Stepping Up Network Call: Conducting a Comprehensive Process Analysis and Inventory of Services for People with Mental Illnesses in Jails

July 2017
Counties are Stepping Up

Stepping Up Resolutions Received as of July 1, 2017
Upcoming Stepping Up TA Resources

Monthly Webinars and Networking Calls

- **Webinar**: Prioritizing Policy, Practice and Funding Improvements for People with Mental Illness in Jails (August 10 at 2pm ET)
- **Network Call**: Prioritizing Policy, Practice and Funding Improvements for People with Mental Illness in Jails (August 16 at 2pm ET)

NACo Annual Conference

- July 21-24 in Franklin County, Ohio
- Find out more at [www.NACo.org/Annual](http://www.NACo.org/Annual)
Today’s Network Call

Franklin County, Ohio

Michael Daniels
Policy Director to Commissioner Marilyn Brown

Council of State Governments Justice Center

Jessica Tyler
Research Manager

Risë Haneberg
Senior Policy Advisor, County Program
Speaker: Michael Daniels

Michael Daniels
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Franklin County, Ohio
STEPPING UP / RECIDIVISM REDUCTION IN FRANKLIN COUNTY, OH

MICHAEL DANIELS
Justice Policy Coordinator
Franklin County Criminal Justice Planning Board

- Franklin County Board of Commissioners
- Mayor, City of Columbus
- Columbus City Council
- Mayor, City of Whitehall
- Franklin County Sheriff
- Columbus Police Department
- Franklin County Prosecutor
- Columbus City Attorney
- Franklin County Public Defender
- Franklin County Municipal Court
- Franklin County Common Pleas Court

- Franklin County Domestic & Juvenile Court
- Franklin County Municipal Probation
- Franklin County Common Pleas Probation
- Franklin County Community Based Correctional Facility
- Alcohol, Drug, and Mental Health Board
- Columbus Urban League
- Franklin County Board of Developmental Disabilities
- Alvis 180
- Franklin County Workforce Development Board
1. DIVERSION AND ALTERNATIVES TO ARREST

WHAT DATA SHOULD BE CONSIDERED?
- How many arrests are being made for non-violent crimes?
- How many arrests are being made of people with mental illness?
- What alternatives to calling the police exist for families/friends of people with mental illness?

WHO SHOULD BE AT THE TABLE?
- Law Enforcement (choose to divert, not arrest)
- ADAMH / community providers (divert to where?)
- Prosecutor / City Attorney (charge standards)
- City Council (ordinance changes, cite & release)
1. DIVERSION AND ALTERNATIVES TO ARREST

- CIT and CIT-type training for patrol officers, dispatchers, and first responders
- Increase crisis services and capacity and systemic ease of use
- Community outreach to reduce law enforcement involvement

Currently 647 of 2793 patrol officers (23%) across 29 LE agencies. Agencies range from 95% to 0% trained, average 35%.

Currently 77 of 305 dispatchers (25%) across 20 agencies. Agencies range from 86% to 0% trained, average 21%.

CPD patrol and FCSO patrol and corrections full members of planning efforts. CIT numbers above reflect a nearly two-fold increase in participation over past 18 months.
2. PRE-ARRAIGNMENT AND PRE-TRIAL

- Brief mental health screening and risk assessments
- Alternatives to incarceration for low-risk non-violent offenders
- Court-based ADAMH and FCDJFS liaisons
- Enhanced use and efficiency of specialty dockets

WHAT DATA SHOULD BE CONSIDERED?
- How many detainees are being screened for possible MH issues?
  - How many pre-trial offenders are in the jail?
  - How many pre-trial offenders have identified mental illness?
  - What is the average length of pre-trial stay for those with and without mental health issues?

WHO SHOULD BE AT THE TABLE?
- Law Enforcement (booking/screening/intake medical)
- Arraignment court (assessment/evaluation/alternatives)
- ADAMH (if not jail, then where? with what supports?)
- Prosecutor/City Attorney/Public Defender (specialty dockets)
2. PRE-ARRAIGNMENT AND PRE-TRIAL

- Brief mental health screening and risk assessments
- Alternatives to incarceration for low-risk non-violent offenders
- Court-based ADAMH and FCDJFS liaisons
- Enhanced use and efficiency of specialty dockets

All incoming inmates assessed via BJMHS at intake; flagged inmates referred for further evaluation. Initial assessment data shared with probation, ADAMH provider, jail medical team.

Eligible offenders (criminal misdemeanors excluding DV, OVI, accompanying felonies) screened by municipal probation and ORAS-PAT scores shared at arraignment.

Arraignment judges are concurring with probation recommendations regarding bail 35-40% of the time, with higher concurrence for lower-risk inmates. Judges’ use of ROR, or ROR with pre-trial services and conditions are increasing in frequency. Average length of stay for those given ROR (with or without PTS) is 5 days vs 12 days for those given cash bond or other options.
3. RESTORATION WHILE INCARCERATED

- Needs assessment and special population housing units
- Train 50% of corrections deputies in CIT
- Comprehensive medical care and continuity of formulary
- Reentry plan with post-release connection to resources

WHAT DATA SHOULD BE CONSIDERED?
- How many inmates receive programming for identified MH issues?
- How many inmates have a transition plan including connection to services and medical care?

WHO SHOULD BE AT THE TABLE?
- Law Enforcement (CIT for corrections/in-jail programming/medications at release)
- ADAMH/community providers (connections to post-release services)
3. RESTORATION WHILE INCARCERATED

- Needs assessment and special population housing units
- Train 50% of corrections deputies in CIT
- Comprehensive medical care and continuity of formulary
- Reentry plan with post-release connection to resources

26% of corrections deputies trained in CIT for corrections; 100% of corrections deputies trained in MHFA.

Reentry transition planning with post-release connections, focusing on specific target populations, such as frequent users and women with MH/AOD.
**4/5. PROBATION AND REENTRY SERVICES**

- Train 100% of probation officers in MHFA
- Embedded FCDJFS ACA/benefits unit in probation
- Reentry specialist and ongoing Coalition activity
- Set-aside housing units for justice-involved individuals

### WHAT DATA SHOULD BE CONSIDERED?
- How many probationers are connected to services including JFS, Medicaid, community resources?
  - What is the overall return to jail rate?
  - What is the return to jail rate for those with mental health issues?

### WHO SHOULD BE AT THE TABLE?
- Probation (connection to services/barrier reduction)
- Reentry Coalition (resources/peers/advocacy)
  - ADAMH/CMHA (supportive housing)
- Business community (workforce education, employer education)
4/5. PROBATION AND REENTRY SERVICES

- Train 100% of probation officers in MHFA
- Embedded FCDJFS ACA/benefits unit in probation
- Reentry specialist and ongoing Coalition activity
- Set-aside housing units for justice-involved individuals

JFS personnel in both municipal and common pleas probation serving 500+ individuals quarterly.

JFS developing 5-member subgroup to focus specifically on frequent users in jail system and provide comprehensive wrap-around services and connections. 50-75 individuals to be served by 2018.

Two full-time Reentry Specialists (jail), Reentry Coordinator (prison), Deputy Director of Justice Programs, Justice Policy Coordinator. Department reports directly to County Administrator.
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www.FranklinCountyOhio.gov/commissioners
www.FranklinCountyOhio.gov/reentry
http://Commissioners.FranklinCountyOhio.gov/Stepping-Up/
Questions and Discussion

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Poll Questions
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