

## FRANKLIN COUNTY, OHIO

# A County Justice and Behavioral Health Systems Improvement Project

## Background

In October 2013, the leadership of Franklin County’s justice and behavioral health systems—including representatives of the Franklin County Sheriff, Prosecutor, and Public Defender; the Judges of the Franklin County Court of Common Pleas and the Franklin County Municipal Court and their respective departments of probation; the municipal Clerk of Courts; the Columbus City Attorney; the Alcohol, Drug, and Mental Health Board of Franklin County; and the Franklin County Office of Homeland Security and Justice Programs—wrote to the Council of State Governments Justice Center about the challenges facing the county regarding the large number of people with mental illnesses cycling in and out of jail. County leaders pointed to a strong track record of working together across systems and designing innovative approaches to address the needs of this population, including Crisis Intervention Team (CIT) police training, problem-solving courts, specialized probation supervision units, and expanding access to treatment services for people with mental health illnesses who are frequent utilizers of the county’s shelters and emergency rooms. Over the course of eight months, the Steering Committee met four times to discuss findings and possible strategies to address the challenges associated with people with mental illnesses who are involved in the criminal justice system. The CSG Justice Center staff conducted exhaustive quantitative data analyses that drew on multiple data systems and brought together information related to mental health need, risk of reoffending, and the risk of failure to appear in court for those booked into the county jail system. In addition to these quantitative data analyses, CSG Justice Center staff conducted more than 20 focus group

### Summary of Core Challenges in Franklin County

**More than half of all adults entering jail returned within three years of release.** People booked into county jail returned to jail frequently—56 percent of people charged with felonies returned within three years of release, while 49 percent of people charged with misdemeanors were reincarcerated.

**Information on risk and needs is not systematically collected and used to inform decision making.** The actual prevalence of people with mental illnesses as well as their level of pretrial risk in the Franklin County Jail is unknown, due to a lack of systematic screening, assessment, and electronic data management at the time of jail booking.

**People with behavioral health disorders stay longer in jail and return more frequently than those without behavioral health disorders.** People identified as having serious mental illnesses (SMI) who were booked into county jail had an average length of stay of 32 days, while people not identified as having an SMI had an average length of stay of 20 days. People with an SMI return to jail within three years at a higher rate (60 percent) than those without an SMI (51 percent).

**Many people with behavioral health disorders who are released from jail are not connected to the treatment and supports they need in the community.** Over one-third of people identified as having an SMI and over two-thirds of those identified with an alcohol or substance use disorder did not receive treatment in the year following their release from jail.

## Funding for Behavioral Health Treatment and Services in Franklin County

Franklin County has a tax levy that funds behavioral health care services that are overseen by the ADAMH Board. ADAMH funds a variety of independent behavioral health care programs and services, including NETCARE, the largest crisis stabilization agency in the county.

meetings with stakeholders in the county's justice and health systems, including judges, prosecutors, defense counsel, currently and formerly incarcerated individuals, correctional and probation officers, and behavioral health treatment providers.

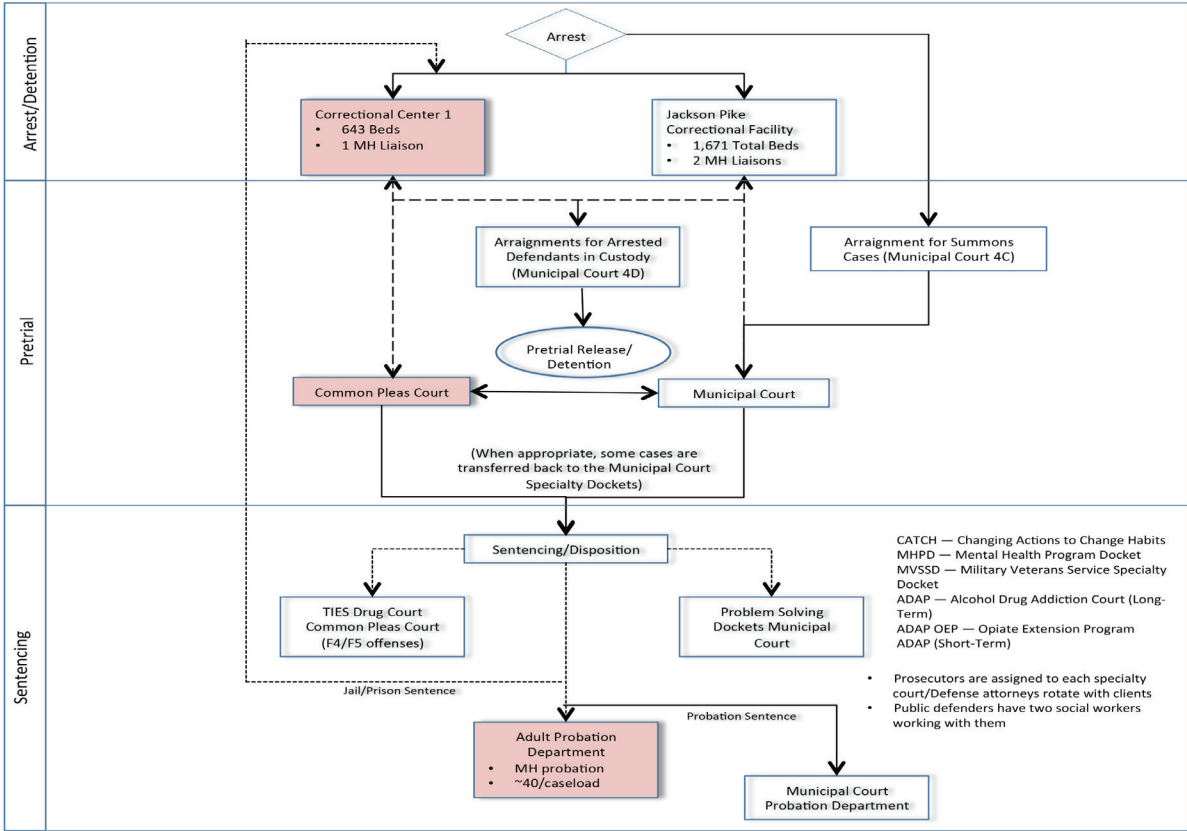
Despite these and other considerable efforts, the Sheriff and other county leaders sensed that there were more people mental illnesses in the local jail than ever before. But, as is the case in most counties, there was little reliable data readily available describing, over a period of time, changes in the percentage of the jail population who had a serious mental illness. Nor did the county have information about recidivism trends.

Understanding that such data were essential to targeting scarce resources effectively, county leaders asked the Council of State Governments Justice Center, with support from the U.S. Department of Justice's Bureau of Justice Assistance and the Jacob & Valeria Langeloth Foundation, to conduct a year-long data analysis and policy

development process to identify long-term system improvements and data-driven strategies for responding to people with mental illnesses in the county jail and other service facilities.

County leaders charged the Franklin County Criminal Justice Planning Board, chaired by Denise Robinson, President and CEO of Alvis House, with overseeing the project. The project's work group included County Commissioner Marilyn Brown; representatives of the Columbus Mayor's Office and the City Council, the Columbus City Attorney's office, the Franklin County Prosecutor's Office, and the Sheriff's Office; the Franklin County Public Defender; judges and administrators of the Municipal and Common Pleas

**Figure 1. Franklin County, OH Criminal Justice System Flow**



Courts; the Columbus Police Department; the Municipal Court and Adult Probation Services; the Department of Homeland Security and Justice Programs; the Alcohol, Drug, and Mental Health (ADAMH) Board; the Community Shelter Board; the Community-Based Corrections Facility; and other community leaders.

Over the course of a 12-month period, the CSG Justice Center reviewed extensive raw data, drawing on information systems maintained by the Franklin County Jail, the Community Shelter Board, and treatment providers funded by ADAMH. To understand the context behind the data, the CSG Justice Center also facilitated multiple work group meetings and more than 50 in-person interviews with local and state leaders. Based on the findings of this analysis and with the guidance of members of the work group and senior county officials and stakeholders, the CSG Justice Center identified four core challenges and a set of strategic policy recommendations to improve outcomes for people with mental health illnesses who are involved with the local criminal justice system.

## Methodology

To conduct its analyses, the CSG Justice Center received more than 230,000 individual records from the Franklin County Sheriff’s Office for all adults booked into the Franklin County jail over a five-year period (2008–2013). To determine the number of people booked into jail who had previous contact with the local behavioral health care system, ADAMH matched the jail bookings from 2010 (32,638 bookings corresponding to 21,966 individuals) to ADAMH’s records and found that 6,100 of the individuals booked into jail in 2010 had previously received alcohol or drug treatment from ADAMH service providers or met the state’s criteria for SMI.<sup>1</sup> The CSG Justice Center also analyzed records provided by the Community Shelter Board for people who accessed shelter services between 2008 and 2013 and matched the jail bookings from 2010 to determine that of those 21,966 individuals,

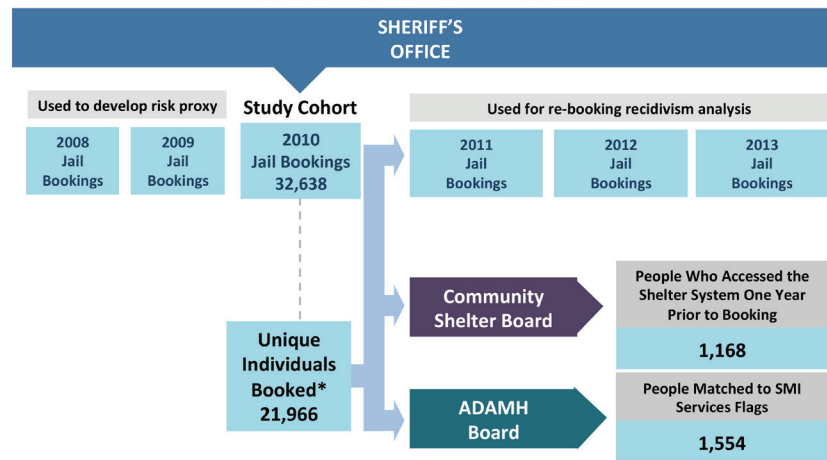
1,168 had accessed shelter services in the year prior to being booked into jail.

Because the electronic record system maintained by Franklin County for people booked into jail does not include identifiers indicating whether a person in the jail has an SMI or alcohol or other drug (AOD) disorder, and because this system also does not include an identifier indicating each person’s risk of reoffense, CSG Justice Center research staff consulted with Franklin County officials to develop proxies to generate this information.

### Level of risk of reoffending was determined based on the following factors:

- Number of prior bookings in Franklin County jail in last two years
- Current age
- Gender
- Charge level (felony or misdemeanor)
- Charge type (property, violent, drug, etc.)

**Figure 2. Sources of Data**



\*Included only first bookings and removed cases missing DOB and SSN

A recidivism analysis was conducted for each variable listed above to determine how recidivism rates varied across values for that variable. For categorical variables, the categories with higher recidivism rates were assigned a point. For continuous variables, cutoff points were assigned to create categories with higher recidivism rates, and were assigned a point. Points were then summed across variables to create a new variable—risk level—which was categorized into low, moderate, and high likelihood to recidivate.

### **An SMI flag was created based on whether an individual had met the state’s criteria for an SMI at any time since 1998:**

- 18 years of age;
- At least four target service units in the prior year; and
- At least one of the target service claims had a target diagnosis reported or a state hospital episode in the past three years

### **An AOD flag was created based on whether an individual had met the state’s criteria for an AOD at any time since 1998:**

- A paid claim for an AOD treatment service from an ADAMH service provider (excluding screening/assessment)

Individuals with an SMI who have never received services through an ADAMH service provider were not captured in this analysis. Similarly, individuals who have an alcohol or drug disorder who have never received treatment were also unidentified in this analysis. To establish prevalence estimates, data from national jail prevalence studies were used to extrapolate and determine the expected proportion and number of individuals entering the Franklin County jail with an SMI. The risk distribution of the known SMI jail population (people with the proxy SMI flag) was then applied to determine the estimated number of individuals with an SMI by risk.

A person was determined to have experienced homelessness prior to jail booking if they were identified in the Franklin County Community Shelter Board data system as having accessed a shelter in the year prior to jail booking.

## **Assessing Behavioral Health Disorders and Risk of Recidivism in the Franklin County Jail Population**

Due to the lack of systematic screening, assessment, and electronic documentation of the risk and needs of the Franklin County jail population, the CSG Justice Center was unable to capture prevalence rates of serious mental health and alcohol or other drug abuse disorders solely using the data from Franklin County jail. As a result, a series of proxy variables were created from a data match with ADAMH to identify individuals with behavioral health disorders. In addition, due to lack of risk assessment, the jail data does not include a variable capturing risk of recidivism. In order to conduct analyses that account for risk, Justice Center staff consulted with Franklin County staff to create a risk proxy variable using information included in the jail data, such as number of prior bookings, offense type, and age at current booking. The findings provided in this report are limited by these proxy variables, in that risk levels in the population were not determined using a validated risk assessment instrument and prevalence rates in the jail of behavioral health disorders included only individuals who were booked in jail and also accessed services through ADAMH, which is just a subset of people with behavioral health needs.

## Measuring the Prevalence of Homelessness in the Franklin County Jail Population

Housing is often highly relevant when considering the needs of individuals with behavioral health disorders who are in contact with the criminal justice system. To examine the prevalence of homelessness in the Franklin County jail population, and its co-occurrence with serious mental health and alcohol or other drug use disorders, a data match was conducted with the Community Shelter Board. The Community Shelter Board provided data on individuals who accessed shelter services over a five-year period (2008–2013). This data was matched to Franklin County jail bookings and sent to ADAMH to include the behavioral health disorder proxy variables.

### Findings

#### **More than half of all adults entering jail return within three years of release.**

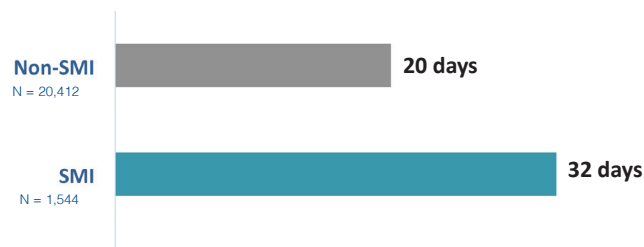
- 56.3 percent (3,179 people) of those charged with a felony and 49.2 percent (6,986 people) of those charged with misdemeanors were rebooked within 3 years of release.
- Approximately one out of every three people who returned to jail were rebooked two or more times within three years of release.
- Of those people who were reincarcerated, 60 percent returned to jail two or more times; more than one out of every three people returned three or more times.

#### **Information on risk and needs is not systematically collected and used to inform decision making.**

- Estimates derived from matching jail booking data with community behavioral health service utilization data indicates that 7 percent of people booked into jail had previously received treatment for serious mental illness and 25 percent of people booked into jail had previously received treatment for an alcohol or other drug use disorder.
- National jail prevalence studies show that 17 percent of people booked into jail have an SMI while 68 percent have an AOD.
- There is no reason to believe that the percentage of people in the Franklin County jail who have mental health or substance use treatment needs is any lower than the national average. In fact, Franklin County officials believe that the prevalence of mental illnesses and substance use disorders is at least as high in their jail as is the case elsewhere. Without a jail admissions database to record individuals who are identified after booking as having a mental illness, the baseline prevalence rate for mental illness cannot be established.

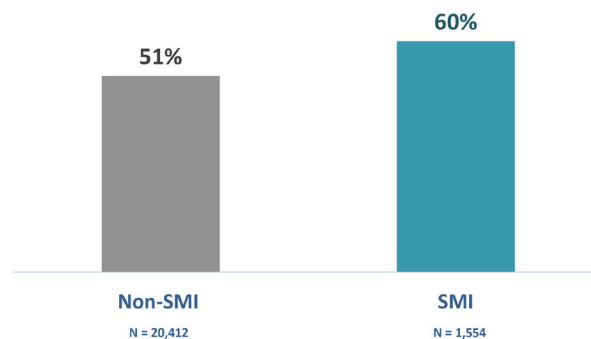
- Assuming that the percentage of people booked into the Franklin County Jail who have an SMI is no higher or lower than it is nationally (17 percent), this would translate into 2,315 individuals with an SMI booked into the Franklin County jail each year.
- There is no systematic effort to screen people when they are booked into jail for their risk of failure to appear in court or risk reoffending in order for this effort to inform release and detention decisions that take place at the first court appearance.
- 56 percent (650) of people with a shelter stay in the year prior to jail booking were also flagged as having an SMI or AOD.
- Nearly one in four people (23 percent) entering the shelter system in 2010 had been booked into jail in the previous year.
- Individuals with a shelter stay in the year prior to jail booking had higher recidivism rates than those without a shelter stay. Of those with a shelter stay, 54 percent were re-booked within one year of release, compared to 31 percent of people without a shelter stay.

**Figure 3. Average Length of Stay in Jail for People with Behavioral Health Disorders\***



\*Analysis of 2010 Franklin County jail bookings  
SMI identified using match to behavioral health service utilization data

**Figure 4. Percentage of People with Behavioral Health Disorders Rebooked into Franklin County Jail within Three Years of Release\***



\*Analysis of 2010 Franklin County jail bookings  
SMI identified using match to behavioral health service utilization data

## **People who have behavioral health disorders stay longer in jail and return more frequently than those without behavioral health disorders.**

- **Individuals identified as having an SMI and/or an AOD had a longer length of stay in jail than those who were not identified as having SMIs or AODs.**
  - The average length of stay for people with an SMI was 32 days, compared to 20 days for people not identified as having an SMI. [See Figure 3]
  - The average length of stay for people with an AOD is 30 days, compared to 18 days for people not identified as having an AOD.
- **People with an SMI returned to jail more often than people without an SMI.**
  - 60 percent of people with an SMI were rebooked into the county jail within three years, versus 51 percent of people without an SMI. [See Figure 4]
  - 46 percent of people without an AOD were rebooked into county jail within 3 years, versus 68 percent of people with an AOD.

## **Many people with behavioral health disorders released from jail are not receiving the treatment and supports they need in the community.**

- Over one-third of people who had contact with an ADAMH-funded service provider to treat an SMI prior to their jail booking did not receive mental health treatment in the year following their release from jail.
- Over two-thirds of people identified as having an AOD who had contact with an ADAMH-funded service provider to treat an AOD prior to their jail booking did not receive treatment in the year following their release from jail.
- Applying this finding to projected prevalence rates suggests that there may be as many as 1,706 individuals (74 percent of the estimated 2,315 people with an SMI) who are not connected to treatment upon release from jail, and of those 1,706, it is estimated that more than half (1,023 people) are at a moderate to high risk of reoffending.
- **A substantial number of people who access the shelter system also have contact with the jail. People with prior shelter system contact who are booked in jail return more frequently and sooner than those without prior shelter system contact**
  - While only 5 percent of people booked into jail had been in a shelter one year prior to booking, approximately 20 percent of people in the shelter system had been booked into jail within the previous year.
  - Over half of people (54 percent) who had been in a shelter one year prior to jail booking were rebooked within one year following release from jail.
- **Stakeholders report that the number of people booked into jail who could have otherwise been diverted to crisis intervention services has been increasing because of insufficient crisis services available in the community.**
  - Police and jail staff report that NETCARE is frequently at capacity, which results in unnecessary jail bookings.<sup>2</sup>
  - Number of instances where police drop-offs are refused at NETCARE increased from an average of 1.9 per month in 2011 to an average of 8.1 per month between January and August of 2014.



## Recommendations

### **Recommendation 1: Develop community-based behavioral health resources that can be accessed directly by people with behavioral health needs in order to reduce crisis calls for service from law enforcement.**

Ensure that consumers have direct access to existing 24/7 crisis services to avoid unnecessary law enforcement service calls. ADAMH-funded agencies that provide 24/7 access to behavioral health care need to make information available to the public on how to directly access care, in order to prevent unnecessary crisis calls to law enforcement. The ADAMH Board should develop a resource guide advising clients and their families on how to access these services.

### **Recommendation 2: Ensure that law enforcement's response to people with mental illnesses promotes the safety of all involved, facilitates timely and efficient connection to community-based behavioral health care services, and allows law enforcement to divert people in crisis away from the criminal justice system when appropriate.**

Increase the number of Franklin County Sheriff's Office and Columbus Police Department (CPD) officers who have completed Crisis Intervention Team (CIT) training. The combined forces of the FCSO and the CPD have trained a significant number of officers, with a total of 15 percent of officers currently trained. County leaders should set a target, to be realized within the next two to three years, for additional CIT training.

For example, to achieve a 50-percent training level, FCSO would need to train 54 officers and CPD would need to train 258 officers. At current training rates, the FCSO could reach this level by 2017, but at a rate of 96 officers a year, it would take longer for CPD. The Columbus Chief of Police has been tasked with implementing a more aggressive training schedule for both departments to achieve the 50-percent training goal within two years.

An abbreviated version of CIT training was offered at one time to dispatch operators and then was discontinued; it is recommended that this training be reinstated. The Ohio Peace Officer Training Commission offers an 8-hour advanced course that teaches CIT de-escalation techniques that could also be considered as a resource.

Enhance CIT training so that officers have an improved understanding of available community-based resources and clearer guidance about how to access crisis services such as NETCARE. Franklin County law enforcement officials should work directly with the ADAMH Board to train officers on available crisis care options and establish an expedited drop-off process. It is essential that NETCARE and law enforcement work together to develop an efficient process for crisis response.

Develop data tracking for cases involving CIT-trained officers. This will allow the county to evaluate the effectiveness of the intervention, as well as to determine if additional capacity is required. The county should work with the Ohio Criminal Justice Coordinating Center of Excellence to achieve law enforcement training and evaluation objectives.

Expand the capacity of NETCARE and other 24/7 crisis intervention programs, including hospital emergency services, to eliminate the need for law enforcement to transport people to the county jail when other interventions are appropriate. Law enforcement needs to be notified of crisis service options and availability so they can make quick decisions to ensure that people experiencing a mental health crisis receive appropriate care and avoid unnecessary transport to the jail when crisis centers are full for



those who do not pose a public safety risk. ADAMH and NETCARE staff must work together with law enforcement agencies to ensure that law enforcement officers always have appropriate options besides jail for people in experiencing a mental health crisis. Law enforcement representatives should also be included on the recently established Psychiatric Crisis and Emergency Services (PCES) Task Force as it works to establish a continuum of crisis care for individuals with mental illnesses in Franklin County.

### **Recommendation 3: Use the results of a validated pretrial risk assessment to inform decisions about pretrial release and detention.**

**Conduct an assessment of a defendant’s risk for pretrial failure (i.e., risk of failure to appear in court and risk of reoffending) prior to his or her first appearance in court to inform the first release or detention decision by the court.** The current process in Franklin County provides judges with limited information to help inform release decisions. Municipal Court judges preside over all first appearances that defendants make in court. At these first appearances, the only information judges receive relates to the defendant’s charge and criminal history. Misdemeanor cases remain at the Municipal Court level and no information about the defendant’s risk of failure to appear and risk of reoffending is generated for subsequent pretrial decisions. Felony cases are transferred to the Court of Common Pleas, where information about risk of failure to appear and risk of reoffending is provided by the pretrial staff in time for the second appearance, which occurs within 10 days of the first appearance.

Without risk information to inform release decisions at the first appearance, it is likely that some defendants who are at low risk of failure to appear and risk of reoffending are detained unnecessarily. It is also likely that some defendants who are at high risk of failure to appear and risk of reoffending are released without an appropriate level of supervision. Although risk information is provided at the time of second appearance for felony cases, those lower risk individuals may spend up to 10 days in jail, at an expense to the county and at a personal cost from missed employment and familial obligations.

**Charge the judges of the Common Pleas and Municipal Courts—with the support of the Probation Department directors and with input from other stakeholders in the county justice system—with leading the design of a process that ensures timely and effective pretrial decision making.**

- **Staffing:** Regarding staffing, the following questions should be addressed: Who will be responsible for conducting the pretrial risk assessment? Who will conduct a staffing analysis to determine if pooling of existing staff can accommodate a pretrial risk assessment for all pretrial defendants or if additional staffing is required? If it is not possible to screen all cases prior to first appearance, how can risk assessment be prioritized for all felonies or high-level misdemeanors?
- **Timing:** Implement flexible scheduling to allow for pretrial risk assessment to take place before the first appearance in court. In order to complete the pretrial risk assessment process in time for first appearances, it may be necessary to establish a later start time for the first appearance docket from its current 9 a.m. start time.
- **Tools:** Franklin County judges and probation officials should use the Ohio Risk Assessment System Pretrial Assessment Tool (ORAS PAT) for their risk assessment process. Currently, the State of Ohio uses the ORAS, a suite of risk assessment tools designed for use at specific junctures of the court process that includes a stand-alone pretrial assessment tool. Franklin County was one of the seven Ohio counties that contributed data to the University of Cincinnati for the development of this tool, which has been adopted by communities across the country.

- **Information Sharing:** Design a process for the administration of the pretrial risk assessment and the transmission of the assessment's results to court staff, including judges, prosecutors, and defense attorneys. To the extent possible, this process should leverage the electronic records system of the FCSO to prefill the static items on the pretrial tool and build the necessary bridge to transmit information to the essential court staff. To preserve the rights of defendants, county officials should take the following steps:
  - Develop a local court rule that information obtained for the pretrial process is to be used exclusively for pretrial release decisions and is not admissible in the adjudication of the current case or future cases.
  - Offer an "Agreement to Participate in Pretrial Screening" form to the defendant before the pretrial assessment process begins. Defendants who refuse to sign should not be screened.
  - Ensure that only the information necessary to inform a specific decision is shared.
- **Training:** Implement system-wide training for all court and pretrial staff on the process of conducting a risk assessment and the use of risk assessment information to guide decisions related to release.

**Establish pretrial services for the municipal court.** Funding sources for this new set of activities will need to be explored, as well as the development of more options for collaborative case management between the Municipal and Common Pleas pretrial/probation units, as well as community-based service providers. In addition, Common Pleas Pretrial Services has identified the need for additional specialized mental health trained supervision officers to be assigned to the pretrial unit, which will also be needed for the municipal cases.

#### **Recommendation 4: Use results of behavioral health screenings and assessments to inform decisions about jail population management and the delivery of behavioral health care services.**

**Conduct behavioral health screening at the time of jail booking.** The current FCSO process includes several behavioral health questions that are used to make housing and classification decisions, including the need for suicide observation and assignment to special management units. The jail should supplement this process with the use of brief screening instruments that will better identify those with mental illnesses and/or substance use disorders and allow for the delivery of services while in custody and connection to community-based services upon release.

- **Staffing:** Valid instruments have been developed so the initial screening can be completed by non-sworn officers as a part of the booking and classification process. The FCSO has already requested additional personnel to support the implementation of a new classification system that will include a valid mental health screen.
- **Timing:** Screening should be available 24/7 and conducted within two hours of booking.
- **Tools:** The FCSO should use the mental health screening tool within the purchased classification software, which incorporates the questions of the "Correctional Mental Health Screen" to identify individuals who may have a mental illness and require follow-up assessment. In addition, it is recommended that the jail use the "Texas Christian University Drug Screen II" (TCUDS-II) to screen for substance abuse issues. Both tools can be administered quickly and require minimal training for staff. People admitted to jail who screen positive on these instruments, do not have urgent or acute needs, and will be staying in the jail more than 72 hours should be referred to the contracted jail health care provider to complete a comprehensive assessment.
- **Information Sharing:** Design a process that enables the results of the behavioral health screening and assessment process to be shared with jail personnel while the defendant remains in custody, as well as with community-based supervision and treatment providers upon the person's release from the jail. This

information should be incorporated into FCSO's electronic records system to allow for access to the results by the necessary parties. In order to appropriately integrate the behavioral health screening and assessment results into a comprehensive supervision plan while preserving the rights of defendants, the process of sharing information should include:

- A “Behavioral Health (BH) Flag” within the FCSO information system to allow for easy identification of those individuals who need follow-up services, or may qualify for specialized court dockets or supervision. The BH Flag is entered in the jail electronic records system by a designated health care provider or jail staff when screening and assessment results indicate a need for further assessment and ongoing behavioral health services. The flag will also help the entire criminal justice system to identify the prevalence of behavioral disorders and determine staffing and treatment capacity inside and outside of the jail.
- A screening process that includes a routine data match between individuals booked into the jail and existing rosters of active clients in the ADAMH networks to identify mutual clients. If a match occurs, this should also trigger the BH Flag to be entered into the jail database. In conjunction with the ADAMH liaison, FCSO staff will coordinate connecting individuals with the behavioral health care services they need.
- Secure release-of-information consent forms signed by defendants and/or court orders for information before sharing any behavioral health information with an outside agency. Develop protocols for sharing behavioral health information with community-based behavioral health care providers that have routine contact with the jail population, as well as with the defendants.
- **Training:** Incorporate the above processes and protocols for sharing behavioral health information in the system-wide training called for in the implementation of the pretrial screening process.

**Ensure that as a requirement of the services delivered, the jail health care provider conducts timely mental health and substance use assessments for people who screen positive for these disorders.** For people who remain in custody for more than 72 hours and screen positive as potentially having a behavioral health disorder, a referral should be made to the jail health care provider for a follow-up assessment. For non-acute clinical needs, this assessment should be conducted within one week. For those who are assessed as needing ongoing care, the health care provider should provide such services and medications as needed.

### **Recommendation 5: Use risk and behavioral health information to develop comprehensive community-based supervision plans.**

**Identify the service and supervision needs for people with mental illnesses who are assessed as being at moderate to high risk of reoffending.** This population presents a challenge and opportunity to better design case supervision to decrease the likelihood that the individual will commit new offenses. This will require additional funding for case management, potential embedding of mental health professionals within probation departments, and increased community-based treatment options that incorporate risk reduction in the treatment plan.

**Use risk information to inform pretrial release and community supervision decisions.** Providing Franklin County judges the additional information about pretrial risk at the first bail hearing can guide the judge's release and supervision decisions. Recent research has shown the importance of following the “risk principle”<sup>3</sup> of matching assessed risk with supervision level. This research shows that likelihood of reoffending can increase when people who are at a low risk of reoffending or of pretrial failure to appear are unduly detained. Personal recognizance bond may be most appropriate for these low-risk individuals, while those at moderate and higher risk levels should be prioritized for pretrial supervision.

**Use behavioral health care information to inform community supervision decisions.** Together with the results of the pretrial risk assessment, behavioral health information should be used to guide case management planning for people who are released to community-based supervision. The essential components of building a supervision plan should include matching level of risk with level of mental health and substance use treatment needs and employing best practice methodologies to develop individualized case planning. The framework described in *Adults with Behavioral Health Needs Under Correctional Supervision*<sup>4</sup> should be used to guide this case planning process, as well as referrals to community-based programs that utilize evidenced-based practices to address both criminogenic risk and behavioral health needs. The Risk Assessment Subcommittee has proposed a plan based on this framework that incorporates available research about pretrial supervision and post-adjudication supervision and treatment, which needs to be fully vetted by the criminal justice stakeholders.

**Share the results of risk assessments and behavioral health screenings with the assigned supervising agency and community-based service providers when community-based supervision is ordered (pretrial or post-conviction) to enable appropriate follow-up assessment, treatment, and case planning.**<sup>5</sup> As outlined in the previous sections regarding information flow, the necessary court orders for information sharing, release-of-information consents, and interagency protocols should apply to this process of collaborative case management.

### **Recommendation 6: Connect people detained in jail who have mental illnesses and co-occurring substance use disorders to community-based behavioral health care services prior to their release.**

**Develop a jail in-reach program to facilitate continuity of care and keep people engaged in treatment that may have taken place in the community prior to arrest or is initiated during incarceration.** County officials have already taken steps toward instituting such in-reach approaches; for example, jail staff provide people who require post-release assistance with a “Wallet of Resources” guide, created by the Franklin County Reentry Coalition, and contact information for the Reentry Coalition and the Office of Commissioner Brown. In-reach activities should specifically coordinate services administered or provided by the ADAMH Board, Veteran’s Services, and the Ohio Benefits Bank and assist in registering for health care coverage, including Medicaid, if eligibility is determined. Federal grant dollars (e.g., Bureau of Justice Assistance or Substance Abuse and Mental Health Administration) could be pursued to cover costs associated with seeding these efforts. For long-term support of these in-reach services, county officials should explore ways of leveraging Medicaid to help pay for these activities.

- **Health Insurance:** Determine an individual’s insurance status and eligibility at admission. With the expansion of Medicaid eligibility in Ohio, adults up to age 64 who are at or below 138 percent of the Federal Poverty Level are eligible for Medicaid benefits. Working with the Ohio Benefits Bank, the FCSO should enter into an agreement with the Franklin County Department of Job and Family Services (FCDJFS) to place Ohio Benefits Bank health navigators inside the jail. Individuals staying in jail longer than 72 hours who meet eligibility criteria should receive assistance in obtaining necessary documentation and beginning the application process. The number of people who are currently insured, eligible for insurance, applied for insurance, and accepted for health care coverage should be ascertained and routinely reported to the County Commissioners.
- **ADAMH Services:** Establish a permanent jail liaison team to provide in-reach services and to connect people to community-based services upon release from jail. For people who are already receiving treatment from community-based service providers, the liaison team should make follow-up appointments with their providers to take place within two weeks of release. For insured individuals with behavioral health needs and no current community-based service provider, an appointment with an appropriate service provider should be made prior to release from jail. For a person with behavioral health needs and no health insurance, the liaison team should determine eligibility for health care coverage as described above, and then connect the person

with appropriate behavioral health care services. Individuals who have been identified as having serious mental illnesses by the jail should be tracked by the ADAMH jail liaison team to determine how many are successfully connected to community-based service providers within 30 days of release.

The ADAMH Board has submitted a grant request to the Bureau of Justice Assistance to fund a three-person team to provide the recommended in-reach and liaison services. The grant is designed to serve 500 individuals for a period of 30 months. A long-term funding plan for these services will need to be developed should the grant be awarded, and an immediate funding plan for such a team must be developed should the grant not be awarded. The annual projected cost for such a team is \$175,000.

In addition, the placement of a behavioral health liaison in the courtroom for first appearances may also be a consideration. This would facilitate linkage to community-based treatment providers, should the court order the release an individual in need of community-based services.

- **Veteran’s Services:** As part of the booking process, establish whether the individual has served in the military and may be eligible for veterans’ benefits, and if so, refer him or her to Veterans Justice Outreach (VJO). All identified veterans should receive information on how to access VA services upon release and the VJO should make contact with any individual staying in jail longer than 72 hours to coordinate care upon release.

**Ensure that probation and community-based service providers fully apprised of Ohio Benefit Bank and VJO resources:** Chief probation officers of both the Common Pleas and Municipal Courts should develop methods to ascertain the probationer’s health care coverage status or eligibility for coverage. For people who are eligible for Medicaid, a mechanism for starting the application process should be developed. The probation department should explore the possibility of adding a health insurance navigator position to assist with determining eligibility for various benefits and application processes. For people who are eligible for veterans’ benefits, the probation department should work with the VJO to connect the individual to appropriate veterans’ services.

**Build on existing strategies that are addressing individuals with mental illnesses who are involved with the criminal justice system.**

- Common Pleas Probation Services includes specially trained supervision officers who work with individuals identified as having a mental illness. This specialized service should be expanded to include pretrial and municipal caseloads.
- Cross training between probation and behavioral health professionals should occur to encourage collaborative case management. In addition, a shortened version of CIT training or other mental health training such as Mental Health First Aid<sup>6</sup> should be provided to both the Municipal Court and Common Pleas Probation staff.
- Build on existing strategies that are addressing individuals with mental illnesses who are involved with the criminal justice system. Some county officials have discussed possible ways of repurposing the old jail once it is vacated as the new jail opens. Whatever decision is made regarding the old jail facility, county officials will need to determine where transition planners will work and meet with clients prior to and immediately following release.

**Specialty Court Initiatives in Franklin County**

Mental health and other specialty courts have been implemented within the Municipal Court and can be an important component of addressing the recommendations provided in this report. Accordingly, we urge county officials to determine how these recommendations apply to the county courts, and, as part of that process, explore opportunities to expand and improve upon these problem-solving courts.



## **Recommendation 7: Increase the capacity of community-based behavioral health and housing services and prioritize people who are at higher risk of reoffending for such services.**

Most people with serious mental illnesses who are released from Franklin County Jail will require the assistance of case managers to navigate the array of community-based services they may need for a successful return to the community. For most of these people, case management services will be provided through local community mental health care providers. For people who meet eligibility criteria for intensive case management (Assertive Community Treatment, or ACT), admission to this level of care must occur. To better serve those with moderate to high criminogenic risk levels, it is recommended that specialized forensic expertise be developed on ACT teams. Certified peer support program graduates could also be hired by behavioral health care providers to expand case management services. If ACT case management capacity is exceeded by the number of individuals with these case management needs, a plan will need to be prepared for the County Commissioners to address this gap. As the existing ACT teams are currently at full capacity, a plan should be developed for the County Commissioners to expand capacity to accommodate the number of people with these case management needs. It is further recommended that those assessed with a serious mental illness be tracked by the ADAMH jail liaison team to ensure connection to mental health services within 30 days of release.

**Deliver community-based services that address the behaviors associated with recidivism.** Of the individuals identified with serious mental illnesses leaving the jail each month, approximately three-quarters of them are likely to have a co-occurring substance use disorder. Capacity to provide integrated care for those with co-occurring disorders should be monitored and increased in proportion to demand. Sixty percent of adults with serious mental illnesses released from the jail are likely to be at moderate or high risk of reoffending. Addressing the individual with moderate to high risk to reoffend requires a collaborative approach that includes the use of cognitive-based treatment (CBT) that targets identified criminogenic needs. Training on CBT interventions should be given to all community-based service providers that serve criminal justice populations. This training could be provided by the Common Pleas Probation Department in conjunction with other trainers. The Municipal Probation Department should also be included in this effort. Because the capacity of community-based service providers to address this population is unclear at this time, a plan to assess the impact of training on the implementation of CBT interventions should be developed in collaboration with the probation departments.

The University of Cincinnati Cognitive Behavioral Interventions for Substance Abuse Program was previously implemented in Franklin County by the Common Pleas Probation Department, in cooperation with community-based providers. Franklin County should continue offering this program to individuals who are most likely to reoffend and have substance use disorders, and expand to include people with mental illnesses.

**Improve access to housing and support services to reduce the incidence of homelessness for people with serious mental illnesses who are released from jail.** Five percent of all jail admissions in 2010 have used the shelter system in the year prior to admission. The state should work with the CSB to establish a routine data match between people entering jail who have had contact with ADAMH-funded service providers and those who have accessed the shelter system through CSB-funded providers to help the county identify people with both mental illnesses and housing needs. When an individual with a serious mental illness is determined to be without housing, the ADAMH jail liaison should refer that person to the appropriate community-based mental health treatment provider that can also provide housing assistance. An individual who enters a shelter will be linked with a “navigator” from the Homeless to Home program funded by the CSB.<sup>7</sup> A navigator will collaborate with the community mental health treatment provider to assist the individual in obtaining housing as rapidly as possible. For long-term housing placement, it will be necessary for ADAMH to work with the Ohio Housing Finance Authority to develop sustainable housing for individuals with serious mental

illnesses who are involved with the criminal justice system.

To ensure sufficient housing capacity for this population, it is essential to capture data on homelessness on admission to the jail to match the need to capacity. Future planning could include “Rapid Response” housing for people who do not have a mental illness, but do not require additional services to maintain housing, and supportive housing for those with other mental health and case management needs. Funds for rental assistance will also need to be identified. Building on the Frequent Users Systems Engagement “FUSE” program, which is already implemented in Franklin County, should be a considered strategy. It is essential to include probation officials in this discussion to improve the collaboration between supervision and service provider agencies.

**Recommendation 8: Develop a process for ongoing system analysis and outcome measurement to ensure that County Commissioners are aware of progress related to identifying people with mental illnesses in jail, diverting people with mental illnesses from further involvement with the criminal justice system, connecting people to health care coverage and essential services, and ensuring they do not return to jail, among other measures.**

**Charge a single entity with responsibility for managing, coordinating, and monitoring the implementation of the recommendations of this report, as well as producing detailed, bi-annual accountings of the status of the implementation of the recommendations in this report.**

**Commission bi-annual reports that highlight identified outcome and process measures.**



Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails, which is sponsored by the National Association of Counties, the American Psychiatric Foundation, and the Council of State Governments Justice Center, calls on counties across the country to reduce the prevalence of people with mental illnesses being held in county jails. The work being done in Franklin County, the leadership that the Franklin County Criminal Justice Planning Board has demonstrated, and the findings emerging from the data analysis presented in this report are instructive for counties everywhere that are “stepping up” to reduce the numbers of people with mental illnesses in their jails.

## Endnotes

1. This analysis focused on 2010 data to allow for a three-year recidivism study for this population.
2. When NETCARE facilities are full, law enforcement officers are not permitted to drop off additional people. Many law enforcement officers will instead transport the individual to the jail as they do not have other viable options when NETCARE is at capacity.
3. Risk Principle: Match the intensity of individuals’ treatment to their level of risk of reoffending. Research shows that prioritizing supervision resources for individuals at moderate or high criminogenic risk can lead to a significant reduction in recidivism among this group. Conversely, intensive supervision interventions alone for individuals who are at a low risk of recidivism will do little to actually change the person’s likelihood of committing future criminal acts, and may even be harmful. High-intensity programming or supervision for low-risk people is an ineffective use of resources to reduce reoffending. See [csgjusticecenter.org/mental-health/publications/behavioral-health-framework/](http://csgjusticecenter.org/mental-health/publications/behavioral-health-framework/).
4. See [csgjusticecenter.org/mental-health/publications/behavioral-health-framework/](http://csgjusticecenter.org/mental-health/publications/behavioral-health-framework/).
5. This may be done through individual signed consent or a court order to share the information.
6. See [integration.samhsa.gov/mental-health-first-aid](http://integration.samhsa.gov/mental-health-first-aid).
7. See [csb.org/files/docs/News/CSBInTheNews/2014/New%20program%20takes%20major%20step%20forward%20with%20award%20of%20\\$2%205M%20grant.pdf](http://csb.org/files/docs/News/CSBInTheNews/2014/New%20program%20takes%20major%20step%20forward%20with%20award%20of%20$2%205M%20grant.pdf).



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