

**MENTAL HEALTH DIVERSION ALTERNATIVES TO JAIL:  
THIRTEEN PILOT PROGRAMS FUNDED  
BY ODMH IN APRIL 2000: WHERE ARE THEY NOW  
AND WHAT HAVE WE LEARNED?\***  
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*This is the second article in a series about effectively dealing with mentally ill offenders in the criminal justice system. Justice Evelyn Lundberg Stratton, Supreme Court of Ohio, has had a longtime interest in developing solutions to this problem and has formed the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts for that purpose. This article, written by members of the Supreme Court of Ohio Advisory Committee on the Mentally Ill, addresses jail diversion programs funded by the Ohio Department of Mental Health.*

Too often, attention to the relationship between mental health and criminal justice comes after the occurrence of a tragedy. Ohio is taking a more proactive course.

Judges and others in the criminal justice system well recognize the “revolving door syndrome” in which people with histories of mental illness are arrested for committing minor and nonviolent offenses. They serve their time and are released, only to quickly return to the criminal justice system again and again. Where appropriate, these individuals are better treated in the mental health system.

The Ohio Department of Mental Health (ODMH), recognizing that a disproportionate number of mentally ill persons are being placed in jails, has made mental health diversion a priority. In April 2000, we awarded 13 grants to communities to establish programs to identify mentally ill offenders, divert them from the criminal justice system where appropriate, and link them to community mental health services. The awardees were asked to develop diversion programs that could occur at any stage of the criminal justice process. Annually, ODMH awards \$692,157 to all of the projects. Most of the projects also contribute local funding to cover the costs of implementation.

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### I. WHERE ARE THE PROJECTS NOW?

A major objective was to decrease the use of jail bed days for mentally ill offenders. Our hope was that treatment services would help individuals recover and avoid future problems with the law. The following summarizes the current status of our programs.

#### A. *Athens*

Athens County has implemented a modified Memphis Model Crisis Intervention Team program with police in Nelsonville, Athens and the Ohio University. This is a pre-booking program where police drop off persons, identified as mentally ill, at an eight-bed crisis unit. This program has served more persons with alcohol and drug problems than those persons with severe mental disabilities, but the program has successfully kept some people out of jail that do not need to be there and has served 59 people thus far.

#### B. *Clark*

This program builds on existing efforts to improve assessments, in-jail services, community linkages, and diversion alternatives. This pre and post-booking program has a case manager that initiates contact with mentally ill persons in jail, and then follows them into the community after release. Fifty-six people have been served in the program. Law enforcement has been difficult to engage in training on mental health issues.

#### C. *Clermont*

This program is a collaboration of the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Clermont Counseling Center, Treatment Alternatives to Street Crime (TASC), adult probation and Cincinnati Health Foundation. A mental health case manager and specialized probation officer, funded by the Cincinnati Health Foundation, provide a team approach to serve persons with both a mental health and substance abuse diagnosis. The program receives referrals from both common pleas and municipal courts, and provides jail screening for pre-trial referrals, advice to courts, and post-sentence supervision.

#### D. *Columbiana*

This program was initiated by three Columbiana County Court judges, an East Liverpool Municipal Court judge, the president of the local Alliance for the Mentally Ill (AMI) and the Columbiana County Mental Health and Recovery Services Board. The program consists of a comprehensive case management model with housing and vocational components. Offender peer support and family support make this the most “recovery” oriented diversion program. The program also includes regular

jail screenings and meetings with judges to develop diversion treatment plans. The target population is persons with dual diagnoses of both substance abuse and mental illness and 64 people have been served. This program has seen a decrease in the number of jail bed days.

E. *Fairfield*

The funds allocated to this post-booking program have been used to hire a court liaison and a mental health case manager. The liaison completes post-conviction referrals to the community treatment provider. Success in assessment and treatment plan development has highlighted deficiencies in the community mental health system, such as the inability to provide specialized programs. Despite improvements, some people still get lost in the hand-off between criminal justice and the mental health systems. In addition to meetings on the leadership and policy levels, this program features regular meetings at the case level, which fosters success through improved communication and confidence building among service providers in different systems.

F. *Franklin*

This program consists of post-incarceration case management of approximately 13-15 mentally ill persons with a goal of treatment plan maintenance. There have been few opportunities to work with judges on a case-by-case basis. The case manager visits the jail each week and referrals to the program come through another mental health agency that serves as the single point of access for mental health services in the county. While this program is functioning adequately as a specialized case management model, system development is not evident. Twenty-four persons have participated in the program with 89% of them spending less time in jail. All participants had been arrested at least once in the year prior to involvement in the program and only 21% have had arrests since.

G. *Gallia*

The essential ingredient in the Gallia diversion program is an independently licensed clinician who serves as a “boundary spanner” and completes pre and post booking jail assessments, court interventions, treatment plan development, and post-release case management. Cooperation here is leading to the development of a “treatment court” which is unheard of in a city with a population under 5,000. The program has served 40 participants and is showing a significant decrease in use of jail bed days.

H. *Lake*

The key person in this program is a court liaison/boundary spanner. Currently, interventions by the boundary spanner are post-booking through

jail screenings, with case management provided for persons with severe mental illnesses. The program is focusing its direction toward training for law enforcement with a goal of developing pre-arrest diversion strategies. Lake County has served 27 participants, 67% of who have had substance abuse involvement and 79% have not been rearrested.

I. *Licking/Knox*

This program employs a liaison in each county to pull mental health and criminal justice issues together. Licking County's program is jail focused, making post booking referrals and linkages to the community system. A specialized housing facility is in the works, as well as an outpatient commitment program. Knox County serves a smaller number of persons and is less developed than Licking County, but they utilize a crisis team that is used for off-hours referrals and is slowly building rapport with the jail.

J. *Lucas*

Lucas County implemented a program that conducts jail screenings and provides post-booking referrals to community mental health services. They also utilize a consumer peer support counselor to work with those referred from the municipal court. The program changed agency management mid-stream, which was somewhat disruptive and caused delays in program development. This program works with a very well developed jail mental health program, and has a comprehensive research component in collaboration with the University of Toledo, collecting a large amount of data. The Lucas County Forensic Task Force provided input into the program development and has assisted in the initiation of the Memphis Model Crisis Intervention Team with the Toledo Police Department. The task force is working toward creation of a mental health court.

K. *Montgomery*

Montgomery County's Access Project serves as a post-conviction intensive case management program that serves dually-diagnosed, substance abusing mentally ill (SAMI) persons. They have a criminal justice and mental health advisory committee that has been operating for several years. Many components are theoretically involved in this program but making them operational has been difficult. The program is working on the problems they have experienced with getting pre-trial referrals.

L. *Tuscarawas*

This pre and post-booking program employs a Forensic Assertive Community Treatment (FACT) team approach with a SAMI focus. Referrals come from the jail and probation officers of both common pleas

and municipal courts. The program originally had success as demonstrated by reduction of bed days in jail by its participants. They have served 38 persons, 21 having substance abuse problems. The program is now getting younger persons who seem to believe that they are entitled to repeated diversion programs, so staff has advocated for some jail time to help them take treatment more seriously. Program staff struggles to maintain a balance between advocacy for diversion and short jail time to encourage offender participation. The judges in the county have been open to the program and seek input/advice from the team. Another success is an increased communication between probation and mental health staff.

Washington

Case management and linkage are the basic components of this post-conviction program. A forensic case manager assesses and refers offenders and also acts as the boundary spanner with the jail, courts, probation and law enforcement. The program staff confers with judges to reduce jail bed days and has reportedly saved more than 1,800 jail bed days so far.

## II. WHAT HAVE WE LEARNED?

### A. *Successes of Projects*

#### 1. *Increased Awareness*

Activity, outside the projects, in jail diversion is increasing as awareness of the need continues to grow. Leadership provided at the highest levels of state government has contributed to an interest and activity ranging from preliminary meetings at the local levels, initiation of community plans for mental health and criminal justice, development of mental health courts, Crisis Intervention Teams and the initiation of strategic planning processes. ODMH has also funded a Coordinating Center of Excellence to provide technical assistance and consultation to communities expressing an interest in developing diversion programs. Additionally, the Ohio Alliance for the Mentally Ill was funded to provide mental health training to court and law enforcement personnel.

#### 2. *Strong Leadership/Oversight and Advisory Boards*

Strong leadership and participation of judges in the communities are key ingredients to the success of the projects. Programs with advisory boards have sources for corrective direction, program improvement, new ideas, and a constructive outlet for frustration. These programs have been able to evolve and adapt while reducing the risk of losing sight of the original program intent. The bridges built through the diversion program yield benefits across a broader spectrum as systems work together more closely.

## B. *Challenges of Projects*

### 1. *Judicial Involvement*

Leadership and involvement of the judicial system in the development of these programs has proven absolutely critical. Strong leadership is necessary to drive collaboration and cooperation. Judges have the ability to get people to respond. Therefore, the success of many of our programs depends on increasing judicial leadership and oversight.

### 2. *Housing and Employment*

The projects have almost unanimously identified housing and employment as needing expansion and capacity development. Weaknesses in housing and employment already existed in current mental health systems prior to the jail diversion projects' initiation. However, they became more evident as the projects tried to tap an already burdened system. Mentally ill offenders with a criminal record experience even more difficulty finding suitable housing and employment. The general erosion of funding of mental health services in general hampers attempts to address the shortfalls in these areas.

### 3. *System Development and Turf Issues*

Bringing all the involved systems and entities together at the local level has proven challenging to some of the programs. The most successful programs have an oversight committee that meets regularly to review and recommend changes, fill gaps, and pool resources.

### 4. *Engagement of Offenders*

Several programs reported difficulty in encouraging offenders to voluntarily participate in the programs. The lack of trust prevents a successful long-term therapeutic relationship. Program staff must play a dual role of helper and enforcer, and balancing these roles adds to the stressful nature of the work, increasing the risk of burnout. Further complicating this, some programs report that offenders are "getting wise" to the opportunity for manipulation that diversion presents. Some of them perceive diversion as an available escape from accountability.

## III. SUMMARY

Our success is defined as decreasing the usage of jail bed days for mentally ill offenders and in linking them to treatment. Our most successful programs have a strong leader in the judicial system, an oversight committee that meets on a regular basis, a liaison that can work between systems, and have specialized community treatment available. These thirteen projects are currently being reviewed for continued funding by ODMH.

Ohio lacks capacity in our current mental health treatment system. Advocacy and support for increased mental health funding in Ohio is greatly needed in order to expand the development of diversion programs. Diversion programs that pool resources from different systems—mental health, substance abuse and criminal justice—and those that utilize creative strategies to approach housing and other treatment issues will undoubtedly fare the best.

For more information on these projects and other diversion programs throughout the state or for technical assistance and consultation on diversion program development, please contact Joe Krake, Office of Forensic Services, Ohio Dept. of Mental Health, at (614) 466-1099, or Jo Ann Harris, JD, Coordinating Center of Excellence, at (330) 325-6162.