

**Mike DeWine**, *Governor*  
**LeeAnne Cornyn**, *Director*



**Department of  
Mental Health &  
Addiction Services**

# GOVERNOR'S WORKING GROUP ON COMPETENCY

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## RESTORATION AND JAIL DIVERSION

Welcome

Director LeeAnne Cornyn

April 17<sup>th</sup>, 2024

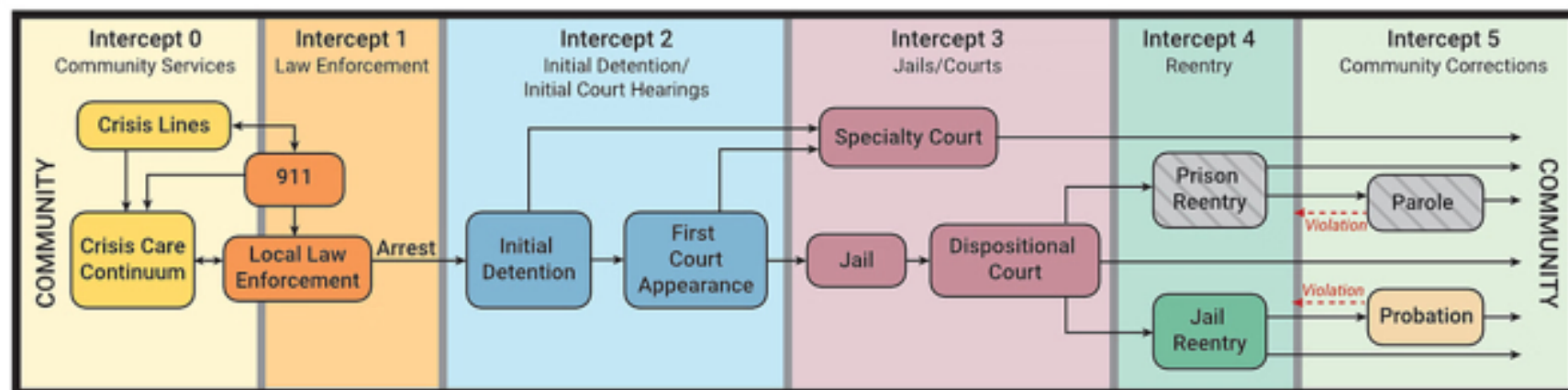


# First Session Points

- State Hospitals
  - Can provide 24/7 team care in structured setting and enforce court-ordered meds
  - But beds are limited and expensive, and fall under hospital regulations
  - Good fit – person with behaviors due to serious mental illness needing team care
  - Less good – person with risky behaviors (eg escape) not due to serious mental illness
- Competency Restoration: ↑ referrals and ↑ length of stay blocks beds
  - Competency: low bar - ability to understand facts and communicate decision
  - Mental illness does not equal lack of capacity (or responsibility)
  - Most common treatment: medication
- Who should receive treatment in state hospitals?
- What are other opportunities for treatment?

# Intercepting Severe Mental Illness\*

(\*4% general population; 15-20% of jail/prison population)



# Bureau Of Criminal Justice Services

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*OhioMHAS works closely with the criminal justice system to ensure people get the treatment that is most appropriate for them.*

*Our goal is to improve mental health and addiction services for individuals involved in the criminal justice system.*



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# The Ohio Criminal Justice Coordinating Center of Excellence (CJCCoE)

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## Promotion of Crisis Intervention Team (CIT) trainings

**16,731** sworn personnel trained in CIT and an additional **8,428** professionals trained across Ohio's 88 counties.

**81% (769)** Ohio law enforcement agencies participate in CIT training.

## Sequential Intercept Mapping

1.5-day workshop to examine 1) how an individual moves through the local justice system; 2) diversion opportunities; 3) recovery supports & resources; 4) gaps in service.



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# Specialized Docket Subsidy Program

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## SFY23 Highlights

***\$10 million annual budget supported 221 specialized dockets in 64 counties***

- 103 Drug Courts
- 40 Mental Health Courts
- 32 Family Drug Courts
- 24 Veteran Courts
- 22 Human Trafficking, OVI, Reentry and Domestic Violence Courts
- 7,472 individuals served



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# Addiction Treatment Program

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Annual Budget: \$5 million

*Funds are allocated to ADAMH Boards and their designated providers to provide treatment and recovery supports to individuals who are participating in a certified Drug and/or Family Dependency Courts*

**153** specialized dockets and **65** counties participated

**5,194** clients participated in SFY23



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# Mental Health Court Program

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Annual Budget: \$200,000

*Funds are allocated to ADAMH Boards to provide treatment and recovery supports to individuals who are participating in Mental Health Court*

**30** mental health dockets and **22** counties participated

**924** clients participated in SFY23



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# Behavioral Health and Criminal Justice Linkage Programs

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- This program encourages communities to build collaborative relationships between the **behavioral health** and **criminal justice systems** so individuals with mental illness and/or alcohol and other drug addiction receive the care they need.
- The goal is to reduce recidivism, increase public safety, minimizes harm to those who encounter law enforcement and link individuals to appropriate treatment services.
- During the SFY 24-25 biennium, OhioMHAS is investing **\$3.8 million** in GRF each fiscal year to fund **34** criminal justice and behavioral health linkage programs in **57** counties.
- Approximately **15,000** individuals were served in SFY23.



# Behavioral Health Drug Reimbursement Program

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Provides reimbursement to counties for the cost of Psychotropic and Opioid/Alcohol treatment medications dispensed to inmates of county jails and Community Based Correctional Facilities

\$5 million has been allotted for each state fiscal year in the biennium (SFY 2024 and SFY2025)

## Outcomes for First Half of SFY24

68 Jails and 17 CBCFs applied for funding (85 total)	The Department received \$2,700,057 in requests	\$1,818,275 requested for psychotropic meds and \$881,782 requested for Opioid/Alcohol meds	Applicants received 93% of their total request	67% Psychotropic Medications 33% Opioid/Alcohol Medications
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# Access to Wellness

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To develop a strategic approach, individualized by community, to strengthen systems collaboration and support long-term wellness for adults with frequent psychiatric hospitalizations who are touching multiple human services and/or criminal justice systems.



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# ACCESS TO WELLNESS BACKGROUND

- Introduced by Governor DeWine in his SFY 2022 budget
- The program received \$12 million in funding for the SFY24-25 biennium
- Allocations made to county ADAMHS boards
- Systems collaboration required
- Program funds recovery supports for eligible individuals to decrease institutionalization and improve their community tenure

# FY 2022-2024 Summary – individuals served

45 county ADAMHS boards participating

3,045 individuals served

The majority of individuals served were involved with three systems:

- Criminal Justice, Homeless, Jail Incarceration
- Consistent over the two fiscal years

After receiving help from an Access to Wellness program (total for all years):

- 80% did not experience an inpatient psychiatric hospitalization
- 90% did not experience incarceration
- 65% did not experience a crisis stabilization unit stay
  - Began measuring CSU stays in FY2023



# FY 2023 – 2024 summary – system involvement

## System involvement of individuals served between FY23 – FY24

- Aging (over 65) = 135
- Criminal Justice = 1,001
- Developmental Disabilities = 250
- Homeless = 1,595
- Veterans = 44
- Outpatient Competency Restoration = 64
- Current Jail Incarceration = 467

*\*Eligible individuals may be involved with multiple systems*

*\*Began tracking system involvement in FY23 reporting*



# **The Community Transition Program (CTP)**

CTP provides linkage to mental health, drug and alcohol counseling, improved access to housing resources, vocational services, peer support and other recovery services for incarcerated adults with histories of substance abuse disorders and/or severe mental health disorders who are re-entering the community from Ohio Prisons.

Community Linkage staff engage eligible individuals prior to release and provide information about the CTP and offer the individual the opportunity to participate. If the individual opts into CTP, a completed assessment is provided to a community-based provider.

The goal is to enhance care coordination between institutions, treatment providers, parole, and managed care to ensure the most efficient and supportive reentry experience for returning citizens.

# SFY23 CTP Summary

3,500 individuals were referred to CTP.

2,509 received CTP benefits of behavioral health treatment and recovery supports.

329 received housing through Corporation for Supportive Housing

4% of individuals receiving housing returned to state prisons in SFY23.

# Recovery supports

- Recovery supports are a type of assistance intended to help an individual with mental health needs to initiate and sustain recovery
- Providers and ADAMHS boards identify recovery supports on an individual basis based on clinical judgment and client need
- This list of recovery supports is **NOT** comprehensive and is not intended to be restrictive on the use of recovery supports, but rather provide guidance
- Creativity is encouraged!

# RECOVERY SUPPORT EXAMPLES

**Rent/Security  
Deposits, Hotel Stays,  
Utilities, Furniture,  
Damages, Landlord  
Incentives**

**Bus passes, gas  
cards**

**Assessments,  
specialized services,  
case management,  
co-pays, activities**

**Short-term  
Childcare**

**Medication alerts,  
medications/  
monitoring,  
specialized services**

**Fees to obtain  
ID, birth  
certificate/ SS  
cards**

**Materials needed for  
work, job training,  
GED, certifications,  
licensures**

**Parenting  
classes, life skills**

**Support Groups**

**Food, Clothing,  
Cleaning, Hygiene,  
Pre-paid phone and  
minutes**

**Provider  
program staff  
for Access to  
Wellness**

**Peer Support**

# Recovery Supports

- Most funding was utilized for these top three recovery supports:
  - **Housing** (*Independent living, Supportive housing, Transitional housing, Recovery Housing*)
  - **Emergency Basic Need Items** (*Clothing, food, hygiene products, pre-paid phone and minutes*)
  - **Transportation** (*Gas cards, bus passes, ride sharing*)

# MORE INFORMATION

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MHA.OHIO.GOV

*Join the OhioMHAS listserv for all the latest updates.*



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## THE OHIO PROJECT

### ACKNOWLEDGING A PUBLIC HEALTH CRISIS

#### WHAT IS THE PROBLEM?

It is pervasive. It is persistent. It is in every Ohio county jail. It is in counties all across the nation. "It" is a fact of our criminal justice system and it is a public health crisis: More people with mental illnesses are sitting, untreated, in local jails than ever before.

Without the widescale involvement of county leaders, Ohioans with mental illnesses (including those with co-occurring substance use disorders) will continue to cycle in and out of our criminal justice system.

### REDUCING JAIL INCARCERATION

Stepping Up is a national effort to break the cycle of jail being the de facto mental health hospital. Its goal is to affect positive change through strong community and statewide partnerships, so that people with mental illnesses and co-occurring substance use disorders get connected with the help they need.

### CAUSE AND EFFECT

Across the nation and in Ohio, jails have become a revolving door for people with mental illnesses. There are a lot of factors that have played into it, one of which is the long-ago closure of state-run institutions for those with severe mental illnesses. Discharged into the community, these patients put a strain on the already underfunded and ill-equipped community services.

### OHIO QUICK FACTS

**30%** of Ohio's inmates have mental illnesses

**78** county jails (all of them) serve, in some capacity, as inpatient psych facilities

**\$41.7+ MILLION** spent on mental health care and medications for Ohio's inmates with mental illness

### NATIONAL NUMBERS

**2 MILLION** people with serious mental illnesses are admitted to jails each year

**75%** have co-occurring substance use disorders

**2X-3X** more taxpayer money is spent on incarcerated adults with mental illnesses who require intervention

WANT TO MAKE  
A DIFFERENCE?



OHIO IS ADDING TO THE INITIATIVE  
WITH STEPPING UP OHIO





## STEPPING UP & TAKING ACTION

### TAKING ACTION

#### WHAT IS THE SOLUTION?

**2**  
MILLION people with serious mental illnesses are admitted to U.S. jails each year

And almost three-quarters of incarcerated adults with serious mental illnesses have co-occurring substance use disorders. Jails have become de facto inpatient psychiatric facilities across the nation.

Ohio is no exception, either, with 30 percent or more of our incarcerated population having mental illnesses. Incarceration takes its toll on everyone: individuals, families, and even taxpayers. It's more expensive to jail persons with mental illnesses than it is to provide community mental health services. It's also in the interest of personal and public safety to help those who need mental health services get the treatment they need.

Stepping Up Ohio is an adjunct of the national Stepping Up Initiative launched in 2015 by the Council of State Governments (CSG) Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation, with support from the U.S. Justice Department's Bureau of Justice Assistance.

### THE MISSION

The mission of both the national and Ohio's Stepping Up Initiative is to help criminal offenders with mental illnesses get connected to clinical treatment and other services so they can get well, make positive life changes, and stay out of jail.

Directed by Ohio Supreme Court Justice Evelyn Lundberg Stratton (ret.), along with other state and county leaders, Stepping Up Ohio is supported by the CSG Justice Center and is generously funded by Peg's Foundation.

**"Under Governor Mike DeWine's leadership, Ohio is committed to building the behavioral health system that was promised but not yet realized.**

**We strive to make quality, cost-effective mental health and substance use disorder prevention, treatment, and recovery services more visible, accessible, and effective for all, illuminating a pathway for more Ohioans to live up to their full, God-given potential."**

– LeeAnne Cornyn, Director  
Ohio Department of Mental Health and Addiction Services

### THE OHIO PROJECT

We're already making strides in reducing the number of people with mental illnesses in our jails, thanks to the many Ohio counties that have committed to the Stepping Up Ohio initiative. Reform is coming and it will look something like this:

- Validated screening and assessment tools
- Diversion programs instead of jail time for those with mental illnesses charged with low-level crimes
- Embedded mental health professionals to help ensure that people with mental illnesses are connected to community-based services
- Specialized courts that meet the unique needs of defendants with mental illnesses
- Training and response programs to improve law enforcement's response to the needs of people with mental illnesses
- Technical assistance and resources for housing needs
- 988 and crisis continuum responses from mobile response teams to full crisis centers





## 4 WAYS OHIO CAN HELP COUNTIES 'STEP UP'

1

### Join the growing list of supporters.

Become a Stepping Up Ohio registered county by passing a resolution in support of the initiative.

► [www.stepuptogether.org/take-action](http://www.stepuptogether.org/take-action)

2

### Request a visit from the Stepping Up Ohio team.

Our team will meet with you virtually, bringing resources, policies, and best practices to share. We'll also help you set and prioritize your next steps.

► To schedule a visit, email [kathleen@mightycrow.com](mailto:kathleen@mightycrow.com).

3

### Get access to resources to help with your county plan.

As a Stepping Up Ohio participant, you also get access to a variety of technical resources, such as learning opportunities, peer exchanges, and a newsletter containing important grant and training information and conferences of interest.

► For details, email [kathy.yokum@mha.ohio.gov](mailto:kathy.yokum@mha.ohio.gov).

4

### Map your county's resources and needs.

See Infographic 17 (Sequential Intercept Mapping) to participate in this valuable two-day program offered free only to Stepping Up Ohio counties.

## READY TO STEP UP OHIO?



## OHIO REGISTERED COUNTIES

### TAKING ACTION TOGETHER

#### WHAT ARE REGISTERED COUNTIES?

Counties across the Buckeye state are demonstrating their commitment to reducing the number of people in jail with mental illnesses and co-occurring substance use disorders. With the passing of a local resolution, these Ohio counties are now registered counties of the Stepping Up Ohio Initiative, making them eligible for free resources to help them create a county plan.

- Stepping Up Toolkit (Planning Guides, Webinars, Publications)
- Stepping Up Team Visits
- Readiness Assessment
- Training & Technical Assistance
- Learning Opportunities
- Peer Exchanges
- Newsletter
- Annual Conference



■ Stepping Up Registered County

### FREE HELP & RESOURCES FOR YOUR COUNTY PLAN:



## STEERING COMMITTEE

### Core Working Team

<b>Evelyn Lundberg Stratton, JD</b> .....	Project Director, Stepping Up Ohio
<b>Thom Craig, MPA</b> .....	Director, Mental Health Program, Peg's Foundation
<b>David Frederick, MSAH</b> .....	Assistant Director of Policy and Implementation, Peg's Foundation, Clear Pathways Initiative
<b>Lois Hochstetler, MSW, LISW-S</b> .....	Assistant Director of Community Treatment Services, Ohio Department of Mental Health and Addiction Services
<b>Kathy Yokum, OCPC, LPCC-S</b> .....	Criminal Justice Administrator, Ohio Department of Mental Health and Addiction Services
<b>Carol Baden</b> .....	Community Health Advisor, Office of Governor DeWine's RecoveryOhio Initiative
<b>Lisa Shoaf, PhD</b> .....	Statistical Analysis Center Director, Office of Criminal Justice Services
<b>Luke A. Russell</b> .....	Executive Director, National Alliance on Mental Illness Ohio
<b>Emily "Em" Ribnik, Ph.D, LPCC-S</b> .....	Director, Criminal Justice Coordinating Center of Excellence, Department of Psychiatry, Northeast Ohio Medical University
<b>Betsy Johnson</b> .....	AOT Policy Advisor, Treatment Advocacy Center
<b>Kathleen Gallant</b> .....	Stepping Up Administrative Assistant; Project Director, Mighty Crow

### Elected Officials and their Representatives

<b>Sharon L. Kennedy, JD</b> .....	Chief Justice, The Supreme Court of Ohio
<b>Dave Yost, JD</b> .....	Ohio Attorney General
<b>Michael Sheline</b> .....	Section Chief, Crime Victims Office of Ohio Attorney General
<b>Kari B. Hertel, JD</b> .....	Business Counsel, Office of Ohio Attorney General
<b>Tammy Puff</b> .....	Director of Military and Veteran Relations, Office of Governor Mike DeWine
<b>Theresa Gavarone, JD</b> .....	Senate, District 2
<b>Phil Plummer</b> .....	House, District 40

### State and Government Partners

<b>Aimee Shadwick</b> .....	Director, RecoveryOhio
<b>LeeAnne Cornyn, JD</b> .....	Director, Ohio Department of Mental Health and Addiction Services
<b>Chris Nicastro, LPCC-S</b> .....	Chief, Criminal Justice Bureau, Ohio Department of Mental Health and Addiction Services



## STEERING COMMITTEE

### State and Government Partners, cont.

<b>Annette Chambers-Smith</b> .....	Director, Ohio Department of Rehabilitation and Correction
<b>John Adams</b> .....	Chief, Bureau of Adult Detention, Ohio Jail Advisory Board, Ohio Department of Rehabilitation and Correction
<b>Maureen Corcoran</b> .....	Director, Ohio Department of Medicaid
<b>Kara Miller</b> .....	Chief, Care Management and Quality Improvement Section, Ohio Department of Medicaid
<b>Andrew Wilson, JD</b> .....	Director, Ohio Department of Public Safety
<b>Lisa Shoaf, PhD</b> .....	Statistical Analysis Center Director, Office of Criminal Justice Services
<b>Amy L. Ast, MSM</b> .....	Director, Ohio Department of Youth Services
<b>Ginine Trim, MBA</b> .....	Assistant Director, Ohio Department of Youth Services
<b>Bruce Vanderhoff, MD, MBA</b> .....	Director of Health, Ohio Department of Health
<b>Angi Lee, BPLT, EBC</b> .....	Chief, Office of Grant and Resources Development, Ohio Department of Health
<b>Jessica Spears Voltolini</b> .....	Chief of Staff, Ohio Department of Education and Workforce
<b>Ursel J. McElroy</b> .....	Director, Ohio Department of Aging
<b>Debbie Ashenhurst</b> .....	Director, Ohio Department of Veterans Services
<b>Daniel Eakins</b> .....	Administrator, Office of Veterans & Policy Programs, Ohio Department of Veterans Services
<b>Elizabeth Miller, JD</b> .....	Director, Office of the Ohio Public Defender
<b>Shawn Smith</b> .....	Executive Director, Ohio Housing Finance Agency
<b>Melissa Knopp, JD</b> .....	Director, Ohio Criminal Sentencing Commission
<b>Paul Pfeifer, JD</b> .....	Executive Director, Ohio Judicial Conference; Ohio Supreme Court Justice, Retired

### Association Partners

<b>Cheryl Subler</b> .....	Executive Director, County Commissioners Association of Ohio
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### Criminal Justice Partners

<b>Robert Cornwell</b> .....	Executive Director, Buckeye State Sheriffs' Association
<b>Steven Levorchick</b> .....	Sheriff, Ottawa County, Buckeye State Sheriff's Association
<b>Chief Jeffrey Mitchell, MPA</b> .....	Ohio Association of Chiefs of Police
<b>Scott Fulton</b> .....	President, Ohio Chief Probation Officers Association



## STEERING COMMITTEE

### Criminal Justice Partners, cont.

<b>Linda Janes</b> .....	President, Ohio Justice Alliance for Community Corrections
<b>Julie Keys, JD</b> .....	Attorney, Disability Rights Ohio
<b>Melanie R. Tobias-Hunter, JD</b> .....	Deputy Chief of Staff - Criminal Division, Office of Columbus City Attorney Zach Klein; Ohio Municipal Attorneys
<b>Domonique Paige, M.S.Ed, MA</b> .....	Executive Director, Franklin County Community Based Correctional Facility; CorJus, Inc.
<b>Denise Robinson</b> .....	President and CEO, Alvis; Ohio Community Corrections Association
<b>Lusanne Green, CAE</b> .....	Executive Director, Ohio Community Corrections Association

### Medical Partners

<b>Andy White, MBA, MPA</b> .....	Director, Health Economics and Policy, Ohio Hospital Association
<b>Janet Shaw, MBA</b> .....	Executive Director, Ohio Psychiatric Physicians Association
<b>Megan Testa, MD</b> .....	Forensic Psychiatrist, Ohio Psychiatric Physicians Association
<b>Dustin McKee</b> .....	Chief Executive Officer, Ohio Psychological Association
<b>Thomas S. Lehner, MD, CMD</b> .....	OMDA - The Ohio Society for Post-Acute and Long Term Care Medicine
<b>Julie DiRossi-King</b> .....	President and CEO, Ohio Association of Community Health Centers
<b>Dana Vallangeon, MD, FASAM</b> .....	Chief Medical Officer, Ohio Association of Community Health Centers

### Behavioral Health Partners

<b>Cheri Walter, MA, LICDC</b> .....	CEO, Ohio Association of County Behavioral Health Authorities
<b>Christina Shaynak-Diaz</b> .....	Associate CEO, Ohio Association of County Behavioral Health Authorities
<b>Teresa Lampl, LISW-S</b> .....	CEO, The Ohio Council of Behavioral Health & Family Service Providers
<b>Angela Weaver</b> .....	Director of Regulatory Affairs, Ohio Association of Health Plans
<b>Tonya Fulwider</b> .....	Executive Director, Mental Health America of Ohio
<b>Joan M. Englund, JD</b> .....	Executive Director, Mental Health & Addiction Advocacy Coalition
<b>Zachary DeCamp</b> .....	State Program and Policy Director, Mental Health & Addiction Advocacy Coalition
<b>Christina Kalnicki</b> .....	Director Population Health, OhioRISE
<b>Ashley Koontz</b> .....	Justice Administrator, Care Advocate Team, OhioRISE
<b>Leah Werner</b> .....	Director, Corporation for Supportive Housing, Ohio
<b>Matt Rosenblum</b> .....	Business Organization Development, Better Health Partnership



## STEERING COMMITTEE

### Ohio and Foundation Partners

<b>Rick Kellar, MBA</b> .....	President, Peg's Foundation
<b>Luke A. Russell</b> .....	Executive Director, National Alliance on Mental Illness Ohio
<b>Stacey Smith</b> .....	Director of Operations, National Alliance on Mental Illness Ohio
<b>Tony Coder</b> .....	Executive Director, Ohio Suicide Prevention Foundation
<b>Alisha Nelson</b> .....	Executive Director, OneOhio Recovery Foundation
<b>Angie Lloyd, JD</b> .....	Executive Director, Ohio Access to Justice Foundation
<b>Ruth H. Simera</b> .....	Executive Director, Coordinating Centers of Excellence, Northeast Ohio Medical University
<b>Emily Ribnik, M.Ed, LPCC-S</b> .....	Director, Criminal Justice Coordinating Center of Excellence, Department of Psychiatry, Northeast Ohio Medical University
<b>Mindy Smith, Ph.D.</b> .....	Executive Director, University of Cincinnati Corrections Institute
<b>Jennifer Scott</b> .....	Associate Director, University of Cincinnati Corrections Institute
<b>Tracy Plouck, MPA</b> .....	Dean of the Voinovich School of Leadership & Public Service, Ohio University

### National Partners

<b>Megan Quattlebaum, JD</b> .....	Director, CSG Justice Center
<b>Megan Davidson, Ph.D.</b> .....	Stepping Up Director, CSG Justice Center
<b>Mark Stovell</b> .....	Deputy Program Director, Behavioral Health, CSG Justice Center
<b>Nastassia Walsh, MA</b> .....	Program Manager, National Association of Counties
<b>Christopher Seeley, MSW</b> .....	Program Director, School and Justice Initiatives, American Psychiatric Association Foundation
<b>Betsy Johnson</b> .....	AOT Policy Advisor, Treatment Advocacy Center
<b>John Snook, JD</b> .....	Senior Vice President of National Policy Innovation, Meadows Mental Health Policy Institute



## ATTORNEY GENERAL'S TASK FORCE ON CRIMINAL JUSTICE AND MENTAL ILLNESS

### WORKING TO STOP THE REVOLVING DOOR

#### WHAT IS THE TASK FORCE?

People with mental illness go in and out of incarceration like a revolving door due, in part, to gaps in the community mental health system.

In 2011 the Attorney General of Ohio formed this task force to help stop the cycle and increase access to treatment.

Under the leadership of co-chairs, Ohio Attorney General Dave Yost and Ohio Supreme Court Justice Evelyn Lundberg Stratton (ret.), the Task Force continues its mission

→ to reduce the number of persons with mental illness trapped in the criminal justice system.

### WORKING TO IMPROVE MENTAL HEALTH CARE

Anyone can join this 300+-member task force, which includes law enforcement, treatment providers, judges, concerned citizens, and others.

The Task Force meets in person four times a year. Subcommittees meet by phone to work on healthy, long-term solutions for those living with mental illness.

#### Committees

- Aging
- Best Practices & Mental Health Training for Jails
- Competency Restoration & Probate Court Issues
- Diversion & Re-Entry
- Education & Stigma
- Housing
- Juvenile Justice
- Law Enforcement
- Policy & Legislative
- Probation & Community Supervision
- Psychiatry & Treatment
- Research & Best Practices
- Resources & Care Connections
- Specialized Dockets
- Veterans Courts & Military Affairs

## READY TO HELP STOP THE CYCLE OF INCARCERATION AND INCREASE ACCESS TO TREATMENT?

Join the task force:

**Carolyn Bevins** ■Carolyn.Bevins@ohioattorneygeneral.gov ■ 614-466-3552

Contact the Ohio Attorney General's Office:

**Michael Sheline** ■Donald.Sheline@ohioattorneygeneral.gov ■ 614-644-8392

**Kari B. Hertel** ■Kari.Hertel@ohioattorneygeneral.gov ■ 614-593-6820

# OVERVIEW: SEQUENTIAL INTERCEPT MODEL & MAPPING

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Criminal Justice Coordinating Center of Excellence



**CRIMINAL JUSTICE  
COORDINATING CENTER  
of EXCELLENCE**  
A NEOMED CCoE



**NEOMED**

COORDINATING CENTERS  
of **EXCELLENCE**



# SEQUENTIAL INTERCEPT MAPPING

## A tool for

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- Planning and implementing services
- Identifying collaborative efforts
- Identifying resources and gaps
- Identifying sources of baseline data that can be tracked over time
- Analyzing local processes



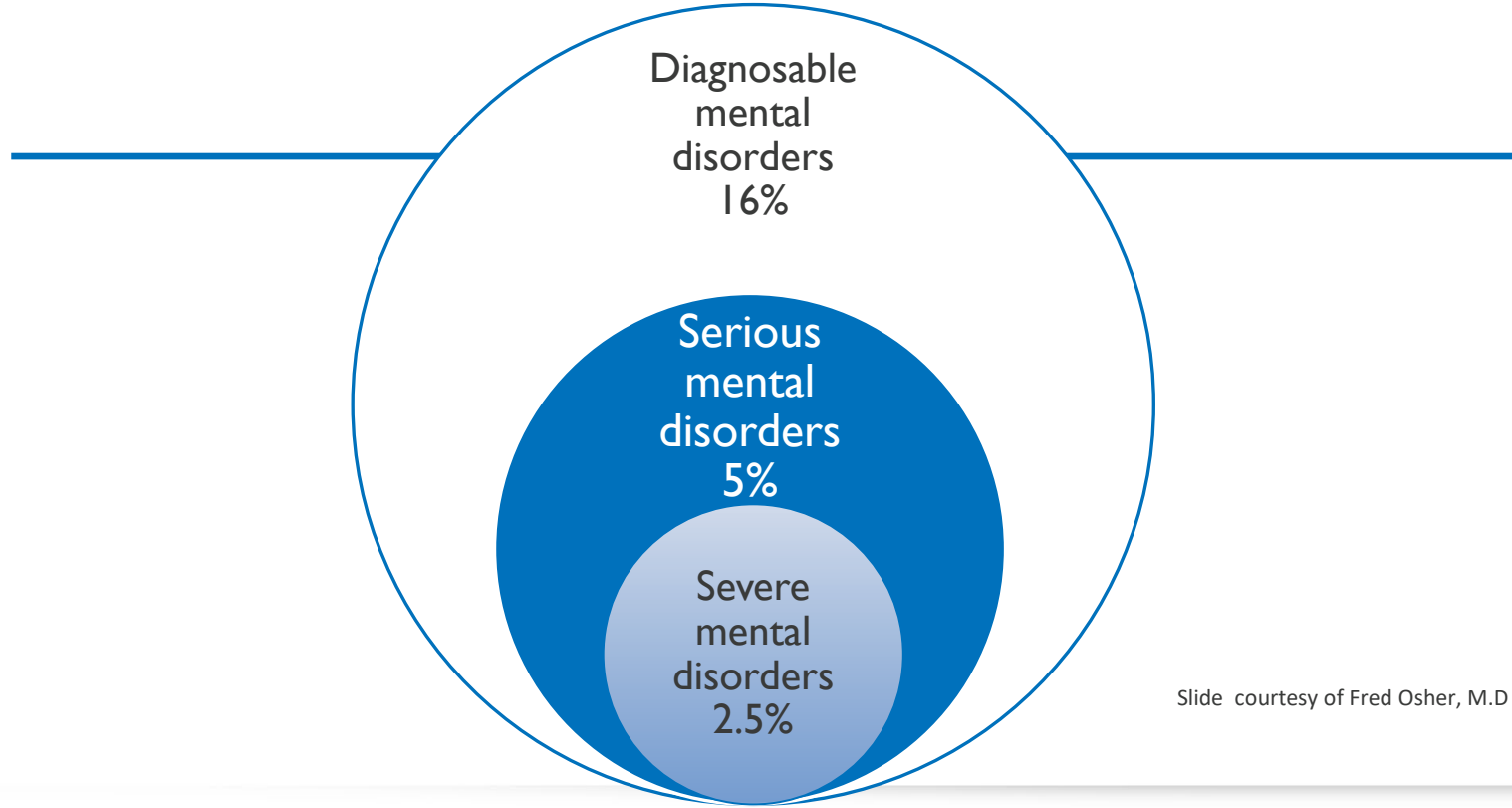
**CRIMINAL JUSTICE**  
**COORDINATING CENTER**  
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A NEOMED CCoE



**NEOMED**

COORDINATING CENTERS  
*of EXCELLENCE*

# NOT ALL MENTAL ILLNESSES ARE ALIKE: MENTAL ILLNESS IN THE GENERAL POPULATION



Slide courtesy of Fred Osher, M.D



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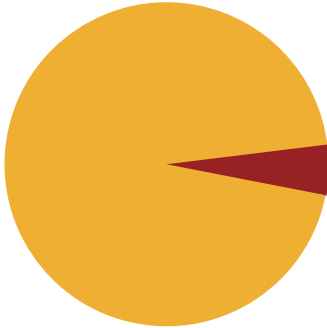
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# MENTAL ILLNESSES: OVERREPRESENTED IN JAILS AND PRISONS

General Population

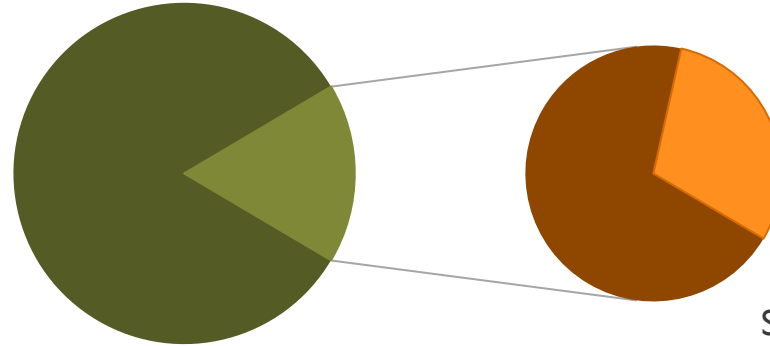
5% Serious Mental Illness



Correctional Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder



Slide courtesy of  
Fred Osher, M.D



**CRIMINAL JUSTICE  
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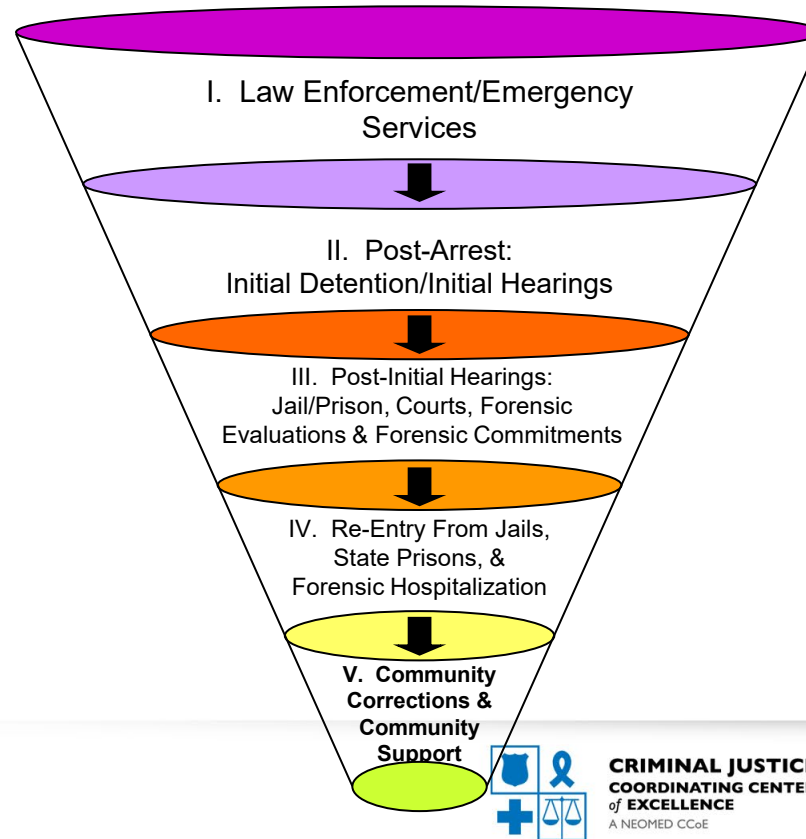


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# SEQUENTIAL INTERCEPTS

## Best Clinical Practices: The Ultimate Intercept

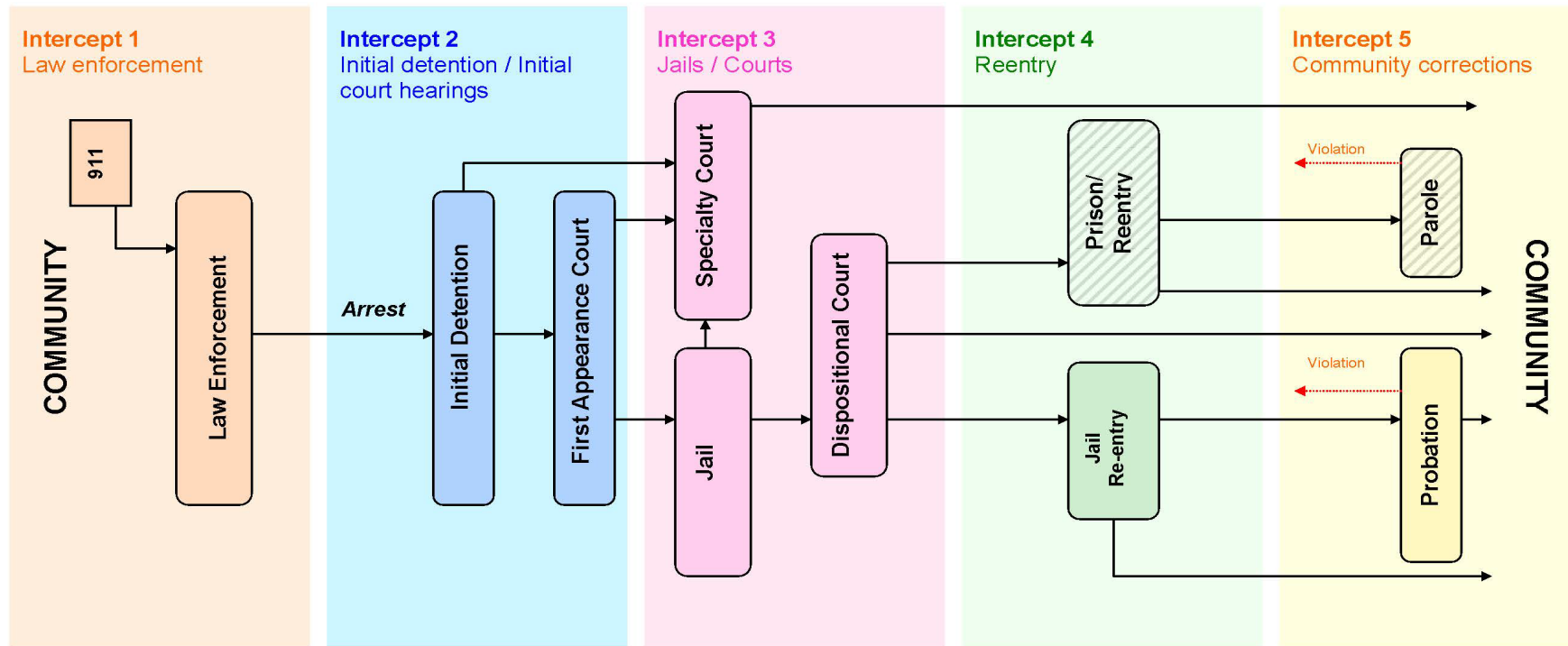


**CRIMINAL JUSTICE  
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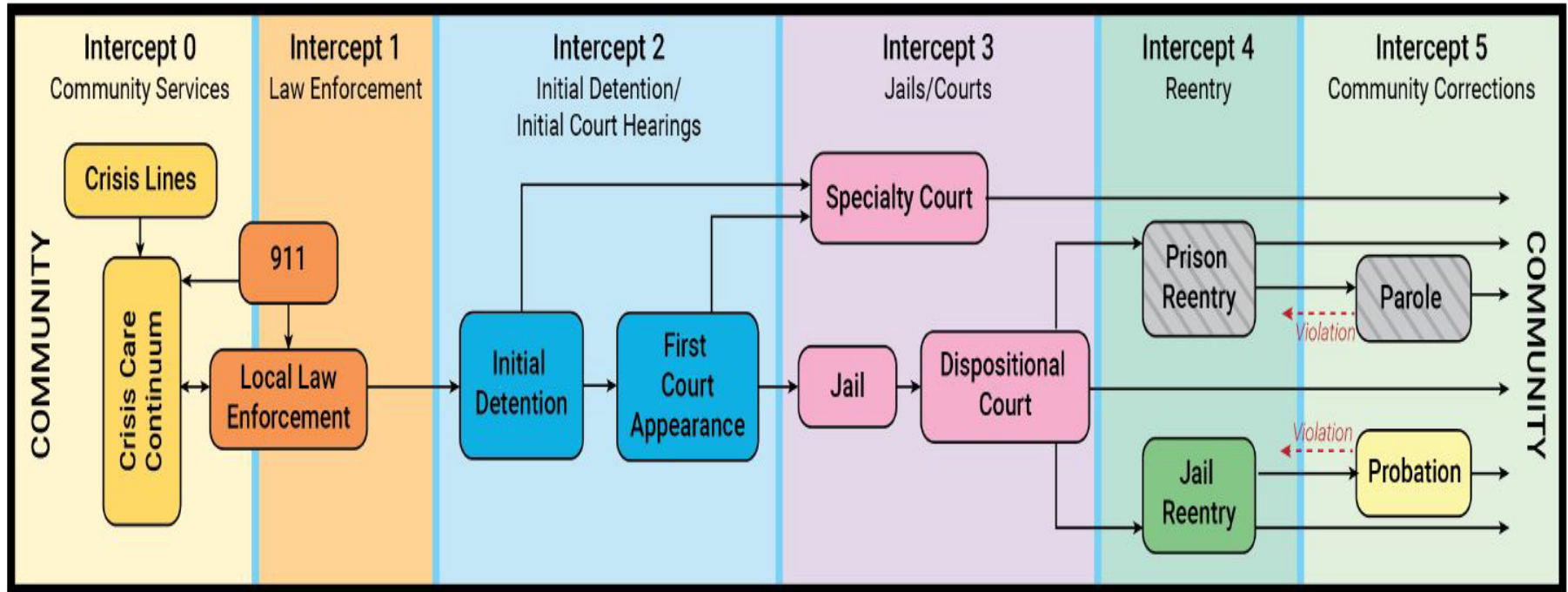


COORDINATING CENTERS  
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## Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships



# Intercept 0 – More Than Crisis Services



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A NEOMED CCofE



**NEOMED**

COORDINATING CENTERS  
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# A CLOSER LOOK AT THE INTERCEPTS

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- Where are the opportunities to intervene, deflect, divert individuals from the justice system to treatment or other supports?
- What is the earliest possible time that identification, screening, assessment is available or can / should occur and why?
- What is the outcome you are trying to promote or trying to avoid, and what resources exist to assist?
- What are the basic standards associated with the intercept and what resources exist to do more?



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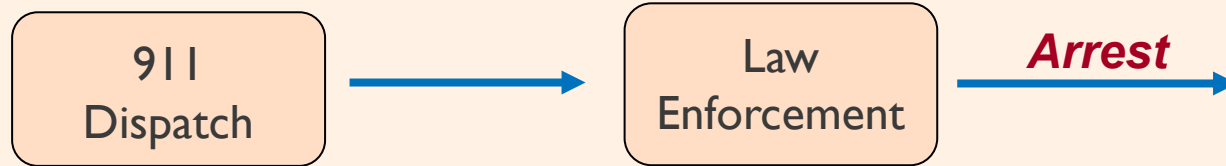
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# Intercept 1

## Law Enforcement / Emergency Services

### COMMUNITY



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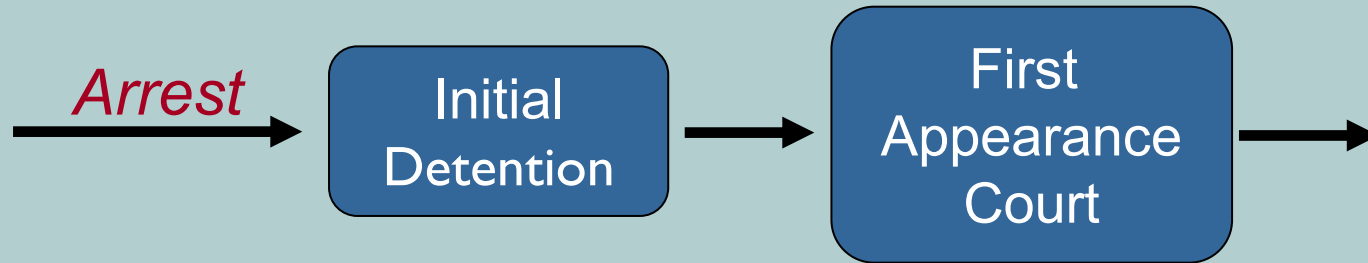
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## Intercept 2

### Initial Detention / Initial Court Hearing



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# Intercept 3

## Jails/Courts

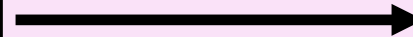
Specialty Courts

Other Court  
Programs

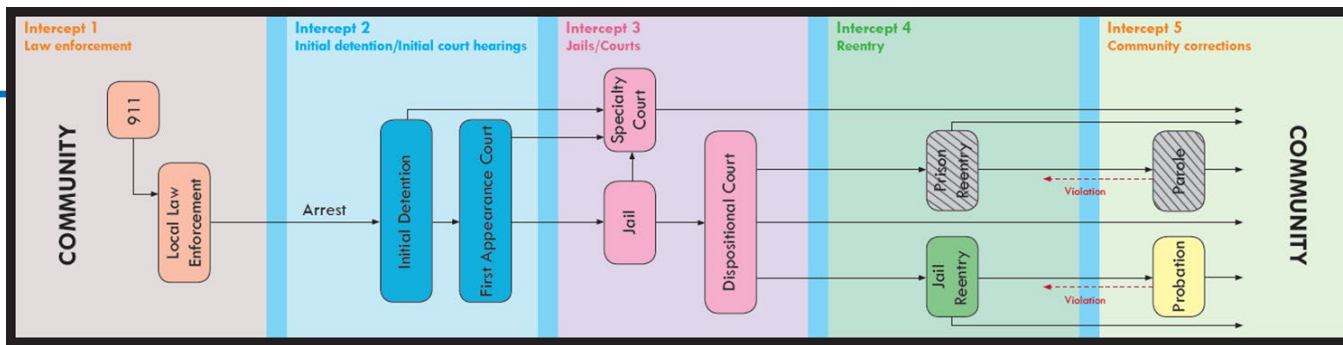


Jail-Based:

**Mental Health &  
Substance Use  
Services**



# Use Data to Track Outcomes: Synergy With *Stepping Up*



Outcome measures needed to evaluate impact and prioritize scarce resources

## 1. Reduce

the number of people with mental illness booked into jail

## 2. Shorten

the length of stay for people with mental illnesses in jails

## 3. Increase

the percentage of people with mental illnesses in jail connected to the right services and supports

## 4. Lower

rates of recidivism



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## Intercept 4

### Reentry



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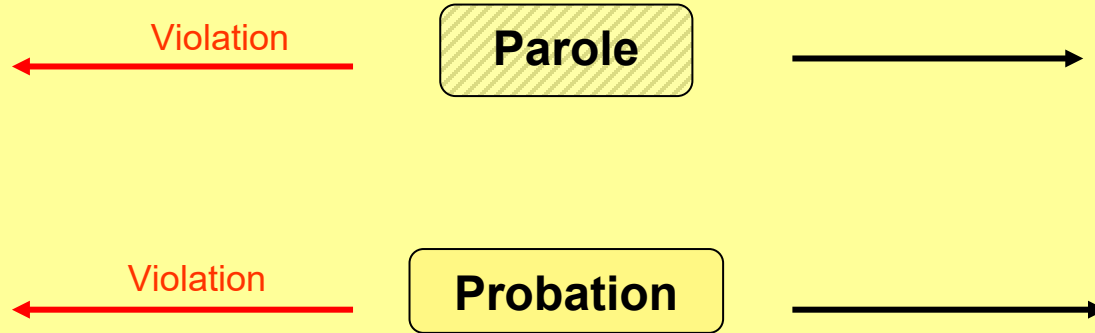
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# Intercept 5

## Community Corrections / Community Support

### COMMUNITY



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# The Big Four and Central Eight Risk Factors for Criminal Recidivism

Factor – In Rank Order	Dynamic Need Associated with the Risk Factor
1. History of antisocial behavior	Build noncriminal alternative behavior in risky situations
2. Antisocial personality pattern	Build problem-solving skills, self-management skills, anger management, and coping skills
3. Antisocial cognition	Reduce antisocial cognition, recognized risky thinking and feeling, build up alternative less risky thinking and feeling, adopt a reform and/or anti-criminal identity
4. Antisocial associates	Reduce association with criminal others, enhance association with anti-criminal others
5. Family and/or marital	Reduce conflict, build positive relationships, enhance monitoring and supervision
6. School and/or work	Enhance performance, rewards, and satisfactions
7. Leisure and/or recreation	Enhance involvement, rewards, and satisfactions
8. Substance abuse	Reduce substance abuse, reduce the personal and interpersonal supports for substance-oriented behavior, enhance alternatives to drug abuse

Adapted from: Andrews DA, Bonta J, Wormith J: The recent past and near future of risk and/or need assessment. *Crime and Delinquency* 52:7-27, 2006.



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# Missing Links



- Lack of access to evidence-based interventions (Osher & Steadman)
- Failure to incorporate **risk factors for recidivism** as points of clinical intervention (Skeem & Louden)
- Modifying evidence-based intervention protocols so that they incorporate services that target **criminogenic issues** (Morressey et al. Mueser et al.)
- Limited research on transition to adulthood age group. (Osgood, Foster & Courtney)



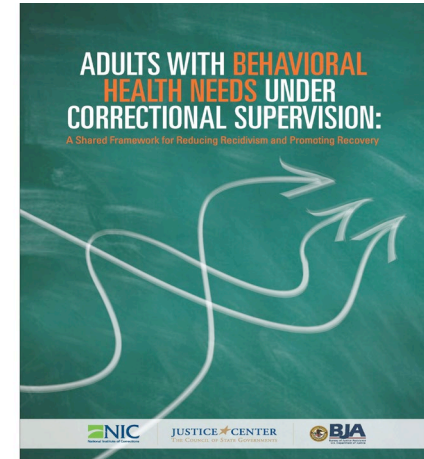
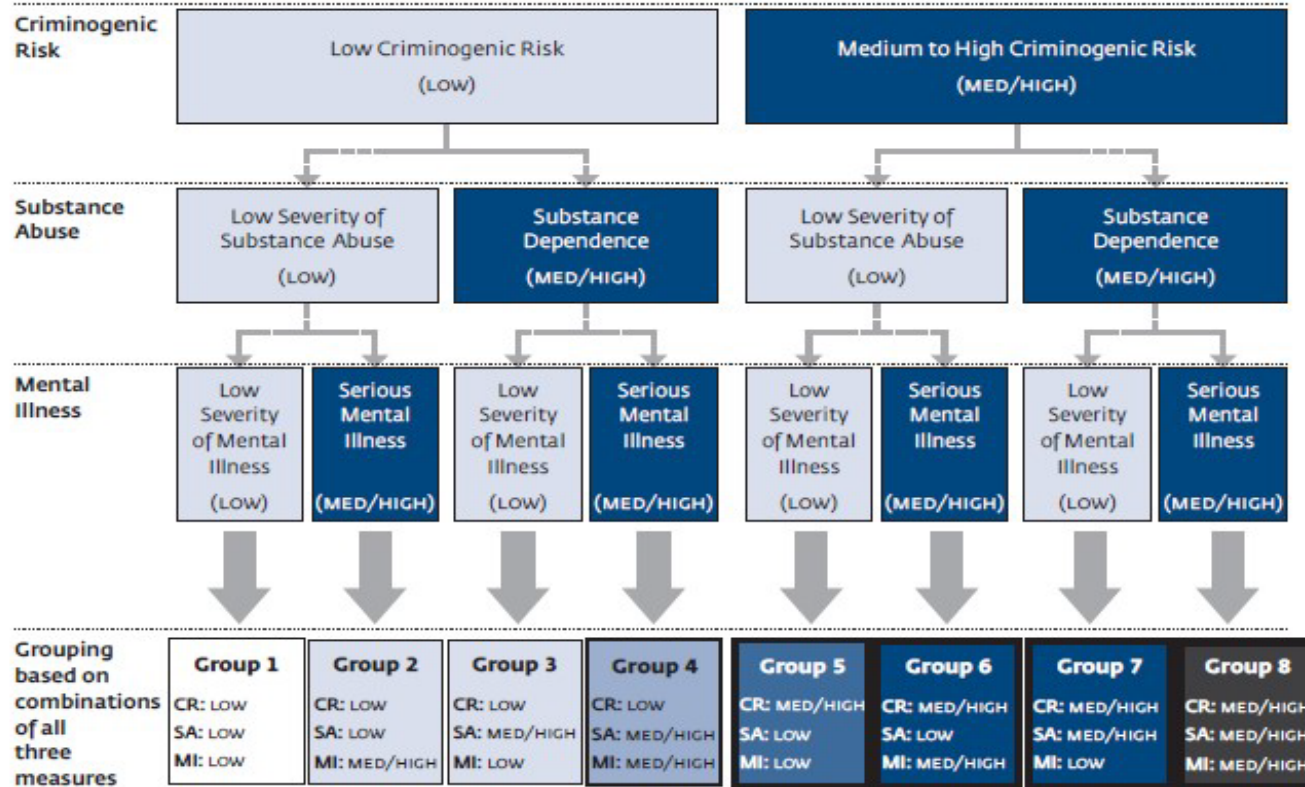
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**FIGURE 5. Criminogenic Risk and Behavioral Health Needs Framework\***



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# QUESTIONS

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