administration (SAMHSA) will be issuing a special grant this coming year for counties to initiate peer specialist programs. York County Adult Probation is interested and stands ready to apply for this grant.

¹¹ Diana T. Myers and Associates, Inc. “Faces of Recovery: Supporting People in Housing,” A Publication of the PA Office of Mental Health and Substance Abuse Services, August 2007. Retrieved from <http://www.pahousingchoices.org/Faces.pdf>.

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19. We recommend the creation of a new CJAB staff position to implement the recommendations of this report.

Intercept Points: 1, 2, 3, 4, 5

Throughout this report, we have made many recommendations and attempted to distribute the responsibility across various systems, as well as through the development of a task force and various committees. However, we believe that there is a need for a new professional position responsible for managing the implementation of this report's recommendations and for on-going coordination of issues pertaining to the target population.

This position would provide leadership for CJAB related activities, organize and participate in cross-training activities, convene and staff the recommended task force, identify gaps in the current system, oversee ongoing data collection as well as program monitoring and reporting. The staff person would also be responsible for identifying and pursuing appropriate grant opportunities and developing resources through other means.

DATA COLLECTION RECOMMENDATIONS

Although various county agencies are collecting data on individuals with mental illness involved with the criminal justice system, the data is not being routinely compiled or analyzed on a timely basis. In addition, there are a number of key pieces of data that are not being collected at the current time. This additional data would be helpful in further developing a clear profile of the targeted population, and identifying factors contributing to their recidivism and the obstacles to their successfully remaining in the community. It could also provide information needed to quantify the cost of current and alternative approaches to addressing their needs. As with the program recommendations, the Sequential Intercept Model will provide a framework for collecting and analyzing data.

Below is the status of data collection within the systems used by the target population:

- **Mental Health Unit of Adult Probation:** Most of the quantitative data used in this study was manually collected by the MH Probation unit. Adult probation has an existing database, DSI.
- **Mental Health Court:** The participants of the Mental Health Court are accounted for through the MH Probation unit.
- **York City Police Department:** The York City Police Department does not currently collect any specific information about the target population.
- **York County MH/MR:** York County MH/MR collects only demographic information on the consumers whose MH services are covered by the county. This information does not include housing status or criminal history.
- **York County Prison:** The Prison already collects a great deal of information through their database system. It also conducts health and mental health

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assessment on all prisoners. The information available from the prison includes the number of times an individual has been in the prison, the number of days, mental health status, the type of charges, if an individual was released on a parole plan, released forthwith or time-served or served max-out sentences.

- **Homeless providers:** Many of the shelters in York County enter information about clients into a database called the Homeless Management Information System (HMIS). Although the type of information applicable to this process is limited, additional fields could be created within this database to measure the use of shelters by the target population.

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 suggest 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.

20. We recommend that each system create and maintain baseline data of the target population.

Intercept Points: 1, 2, 3, 4, 5

The first data collection recommendation is for each system to create a baseline of information. Each should contain key common elements as well as others pertinent to the specific system. This baseline will provide a beginning point from which to compare all future outcomes. Baseline data should be developed as soon as possible within applicable systems in order to measure the maximum impact of future interventions.

Data reported in the Findings section of this report, as well as in Appendix M can help in developing baseline data. Due to the importance of the role of housing status (i.e. housing status at arrest/release/probation), this should be included in the development of all data collection processes. Additional data variables that should be collected include: number of incarcerations, number of jail days, mental health status and services utilized. Below is an example of baseline data that was developed using information collected from MH Probation. (This table is also provided in the Findings section of this report.)

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Table 2: Comparison of MH Court participants to MH Probation Caseload not involved with the MH Court

	MH Court N=18	MH Probation (without MH Court participants) N=88
Average number of incarcerations	4	3.67
Average number of jail days	176.38	372.77
% with a probation violation	44.44%	51.14%
% with new charges	27.78%	27.27%
% technical violations	44.44%	47.72%
% hospitalized	44.44%	39.77%
% homeless	11.11%	27.27%
% denied parole due to lack of housing	0	22.73%
% paroled to a shelter	16.67%	6.82%
% sent to Mayview/Norristown State Hospital to address competency	0	48.86%

21. We recommend that systems modify current data collection in order to effectively and efficiently analyze data.

Intercept Points: 1, 2, 3, 4, 5

Once all systems are collecting the necessary data regarding the target population, this information should be regularly analyzed. With the exception of data from York County Prison, all of the data used within this report was manually collected and analyzed. Many systems already have existing databases (i.e. HMIS used by homeless system and DSI used by Probation); however in many cases data is not regularly being entered into the system and most of the data is not being analyzed. There is a need to create a streamlined data system that includes electronically entering data on a daily basis and quarterly data analysis.

This data system will need to include the ability to measure data according to specified time periods. For example, it is helpful to know that John Smith has been arrested 3 times and spent 180 days in jail. But it would also be useful to measure the number of arrests and days in jail since John moved into transitional housing on December 31, 2006. Tracking change over time will allow for the assessment of the effectiveness of existing and new housing and service options.

22. We recommend that data be analyzed at points along the Sequential Intercept Model.

Intercept Points: 1, 2, 3, 4, 5

The collection of data along sequential points is crucial for the measurement of success of various diversions and interventions. The following provides specific examples of data that may be collected at each intercept point.

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Intercept Point 1: LAW ENFORCEMENT/EMERGENCY SERVICES

Nationally, it is estimated that 7-10% of police encounters are with individuals suffering from mental illness. Since this type of information is not currently being collected in York County, it is recommended that the York City Police Department (YCPD) and other appropriate York County law enforcement agencies begin collecting this data. Data may include: the number of calls/complaints/interactions, and actions taken for each incident in regards to the target population.

It is also recommended that York Hospital, the primary resource available to individuals in crisis, collect/analyze data on the housing status of individuals who are in need of mental health related emergency services.

It will be important for this information to be analyzed over time, as new interventions are created. Changes in this type of data will provide vital information about where existing and additional resources should be focused and to monitor if interventions are working.

Specific examples of data that could be collected at Intercept Point 1 include:

- York City Police Department (YCPD) could collect:
 - The number of incidents/encounters with the target population.
 - The results of encounters (i.e. # taken to emergency room; # taken to psychiatric unit; #302s; # utilized crisis/emergency services; # referrals to emergency shelters and mobile crisis team, etc.)
 - The number and cause of arrests made of the target population
 - Housing status at time of encounter/arrest
- York Hospital could collect:
 - Housing status and criminal history of assessed individuals in crisis
 - Length of stay for individuals with no appropriate housing options
- In addition, if a mobile crisis team is created they could collect:
 - Housing status and criminal history of individuals in crisis served
 - Number of individuals diverted from jail due to intervention of mobile crisis team

Intercept Point 2: INITIAL DETENTION/INITIAL HEARINGS

When arrest is necessary, the next intercept point is through initial detention and hearings. Several of the recommendations provide additional housing and service options that could provide the necessary support to divert someone from jail. Once a baseline and new programs are established, this will assist in better tracking the success of programs.

Specific examples of data that could be collected at Intercept Point 2 include:

- Housing status and mental health status at time of initial detention/hearing.

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- The number of individuals within the target population who were not sent to jail during initial hearing because appropriate housing/service options exist. This information should include what resources were utilized in order to prevent incarceration.
- Number of individuals sent to jail at initial detention/hearing because no appropriate housing options exist.
- The results of specific interventions including: the day reporting center or other community-based treatment and/or housing options utilized (i.e.: any future contact with police, probation, compliant with intervention)

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

The York MH Court is an example of an intervention at the third intercept point. The Court has been collecting data since the inception of the program. National research has shown that individuals with mental illness commonly spend more time in jail than other prisoners. However, through the collection and analysis of data it can be shown that the MH Court is helping to reduce the number of jail days for the individuals served. The Findings section reported that individuals participating in the MH Court average 196 less days in jail, as compared to those individuals on the MH Probation caseload who are not part of the MH Court.

Much of the data needed to measure the success of intervention at the third intercept point is already being collected for individuals on the MH Probation caseload. Specific examples of data that should continue to be collected and regularly analyzed at Intercept Point 3 include:

- Recidivism rate
- Compliance with treatment
- Number of days in jail
- Number of arrests
- Time spent homeless
- Number of emergency room visits
- Number of hospitalizations
- Housing status
- Use/compliance with MH services and medication

Intercept Point 4: RE-ENTRY FROM JAIL

Any formalized re-entry transition program created (recommendation 14) should also include data collection for individuals returned to the community. Individuals on the MH Court and within MH Probation will have data collected through the above mentioned system including information on the type of housing and service model utilized. Outcome measures (such as recidivism rate) should be compared for individuals receiving and not receiving discharge planning services in order to help analyze the effectiveness of a re-entry program.

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Specific examples of data that could be collected at Intercept Point 4 include:

- Recidivism rate
- Number of future days in jail
- Number of future arrests
- Housing status, including housing type utilized
- Time spent homeless
- Number of emergency room visits
- Number of hospitalizations
- Use of MH services
- Max-out and jail days of individuals when discharge planning is used as compared to the jail stay of those who do not receive service

Intercept Point 5: COMMUNITY CORRECTIONS AND SUPPORTS

This intercept point reinforces the third and fourth points by promoting the proper support for individuals with mental illness on probation/parole. Missing mental health related appointments can result in technical violations and possibly lead to incarceration. Probation/parole officers should be aware of the unique needs of individuals with mental illness. Many programs, including York County have probation officers with a specialization in mental illness working with the target population.

Specific examples of data that could be collected for individuals on MH Court, MH Probation and MH Case Management at Intercept Point 5 include:

- Ongoing compliance with medication and treatment of individuals
- Ongoing housing status
- Number of parole and technical violations
- Recidivism rate of individuals based on specific housing type utilized
- Number of individuals assisted through peer services

Additional uses of ongoing collection and analysis of data include:

- **Systems change:** Implementation of some recommendations may improve the overall functioning, coordination and cooperation of systems working with the target population. Data/outcomes that should be collected surrounding this effort include:
 - The number of individuals trained through cross-systems training
 - The number of relationships developed with private landlords
 - The number of individuals housed in emergency, transitional and permanent housing
 - The number of new units available
- **Advocacy:** Good data will provide information needed to advocate for cooperation and systems change. For example, we know that one challenge that is faced by the target population once they are released from jail is that they no longer have health insurance. Data regarding the timeline and steps in order to reinstate medical

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assistance may need to be tracked for a period of time in order to demonstrate a need for the county assistance office to cooperate with improving the system for the target population.

- **Cost analysis:** The cost benefit of specific programs can only be measured with good data. If it can be shown that a specific percent of individuals avoid incarceration because of an intervention, it will hopefully lead to more resources devoted to interventions. It will enable effective measurement of the cost difference between incarceration and various interventions.

ORGANIZATION RECOMMENDATIONS

Because the supply of housing and services will always be outweighed by the demand, the needs of the target population will need to be addressed not only through the above specialized recommendations, but also through further integrating the target population into existing services. As such, coordination is the key to addressing the needs of the target population.

In addition to a coordinating mechanism, the County needs to have entities and individuals responsible for the following six roles in order to successfully implement the above program and data recommendations:

- Identification of gaps in the system and issues that need to be addressed
- Setting of priorities regarding populations to be served and programs to be implemented
- Resource development and allocation of funds
- Forming partnerships, planning and implementation of new housing and services
- Program reporting, monitoring and assessment

These roles can be assumed by one or multiple agencies depending upon local history, capacity and interest. Regardless of which agency or individual takes on which role, however, if the issue of housing and services for people with serious mental illness is to be successfully addressed, it must become part of the larger discussion of affordable housing in York County. Individual choice can only be maximized through implementation of a long term strategy for expanding affordable housing opportunities for all low and moderate income populations throughout the county. Ideally, specific units in each of these projects would be set-aside for people with special needs, including those with serious mental illness and co-occurring disorders.

In keeping with this long term strategy, and after review of the initial study findings and existing housing groups in York County, DMA recommends the following structure/organization to address the needs of the target population:

23. We recommend that the Housing and Community Development Loan Committee continue in its primary role in allocating funds for housing and

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community development activities and that a representative from the HealthChoices Unit be added to the Committee. We also recommend that this Committee assume responsibility for identifying and generating other resources for affordable housing.

The Housing and Community Development Loan Committee currently reviews and recommends applications for housing and community development funds available through the Community Development Block Grant, HOME program and County Housing Trust Fund.

24. We recommend that the Healthy York County Coalition Housing Task Force be expanded to serve as the countywide affordable housing coalition.

It is important that there be an umbrella group for coordinating activities around affordable housing and taking the lead in developing strategies for expanding affordable housing opportunities. Rather than form a new group, especially given the number of groups already meeting in the County around housing, it makes the most sense to designate an existing group. It appears that the Healthy York County Coalition Housing Task Force is the group best suited to take on this role at the present time. Its mission already focuses on housing and many of the key players in the County are members of the Task Force.

We recommend that the Task Force or other appropriate entity engage in the following activities:

- Identify and prioritize areas of the county and populations needing permanent affordable sales and rental housing
- Work with the county, regional and local planning offices to remove regulatory barriers and facilitate the construction of affordable housing
- Identify sites appropriate for affordable housing development
- If necessary, support capacity building among nonprofit developers
- Work with subcommittees to ensure a portion of all affordable housing units are available to special populations
- Coordinate shared services among housing managers/providers in areas such as tax credit compliance, asset management and property maintenance

At least the following groups and individuals should be represented:

- County, regional and local planners
- County and city housing and community development agencies
- Public housing authorities
- Lenders
- Builders
- Developers
- Community Housing Development Organizations (CHDOs)
- Property managers
- Landlords
- Community action agency

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- Chairs/representatives of each Target Subcommittee

25. We recommend that the County establish several subcommittees to address specific target subpopulations as needed. The following two subcommittees are key for addressing the target population of this study:

Local Housing Options Team (LHOT):

An LHOT has recently been established and is being co-chaired by Kendra Kakos of the County Office of Mental Health and Kim Wildasin of the HealthChoices Management Unit. The goal of the LHOT is to address the specific housing needs of people with serious mental illness and co-occurring disorders, including those who are homeless or at risk of homelessness. Although their mission statement has not yet been written, we recommend that it be responsible for the following activities:

- Identifying and quantifying housing needs of people with serious mental illness and co-occurring disorders and making this information available to the Housing Task Force
- Identifying and ensuring that recovery-oriented services are available to support people in obtaining and maintaining the housing of their choice, including the housing developed through the Task Force
- Facilitating partnerships and/or directly sponsoring and implementing specialized housing for people with serious mental illness and co-occurring disorders utilizing resources such as HUD McKinney Shelter Plus Care, Safe Haven, Supportive Housing or HUD Section 811 programs

Other possible LHOT activities in planning, education and housing development are outlined in the List of LHOT Roles as Appendix N.

The LHOT should include representation from some or all of the following organizations:

- Service providers
- Public housing authorities
- County office of mental health
- County drug and alcohol programs
- County children and youth services
- County planning commission
- Health Choices Management Unit
- Mental health housing providers
- Mental health consumers and organizational representatives
- Children's' mental health services
- Health center/behavioral health services
- CHIPP Coordinator
- CASSP/Cross Systems
- CSP
- Consumer Satisfaction Team

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Criminal Justice Housing Subcommittee

This subcommittee should address the specific housing and service needs of people who are involved with the criminal justice system. It should be responsible for the following activities:

- Identifying and quantifying housing needs of the targeted population and making this information available to the Housing Task Force
- Identifying and ensuring that appropriate recovery-oriented services are available to support the target population, especially the 100+ individuals who are high county jail recidivists and frequent users of other public services.
- Facilitating partnerships and/or directly sponsoring and implementing specialized housing and/or services for people involved in the criminal justice system, including emergency, transitional and permanent housing options.

The Criminal Justice Housing Subcommittee should be chaired/facilitated by a member of the CJAB (perhaps the new CJAB staff person) and co-chaired by a representative of the county mental health office with possible additional representation from the following:

- Mental Health Court and Drug Court Judges
- County adult probation and parole
- Public defender's office
- District attorney's office
- County prison
- County planning commission
- County office of human services
- Children and Youth representative
- Police department
- Service providers
- Mental health housing providers
- Boundary Spanner

The Joint Task Force (recommendation # 13) should be a subcommittee of the CJ Housing Subcommittee.

Other Subcommittees might be formed to address the following subpopulations:

- Seniors and people with physical disabilities, especially those transitioning from nursing homes
- Youth
 - those aging out of foster care
 - those involved with the juvenile justice system

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V. COST/BENEFIT ANALYSIS OF KEY RECOMMENDATIONS/MODELS

There are numerous studies that demonstrate the benefits of supportive housing for individuals with serious mental illness and co-occurring disorders. Specifically, these studies have found that the number of hospitalizations as well as emergency room and shelter bed use are dramatically reduced, and the ability to obtain and sustain employment is significantly increased. In fact, decent housing and supports are not only essential to recovery, but also cost effective alternatives to homelessness, incarceration and other undesirable alternatives. Statistics from several recent studies are striking:

- In New York City, supportive housing has been documented to drastically reduce criminal justice involvement, reducing jail incarceration rates up to 30 percent and prison incarceration rates up to 57 percent.¹²
- Prison and jail are among the most expensive settings to serve people who are homeless: one nine-city study calculated median daily costs for prison and jail at \$59.43 and \$70.00 respectively, compared with \$30.48 for supportive housing.¹³
- According to a cost analysis by the Corporation for Supportive Housing, a single re-entry housing unit in New York used by two people over one year can save \$20,000 to \$24,000 relative to the cost of release to shelter and re-incarceration.¹⁴
- Prior to living in permanent supportive housing, homeless people with mental illness used an average of \$40,449 per person per year in shelters, hospitals and correctional institutions. After living in supportive housing for six months or more those costs dropped an average of \$16,282 per person per year.¹⁵
- In Portland, Maine a study provided a cost analysis of public services used by 99 formerly homeless people now living in permanent supportive housing. Once their housing was established, the cost associated with emergency room visits was reduced by 62%, health care costs by 59%, ambulance transportation costs by 66%, police contact costs by 66%, incarceration by 62% and shelter visits by 98%. Researchers also found that the use of community-based mental health services increased by 35%, while the cost of providing mental health services was reduced by 41%, due to the shift away from expensive emergency and psychiatric inpatient care.¹⁶

¹² Culhane, D., et al. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." Housing Policy Debate V.13, Issue 1 (2002). Fannie Mae Foundation.

¹³ The Lewin Group. "Costs of Serving Homeless Individuals in Nine Cities." Chart Book Report. New York, NY: Corporation for Supportive Housing, 2004.

¹⁴ Corporation for Supportive Housing.

¹⁵ Culhane, D., Metreaux, S., Hadley, T. "The impact of supported housing for homeless persons with severe mental illness on the utilization of public health, corrections, and public shelter systems: the New York/New York Initiative." Philadelphia, PA: The University of Pennsylvania: Center for Mental Health Policy and Services Research, 2001.

¹⁶ Mondello, M., Gass, A., McLaughlin, T., Shore, N. "Cost of homeless – Cost of Permanent Supportive Housing." 2007, Accessed from:

<http://www.mainehousing.org/Documents/HousingReports/CostOfHomelessness>

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It is extremely difficult to determine cost benefit of implementing specific approaches for this population. Few if any good cost benefit models exist. Indeed, a recent study in Portland, Oregon concluded that:

The issue of determining cost-benefit is complex. Many of the social costs attributable to the chronically homeless, dually diagnosed individuals are spread across a spectrum of social, health care, and safety services that encompass both public and private entities. For the most part, it is difficult and expensive to precisely measure actual costs throughout the system. As well, the private and public budgeting process do not tend to itemize these costs so the costs become easily buried within individual agency balance sheets and hidden within the community's general economic activities.¹⁷

While it is difficult to measure cost-benefit for a new initiative in which data collection methods are planned and in place, it is even more difficult to *project* cost savings; it is highly unlikely that the appropriate data has been collected to determine current costs let alone to estimate the impact of future actions. It is therefore difficult to predict how much money York County could save by implementing the recommendations in this report and creating a continuum of housing and supports for the target population.

In the absence of such data, the consultant obtained information on two “typical” individuals from the MH Probation unit. Following is a summary of the cost of services to Mary S. and John O.

Mary S. is a 24 year old female with a diagnosis of bipolar disorder. Since January 4, 2005 Mary has been on probation and in and out of York County Prison, York Hospital's Psychiatric Unit, Northwestern Human Services Crisis Diversion Program, and Norristown State Hospital, as well as being hospitalized out of state twice, expending over \$160,000 of public services:

Public services utilized by Mary S. since 01/04/05:	Number of days	Estimated cost
York County Prison	452	\$26,216.00
Intensive Supervision	261	\$ 2,407.68
Crisis and Inpatient MH Care	79	\$37,593.48
Norristown State Hospital	134	\$68,159.10
Out of State Hospitalization	57	\$31,350.00
Total	725	\$163,318.58
Average cost is estimated at \$59,388 per year		

¹⁷ Moore, T. “Estimated cost saving following enrollment in the Community Engagement Program: findings from a pilot study of homeless dually diagnosed adults.” Portland, OR: Central City Concern, 2006.

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John O. is a 31 year old male with a schizoaffective diagnosis. Since April 29, 2002, John has been on probation and in and out of York County Prison, York Hospital's Psychiatric unit, Northwestern Human Services Acute Care Unit, as well as Harrisburg and Mayview State Hospitals, expending over \$450,000:

Public services utilized by John O. since 04/29/02:	Number of days	Estimated cost
York County Prison	701	\$40,658.00
Inpatient MH Care	378	\$167,563.00
State Hospital	472	\$240,082.80
Group Home	73	\$ 7,300.00
Total	1624	\$455,603.80
Average cost is estimated at \$84,111 per year		

Even without the inclusion of the cost of arrest, defense and prosecution of these individuals, these figures clearly demonstrate the high cost associated with a heavy dependence on public institutions and services. Despite the various resources utilized, the journey through the revolving door continues for these two individuals. Detailed records indicate that every institutional discharge was shortly followed by admission to another institution. The current system is clearly not providing the support needed to truly assist these individuals in their recovery.

The cycling of Mary and John are not the exception to the rule. As reported in the Findings section, a number of individuals on the MH Probation caseload are moving from institution to institution as demonstrated in the following facts about the 106 individuals on the MH Probation caseload:

106 individuals have spent a combined 35,979 days in jail at a cost of over \$2 million.

- 31 individuals were denied parole and remained incarcerated longer due to a lack of housing
- 43 individuals experienced a hospitalization while on supervision
- 26 individuals experienced homelessness while on supervision
- 12 individuals were paroled from prison directly to a shelter
- 15 individuals were hospitalized prior to sentencing to address competency issues

Our recommendations include a range of housing and supportive services that would be more humane, more successful and more cost effective in addressing the target population. In concert with OMHSAS housing policy, the preferred long term housing solution for persons with mental illness and co-occurring disorders is permanent supportive housing. Appendix O contains assumptions and estimates for the cost of providing various supportive housing options including tenant based rental assistance and site-based housing in York County. They are summarized as follows:

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Tenant Based Rental Programs

Rental Assistance	\$ 4,476 per year
Supportive Services	\$ 10,345 per year
Total	\$ 14,821 per year

Site Based Housing

Capital per unit	\$ 175,000 (per Chart 1 a number of sources are available to cover these costs, some of which are county dollars)
Operating Subsidies	\$ 4,476 per year
Supportive Services	\$ 10,345 per year
Total Annual Subsidies	\$ 14,821

In comparison to these costs, Mary S. utilized an estimated \$59,388 in institutions each year and John O. utilized an estimated \$83,987. Clearly, the annual costs for these individuals would not be immediately nor permanently reduced to \$14,821 per year. Even if Mary and John were to move to permanent supportive housing, their reliance on certain public services would likely continue for a period of time. They might still need hospitalization, crisis and other recovery-oriented mental health services. In fact, a recent RAND study of Allegheny County's Mental Health Court (MHC) found that although the jail costs of participants was reduced, there was an increase in participants use of community-based mental health services. This resulted in cost shifting from one system to another and yielded an insignificant cost savings within the first 24 months of MHC participation. Researchers found a decrease in cost over time that may result in longer term cost savings.¹⁸

There is clearly a cost benefit to providing permanent supportive housing to the target population. The studies cited above clearly demonstrate that *over time*, criminal justice involvement, shelter costs, hospitalization and other costs of individuals in supportive housing are drastically reduced. In York County, the cost of providing permanent supportive housing to the target population is estimated at \$40/day as compared to \$58/day in York County Prison. This is a significant factor, especially given the limited public resources available for addressing housing and services for people with serious mental illness involved with criminal justice system. Savings from current programs can be used to expand services and/or assist more people if necessary. But equally important is the human factor -- rather than draining the public coffers, if they have access to affordable housing and adequate recovery-oriented services, these individuals can live stable lives and contribute to the social fabric of their communities.

¹⁸ Ridgely, M., Engberg, J., Greenberg, M., Turner, S., DeMartini, C., Dembosky, J. "Justice, Treatment and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court." RAND Corporation, 2007. Accessed from: www.rand.org.

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LIST OF CHARTS

Chart 1

Summary of program recommendations with relevant intercept point/s, suggested implementation year, projected program costs and potential funding sources for each

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Chart 1 - Timeline and potential funding resources for recommendations

Rec	Topic	Intercept Point	Responsibility	Year 1	Year 2	Year 3	Year 4	Year 5	Resource
1.	Short-term emergency beds	1,2,3,4	MH		x				MH Base and Reinvestment, CDBG, ESG
2.	Safe Haven - HUD CoC eligible population	1,2,5	PHA or non-profit		x				HUD CoC, MH Base
3.	Half-way housing for population ineligible for HUD CoC	1,2,3,4,5	LHOT/CJ subcommittee	x					CDBG, HOME, VA, Housing Trust Funds, PCCD
4.	Bridge TBRA	1,2,3,4,5	MH/PHA	x					HOME, Reinvestment
5.	Shelter Plus Care - HUD CoC chronic homeless	1,2,5	PHA	x		x			HUD CoC, MH Base, PCCD
6.	Permanent TBRA	4,5	MH/PHA			x			Housing Choice Vouchers, Reinvestment
7.	Permanent Supportive Housing through new development	2,3,4,5	Planning Commission		x				PennHOMES, LIHTC, FHLB, DCED, Rural Housing, HTF, PHA project based vouchers
8.	Fairweather Lodge	4,5	LHOT			x			HOME, CDBG, HTF, FHLB,DCED
9.	PHA preference for persons with disabilities	4,5	LHOT		x				Housing Choice Vouchers
10.	Private landlord initiatives	4,5	LHOT	x					Reinvestment
11.	Crisis intervention/mobile crisis team	1,2,4,5	MH	x					MH, PCCD
12.	Cross training	1	CJAB	x					Prison, PCCD
13.	Joint Task Force to address initial point of contact	1	CJAB	x					N/A

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Rec	Topic	Intercept Point	Responsibility	Year 1	Year 2	Year 3	Year 4	Year 5	Resource
14.	Transition planning for individuals being discharged from county jail	2,3,4	Prison, MH staff, Boundary Spanner		x				MH, Prison, PCCD, Office of Justice
15.	Mental health treatment for inmates	3	MH		x				MH, prison
16.	Creation of Boundary Spanner Position	1,2,3,4,5	CJAB		x				PCCD, MH, Office of Justice
17.	Treatment Program for Co-Occurring MH and Substance Abuse Disorder	2,3,4,5	MH			x			MH
18.	Initiate Peer Specialist Program	2,3,4,5	MH		x				MH, SAMHSA
19.	CJAB staff position to implement the recommendations of report	1,2,3,4,5	CJAB	x					PCCD, MH, Prison, Private, Office of Justice
20.	Creation of baseline data	1,2,3,4,5	CJAB	x					PCCD
21.	Modify data collection process in order to efficiently analyze data	1,2,3,4,5	All systems		x				CJAB, Local colleges/universities
22.	Data analyzed at points along Sequential Intercept Model	1,2,3,4,5	Planning Commission			x			N/A
23.	Housing and Loan Committee to add representative from HealthChoices Unit	N/A	Housing and Loan Committee	x					N/A
24.	Expansion of Healthy York County Coalition Housing Task Force	N/A	Healthy York County Coalition	x					N/A
25.	Creation of Task Force subcommittees	N/A	LHOT /CJAB	x					N/A

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