

Franklin County Pathways Program

The Problem or Need for the Program

In April of 2014, 85% of the female population in the Franklin County jail had a mental health disorder diagnosis that required prescription medication. According to the Franklin County Justice and Behavioral Health Systems Improvement Project Preliminary Report, more than half (56%) of all adults entering jail on felony charges and nearly half (49%) entering jail on misdemeanor charges return within 3 years of release. Sixty-eight percent of people with behavioral health disorders return to jail more frequently and experience longer stays.

Data analysis from Franklin County jail bookings indicate 14 percent of individuals with behavioral health disorders released from jail are not receiving the treatment and supports they need in jail, or in the community. This is in part due to information on risk and needs not being systematically collected and used to inform decision making as to treatment or services. Moreover, the absence of a coordinated transition plan to ensure the facilitation of continuity of care aids in the frequent return of most people with behavioral health disorders. Finally, between 2011 and 2014, local law enforcement reported a 300% increase in the number of individuals transported to the jail because they were denied crisis services due to community providers being over capacity.

Description of the Program

Objective: Identify and serve 50 females that have a mental illness or co-occurring mental illness and substance use disorder; provide them with a continuum of care and continuation of social services in post-release; and reduce the recidivism rate by 50% for females involved in the program.

Clientele-target population: females who (1) have multiple jail stays, three or more within 12-36 months; (2) may have faced, are facing, or could face criminal charges for a misdemeanor, or a felony that is a recent nonviolent offense; (3) self-identify as having mental illness, or diagnosed with a mental illness or co-occurring disorder, or who demonstrate behaviors that corrections Deputies trained in Crisis Intervention (CIT) determine are consistent with symptoms of a mental illness that warrant further assessment; (4) plans to reside in Franklin County upon release; and (5) determined as moderate to high-risk for re-offending upon release as defined by the Ohio Risk Assessment System (ORAS) (See Attachment 1 for further details regarding ORAS). High-risk offenders whose diagnostic behavioral health assessment indicates a high need for treatment for mental health or co-occurring disorders receive priority consideration.

Overview of Pathways: Pathways, is divided into two phases. All women who meet the above criteria are eligible to enroll in phase 1 of the program. Phase 1 is a pre-release woman-centered psychosocial cognitive behavioral group that includes an assessment, a reentry plan, and a Risk-Need-Responsivity (R-N-R) tailored linkage to social service providers upon release. Phase 2 is an intensive post-release program whereby, CIT Officers, CIT Deputies, and mental health social workers (Team) work together to create a direct link for each participant to the treatment and social service providers based on R-N-R. In addition, the Team follows the participant into the community, working with them and tracking their progress for three years. However, only those individuals who receive priority consideration are enrolled in phase 1 and phase 2. Below, is a detailed description of both phases.

This project is an imperative step, and smaller part of a larger plan Franklin County Commissioners are undertaking to address the findings of the Franklin County Justice and Behavioral Health Systems Improvement Project Preliminary Report. The report identified the insufficient number of safeguards in place at each critical juncture within the criminal justice system, from the call to law enforcement to discharge/release from jail. With the knowledge and understanding, the earlier the interception in the criminal justice decision continuum, the greater probability of reducing penetration into the criminal justice system, Pathways intercedes at three critical points on the criminal justice continuum.

Critical Point three (3) - while women are in jail awaiting trial, they undergo an initial screening to determine medical/mental health needs. CIT correctional deputies identify potentially eligible females for enrollment in Pathways. CIT Officers, CIT Deputies, and mental health social workers (Team) work together to initiate an introduction and explain the program to the women identified as an appropriate fit for the program. After the informal orientation and obtaining written agreement to participate, the Team works with the women to begin individual reentry planning and linking participants to services and benefits.

With participant written consent, the Team consults with the social worker from Southeast Inc., to review the ORAS and the standardized clinical assessment. The Team follows the core correctional practice - Risk-Need-Responsivity principles to tailor linkages based on the behavioral health and social service needs identified and prioritized in the assessments. In addition, the Team is a direct link for each participant to the treatment provider. Prior to release, the Team, participant and the community-based mental health agency discuss and coordinate an individual reentry plan to ensure continuum of care and avoid gaps in care.

In conjunction with the efforts of the Team, participants are introduced to the concept of wellness (healthy living) through group facilitation using a psychosocial cognitive behavioral approach. The facilitators incorporate identification of criminogenic thinking, stages of change, and motivational interviewing techniques into each group session. In spring of 2017, Pathways will introduce a self-esteem + self-care program that utilizes mindfulness practices, expressive arts, and interactive engagement towards personal growth and coping skills. The purpose of these groups is to initiate a willingness to modify current unhealthy behaviors that contribute to the cycle of addiction and incarceration

Critical Point four (4) reentry/post-release: If a participant is determined to be at imminent risk of homelessness upon release, participants are eligible to receive transitional housing for a maximum of 90 days. NISRE Inc., provides participants with an average of 15 hours of individualized direct case planning and management, employment readiness, and life skills groups. In addition, NISRE Inc. works in cooperation with the Team and participant in preparing a transitional housing plan to secure safe, sober, and affordable housing.

Regardless of housing arrangements, within 24-48 hours of release, the team makes contact with every participant and ensures a “warm hand-off” to the community based mental health agency to take advantage of the momentum gained in pre-release in-reach. All participants receive a post-release weekly call and a bi-weekly face-to-face wellness follow-up/check-in, preferably in their home or a designated safe place. The visits are conversational in nature, but incorporate motivational interviewing techniques to assess and discuss the following: treatment adherence, medication adherence if applicable, coping strategies, self-management of symptoms, recognizing declines, pro-social behaviors, and relapse prevention for those participants with co-occurring mental health and substance use disorders. The visits also provide additional information and linkages to social service providers, if warranted.

A “Red Alert” is issued to anyone who fails to appear for two consecutive appointments. A “Red Alert” automatically triggers a home-visit by the Team and Fire-Emergency Medical Services (EMS) to determine the reason for the missed appointments. In response to the overwhelming number of opioid overdose deaths in our community, all Team members are/or will be trained by one of the city’s leading trauma hospitals in the proper administration of Narcan/Naloxone.

Critical Point one (1) when law enforcement and/or EMS responds to a situation that involves a Pathways participant. This interception is supported by the Team dispatched onsite to manage the scene and facilitate appropriate connection to community-based behavioral health services. This also triggers a “Red Alert”.

If law enforcement is called to respond to a situation that involves a post-release Pathways participant, the Team will be dispatched to the location to work with the participant, EMS, and law enforcement to deescalate potential arrest and to notify the mental health service provider working with the participant for an expedited appointment.

Timeline: Development & Planning: October 2015 began our six-month initial planning and development phase, which included the following activities: working with ADAMH to select mental health service provider (Southeast Inc.) and appropriate staff; providing oversight and approval of the procurement process- contracts and memorandums of understanding; Conducting jail security clearance, and protocol and procedural training to facilitators and vendors. Coordinating the introduction and orientation of the project to essential jail personnel and outside vendors; developing protocols for community referrals and decision-tree for crisis calls; planning post-release follow-up activities and case management services; coordinating and continuing to coordinate CIT training for selected police and correctional officers. Identifying and assigning personnel to work with the program; designing marketing materials for orientation; identifying eligible program participants for Pathways; preparing and conducting orientation; designing participant agreements; reviewing and selecting the curriculum for the psychosocial group.

Implementation and Operational Activities: March 2016 kicked off the Pathways program. The activities in this phase are currently ongoing and include the following: obtaining signed participant agreements; release of information forms; preparing lesson plans; preparing individualized reentry plans in conjunction with participants. Post-release follow-up, visits and case management services; evaluation of critical needs; consistent and timely communication with behavioral health, housing, and social services providers; tracking of weekly activities; conducting monthly staffing of individual cases; making appropriate referrals to the network of partners. Hosting and conducting graduations for participant successful completion of program.

See Attachment # 2 Project Timeline & Activities for contribution from specific partners.

Use of Technology List

Internet services: Google.com & Google Chrome;

Software: Microsoft Office

Databases:

Ohio Risk Assessment System: (ORAS) a valid risk and need assessment database for use by criminal justice professionals at various points in the criminal justice continuum to measure probability of a person re-offending

Premiere One Database: Columbus Division of Police uses this for virtually all aspects of law enforcement such as checking for warrants

Computer Aided Dispatch the system: 911 Dispatcher uses to dispatch officers to the scene and to alert officers of any possible danger

CourtView: web-based database for Franklin County Municipal Court records

Case Information Online System: web-based database for Franklin County Common Pleas - County Clerk of Courts for Criminal and Civil cases filings

Franklin County Correctional Center Jail Information Management System: to track inmates from bookings to release

Franklin County Correctional Center - Northpointe Inmate Classification: web-based decision-tree classification system

BRASS – County Budget for Results and Outcomes Database: continuous improvement metrics to measure objectives and goals of county initiatives and programs

U.S. Department of Justice Grant Management System: web-based database to measure objectives and goals of federally funded initiatives and programs

U.S. Bureau of Justice Assistance: performance-based measurement tool web-based tool to capture quarterly performance measurements for federally funded initiatives and programs

The Cost of the Program

There were no capital costs incurred in planning or implementing this project. Pathways leveraged capital costs by using existing structures and software from the above-named partners. Each partner operates through a fully functioning department, agency, or office. The Sheriff dedicated a portion of the gymnasium in one of the local jails to become an improvised classroom for Pathways. The total operating costs of this project is **\$490,000**.

Personnel: includes number of hours worked multiplied by the hour rate, divided by the percent of the monthly rate for FICA, Public Employee Retirement System, Unemployment Compensation, Medicare, and the health insurance allocation for 2 full-time LISW Facilitators/Reentry Specialists; 5% of a Fiscal manager's time; and 5% of a Program Administrator's time. **\$200,344**

Consultants: 1 Social Worker Project Manager and 1 Field Social Worker. The cost of 7 CPD CIT officers; Sheriff CIT Deputies-Corrections patrol and jail staff, Fire-EMS, transitional housing provider for 30 day increments at a per diem rate of \$25 per day with a total maximum stay of 90 days, and an University consultant evaluator. **\$234,600**

***Travel:** Two Mandatory trips per BJA grant guidance to Washington DC to include: airfare, lodging, per diem; taxi and other related travel costs -\$7,650. Note: this cost can be reallocated based on program need. It also includes mileage for field social worker to transport participants to and from appointments with treatment providers, medical doctors, and social services agencies (\$3,750). **\$11,380**

Supplies: Bus Passes: 20 one-day bus passes per participant for 50 participants; two-year subscription to an online data collection and analysis tool used for evaluation purposes; general office supplies and program supplies for classroom participation by participants –pencils, notebooks, binders, and erasers. **\$9,050**

Other Costs: covers a portion of annual telephone, internet, networking, printing, and utilities expenses for the behavioral health agency who provides the social workers for this project; Crisis Intervention Training for 3 Columbus Police Department patrol officers and 3 Franklin County Sheriff's Office patrol officers. Costs will support the hourly wages for the trainees and the related backfill (backfill is the cost to have a patrol officer cover the shift of the officer in training) CIT is approximately equivalent to 100 person hours (40 hours for trainee + 40 hours of 1.5 x overtime for backfill) this is equivalent to \$4,450 per trainee. **\$34,576**

The Results/Success of the Program

With cooperation and collaboration of the jail social service staff and CIT-Deputies, we have successfully identified potential participants for enrollment in Pathways. We are on track to meet and exceed our target number of 50 enrollments.

Prior to entering the pre-release psychosocial cognitive behavioral portion of the program, 44% of the participants accepted had received a disciplinary infraction by jail staff compared to 22% of the same participation receiving a disciplinary infraction during or after program completion. Our reduction of the recidivism rate is incremental, but steady based on the number of participants to participate successfully in the pre-release psychosocial cognitive behavioral portion of the program. Of the 30 total participants that successfully graduated or received a certificate of participation from the pre-release psychosocial cognitive behavioral portion of the program, only one (or 3 %) were arrested on new charges. This information includes all cohorts to date.

Here are a few facts to celebrate:

Cohort 1 Review:

Dates of CBT Programming Pre-release are from March 1, 2016 – April 28, 2016

Length of time since CBT program completion: 10 months

of Participants Accepted into Group: 14

of Successful Graduations: 5

of Certificates of Participation: 8 (Reason: Missed 2 group sessions but completed all other components)

Unsuccessful Completions: 1 (Reason: Released early)

Based on the baseline data for five of the successful graduates in Cohort 1 with a look-back period of three years commencing in March 2013, here are some additional facts to celebrate:

These five women accounted for an average of 3.2 bookings per graduate per year. They experienced a combined 17 or 3.4 individual disciplinary actions that involved an order to separate from other inmates or special observation while in jail. Together these five graduates accounted for 1,138 jail bed nights or 227.6 bed nights on average per graduate combined that equates to a taxpayer cost of \$89,902

Performance indicators for these five graduates of Cohort 1 as of February 22, 2017, indicate the following achievements: The recidivism rate for these five women beginning on the date of release through February 22, 2017 is 80%. Four of the five women released in cohort 1 have not been arrested, or booked into the County Jail on a new charge or probation revocation. The one participant that returned to the jail received 3 new bookings and experienced three jail bed nights and received 4 disciplinary actions during and after post group completion.

Worthiness of Award

Federal grant funders (Bureau of Justice Assistance, Department of Justice, and Substance Abuse Mental Health Services Administration) are routinely impressed with our public-private partnerships, and technical assistance providers, such as the Council of State Governments, have touted our successful creation of intergovernmental multidisciplinary collaborations as highly praiseworthy. The Pathways program is a direct reflection of these collaborations and partnerships. Pathways, incorporates best practices in CIT, Mental Health First Aid (MHFA), as well as evidence-based approaches that have been, and continue to be the cornerstone of efforts proven to be most effective in correctional settings to prevent relapse, and reduce recidivism.

As a result of these best practice endeavors, Pathways is making a marked difference in the behaviors of those who participate in the program. Jail Administrators, as well as Correctional Deputies have admitted anecdotally, the stark contrast in the behavior of participants prior to, and after participating in the cognitive-behavioral program. Furthermore, the report on disciplinary infractions from the Franklin County Jail Management System showed that 44% of the participants had received a disciplinary infraction by jail staff prior to entering the pre-release cognitive behavior program. In comparison, 22% of these same participants received a disciplinary infraction during or after program completion of the cognitive behavior program.