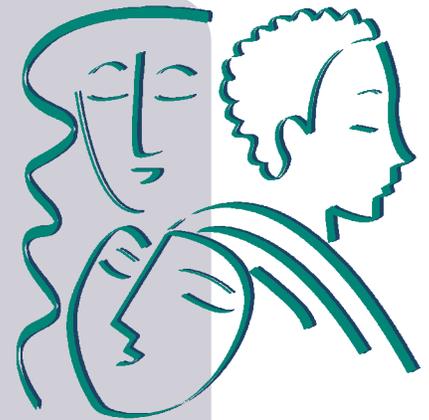




DECEMBER 2005

# GENDER-RESPONSIVE STRATEGIES

FOR WOMEN OFFENDERS



## Systemic Criminal Justice Planning: Improving Responses to Women Offenders in Hamilton County, Ohio

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### Introduction

Like other medium-sized urban areas around the country in the mid-1990s, Hamilton County (Cincinnati, Ohio) faced tremendous challenges related to women offenders: the jail was overcrowded; the female jail population had grown significantly, with increasing numbers of substance-abusing women among the inmates; the percentage of women on probation had increased (see figure 1 on page 2); and programming for women inside and outside the jail was insufficient and ineffectively used. Moreover, department leaders found their staffs to be overwhelmed by the complexity of women offenders' needs. Available programs did not effectively address women's issues or reduce recidivism, and women were processed through the criminal justice system without being assessed and managed appropriately. The scope of the problem was not limited to the justice system. Increasing numbers of women being arrested and jailed meant that more children faced losing their custodial parent, and the repercussions of that loss were felt throughout the community.

### FROM THE DIRECTOR

This bulletin highlights the remarkable accomplishments of one jurisdiction, Hamilton County, Ohio. The lessons from Hamilton County are important. They illustrate how a systemic policy team can use sound information to shed light on ineffective practices involving women in the criminal justice system. They demonstrate that a coordinated approach among the courts, pretrial services, probation, the jail, mental health services, and the community can result in the development of improved policy and practice. Finally, they demonstrate the importance of early identification of mentally ill defendants at the jail booking and pretrial screening stages, and the value of getting accurate information to judicial officers in the court for effective release decisionmaking and program referrals. The work eventually led to the creation of new programs for women with co-occurring disorders that are reducing the symptoms of mental illness and substance abuse and the recycling of women through the system.

—Morris L. Thigpen, Sr.

This bulletin describes how Hamilton County used systemic criminal justice planning to improve its response to women offenders. By modifying its jail intake and pre-trial services process, Hamilton County was able to—

- Identify offenders with mental illness and substance abuse disorders at intake.
- Develop a way to relay information about mental illness and substance abuse disorders to judges at arraignment and other key decisionmaking points in the criminal justice process.
- Implement new programming designed specifically for women with co-occurring disorders (e.g., substance abuse and mental illness), who previously had limited correctional program options.

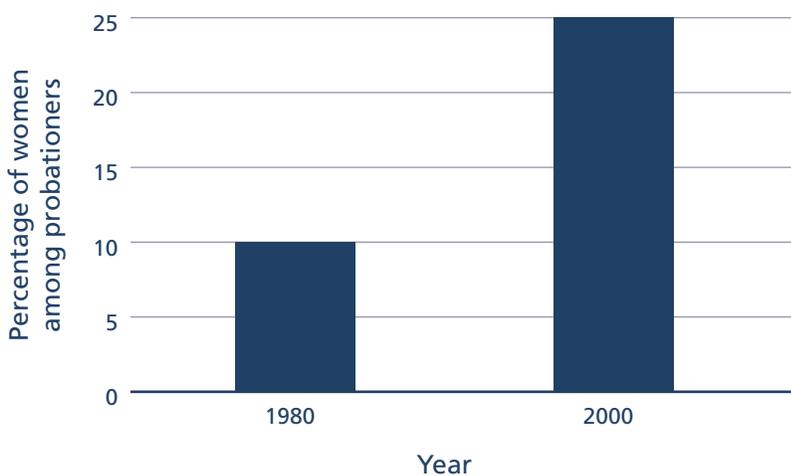
Hamilton County’s successful criminal justice planning continues to yield tangible results, including a reduction in the use of detention beds for women with co-occurring disorders, a reduction of psychiatric symptoms and substance abuse among women with co-occurring disorders, and the satisfaction of judges and probation officers. Hamilton County’s success illustrates the importance of assessing offenders early on. Moreover, it demonstrates the importance of sharing assessment information with judges and other decisionmakers in a timely fashion, so they can consider that information when making decisions regarding women offenders.

The National Institute of Corrections (NIC) assisted Hamilton County with this systemic, information-based planning process. Originally undertaken to

address intermediate sanctions for women offenders, the process has ramifications for the criminal justice system as a whole. Hamilton County’s efforts led to a program that serves as an alternative to incarceration for specific women; however, this accomplishment represents only a small, albeit visible, component of the collaborative systemic planning process.

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**FIGURE 1: WOMEN ON PROBATION IN HAMILTON COUNTY, OHIO**



## The Systemic Planning Process

In response to the challenges described in the introduction, Hamilton County dedicated resources to examine the characteristics of women offenders in the criminal justice system and to identify how the system managed these women. The goal was to learn what brought Hamilton County women into contact with the criminal justice system, what happened to them once they got there, and what could be done differently to help women get out of the system and stay out. What Hamilton County learned in this process led to important changes in the way it responds to the needs of women offenders.

### *How Did the Process Work?*

To explore issues related to female offenders in its jurisdiction, Hamilton County relied on an NIC-sponsored facilitator and a core leadership team composed of judges from the municipal and common pleas courts, court and jail administrators, representatives from the Hamilton County probation office, and the director of pretrial services. From this core, a policy team with 18 members was created. (See “Policy Team Members” sidebar.) As inclusive as this policy team was, more people were added as the project progressed. The core team invited high-level policymakers who

could represent their offices and respond to issues as they arose. Elected officials and top human

services and county administrators participated themselves or appointed representatives on their

### Intermediate Sanctions for Women Offenders: Policy Team Members

- Judge, Municipal Court (Chair)
- Judge, Court of Common Pleas (Vice Chair)
- Assistant Chief Probation Officer, Probation Officer, and Probation Specialist from Intervention Drug Services, Hamilton County Probation Department
- Director, Assistant Director, and staff member from the Department of Pretrial Services
- Hamilton County Prosecutor and Assistant County Prosecutor
- Assistant County Administrator from the Board of County Commissioners
- Director of Corrections, Hamilton County Sheriff’s Office
- Court Administrator, Municipal Court and Court of Common Pleas
- Executive Director, County Alcohol and Drug Abuse Program
- Associate Executive Director, Young Women’s Christian Association
- Lieutenant Colonel, Cincinnati Police Department
- City Prosecutor, City of Cincinnati Legal Department
- Pastor, New Jerusalem Baptist Church
- Executive Director, River City Correctional Center
- Pastor, Norwood Presbyterian Church
- Welfare Reform Executive Administrator, Department of Human Services
- Public defender
- Director, Treatment Alternatives to Street Crime (TASC)

#### Invited to join later:

- Member, Hamilton County Community Mental Health Board
- Executive Director, Community Diagnostic and Treatment Center

## Collaborative Systemic Planning Process

1. Develop an appropriate team
2. Identify the problem(s) the team wants to address
3. Build information and collect data
  - a. Decision mapping
  - b. Trend analysis
  - c. Profile data
  - d. Resource inventory
4. Conduct gap analysis
5. Develop implementation plan(s)
6. Document process and establish outcome measures
7. Implement
8. Monitor and evaluate

behalf. The resulting Intermediate Sanctions for Women Offenders Policy Team worked effectively, strengthened by many years of experience working together in the jurisdiction and knowing one another fairly well from the outset.

When initiating the systemic criminal justice planning process, a team must first identify an initial set of goals or problems. Next, it works to compile information that will inform efforts to reach those goals and solve those problems. Hamilton County had already identified some specific problem areas. The policy team agreed that it would work to—

- Design and implement a comprehensive intermediate sanctions plan for women offenders.

- Identify gaps in services and resources.
- Develop gender-responsive policies and practices.

The team later added another goal—treating and responding to women with co-occurring disorders and addressing other specialized needs. (See the “Planning Process” sidebar for all the steps involved.)

The team’s first task in achieving these goals was to locate information about women offenders handled by the Hamilton County criminal justice system. Team members who had a particular interest and skill in data development formed a subcommittee to extract and examine data from relevant information systems.

Meanwhile, the entire team used its monthly meetings to engage in a process known as *decision mapping*.

## Mapping the System

At each point in the criminal justice process, decisions are made about what will happen next to the alleged offenders. Decision mapping poses questions such as who makes the decisions at each point, and on what information is the decision based. (See the “Decision Mapping” sidebar.) The Hamilton County policy team chose to analyze the following critical decision points in their system: arrest, custody (especially booking and intake), charging, disposition, sentencing, probation, and probation returns to court. Team members brought their diverse expertise and perspectives to an analysis of different points of the decision map. In addition, the Hamilton County team invited guests, including former offenders, to share their perspectives on different areas of the system.

Decision mapping is not for the timid administrator or faint-of-heart practitioner, nor is it well-suited to a team whose members lack fundamental trust in each other’s integrity or good faith. The process, if done well, can reveal injustices, a lack of coherent policy, ineffective management, and troubling practices. The assumption behind decision mapping is that it can provide a new level of

understanding about how things happen to people in the system—an understanding that must be available to policymakers if the system is going to be genuinely improved, whatever the specific goals might be. If team members are concerned about leaks to the media and bad press, the honest disclosure necessary for decision mapping will be inhibited. Successful decision mapping requires team leadership that is prepared to model and enforce the integrity of the team and of the process. Team members should be ready to learn difficult lessons and act on them.

In addition to decision mapping, the Hamilton County team collected profile data on a sample of women on probation to understand more about these women and

their needs. The team used this sample as an opportunity to document whether the women's needs were, in fact, different from those of the male probation population. The team decided to take a “snapshot” of women on probation in November 2000, and it collected data on 43 women. In addition to age, race, employment, income, family composition, and other demographic data, the team gathered information about—

- The criminal history of the women, including their most serious current offense as well as most frequent offense.
- Disposition information.
- How the women had responded to probation, including successful completions, violations, and program participation.

- The women's current living situation and their experience with violence and abuse in their relationships.

## Sample Findings and Results

Data from the sample profile and decision mapping revealed specific problem areas, some of which the Hamilton County team anticipated, some of which it did not. Interpreting these findings and other data—and deciding how to address underlying problems—occupied a significant portion of the team's time. Because team members had the authority to make executive decisions, some problems could be resolved on the spot, such as adjusting the recruitment strategy to increase the number of women working in the jail. Other, more complex issues took the team several years to address. The team catalogued the findings that resulted from its data collection efforts and the resulting actions or suggested responses. During the mapping process, the team observed that—

- Police officers were challenged by how to deal with the different issues presented by women offenders, especially those with children.
- Jail administrators found it difficult to recruit and retain female staff to work in the section of the jail housing women offenders.

## How Decision Mapping Works

A decision map looks at what happens at each decision point:

- Who are the decisionmakers?
- What factors do they take into account when making their decision?
- What formal and informal rules govern the decisionmaking process?
- What information do decisionmakers have available at that point?
- What options do they have available?

A decision map also looks at the flow of offenders through the system:

- How many individuals come through a particular decision point?
- What do we know about them?
- What do we know about them in relation to where they go next?

- Female offenders suffered from a serious lack of privacy in the booking and holding areas of the jail.
- Pretrial services lacked relevant information about women offenders when they entered the system, and the information contained in the system was not coordinated.
- Women were more likely than men to plead guilty to certain crimes, such as forgery, receiving stolen property, and credit card theft. (In fact, according to the *1998 Hamilton County Public Defender Annual Report*, 64 percent of women plead guilty to misdemeanor and 75 percent to felony theft, receiving stolen property, and forgery offenses. Forgery-related convictions represented 14 percent of all misdemeanor plea offenses and 24 percent of all felony plea offenses for women.)
- Women were less likely than men to make bond, even when the bond levels were the same.
- By the time women were placed on probation, as many as 60 percent had lost custody of their children.

Some of these findings suggested straightforward action. For example, the team agreed to train police on how to work with women offenders and their children. It also decided to share the bail finding

with judges so that it could be factored into their arraignment decisions. Some findings raised additional questions that led to further investigation. One problem that the team chose to pursue was the lack of gender-specific information, such as mental health and family composition, available to decisionmakers about women offenders following their arrest.

### ***Seeking Information About Women's Mental Health***

Pretrial services staff felt they needed more consistent and better information about offenders' mental health to make appropriate pretrial release, programming, and treatment intervention recommendations to the court. To address this issue, the policy team decided it needed more information about the mental health needs of women offenders in their community: How many had serious mental illness? How many were coming to the attention of the criminal justice system for the first time? How many had substance abuse issues? At this stage in the planning process, the policy team recognized that it needed participation from the mental health services community. The team invited the Hamilton County Community Mental Health Board (HCCMHB) and the Central Clinic/Court Clinic, a mental health services provider affiliated with the court, to join the group.

The team then partnered with Central Clinic/Court Clinic to conduct a detailed assessment of a sample of women offenders in jail. The Hamilton County probation department sponsored this assessment by providing financial support for the data analysis.

Forensic psychologists interviewed 40 women who were being held at the minimum security jail facility, 42 percent of whom were on pretrial status and 58 percent of whom had been convicted. The analysis did not include the most seriously mentally ill offenders, who had already been diverted from the minimum security jail facility. The findings of this analysis (see table 1) led to some of the most significant changes in the front-end management of offenders in Hamilton County. The team learned that three-quarters of the women being held had diagnosable mental health disorders, including one-third with substance abuse disorders and one-third with co-occurring disorders. However, no specific programming options existed for the women with co-occurring disorders. The team recognized the importance of identifying the mental health needs of women early enough in the process to prevent inappropriate placements or sentences that did not reduce the risk of women reoffending and coming back through the system.

**TABLE 1: FINDINGS FROM A SAMPLE OF 40 WOMEN\* IN THE HAMILTON COUNTY (OHIO) MINIMUM SECURITY JAIL, OCTOBER TO DECEMBER 1999**

	<i>N</i>	%		<i>N</i>	%
<b>Legal status</b>			<b>Current offense</b>		
Preconviction	17	42	Misdemeanor(s)	22	55
Postconviction	23	58	At least one felony	18	45
<b>Race</b>			<b>History of prior offense</b>		
White	9	22	Misdemeanor only	18	45
African American	31	78	Felonies	21	53
Hispanic	0	0	DUIs	5	13
Other	0	0	<b>Victim of abuse</b>		
<b>Marital status</b>			Physical	22	55
Married	3	8	Sexual**	18	45
Never married	23	58	Emotional	25	63
Divorced	10	25	<b>Mental health</b>		
Separated	4	10	Substance abuse or dependence	27	67
<b>High school diploma (or equivalent)</b>			Substance abuse disorder only	12	31
No	19	48	Co-occurring mental health and substance abuse disorders	15	38
Yes	21	52	No diagnosis	10	25
<b>Status as parent</b>					
Children	27	68			
No children	13	32			
Women with custody of children	12	30			

\* The average age of the women was 32.

\*\* 35% were younger than age 14 at the time of the first incident.

At this point in the process, the team also recognized that buy-in from the county judges was essential for its proposed changes to succeed. The team was fortunate to have judges leading the team’s efforts who were passionate about the work it was doing. These judges engaged their colleagues in

the issues the team was addressing. The team held a meeting with the judges and agreed that “a front-door response is more useful and valuable than continuing to respond once the offenses have multiplied.”<sup>1</sup> With solid data indicating need, and consensus that its approach made sense, the team

was able to move forward with substantive change.

**Taking Action Steps**

Early identification of mental health and substance abuse disorders would help target the most vulnerable women. Therefore, several interrelated activities were

undertaken to better address the needs of these offenders. Activities included—

- Validating a mental health screening tool that could be used at intake and creating an appropriate arrangement in the intake area to conduct the screening.
- Developing a protocol for in-depth assessment of those identified through screening as likely to have co-occurring disorders.
- Creating a special docket for severe mental health cases.
- Developing a community-based treatment program for women with co-occurring mental health and substance abuse disorders.

Each of these activities is discussed in greater detail below.

### Selecting a Screening Tool

As part of the jail intake system, pretrial services identifies detainees who may be an immediate risk to themselves or others, whose competency may be at issue, or who may have nonemergency special needs, such as a need for interpretive services, substance abuse treatment, or housing. Information gathered by pretrial services, including the defendant's prior criminal history, is used to make recommendations to the arraignment court regarding release and

release conditions. In this context, the pretrial services group sought a screening tool that would enable staff to quickly identify women who warranted additional in-depth assessment for mental health issues, specifically women who were likely to have both substance abuse and mental health problems.

The screening process needed to be quick because pretrial services sought to screen all consenting women offenders at intake and pass the information to the arraignment judge, to whom they would recommend an additional assessment if thought necessary.

The planning team chose Basis 32, a brief, 32-question self-report behavior and symptom identification scale. In the pilot study by Central Clinic/Court Clinic, Basis 32 was able to distinguish between women with likely co-occurring disorders and those with substance abuse only or no psychiatric disorders (see figure 2).<sup>2</sup> With a \$10,000 investment in software and a cost of \$.35 for each 5- to 10-minute screen, Basis 32 proved to be a wise investment.

### Developing a Protocol

After acquiring the screening tool, pretrial services determined how to implement the screening process. Decision mapping had revealed that the jail intake area was not well-designed to accommodate the

increasing numbers of women offenders. As Joseph Schmitz, Director of Corrections for the Hamilton County Sheriff's Office, said, "the decision mapping process was the first time we sat down and looked at how intake and operations affected the individuals coming in. There were things affecting females that no one had considered before." Under Schmitz's leadership, the team took advantage of a planned renovation of the intake area to integrate elements that would better serve the women, including a private area for

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—Joseph Schmitz  
Director of Corrections  
Hamilton County Sheriff's Office

pat-downs and a separate, relatively quiet area for pretrial services staff to conduct interviews. Pretrial services was able to add staff to its assessment team and to house them in this intake area as part of its new focus on the front-end management of mentally ill offenders.

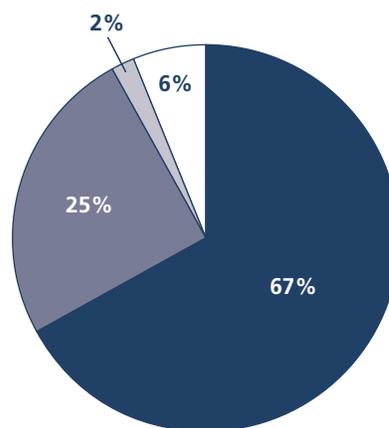
When Basis 32 identifies a woman as likely needing further evaluation to determine the presence of mental health and substance abuse disorders, the arraignment judge receives a recommendation to order an indepth assessment as part of a presentence investigation (PSI) or bond condition. Central Clinic/Court Clinic conducts this assessment (within 14–21 days, or less if the woman is incarcerated). The assessment information is then provided to the judge at the offender's next appearance. The assessment gives the judge sufficient information to order appropriate treatment, including sentencing women to the newly developed Alternative Interventions for Women (AIW) program as a condition of probation.<sup>3</sup> The protocol for this process is carefully scripted, including the identification of those responsible for faxing assessment requests to the clinic, conducting the assessments, producing and copying the assessment reports, and delivering paperwork to the court.

### Creating a Docket for Severe Mental Health Cases

In a good example of how a focus on women can lead to improvements for all offenders, the policy planning team took the opportunity of working closely with the Hamilton County Community Mental Health Board to address another problem. The team sought a way to keep severely mentally ill offenders out of jail but within a mechanism that would provide support and accountability. Pretrial services and the Central Clinic/Court Clinic revised the jail intake

interview to include questions for both men and women about their mental health status, including whether or not they had a mental health caseworker or whether they had ever been hospitalized for mental illness. The policy team pushed for the creation of a special docket to which those offenders identified as severely mentally ill could then be referred. Through a formal arrangement with HCCMHB, many of these offenders are released to the custody of a mental health caseworker, who is responsible for arranging a community placement or accompanying

**FIGURE 2: ASSESSMENT RESULTS OF WOMEN OFFENDERS REFERRED FOR INDEPTH ASSESSMENT BASED ON THEIR BASIS 32 SCREENING RESULTS, MARCH 2001 TO AUGUST 2003**



- Co-occurring Mental Health and Substance Abuse Disorders
- Mental Health Disorder Only
- Substance Use Disorder Only
- No Disorder

Note: Of the 4,742 women screened by pretrial services, 430 were referred for in-depth assessment. As a result of these assessments, judges were able to assign the women to a range of appropriate residential and nonresidential treatment programs.

the offender to a residential placement. This new collaboration replaced a system whereby mentally ill offenders shuffled back and forth between the criminal justice and human services systems, neither of which wanted to expend the effort and cost associated with handling this population.

### **Developing a Treatment Program for Women With Co-occurring Disorders**

Having developed a process by which to clearly identify the target population, the team was able to focus on implementing a program appropriate to women offenders with co-occurring disorders. The Alternative Interventions for Women program, which relies on the Basis 32 pretrial screening and followup process for referrals, provides an important option in the Hamilton County continuum of available sanctions for women. (See the “AIW Treatment Program” sidebar.) It also represents an important collaboration among a variety of stakeholders in the criminal justice, mental health, and substance abuse prevention arenas (e.g., Hamilton County Probation Department, Hamilton County Department of Pretrial Services, Hamilton County Community Mental Health Board, Speaking of Women’s Health, Hamilton County Treatment Alternatives to Street Crime [TASC],

### **The AIW Treatment Program**

Alternative Interventions for Women’s (AIW’s) outpatient treatment program consists of three stages: the core program, transition/stepdown, and community reintegration. Women entering the core program are required to attend from 9 a.m. to 3 p.m., 5 days per week, for at least 5 weeks and up to 5 months. Treatment is based on individual treatment plans developed by participants with staff guidance. At the end of the first 5 weeks, participant needs are reevaluated to determine whether the level of care requires continued 5-day-per-week attendance, a reduction to 3 days per week, or readiness for transition/stepdown.

Services in the AIW program are based on the research of Dr. Stephanie Covington, author of *Helping Women Recover*, and on the Dartmouth/New Hampshire model of treatment for individuals with co-occurring mental health and substance abuse disorders. Services are gender specific and address not only women’s pathways to crime, but also the importance of relationships, self-efficacy, and self-esteem to recovery. Women attend groups about topics such as the stages and progression of mental health and substance abuse disorders, relationships, self-efficacy and self-esteem, communication skills, conflict resolution, medications (identifying and managing them), and alcoholism and narcotics abuse. The program is staffed entirely by women. A therapeutic lunch is provided daily for staff and participants, during which time women can work on socialization skills.

Women’s chances for success in the program are enhanced by case management services that address the myriad problems participants face in addition to their substance abuse and mental health disorders. Because lack of childcare is often a barrier to treatment for women, the program provides onsite childcare while women get help making arrangements for ongoing childcare. Treatment services are also enhanced by random drug screening. The program offers clinical interventions and escalating sanctions for positive drug screens. Decisions regarding sanctions are made collaboratively with program staff, probation officers, and Hamilton County’s Treatment Alternatives to Street Crime program.

Source: This summary is derived from *Alternative Interventions for Women: A Community Partnership Serving Women With Co-occurring Mental Health and Substance Abuse Disorders in the Criminal Justice System in Hamilton County, Ohio*, by Mary Grace, M.Ed., M.S., and Mary Carol Melton, published by the Supreme Court of Ohio’s Advisory Committee on Mentally Ill in the Courts: [www.sconet.state.oh.us/acmic/resources/alternative.pdf](http://www.sconet.state.oh.us/acmic/resources/alternative.pdf).

and Central Clinic/Court Clinic). Central Clinic/Court Clinic runs the day treatment program for women with co-occurring disorders, whereas probation officers monitor the progress of individual offenders and provide a link back to the court. TASC provides random drug testing and joint case management when cases overlap.

The AIW program includes an intensive core program (5-days-per-week participation), transition/stepdown, and community reintegration. Part of the program design includes ongoing evaluation by researchers at Central Clinic/Court Clinic. Outcomes have been extremely promising, with 94 percent of graduating participants showing reduced levels of symptom distress and substance abuse (see table 2). Only 13 percent (2 out of 16 graduates) had a new criminal conviction, and only

6 percent (1 out of 16) received a probation violation resulting in jail time.<sup>4</sup>

## Lessons Learned

### *Sound Information Facilitates Good Decisions*

In many communities, program development often precedes policy development. Sometimes that process is successful and a program is well-matched to the existing need. More often, however, programs that have been implemented without a thoughtful, data-driven process result in wasted resources and do not meet community needs or expectations. For example, treatment programs may have unfilled beds because program eligibility is not linked appropriately to the available offender population, or because the

judiciary lacks the support or knowledge needed to assign offenders to the program. In Hamilton County, AIW grew out of a systemic planning process and was developed along with the policies and protocols that would affect its use. As a result, the program efficiently and effectively serves a population of offenders who previously had no specific community-based treatment options. The commitment to an information-driven planning process extends to the program design itself. Ongoing evaluation is an essential part of AIW, and although it was designed carefully, the program has been adjusted to meet the specific needs of the program clients. For example, AIW was originally conceived as a year-long program, with the expectation that the core program would last approximately 6 weeks to 3 months, after which participants would move to the less intensive transition/stepdown phase. However, the team discovered that an average of 5 months is needed for women to complete the core program before moving to transition/stepdown. Rather than faulting the participants or the program because women were not completing the core program in the original timeframe (6 weeks to 3 months), the stakeholders used a monitoring and evaluation process

**TABLE 2: AIW CLINICAL AND PROGRAM OUTCOMES, AUGUST 2003**

#### **Clinical Outcomes for Program Graduates**

Level of symptom distress	94% improved
Level of substance abuse	94% improved
Level of functioning	81% improved
Quality of life	75% improved

#### **Program Outcomes**

Judges	92% satisfied
Probation officers	100% satisfied

Judges have embraced this program because we have been very clear about what it can and what it cannot do, and we tell them when it's not working for any of the women they send to us.

—Mary Grace  
Director of Clinical Outcomes

to make ongoing adjustments and redefine their success.

The connection between sound information and good decisionmaking operates not only at the policy and program levels but also at the process level. The protocols were designed to ensure that judges have the information they need to make

appropriate referrals to AIW, and ongoing communication between probation officers and program staff ensures that the program continues to serve the women for whom it was designed. During the 2 years of the program's existence, referrals from the judiciary have increased from one judge to all Hamilton County judges. "Judges have embraced this program because we have been very clear about what it can and what it cannot do, and we tell them when it's not working for any of the women they send to us," explains Mary Grace, Director of Clinical Outcomes. "The women that it works for, it works for well."

### ***Collaboration Is the Starting Point to Ongoing System Improvement***

A further outgrowth of Hamilton County's systemic criminal justice planning process is the Substance Abuse/Mental Illness (SAMI) program, a countywide approach to responding to the needs of people with co-occurring disorders. Unlike the AIW program, which originated in the criminal justice

system, SAMI began in the mental health services community. Recognizing the jail as an ideal pilot test site, SAMI developed into an effective collaboration with the criminal justice system. Before this collaboration, individuals with co-occurring disorders might find themselves alternately seeking help from mental health and substance abuse services, with neither service willing or able to address the other problem effectively. In response to this problem, Hamilton County adopted a "No Wrong Door" approach, which means that individuals will receive services and referrals that address both substance abuse and mental health issues—whether individuals enter through the community service or criminal justice systems. According to Joe Schmitz, this collaboration was possible because of groundwork by the criminal justice policy team. "We had a model for effective collaboration on this issue," he said, "and were able to put it to work to close the gaps in services to inmates with co-occurring disorders."

### ***Accurate Decision Mapping Opens Doors to Change***

One key to Hamilton County’s success with women offenders and individuals with co-occurring disorders was its willingness to look at the points where individuals come in contact with both the criminal justice and mental health services systems. That decision-point approach shows that each decision point is an opportunity. The earlier those opportunities are recognized, the more beneficial they are to individuals, the justice system, and the community. As Policy Team Co-Chair, Judge John West, describes it: “We created and institutionalized a forum for the key players to listen, learn, discuss and resolve the most difficult and sensitive issues. At the same time, we also created a mechanism that breaks down and cuts through the various layers of bureaucracy so that valid concerns can be addressed quickly and more efficiently.” Other communities may benefit from the same approach.

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—Judge John West  
Policy Team Co-Chair

### **Related References**

The following publications provide information about systemic criminal justice planning.

*The Intermediate Sanctions Handbook: Experiences and Tools for Policymakers* (M. Carter and P. McGarry, 1993). Available through the National Institute of Corrections at [www.nicic.org](http://www.nicic.org) (NIC-000213).

*Responding to Parole and Probation Violations: A Handbook to Guide Local Policy Development* (M. Carter, 2001). Available through the Center for Effective Public Policy at [www.cepp.com](http://www.cepp.com).

*Managing Sex Offenders in the Community: A Handbook to Guide Policymakers and Practitioners through a Planning and Implementation Process* (Center for Sex Offender Management, 2002). Available through the Center for Sex Offender Management at [www.csom.org](http://www.csom.org).

## Endnotes

1. Hamilton County Wall of Progress, Hamilton County Intermediate Sanctions for Women Offenders Project, Draft Final Report, prepared for the National Institute of Corrections, June 2000.

2. Basis 32 was developed and has been used for both men and women to measure outpatient treatment success. As a screening tool, Basis 32 has been validated by Central Clinic/Court Clinic researchers for use with women only. Central Clinic/Court Clinic conducted a needs assessment on the male offender population similar to the needs assessment conducted for women, but no changes have been made in service delivery, nor has Basis 32 been validated to identify co-occurring disorders in men. However, Basis 32 is used by pretrial services with men who apply for pretrial diversion, with results passed on to case

managers who conduct additional assessment as necessary.

3. The Alternative Interventions for Women (AIW) program, including the screening, indepth assessment, and treatment components, is funded through a variety of sources, including the Health Foundation of Greater Cincinnati, Hamilton County Probation Department, Hamilton County Department of Pretrial Services, Hamilton County Community Mental Health Board (HCCMHB), Speaking of Women's Health, and Hamilton County Treatment Alternatives to Street Crime (TASC). Funding provided to Central Clinic/Court Clinic from probation, pretrial services, and the mental health board is contractual. The probation and pretrial contracts with Central Clinic/Court Clinic cover the on-demand, indepth assessments and the treatment program. These contracts

augment existing basic mental health assessment and treatment services covered by HCCMHB. HCCMHB also supports specialized probation officers to supervise mentally ill offenders, including those who are enrolled in AIW. Speaking of Women's Health provides funding for case management services, and TASC provides in-kind support through drug testing and joint case management services when cases overlap. The Health Foundation contributed start-up funding and continues to support activities such as outcome evaluation. If a woman in the program is eligible for Medicaid, treatment services are billed through Medicaid accordingly.

4. The criminal convictions were for disorderly conduct and deception to obtain drugs. The probation violation was for unpaid fines. In this last instance, the probationer did not have money to pay fines and served jail days instead.

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