

Interim Grantmaking Report

by The Health Foundation of Greater Cincinnati



Substance Use Disorders and Severe Mental Illnesses in the Criminal Justice System

Since our creation in 1997, The Health Foundation of Greater Cincinnati has invested almost \$30 million in projects that address substance use disorders and severe mental illnesses. Of this, we have invested \$9 million in projects specific to addressing how people with these conditions interact with the criminal justice system.

When we started our *Substance Use Disorders and Severe Mental Illnesses in the Criminal Justice System* initiative in 1999, 16% of people in the American criminal justice system had a mental health disorder¹ and 50% of state and federal prisoners had been under the influence of alcohol or other drugs when they committed their current offense.² Also at that time, an estimated 1 million people with both a mental health disorder and a substance use disorder were incarcerated.³

The prevalence of mental illnesses and substance use disorders among people in jails may be even higher than estimated. For example, a Cincinnati-area study of incarcerated men who had been convicted of low-level crimes found that 90% of the men had at least one previously unidentified severe mental illness.⁴

¹ Ditton, P.M. (1999). Mental health and treatment of inmates and probationers: Bureau of justice statistics special report. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

² National Center on Addiction and Substance Abuse at Columbia University (1998). Behind bars: Substance abuse and America's prison population. New York, NY.

³ Peters, R.H. & Hills, H.A. (1997). Intervention strategies for offenders with co-occurring disorders: What works. Delmar, New York: The National GAINS Center.

⁴ Health Foundation of Greater Cincinnati, The (2003) Behavioral Health Disorders Among Male Low-Level Offenders. Cincinnati, OH: Author.

The need for programs that address substance use disorders and severe mental illnesses in the criminal justice system is clear. However, this topic is not an easy one to fund. Many people are not sympathetic to people with substance use disorders and severe mental illnesses. There is even less sympathy for working with people who have been convicted of crimes.

This interim report presents an overview of the initiative and what the Health Foundation has learned so far about funding grants that address substance use disorders and severe mental illnesses in the criminal justice system. It combines the results of a feasibility study we conducted in 2007 with grant results and thoughts from our Senior Program Officers. We have also included quotes from our grantees in the margins of this report to give their perspective.

History of the Initiative

As a strategic grantmaker, the Health Foundation uses a multi-step process before we decide to fund in any given topic. We look at known information, talk to our community Advisory Groups and other stakeholders, create a logic model for the work under consideration, and design a strategic approach.

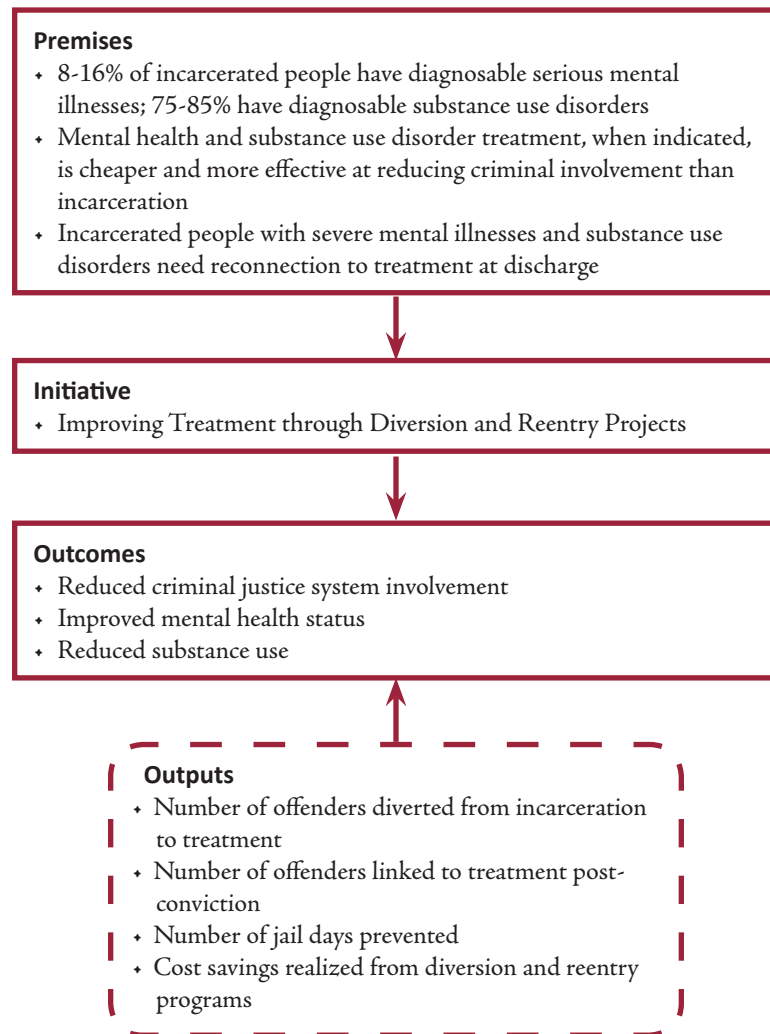
In 1999, we commissioned a paper on substance use disorders and severe mental illnesses in the criminal justice system. This background paper gave us information to understand the scope of the problem and where the opportunities for funding were. There were three main opportunities to intervene: before people were incarcerated, while they were incarcerated, and after they were released back into the community. After talking with our Advisory Groups and

representatives of the behavioral health and criminal justice systems, we decided to concentrate our funding on two points in the criminal justice system:

- ✦ The point *before* an individual is incarcerated. This is **diversion**, the stage when appropriate people with mental illnesses and substance use disorders are diverted to treatment and away from incarceration.
- ✦ The point when an individual is *leaving* incarceration. This is **reentry**, the stage where people with mental illnesses and substance use disorders need to be connected to treatment and support services upon release from jail or prison.

Once we knew we would concentrate on diversion and reentry, we developed a simple logic model for the initiative (see Figure 1). This logic model became our road map and helped us develop the strategic approach we would take for the initiative. This approach involves making responsive grants, using a request for proposals (RFP) process including letters of intent, awarding planning and implementation grants, providing technical assistance to grantees, and asking grantees to collect data on common indicators to measure progress.

Figure 1. Logic Model for the Substance Use Disorders and Severe Mental Illnesses in the Criminal Justice System Initiative

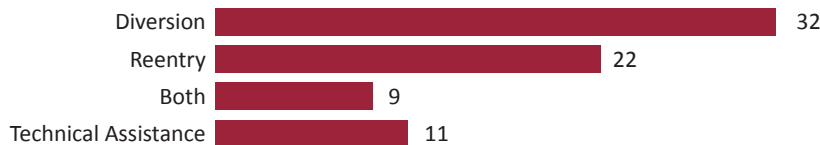


Summary of Grants Awarded

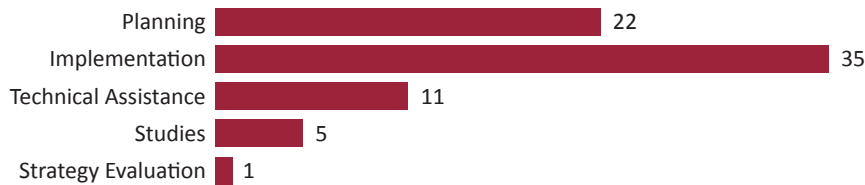
Between 1999–2007, we have invested over \$9 million in a total of 74 grants in our *Substance Use Disorders and Severe Mental Illnesses in the Criminal Justice System* initiative. Grantee organizations include local mental health and substance use disorder treatment providers, state departments of corrections, local funding boards, churches, and residential substance use disorder treatment centers. A summary of these grants is shown below in Figure 2.

Figure 2. Summary of grants awarded in the *Substance Use Disorders and Severe Mental Illnesses in the Criminal Justice System* initiative

Purpose of Grant



Type of Grant



These grants funded projects targeting youth and adults with substance use disorders, severe mental illnesses, or co-occurring disorders⁵ and who were involved with the juvenile or adult criminal justice system. Some of the projects introduced evidence-based practices to organizations, while others allowed organizations to realign existing services more effectively. For a complete history of this initiative, including a list of grants awarded, please visit our web site at www.healthfoundation.org/focus/joint.html.

Evaluation of the Initiative

The Health Foundation requires each grantee to complete an evaluation plan and to report on progress on this plan annually and at the end of the project. Senior Program Officers and our Evaluation staff compile these reports to give us a sense of the effects our funding is having on the community. In 2007, we also commissioned a feasibility study to see if it was possible to conduct a full-scale study of the initiative from these grantee evaluations to date. Although the feasibility study gave us valuable qualitative information on our initiative, it showed us that a retrospective study of grants awarded to date would not be possible because of the variability among individual project outcomes. We are now developing a prospective study of the grants awarded from 2008–2010. For information on the feasibility study and its full report, please visit our web site at www.healthfoundation.org/focus/joint.html.

⁵ Co-occurring disorders are when a person has both a substance use disorder and a mental illness.

Grantee Sound Bite

How important is the Foundation's work in this [initiative]? How important is yeast to making bread?

What Has Happened as a Result of Our Investment?

Each grantee in this initiative is evaluating its project using some indicators we require it to use and some that it chooses for its own purposes. From the annual and final reports submitted to the Health Foundation, we begin to see what effects our grants are having in the community. These are highlighted below.

Clients Show Reduced Involvement in the Criminal Justice System

According to the latest data from the Bureau of Justice Statistics, 68% of people released from prison are rearrested within 3 years, and 52% return to prison within 3 years.⁶ Of the 16 Health Foundation-funded projects tracking this outcome, 12 showed reductions in repeated client involvement in the criminal justice system. Two projects showed no reductions, and the other two projects were unable to show outcomes due to problems with data collection.

Clients Show Improved Mental Health Status and Reduced Substance Use

One purpose of this initiative is to get people treatment for their mental illnesses and substance use disorders. As reported by grantees, over 3,500 offenders with mental illnesses or substance use disorders have been diverted into treatment before incarceration and another 1,000 have been linked to treatment upon release from jail or prison. Of the 11 projects tracking mental health status, 10 showed that clients improved their mental health status. And of the 10 projects tracking substance use, 8 showed that clients reduced their substance use.

Projects Prevent People from Going to Jail or Prison

Based on grantees' reports, Health Foundation-funded diversion projects in this initiative have prevented an estimated 66,224 jail days due to diversion into treatment. This was calculated based upon suspended sentences and the estimated time a person would have served for a particular crime had he or she not been diverted into treatment. Health Foundation-funded projects have saved the criminal justice system up to \$3,780,058 in prevented jail days for the people in diversion programs, based on this estimate. Other savings—such as from court, probation, and parole costs—have not been determined. And, it is important to note that these savings are only for the prevented jail days due to diversion. They do not take into account the cost of treatment and other costs to the mental health and substance use disorder treatment systems. Part of our prospective study of this initiative may include a cost-benefit analysis that will look at the costs and savings from all systems.

These Projects Can Be Sustained

One question we wanted to answer about this initiative is if these projects are sustainable. That is, can the programs we fund continue after our implementation grants end? Of the 35 implementation grants we have funded in this initiative,

⁶ Hughes, T. & Wilson, D.J. (2004). Reentry Trends in the U.S. Washington, DC: Bureau of Justice Statistics. Retrieved March 5, 2009, from <http://www.ojp.usdoj.gov/bjs/reentry/recidivism.htm>.

18 had concluded their Health Foundation funding periods by June 2008 and 15 of these—or 83%— were sustained. These sustained projects received funding from a variety of sources, including:

- ✦ local funding boards for mental health and substance use disorder treatment,
- ✦ grants from other grantmakers,
- ✦ contracts with local or state criminal justice systems,
- ✦ Medicaid and other insurance billing, and
- ✦ donations and other support.

Some projects developed cross-system funding arrangements at the local and county level. These projects had cross-system funding as a shared goal from the start as well as stronger cross-system collaboration. Partners in these projects made it clear that all systems would benefit from the projects and had ongoing communication among systems throughout the project, which made the funding arrangements easier to develop and manage.

Projects Caused Changes in the Systems

Grantees of this initiative have reported better communication, collaboration, and relationships among multiple systems. They have also reported many changes within individual systems, including:

- ✦ Law enforcement officers are better educated, trained, and equipped and have more options to safely respond to people with mental illnesses and substance use disorders. Consequently, people with mental illnesses and substance use disorders are treated with more respect and dignity, are incarcerated less frequently, and receive more timely and appropriate services.
- ✦ Mental health and substance use disorder treatment services specific to the criminal justice population are available where they were not before. For example, gender-specific services for women have created a much safer environment for women detainees who have mental illnesses and substance use disorders. Mental health and drug courts create specialized dockets that give appropriate offenders the option for treatment rather than incarceration. Jails and prisons work with community providers to develop reentry plans that help ensure people coming out of jail or prison are connected to treatment and other services.
- ✦ Communities have developed policies that benefit people with mental illness and substance use disorders. For example, mental health and substance use disorder treatment providers have standardized intake and referral processes to ensure more timely treatment and more efficient use of resources. Criminal justice systems have developed medical and mental health treatment policies that didn't exist before. In one community, providers of children's services developed a shared referral process that puts the needs of the child first. In the past, providers competed for revenue-generating referrals whether their services were the right fit for a particular child or not. Now, these providers work to match each child with the right treatment at the right intensity for that child's needs, regardless of which organization provides the treatment.

Grantee Sound Bite

Having planning grants was a luxury that few agencies had experienced...these formal planning efforts allowed us to develop good, solid plans for implementation of programs rather than just reacting.

Grantees Have Become Experts

As a result of the grants awarded through this initiative, grantee organizations have built capacity and have become experts in the field of mental illnesses and substance use disorders in the criminal justice system. Grantees have presented at local, state, and national conferences and have been invited to speak with communities across the country about their projects and how they succeeded. Several grantees have also received recognition for their achievements from organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA).

Foundations Are Catalysts for Change

In all projects in this initiative, someone or something served as a catalyst to change how systems worked together to address the needs of people with substance use disorders and severe mental illnesses who are involved with the criminal justice system. It could have been a judge or prosecutor who wanted to find a better way to help people, a treatment provider who wanted to keep clients and consumers out



Hamilton County, located in southwestern Ohio, found itself facing tremendous challenges in the mid-1990s related to women offenders. The number of women in jail had risen significantly, with an increasing number of women having

substance use disorders or mental illnesses. Court dockets were full and jails were crowded. Hamilton County examined its justice system, and found that programs for women in the jail and the community were insufficient.

The county saw that women who cycled in and out of the criminal justice system and who had substance use disorders or mental illnesses were often charged with prostitution. The Central Clinic—a nonprofit community mental health center—wanted to investigate the causes of this problem and plan strategies to address the needs of these women. Central Clinic applied for and received a planning grant from The Health Foundation of Greater Cincinnati. The resulting planning process was an unprecedented collaborative effort that brought together key partners from the criminal justice and mental health and substance use disorder treatment systems.

The stakeholders' commitment to the project from the very beginning was central to its success. These partners developed a plan for an integrated services treatment program that includes counseling, housing,

addiction treatment, mental health services, and career training, among other services. The program, known as Off the Streets, uses peer counselors who have experienced prostitution. It also includes a Johns' Education Program—an educational diversion program that men convicted of soliciting a prostitute are offered in lieu of incarceration.

Cincinnati Union Bethel—a social service agency that provides supportive services and education programs and was a key partner in the planning process—agreed to lead the implementation of Off the Streets, funded by another grant from the Health Foundation. Off the Streets held its first Johns' Education Program classes in January 2006. The first female client entered the Off the Streets program in April of the same year.

Off the Streets continues to grow and has increased its staff size, program space, and service hours since its beginning. While the benefits of Off the Streets have been seen in communities and the criminal justice system, the individuals involved in prostitution have been helped the most.

One client in the program with over 6 months of sobriety reinforced its measured success by saying, "Through Off the Streets, I have learned that I am somebody and I am worth something."

Another client's statement demonstrates that the program is living up to its name: "If it weren't for Off the Streets, I'd still be on the streets."

of prison and in the community where they could get the treatment they need, or a county or community trying to address rising jail and prison populations.

However, many of these projects would not have gotten started without the Health Foundation's commitment to the initiative. Our involvement encouraged serious conversations among systems where little had existed before. And, our funding allowed systems who wanted to work together the time and resources to do so.

Grantee Sound Bite

The Health Foundation was visionary in its criminal justice strategy... [and] acted as a facilitator of change in an area that needed serious attention.

What Makes it Easier for Grantees to Succeed?

Planning Grants Are Critical to Successful Implementation

The Health Foundation learned early on in our history that a thorough, solid planning process is the keystone of any successful project. However, many nonprofit organizations do not have the resources or time to conduct a thorough planning process. So, we provide planning grants to give organizations the resources and time they need. Organizations apply for either planning or implementation grants depending on the stage of their project. Organizations that receive a planning grant are not guaranteed an implementation grant; they must apply and submit a proposal that meets the Health Foundation's funding requirements.

In the *Substance Use Disorders and Severe Mental Illnesses in the Criminal Justice System* initiative, the goals of planning grants were to:

- ♦ conduct needs and resource assessments to identify populations and areas of need;
- ♦ bring together stakeholders from the mental health, substance use disorder, and criminal justice systems;
- ♦ identify practices or programs to address needs; and
- ♦ generate business plans for the practice or program identified during the planning process.

Overall, grantees found the planning grants to be extremely useful and critical to the success of implementation projects. The planning process helped build communication and collaboration among mental health, substance use disorder, criminal justice, and other stakeholders, often in communities that had few if any previous collaborations. Grantees reported improved attitudes that people in each system held towards members of the other systems. Some grantees said that the planning process helped formalize long-term relationships between stakeholders from multiple systems.

Grantees also reported that the planning process built momentum and developed buy-in from key stakeholders, such as judges, sheriffs, agency executives, or local funding boards. The planning process created a sense of ownership among stakeholders which was instrumental in overcoming feelings of mistrust and the "us vs. them" mentality that often exists among the mental health, substance use disorder, and criminal justice systems.

The Health Foundation also recognizes and accepts that planning grants do not always lead to a business plan for a proposed new project. In some cases, the planning

process showed organizations that they did not need or were not ready to implement a certain program, or that the systems were not ready to collaborate to do this work. This saved them the expense of trying to start a program that would not succeed.

Technical Assistance for Grantees

The Health Foundation supports grantees during every step of the grantmaking process, from before funds are awarded to well after funding has ended. This support includes assistance beyond just grant dollars. For example, the Health Foundation sponsors a number of capacity building workshops at minimal cost to grantees. Content areas include communication, evaluation and data, project management, business plans, fundraising, change management, client recruitment and retention, and more. Many of the grantees in this initiative sent staff to workshops. (For a complete list of what we offer, please visit www.healthfoundation.org/events.html.) Health Foundation staff are also available to consult with grantees at no charge.

The Health Foundation also convenes grantees in specific initiatives regularly to give grantees time to talk to and learn from each other. Grantees join the group as their grants are awarded, which means there is often a mix of new and experienced grantees. This allows people who are just starting out to learn from those who are further in the process. In this initiative, the meetings covered topics such as sustainability, workforce development, cross-system collaboration, data, getting people involved, and client recruitment and retention, among others.

Strong Leadership and Collaboration from All Systems

Successful projects need a champion, someone within the organization who believes in the project and wants to see it work. In this initiative, successful projects had strong, committed leaders from the criminal justice system, the mental health or substance use disorder treatment system, **and** clients and their families. Judges were especially important leaders to have on board early on in the projects. Grantees reported that these leaders advocated for projects, brought local powerbrokers together to generate momentum and support, and helped overcome historical tensions and obstacles between the systems. Also, having strong leaders from all systems meant that the developed programs fit the unique needs of the people these programs would serve. Client and family involvement was especially vital to making sure that needs were being met and that clients would be willing to take part in the diversion and reentry programs.

Grantees also reported that these champions didn't see the issue of people with mental health and substance use disorders who are involved in the criminal justice system as the problem of just one system. Rather, these leaders saw it as the problem of all systems. When multiple stakeholders from all systems took ownership of the issues and worked together, projects were easier to get started and move forward. Grantees reported that ownership and collaboration from both the top-down (e.g., starting with judges, local sheriffs, or agency executives) and bottom-up (e.g., starting with local probation or parole officers or with treatment staff) were both important and necessary.

Not surprisingly, projects with champions in each system also had strong collaboration. Successful collaboration among the systems happened when people in each system developed an understanding of the perspectives of the other systems, including the system's culture, philosophy, and structure. Often, the leaders in each system encouraged and nurtured the cross-system understanding. Members of successful collaboratives were also able to set aside agendas, such as viewing other collaborators as competition for funding rather than as partners in the joint efforts, that had made cross-system work difficult in the past.

Focus on Sustainability from the Beginning

The Health Foundation learned early on in our work in all of our focus areas that it is important for grantees to address financial sustainability from the beginning of their project. Because of this emphasis, 80% of the grants in this initiative that start or expand services are sustained by the time our funding ends. We require that planning grantees develop a business plan that addresses how the planned program will be funded on an ongoing basis. For start-up or expansion projects, we require that grantees include sustainability as an objective in their evaluation plans. This brought sustainability to the forefront of each project. We monitor grantees' sustainability efforts regularly at grantee group meetings and through the grantees' annual reports. We also try to help grantees solve their sustainability problems through capacity building workshops and one-on-one consultations with our staff.

Cross-System Training

Every system has different culture, goals, and language. During cross-system projects, it is vital for staff in each system to understand one another and the multiple systems involved. Cross-system training helps members of each system educate others about their system. For example, for a mental health court, mental health treatment professionals teach judges, prosecuting attorneys, public defenders, and other court staff about mental health symptoms and treatment. Likewise, court staff teach mental health treatment professionals about court policies and procedures. This cross-training paves the way for better collaboration and relationships. Instead of "us" against "them," it becomes "we" working together to solve difficult problems.

Boundary Spanners to Bring the Systems Together

A "boundary spanner" is a person who works among different systems to help develop relationships among people in the systems.⁷ In this initiative, the boundary spanners were often people who had experience working in both the criminal justice and mental health or substance use disorder treatment systems (e.g., a former probation officer who goes to work for a treatment provider or serves on a local funding board). Grantees who had boundary spanners involved in their projects reported that building cross-system collaboration and understanding was a smoother process. They can mediate the difficulties among systems and broker deals that otherwise would not happen. Even in projects with strong champions,

Grantee Sound Bite

Our agency was transformed by the cross-system work in our grant...no longer was it 'us' against 'them', but it became 'we' working together with mutual respect and common goals to solve difficult problems

⁷ Steadman, H.J. (1992) A Key Component for the Effective Interactions of the Justice and Mental Health Systems. *Law and Human Behavior*, 16(1), 75–87.

boundary spanners played an important role in helping develop relationships among frontline workers and people in nonexecutive roles.

Exposure to National Activities

Organizations around the country are running programs that address the needs of people with substance use disorders and severe mental illnesses who are involved in the criminal justice system. Many times, other organizations who are thinking about doing this work aren't aware of these programs. As part of our initiative, the Health Foundation encouraged applicants to include in their proposals money for travel to other sites doing similar work or to national conferences on topics related to this work. This allowed grantees to talk to people doing similar work and see projects in action. It also gave them exposure to national conferences, and, in some cases, allowed them to present their findings at these conferences. This gave our grantees confidence that they were doing the right things and helped them think creatively.

What Makes it More Difficult for Grantees to Succeed?

Poor Relationships, Mistrust, and No Joint Ownership of the Problem

The Health Foundation awarded planning projects to give communities time to build and strengthen relationships among the systems. Some planning projects had a harder time and were slower to make progress due to a history of poor relationships among the criminal justice and mental health and substance use disorder treatment systems. There were a variety of reasons for this. One was that in some communities, mental health and substance use disorder treatment programs in the criminal justice system have come and gone, creating mistrust and frustration among people in all systems. Another was the attitude some people had that the problem was the responsibility of the other systems. For example, some people in the criminal justice system think that people with mental illnesses and substance use disorders should be dealt with in the treatment systems, and that they should not have to spend criminal justice resources on these people. Likewise, some people in the mental health or substance use disorder treatment systems think that people who are involved in the criminal justice system pose safety risks and should not be in the treatment system.

In cases of poor relationships, the grantees had to take time to educate members of the other systems, dispel myths, and rebuild relationships before the collaboratives could begin designing solutions for their community. Many projects had to overcome attitudes that the problem was the responsibility of the other systems. Some projects took longer to achieve this than others, and it had to happen before the project could move forward and truly be successful.

While most of these issues were worked out during the planning stages, in some cases these issues also delayed start-up projects. For example, if the project decided to reach out to a new department, section, or stakeholder, or if leadership turned over in any system, grantees often had to bring this new person or department on board and work to build the relationship and understanding, which slowed work. However, it was necessary for the projects to be successful.

Data Collection Can Be Challenging

Each grantee in this initiative had an evaluation plan that collected information that met the Health Foundation's and each organization's needs. Because different projects used different service models and approaches, not all projects collected data on the same things in the same way. For example, projects targeting people with mental health diagnoses measured quality of life using different scales and time frames for measurement.

Many grantees tried to collect data on post-treatment symptoms, functioning, and recidivism, or a person's return to involvement with the criminal justice system. Grantees reported difficulties in trying to track individuals through multiple systems to follow-up on how they were doing. Each system has its own data tracking and reporting methods, and each system does not collect data that would be helpful to the other systems. Even within an individual system, different organizations or jurisdictions have different ways of collecting and reporting data. Grantees also had difficulty calculating costs and savings, again because the clients interacted with multiple systems. These variations made it challenging to track people and determine true costs and savings.

Organizations that implemented an evidence-based treatment program as part of their grants faced additional challenges in collecting data. Most evidence-based practices have their own scales, surveys, and other methods of determining outcomes, which requires staff to be trained in new methods that are used for that certain practice and not necessarily in the whole agency. These outcomes may also be different from what the funder wants the grantee to measure, as we experienced with many of our funded projects. Our grantees, then, had to measure certain outcomes for us and additional outcomes for the evidence-based practice. For cross-system work, it can also mean that staff in other systems have to learn new methods for collecting data and to track outcomes for some clients but not for others.

Scarce Resources

Projects that divert appropriate offenders from jail or prison into treatment and that help offenders connect to treatment upon release are only as good as the treatment and supportive resources in the community. Lack of available treatment, safe and adequate housing, opportunities for employment, and funding made it harder for many projects to meet their goals of reducing involvement with the criminal justice system, improving functioning, and reducing substance use. Many collaboratives found that they first had to find or develop certain community resources before they could begin connecting people to these resources.

Policy Considerations for this Cross-System Work

In grantmaking across the systems of behavioral health and criminal justice, grantmakers need to be aware of the policy implications of their work and some of the difficulties that arise in projects because of local, state, and national policies.

Grantee Sound Bite

We now know that when we pick up the phone to call someone in the other system, the call will be answered; they will understand what we need; and they will make every effort to help.

Policy is Local First

Policy is not always—nor most importantly—national in nature. Local policies frequently matter the most for a project in a community. Sometimes the policies that create the biggest barriers are just “the way things are done” in a particular community. For example, local policies may limit what crimes are eligible for probation or diversion, making it difficult to establish a drug or mental health court that by nature encourages diversion. Local policies are a big reason why it is important that diversion and reentry planning projects involve people from all systems so that local policy barriers can be addressed.

Consider what happened during one Health Foundation-funded planning project to provide case management to individuals with severe mental illnesses being released from the local jail. The grantee knew that if case managers could meet the inmates immediately upon release, it would be easier to engage them in treatment. However, the grantee learned that the jail released inmates at 2:00 a.m. because night staff had more time to handle this process than day staff. This posed problems for the individuals being released in the middle of the night: there were no case managers to meet them and maybe no safe place for them to go or transportation to get to a safe place, leaving them vulnerable to drug dealers and predators. The grantee showed the jail that people connected with services immediately upon release were less likely to reappear in the jail. In turn, the jail changed its policy about release time despite the increase in workload of day staff.

State Policy Affects Funding and Scope

The mental health treatment, substance use disorder treatment, and criminal justice systems have separate and very different funding streams. All systems often agree that cross-system diversion and reentry programs are effective for appropriate offenders with mental illnesses and substance use disorders. However, who pays for what can be a thorny issue. Diversion and reentry programs often increase the amount of treatment services that are needed in the community, but there is often no clear way to pay for these services. On the surface, it would seem that the criminal justice system would see savings from these programs because fewer people are in their jails and prisons. Therefore, it would seem that the criminal justice system would be able to pick up some of the costs for treatment. Yet, even with a decrease in people with mental illnesses and substance use disorders entering jail or prison, jail and prison beds keep filling up and any savings are used to incarcerate other offenders.

Actual costs to both systems can be difficult to pin down. Some projects have been successful in forming strong cross-system partnerships in which all systems understand the costs and benefits of diversion and reentry programs. As a result, the systems have found ways to pool or braid funds from each in order to sustain successful programs.

State policy also often determines jurisdiction and scope of the criminal justice system and the mental health and substance use disorder treatment systems. In some states, public mental health and substance use disorder treatment dollars are administered by multi-county boards. The criminal justice system, however, often has single-county jurisdictions. A multi-county board that wants to develop

diversion and reentry programs, therefore, has to work with multiple county courts, not to mention the multiple smaller municipal courts within each county. And in some areas, it may make more sense to have a regional diversion court than separate courts for each county. For example, the Kentucky Supreme Court signed an order that assigned judges to a newly formed regional mental health court that spanned three counties. This order came after the three counties had worked together on a year-long planning project and decided that a court that covered the three counties was more cost effective than individual courts for each county.

Federal Policy Hampers Reentry

Federal Medicaid policy is a large barrier for successful reentry of people with severe mental illnesses and substance use disorders who are involved in the criminal justice system. Federal policies do not allow Medicaid to pay the healthcare costs of people who are incarcerated. State regulations vary as to how this policy is administered. Until recently, almost all states terminated Medicaid benefits for anyone incarcerated longer than 30 days. Upon release from incarceration, people could reapply for Medicaid. However, it could take three months or more for them to apply and for their benefits to be reinstated.

People with severe mental illnesses and substance use disorders need quick access to treatment and medication upon release from prison or jail. Many states have changed how they administer Medicaid to ensure quicker access for these individuals. In Ohio, Health Foundation grantees and other advocates influenced a change in the law so that Medicaid benefits are suspended instead of being terminated while a person is incarcerated. This means that people leaving correctional facilities after less than a year will not have to undergo a redetermination of Medicaid eligibility, allowing them easier access to treatment.

What the Health Foundation Is Doing Next

In late 2007, the Health Foundation's Board of Directors approved three additional years of funding in this initiative, through 2010. We are also designing a six-year prospective study of grants awarded between 2008–2010. This study will give us valuable information on how this initiative is improving the lives of people with substance use disorders and severe mental illnesses in the criminal justice system. We will publish the findings of this study as they become available. For updates, please visit our web site at www.healthfoundation.org/focus/joint.html.

Grantee Sound Bite

The Health Foundation allowed each community to respond to its own unique environment and did not dictate how programs had to be done.

About The Health Foundation of Greater Cincinnati

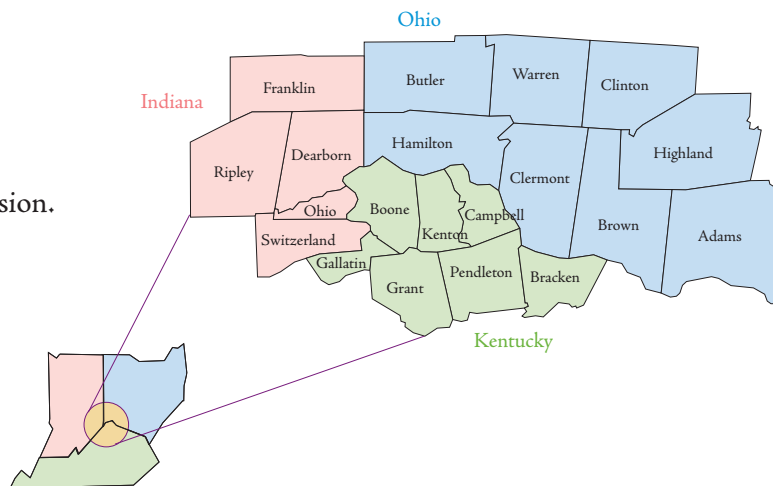
Since 1997, The Health Foundation of Greater Cincinnati has invested over \$76 million to address health needs in the 20-county region surrounding Cincinnati. The majority of our work falls within our four focus areas:

- ✦ Community Primary Care
- ✦ School-Aged Children's Healthcare
- ✦ Substance Use Disorders
- ✦ Severe Mental Illness

We help create enduring projects that will improve health, and grantee sustainability is vital to our mission.

We help grantees move toward sustainability by offering workshops, staff consultations, and other technical assistance. We also help grantees find other funders who might be interested in their work.

For more information about the Health Foundation and our grantmaking interests, capacity building programs for nonprofits, and publications, please contact us at 513-458-6600, toll-free at 888-310-4904, or visit our web site at www.healthfoundation.org.



Our **mission** is to improve the health of the people of the Cincinnati region.

Our **vision** is to be one of the healthiest regions in the country.

Our **values** are:

- » Innovation. We are a catalyst in creating innovative solutions to promote enduring change.
- » Caring. We are committed to serving vulnerable and underserved populations.
- » Education. We believe in the power of education to transform communities.
- » Stewardship. We operate in an accountable, ethical, and transparent manner.

The
Health
Foundation
of Greater Cincinnati

Rookwood Tower
3805 Edwards Road, Suite 500
Cincinnati, OH 45209-1948
513.458.6600 [TF] 888.310.4904
www.healthfoundation.org