

INSTALLMENT 2

By the Numbers 4

Developing a Common Understanding
for the Future of Behavioral Health Care

Access
To
Services

LANDSCAPE AND ANALYSIS OF THE INTERSECTION BETWEEN THE BEHAVIORAL HEALTH AND CRIMINAL JUSTICE SYSTEMS



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The Mental Health & Addiction Advocacy Coalition is comprised of over 120 member organizations statewide, including health and human service agencies, the faith based community, government and advocacy organizations, courts, major medical institutions, the corporate arena, and behavioral health agencies serving children and adults. The MHAC's mission is to foster education and awareness of mental health and addiction issues while advocating for public policies and strategies that support effective, well-funded services, systems, and supports for those in need, resulting in stronger Ohio communities. MHAC supporters include: Eva L. & Joseph M. Bruening Foundation, The Cleveland Foundation, Community West Foundation, The Greater Cincinnati Foundation, The George Gund Foundation, Interact for Health, The McGregor Foundation, The Sally and John Morley Family Fund, Mt. Sinai Health Care Foundation, The Nord Family Foundation, Peg's Foundation, The Daniel and Susan Pfau Foundation, Saint Luke's Foundation, and Woodruff Foundation.



The Center for Community Solutions is a nonprofit, nonpartisan think tank focused on solutions to health, social and economic issues. Through applied demographic research, policy analysis and advocacy, Community Solutions provides data and analysis that is critical to inform the work, effectiveness and decision-making of direct services organizations, funders and policy makers.

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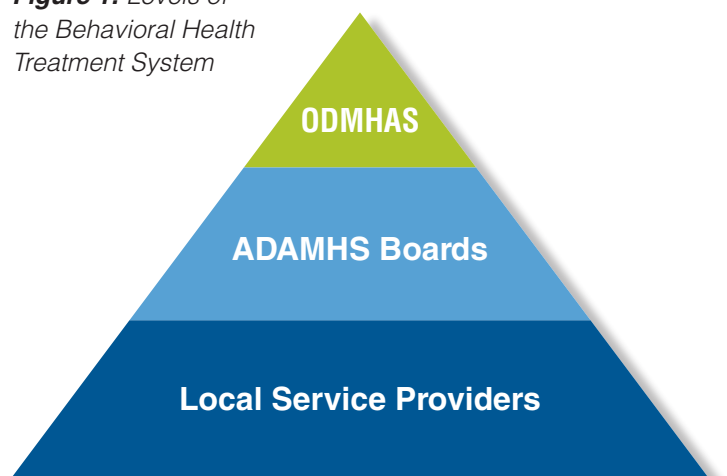
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Behavioral Health Services in Ohio

The administration of the behavioral health¹ treatment system in Ohio has three levels. The first level is the Ohio Department of Mental Health and Addiction Services (ODMHAS), which is the state agency responsible for managing Ohio’s mental health and addiction system. ODMHAS provides statewide leadership on programs, policy, and quality of care and oversees the local Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) boards in implementing state and federal laws. ODMHAS is also responsible for the distribution of funding from federal and state governments to local ADAMHS boards, which are the second level of the system. Ohio has 49 ADAMHS boards, one Community Mental Health (CMH) board, and one Alcohol and Drug Addiction Services (ADAS) board.² Together, the geographic jurisdiction of these boards covers all 88 Ohio counties. The local boards are established and governed by state law, and are responsible for local planning and management of services. Local boards do not provide treatment or care services; however, they distribute federal, state, and local (if available) funding to providers in their respective communities. Local providers of the treatment, supportive, and consumer-operated services that deliver the care to individuals in need make up the third level of the system. A subset of these providers operates solely for private insurance or self-pay clients.³

Services provided through Ohio’s Medicaid program — as well as those supported by non-Medicaid funding streams, including state funding and local levy funds — provide at least a part of the continuum of care for individuals with behavioral health needs. However, access to these services in Ohio is highly dependent on health insurance status, as well as geographical location, with service availability variations at the local level.⁴ For a true continuum of care, individuals with behavioral health disorders must be able to access all of the services they need in the community in which they live. In order to more fully implement the continuum of care, Medicaid services could be broadened and additional funding could be invested in the community mental health and substance use disorder (SUD) system to ensure access to these services across Ohio.

Figure 1: Levels of the Behavioral Health Treatment System





What health and social services exist that make a difference for people living with behavioral health disorders?

Individuals with behavioral health disorders need access to a continuum of care that spans prevention, treatment, and support services. The ideal continuum of care covers all of an individual's needs. An individual with a mental illness or SUD needs the same basic supports that every person needs, including healthcare (primary and acute), housing, food, employment, and social interactions. However, many individuals need additional supports in obtaining and retaining these services. While care is needed all along the continuum, treatment and supportive services would ideally be available early enough to prevent the need for more costly interventions in emergency departments, hospitals, nursing homes, the criminal justice system, and other expensive systems.

Continuum of Care

The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined the services that should be included in a modern behavioral health continuum of care. The vision SAMHSA puts forth for a good and modern system of care is to provide a full range of high quality services to meet the range of age, gender, cultural, and other needs presented.⁵ SAMHSA also envisions the continuum of care including coordination, health promotion, prevention, screening and early intervention, treatment, resilience, and recovery support to promote social integration, optimal health, and productivity.⁶ The continuum of care should recognize the critical connection between primary and specialty care, and the key role of community supports with linkage to housing, employment, transportation, education, etc.⁷ SAMHSA proposes that the continuum of care consists of nine domains. The domains and specific activities or services include:

1. Prevention and wellness promotion services
2. Engagement services
3. Health homes/physical health
4. Outpatient and Medicaid services
5. Intensive support services
6. Community supports and recovery services
7. Other supports
8. Out-of-home residential services, and
9. Acute intensive services.

Evidence-based Interventions

Individual and group counseling, medication treatments, and supportive services are evidence-based behavioral health interventions. For many people with behavioral health disorders, the most effective treatment approach often involves a combination of counseling and medication.⁸ Counseling and more specialized psychotherapies seek to change behaviors, thoughts, emotions, and how people perceive and understand situations. Medications for mental illness and SUDs provide significant relief for many people and help manage symptoms. This enables those with a mental illness or SUD to use other strategies to pursue recovery. Supportive services, such as case management, can also play an important role in promoting health and recovery. Other common community mental health services include psychiatric treatment (individual and group), partial hospitalization, diagnostic assessment, residential care, and other services such as representative payeeship or transportation. In combination with treatment, recovery support services can enable individuals to build a life that supports recovery as they work to control symptoms through traditional treatments and peer support groups. These types of services support the goals of community integration and social inclusion for people with behavioral health disorders and their families.

Many individuals with behavioral health disorders require some level of long-term supportive services in order to manage their health conditions successfully. Without these supports, individuals often can be found living in Ohio's prisons, nursing homes, or on the street. Supportive services take a variety of forms. Case management can coordinate behavioral health services with housing, employment, education, and other supports. Frequently, when individuals are involved in multiple public systems, it is important for a single point of contact to coordinate care and engage all the system partners in service planning and delivery. Because people with mental illness and SUDs often have more physical health problems than the general population, assistance in coordinating care across behavioral and physical health care providers can be a valuable support.

Support services such as housing, employment, and education are also critical to an individual's recovery. Without a stable home, the ability to maintain one's health decreases. Many individuals with behavioral health disorders have extremely low incomes, which makes it difficult for them to afford and maintain housing placements without financial assistance. Housing is a stabilizing factor in a person's health which helps reduce health crises that lead to care in more expensive, and

often inappropriate, settings. Supported employment can be an important link to a job that not only encourages independence but also provides important social interaction. People may also face barriers such as lack of transportation or child care, so the ability to provide flexible supports can be the difference between wellness and failure to receive treatment.⁹

Treatment and supportive services are provided in a variety of locations including community behavioral health centers, independent providers, hospitals, community health centers, mutual support groups and peer-run organizations, community-based organizations, schools, jails and prisons, home-based services, inpatient service providers, primary care programs with integrated behavioral health services, and other community settings.

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Services within Jails and Prisons

Access to behavioral health services during incarceration is critical to maintaining stability for incarcerated individuals with mental illness and/or SUDs. In Ohio, the provision of these services happens differently in the prison system than in the local jail systems. Service availability varies depending on the type of facility and the accessibility of dedicated resources. While an individual is incarcerated, behavioral health services are not billable to Medicaid. In Ohio, if an incarcerated individual is removed from a facility to receive inpatient care at a health facility for more than 24 hours, Medicaid will pay for services, as long as that individual is Medicaid eligible.¹⁰ Medicaid may also be billed for services rendered at Community Based Correctional Facilities, but only for individuals who share specific freedoms with the non-incarcerated population. These include permission to work outside the facility at a job available to those not under correctional supervision, freedom to use community resources at will, and freedom to access health care treatment.¹¹ Because of the limitations on what Medicaid pays for, the existence of jail-based and prison-based behavioral health services relies on support from other funding sources.

Mental Health Services Within Ohio's Prison System

The Ohio Department of Rehabilitation and Correction (ODRC) has held full responsibility for the provision of mental health services within Ohio's prisons since July 1995.¹² Prior to that date, ODRC shared responsibility with ODMHAS, with ODMHAS primarily administering psychiatric services and ODRC primarily administering other mental health programs. The 1993 Lucasville Prison Riot in Scioto County drew attention and scrutiny to the administration of mental health services in Ohio's prisons, resulting in reports by the Governor's Select Committee on Corrections, the Ohio Civil Services Employees Association bargaining unit, and others

regarding the need for improvement and expansion of mental health services in the prison system.^{13 14} ODRC and ODMHAS collaborated to redefine departmental roles in administering mental health services: ODRC took on responsibility for providing services within the prison system, and ODMHAS became responsible for oversight by establishing standards of care and surveying services provided.¹⁵

Under ODRC's leadership, the service delivery model was adapted to become compatible with a community mental health model. As a response to recommendations following the Lucasville Prison Riot, the prison system was subdivided into a series of clusters, with each cluster made up of one to five correctional institutions.¹⁶ An interdisciplinary team is now assigned to each cluster, providing a continuum of care ranging from outpatient to residential services. The mental health team in each cluster collaborates with medical, recovery services, and sex offender program staff. Members of these teams include psychiatrists, psychologists, nurses, social workers, activity therapists, corrections officers, unit managers, and case managers. The cluster mental health teams also visit segregation areas to ensure that individuals can access mental health services when they need them and that no one is in segregation solely because of a mental illness.¹⁷

Each cluster team delivers short-term crisis care within a Residential Treatment Unit (RTU), which is a specialized prison unit that provides on-site care for individuals.¹⁸ In addition, the cluster teams administer outpatient care for individuals who do not live in an RTU. The services delivered through each cluster mental health team include the following:

- Assessment
- Evaluation
- Treatment planning
- Individual and group therapy and counseling
- Activity therapy

- Consultation to staff
- Staff training
- Medication prescription and monitoring
- Behavior management
- Case management
- Crisis intervention¹⁹

Prior to placement in an ODRC facility, cluster mental health staff each receive three weeks of pre-service training at the Corrections Training Academy. Part of this three-week training includes a specialized focus on mental health care in a prison setting.²⁰ In addition to pre-service training, a range of continuing education opportunities, conducted through professional organizations and institutions of higher education, are available for all ODRC staff.

ODRC's first Secure Adjustment Unit was established at the Madison Correctional Institution in Madison County. This new unit is designed to house offenders with serious mental illnesses that have resulted in misconduct reports. This unit hosts a higher concentration of staff with expertise in mental health, unit management, and security to make intensive services more readily available, while maintaining a high level of security. The Secure Adjustment Unit aims to prevent individuals with serious mental illnesses from being placed in long-term restrictive housing, while simultaneously providing quality behavioral health and programmatic services in a safe and humane manner.²¹

SUD Treatment Services Within Ohio's Prison System

ODRC and ODMHAS partnered to create the Bureau of Correctional Recovery Services (the Bureau), which treats offenders who require SUD recovery treatment. The Bureau's goals include improving treatment outcomes for offenders, instilling hope and opportunity for a life without substance use, and providing a holistic approach to alcohol and other drug (AOD) treatment.²² The regimen for incarcerated individuals consists of screening and treatment recommendations for all individuals when they enter an ODRC facility, different options for AOD programming at ODRC facilities, and continuing care. This includes referrals to supportive and treatment-enhancing activities throughout incarceration. Prior to an individual's release, the Bureau provides referrals to community providers offering recovery supports via the Community Transition Program, which will be discussed in "Installment 5" of this report.

ODRC facilities offer programming in a variety of intensities and modalities, including cognitive behavioral therapy programs and therapeutic communities. The following services are provided at ODRC's facilities, although not all services are available at every facility:²³

- **AOD Intensive Program Prison:** A 90-day program focusing on education, training, work, SUD treatment, community service, conservation work and/or other intensive programming for eligible [individuals] in accordance with Ohio Revised Code 5120.32. Upon successful completion of this program, the [individual]'s sentence may be reduced to 90 days, served in a transitional type of detention, followed by a release under post-release control sanctions. Or, in the alternative, the [individual] may be placed immediately under post-release control sanctions.
- **AOD Screening:** Offenders at reception institutions receive screening for AOD use history with the Texas Christian University Drug Screening V Instrument.²⁴
- **AOD Services for the Dually Diagnosed:** For offenders with co-occurring SUDs and mental illness, a multi-disciplinary team including ODRC's Bureau of Mental Health Services works to determine a holistic approach.
- **Brief Intervention Program:** Brief Intervention is a six-week, 24-hour cognitive behavioral program that uses evidence-based strategies to assist [individuals] as they work to make positive changes in their criminogenic thoughts and behaviors, and change patterns of substance use.
- **Intensive Outpatient Program:** A 144-hour program, delivering services daily for a minimum of 12 hours a week. A minimum of 10 of the hours must be cognitive behavioral specific. The remaining hours consist of recovery-oriented supplemental groups.
- **Outpatient Services:** Provided less than eight hours per week in regularly scheduled sessions for program participants who reside in the general population.
- **Recovery Maintenance Program:** A 16-hour program that is provided following the successful completion of the Treatment Readiness Program and the Intensive Outpatient Program.
- **Recovery Oriented Supplemental Groups:** Alcoholics Anonymous, Narcotics Anonymous and other self-help, peer group and fellowship opportunities are offered at all institutions to assist offenders with achieving or maintaining abstinence.

- **Therapeutic Communities:** Residential programs of between six to 12 months that are operated in [ODRC] prisons. The Therapeutic Community is designed to provide a 24-hour recovery-oriented experience.
- **Treatment Readiness Program:** A 48-hour program delivered daily for a minimum of 12 hours a week. A minimum of 10 of the hours must be cognitive behavioral treatment specific. The remaining hours consist of recovery-oriented supplemental groups.
- **Treatment Transfer Program:** A four-week program that is a component of the Treatment Transfer initiative specified in House Bill 64 (131st General Assembly), which provides the Treatment Readiness Program phase of the Intensive Outpatient Program to eligible [individuals] identified for this initiative.²⁵

The Therapeutic Communities within several of Ohio's prisons operate through a contract between CompDrug Inc., ODMHAS, and ODRC. The objective of the Therapeutic Communities is to address anti-social behavior, including but not limited to substance use and criminal behavior. Therapeutic Communities accomplish this objective by creating client communities that are microcosms of the larger outside community. Communities follow a structured daily schedule consisting of clinician involvement, cognitive behavioral therapy classes, and group meetings.²⁶

Each member of a Therapeutic Community has a specific job and role. Throughout treatment, the community members provide feedback about one another's behaviors. Participants have opportunities to learn and practice pro-social behaviors and responses. Throughout the course of their residential treatment, community members acquire and practice new behaviors, contributing to the development of a substance-free, crime-free lifestyle.²⁷

ODRC facilities providing Therapeutic Communities include:²⁸

- Ohio Reformatory for Women – Tapestry
- Pickaway Correctional Institution – OASIS
- Madison Correctional Institution – Vista
- Chillicothe Correctional Institution – Conquest
- Noble Correctional Institution – Shield
- Grafton Reintegration Center - Stepping Stones

Behavioral Health Services Within Ohio's Jails

Because jails are administered on a local basis, they represent a wide range of different infrastructures, resources, and needs. Some jails provide behavioral health care, while others have limited service availability. No centralized data storage system exists to uniformly capture and delineate the behavioral health services available in every Ohio jail; however, the Sequential Intercept Mapping conducted by the Criminal Justice Coordinating Center of Excellence provides data on the behavioral health service availability in 19 of Ohio's county jails.²⁹ Appendix A³⁰ (page 15) outlines these jail services, primarily focusing on mental health services. It highlights designated mental health beds, mental health service provisions, psychiatry service provisions, and medication availability. "Installment 3" of this report will provide additional insight into service availability in Ohio's jails through a survey conducted among the state's jail administrators. Data on treatment for SUDs was not comprehensively available for jails across Ohio.

Stark County Jail

The Stark County jail presents one example of a facility that has integrated mental health and SUD treatment into its jail services. This integration enables individuals to access treatment for both mental illness and SUDs while incarcerated, no matter the duration of their sentences. The jail has worked closely with community partners and has also employed in-house drug and alcohol counselors to ensure as much continuity and/or initiation of care as possible. When individuals enter the Stark County jail, they go through a pre-screening process where a trained officer or registered nurse reviews a set of questions to develop each person's inventory of needs. They undergo a comprehensive medical assessment and are connected to any services they had been utilizing before entering the jail. This comprehensive assessment offers a clearer picture of needs than the pre-screening. Individuals then receive a housing designation based on information gathered in the prior assessments. This could mean that someone is directed to housing within the jail for mental health issues or other health issues. The Stark County jail provides detoxification services for both alcohol and opioids. Counseling is also provided within the jail setting, which is not financially feasible for all jails.³¹

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Post-Release

Reentering the community after incarceration presents a series of challenges for individuals, and particularly those with mental illness and/or SUDs. Immediate, basic needs such as food and shelter often take priority over seeking behavioral healthcare, and the complexities of reentering the community with a criminal record can further delay the process of obtaining behavioral health services.³² Additionally, the processes of reentering the community from jails and prisons are different: jails house individuals serving short-term stays and jail release dates are much less predictable than prison release dates, making planning for post-release from jail more challenging. Programs designed to aid with reentry often operate on the assumption that friends or family members will support returning citizens with basic needs such as food and shelter. In reality, this is not always the case.

Medicaid coverage can provide critical support for those with behavioral health disorders as they transition back into the community and seek treatment. After Ohio's Medicaid expansion went into effect in 2014, ODM and ODRC began to develop plans for Ohio's Medicaid Pre-Release Enrollment Program (MPRE), which provides in-reach into Ohio prisons to enroll individuals in Medicaid prior to their release. "Installment 5" of this report will provide additional information about the MPRE program. Those who opt into the MPRE program are connected with a managed care organization and are eligible for follow-up consultation if they exhibit one or more critical risk indicators (CRIs). A list of CRIs will be available in "Installment 5" of this report. Access to Medicaid coverage can make it much easier for individuals to receive behavioral healthcare, especially for those who would otherwise be unable to cover the cost of services.

Reentry Supports

Criminal Justice and Behavioral Health Linkage Grants

ODMHAS has developed Criminal Justice and Behavioral Health Linkage Grants (also known as Criminal Justice Linkage Grants) to encourage collaboration between criminal justice and behavioral health systems. These grants fund programs that support the reentry transition of those with mental illness and/or SUDs. Successful partnerships between these entities will result in improved continuity of care for incarcerated individuals with behavioral health needs as they return to the community. Programs supporting this population aim to reduce recidivism, increase public safety, and minimize harm for those coming in contact with law enforcement. Figure 2³³ highlights the counties throughout Ohio that received Criminal Justice Linkage Grants for 2018 and 2019. Appendix B (page 20)³⁴ details the programs funded through these grants in 2018 and 2019.

Community Linkage Program

ODMHAS partners with ODRC to provide the Community Linkage Program, which utilizes Community Linkage Social Worker (CLSW) staff to work in ODRC prisons with adult offenders, and in Ohio Department of Youth Services facilities with youth offenders. These CLSW staff provide qualifying offenders with appointments and referrals to supports, such as housing and healthcare services, which promote successful reintegration into the community after release.³⁵

CLSWs assist Community Linkage Program participants who are eligible in applying for Social Security benefits and Medicaid benefits. ODMHAS collaborated with the Social Security Administration (SSA) to create an expedited process for filing SSA applications. Through this process, offenders qualifying for SSA benefits are pre-screened by ODRC staff and referred to CLSWs to assist in completing SSA applications. This program and the resulting SSA and Medicaid benefits

Impact of Collateral Sanctions

Access to basic needs and behavioral health services for individuals returning to the community after incarceration is further complicated by the limitations that collateral sanctions impose. Collateral sanctions are legal penalties or disadvantages that accompany an individual’s conviction for a felony or misdemeanor, even if they are not included in the original sentence.⁴¹ These impacts vary among

states, as some are imposed by federal law, while others are imposed by state law. Table 1⁴² outlines collateral sanctions that impact formerly incarcerated individuals in Ohio. The rights denoted with an asterisk have the potential to directly impact an individual’s ability to access behavioral healthcare, through limitations placed on employment, public or Veterans Affairs (VA) health benefits, or immigration status.

Table 1: *Collateral Sanctions*

Right	Impacts of Collateral Sanctions
Voting	State law dictates the consequences of a felony conviction on the right to vote. In Ohio, R.C. 3502.21(A) provides that a voter’s registration is cancelled following conviction of a federal or state felony. Furthermore, R.C. 2961.01 prohibits an incarcerated felon from voting. That right is restored automatically on the offender’s release from incarceration, although re-registration is necessary because of the effect of R.C. 3502.21(A).
Bearing arms	Federal and state laws dictate limitations on a felon’s right to bear arms. Federal law prohibits a felon from knowingly acquiring, having, carrying, or using any firearm or ammunition. A similar prohibition extends to possession of explosives. Ohio law provides a similar bar for those convicted of a violent or drug-related felony. However, those rights may be restored by application to an appropriate court of common pleas.
Holding public office	In Ohio, felons are prohibited from holding an office of “honor, trust or profit.” This includes state or local elective office, state boards and commissions, public official and employee positions, prosecutor and peace officer. Under federal law, a felony conviction for treason bars an individual from holding any office under the United States. A conviction for bribery of a public official or witness may, at the sentencing court’s discretion, result in a prohibition on holding any office of honor, trust, or profit under the United States.
Jury service	Felons are ineligible to serve on a federal grand or petit jury, unless their civil rights have been restored. State jury service is also prohibited in Ohio.
Witnessing documents	Revised Code 2961.01(B) prohibits a felon from “circulat[ing] or serv[ing] as a witness for the signing of any declaration of candidacy and petition, voter registration application, or nominating, initiative, referendum, or recall petition.”
Loss of state licenses*	Revised Code 2961.03 provides that a felony conviction for theft results in the automatic revocation of the licenses of those working as secondhand dealers, junk dealers, transient dealers, peddlers, itinerant vendors and pawnbrokers.
Federal benefits*	The U.S. Department of Housing and Urban Development has a “zero tolerance” policy, under which any conviction involving drugs or violence is grounds for eviction from public housing. Persons convicted of drug-related felonies are subject to a lifetime ban on Temporary Assistance to Needy Families and food stamps. Similarly, a drug-related conviction disqualifies an individual from receiving federal education grants, loans and work assistance. Completion of a drug rehabilitation program can restore the person’s eligibility.
Immigration*	Nonresident aliens convicted of a felony are subject to deportation. Interestingly, Ohio judges are specifically required to warn defendants of this possibility prior to accepting a plea of guilty or no contest to any offense other than a minor misdemeanor.
Military service and benefits*	Federal law prohibits felons from enlisting in any branch of the armed forces of the United States; however, the secretary of defense has the discretion to authorize exceptions. Persons convicted of mutiny, treason, sabotage, rendering assistance to the enemy or other specifically enumerated offenses are barred from receiving all forms of veteran’s benefits, such as pension, disability, hospitalization and burial in a national cemetery.
Federal contract exclusion*	Many federal agencies have adopted regulations providing that persons convicted of felonies are excluded from participating in contracting opportunities. Of note, health care providers convicted of program-related fraud can be excluded from Medicare and Medicaid, and persons convicted of fraud or any Department of Defense contract are excluded for working on a defense contract for at least five years.
Federal employment and licensure/security restrictions*	Federal law automatically excludes felons from serving or continuing to serve as a law enforcement officer, without exception. Persons wishing to serve as airport security screeners, or who need access to secure areas of an airport, must not have been convicted during the previous 10 years of a wide variety of felonies. Similar restrictions exist for persons whose employment requires a Transportation Worker Identification Credential. Merchant mariners also must not have been convicted of certain enumerated offenses, including federal “dangerous drug laws.” Airman certificates can be revoked for certain convictions, particularly those involving drugs.

* Indicates an area where collateral sanctions could directly impact an individual’s ability to access behavioral healthcare.



Recommendations

Our research brings together information to examine the intersection of the criminal justice and behavioral health systems. While information exists across Ohio, there remains a need for data that fully captures key information at different points along a cycle that people with a behavioral health disorder have experienced as it relates to the criminal justice system.

Beyond questions about data, our research has resulted in a series of policy recommendations for moving forward.

Access to Health and Social Services

- In order to more fully implement the continuum of care, Medicaid services should be broadened and additional funding invested in the community mental health and SUD system to ensure access to these services across Ohio.

Services within Jails and Prisons

- Jails should be mandated to collect and report standardized data on mental illness and/or SUDs among incarcerated individuals, as well as the availability of behavioral health services in these jails. Specifically, all jails should track the number of behavioral health beds, the number of hours of behavioral health staff time, the number of hours of psychiatric staff time, and the availability of medications, including psychotropic medications and detoxification services for mental health and/or SUDs.

Post-Release

- ODMHAS should encourage counties who have not applied for or have not received a Criminal Justice and Behavioral Health Linkages grant over the past five years to support individuals in the criminal justice system with behavioral health needs and to apply for grant dollars to fund necessary collaborations. Policy makers should encourage limitations on collateral sanctions, specifically those targeting reductions in public healthcare benefits and limitations on employment eligibility.

Appendix A⁴³: Jail Behavioral Health Services in Counties Participating in Sequential Intercept Mapping

Jail	Bed Availability	Mental Health Services	Psychiatry	Medication Access
Butler County	96 designated MH/medical beds for males; 0 designated MH beds for females	4 positions funded by Butler County Mental Health Board to work in the jail on a daily basis.	Psychiatrist contracted for 8 hours/month; wait of 1-2 weeks to see psychiatrist	Family members can bring medications to an inmate if he/she has an active prescription.
Middletown County	No data on specific MH beds	Psychiatry services are not available in Middletown Jail, where someone might stay up to a year. Inmates are sent to Atrium Hospital if behavior warrants.	Psychiatry services are not available in Middletown Jail, where someone might stay up to a year. Inmates are sent to Atrium Hospital if behavior warrants.	No data available.
Clermont County	32 designated "supermax" beds for stabilization of difficult cases, including MH cases	MH nurse available to see inmates 2 times per week; The Community Alternative Sentencing Center (CASC) is a community drug and alcohol treatment program for women, operated by Talbert House and housed in a wing of the jail. The program is a residential lock-down, community control sanction for misdemeanor offenders and is capped at 30 days, except for OVI offenders, who can stay longer. Program time counts toward jail time. This is a pilot program, first of its kind in Ohio.	Psychiatrist available to see inmates once every other week	Non-narcotic meds are permitted if a family member or other outside person can fill/deliver them; if medications are filled by the jail, inmates are limited to the jail formulary; if necessary, a nonformulary prescription will be issued.
Delaware County	Individuals with serious mental illness are separated from the general population, but there is no special unit specific to mental illness.	Inmate roster is cross-referenced with client lists from community behavioral health agencies, but the follow up process is unclear. The jail partners with Recovery Prevention Resources (RPR) for outpatient substance abuse treatment groups totaling ten hours/week for males and females; assessment is required. Another partner agency provides peer mentoring, and additional approved entities can schedule the interview room to meet with clients. Assessment and individual counseling is used to bridge to treatment after discharge. The jail has no definition or formal criteria to determine if an inmate has a mental illness. Currently the number of inmates identified as having mental health issues are determined by the number of detainees referred to the Jail Mental Health Clinician for a brief mental health evaluation. One 40 hour/week mental health clinician is employed by the jail.	Individuals with active cases at Central Ohio Mental Health (COMH) are transported to COMH for psychiatry visit.	The jail has a formulary for medications. Special approval can be arranged for non-formulary medications in discreet cases, such as return from state hospital (Twin Valley). Inmates may have access to outside medications once the medications are validated and deemed compliant.
Gallia County	One solitary cell and two 2 holding cells (no specific MH beds)	Innovation grant provides for recovery supports in jail: assessment, individual and group counseling, and case management, training, and linkage to services, which has resulted in 86% follow through rate. The grant will also expand Trauma Informed Care training of law enforcement and clinical staff.	Telemedicine is used for psychiatry and advanced practice nurses.	

Jail	Bed Availability	Mental Health Services	Psychiatry	Medication Access
<p>Hancock County</p>	<p>Individuals with serious mental illness can be separated from the general population but only when the individual's mental health has declined; however, there is not a dedicated housing unit specific to mental illness. The goal is to stabilize the individual and return them to general population.</p>	<p>The jail provides contracted medical and treatment services through Century Health and Correct Care Solutions; The jail does not currently capture data on individuals with mental illness (MI); as a result, recidivism and length of stay information is not available for this target population. At the time of the workshop, jail administration estimated on average 23 inmates per day have a mental health concern but only 1-2% are considered to have a serious mental illness. Mental Illness is defined as receiving services, having a diagnosis of mental illness, or prescribed psychotropic medications. One on-site social worker is available to visit inmates throughout the day.</p>	<p>There are no psychiatric services in the jail. The jail contacts Century Health for any immediate psychiatric needs and will transport inmates to psychiatry appointments.</p>	<p>Individuals may have access to outside medications once the medications are verified. It typically takes 24- hours to verify a valid prescription. Correct Care Solutions manages the jail formulary and may switch an individual's medication to match the formulary; however, they will try to keep an individual on their original anti-psychotic medications. Diamond Pharmacy has been the contracted central pharmacy since 2006 and Rite-Aid is the back-up pharmacy.</p>
<p>Lucas County</p>	<p>No data on specific MH beds.</p>	<p>No data on specific mental health services provided in the jail.</p>	<p>A psychiatrist is on site for an estimated 10 hours per week. The scheduled hours are Saturdays and Sundays 5:00 p.m. to 10:00 p.m.; however, some discussion occurred related to occasional variation in these hours, which included early morning hours when inmates were less inclined to rise from bed to see the psychiatrist.</p>	<p>Inmates are permitted to access previously prescribed medications. Upon release, medications that were prescribed prior to incarceration can be taken with the individual. Medications provided by the jail cannot be taken with the individual upon release. Medication formularies vary among community mental health providers, jail, and Corrections Center of Northwest Ohio (CCNO). This is improving but is still a reality.</p>
<p>Mahoning County</p>	<p>A special needs pod with 18 beds is available for males. There are six beds in administrative Segregation which can be used for females as needed.</p>	<ul style="list-style-type: none"> • Meridian HealthCare provides services at the jail including group counseling, mental health and substance use screening, substance use disorder assessments, and individual counseling for substance use. Staff will at times talk with defense counsel. New staff will be meeting with all identified individuals with behavioral health concerns for case planning, management, and linkage. • Turning Point provides mental health services at the jail including assessment, individual counseling, anger management and Insight into Change groups, referrals to psychiatrist, and mental health court assessments. • Individuals with co-occurring disorders may receive services with both agencies. 	<p>Psychiatrist visits typically occur within 30 days. One psychiatrist is available at the jail four hours/week and oncall.</p>	<p>Medications can typically be provided within 48 hours. Outside medications may be used as a source of medication validation. The Mental Health and Recovery Board provides allocation for central pharmacy to provide first choice medications.</p>

Jail	Bed Availability	Mental Health Services	Psychiatry	Medication Access
Montgomery County	There is no mental health unit in the jail. W-1-1 is located close to medical services and is used for housing those with mental health needs.	New contract with NaphCare will expand mental health services and discharge services, doubling psychiatry to 20 hours and nurse hours to 24/7. Discussion is occurring related to Medication Assisted Treatment as a possible new service.		Inmates are not permitted to bring outside medications to the jail and are limited to the Naphcare formulary.
Portage County	No data on specific MH beds	Coleman Professional Services is contracted for psychiatry services (Dr. Welsh) 8 hours/month, as well as for mental health therapy services at the jail.	Coleman Professional Services is contracted for psychiatry services (Dr. Welsh) 8 hours/month, as well as for mental health therapy services at the jail.	A bridging policy is in place to maintain existing medications. Medication is verified and reinstated as soon as possible, typically within a day. Some medications are in stock at the jail. Coleman staff can verify prescriptions for existing clients. Medication is then coordinated by the case manager, with assistance in getting medications to the jail. There are frequent complaints from clients, however, and mixed messages and experiences concerning access to medications.
Ross County	16-bed pod that is available for special populations and to provide medical assistance as needed.	Individuals are assessed after 48 hours and at 14 days. Screening occurs for medical, substance, mental health, trauma and veteran status; Behavioral Health agencies provide services within the jail, including case management, anger management, substance abuse education and support, as well as AA meetings.	No data on the availability of psychiatry services.	Outside medications are permitted once verified and approved by medical staff.
Sandusky County	No data on specific MH beds	<ul style="list-style-type: none"> • Screening in the jail consists of a checklist for suicide, mental health issues, and trauma that corrections officers can use or an inmate can request. • The Healing Center provides Substance Abuse and Mental Health counseling and assessment services in the jail. These services are contracted through grant funds, which will end this year. Healing Center is not able to complete pre-hospitalization screening; this service is limited to Firelands Mental Health Center. • Services in the jail currently include AA, faith-based programs, individual counseling, a women's group, Cognitive Behavioral Therapy (CBT) and Moral Reconciliation Therapy (MRT). 	No data on the availability of psychiatry services.	Inmates can access previously prescribed medications if nonnarcotic and they can be filled by a family member or other outside person. If medications are filled by the jail, inmates are limited to the jail formulary. If an inmate is a known client, the jail nurse will contact the Firelands nurse to coordinate care.

Jail	Bed Availability	Mental Health Services	Psychiatry	Medication Access
Shelby County	No data on specific MH beds	Shelby County Counseling provides mental health counseling on Thursday mornings and substance use assessments 2-3 times/week. Counseling groups are offered for men and women.	No data on the availability of psychiatry services.	Medical doctor is on site once/ week, on-call if needed, and will prescribe medications. Nurse is available 7:30am – 11:00pm. There is typically a lag of a couple days for prescriptions. Individuals known to jail staff are often able to get medications more quickly. Jail policy permits medications to be brought in by outside entities in original prescription bottles.
Stark County	No data on specific MH beds	<p>The jail provides 24/7 contracted medical and treatment services through Correctional Healthcare, including 24-hour nurses. Two full-time counselors provide assessment, continuing counseling, and crisis response. One halftime psychologist provides individual counseling and is also on-call.</p> <ul style="list-style-type: none"> • The Inmate Addiction Recovery Program (IARP) is an in-jail Intensive Outpatient Substance Use Treatment Program, certified by OHMHAS and provided to individuals by court order, post-disposition only. No substance use treatment services are available pre-sentence. • AA and NA meetings are also available. 	A psychiatrist is on site three hours/week and on-call.	<ul style="list-style-type: none"> • Inmates may have access to outside medications once the medications are verified. It typically takes 24-hours to verify if a valid prescription is brought into the jail. Increasingly, officers are bringing medication and medical equipment with the arrested individuals, although the jail would like to see this occurring more often. • If inmates do not bring in medication they can be seen by the psychologist within 48-hours to begin the process of ordering and verifying the medication, which can take 7-10 days. • Forced medication orders are available via hearings, typically for competency cases, although the jail reported having occasions of receiving Common Pleas orders, outside of the special hearings, for medication and permission to forcibly give medications if refused.
Summit County	No data on specific MH beds	Psychiatry and other mental health services are provided by Summit Psychological Associates seven days/ week, extended hours Monday through Thursday and eight hours each day Friday through Sunday. Staff are also on call.	Psychiatry and other mental health services are provided by Summit Psychological Associates seven days/week, extended hours Monday through Thursday and eight hours each day Friday through Sunday. Staff are also on call.	

Jail	Bed Availability	Mental Health Services	Psychiatry	Medication Access
Tuscarawas County	Individuals presenting danger to self or others are held in a separate cell in close proximity to booking. The jail has a restraint chair if needed. Individuals in need of detox are also held in a separate cell in close proximity to booking. The jail has a detox protocol in place.	The jail has the following additional services available to inmates: church services, New Beginnings faithbased support group, AA, Compass Life Group (faith-based, life issues), substance abuse and mental health assessments and counseling, and support groups for domestic violence. Most counseling is tele-counseling through Personal and Family Counseling Services (PFCS); occasional in-person individual counseling is provided.	There are no psychiatric services in the jail. The jail contacts Community Mental Health for any immediate psychiatric needs. Otherwise, counseling services are provided via tele-medicine.	Medication is rarely accepted from outside, with the exception of emergency medication (insulin, etc...), although the physician will generally prescribe the same medication whenever feasible. Medications are purchased through central pharmacy and may take a few days to obtain. The physician decides upon prescriptions and will consult with a psychiatrist if needed. Community Mental Health (CMH) indicated that the jail is doing a good job with medications.
Warren County	The jail does not have space for special housing; males and females are limited to segregation (13 cells) or watch if needed. There are three medical cells.	Mental health evaluations occur within 12 days for those held three or more days with unknown or absent signs of mental illness. Those exhibiting symptoms will be seen within 24 hours. <ul style="list-style-type: none"> • Solutions crisis counselor staffs the jail 7 days/week • Boundary Spanner works at jail full-time and is responsible for suicide assessments and watches. Mental health staff will see individuals within 24 hours if jail staff determines need for suicide watch; Substance Abuse therapist runs group and performs assessments. AA groups are also available. All groups are co-ed. • Vivitrol program is in place. 	Psychiatric Nurse Practitioner works in the jail two hours/week on one day. This coverage is sometimes ample, sometimes insufficient. The NP can do medication reinstatement and can see 8-10 people in two hours.	Valid prescriptions can be filled for non-mental health system clients, and family can bring in medications. The jail uses a formulary for medications, although the Mental Health and Recovery Services Board will pay for non-formulary if necessary. No benzodiazepines are allowed at jail; substitution is made as soon as possible and monitoring is provided. Medical protocol is in place for withdrawal or detox. General population is on increased watch.
Wood County	No data on specific MH beds	Medical and mental health services are contracted out. Medical services are provided by nurses and available 24/7. Mental health services are contracted for 60 hours.	No data on the availability of psychiatry services.	Inmates can access previously prescribed medications if nonnarcotic and they can be filled by a family member or other outside person. Nursing staff will verify and allow. If medications are filled by the jail, inmates are limited to the jail formulary. If an individual is sentenced, there is a \$10 charge per medication.

Appendix B⁴⁴: Programs Funded through Criminal Justice Linkage Grants – 2018 and 2019

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Athens Hocking Vinton	\$100,000	<ol style="list-style-type: none"> 1. Southeast Regional Jail (SEORJ) 2. Clem House 3. Alcohol, Drug Addiction and Mental Health Services Board Serving Athens, Hocking and Vinton Counties (317 Board) 4. Prosecutor's Office 	The Athens, Hocking and Vinton Counties (AHV) Linkages Project has two key elements: timely and seamless transition from referral to treatment and close collaboration between behavioral health and criminal justice. The partner agencies will work together to expand the Prosecutor's diversion program to include Vivitrol treatment for at least 80 individuals over two years. The project will target the local opiate epidemic and has the potential to assist criminal defendants in making permanent life changes leading to reduced recidivism and safer communities.	<ul style="list-style-type: none"> • Number of persons assessed by location and disposition. • Timeliness of engagement: length of time for each step (referral, assessment, medication administration, Medicaid eligibility, and length of time in treatment). • Number of clients testing negative for drug screens (opiates) at various time intervals, including post program completion. • Number of clients obtaining or maintaining sober/stable housing. • Number of clients obtaining or maintaining employment.
Gallia Jackson Meigs	\$150,000	<ol style="list-style-type: none"> 1. Gallia, Jackson and Meigs Board of Alcohol, Drug Addiction and Mental Health Services 2. Gallipolis Municipal Court 3. Family Addiction Community Treatment Services, Inc. 4. Spectrum Outreach Services, Inc. 5. TASC of Southeast Ohio 6. Woodland Centers, Inc. 7. Health Recovery Services, Inc. 	This project includes services in jails, as well as provision of post release aftercare services to reduce the recidivism in jails while providing the clients with the best resources available in the community in support of their recovery.	<ul style="list-style-type: none"> • 90% of inmates in the Jackson Co. Correctional Facility requesting services or referrals for services by jails will receive a diagnostic assessment within 48 hours of request/referral. • 90% of inmates in the Jackson Co. Correctional Facility who participated in services in jail will be linked to services prior to release.
Licking Knox	\$88,639	<ol style="list-style-type: none"> 1. The Licking County Community Corrections Planning Board 2. Licking County Reentry Task Force 3. Knox Substance Abuse Action Team 4. Mt. Vernon Municipal Drug Court Workgroup and Knox County Crisis Intervention Team 	This project will increase services in the Licking and Knox County jails by increasing access to mental health and AOD assessment and treatment services; and reentry planning/community linkage bridge services.	<ul style="list-style-type: none"> • Number of participants served by project; Licking County plans to serve 340 inmates; Knox County plans to serve 200 inmates. • 75% of the participants assessed in the jail and referred to AOD and/or MH services as part of reentry planning will engage in these services upon release from incarceration. • 90% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. • 70% of participants engaged in services following release will demonstrate improved overall functioning after six months of community services.
Hancock	\$150,000	<ol style="list-style-type: none"> 1. The Crisis Intervention Team 2. National Council of Behavioral Health Providers 3. Hancock Co. ADAMHS Board 4. Century Health Inc. 5. Hancock County Sheriff's Office and Justice Center 6. Hancock County Common Pleas Court 7. Findlay Municipal Court, Police Department 	The Hancock County ADAMHS Board along with their collaborating partners on this grant, the Hancock County Justice Center, County Common Pleas Court and Adult Probation, are proposing to use funds to continue and expand implementation of the Shared Framework for Reducing Recidivism and promoting recovery.	<ul style="list-style-type: none"> • Staff from the Hancock County Justice Center and the Criminal Justice Division of Century Health will implement the Shared Framework for Reducing Recidivism and Promoting Recovery models as directed on the Linkages Diagram • Data and outcomes, as determined by the Criminal Justice CCoE, will be collected by linkages staff and analyzed by the CCoE. Recidivism rates will be tracked and reported by groups and services provided and reviewed against the analyzed data. The CQI Committee will work closely with the CCoE to make necessary staffing, programming, etc. change to receive the best results. • Peer support services will be bolstered through connecting with Focus on Friends Recovery Center. • A CBI-SA group will be offered in the jail for those that assess low on criminogenic risk but high on substance use. This group will also be offered to the community for those that are released from jail but waiting for access to treatment, residential, etc.

Appendix B Continued

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Clark Green Madison	\$129,300	<ol style="list-style-type: none"> 1. McKinley Hall 2. Clark County Jail 3. West Central Community Correctional Facility 	Through the enhancement of services this funding will allow for diagnostic assessment and case management services to be provided to inmates prior to being released and increase engagement and access to resources post release. The funding will also allow for improved specialized criminal justice treatment services within the behavioral health organization. The grant will be used to fund a therapist, case manager, psychotropic medication (pre and post release) and transportation.	<ul style="list-style-type: none"> • Number of inmates assessed • Number of participants that have successfully engaged in treatment services upon release back into the community • Number of participants stably housed • Number of participants stable on prescribed medication • Number of participants with no new arrest • Number of participants employed and/or enrolled in a vocational program
Lake	\$150,000	<ol style="list-style-type: none"> 1. Beacon Health 2. The Lake County Sherriff's Jail Treatment Program 3. Lake-Geauga Recovery Center 4. Lake County Probation 5. Lake County Adult Probation 6. Lake Health Urgent Care 	The Lake County Opiate Recovery Program will continue to provide Medication Assisted Treatment to felony level offenders, and will expand this program to misdemeanor level offenses.) will expand upon the existing program, to include individuals with misdemeanor-level offenses. Upon release from jail, offenders with substance abuse related offenses will have access to MAT (Vivitrol) and evidence based treatment. The goal of the program is to reduce the incidents of recidivism and improve the ability of those involved in the program to maintain recovery and return to productivity in our community. The Lake County ADAMHS Board will contract with Lake- Geauga Recovery Center for the provision of these services.	<ul style="list-style-type: none"> • 60% of the Opiate Recovery Program clients will complete their treatment plan goals including compliance with treatment assignments, self-help meetings, medication assisted treatment and being drug free. • 50% of Opiate Recovery Program clients will report being drug free and incurring no new legal offenses one year post treatment. • 30% reduction in jail recidivism of Opiate Recovery Program clients.
Butler	\$150,000	<ol style="list-style-type: none"> 1. Butler County Court of Common Pleas 2. Butler County Substance Abuse mental Illness (SAMI) program 3. Assertive Community Treatment 4. Community Behavioral health 5. Transitional Living Corp 	The proposed program expansion includes a new dually certified full time Jail Program Coordinator to better assess inmates for alcohol and other drug use and mental illness as well as coordinate treatment services and linkages with the community upon release from incarceration. The current jail addiction treatment program serves about 30 inmates per month in a jail population that can reach 1000.	<ul style="list-style-type: none"> • Tracking of individuals served in the program by incorporating the local courts, probation and law enforcement. • A quality improvement/implementation committee will provide oversight and management of the project to ensure fidelity to the model described and ensure compliance with outcome measurement tracking. • Track program census, rates of recidivism, rates of re-offense and obtainment of stable income or a job, stable housing.
Portage	\$149,537	<ol style="list-style-type: none"> 1. Assess & Connect to Opportunities for Recovery & Discovery 2. Coleman Professional Services 3. Townhall II 4. Summa Center for Traumatic Stress 	This project will decrease recidivism and reduce correction costs by enhancing a system of care to assess and treat trauma, assess and treat substance use disorders and encourage social learning. It will serve 50 participants during incarceration and provide brief treatment in the community.	<ul style="list-style-type: none"> • 100% of people receiving Vivitrol will attend the first community psychiatry appointment. • All 64 participants will be connected to needed services. • 40 participants will not be re-incarcerated for one year post-release.
Columbiana	\$110,000	<ol style="list-style-type: none"> 1. Mental Health and Recovery Services Board of Columbiana County 2. Family Recovery Center 3. The Counseling Center 4. East Liverpool Municipal Court 5. Columbiana County Municipal Court 6. The Columbiana County Court of Common Pleas Probation Departments 7. The Adult Parole Authority 8. Community Action Agency Rural Transportation Service 	This project strengthens linkage between criminal justice and behavioral health services through increased communication between these systems. The project supports implementation of a cognitive behavioral, evidence-informed, manualized approach that is based on gender and criminogenic risk level. Supported employment and housing assistance will also be available to participants.	<ul style="list-style-type: none"> • 52% of offenders will successfully complete probation. • 60% of persons referred for addiction treatment will successfully complete treatment. • 40% of offenders who are unemployed will secure stable employment prior to the completion of probation.

Appendix B Continued

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Hamilton	\$150,000	<ol style="list-style-type: none"> Addictions Services Council Center for Addiction Treatment Central Community Health Board Crossroads First Step Home Talbert House 	<p>This project will fund outpatient treatment and MAT for clients who are deemed treatment ready after release from jail.</p>	<ul style="list-style-type: none"> Improved program commendations, program matching, and access to appropriate treatment. Ability to share information with identified partners to improve coordination between corrections and community partners. Number of people receiving MAT. Increased Abstinence for individuals in outpatient treatment. Track number of clients that are engaged and connected to outpatient services.
Richland	\$148,042	<ol style="list-style-type: none"> Richland County jail Common Pleas Court Ohio Health Hospital Heartland Behavioral Health 	<p>This project will increase access to services and increased retention in behavioral health care for individuals involved in the criminal justice system. The project will expand the current partnership between the Richland Board, Catalyst Life Services and Richland County Sheriff Department. The project will also increase the amount of clinical assessments, crisis intervention, pharmacologic management, individual counseling and educational programming currently being provided at the jail.</p>	<ul style="list-style-type: none"> Retention in behavioral health services for individuals who engage at the jail. Decrease recidivism rates for individuals receiving behavioral health services. Decrease transfers to inpatient services from the jail.
Ashland	\$150,000	<ol style="list-style-type: none"> Mental Health and Recovery Services of Ashland County Ashland County Jail Community Correction Act Program Ashland County Probation Municipal Court 	<p>This project will increase the staffing for the Jail Community Linkage Program from 1 FTE to 1.5 FTE with an addition of a part-time (.5) Peer Recovery Coach. Peer supporters are growing in Ohio and across the nation as their value is made more evident. The recovery coach will work with the jail community linkage counselor to serve inmates both in the jail and upon their release to the community. Ashland plans to open its first recovery home in SFY 16 and the recovery coach will be integral to the home by providing onsite supportive services, transportation assistance to self-help groups, employment and other needed services.</p>	<ul style="list-style-type: none"> Increased access to treatment in the jail Increased post-release recovery supports Improved client stability & reduced recidivism Improved jail -community coordination & continuity of care
Logan Champaign	\$88,639	<ol style="list-style-type: none"> Logan County and Champaign County Common Pleas Court Bellefontaine and Champaign Municipal Court Logan County Family Court Logan County Sheriff's Office Champaign County Domestic Relations Court Champaign County Sheriff's Office Tri-County Jail Consolidated Care, Inc. Wellspring Local ODRC Probation & Parole Staff MHDAS Board of Logan & Champaign Counties 	<p>This Project will support the addition of a licensed Mental Health Therapist two days/week and one full-time AoD counselor/case manager for screening and assessments at the Logan County Jail three days/week. These staff will also assist with service coordination and linkage to recovery supports upon reentry. Inmates will receive a behavioral health screening unless they are already active in treatment. Inmates with a positive drug screen will be referred for a complete diagnostic assessment with appropriate treatment services offered when indicated.</p>	<ul style="list-style-type: none"> The number of inmates assessed and receiving MH/AOD treatment while incarcerated. The number of inmates connected to community services following release. The number of inmates started on Vivitrol the day of release, with linkage to a community provider. The number of AoD related rearrests. The number of appointments that are kept for community services (treatment, medical, employment services, sober support meetings, etc.) by the client in the first 60 days after release.

Appendix B Continued

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Union	\$150,000	<ol style="list-style-type: none"> 1. West Central Community Correctional facility 2. Union County Family Drug Treatment Court 3. Union County Juvenile Court 4. Union County Adult Drug Court 5. Union County Common Pleas Court 	<p>This project is designed to address both the static factors and dynamic factors (criminogenic needs) of persons involved with the criminal justice system that are associated with disproportionate risk for behavioral health issues. Static factors will be addressed through extensive staff training in trauma informed care. Dynamic factors, or criminogenic needs, will be addressed through intensive linkage and the development of a "one stop" program where for linkage to services and supports to reduce recidivism.</p>	<ul style="list-style-type: none"> • Develop a community wide trauma transformation plan • Conduct pre-assessment and readiness/ capacity assessment of organizations involved in the transformation plan • Train staff in evidence based practices related to trauma informed care • Provide trauma screening for people involved with the criminal justice system
Putnam	\$82,373	<ol style="list-style-type: none"> 1. The Mental Health, Drug & Alcohol Addiction Recovery Board of Putnam County 2. Putnam County Municipal Court 3. Putnam County Common Pleas Court 4. Putnam County Parole 5. Putnam County Probation 6. Putnam County Sheriff's Office 	<p>This project will provide both group and individual counseling sessions at the Putnam County Jail and at Pathways Counseling Center. Following release from incarceration some clients would be directed to continue their treatment at Pathways. Outpatient counseling and case management will also be used for those on parole and probation. Pathways Counseling Center will also provide local law enforcement personnel with Crisis Intervention Team (CIT) refresher courses.</p>	<ul style="list-style-type: none"> • Self-Improvement: Using a pretest/posttest outcomes measure, 60% of participants will record higher scores on the posttest measure in areas such as health, anxiety, emotional stability, and outlook on future. • Sustaining Achieved Goals: 60% of participants will continue receiving services after release from incarceration and will remain out of custody for at least six months. • Employment: of those who qualify to meet with an OOD coordinator and 40% will find employment within six months of receiving services.
Medina	\$143,368	<ol style="list-style-type: none"> 1. Alternative Paths 2. Medina County Jail 3. Medina County Common Pleas Court 	<p>This project will address identified gaps within the Medina County adult and juvenile criminal justice system associated with successful reentry to the community for those experiencing issues with mental health or addiction needs. The proposed linkage services would further support continuity of care and enhance outcomes for consumers incarcerated.</p>	<ul style="list-style-type: none"> • Weekly tracking by CPST staff to assess the individual's re-entry progress for 90 days. • Indicators include: successful connections with community resources, secured entitlements, compliance with treatment, new charges and/or probation violations. • The number of juveniles and family members commit to engaging with services post release.
Miami Darke Shelby	\$83,628	<ol style="list-style-type: none"> 1. Tri-County Jail 2. Behavioral Health Services of Shelby County 3. Shelby County Counseling Center 4. Goodwill Easter Seals Miami Valley 	<p>The project will identify and address treatment and recovery support needs, provide problem-solving assistance, and monitor outcomes. The project will reduce recidivism rates; facilitate seamless transfer of behavioral health treatment between county jails and local behavioral health providers; increases in-house treatment services at jails, increase recovery supports in the community, and reduce the number of persons incarcerated due to their mental illness and /or substance abuse.</p>	<ul style="list-style-type: none"> • Number of appointments in jail (face-face meetings). • Number of pharmacological appointments within 10 days of release. • Number of offenders remaining in treatment at least 180 days post release. • Number of offenders who are assessed for benefits. • Number of offenders with no new arrests at completion of treatment. • Number of inpatient hospitalizations post-release
Lucas	\$122,355	<ol style="list-style-type: none"> 1. Zepf Center 2. UMADAOP 3. Renewed Minds 4. Lucas County Job and Family Services 5. Lucas County Sheriff's Office 	<p>The project will improve the early identification of individuals who may require behavioral health services and allow for more efficient and effective release planning and post release treatment engagement. The project will employ the principles of Risk, Need and Responsibility. Through implementation of this process, the number of individuals with mentally illness and/or addiction in the justice system will be reduced.</p>	<ul style="list-style-type: none"> • Number of individuals receiving a GAIN SS. • Number of individuals screened for additional assessment services. • Number of individuals who received a GAIN SS and were released from Lucas County Corrections Center with bond requirements to attend TASC and /or Treatment Services. • Number individuals who engage in post release TASC/treatment services post release. • Number of individuals who maintain compliance with bond requirements throughout the period of their pretrial experience. • Number of individuals who do not recidivate during their participation and 6 months post participation.

Appendix B Continued

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Defiance Williams Henry Fulton	\$150,000	<ol style="list-style-type: none"> Four County Board of ADAMHS Recovery Services of Northwest Ohio Corrections Center of Northwest Ohio Comprehensive Crisis Care 	This project will allow for the Board and its partners to expand the use of MAT while individuals are incarcerated. It will provide intervention and transition services into the community after release.	<ul style="list-style-type: none"> Number of SASSI scores will be monitored. THQ scores daily observed medication administration. Weekly drug test/tracking Track program attendance and participation. Proposed reduction in recidivism rates.
Montgomery	\$100,000	<ol style="list-style-type: none"> ADAMHS Board of Montgomery County Lighthouse Youth Services Montgomery County Juvenile Court Ohio Department of Youth Services 	The expanded program will provide evidence-based treatment programming, in-home family support and therapy, case management providing Community Prevention and Supportive Treatment services, life skills training, workforce development and educational services. Lighthouse's program will mitigate barriers to services by bringing case management to the participant focusing on linking intervention and supportive services and facilitating self-sufficiency skills for transition aged youth.	<ul style="list-style-type: none"> Number of youth enrolled and served. Completion of programming. Engagement in prerelease and community based services. Recidivism rates. Employment engagement. Educational advancement.
Ashtabula	\$90,000	<ol style="list-style-type: none"> Ashtabula County Jail Residential Substance Abuse Treatment Cognitive Behavioral Interventions for Substance Abuse Services Forensic Partnership Recovery Program 	The project will serve persons in the County Jail identified as having behavioral health needs and at moderate to high criminogenic risk. Community Counseling Center will provide direct care staff including a .75 FTE Behavioral Health Therapist proficient in mental health/substance use assessment and treatment; .50 FTE Dual Diagnosis CM/CPST workers and a Psychiatrist who will provide services for 1.5 hours every other week.	<ul style="list-style-type: none"> Number of persons assessed. Number of persons receiving jail-based treatment. Number of persons served with reentry plans. Number of persons linked to services with seven days of release.
Mahoning	\$110,000	<ol style="list-style-type: none"> The Mahoning County Sheriff's Department Community Corrections Association Meridian Community Care TASC Turning Point Counseling Catholic Charities Regional Agency Flying High 	This project plan includes enhanced services for persons with mental illness and substance use disorders currently incarcerated in the Mahoning County Jail and the Mahoning County Community Corrections Association. The funding supports new services to help persons upon their return to the community. The project will provide Reentry coordination for services that began while incarcerated and continue as the person is released from the jail or CCA.	<ul style="list-style-type: none"> Number of inmates participating in in treatment Number of clients with a reentry plan. Number of clients referred to peer support. Number of clients with a treatment, and tracking of adherence. Client medication compliance rates. Number of client re-offenses within 3 month to 1 year?
Seneca Sandusky Wyandot	\$148,514	<ol style="list-style-type: none"> MHR SB-SSW Sandusky County Sheriff's Office Seneca County Sheriff's Office Wyandot County Sheriff's Office Firelands Counseling and Recovery Services Sandusky County Reentry Task Force 	The project goals include screening of inmates for mental health, addiction, trauma and criminogenic risk factors. The screening tool results will be used to inform criminal justice system decision making, increased treatment services during incarceration, and improved pre-release planning.	<ul style="list-style-type: none"> 250 individuals will be screened in year one. 50 individuals will receive behavioral health services. 500 individuals will be screened in year two. 100 individuals will receive behavioral health services.
Allen Auglaize Hardin	\$83,333	<ol style="list-style-type: none"> County Jails Western Ohio Regional Treatment and Rehabilitation Center First Responder Navigator Coleman 	The purpose is to decrease recidivism & reduce correction cost by enhancing a system of care to assess & treat trauma & substance use disorders & encourage social learning. Targeting individuals with SMI and/or addiction disorders involved in the criminal justice system, they anticipate 75 participants annually.	<ul style="list-style-type: none"> 46 participants will not be re-incarcerated for 1 year post-release. All 75 participants will be connected to needed services. 100% of people receiving Vivitrol will attend the first community psychiatry appointment for Vivitrol. 50 staff will be trained.

Appendix B Continued

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Franklin	\$83,333	1. Southeast Inc. 2. County Jail 3. Assertive Community Treatment	The program will provide Medication Assisted Treatment prior to release from the county jail and Peer Recovery Supports to assist with treatment linkage, resources and mentoring upon release. The program will serve 40 individuals with initial medication and ongoing peer support at an average cost of \$2083 per individual.	<ul style="list-style-type: none"> • Brief addiction monitor assessment of substance use and related factors such as indicators of relapse risk and recovery oriented behaviors • Rapid Risk of Violence Screen assessment of increased risk of violent behavior • Physical Health Questionnaire assessment of depression • Generalized Anxiety Disorder assessment of anxiety
Cuyahoga	\$83,333	1. Cuyahoga county jail 2. Cuyahoga community based correctional facility	The Alcohol Drug Addiction and Mental Health Services Board of Cuyahoga County proposes to reduce the large number of people with mental illnesses and/or addiction disorders who currently cycle through the local criminal justice system by: 1) strengthening the capacity of professional involved in pre-release planning; and 2) piloting the use of Peer Supporters to ex-offenders as a post release recovery support.	<ul style="list-style-type: none"> • Number of reentry clients engaging with Peer Supporter • Documented increase in participation/ attendance in post-release by offenders who engaged with Peer Supporter services (identified in their ISP) vs. those offenders who did not actively engage with Peer Support Services • Documented rate of recidivism (self-report) among those in the peer supporter pilot vs. other reentry programs lacking the peer supporter component.
Wayne Holmes	\$83,333	1. County Jail 2. County Prosecutor 3. Judges 4. County Commissioners	This grant funding will meet the needs in the Wayne County Jail, including assessments and treatment for those with mental illness or SUD, linkage to follow up services, 12 step groups, including Heroin Anonymous, BH group and individual counseling, case management/ linkage, medical evaluation to connect to MAT, including Vivitrol injection on the day of discharge, and post discharge linkage to the re-entry social worker.	<ul style="list-style-type: none"> • Track & monitor number of clients screened, assessed, clients in individual and group treatment in jails, client outcomes from BH jail services • Track client follow up with scheduled treatment services and recovery supports, including housing, supported employment, and peer support. The electronic health record will flag and confirm kept appointments, and staff will call to verify "show rates" for follow up appointments at other agencies. There rates will be monitored so that staff goals and time can be adjusted to assure connections with BH and social service agencies post discharge. The connections for immediate Vivitrol injection upon release in coordinated, assured & monitored. Collaboration with Probation officers will provide ongoing documentation of recovery service connection. • Track new arrests, and jail recidivism rates. One Eighty will track new arrests and the jail will provide statistics on jail re-admissions for recidivism statistics for the grant. • Participants will complete evaluations of the services in the jail, and linking services. One Eighty uses National Outcomes Measures (NOMS) via Quality Improvement measures, and NIATx, a recognized evidence based quality improvement process. • Complete 9 hours of jail training. Using a quality improvement process, all indicators will be monitored and goals adjusted and staff resources adjusted to improve outcomes.

Appendix B Continued

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Delaware	\$83,333	<ol style="list-style-type: none"> 1. Delaware County Sheriff's Office 2. Courts 3. Adult court services/probation 4. County Commissioners 5. County prosecutor 6. Community behavioral health provider 7. Count JFS 	<p>This project will focus on re-entry and community linkage of Delaware County "restored citizens" with a mental health and/or substance use disorder detained in the Delaware County jail. This project will proved the catalyst for the Delaware criminal justice, treatment and community stakeholders to further develop and formalize a practical re-entry plan, process and community linkage for restored citizens. By adding resources for an expert in-reach specialist and dedicated full-time peer mentor, restored citizens will be better prepared and successful in leading a productive life while decreasing recidivism and increasing public safety in Delaware County.</p>	<ul style="list-style-type: none"> • Number of detainees with MH and/or SUD with new arrest • Number of detainees with MH and/or SUD served (unduplicated) • Number of staff trained (CIT, Trauma-informed Care, MH First Aid) • Length of time restored citizen is in MH and/or SUD treatment • Number of restored citizens with successful treatment completion or unsuccessful termination
Wood	\$83,333	<ol style="list-style-type: none"> 1. Wood County Justice Center 2. Northwest Community Corrections Center 3. Project Direct Link 4. NAMI of Wood County 5. Wood County Reentry Coalition 6. The Wood County Boundary Spanner 	<p>This project will provide three valuable community resources in Wood County. It will create a position to provide mental health and addiction services within the Northwest Community Corrections Center. Having this position will expand capacity to accept offenders into the community-based correctional facility as opposed to bring sentence to prison. A position to assist the Wood County Justice Center to better screen all individuals incarcerated there as well as provide boundary spanner services to assist with reentry planning. The position will also assist in reducing recidivism among offenders with mental illness or addictions. Finally, this will support expansion of the Crisis Intervention Team program in Wood County to include fire department personnel and first responders as well as behavioral health professionals.</p>	<ul style="list-style-type: none"> • Number of clients served • Number of clients with new arrests • Number of clients with probation violations • Number of jail bed days • Number of staff trained • Number of screenings and assessments delivered • Number of offenders referred to program • Number of offenders completing program • Number of offenders showing improvement on case plan goals post-intervention at 1,3,6 months • Number of offenders showing decrease in substance use or mental health symptoms • Number of offenders returning to criminal behavior
Geauga	\$83,333	<ol style="list-style-type: none"> 1. Geauga County Sheriff's Department 2. Geauga County Safety Center 3. Chardon Municipal and Geauga Common Pleas Courts 4. Lake-Geauga Recovery Center 	<p>This project will focus on jail recidivism rates and the growing number of incarcerated individuals in the State of Ohio had shown that a larger percentage of those individuals currently incarcerated have extensive mental health and/or substance abuse disorders. The goal of the program is to address the mental health and substance use needs of those individuals who are a part of the criminal justice system with the goal of decreasing the likelihood of them engaging in activities and behaviors that would result in future incarceration. This proposal will increase clinical services to inmates with mental health and/or substance abuse disabilities currently housed at the Geauga County Safety Center. This additional clinical model will supplement programs like Intensive Outpatient, medical somatic and crisis and pre-hospitalization program already provided by the Geauga County Board of Mental Health & Recovery Services funds through our contract agencies. This approach will have a direct impact on the recidivism rates of the clients and their ability to engage resources and treatment services once they are released.</p>	<ul style="list-style-type: none"> • Number of inmates participating in the program • Number of inmates completing treatment while incarcerated • Percentage of inmates engaged in recommended services upon release

Appendix B Continued

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Clermont	\$83,333	1. Clermont County jail 2. Stepping Up	The purpose of this grant is to expand the currently successful collaborative CIT program, thereby filling identified gaps. The CIT program will increase its ability to support individuals in all five (5) of the intercepts of the Sequential Intercept Model and improve the outcomes of individuals in the criminal justice system through two means: adding a Jail Liaison position to the MCT team to work exclusively in the jail to address Intercepts 2 and 3 adding an intensive re-entry care manger to address Intercepts 4 and 5. For cost efficiency, the jail liaison will be part of the MCT allowing utilization of existing administrative structure. The grant will be administered by the CCMHRB, contracting with: Child Focus, Inc. (CFI) to supervise the jail liaison position as part of the MCT; and Greater Cincinnati Behavioral (GCB) to provide intensive re-entry care management services. The target population will include adults with a diagnosed BHD and adult with a MH crisis who have not yet need diagnosed, all of whom have been arrested and booked into the CC jail. Based on data obtained from the program to date, it is anticipated that a minimum of 200 individuals will be served annually by the project.	<ul style="list-style-type: none"> • Increased number of individuals diverted to treatment • Decreased recidivism • Increased connection to services • Decreased local correction
Adams Lawrence Scioto	\$83,333	1. Scioto County Jail 2. The Counseling Center	This program would enable individuals to begin treatment prior to release and have the capability to continue further treatment with The Counseling Center, LLC, as they would be established clients. It would aid reducing the risk of reentry into the criminal justice system by reducing criminogenic risk and promote recidivism. Treatment would include case management, individual counseling and group counseling within the jail system and enable the individual to begin the healing process from their substance use disorder and/or mental health disorder. Methods the counselor will utilize will include Motivational Interviewing and Cognitive Behavioral Therapy, all while addressing the factors and/or trauma that is the root cause of the individual's initial use of illicit substances or their mental health disorder.	<ul style="list-style-type: none"> • Number of new clients • Number of individuals served • Number of staff trained

Appendix B *Continued*

Counties	Award Amount	Collaborative Partners	Project Summary	Project/Proposed Outcomes
Tuscarawas Carroll	\$83,333	<ol style="list-style-type: none"> 1. New Philadelphia Municipal Court 2. Tuscarawas County Sheriffs 3. County Jail 4. Telehealth Program 	<p>The project will work with the New Philadelphian Municipal Court which already has in place a pre-trial supervision project coordinator who will use the ORAS-MAT risk assessment to determine the level of risk for misdemeanor detainees. This risk assessment process will assist in determining the selection of defendants for pre-trial release. For those individuals that are found to be low risk for re-entry into the community, the Judge/Magistrate will have the ability to include alternatives to pre-trial incarceration and refer individuals to the PROPS program to enhance and support this existing service. Over the last quarter, the Pre-Trail Release Coordinator assessed 83 defendants and 41 were admitted into the pre-trial supervision program. One of the biggest barriers for the Coordinators is his lack of knowledge of other assessment/screening tools necessary to target specific service needs and his ability to get the defendants linked in a timely manner and insure their follow through with services.</p>	<ul style="list-style-type: none"> • Number of clients served • Number with no new arrest • Number of clients with employment and stable housing at completion of services • Number of new individuals trained on behavioral health/substance abuse signs and symptoms
Erie Ottawa	\$83,333	<ol style="list-style-type: none"> 1. Erie County Jail 2. Reentry Collation 3. Criminal Justice at BGSU 4. Citizen Circle 	<p>The purpose of this grant is to significantly increase access to mental health and addiction services in both the Erie and Ottawa County Jails. In addition, our goal is to create a more stable path from the jail to the community for those served with this programming. The Erie-Ottawa Mental health and Recovery Board submits this grant to the Ohio Department of Mental Health and Addiction Services in collaboration with Bayshore Counseling Services, Inc. (BCS, Provider), the Erie County Sheriff's office and Jail and Ottawa County Sheriff's Office and Jail.</p>	<ul style="list-style-type: none"> • Reduce trauma and/or substance abuse symptoms • Increase safe coping in their thinking • Increase safe coping in their behavior • Increase safe coping in their relationships • Increase safe coping in their emotions
Coshocton Morgan Muskingum Noble Perry	\$83,333	<ol style="list-style-type: none"> 1. Family and Children First Councils 2. Fatherhood Initiative 3. County Courts 4. Children Services 5. Schools 6. Allwell Behavioral Services 	<p>This grant will provide regular opportunities for inmates to meet and get to know clinics while still imprisoned, receive an assessment and begin the therapeutic process prior to release and begin arranging for housing, income and insurance in preparation for release. With a goal to make treatment more accessible and reduce recidivism, this grant will utilized to strengthen collaborations between treatment agencies, law enforcement and court systems, provide assessments, treatment and reentry plans for catchment residents nearing release, and offer Mental Health First Aid and Crisis Intervention training to local law enforcement.</p>	<ul style="list-style-type: none"> • Number of program participants from initial referral and treatment up to six months post-release • The MHRSB will follow up on the participants six months post-release regarding participation • Follow up with case plan • Number of no new arrest

End Notes

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17. Ibid
18. Ibid
19. Ibid
20. Ibid
21. Ohio Department of Rehabilitation and Correction. “Bureau of Behavior Health Service (BOBHS).” <http://www.drc.ohio.gov/mental-health>.
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26. Ibid
27. Ibid
28. Ibid
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30. Criminal Justice Coordinating Center of Excellence. “Sequential Intercept Model.” Last modified 2017. Accessed January 2, 2018. <https://www.neomed.edu/cjccoe/>.
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