INSTALLMENT 4

By the Numbers 4

Developing a Common Understanding for the Future of Behavioral Health Care

Current Availability of Services and Future Roadmap

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

THE CENTER FOR COMMUNITY SOLUTIONS EST. 1913
RESEARCH • ANALYSIS • ACTION

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Mental Health & Addiction Advocacy Coalition

Contents

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Mental Health & Addiction
Advocacy Coalition

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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1 Sequential Intercept Model

In order to address the issue of overrepresentation of individuals with behavioral health[1] disorders in the criminal justice system, The Criminal Justice Coordinating Center of Excellence (CJCCoE) in Ohio partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop a conceptual framework called the Sequential Intercept Model. This model engages community stakeholders to identify opportunities for supporting individuals with behavioral health disorders at different points within the continuum of the criminal justice system.[2] Six sequential points, known as "intercepts," mark times at which an individual with a behavioral health disorder can be intercepted and prevented from continuing further into the criminal justice system. Over time, the Sequential Intercept Model aims to identify and catch people at earlier intercepts, resulting in fewer people entering into the criminal justice system.

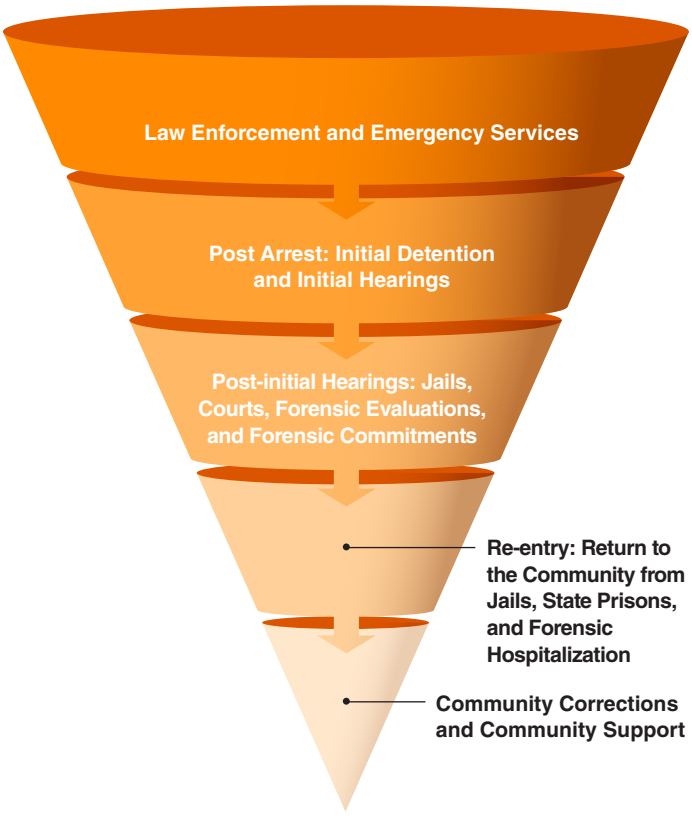
Although the Sequential Intercept Model was developed specifically to support those with serious mental illness (SMI), the CJCCoE recognizes that those with SMI often have co-occurring substance use disorders (SUDs). Based on the model's origin, the description of each intercept below references individuals with mental illness; however, the model is also applicable to those with SUDs.

The CJCCoE was established in 2001, with the goal of promoting jail diversion alternatives for Ohioans with mental illness. The Ohio Department of Mental Health and Addiction Services (ODMHAS) funds the CCJCoE through a grant awarded to the County of Summit Alcohol, Drug Addiction and Mental Health Services Board (ADM Board).[3] The ADM Board contracts with the Northeast Ohio Medical University (NEOMED) to operate the CJCCoE.

Sequential Intercepts

The Sequential Intercept Model proposes five intercept levels directly connected to the adult criminal justice system, as well as one "ultimate intercept," also known as "Intercept Zero."[4] Figure 1 demonstrates the way that individuals passing through each intercept move on to the next level.[5]

FIGURE 1: *Best Clinical Practices: The Ultimate Intercept*



The Ultimate Intercept: An accessible and effective mental health care system

Individuals with mental illness often become involved in the criminal justice system as a result of several risk factors that frequently pair with untreated mental health issues. These risk factors include trauma, environmental and social disadvantages, situational stressors, substance dependence, and criminogenic risks.[6] A community's mental health system has the opportunity to act as the ultimate intercept by addressing the complex needs of those with mental illness before they ever encounter the criminal justice system.

Intercept 1: Law enforcement and emergency services

Even in communities with accessible mental health systems, some people with mental illness will encounter the police, making pre-arrest diversion programs the first opportunity for interception. The police are often first responders for those experiencing a mental health crisis, and approximately 10 percent of calls to police involve individuals with mental illness.[7] This makes law enforcement a crucial point of interception and opportunity for diversion.

Intercept 2: Initial hearings and initial detention

While effective mental health service systems and pre-arrest diversion programs prevent many individuals from entering the criminal justice system, others will still be arrested. Additionally, in communities where no Intercept 1 interventions exist, arrests of those with mental illness are more common.[8] Depending on the nature of the crime, there can be an opportunity for post-arrest diversion during an individual's initial hearings and detention. In communities with strong Intercept 1 programs, individuals who are arrested are often likely to be charged with more serious crimes.[9] Those who have committed less serious crimes can be successfully diverted from the criminal justice system and into treatment.

Intercept 3: Jail and courts

When Intercept 2 options are not available or applicable to an individual, that person enters the court system, which can result in a jail sentence. Additionally, national studies of local jurisdictions have found that individuals with serious mental illness often spend significantly more time incarcerated than other individuals who have the same charges but do not have a mental illness diagnosis.[10] Access to effective screening, diagnosis, and treatment in local correctional facilities is crucial to these individuals' stabilization and eventual reentry into the community.

Intercept 4: Reentry from jails, prisons, and hospitals

Those who do spend time in the court and jail systems will return to the community at the end of their sentences; however, communication between corrections and community mental health systems for those with mental illness can be limited. This results in inadequate continuity of care between these two systems, leaving those who are re-entering the community after incarceration vulnerable to a lapse in mental health services and potential lapse in recovery.[11]

Intercept 5: Community corrections and community support

The final intercept includes mental health services for individuals who are receiving continuing criminal justice supervision in the community post-incarceration. Compliance with mental health treatment is often used as a condition of probation or parole, and failure to participate in this treatment can result in a return to incarceration.[12]

Implementation/Use in Ohio

The CJCCoE has applied this model in 19 counties around Ohio through a process called Sequential Intercept Mapping. Sequential Intercept Mapping workshops are available to local communities through CJCCoE, and completed workshops were funded through various grants, outlined in Figure 5[13] on page 8. Of the 19 participating counties, two adapted the model to focus on the opiate epidemic. Four additional counties have also adapted the model in this way and those counties' assessments are currently in progress.

During the Sequential Intercept Mapping workshops, facilitators guide stakeholder participants through the process of creating a local system map, identifying priorities for change, and developing a localized action plan.[14] This process assists communities in improving their systems of care to bridge gaps between mental health services and the criminal justice system. This results in more effective mental health services for justice-involved individuals. The process engages local stakeholders to do the following:

1. Connect existing efforts from pre-arrest to post-release;
2. Identify strengths and gaps in the local criminal justice system;
3. Address issues relevant across all intercepts (e.g., culture, gender and trauma); and
4. Identify solutions.[15]

Through the Sequential Intercept Mapping assessments the CJCCoE has completed in Ohio, several common themes have arisen. Figure 3[16] identifies common priority themes among the counties, Figure 4[17] demonstrates the most frequently identified gaps in services, and Figure 2[18] shows the number of gaps appearing in each intercept across the 19 counties. CJCCoE continues to facilitate Sequential Intercept Mapping in counties across Ohio in order to improve local systems of care, and whenever possible, to enable individuals with behavioral health disorders to access treatment and support rather than entering or remaining in the criminal justice system.

FIGURE 2: *Sequential Intercept Mapping Number of Gaps per Intercept*

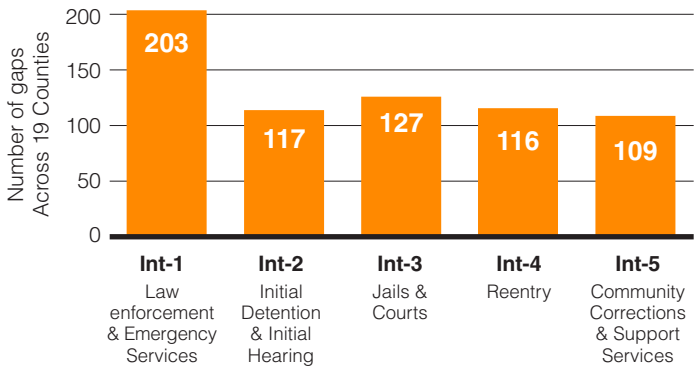


FIGURE 3: *Sequential Intercept Mapping Priority Themes 2013-2017*

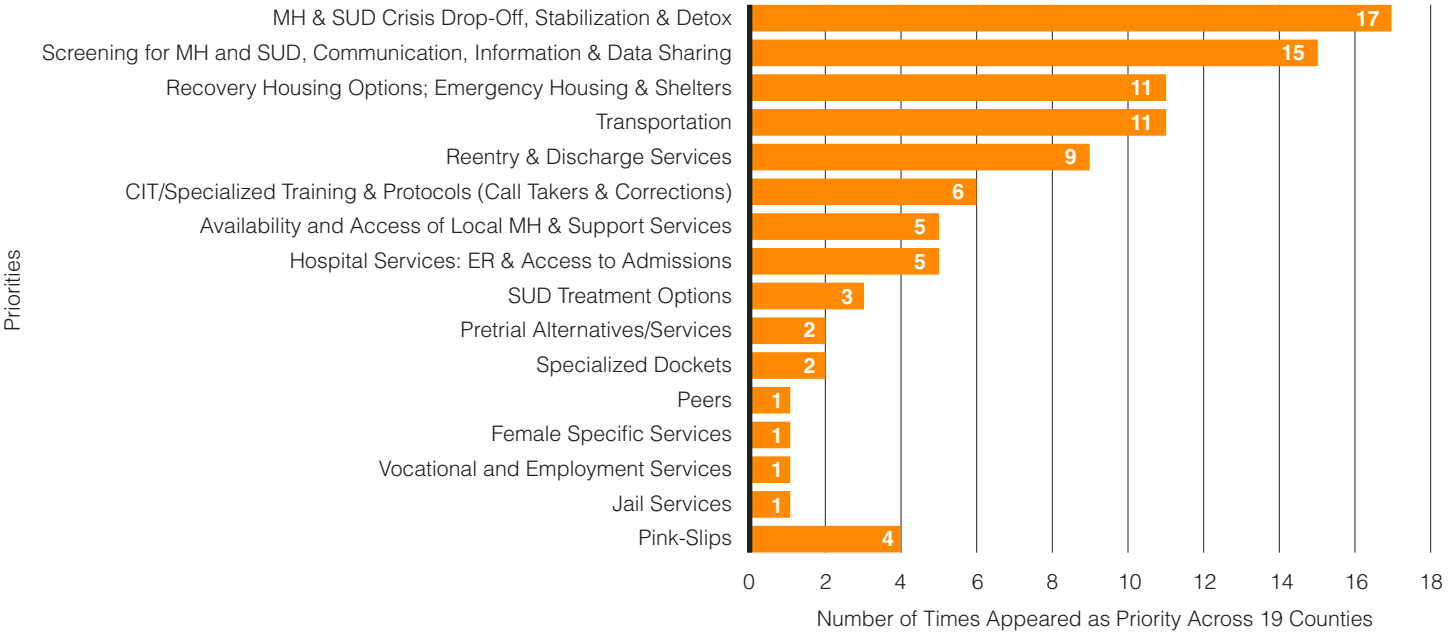


FIGURE 4: *Sequential Intercept Mapping Gaps 2013-2017*

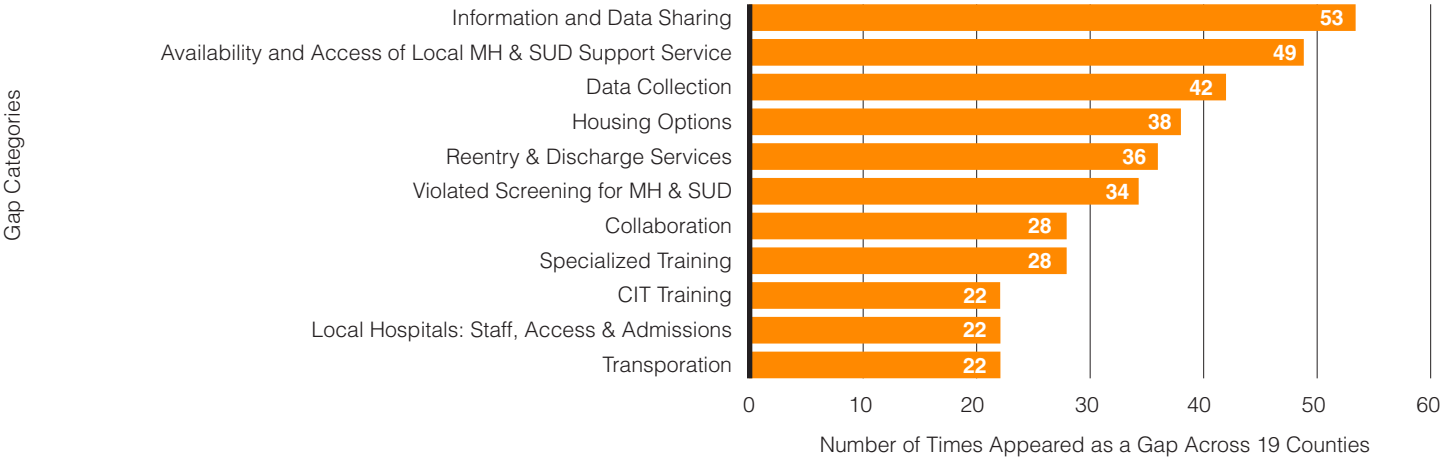


FIGURE 5: *SIM exercises by funding source 1.1.13 - present (Updated 1.2.18)*

	Office of Criminal Justice Services (OCJS) Edward Byrne Memorial Justice Assistance Grants Ohio Sequential Intercept Mapping Initiative	Ohio Dept. of Mental Health and Addiction Services (OhioMHAS) - SAMHSA Block Grant	Ohio Dept. of Mental Health and Addiction Services - 21st Century Cures Act	Bureau of Justice Assistance, Justice Mental Health Collaboration Program Expansion Grant FY15 Sub-award with state partners OCJS and OhioMHAS (2-4) 10.1.15 - 12.30.17	Bureau of Justice Assistance, Justice Mental Health Collaboration Program Grant FY17 Sub-award with state partners OCJS and OhioMHAS	Other funding sources secured by the county (Specified below)
Athens	–	–	–	May 2017	–	–
Butler	Dec 2014	–	–	–	–	–
Clermont	Nov 2013	–	–	–	–	–
Cuyahoga	–	–	–	Aug 2017	–	–
Delaware	–	May 2016	–	–	–	–
Fairfield	–	To be scheduled FY18	–	–	–	–
Franklin	–	Spring 2018 dates to be finalized	–	–	–	–
Galia	Nov 2015	–	–	–	–	–
Hancock	–	–	–	–	–	March 2017 Crimminal Justice Behavioral Health Linkage Grant through OhioMHAS
Lorain	–	April 2017	To be scheduled Spring 2018	–	–	–
Lucas	March 2014	–	–	–	–	–
Mahoning	Sept 2016	–	–	–	–	–
Mercer	–	–	–	–	–	–
Montgomery	–	Opiate Feb 2017	–	–	–	–
Portage	Nov 2014	–	–	–	–	–

2 The *Stepping Up* Initiative

Stepping Up is a national program designed to help advance counties' efforts to reduce the number of individuals with mental illnesses and co-occurring substance use disorders (SUDs) in jails.[19] Launched in May 2015, the Council of State Government's Justice Center, the National Association of Counties, and the American Psychiatric Foundation lead the initiative, with support from the U.S. Justice Department's Bureau of Justice Assistance. The purpose of the initiative is to raise awareness of the factors contributing to the overrepresentation of people with behavioral health disorders in jails, and then to use evidence-based practices and strategies that work to drive those numbers down. The initiative engages a wide range of criminal justice and mental health experts, including those representing sheriffs, jail administrators, judges, community corrections professionals, treatment providers, people with mental illness and their families, mental health and substance use program directors, and other stakeholders.

Stepping Up Framework

More than 420 counties across 43 states have passed a resolution or proclamation to join the initiative, including 41 counties in Ohio (see Figure 6).[20] *Stepping Up* provides counties with a framework and the technical assistance to create and enhance efforts to reduce the number of people with mental illness who continue to cycle through the criminal justice system. The framework document, considered a roadmap for local leaders, addresses key elements of a successful plan for reducing the prevalence of people with mental illnesses in jails. It includes the need for screening and assessments for mental illness upon admission to jail, establishing a baseline of data for counties to follow, tracking progress on key outcomes, such as recidivism rates, and ensuring connections to treatment for people leaving jail.[21]

Stepping Up Resources

One of the biggest challenges counties face when trying to develop or enhance an initiative to reduce the number of people with mental illnesses in their jails is collecting, sharing, and using data. Participating counties gain access to the *Stepping Up* toolkit, which includes written planning guides, training webinars, and relevant publications to assist with developing and implementing systems-level, data-driven plans that can lead to measureable reductions in the number of people with mental illnesses and co-occurring disorders in jails. The goal is to develop a well-operating system that is able to effectively identify people with mental illnesses who come into the jail and to have options available to connect them to services in the community. Additionally, counties take part in a free readiness assessment to determine current levels of need and receive free technical assistance to help facilitate activities that reduce the number of people with mental illnesses in jail. Once a year, all Ohio *Stepping Up* counties attend a one-day conference that brings state and local leaders together with partners from the national *Stepping Up* initiative to identify strategies to build local capacity and connect with training and technical assistance resources.

Stepping Up in Ohio - Analysis of County Activities/Readiness Assessment

A 2016 "Readiness Assessment" study, funded by Peg's Foundation in partnership with ODMHAS, surveyed 26 *Stepping Up* counties across Ohio to better understand the size, scope, and organizational structure of county activities aimed at reducing the number of adults with behavioral health disorders in jails. These 26 counties represent 4.8 million people, or 41 percent of Ohio's total population, and include both rural and urban settings.

FIGURE 6:
Ohio Stepping Up: Participating Counties

Participating counties as of 4/16/18

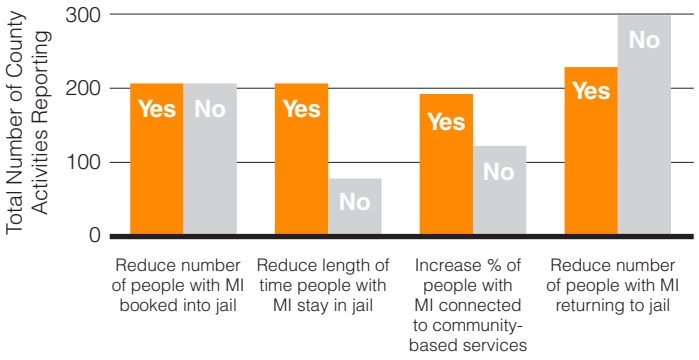
There were two primary categories of questions included in the "Readiness Assessment":

1. Questions regarding data being collected by the county to monitor progress, and
2. Questions about current policies and practices to address the needs of people with mental illness and SUDs who come into contact with the criminal justice system. Most survey questions were dichotomously styled with 'Yes' or 'No' answers and organized around four key outcome metrics. The findings are summarized below.

Key Outcomes Metrics[22]

Metric 1. Reduce the number of people with mental illness and co-occurring SUDs booked into jail. Across the 26 counties surveyed, there were nearly the same number of activities to help reduce the number of people booked into jails, as there were deficiencies (i.e. no action) in these activities (see Figure 7).

FIGURE 7: *Stepping Up County Readiness Assessment, by Key Metric, 2016*



Note: Analysis based on activities in 26 counties.

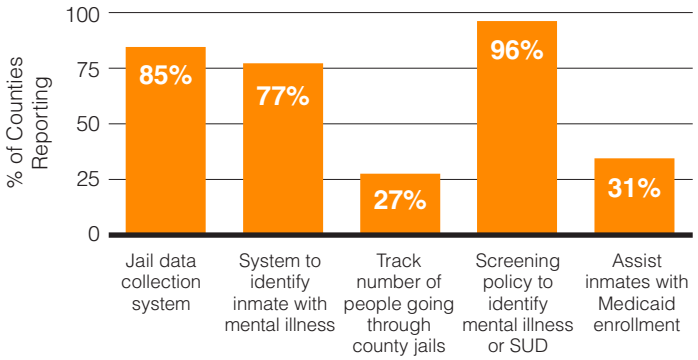
Source: The Stepping Up Initiative: Analysis of County Activities, Hocking College and the Ohio Department of Mental Health and Addiction Services, 2016.

Metric 2. Reduce the length of time people with mental illness and co-occurring SUDs stay in jail. Across the 26 counties surveyed, the difference between activities that seek to reduce the length of stay in jail and inaction was a margin of nearly 2.5 to 1.

Metric 3. Increase the percent of people with mental illness and co-occurring SUDs who are connected to appropriate community-based services and supports. Counties reporting activities that increase the percentage of people connected to appropriate community-based services and supports were considerably higher than those who do not.

Metric 4. Reduce the number of people with mental illness and co-occurring SUDs returning to jail. Contrary to the other metrics above, counties stating that they undertake activities to reduce the number of people returning to jails were much lower than those that do not.

FIGURE 8: *Activities Aimed at Reducing the Number of Adults with Mental Illness and Substance Use Disorders in Jails, 2016*



Note: Analysis based on activities in 26 counties.

Source: The Stepping Up Initiative: Analysis of County Activities, Hocking College and the Ohio Department of Mental Health and Addiction Services, 2016.

County Program Characteristics

Overall, more counties reported activities aimed at reducing the number of people with mental illness in jails than there were deficiencies in these areas (54 percent versus 46 percent, respectively). The authors concluded that capacity exists but varies depending on the particular measure (e.g. tracking, screening, and scope of services).

Eighty-five percent of counties indicated that their jails have a data collection system (see Figure 8). Further, all but two counties have data on mental health and substance use treatment providers serving offenders. However, only 42 percent of the counties have Ohio Association of County Behavioral Health Authorities (OACBHA) Recovery-Oriented Systems of Care assessment data that evaluates how well local systems of care are meeting the needs of providers, stakeholders, board members, and consumers/families. This reveals the important leadership role of county jails as starting points, but collaboration with state and local systems is also needed as a measure to enable timely identification of those with mental illness and SUDs in the criminal justice system.

In 77 percent of counties, there is a system in place to identify if an incarcerated individual has a mental illness. All but one county has an active Crisis Intervention Team program. However, survey results also found that 58 percent of counties utilized similar definitions/criteria to those used by local treatment providers to identify incarcerated individuals with mental illness. The practice of identifying mental illness is a positive step, however, the absence of standard assessment definitions is a potential barrier.

Many counties have a poor record of tracking incarcerated individuals, particularly in tracking recidivism. More than a quarter (27 percent) of counties can track the number of people going through county jails. Similarly, 27 percent of counties can track the number of individuals with mental illness entering jail. In contrast, only one county had the ability to track the number of people with mental illness going through the court and probation system. Municipal courts, common pleas courts, and adult probation departments were all similarly deficient in data tracking of those with mental illness and SUDs. Fewer than half (46 percent) of jails have a working definition of recidivism and only one-quarter of jail staff use the same definition for recidivism as probation departments. Recidivism is the repetition of criminal or delinquent behavior, most often measured as a new arrest, conviction, or return to prison and/or jail for the commission of a new crime, or as the result of a violation of terms of supervision.23 Only 12 percent of counties can report on the number of prior offenses, and only 8 percent track lifetime jail admissions.

Screening tools are routinely used to identify a mental illness and SUD at booking. Typically, a positive screen for a mental health and/or SUD leads to a follow-up assessment. However, only 46 percent of counties share screening and assessment information with the court and probation department to inform the pre-trial process.

A large percentage (85 percent) of counties ensure offenders have access to needed medication upon release. The same percent of counties provide formerly incarcerated individuals access to ODMHAS-funded services and resources that support re-integration into the community. Sixty-five percent of counties have a re-entry taskforce/ coalition that focuses efforts on making referrals to community-based treatment providers. In stark contrast, only 31 percent of counties reported assisting incarcerated individuals with Medicaid enrollment.

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.

Sequential Intercept Model

- All 88 counties in Ohio should participate in Sequential Intercept Mapping workshops through NEOMED in order to identify opportunities to strengthen behavioral health supports throughout individuals' interactions with the criminal justice system.
- Previous Sequential Intercept Mapping assessments in Ohio counties have highlighted the importance of engaging both local hospitals and regional or state-level entities that play a role in multiple counties but do not have a "home" county. Counties conducting Sequential Intercept Mapping assessments should include stakeholders from both of these fields in addition to other participants.

Stepping Up Data Assessment

- County jails play an important leadership role in data collection, but collaboration between state and local systems is needed as a measure to enable timely identification of those with mental illness and SUD in the criminal justice system, as well as standard assessment definitions statewide.
- Ohio should engage stakeholders in the criminal justice system at the local and state level to develop an improved statewide record of tracking individuals going through the county jails.
- Counties should invest in efforts to assist with sharing screening and assessment information with the court and probation department to inform the pre-trial process.
- County jails should assist incarcerated individuals with Medicaid enrollment to ensure access to services upon release.
- Consider recommendations from the "Readiness Assessment" survey, centered on common response strategies and data collection activities, including the following:
  - Collecting data that include specific activities aimed at reducing the number of people with mental illness and SUDs in jails;
  - Creating additional technical assistance opportunities for the counties to interact around *Stepping Up* initiatives; and
  - Continuing to include mental illness and SUD discussions and exchanges at local and regional platforms and forums.

End Notes

1. The term "behavioral health" is used throughout the text to encompass both mental illness and/or substance use disorders.
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