Stepping Up Ohio

2024 Evaluation Report | January 30, 2025

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Introduction

The Stepping Up (Stepping Up) Initiative is a national effort to support counties in developing and implementing various strategies to reduce the number of people with mental illness in jails. Ohio's Stepping Up Initiative helps people with mental illness in jails get connected with clinical treatment and other services so that they can get the help that they need to improve their lives and stay out of jail. Stepping Up Ohio, led by Ohio Supreme Court Justice Evelyn Stratton (ret.), started in Ohio in 2015 and collaborates with many organizations and people, starting at the grass roots level and taking them to state leadership levels to bring about change.

Stepping Up Ohio works with county officials to adopt formal resolutions that publicly affirm their dedication to addressing local challenges. Each participating county is encouraged to establish a Stepping Up Steering Committee to oversee their initiatives and engage in Sequential Intercept Mapping. This process helps the committee identify and prioritize areas for improvement. Justice Stratton and the Stepping Up Ohio team work collaboratively with these committees, facilitating meetings with key community stakeholders such as mental health providers, law enforcement, judicial representatives, probation officers, jails, families, and other professionals involved in the criminal justice system to develop and implement local Stepping Up efforts.

The Stepping Up Ohio team supports counties by:
- Offering technical assistance on jail screening tools to identify veterans, individuals with mental health conditions, and housing needs.
- Designing and implementing data collection plans to aid strategic planning.
- Sharing information about best practices and evidence-based approaches.
- Connecting individuals in the criminal justice system with treatment providers, medication, housing, and peer support services.
- Facilitating the creation of new resources, including housing units, mental health courts, and crisis intervention programs for probation.

Justice Stratton also advances the program's objectives through her role as co-chair of the Ohio Attorney General's Task Force on Criminal Justice and Mental Health. The Task Force serves as the action arm of Stepping Up through the work of the Task Force's numerous committees. The following summaries of the purpose and work of the Task Force's committees are from the Task Force's September 10, 2024, Report for Fiscal Years 2023 and 2024:

> *The Aging Committee* works to raise awareness of the needs and challenges of Ohio's older population and to recommend options and best practices for reducing prevalence of elder neglect, fraud and abuse, and placing a special emphasis on the role of the courts and public safety systems. Next steps for the committee include plans to strengthen the partnership with the

Attorney General's Elder Abuse Commission to address the challenges that arise when the criminal justice system interacts with older Ohioans.

The Best Practices and Mental Health Training for Jails Committee seeks to ensure that the correctional population receives treatment for mental illness that adheres to the highest standards of care supported by current scientific research through webinars and finding other ways to educate and train its stakeholders. To date, the committee has developed 11 webinars focusing on finding ways to support those who encounter justice-involved individuals with mental illness and providing them with evidence-based tools to interact with and care for these individuals.

The Competency Restoration and Probate Court Issues Committee works to help stakeholders understand, implement, and utilize laws and regulations relating to civil commitments and criminal competency, and also seeks provide resources, train, and educate people in the criminal justice system with a mental illness while streamlining services as a way of improving outcomes and minimizing the burden on the system. The committee serves as a valuable platform for sharing resources from the Ohio Criminal Sentencing Commission on Competency Restoration and the Ohio Department of Mental Health and Addiction Services. The committee plans to propose local rules and forms regarding Dismiss and Refer and civil commitments for probate and other trial courts to consider adopting and continue work on identifying best practices within outpatient competency restoration and probate court issues.

The Diversion and Re-Entry Committee promotes diversion an alternative to incarceration for those with mental illness and studies ways for newly released formerly-incarcerated individuals to successfully re-enter society. One goal of the committee is to continue advocating for 1115 Medicaid waivers so that adults and juveniles in incarcerated settings become eligible for Medicaid benefits.

The Education and Stigma Committee focuses on mental health training for personnel in the justice system, mental health training for employees in the foster care system, and various campaigns that aim to reduce the stigma of mental illness and to promote mental wellness. The committee partnered with RecoveryOhio on its statewide campaign to create a media toolkit addressing the importance of using appropriate words and images when reporting about mental health and addition. The toolkit was shared with media outlets statewide as the anti-stigma campaign rolled out.

The Housing Committee focuses on new state and federal housing programs, regulations, and related best practices. This is a newly revived committee that is currently monitoring various state

and federal housing policy activity related to state-level housing legislation as well as a federal-level rulemaking proposal that would not categorically deny access to HUD-assisted housing for those with a criminal record.

The Juvenile Justice Committee works to build partnerships and connect with stakeholders in efforts to set youth up for success. Committee members have focused on building partnerships around workforce programs in detention centers that offer hope to youth struggling with mental health issues.

The Law Enforcement Committee seeks to improve outcomes when people with mental illness interact with law enforcement officers and is working to transform crisis response systems so that law enforcement is included only when there is an immediate or imminent threat to safety or a serious criminal concern. The committee also focuses efforts on issues related to first responder wellness programs that emphasize the importance of mental wellness, counseling, peer support, stress management training, and crisis intervention services.

The Policy and Legislative Committee works with key stakeholders and legislators on various mental health policy and legislation matters. The committee has worked with a coalition of stakeholders in the development and implementation of the 988 Suicide and Crisis Lifeline in all Ohio counties and plans to work with other stakeholders to develop a statewide resource directory for mobile response, referrals, and crisis stabilization services.

The Psychiatry and Treatment Committee actively seeks to improve access to behavioral health interventions and treatment on a continuum that includes prevention and early intervention for people who are involved or at risk for involvement in the criminal justice system though collaboration with a variety of stakeholders and education programs. The committee plans to continue working with other committees of the Task Force to promote treatment and to explore emerging treatment options and best practices in Ohio.

The Research and Best Practices Committee raises awareness and promotes evidence-based practices to improve responses of the criminal justice system to people with mental illness. The committee has identified several topic areas for future discussion, including deflection, maternal health as it relates to people involved in the criminal justice system, and suicide prevention.

The Resource and Care Coordination Committee seeks to address issue issues encountered by jails, hospital emergency departments, and homeless shelters to improve continuity and comprehensiveness of care for people with serious mental illness who chronically cycle through these organizations. The committee has explored ways to better connect individuals coming out

of jail with community health and services through Medicaid managed-care organizations, federally qualified health centers, nonprofit organizations, and local governmental agency resources and collaborative initiatives. The committee's plans include exploring the possibility of a 1115 Medicaid waiver in Ohio to help increase care for individuals who are incarcerated in the period immediately prior to their release to help them succeed during re-entry.

The Specialized Dockets Committee works closely with the Clinical Subcommittee of the Ohio Commission on Specialized Dockets to create training for treatment providers and clinicians involved in treatment courts to clarify roles and boundaries of the specialized docket team and to examine the role of peers and peer recovery support on certified special dockets.

The Veterans Courts and Military Affairs Committee assists the criminal justice system in dealing with the criminal justice needs of active military and veterans with an emphasis on the physical and emotional causes that led to involvement in the system. The committee's primary areas of focus include raising awareness of programming available to veterans, creating political and legal environments that best serve veterans through the Veterans Administration and community partners, fostering pro bono programming for civil needs, and offering a forum for Ohio courts and agencies to exchange ideas, resources, and best practices. The committee plans to provide recommendations on when the new Veterans Justice Act (alternative sentencing options for veterans in the state criminal justice system) should be proposed and implemented in Ohio.

Currently, 62 counties in Ohio are active participants in Stepping Up Ohio, driving meaningful system changes. The program receives support from various organizations, including Peg's Foundation, Janssen Pharmaceutical Companies, Molina Healthcare, Alkermes, CareSource, Sunovion, United Healthcare, FivePoint Solutions, NAMI Ohio, and the Ohio Psychiatric Physicians Association. This report demonstrates the current state of Ohio Stepping Up by presenting the results of an impact evaluation, funded by the Ohio Consortium of Crime Science through a grant from the Office of Criminal Justice Services at the Ohio Department of Public Safety. The primary research question was: **Are the practices and responses being implemented in participating counties effectively addressing the connection between Stepping Up (Stepping Up) initiatives and support for individuals with mental illnesses within local justice systems?**

Methods

In 2021, Bowling Green State University researchers Burek, Stinson, and Wentzlof conducted a process evaluation of Stepping Up when there were 54 Stepping Up counties participating. In three years, eight additional Ohio counties were involved with the Stepping Up Initiative. Based on the findings of the 2021 study, two areas in need of improvement were noted: (1) individual support upon jail release, including housing, access to treatment, community-based support and (2) courts, specifically tracking of offender

populations, specialized courts, and probation departments. Approaches observed in 2021 as successfully implemented were (b) booking practices in jails (i.e., screening and assessments) and (2) the crisis continuum system. COVID-19 and inadequate funding were also noted as challenges for counties attempting to implement practices and approaches of the Stepping Up Initiative.

In the present study, we conducted an impact evaluation utilizing a mixed methods approach to determine the status of systems change within Stepping Up counties in connecting offenders with mental illness to treatment and other support services in alignment with Stepping Up practices and approaches since 2021. Particularly relevant to the Stepping Up initiative are system changes involving mental health screening tools, crisis intervention, crisis stabilization units, data sharing systems, training, enhanced access to treatment (e.g., medication management, therapy, and support services) and housing and other support services, that require interagency collaboration and coordinated approaches in the community, local law enforcement, jails, courts, and treatment facilities and programs. An impact evaluation was chosen as the methodological approach as it is a systematic assessment used to determine the effects of a program, policy, or intervention, such as Stepping Up. Its primary goal is to establish whether the initiative has affected the intended outcomes and to what extent it has done so. A mixed methods approach enables us to compare the 2021 and 2024 survey responses to determine the impact of the intervention and system changes and identify themes and content from the key state partner interviews to provide context and depth to the quantitative findings, and vice versa.

Quantitative Data Collection

In creating the 2024 survey, we included some of the same questions from the 2021 survey for comparison. Over the past few years, some activities have changed, including the adoption of Crisis Intervention Team (CIT) training and programs, as well as the introduction of alternative response models for mental health-related police calls in various counties across Ohio. To capture the use of these practices in the Stepping Up counties, we added questions to our data collection instrument. We also omitted some questions from the 2021 survey that were either no longer applicable or were superfluous to the impact evaluation.

The questionnaire (see Appendix) was created in the survey platform Qualtrics and included 48 questions. Survey questions were divided into five sections covering the following topics:

- Administration
  - Outreach
  - Training Experiences and Interests
- Jail/Law Enforcement Processes and Practices
- Municipal and Common Pleas Courts Processes and Practices
- Crisis Continuum
- Implementation and Progress

- o Programs and Project Development
- o Challenges, Barriers, Improvements and Successes

As was done in 2021, Justice Stratton provided the email addresses of county representatives who were sent the survey, which included Stepping Up county coordinators and staff from the jails, common pleas courts, municipal courts, probate courts, treatment providers, housing providers, and mental health and substance abuse services board. Survey responses in any county where more than one representative responded based on their respective constituencies were collated. We emailed survey invitations in September 2024. Of the 62 Stepping Up counties, 47 of these counties were represented in the data, which were:

- o Athens
- o Auglaize
- o Butler
- o Champaign
- o Clermont
- o Columbiana
- o Coshocton
- o Cuyahoga
- o Delaware
- o Fairfield
- o Franklin
- o Guernsey
- o Hamilton
- o Hancock
- o Holmes
- o Jefferson
- o Knox
- o Lake
- o Licking
- o Logan
- o Lorain

- o Lucas
- o Mahoning
- o Marion
- o Miami
- o Monroe
- o Montgomery
- o Morgan
- o Muskingum
- o Noble
- o Ottawa
- o Perry
- o Portage
- o Preble
- o Putnam
- o Ross
- o Sandusky
- o Seneca
- o Shelby
- o Stark
- o Summit
- o Union

- o Warren
- o Washington
- o Wayne and Holmes
- o Wood
- o Wyandot

Qualitative Data Collection

Interviews were conducted with 11 key partners of Stepping Up Ohio between August - October 2024. Key partners were identified by Stepping Up Project Director, Justice Stratton. Key partners varied in their involvement with Stepping Up including: members of the core working team, state-level partners, and county coordinators. Individuals had been involved a range of Stepping Up-focused activities including:

attending steering committee meetings, organizing county meetings, creating trainings, presenting at county meetings, attending county meetings, conducting sequential intercept mapping (SIM), and more.

Interviews consisted of seven core prompts and ranged from 22-70 minutes (See Appendix for full list of prompts). On average, interviews lasted 36 minutes. Interviews were recorded and transcribed on Zoom software then analyzed using ATLAS.ti software. Thematic analysis relying on an inductive coding procedure was used to identify patterns across the interviews. Codes were created based on commonalities found. Additionally, because the respondents varied in their affiliation with Stepping Up, it was important to allow themes to occur naturally based on responses to broad prompts that asked about effectiveness and barriers related to the Stepping Up Ohio Initiative.

In addition to the interviews, key partners were also asked to submit a brief survey (3 questions) that asked them to reflect on the overall impact of Stepping Up and specific impacts/changes that Stepping Up has made in their respective area. These responses are used to provide additional context related to the key changes resulting from the Stepping Up Ohio Initiative.

Finally, we also include open-ended responses from the county surveys (representing 47 counties) to add county-level feedback related to key changes and barriers in these areas. Themes from the interviews and survey responses were categorized into five main areas: mechanisms of success, highlights of system changes, barriers to progress, highlights of remaining challenges, and planning for the future.

Findings and Observations

Survey Findings

Administration Questions: Outreach and Training Experiences and Interests

Survey responses point to a robust implementation of Stepping Up initiatives, particularly when it comes to outreach and training. As displayed in Figure 1., 43 of the counties reported that they had an established Stepping Up program with an advisory committee or a committee that coordinates with Stepping Up work. Nearly 80% of the counties indicated that they disseminated newsletters on a county-wide basis compared to 51% in 2021. There was a 26.6% increase from 2021 in the number of counties hosting county-wide events or forums focusing on Stepping Up initiatives in 2024 with an average of 2.2 such outreach a year (see Table 1).

Figure 1. *Counties with a Stepping Up Advisory Committee or Committee That Oversees Stepping Up Work*
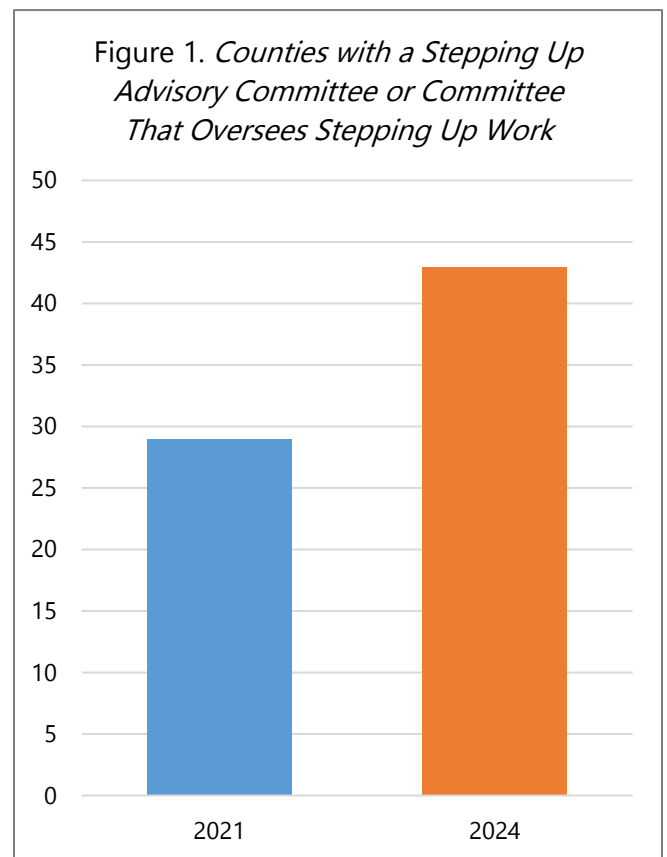
Table 1. *Outreach Descriptives*

	2021 Counties (N = 45)	2024 Counties (N = 47)
Distribute Newsletters and Information	23	34
Average Number of People on the Distribution List	36	37.3
Hosted Community-Wide Events/Forums	15	19
Average Number of Events/Forums	2	2.2

Figure 2. *SIM Workshop Topic Interest*
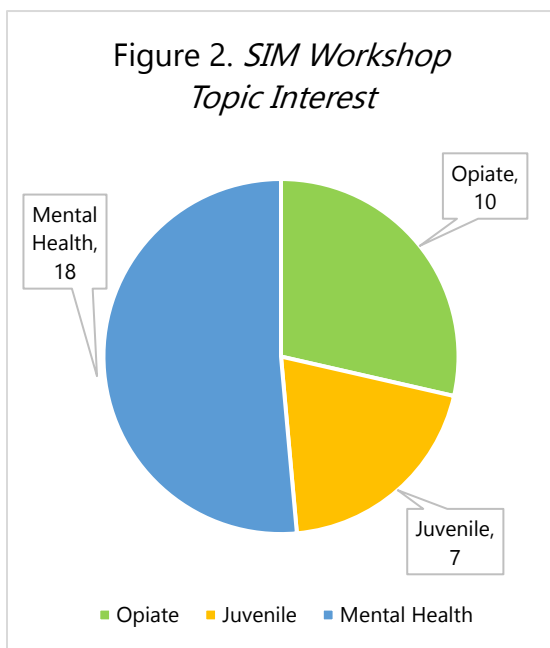
In 2021, 31 counties indicated interest in doing a SIM. This number rose to 33 in 2024. Of the counties that indicated they had already participated in at least one SIM, 11 of them expressed interest in either doing a new one or repeating the same one as before. Ten counties reported that they were interested in doing Sequential Intercept Mapping (SIM) workshops and 23 shared that they have already completed at least one SIM workshop in the 2024 survey. In addition to an increase in the number of counties reporting that they were interested in participating or have already completed SIM workshops, there has been a 56% increase in the number of counties whose jails, Mental Health Board, or Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS), or equivalent exchange a daily list of arrestees to promptly connect defendants to treatment. In 2021, 23 counties reported doing so with 15 that did not, and in 2024, 36 counties shared arrestee information and 11 did not.

Jail and/or Law Enforcement

As the first point of contact or involvement within the criminal justice system, jail and law enforcement officials play a critical role within the Stepping Up Initiative. Individuals booked in the jail are screened via tools that help identify inmates to identify those who are susceptible to mental health concerns, substance use, suicide risk, criminogenic risk, and Veteran status (see Figure 3).

Since 2021, there have been notable increases in the number of counties utilizing screening assessments, except for those identifying criminogenic risk, which showed a slight decline in use as reported by the counties. There was nearly a two-fold increase in the use of assessments from 2021 to 2024 for suicide

Figure 3. *Types of Screening Assessments Used in Jails at Booking*
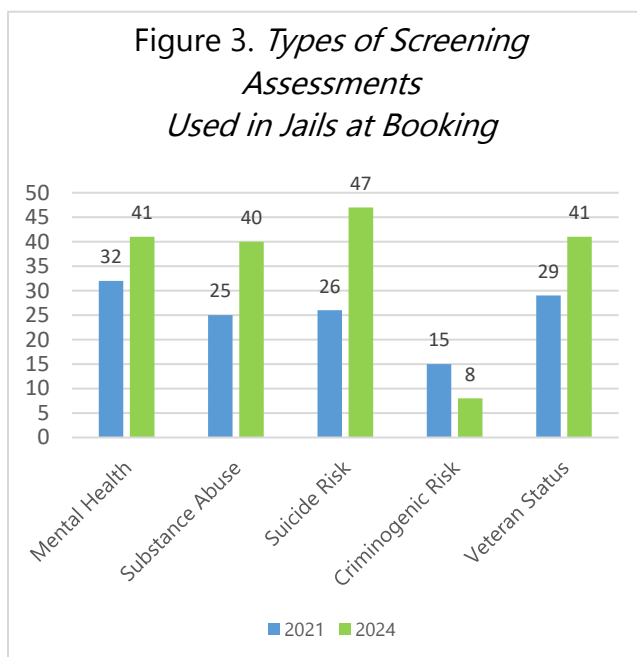
risk, which is one of the primary causes of death in jail facilities. Counties were asked to select from a list all the protocols or procedures that were utilized in their jails for suicide prevention. The results displayed below are in order of most commonly used to least and many counties reported engaging in more than one approach.

1. Suicide watch cell or special location
2. Monitoring high risk inmates
3. Staff training in suicide prevention
4. Counseling or psychiatric services
5. Jail assessment tools
6. Inmate suicide prevention programs
7. Other procedures (e.g., mats, gowns, dedicated staff, counseling)

Figure 4. Follow-Up Assessments in Jails

	Mental Health	Substance Abuse
2021	29	24
2024	38	35
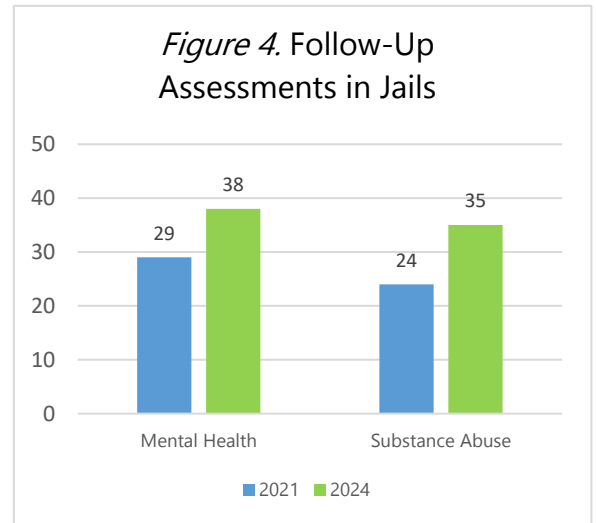
Follow-up assessments (see Figure 4) are also conducted in the jails for mental health and substance abuse. Both types of instruments have increased in usage, by 31% and 45%, respectively, from 2021 to 2024. We also asked counties for the 2024 survey what entities jails share screening and assessment information with at the time of pretrial. County representatives completing the survey could select all that applied for their county. As displayed in Figure 5, 23 counties noted that they shared information with the courts, 16 counties with the probation department, 13 with the prosecutor, and 10 with the public defender. Thirteen counties reported sharing with all four entities.

23 The Court	16 The Probation Department
10 The Prosecutor	13 The Public Defender

Figure 5. *Screening and Assessment Information Sharing*
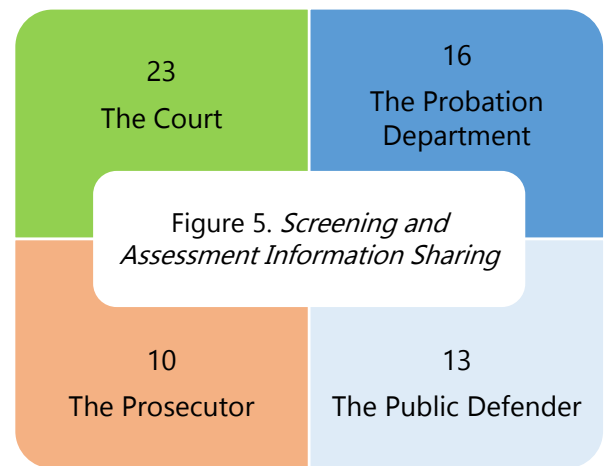
In addition to the screening and assessments, responses to questions related to referrals and services for jail-involved populations also showed an increase from 2021 to 2024. Specifically,

- The number of counties that use the Veterans Reentry Service System to identify veterans in the criminal justice system increased, 29 counties reported doing so in 2021 and 41 counties in 2024
- More jails were connected with the Veterans Justice Outreach Specialist in 2024 at 32 counties compared to 19 counties in 2021.
- There was a 20% increase in the number of counties reporting that their jail staff or community partners make referrals to community-based treatment providers with 39 counties in 2021 and 47 in 2024.
- More counties reported that their jail staff or other community partners

- coordinated inmate benefits with the local Department and Job and Family Services with 37 in 2024 compared to 30 in 2021;
- had services or resources for people with mental illnesses released from jail funded through the Ohio Department of Rehabilitation and Correction with 24 in 2024 and 11 in 2021; and
- had services and resources funded through the Ohio Department of Mental Health and Addiction Services in 2024 increasing to 40 compared to 30 in 2021.

- There was a slight increase in the number of counties reporting that their jail staff or other community partners assist inmates in enrolling for Medicaid or SSI/SSDI prior to release from the facility with an additional four counties in 2024 compared to the 28 in 2021.
- Eight additional counties in 2024 reported that their jails had a process in place to allow inmates to *bring in* their own medication. There were 21 such jails doing so in 2021. Similarly, more jails had a process to ensure that offenders had access to needed medication *upon release* from jail bringing the total to 38 in 2024, up from 29 in 2021.
- An 80% increase in the number of jails were found to be involved in administering Long-Acting Injectable antipsychotic medications (LAIs) growing from 15 to 2021 to 27 in 2024. The 2021 questionnaire did not go beyond this one LAI question so there are no comparable figures for 2024 where we extended our knowledge-gathering given the increased usage of LAIs and related medications in jail settings. We asked the counties to indicate whether they provide categories of medication to inmates in their jail and counties were able to select more than one option. These were:
  - LAIs – 27 counties reported providing
  - Medication-assisted treatment (MAT) – 41 counties provided
  - 14 counties filled in the "Other" category. Below are some examples of what the respondents shared in the text box:
    - Rapid Resource Center, Contingency Management, Narcan distribution at release
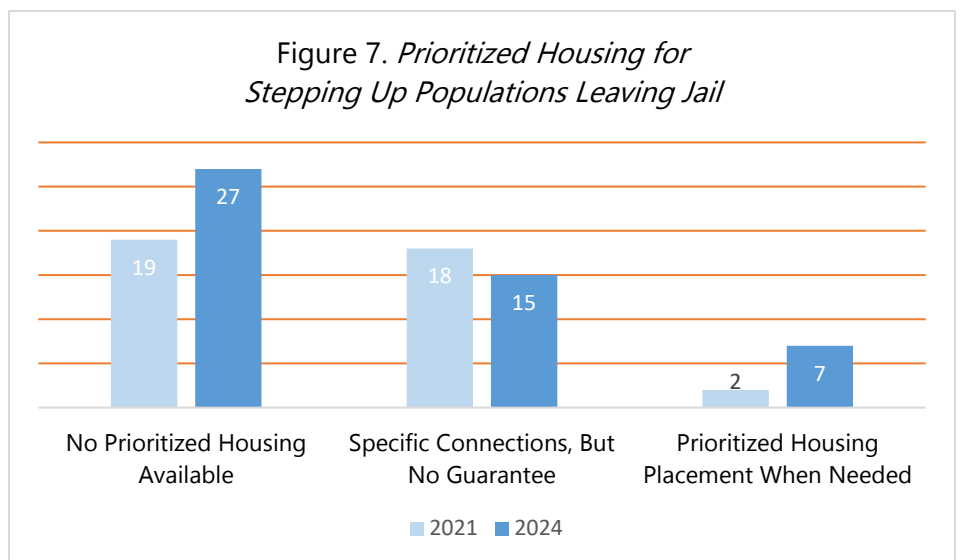   - LAIs if prescribed in the community and the mental health provider brings into jail
    - Psychotropic medication packs
    - Case Management Services and follow-up appointments after release
    - Prescriptions for refills and a three-day supply on release
    - Other psychiatric medications on the formulary
- We also asked about the prescribers who are being used in the jail to prescribe psychotropic medications.
  - 29 counties reported that a psychiatrist or psychiatric nurse practitioners are prescribing these medications
  - 14 noted a primary physician was the prescriber
  - Several counties selected "Other," and one county reported that LAIs prescribed and administered by outside agencies and another shared that they used a nurse practitioner via Telehealth.

As was done in 2021, we asked county respondents to rank the locations to which persons with serious mental illness are released from exiting jail. In 2024, "stable family or friends" was the top location counties reported followed closing by "other verified housing," and the "subsidized housing." When

comparing the past few years of exit locations, the 2024 results indicate more reliable housing upon release. Figure 6 displays these rankings below:

Figure 6. *Most Common Release Locations for People with Serious Mental Illnesses Exiting Jails - 2021 and 2024*

Location	2021	2024
Stable "Family or Friends"	21	34
Other Verified Housing	17	33
Subsidized Hosuing	4	25
Unknown or Unsure	23	22
Unstable "Family or Friends"	27	20
Group Home or Adult Care Facility	2	12
Other		10
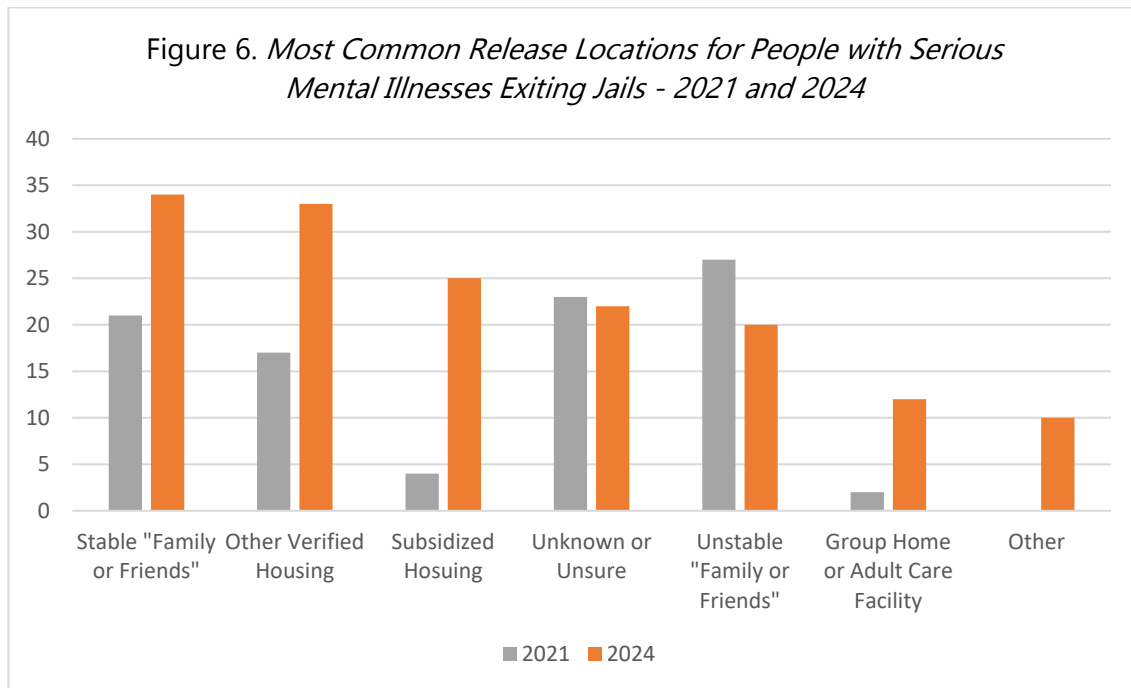
Another question on housing was whether counties or local mental health and recovery board had specific, subsidized apartments or group home beds that were prioritized for Stepping Up populations leaving jail (See Figure 7). In 2021,19 counties reported that there was no prioritized housing; in 2024, there were 27 counties. Eighteen counties had specific landlords or nonprofits and the local homeless providers they call but no placement guarantee in 2021

Figure 7. *Prioritized Housing for Stepping Up Populations Leaving Jail*

	2021	2024
No Prioritized Housing Available	19	27
Specific Connections, But No Guarantee	18	15
Prioritized Housing Placement When Needed	2	7

compared to 15 in 2024. The largest gains occurred in seven counties in 2024 that had prioritized housing available. In 2021, only two counties did. Three county representatives selected their counties had both prioritized housing and specific landlord or nonprofit placements with no guarantee.

Continuing with release and reentry questions, reentry services were examined but only in the 2024 survey. Nearly 30 counties have a staff person who works on reentry or a reentry committee or coalition. Ten counties reported having other reentry programs, such as formal programs (e.g., Lives in Need of Connection), reentry docket, vocational services, housing, and offer referrals and resources as needed/requested. Two counties reported that they did not offer reentry resources.

The final question in the jail and/or law enforcement section of the survey asked county respondents to rate the effectiveness of jail staff's collaborations with local mental health and local housing providers in successfully placing people with mental health issues leaving jail in housing.

Figure 8. *Effectiveness of Collaborations Between Jail Staff and Local Mental Health and Housing Providers*

2021

- Not Very Effective 13%
- Very Effective 38%
- Somewhat Effective 49%

2024

- Not Very Effective 26%
- Very Effective 26%
- Somewhat Effective 48%
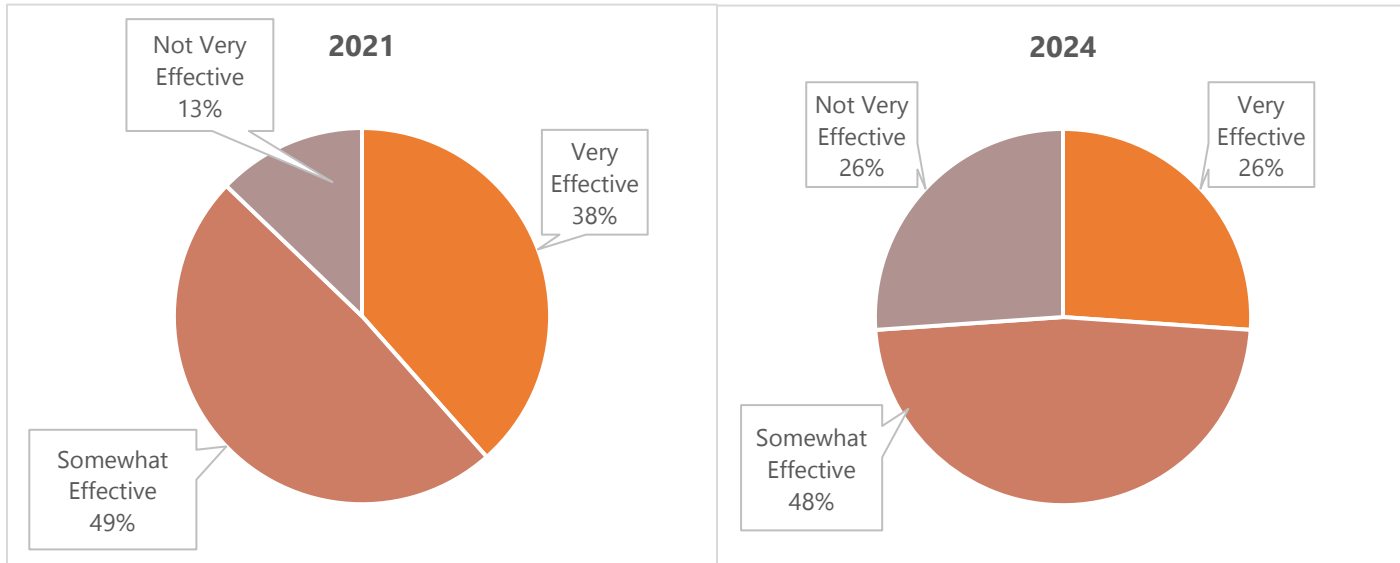
As displayed in Figure 8, responses from 2021 were more favorable for effectiveness on these collaborations than they were in 2024 though the percentage of respondents choosing "somewhat effective" remained consistent.

Courts

Following law enforcement and jail practices were questions concerning the courts. Similar questions were asked of the municipal and common pleas courts and their respective probation departments in 2021, but in 2024, these agencies were combined under the heading of "courts" for congruency and the number of questions were reduced. Probate courts were also included in this section of the questionnaire. Currently, there are 28 probation offices using the Veterans Reentry Search Service system to identify veterans in the criminal justice system 32 court probation offices connected with the Veterans Justice

Figure 9. *Court Probation Offices Services Offered*

Employment
- 15 Counties in 2021
- 30 Counties in 2024

Housing
- 14 Counties in 2021
- 28 Counties in 2024

Transportation
- 17 Counties in 2021
- 28 Counties in 2024

Outreach Specialist. In one comparable question from 2021 and 2024, we found that the number of court
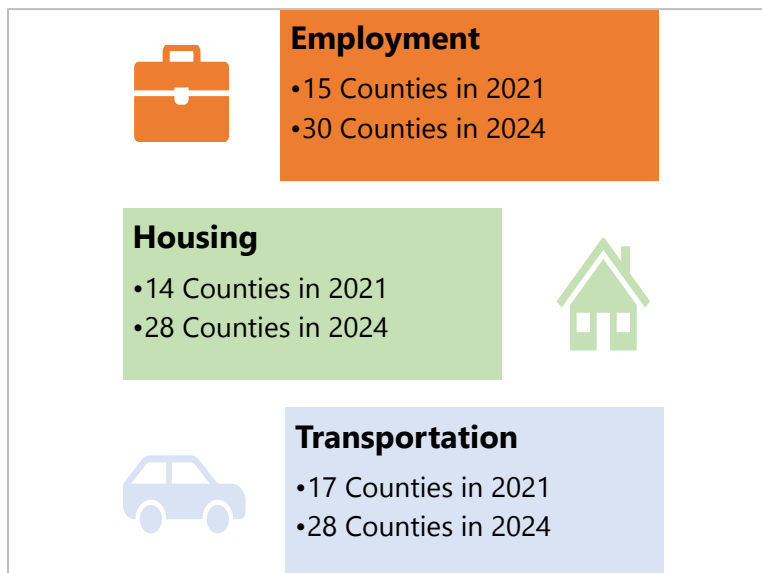
probation officers offered more services to offenders under their supervision in 2024. For two categories, employment and housing, the percent change was 100%. Figure 9 below displays these findings.

The last two questions in the survey under the courts heading asked about practices in the probate courts. One was the same question that was asked in 2021, which was whether the probate court established a court-ordered assisted outpatient treatment (AOT) program. From 2021 to 2024, there was a 63% increase in the number of probate courts answering affirmatively with 19 offering AOT in 2021 and 31 in 2024. The other question was new to the 2024 survey, which asked if the county's ADAMHS board and probate court collaborated to provide AOT as one alterative for justice-involved individuals meet the criteria for civil commitment. Thirty-nine counties reported that they did and only seven reported they did not.

Crisis Continuum System and Processes

In 2021, the final set of questions on the survey inquired about plans to develop or enhance services along the crisis continuum. Well over half of the counties (n=27) reported that they were working on such a plan at that time. It was also observed that 22 counties planned on enhancing their crisis response system and were at different phases from initiating mobile crisis services to expansion of current crisis services. Nine of these counties were concentrating on mobile crisis services. Per Justice Stratton, significant progress has been made with programs and services in crisis responses since our earlier evaluation. As such, we modified our questions to better capture what the status in 2024. There was a total of six questions under this subheading. Four questions covered training, outcomes, barriers, and data tracking of crisis responses and incidents. The questions and rankings of findings selected in order of the greatest number of counties selecting to the fewest follow. Except for one question, respondents could select all the options that applied to their counties. The number of counties selecting the option is noted in parentheses for each item.

"What type of training have your Crisis Response Team members received to handle mental health crises?"
1. Crisis Intervention Training (45)
2. De-escalation techniques (45)
3. Trauma-Informed Care (40)
4. Clear Pathways Lunch and Learn (10)
5. Other (10)
   - Mental Health First Aid (2)
   - CALM Training (2)
   - Psychological First Aid (1)
   - Bridges out of Poverty (1)
   - Assessing and Managing Suicide Risk (1)
   - Zero Suicide (1)
   - Trauma-Informed Care (1)
   - Veterans Mobile Response Team (1 county building)
   - Brain science and addiction (1)
6. Unknown (2 counties)

"What are the typical outcomes for individuals with mental health issues following a crisis intervention by your Crisis Response Team?"
1. Diverted to mental health services (43)
2. Transported to emergency room (42)
3. Returned home with a safety plan (32)
4. Follow up protocol (28)
5. Admitted to a crisis stabilization unit (27)
6. Arrested and taken to jail (18)
7. Other (5)
   - Diversion Center
   - Peer Support Specialist will provide follow up per SAMHSA guidelines
   - Admitted to psychiatric hospital (3)
8. Unknown (3)

"What are the primary barriers to providing effective crisis response services in your county? (Select up to 3 from the list below)"
1. Limited availability (workforce shortage) mental health professionals (39)
2. Lack of funding (29)
3. Inadequate facilities for crisis stabilization (27)
4. Stigma associated with mental illness (9)
5. Lack of coordination between agencies (6)
6. Insufficient training for responders (1)

"Does your county track data on crisis response incidents involving individuals with mental health issues?"
1. Number of incidents (43)
2. Demographic information (34)
3. Outcomes of interventions (32)
4. Response times (23)
5. Follow-up success rates (17)
6. Other (6)
   a. Location of crisis response
   b. Wait time pending behavioral health service
   c. Number of co-response with law enforcement
   d. Follow ups are tracked for those hospitalized including engagement in treatment
7. Our county does not track (2)

Two questions inquired about programs and project development that were formulated based on results from the 2021 survey on the same topic. For these latter two questions, in one, counties were asked to indicate their top three most important facets for development or enhancement of services on the crisis continuum, and in the second, what counties would like to see enhanced or developed to ensure every person can avoid crisis interventions. Tables 2 and 3 display these facets as selected by representatives from responding counties.

Table 2. Services on Crisis Continuum to Develop/Enhance

Services	2021	2024
Mobile Response	10	29
Crisis Response Team	n/a	27
Crisis Residential Facility	4	25
Alternative to Police Response	n/a	19
Assisted Outpatient Treatment (AOT)	n/a	18
Co-Response with Police	n/a	17
Call Center	0	14
Receiving and Evaluation Center	5	13
Other	12	9*

*Some of the other services in development/enhancement included virtual response with iPads, Behavioral Health Care Coordinator in the local emergency department, competency process, partnering with Peg's Foundation to develop a crisis matrix that is person-centered and visible to the entire community, access center, psychiatric urgent care, and establishing true mobile teams and a 23-hour hold, and crisis stabilization unit. One county noted that they are facing extreme stigma from the community for their attempts at their efforts.

Table 3. *Key Community Development Facets Needed to Help Avoid Crisis Situations Ranked*

Facets		
2021	Rank	2024
Housing (32)	1	Housing (43)
Care Coordination & Transitional Supports (24)	2	Care Coordination & Transitional Supports (31)
Access to Treatment* (17)	3	Access to Treatment (28)
Transportation* (17)	4	Transportation (24)
Peer Support Programs (15)	5	Other (8)**
Other (5)	6	Peer Support Programs (4)
Faith Community Engagement (2)	7	Educational Programs (3)
Educational Programs (1)	8	Faith Community Engagement (2)

*Access to Treatment and Transportation were tied for the 3rd most selected need in 2021
**Examples of other facets that were shared by the counties were communication between systems, knowledge of 988, access center open 24/7, crisis stabilization center, behavioral health urgent care, more mental health services in jails, data sharing, and funding to adequate fully staff services.

Interview and Open-Ended Responses
Mechanisms of Success

Building Relationships and Creating Connections

Nearly every key partner noted that one of the most basic, but perhaps most important, outcomes of the Stepping Up Ohio initiative is bringing people together. Respondents described the importance of the Stepping Up meetings in bringing in groups within the community that have a shared interest, "I think the biggest thing. It's—it's really basic. It's like bringing folks together in a community that have an interest." Many of the interviews mentioned how Stepping Up allowed for *developing relationships* within the community. A key focus is related to increased communication among these groups, "I think it has greatly increased communication within county stakeholders to address issues and look for ways to make improvements." Several respondents also mentioned that Stepping Up brought together new faces and created connections among groups that previously hadn't met, with respondents stating: "encouraging the local folks to talk with different people around the table" and "develops partnerships among unlikely partners." For example, in a county where criminal justice and behavioral health professionals were already meeting, Stepping Up encouraged the addition of other professionals and services like housing and veterans services. Another respondent elaborated how these relationships allowed for collaboration across criminal justice leaders and service providers, stating:

> *"The reason why I think it's very successful...is that it actually brings the players together."*

> *Helping develop those relationships, introduce folks giving folks a chance to meet. Maybe the service providers a chance to meet some of the leaders or judges in the community that they might not typically have access to, we found was another thing, and once some of these connections were made, we were amazed to just kind of see how the relationship would develop.*

Related, beyond creating relationships and putting a "face to the name," many respondents reported the value of Stepping Up was *connecting resources* that were already established within the community. Moreover, an important result of the meetings was the "inside the community learning." Respondents stated that connecting these pre-existing supports was key in addressing problems at the local level. As demonstrated in the above example, allowing criminal justice practitioners to connect with local providers, another respondent emphasized that Stepping Up meetings allow for local players to understand local solutions:

> *"People start hearing about things that they didn't really know that they had."*

> *It's not only bringing that information from the State and on a national level, it's also bringing in peak players together locally. And you have a face to the you know the name, so to speak. Hey? I can call this person. She was at the Stepping Up meeting, she presented on housing. Now I can see what there's options here to help this person. So, I think the networking part is huge.*

Collaboration between Local and State Partners

While respondents noted the value of creating connections and "starting the conversation on these topics at the local level," many reported the *collaboration between state and local partners* as particularly effective for Stepping Up. For example, one respondent highlighted the promise of identifying issues at the community level, then bringing those to attention to either county or state leadership. In addition, the Stepping Up meetings allow for better information sharing, with one respondent noting a particularly impactful part of their role is "the ability to get information from the local level and push it up to state leaders." This type of information sharing is recognized as valuable at the state level, "The individual county meetings have also provided great information for state departments to learn what the need are of the counties." Other respondents described that the communication between state and local groups creates a "feedback loop" that allows for progress at both levels.

"Stepping up really has... focused our efforts as an advocacy community from the top down and the bottom up in a way that's been transformative."

In addition to communication, respondents discussed exposure to information about state programs as an important outcome of the Stepping Up meetings and newsletter. Respondents also mentioned that the combination of state and local partners may have led to communities being more receptive to the Stepping Up initiative, stating, "It's not just another state initiative. But it's actually happening in our area." Others characterized this as a potential barrier to expanding the initiative to other counties, "how do we let you know this is really gonna help you as opposed to being... a bunch of state leadership folks telling you — you should do this."

Creating Awareness and Momentum

Respondents also discussed the importance of awareness and momentum at the local and state levels. While key partners identified the importance of building relationships and connections during the Stepping Up meetings, they also emphasized that much of the change occurs at the local level *after* the meetings have ended. For example, "County meetings aren't meant to actually make the change. The discussion occurs, and usually it ends with, well, where do we begin, what do we do?" Other respondents echoed this sentiment, stating, "The communities definitely, you know, pick up the information and run with it on their own... They're engaged and now they're also wanting to continue to meet." However, some partners described that it is at times not clear whether counties continue efforts towards Stepping Up goals after the meeting has ended:

> *I don't know what it looks like when we leave you know. I don't know if that communication turns into collaboration... I'm sure it does at times, but I'm not always sure... But there's times they'll go back into a community, and I don't know that it's clear that the that since the 1st meeting, maybe 5 years ago, that there was a huge change.*

Several respondents also identified a bigger momentum shift, led by Stepping Up, that has been key to the success of the initiative. The below quote emphasizes this broader systemic change alongside the structure of Stepping Up as discussed in the above section:

> *The changes made by stepping up have been as a result of changing the systemic sort of zeitgeist, I mean, really, from the bottom up and the top down. They've created that momentum.*

Respondents also described that a broader shift has occurred. For example, one key partner discussed that one of the biggest changes stemming from Stepping Up was related to awareness of mental illness. Several respondents also refer to other programs and groups that are doing related work in this area, "Stepping Up is kind of one of several initiatives and programs that are helping to make slow change over time..." Because of this, it can be challenging to parse out the direct effects of the Stepping Up initiative, "It's hard to feather out what has the direct impact."

"I think the biggest impact is probably the awareness of mental illness, and the breadth and scope of the people involved in it."

Effective Leadership

Nearly every key partner discussed the value of effective leadership for the Stepping Up initiative. Respondents noted the importance of connections and innovation of the leadership that has allowed for a high pace of change. For example:

> *She's [Justice Stratton] always been really great at being able to connect people with other people. That allows those inroads to be made right... We've been able to make a lot of connections that maybe wouldn't ordinarily have been able to be made just because by virtue of her, her connectedness.*

Relatedly, key partners emphasized that this level of connectedness allowed for further expansion of specific practices, with one respondent stating, "I could list probably at least 10 counties that invited me to meet with them afterwards, that before, when I had reached out to them, I couldn't even get a response to an email." Others described that Justice Stratton has been helpful in expanding Stepping Up to additional counties by providing examples of comparable counties who have had success with the initiative.

Highlights of System Changes

Nearly all key partners and many county survey responses noted the interconnectedness of much of the work informed by the Stepping Up Ohio Initiative. By nature of the initiative and the issues it aims to address, the work of many local and state agencies, providers, task forces, and lawmakers have coalesced to create change. Key partners reflect on the importance of several statewide efforts and other programs that are directly aligned with the Stepping Up Initiative, many of which take action the Stepping Up initiative (e.g., Attorney General's Task Force on Criminal Justice and Mental Illness, OhioMHAS, Criminal Justice Coordinating Center of Excellence, etc.). See above (p. 2-4) for full discussion of other related state directives.

Notably, counties vary regarding how much change they attribute to Stepping Up. One county coordinator credits much of their success to Stepping Up work, stating, "I can say without a doubt, the Stepping Up initiative has been the impetus behind so much of our progress and work." On the other hand, some counties reflect that the work on these goals began before they were a part of the Stepping Up initiative, stating, "I have a hard time knowing what we have done because of Stepping Up, and what we have already implemented." As such, some of these differences may reflect variation in engagement and collaboration prior to the Stepping Up initiative. Further, the Stepping Up initiative may also assist in progress towards their previously established goals. For example, one county that was already collaborating identified that the Stepping Up initiative gave their conversations, "a structure to fall under."

Thus, the local and state changes highlighted below reflect responses from key partners and county coordinators on areas of change resulting from the Stepping Up Ohio Initiative but should be noted as a combined effort of many local, state, and federal players. The following list contains selected quotes (verbatim) that provide context to changes within specific areas, helping to elucidate the quantitative findings from the survey data presented above. While not exhaustive, these quotes highlight key themes identified at both the state and local levels.

Jails

- Several professional trainings on best practices at the intersection of mental illness and correctional facilities within Ohio. Through these professional trainings, relevant stakeholders (judges, jail administrators, clinicians, physicians, forensic examiners, correctional staff, etc.) have been educated on a variety of salient topics relevant to the identification and treatment of mental illness in various populations in correctional settings.
- Stepping up has helped expand treatment services in jails by promoting our Behavioral Health/Criminal Justice Linkage grants.
- Launched our Pathways to Women's Healthy Living program. which has been nationally recognized and was developed to better address the gender specific needs of incarcerated females.
- The creation of Innovative in-reach programs with Medicaid Managed Care and FQHC's in Ohio jails connecting returning citizens to medical, SUD, mental health care, social services and benefits after jail discharge.

"Our Returning Home program has yielded successful results since it began in 2020. It has served 20 participants at any one time and decreased jail cycling, homeless stays and hospitalizations."

Medication-Assisted Treatment (MAT)

- Encouraged the use of long acting injectables in our corrections centers for both MAT and mental health.
- Stepping up has advocated for OhioMHAS to reimburse jails for the cost of psychotropic and MAT medications.
- Change in medical services provider in the jail to provide for an extended range of services and medications to better serve individuals with a MH and/or co-occurring disorder.

Assisted Outpatient Treatment

- It has helped to build momentum for the use of AOT as one alternative to competency restoration.
- Stepping Up works closely with the Supreme Court of Ohio to assist with promotion of Assisted Outpatient Treatment.

"Individuals on outpatient community probate (OCP) and the injection list have experienced a decrease in psychiatric hospitalizations and arrest. The enhancement of OCP was successful due to the collaborative efforts of Stepping Up."

Courts

- The creation of more specialized dockets - making Ohio a national leader in the amount of mental health, substance use, veterans, and catch courts.

- It has improved communication between probate courts and mental health systems. Prior to Stepping Up, many county ADAMH Boards did not have a relationship with their probate courts.

Crisis and CIT
- County-wide embrace of CIT training for all 28 law enforcement jurisdictions operating in [name] County and development of a specialized CIT training for Corrections.
- The creation of new crisis diversion centers - a game changer in reducing the strain on our ER's and CJ systems that allows people to access expert care much faster than jails or ED's.

Housing
- Stepping Up has worked closely with OhioMHAS regarding landlord mitigation so more individuals with mental illness have safe and permanent housing.
- Increased access to housing for people with serious mental illness through funding increases for Adult Care Facilities (ACF's), and the new Access to Wellness Program.

Other Behavioral Health:
- The creation of BH step down facilities, which reduce hospital and jail recidivism rates by allowing people to voluntarily access an intermediate level of care between hospitalization and outpatient care - giving them more time to stabilize after a psychiatric hospitalization.
- The development and roll out of the Access to Wellness Program, allocating up to $8K per qualifying person with SPMI for non-traditional supports and care coordination to reduce recidivism into hospitals and jails.
- The development of new club house programs for people with severe BH conditions.

"Access to Wellness referrals from jail staff are leading to improved resources for the Stepping Up population."

Communication and Opportunities
- Raised the awareness among locally elected officials.
- Exposure to State and National programs and initiatives that can help at the local level.
- Support and exposure to how other Counties provide certain services.
- Stepping Up's newsletter provides information on funding opportunities to participating counties.
- Stepping Up county meetings are an opportunity to network and promote the work of the CJ CCoE, specifically SIM and CIT.

Barriers to Progress

Local Leadership: Collaboration and Transitions

A common barrier to the success of the Stepping Up initiative at the local level discussed in interviews was *collaboration among leadership* within the county. Respondents described this as both a barrier to a) the success of the initiative within a Stepping Up county and b) a barrier to expanding to non-Stepping Up counties. One respondent described the challenge as "tension" between local agencies. This may limit the success of Stepping Up in those counties, as one key partner described, "If we don't have the right players that want to participate... it's just not gonna be successful... But for whatever reason, they're not willing to do it together." County coordinators also described challenges with leadership in implementing

Stepping Up practices at the local level, "We have a lot of providers that are willing to assist but the main organizations that we need involved refuse to work with us in that capacity."

A related barrier is *transitions* among leadership and staff. County coordinators discuss challenges or limitations to their success due to changes in leadership within county agencies and community partners. These transitions may limit or halt county progress. One county reports, "We have had numerous struggles at the County jail as numerous Wardens have come and gone." In a similar manner another respondent describes a main challenge as the following: "Turnover of staff. Have to regroup the correct individuals and restart the mission of Stepping Up."

Workforce Shortages

Several respondents described an additional barrier of workforce shortages, particularly among treatment providers and prescribers. While funding is also consistently mentioned, respondents indicate that there were not enough individuals in the workforce:

> *Even if they would have the funding for the staff, they just don't have the bodies with the qualifications that are required, whether it be probation, whether it be substance, abuse, or mental health treatment, providers.*

This challenge was echoed at the county level, particularly for those that can prescribe medication. One county described the barrier as, "And then just getting in to see a prescriber. I mean, yeah, we don't have enough... LSW's, we really don't have enough psychiatrists... That's a huge, huge barrier for us. Our providers." Related to the staffing shortage, some counties report the length of wait times and challenges with sub-par providers as subsequent barriers. Further, this is linked with an overarching theme related to limitations with post release supports, "Workforce challenges contribute to limited connection to services prior to the individual is released from the jail."

"Workforce challenges contribute to limited connection to services prior to the individual is released from the jail."

Stepping Up Meetings

Other mentioned barriers were related to the Stepping Up county meetings. While the value of a remote format was acknowledged (allows for presenters from across the state, partial meeting attendance, etc), some respondents described a desire for in-person meetings. In addition, another area that was discussed was meeting length and amount of information. Key partners described the meetings as too lengthy to stay focused, "One of the things that that comes up repeatedly now is, how long those county meetings are... and how much information is being put in there." Other respondents report additional concerns related to whether the format of the meetings may lead to "zoning out" or disengagement:

> *It's a little too much and I think sometimes they're tuning out, or they're zoning out, or they're just they're leaving and leaving their screen on. And you know they're—they're not getting the full benefit of the 4 h because of other things happening.*

> *It's like too much at once. It's too much at once to try to be learning.... That could be a lot and really intimidating. And actually, I would worry, could actually cause some disengagement, because it's just too much.*

Other concerns were related to meeting agendas and opportunity for questions. Regarding the meeting agenda, one respondent stated that at times it isn't closely followed, so participants may miss the

presentation they were hoping to see. In a similar vein, another respondent stated that due to meeting length, participants may choose to only attend a relevant presentation: "They'll see the agenda, and only hop on for their piece, which is really contrary to what we're trying to accomplish… exposing them to, you know, all the information, and not just the piece that they're already familiar with." A final consideration regarding Stepping Up meetings was related to more opportunity for questions and/or conversation.

Highlights of Remaining Challenges

Stepping Up counties were asked about the challenges and/or barriers faced while implementing the Stepping Up initiative. Counties were also asked to reflect on anything they have done to address these barriers. The lack of funding and resources was a consistently identified barrier, with comments from county surveys including, "Lack of resources and funding. We do the best we can with what we have" and "The largest challenge is being a small county with limited resources." Beyond the lack of funding/resources, responses mentioned a variety of challenges faced. The list below reflects representative comments, verbatim, grouped into the following categories: housing, jails, post release/reentry, courts & competency restoration, other behavioral health, data sharing, community partnerships, and other.

Jails
- Physical design… does not support robust assessment and programming.
- The biggest challenge has been the constraints of providing behavioral health services in the local jail, whose facility is greatly outdated and not conducive to providing quality care.
- Coordinated discharge plans for individuals with mental illness prior to release from jail is a challenge.
- For example, getting on social security, or not having their social security suspended, or not having terminated rather than suspended. You know, we have like [statewide] processes for, like the prison systems. But we don't have that for the jail system. So I would say, like we need to figure out how to assist jails in a more systematic way versus just having each jail kind of do their own thing.

Courts and Competency Restoration
- Lack of guardianship- [County] has entered a joint partnership with Probate Court, Council on Aging, JFS, Developmental Disabilities and the county to bring guardianship services to the county for those individuals that need a guardian but cannot secure one for various reasons.
- I would say, also probate in general the whole assisted outpatient competence or assisted outpatient treatment…Using it to the extent it could be used.
- Competency restoration process remains a significant challenge due to the length of time individuals must wait for a bed in the state hospital.
- Where we have a big challenge still today… is probate and competency.

Post Release/Reentry
- Staff limitations to support universal post release supports
- Post release coordination of care is still a challenge given the volume of individuals in need and mechanisms for encouraging continued work with providers. We started offering contingency management in the form of gift cards for individuals meeting with their Peer in the community post release but funding can only support MAT clients.

Housing
- HOUSING, HOUSING, HOUSING.

- Timing of available housing even if subsidized due to landlord reluctance and low rental inventory
- Landlords unwilling to rent to individuals with criminal history- HCMHRSB received the landlord incentive grant to provide support to landlords willing to work with this population and improving access to safe and affordable housing.
- 0 place for SMI offenders to live.
- Stable housing and transportation is a significant barrier - even once individuals are linked with community resources - stability is difficult to maintain if they're not able to GET to treatment, or have a safe home.
- Lack of housing: We contract with adult care facilities in other counties when possible.

Other Behavioral Health
- Additional need for ACT team support.
- There is 0 intensive monitoring or intensive management and 0 long term mental health treatment facilities.
- Lack of crisis codes for reimbursing mental health crisis services: we appreciate our local levy and are doing what we can locally to support these initiatives.

Data Collection and Sharing
- Data sharing challenges causing inefficiencies and duplication of efforts.
- Access to Medicaid data once moved to the State has been non-existent and hampered the ability to coordinate care.
- 0 mechanism in place currently for behavioral health providers to know when their clients have been booked into the jail.
- Data sharing is still a huge problem. We have not had any success of making progress due to cost of data systems.
- Biggest barriers in Ohio we have is data collection. And because we don't have statewide data systems a lot of times, we're required to rely on whatever data system the discipline has in the county... Which is also a challenge, because... for instance, the case management systems in the jails are not connected across the State.

Community Partnerships and Local Progress
- Staying connected and informed with community partners is always a challenge, but our Stepping Up committee meetings make this easier.
- Attendance has been a struggle for our important stakeholder meetings. Some ways we've addressed this is by providing food but also providing reminders a month in advance.
- Stakeholder attendance at meetings, this was largely overcome by offering a hybrid meeting approach.
- Consistent participation/representation from every organization that has been asked to be involved. We have continued to reach out and invite participants, and added a zoom option for those who cannot attend in person.
- At times getting community partners to commit or do their part in programming.

Planning for the Future
A final area that emerged from the interviews and open-ended survey questions was related to future plans for the Stepping Up initiative. While respondents discussed in detail the mechanisms of success and possible barriers, several key partners brought up ideas and/or concerns related to what the future looks like for Stepping Up Ohio. These comments focused on two key areas: succession plan and next steps and future directions.

Succession Plan

While effective leadership was a key mechanism of success, several respondents reported concerns about plans for the future. One respondent stated in relation to Peg's foundation and the leadership from Justice Stratton, "I think that's the key to our success here in Ohio. And if both... or one ... goes away we would lose a lot of the momentum." Other respondents echoed similar sentiments, emphasizing how key the leadership and foundation's support has been, "You know, who's gonna carry that mantra, you know, who's—who's going to be the next person? ... So I think it's something for the Stepping Up program. Long term. What is the succession plan?" These comments were largely connected with interests related to longevity and sustainability of the initiative.

Future Directions

Comments related to the future of Stepping Up ranged from how to grow the initiative, emphasizing the initial focus of the initiative, and specific areas of concentration in the future. As discussed above, barriers for expanding the initiative at times centered on challenges at the county level, with local leadership and/or community partners. In terms of future growth, one key partner mentioned an area for opportunity as improving marketing of the initiative:

> Trying to make sure that you are advertising, that you're broadcasting it in a way that's going to get to the most people. You know one thing that we probably haven't done much of but might want to probably focus in on moving forward is probably having more of a social media presence.

Another theme regarding the future of the Stepping Up initiative was regarding a shift in the initiative and county needs. For example, one key partner describes how the initiative has broadened over time:

> One of the challenges is that Stepping Up was really meant to be a very targeted, focused thing on the jail. and it's been kind of watered down a little bit and made more broad. And so it has taken some of that focus away from the jail... So there's—there's some disconnect there in terms of what the initiative was meant to be, and measuring success of it and what it's become. It doesn't make it a bad thing. It just is a little bit of misalignment.

While the above respondent recognized the importance of the comprehensive nature of addressing a complex issue, the quote also acknowledged the potential value of revisiting the initial focus of the initiative. Survey responses also echoed a shift in needs at the county level as the initiative has developed. For example, one county describes a need to reorganize the Stepping Up committee after related committees have developed, "Have to regroup the correct individuals and restart the mission of Stepping Up. Determining the work for the Stepping Up committee after other workgroups have formed that focuses on specific issues (CIT Committee, High Utilizer Committee, AOT Committee)." Other counties have similarly discussed a challenge of prioritizing Stepping Up work among other needs, "Continuing to work on the mission when there are many other competing priorities/committees that are also essential to the behavioral health and criminal justice work." While some counties are looking to reorganize/regroup in the future, one respondent states that they have been successful in starting this directive:

> We have reformed committees and have reduced the number of committees to lessen risk of burnout and repetitive committee assignments. We have better focused the primary objectives for each subcommittee and have continued to promulgate the activities of the group to the community.

A final area for future direction relates to several responses noting both a challenge and need to prioritize those with serious and persistent mental illness within the initiative. For example, one county response describes a barrier as the "Intensity of needs for our frequent utilizers - requires vast coordination of supportive services." Echoing a similar sentiment, a key partner details a barrier as it relates to serving this population:

"Intensity of needs for our frequent utilizers - requires vast coordination of supportive services"

> *Prioritizing those with serious and persistent mental illness... that's a lot of times who we're talking about like the people that are repeat—frequent flyers that come through... They present the largest challenge... prioritizing those folks within their systems... And we would probably have better outcomes. But a lot of times we kind of lump everybody in our system.*

Conclusion and Recommendations

Findings from the 2024 evaluation of Ohio's Stepping Up Initiative highlights substantial strides in reducing the number of individuals with mental illnesses in jails and improving their connection to critical community-based resources. To date, 62 counties are participating in the initiative, demonstrating varying levels of implementation and success. Key accomplishments include the increased utilization of jail screening tools, enhanced collaboration between criminal justice and mental health systems, and the development of crisis intervention strategies.

Notable improvements since 2021 include:

- Considerable growth in the number of counties conducting SIM and sharing jail data with treatment providers and courts.

- Increased use of mental health and substance abuse assessments at booking, with more counties integrating these tools into pretrial processes.

- Expansion of crisis continuum services, such as mobile crisis teams, crisis stabilization units, and co-response models, aimed at diverting individuals from incarceration to treatment.

The results also suggest several key mechanisms that have contributed to the success of the initiative that should be continued. The Stepping Up team may pursue additional strategies to build upon the success of these practices:

- Creating relationships among local partners and connecting existing resources at the county level.

- Collaboration between the state and local level to effectively communicate opportunities and needs.

Despite these advances, several challenges persist. The lack of affordable and prioritized housing remains a major barrier for individuals transitioning from jail to stable community settings. Additionally, courts and probation departments often struggle to implement comprehensive tracking and specialized programs, particularly for veterans and individuals requiring Assisted Outpatient Treatment (AOT).

The results also emphasize the importance of continuing to prioritize:

1. Improving post-release support, including housing, medication access, and community-based treatment.

2. Strengthening the capacity of courts and probation offices to align with Stepping Up practices.

3. Developing and sustaining crisis response services, with an emphasis on workforce development and funding.

The Stepping Up team may also consider exploring opportunities for improvement related to the following areas:

- Planning for the future of the initiative (e.g., leadership, focus, growth, etc.).

- Providing recommendations for counties to address barriers such as: challenges with leadership turnover and community partnerships, workforce shortages, and organization of county committees.

- Evaluating the Stepping Up county meetings regarding length, focus, and modality.

This evaluation reaffirms that while considerable progress has been made, ongoing monitoring, support, and targeted service, including continued training for counties, are critical to ensure every participating county can fully realize the goals of the Stepping Up Initiative. Revisiting this program evaluation biennially will provide valuable insights into sustaining and scaling its impact across Ohio.

Appendix

Stepping Up 2024 Questionnaire

Dear County Representative,

Stepping Up Second Evaluation
Stepping Up Ohio is seeking a follow-up evaluation of the Stepping Up (Stepping Up) Initiative, which focuses on reducing the number of persons with mental illness and co-occurring substance use disorders from local jails, in participating counties. We conducted an evaluation in 2021 when there were 54 Stepping Up counties participating. Today, there are over 60 Ohio counties that are involved with the Stepping Up Initiative. You may have completed the 2021 survey but tasks, activities, and services, as well as personnel, in counties may have changed since this time so the most recent responses are valuable and appreciated.

BGSU Team
Drs. Melissa Burek, Philip Stinson, and Mackenzie Grace from Bowling Green State University are conducting this independent evaluation. As in 2021, the present aim continues to involve the assessment of status of systems change within Stepping Up counties like yours in connecting offenders with mental illness to treatment and other support services in alignment with Stepping Up practices and approaches.

Collaborative Effort - Stepping Up Coordinator May Need Assistance Completing Survey
Please note that the Stepping Up County Coordinator will not be able to complete this survey alone but will require assistance and information from several members of your County Stepping Up Committee, if you have one, including staff from your jail, Common Pleas Court, Municipal Court, Probate Court, treatment providers, housing providers, and mental health and substance abuse services board.

The Survey Saves Your Responses
You do not need to submit all of your information at one time into the electronic survey. The form saves your responses for three weeks as long as you open the survey link in the same browser each time. The advantage to this feature is that it will provide you the opportunity to find out information you may not have at hand, but you can obtain by calling on another resource as detailed in the preceding paragraph.

Questions Can Be Left Blank
There are some questions for which you may be unsure of the answers and should leave blank. The BGSU Research Team will reach out to county respondents if there are missing responses to ensure accurate information. This questionnaire will take approximately 15-20 minutes to complete.

Summary of Information Provided for Your Records   Your responses to the questions regarding your county's progress are appreciated. Upon final submission of the questionnaire, you will receive a summary of the information that can be downloaded as a PDF for your records.

County Visit Invitation If you are interested in having another county visit by Eve Stratton, Stepping Up Project Director, please email her at evelyn_stratton@yahoo.com. These visits are now conducted via Zoom with eight presenters, lots of information on resources and funding and other assistance, and always asking local counterparts to present and share locally about their county. They would love to come to your county.

If you have any questions or seek additional information, please contact Melissa Burek at mwburek@bgsu.edu or 419-372-9542.

Thank you for your time,
The **BG**SU Research Team

| Melissa Burek, PhD, | Philip Stinson, PhD, | Mackenzie Grace, |
| mwburek@bgsu.edu | stinspm@bgsu.edu | PhD, mboehle@bgsu.edu |

Q1 Please complete the following items.

- ○ Name _____
- ○ Position Title _____
- ○ County Affiliation _____
- ○ Phone Number _____
- ○ Email address _____
- ○ URL for Your County's Stepping Up Website/page if have one

_____

Q2 Do you have a Stepping Up Advisory Committee?

- ○ Yes
- ○ No

Q2A If you do not have a Stepping Up Advisory Committee, do you have a committee that coordinates with Stepping Up work?

- ○ Yes
- ○ No

Q3 Are the Stepping Up Newsletters and other Stepping Up information materials disseminated on a county-wide basis?

- ○ Yes
- ○ No

Q3A If so, how many people are on the distribution list?

_____

Q4 Have you or your Stepping Up Committee hosted any community-wide events or forums focused on the Stepping Up initiatives?

- ○ Yes
- ○ No

Q4A If yes, how many?

_____

Q5 Is your county interested in doing Sequential Intercept Mapping (SIM)?

- ○ Yes
- ○ No
- ○ We have already done SIM workshop(s)

Q5A If your county is interested in doing SIM, please select which types from the list below (you may select more than one).

- ☐ Opiate
- ☐ Juvenile
- ☐ Mental Health

Q5B If your county hasn't done one of the other SIMs (e.g., opiate, juvenile, or mental health), would you like to do a different one or repeat the one your county previously completed?

- ○ Do another one
- ○ Repeat the one we previously completed

Q5C Which one(s)? You may select up to 2.

- ☐ Opiate
- ☐ Juvenile
- ☐ Mental Health

Q6 Does your jail and Mental Health Board, ADAMHS, or equivalent exchange a daily list of arrestees in order to connect defendants to treatment as soon as possible?

- ○ Yes
- ○ No

Q7 Does the jail have a case management system?

○ Yes; Provide the system name in the space provided.

_____

○ No

Q8 Can the jail case management system track the number of people with mental illnesses entering the jail?

○ Yes

○ No

Q9 Are screening tools routinely used on all offenders as part of the booking process into jail?

○ Yes

○ No

Q10 Is there a mental health screening tool administered in the jail at booking?

○ Yes

○ No

Q10A If someone screens positive for mental health issues, is there a follow-up assessment?

○ Yes

○ No

Q11 Is there a substance abuse screening tool administered in the jail at booking?

○ Yes

○ No

Q11A If someone screens positive for substance abuse issues, is there a follow-up assessment?

- ○ Yes
- ○ No

Q12 Does your jail assess for suicide?

- ○ Yes
- ○ No

Q12A Which of the following protocols or procedures does your jail utilize for suicide prevention? (Select all that apply)

- ☐ Jail Suicide Assessment Tool, please note which one in space provided.

  _____

- ☐ Staff Training in Suicide Prevention
- ☐ Counseling or Psychiatric Services
- ☐ Monitoring High-Risk Inmates
- ☐ Suicide Watch Cell or Special Location
- ☐ Inmate Suicide Prevention Programs
- ☐ Other Procedures, please note in space provided.

  _____

Q13 Does your jail use criminogenic risk assessment tools, such as the ORAS?

- ○ Yes; Provide the name of tool in the space provided

  _____

- ○ No

Q14 Does your jail screen for veteran status of the offender at booking?

- ○ Yes
- ○ No

Q15 Is the information from screening and assessments referenced in the preceding questions shared with the following at the time of pretrial? Select all that apply.

- ☐ The court
- ☐ The probation department
- ☐ The prosecutor
- ☐ The public defender

Q16 Does your jail use Veterans Reentry Search Service system to identify veterans in the criminal justice system?

- ○ Yes
- ○ No

Q17 Is your jail connected with the Veterans Justice Outreach Specialist?

- ○ Yes
- ○ No

Q18 Does jail staff or community partners make referrals to community-based treatment providers?

- ○ Yes
- ○ No

Q19 Does jail staff or other community partners coordinate inmate benefits with the local Department of Job and Family Services?

- ○ Yes
- ○ No

Q20 Are there services or resources for people with mental illnesses coming out of jail funded through the Ohio Department of Rehabilitation and Correction, such as T-CAP?

- ○ Yes
- ○ No

Q21 Are there services or resources for people with mental illnesses coming out of jail funded through the Ohio Department of Mental Health and Addiction Services?

   ○ Yes

   ○ No

Q22 Does jail staff or other community partners assist inmates in enrolling for Medicaid or SSI/SSDI prior to release from the facility?

   ○ Yes

   ○ No

Q23 Does your jail have a process in place to allow inmates to bring in their own medications?

   ○ Yes

   ○ No

Q24 Do you have a process to ensure that offenders have access to needed medication upon release from jail?

   ○ Yes

   ○ No

Q25 Since starting Stepping Up, do you provide the following to inmates in your jail? Select all that apply.

   ☐ Long-Acting Injectables

   ☐ Medication-Assisted Treatment (MAT)

   ☐ Other, please note in space provide

   _____

   ☐ None of the above

Q26 What type of prescribers are being used in the jail to prescribe psychotropic medications?

   ○ Psychiatrist or psychiatric nurse practitioner

   ○ Primary physician

   ○ Other (please specify in space provided)

   _____

   ○ None of the above

Q27 On average, how many hours a week are prescribers around?

———————————————————————————————————————

———

Q28 What types of locations do you most often release people with serious mental illness as they are exiting from your jail? Select the top 3 locations from the list below.

——Subsidized housing (such as PSH, Section 8, local Board supported housing)

——Stable "family or friends"

——Unstable "family or friends"

——Group home (also known as Adult Care Facilities)

——Other housing that is verified (such as their own apartment or home; out of county or state; residential treatment or hospitalization)

——Unknown or Unsure (includes homelessness)

——Other, please note in space provided.

———————————————————————————————————

———

Q29 Does your county or local mental health and recovery board have specific, subsidized apartments or group home beds that are prioritizing individuals with serious mental illness leaving jail? Please select all that apply.

——There is no prioritized housing for people with mental health issues leaving jail.

——We have specific private landlords, nonprofits and the local homeless providers we call but placement is not guaranteed.

——Prioritized housing placements are available in rental apartments and/or group homes whenever we need it.

———

Q30 Does your county offer reentry services? Please select all that apply from the list below.

——Reentry Committee or Coalition

——Staff Person Who Works on Reentry

——Other Reentry Programs, please note in space provided.

_____

——No, we do not offer reentry resources.

Q31 How would you rate the effectiveness of jail staff's collaborations with local mental health and local housing providers in successfully placing people with MH issues leaving jail in housing?

○ Very effective – we collaborate frequently and have successfully placed people with MH issues leaving jail into housing using housing subsidies and special treatment teams.

○ Somewhat effective – we talk on a regular basis and jail and/or community providers offer assistance as much as we can but we sometimes still see familiar faces coming back to jail.

○ Not very effective – we often see the same familiar faces coming back to jail.

Courts *The following questions pertain to Municipal and Common Pleas Court processes and practices.*

Q32 Do any of the court probation offices use the Veterans Reentry Search Service system to identify veterans in the criminal justice system?

○ Yes

○ No

Q33 Are any of the court probation offices connected with the Veterans Justice Outreach Specialist?

○ Yes

○ No

Q34 Do any of the court probation offices offer the following services to offenders under their supervision? Select all that apply.

———Employment

———Housing

———Transportation

PROBATE *The following question pertains to Probate Court processes and practices.*

Q35 Has your Probate Court and mental health system established a court-ordered assisted outpatient treatment (AOT) court?

○ Yes

○ No

Q36 Does your ADAMHS Board and Probate Court collaborate to provide assisted outpatient treatment (also referred to as court ordered outpatient treatment or outpatient civil commitment) as one alternative for those who meet criteria for civil commitment?

○ Yes

○ No

Crisis Continuum *The following questions pertain to Crisis Continuum processes and practices. You may need assistance from other departments to answer these questions.*

Q37 What type of training have your Crisis Response Team members received to handle mental health crises? (Select all that apply)

———Crisis Intervention Team (CIT) training

———Clear Pathways lunch and learn

———De-escalation techniques

———Trauma-informed care

———Other (please specify in space provided)

_____

———Unknown

Q38 What are the typical outcomes for individuals with mental health issues following a crisis intervention by your Crisis Response Team? (Select all that apply)

———Diverted to mental health services

———Follow up protocol

———Transported to emergency room

———Admitted to a crisis stabilization unit

———Returned home with a safety plan

———Arrested and taken to jail

———Other (please specify in space provided)

_____

———Unknown

Q39 What are the primary barriers to providing effective crisis response services in your county? (Select up to 3 from the list below)

——Lack of funding

——Insufficient training for responders

——Lack of coordination between agencies

——Limited availability (workforce shortage) of mental health professionals

——Inadequate facilities for crisis stabilization

——Stigma associated with mental illness

——Other (please specify in space provided)

Q40 Does your county track data on crisis response incidents involving individuals with mental health issues? Select all data categories that are tracked from the list below.

——Number of Incidents

——Response Times

——Outcomes of interventions

——Demographic information

——Follow-up success rates

——Other (please specify in the space provided)

_____

——Our county does not track data on any of the above

Q41 What **services on the crisis continuum** are you focused on developing or enhancing? Select all that apply.

——Alternative to Police Response

——Assisted Outpatient Treatment (AOT)

——Call Center

——Co-Response with Police

——Crisis Residential Facility

——Crisis Response Team

——Mobile Response

——Receiving and Evaluation Center

——Other, please note in space provided

_____

Q42 In order to ensure every person can avoid crisis situations in the future, what **key facets of your community** need to be developed or enhanced? **Select the top 3 most important** facets from the list below.

——Access to treatment

——Housing

——Peer support programs

——Educational programs

——Faith community engagement

——Transportation

——Care coordination and transitional supports

⎯⎯Other, please note in the space provided.

_____

We just have a few more questions for your county.

Q43 Has your county developed or worked on any programs or projects as a result of registering for Stepping Up?

○ Yes

○ No

Q44 What programs or projects has your county developed, worked on, or enhanced as a result of registering for Stepping Up?

○ Program/Project 1 _____

○ Program/Project 2 _____

○ Program/Project 3 _____

○ Program/Project 4 _____

○ Program/Project 5 _____

Q45 What challenges or barriers have you faced in implementing the Stepping Up Initiative, and how have you addressed them?

_____

_____

_____

_____

_____

Q46 Please provide any specific examples or success stories of individuals who have benefited from the Stepping Up Initiative in your county.

_____

_____

_____

_____

_____

Q47 What improvements, if any, have been made in coordination between the jail system and community-based treatment providers since joining the Stepping Up Initiative?

_____

_____

_____

_____

_____

Q48 Please share any specific types of training or resources that would assist your staff to better support the goals of the Stepping Up Initiative.

_____

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_____

Q49 If you have additional information about your county's Stepping Up initiative, please share in the space below.

_____

_____

_____

_____

_____

Thank you for your time completing this questionnaire. After you submit this form, you will see a response summary of your county's answers that can be downloaded as a PDF for your records.

Stepping Up – Key Partner Interview Protocol

Thank you for taking the time to speak with me today. As part of our evaluation of the Stepping Up Ohio initiative, we're conducting these interviews to gain deeper insights into the initiative's impact, beyond what we can capture in surveys. Your experiences and perspectives are invaluable to us.

Today, we'll cover several key areas, including your involvement with Stepping Up, and your perspective on changes, effectiveness, and barriers. The interview will take about 30 minutes, and I want to let you know that it will be recorded to ensure we capture all the details accurately. Your responses will be kept confidential.

Effectiveness:

- What changes stemming from Stepping Up have had the most significant impacts on the system?
  - From your perspective, how effective has the Stepping Up Ohio initiative been in achieving its goals?
- How would you compare the short-term impacts of the Stepping Up Ohio initiative with its longer-term outcomes? Have you noticed any trends or changes over time?
- Have there been any surprising or less-discussed impacts related to the Stepping Up initiative?
  - What stands out to you?
- How has collaboration between various stakeholders (e.g., law enforcement, mental health services, state agencies) influenced the success or challenges of the Stepping Up Ohio initiative?

Challenges/ Barriers

- What are the main challenges or barriers you've observed or experienced in the implementation or coordination of the Stepping Up practices?
  - How have these been addressed?
  - Are there barriers that you have encountered in expanding specific practices (e.g., MAT, trainings, AOT, etc)?
  - What are some less obvious factors that have hindered the expansion of Stepping Up initiative?
- What ongoing or unmet resource needs do you see as critical to the continued success (and sustainability) of the Stepping Up initiative? How can these needs be addressed?

Concluding thoughts

- Is there anything else you believe is important to share about the Stepping Up initiative that we haven't covered?

That wraps up our interview. I want to thank you again for taking the time to share your insights and experiences related to Stepping Up. The information you've provided is incredibly valuable and will contribute greatly to our evaluation.

If anything else comes to mind after our conversation, please feel free to reach out. We'll be compiling the findings from all the interviews to get a comprehensive view of the initiative's impact. Thank you again, and have a great day!