

Champaign County, Ohio

Sequential Intercept Mapping Final Report

May 6-7, 2019

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Sequential Intercept Mapping

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Champaign County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* and *Taking Action for Change* workshops held in Champaign County, Ohio on May 6-7, 2019. The workshops were hosted at the Champaign County Library with local coordination provided by the Mental Health, Drug & Alcohol Services Board of Logan & Champaign Counties, along with a local planning team comprised of representatives from behavioral health and criminal justice agencies and the community. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Champaign County achieve its goals

Recommendations contained in this report are based on information received prior to or during the *Sequential Intercept Mapping* workshops. Additional information is provided that may be relevant to future action planning.

Background

The Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties (MHDAS), the Champaign County Common Pleas Court, and the Champaign County Board of Commissioners requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in November 2018 following a period of invitation. The Sequential Intercept Mapping exercise was meant to aid Champaign County with:

- Creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

The participants in the workshop included thirty individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, corrections, individuals with lived experience, peer support, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. Jennifer O'Donnell, Daniel Peterca and Ruth H. Simeria from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for justice-involved individuals with mental illness and co-occurring disorders. Participants agreed that the following values and concepts were important components of their discussions and should remain central to their decision-making: *Hope, Choice,*

Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, the belief that Recovery is Possible, and Relationships.

Objectives of the Sequential Intercept Mapping Exercise

The *Sequential Intercept Mapping* Exercise has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Champaign County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The Champaign County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success

In addition to the items below, communities are strongly encouraged to A) identify or develop agencies and/or individuals who are champions to the cause and can serve as **boundary spanners** – spanning the gap between systems, understanding and effectively representing the needs and concerns of individuals being served and of the multiple systems involved, and effectively assisting in articulating and reconciling different points of view, B) create early opportunities for **momentum** by addressing manageable action items early in the change process, developing measurable and reasonable action plans, and recognizing that change is necessary while resisting temptation to tackle global, pervasive problems; and C) utilize and implement **evidence-based or evidenced-informed practices** whenever possible and practical.

Cross-Systems Partnerships; Task Force

Champaign County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently two primary cross-system collaborative teams/coalitions that were identified by the local planning team and workshop participants: Champaign County Reentry Coalition and Crisis Intervention Team (CIT) training. Champaign County Board of Commissioners also passed a Stepping Up resolution, a commitment on the part of the county's governmental offices to address the issue of over-representation of individuals with mental illness in the county criminal justice system. The community is strongly encouraged to consider how best to incorporate the Sequential Intercept Mapping participant group and action planning work groups into the *Stepping Up* framework and if possible, into an existing structure instead of creating a new task force. If an overarching task force does not currently exist, the SIM participant group could serve as the foundation for a *Stepping Up* group, and the previously mentioned teams could be incorporated into that structure.

Individual with Lived Experience Involvement

The local planning team included the director of a local peer drop-in center, with an individual with lived experience providing additional representation during the workshop. The SIM group is strongly encouraged to solicit participation from additional community members and individuals with lived experience; ideally, each work group/committee will include consumer, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable representation for the mental health system, but more limited representation of the criminal justice system. Key decision makers were present for the common pleas court system, the jail, Veterans Justice Outreach, and the mental health system.
- Key entities that were missing at the workshops: Municipal Court, Probate Court, prosecution, law enforcement, dispatch, and defense counseling.
- At the time of the final production of this report, Dr. Lori Hall, Criminal Justice Department at Urbana University, had replaced Karen Salerno on the Planning Team.

Data Collection

- The Champaign County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Tri-County Jail Data for January 2018 - December 2018
 - Stepping Up Initiative Kicks-Off in Champaign County news article
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Champaign County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, March 2019
 - Champaign and Logan Counties CIT Officers Roster Project Summary Report, September 2015

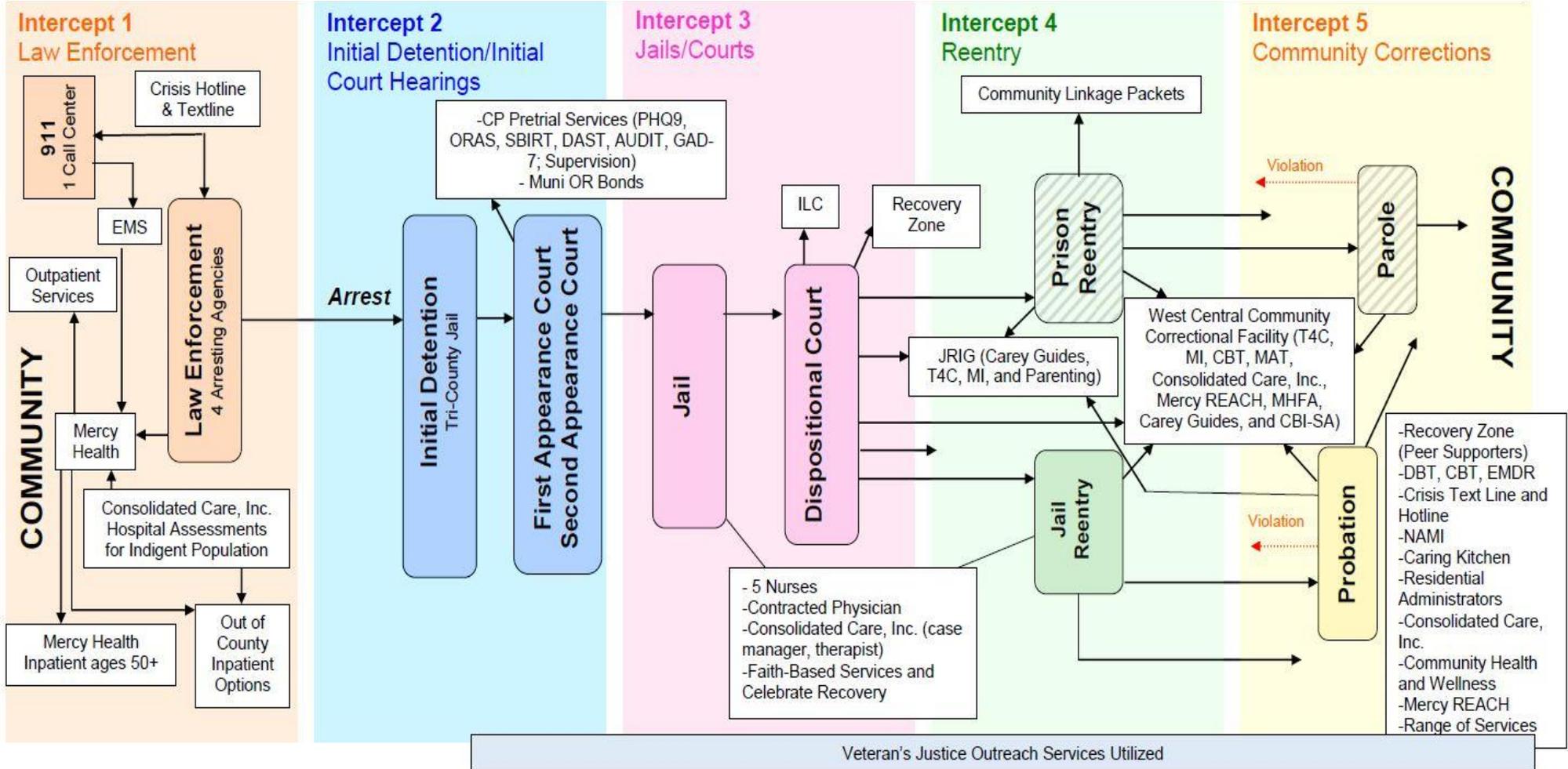
Recommendations

- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Champaign County criminal justice system and promoting use of alternatives.
- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.
- Consider engaging additional key representatives on the Planning Team, especially a law enforcement representative and a community member with lived experience with mental illness and the justice system.

Sequential Intercept Mapping
Champaign County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Champaign County May 2019

Crisis Intervention Team Training



Champaign County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping* exercise is based on the Sequential Intercept Model developed by Mark Munetz, MD and Patty Griffin, PhD in conjunction with the National GAINS Center (Munetz & Griffin, 2006). During the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

This narrative reflects information gathered during the *Sequential Intercept Mapping* Exercise. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Champaign County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus. In some instances, the local task force may need to seek further information from participants to clarify the context or scope of the comments.

Intercept 0: The Ultimate Intercept

The following represents evidenced based practices (EBP) and services that were highlighted during discussion of the Ultimate Intercept. This list is not meant to be an exhaustive or comprehensive roster of all EBPs and services available in Champaign County.

- The community offers and disseminates a guide that highlights local prevention services and recovery supports.
- The Suicide Prevention Coalition offers a monthly survivor support group, grief support group through Mercy Health – Urbana Hospital, and Local Outreach to Suicide Survivors (LOSS) Team.
- Mental Health First Aid trainers are available within the county.
- NAMI of Logan and Champaign Counties offers Family-to-Family training.
- Recovery Zone, a peer center, provides support, education, support groups, *Thinking for a Change*, peer support specialists, meals, and resource connection.
- Consolidated Care, Inc. was in the final stages of merging with TCN at the time of the workshop. This report refers to this provider as TCN, as the merger was complete at the time of the final report. TCN provides Open Access for assessments between 9:00 AM – 9:15 AM on Monday, Tuesday and Thursday, a 24/7 crisis hotline that averages two calls per day outside of business hours, crisis assessments at designated safe sites (jail, hospital), individual and group therapy, out of county residential treatment funds, a Trauma 101 Team, Zero Suicide Initiative, intensive outpatient programming (IOP), dialectical behavior therapy (DBT), cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and promotion for the Crisis Text Line.
- Community Health and Wellness offers individual therapy, trauma informed care, DBT, IOP, CBT, EMDR, medication assisted treatment (MAT) and integrated dual disorders treatment (IDDT).
- Mercy REACH has dual certified therapists and provides detoxification assessments and referral to out of county detoxification services, outpatient services, IOP and MAT.
- Mercy Health – Urbana Hospital provides a 10-bed inpatient psychiatric care unit for individuals fifty and older and will be offering IOP in the near future.

Veterans

- The county utilizes the Dayton Veteran’s Administration Medical Center, which offers a Veteran’s Justice Outreach specialist, IDDT, PTSD, a 24/7 suicide prevention hotline, Building Bridges, mental health individual and group therapy, telemedicine for screening and individual services, and an inpatient psychiatric unit.

Intercept 0 – Identified Gaps

- Crisis stabilization options

- In-county detox services
- Family engagement and education across the intercepts

Intercept I: Law Enforcement / Emergency Services

In Champaign County, law enforcement is accomplished by the County Sheriff's Office, Ohio State Highway Patrol, and local law enforcement agencies in various towns or cities. Law enforcement options for responding to people with mental illness include advise, summons, arrest, transport to Tri-County Jail, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency department, or a combination of these options.

Dispatch / 9-1-1

- Champaign County has one call and dispatch center, Champaign County Communications Center, which is independent from the county and is administered by a board of directors.
- There is currently no formal training of dispatchers re: mental illness and/or the Crisis Intervention Team (CIT) model. Recently, a dispatcher joined the CIT Steering Committee; the committee would like to implement a dispatcher training in the future.
- There is currently no formal data collection process re: mental illness and/or CIT.

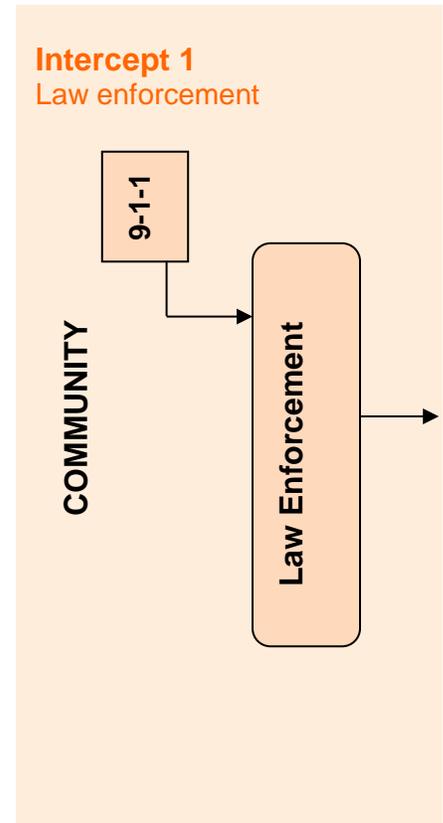
Law Enforcement and Crisis Intervention Team Model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued March 2019, Champaign County has four Law Enforcement Agencies: Champaign County Sheriff's Office, Mechanicsburg Police Department, Saint Paris Police Department, and Urbana Police Department, with an estimated 48 full-time officers.

- As of June 2019, the Champaign and Logan Counties CIT training program has held sixteen courses, with annual CIT training averaging 25-30 participants. All law enforcement agencies have participated in CIT training, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. Records indicate that 53 full-time officers have completed the training.
 - Currently, there is no formal or widespread collection of CIT data; however, the CIT Steering Committee is looking to begin data collection to address high utilizers.
- Law enforcement can transport individuals to Mercy Health – Urbana Hospital; however, depending upon the jurisdiction, emergency medical services (EMS) may provide the transport; EMS normally co-responds for suicide attempts and threats or other situations involving harm or potential harm.
- Law enforcement does exercise their authority to pink slip; however, there was some discussion on law enforcement's frustrations with individuals not being admitted to inpatient services after completion of a pink slip.
- Those present at the workshop stated that most encounters requiring transport result in arrest and transport to the Tri-County Jail due to the lack of a crisis assessment site.
- The use of citations/summons in place of arrest is available for nonviolent offenses; however, those present at the workshop were unsure of how widely this option is utilized.

Crisis Services

- TCN provides a 24/7 crisis hotline that averages two calls per day outside of business hours, crisis assessments at designated safe sites (jail, hospital), and promotion of the Crisis Text Line.



Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Twin Valley Behavioral Healthcare in Columbus.
- The only hospital and Emergency Department in Champaign County is Mercy Health – Urbana Hospital, which serves as the after-hours access to mental health crisis assessment.
 - The hospital has twelve beds in the Emergency Department and offers a safe room for individuals that are suicidal; staff will try to place patients with mental health concerns in this room. Hospital staff will conduct a medical screen and after medical clearance will complete one of the following options:
 - For indigent patients, staff will contact Consolidated Care, Inc./TCN for an on-site crisis assessment. TCN will refer individuals needing hospitalization to various out of county options.
 - For non-indigent patients, staff will complete a crisis assessment and utilize the Behavioral Access Center, which is a service offered through Mercy Health that links individuals needing hospitalization to inpatient options.
 - Law enforcement is not required to stay until a disposition is determined unless the individual is under arrest or violent; the hospital provides one unarmed security officer.
 - Upon discharge, individuals are referred to outpatient services. Individuals that need hospitalization out of county utilize medical transport
- Local inpatient psychiatric care for individuals fifty and older is provided by Mercy Health – Urbana Hospital with a 10-bed short-term stay psychiatric unit; average stay is 8-14 days and upon discharge staff will link individuals to services.

Detoxification

- Currently, there are no detoxification units in Champaign County. Mercy REACH provides detoxification assessments and out of county referral to detoxification services.

Probate

- Assisted Outpatient Treatment (AOT) is not yet utilized.

Veterans

- The county utilizes the Dayton Veteran's Administration (VA) Medical Center, Chalmers P. Wylie VA Ambulatory Care Center, and various Community Based Outpatient Clinics (CBOCs) in Lima, Richman, Middletown and Springfield.

Intercept I Gaps

- CIT training for dispatch, EMS, fire, hospital personnel, probation and parole
- Dispatch and law enforcement data collection
- Peer supports across intercepts
- Crisis stabilization/response (alternative to hospital)
- In county inpatient services for ages 18-49
- Release or discharge supports, procedures and feedback/communication between Tri-County Jail, first responders, emergency department, and mental health providers
- Lack of identification of individuals with military service and communication to VA services
- Transportation from hospital to external referrals

Intercept I Opportunities

- TCN Peer Coordinator

- Greater utilization of the Veterans Justice Outreach program across all intercepts. Most workshop participants were unaware of the service options available. Information was provided to the group by the VJO representative.

Recommendations

- Have the CIT Steering Committee devise a plan to address the CIT program development gaps, increasing adherence to core elements.
 - Champaign County Communications Center should implement a call-taker and dispatcher mental illness/CIT data collection protocol
 - The CIT program should implement an encounter form to be used by all law enforcement agencies. Work toward a consistent procedure across all agencies and between systems for collecting and analyzing law enforcement data on mental health calls and dispositions. The program should work toward sharing CIT encounter information with the mental health system to enable earlier mental health response, especially for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crises, but ultimately for all individuals with possible mental illness. Data collection and analysis also aids in evaluating law enforcement strategies and outcomes when intervening with persons in crisis
 - The CIT program should also consider adding companion courses to the routine CIT training offerings. These courses, often for call-takers/dispatchers, EMS, and fire, range in length but are typically shorter than the 40-hour course. The average length of dispatcher CIT companion trainings in other Ohio communities is 8-16 hours.

Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

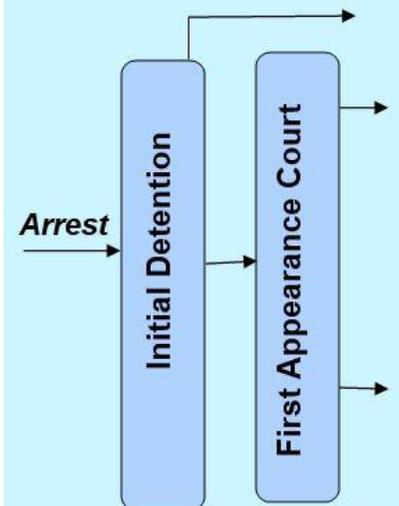
Initial Detention

- Urbana Police Department has a six-hour holding cell that can be utilized before transportation to Tri-County Jail.
- Tri-County Jail is the only full-service detention facility for Champaign County and averages thirteen bookings per day. The jail is located in Champaign County and services Champaign, Madison and Union counties.
- The jail pre-screens, pats down, searches, and utilizes metal detectors on all potential individuals before acceptance into the facility. Correction Officers (Cos) complete the pre-screening questionnaire, which includes questions pertaining to trauma, past and present medical information, hospitalizations and medications. Typical wait time is less than an hour but can be up to several hours when complicating circumstances exist. The JAMIN automated system does not provide information to intake regarding previous mental health services in jail or distinguish whether individuals are current clients with local agencies. Upon acceptance to the jail, housing classification occurs.
- The jail is in the process of revising their medical screening to include the Brief Jail Mental Health Screen (BJMHS), Texas Christian University Drug Screen 5 (TCU-V) and Columbia Suicide Severity Rating Scale (C-SSRS); currently, they are waiting for the jail automated system, JAMIN, to make the revisions.
 - If determined that an individual requires mental health attention, referral to medical staff occurs. Currently, the booking area is utilized as the observation wing for individuals that are suicidal; observation occurs every ten minutes.
 - As of the date of the workshop, 13.6% of individuals booked self-reported utilization of street drugs/substances.
- The jail employs five nurses with one supervisor and contracts with Madison County for a physician, which is on-site once/week and on-call 24/7.
- Currently, information about the number of individuals with mental illness in the jail is estimated through a combination of information compiled by Correction Officers, self-report, and medical staff, most of which is anecdotal.

Arraignment

- Champaign County has one Municipal Court with one Judge located in Urbana. All misdemeanor and approximately 15% of the felony initial hearings take place in this court five days/week via video and within 48 hours, barring a holiday or long weekend. Felony hearings take place in this court when an individual is being held at the Tri-County Jail; typically, only F1, F2 and violent F3s are held at the Tri-County Jail.
 - There are no formal pretrial services at the Municipal level. Individuals can be released on their own recognizance (OR) without supervision; it is unclear whether this diversion option is benefitting individuals with serious mental illness. Substantial risk of mental illness is taken into consideration and those individuals may be referred for a formal evaluation. The Judge takes seriously the recommendations from TCN and tries to ensure appropriate follow-up. Individuals released on OR also receive a case review the following week and may be identified for a competency evaluation.
 - Forensic services, e.g., competency evaluations are provided by Eastway in Dayton.
- Most felony initial hearings take place in the Champaign County Common Pleas Court. The court has one Judge and one Magistrate.
 - Pretrial services are available, with many individuals released on their own recognizance with conditions and follow-up orders. The program utilizes Courtview as their primary data platform, tracks failure to appear and court appearance data, utilizes graduated supervision for clients, and has an average caseload of 42 with an estimated 32% having a mental illness or co-occurring disorder. The first screening/assessment process begins at the first arraignment and includes screening, brief intervention and referral to treatment (SBIRT), Ohio Risk Assessment System (ORAS), and generalized anxiety disorder assessment (GAD-7); results of this assessment inform what screening or further assessment is needed during the second screening phase and inform initial supervision level. Within 2-3 days, the second arraignment occurs, and individuals may be given the patient health questionnaire (PHQ-9), drug screening questionnaire (DAST) and alcohol use disorders identification test (AUDIT). The need for competency evaluations could also be raised at this stage. Staff has done an adverse childhood experiences (ACEs) screening on a couple individuals, and the program has considered adding a post-traumatic stress disorder (PTSD) and Veteran screening when needed, as well as additional staff to respond to the entire pretrial population in the jail. All results are given to local service providers; Community Health and Wellness Partners tracks outcome and recidivism data.
- The county does not have a Public Defender's office. Typically, individuals do not have legal representation at the Municipal or Common Pleas initial hearing unless counsel is retained. Individuals are assigned counsel after arraignment.
- Typically, no information is relayed to the courts from the jail during the initial detention, unless the individual was previously known to the court.
- Referral to West Central Community Correctional Facility can occur at this stage; however, no information regarding mental health concerns is provided.

Intercept 2 Initial detention / Initial court hearings



Veterans

- During booking at the jail, Correction Officers ask about veteran status; however, the jail is looking to broaden that screening.
- The Veteran Justice Outreach (VJO) Specialist will provide in-reach services to individuals with felony charges in the jail and provide recommendations to the Common Pleas Judge at initial hearing.

Intercept II – Identified Gaps

- Information sharing from Tri-County Jail to external agencies for assessment, West Central Community Correctional Facility and the courts
- Tri-County Jail data on serious mental illness
- Tri-County Jail space for observation and isolation of suicidal individuals
- Formal pretrial services or bail investigation at Municipal level; own recognizance bonds are utilized without supervision
- Ability to screen additional individuals earlier in the Common Pleas Pretrial Services program
- No mental health liaison at courts
- Treatment for individuals that have co-morbid disorders and are not eligible/do not want developmental disabilities services
- Psychiatric services within Tri-County Jail
- Legal counsel at initial court hearings

Intercept II – Identified Opportunities

- Validated screening tools are in the process of being implemented in the Tri-County Jail
 - Considering adding the Ohio Risk Assessment System – Pretrial Assessment Tool (ORAS PAT)
 - JAMIN is rebuilding their system for addition of these validated screening tools
- Communication with the Champaign County Board of Developmental Disabilities
- Judges are proactive
- Courtview is utilized by the Common Pleas Pretrial Services program
- VJO utilization for individuals in the Municipal Court

Recommendations

- Consider ways to increase early access to legal counsel for individuals with mental illness. Legal counsel is important as early as possible in the criminal justice process, ideally at first court appearance, especially for individuals with serious mental illness. Addressing issues related to rights, bond, bail, negotiations with law enforcement and prosecutors and collateral consequences of plea decisions are best addressed early on and with appropriate counsel. Contra Costa County, California provides access to counsel pre-arrest. Paralegals at the Public Defender's Office engage in a screening interview with individuals to assess dynamic risk factors. Their assessment report is sent to the probation department, where a screening of static factors is performed. The two assessment reports are combined in a report to the court. The Constitution Project National Right to Counsel Committee issued a report in March 2015, "Don't I need a Lawyer: Pretrial Justice and the Right to Counsel at First Judicial Bail Hearing", which is included in the Community Packet that was given to the community point of contact.
- Explore options for developing pretrial services functions at the Municipal level (bail investigation, and risk assessment)
- The jail and courts should be urged to define a process for information sharing, so that results of the initial screening, if available, are provided to the court to aid in decision-making.
- To verify the numbers of individuals with mental illness in the jail, stakeholders should agree on a working definition of the target population or adopt the state's *Stepping Up* definition and agree upon data points for measuring the target population.

Intercept III: Jails / Courts

Jail

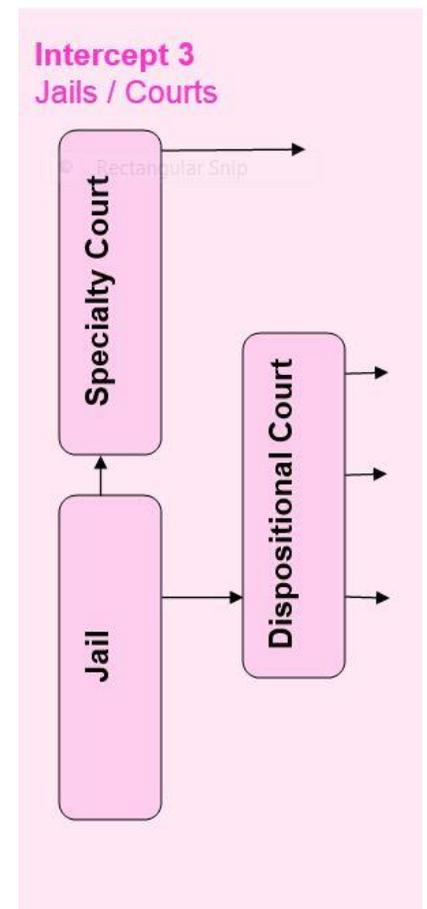
- The Tri-County Jail rated capacity is 160; actual population was 202 the morning of the workshop and 187 by afternoon. Average length of stay across all counties is eight days. Each county is allotted 52-beds; Champaign County typically stays under their allotment. Counties that exceed their allotment are required to pay overage payments of \$45 per inmate per day to the other counties; these payments are given to the court.
- Roughly, 60% of the Correction Officers have received CIT training. The Corrections Academy added Mental Health First Aid training and an extra day of training re: CIT.
- The jail contracts with TCN for a case manager through a Behavioral Health Linkage Grant for 24-40 hours/week on Tuesday and Thursdays, and a therapist Monday-Friday from 8:00 AM – 4:00 PM that provides individual counseling; staff can come in afterhours and on weekends to provide suicide monitoring.
 - The case manager receives referrals from the therapist and internal kites; kite referrals are prioritized by Correction Officers.
 - Those present at the workshop indicated that the therapist sees about 10% of the inmates and can make referrals to outside services as needed.
- Other than TCN mental health services, programming includes faith-based services and Celebrate Recovery; alcoholics anonymous (AA) and narcotics anonymous (NA) was available in the past but is not currently.
- Outside medications are not permitted and typically, individuals cannot receive medications that are currently prescribed. MAT and long-acting injectable medications are not continued. The county does take advantage of funding available through the Ohio Department of Mental Health and Addiction Services (OMHAS) to offset the cost of medications for individuals that are incarcerated. Last year, Champaign County received \$23,000.
- TCN, Recovery Zone, the case manager and therapist, and Community Health and Wellness Partners access the online jail roster daily.

Court

- Grand Jury is held on the first Monday of each month.
- The court will complete presentence investigations.
- The judge will order individuals to go to the Recovery Zone.
- Intervention in lieu of conviction is utilized post-plea; once the program is complete, charges are dismissed. However, they have not had much completion success due to revocation. Assessments are completed by TCN or Mercy REACH; typically, the provider is chosen based on existing services or client choice. Currently, nine-out-of-seventy individuals on the Justice Reinvestment and Incentive Grant (JRIG) caseload are participants in the program. Those present at the workshop indicated that out of county residents do not always receive timely or thorough assessments.

Intercept III – Identified Gaps

- Medication in Tri-County Jail
 - Continuation of prescribed medications
 - Access to outside medications
 - Medication Assisted Treatment prescription assessments
 - Medication upon release
- Capacity of Tri-County Jail case manager



- Jail-based Services
 - 12-step groups (AA and NA)
 - Gender specific services
 - Trauma screening and psycho-educational or treatment services
 - Peer support
- No prosecutorial diversion program(s)
- Diagnostic assessments within Tri-County Jail
- Specialty Courts
- Management of homeless individuals awaiting trial; most recent individuals housed at the shelter fled, e.g. removed ankle monitor

Intercept III – Identified Opportunities

- Working on addressing communication from Tri-County Jail to courts by utilization of ORAS.
- TCN Case Management routinely communicate with probation officers when coordinating reentry strategies and planned outcomes.

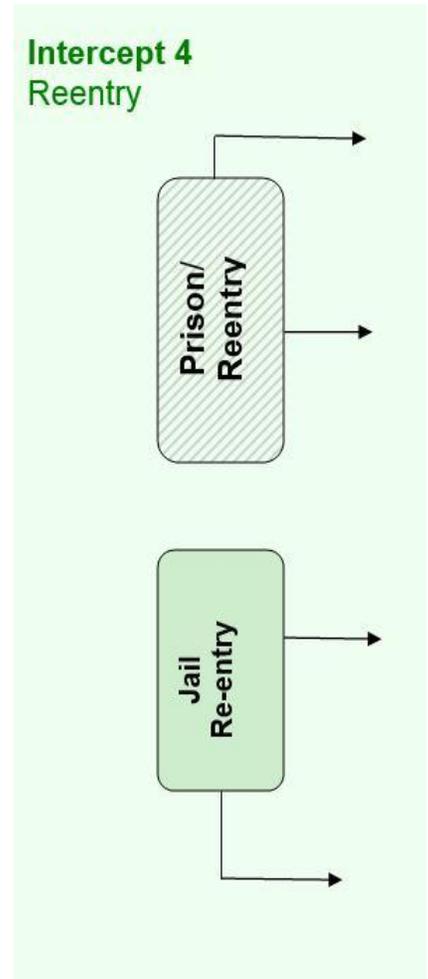
Recommendations

- Consider relapse prevention and response training for the cross-systems teams that work with the Intervention in Lieu of Conviction participants and other diversionary populations.
- Review best practices for continuation and administration of psychotropic and medication assisted treatment medications in the jail.

Intercept IV: Prisons / Reentry

Prison

- Community Linkage referrals from OMHAS regarding individuals with serious mental illness returning from prison to the community are sent to TCN; The Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction completes screening and assessment for substance use disorders; however, CareSource does not have a contracted provider in Champaign County. In calendar year 2018, CareSource completed fourteen referrals for Champaign County residents, and two referrals were made to TCN and the out-of-county provider for individuals with co-occurring mental health and substance use disorders.
- Champaign County Reentry Coalition was noted in the county’s Community Collaboration Questionnaire, but not discussed as providing any direct services during the SIM mapping exercise. There may be services that should be included in this report, or this could be an area of opportunity.
- The county utilizes West Central Community Correctional Facility as the local community based correctional facility. The facility has 144 beds and serves men and women; all staff has received Mental Health First Aid and CIT training. The program, because of good relationships with partner entities, can serve individuals with serious mental illness if they are stable and able to participate in daily activities. The program provides a mental health manager, MAT assessments, vivitrol injections a week prior to release, motivational interviewing, CBT, *Thinking for a Change*, Carey Guides and cognitive behavioral interventions for substance abuse (CBI-SA). Consolidated Care, Inc./TCN provides mental health services three



days/week, a physician four hours/week and a case manager on Fridays to provide service linkage. Mercy REACH provides in-reach into the facility. Upon release, individuals are referred to JRIG and receive a month's worth of medications.

Jail

- Jail staff is not consistently informed of release dates and individuals are released at various times during the day. With the Tri-County Jail located in Champaign County, there are occasions when residents of Madison or Union Counties are released and walk into Mechanicsburg; as a result, law enforcement officers have at times driven individuals back to their home county.
- Upon release, the case manager provides linkage to services, including transportation, detoxification services, residential treatment, housing and employment, and outreach to Community Health and Wellness Partners for MAT. After release, the case manager will provide follow-up for 90 days.
- Individuals are not released with medications or prescriptions.

Veterans

- West Central Community Correctional Facility screens for veteran status.

Intercept IV – Identified Gaps

- Community Transition Program does not have a contracted provider in Champaign County
- Transportation is only Monday-Friday during business hours and by appointment
- Release planning from Tri-County Jail
 - Capacity to provide a community/resource guide to individuals upon release

Intercept IV – Identified Opportunities

- Homeless screening upon release from Tri-County Jail (currently only Union County provides this screening)
- Recovery Zone
- Champaign County Reentry Coalition – update on services and activities

Recommendations

- Review the jail's release policies pertaining to the provision of medications upon release. If needed, shore up practices to ensure that all individuals with significant health and mental health needs have ample medications to bridge the gap from release to provider appointments.

Intercept V: Community Corrections / Community Support

Probation/Parole

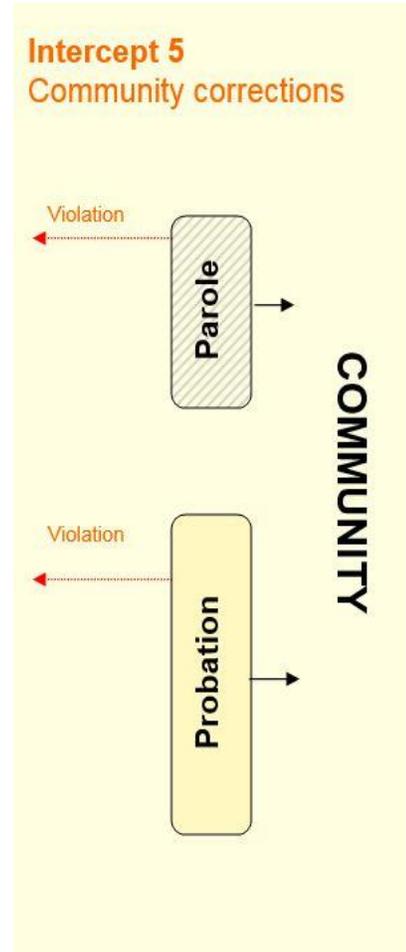
- Municipal Court has three Probation Officers; one has completed the full 40-hour CIT course.
- Common Pleas has four Probation/Parole Officers provided by the Adult Parole Authority (APA) through a contract with the county. Parole Officers are trained in motivational interviewing. Those present at the workshop indicated that APA's probation is different from local probation services, which can postpone the Parole Officer's knowledge of day-to-day difficulties. There is one full-time case manager in Champaign County.
- All felony cases on community control and all CBCF releases are assigned to JRIG. JRIG is intensive and estimated that 52 individuals from Champaign County are on their caseload. Judges will order individuals to complete all services required by JRIG. All sessions are individual, and the program provides linkages to services and MAT, aid in completing Medicaid applications, Carey Guides, Thinking for a Change, motivational interviewing, parenting classes and one full-time case manager. Families are welcome to attend

individual and group sessions; however, there is not a formal family program. Risk level is considered for group inclusion; however, risk level is not considered when determining frequency or intensity of supervision and other activities. The Judge also orders to Recovery Zone/Peer support contacts.

Community Supports

The following represents services, agencies and programs that were highlighted during the workshop and is not meant to be an exhaustive or comprehensive roster of all community supports available in Champaign County.

- Working Minds Training empowers businesses and human resource departments to address suicidal ideation.
- Caring Kitchen operates a soup kitchen, food pantry, and tutoring program.
- TCN provides the Maternal Opiate Medical Supports Plus (MOMS+) program, which is led by OMHAS. The program improves care and outcomes by supporting maternity care for pregnant women with opioid use disorders.
- Housing was identified as a gap for Champaign County. Those present at the workshop indicated that there is stigma regarding recovery housing. These existing services were highlighted:
 - Caring Kitchen - seventeen bed homeless shelter with the potential of nineteen beds; individuals can stay at the shelter for 30-35 days. The shelter will not accept registered sex offenders.
 - Alvis House- halfway house in Franklin County
 - MHDAS provides ten housing units
 - Residential Administrators offers assistance with housing, coordinated entry, and 35-45 permanent housing units
- Champaign County Transit System offers transportation services by appointment during business hours



Intercept V – Identified Gaps

- Capacity of JRIG
- Family engagement and support services across intercepts
- Peer supports across intercepts
- Transportation
 - From Mercy Health – Urbana Hospital to external referrals
 - Only available by appointment during business hours
- Employment opportunities for individuals with felony convictions
- Housing
 - Sex offenders and those with felony convictions
 - Transitional housing
 - Recovery housing
 - Shelter is consistently full
 - Stigma associate with individuals that need housing

Intercept V – Identified Opportunities

- JRIG coordination with Veteran’s Administration
- More formalized family involvement in JRIG and CBCF

Recommendations

- Probation officers providing supervision and services to individuals with mental illness should receive special training related to mental illness.
- To promote and establish stronger ties to family programs, NAMI of Logan and Champaign Counties and TCN should work together to promote the importance of families throughout the intercepts. With family involvement already welcome through JRIG and the CBCF, there is an avenue of opportunity to build formal family engagement and potentially evidence-based family education and supports within or between partner agencies.
- Utilize valid risk assessment tools to inform decisions related to community supervision, i.e., the need for supervision and the level/type of supervision indicated.

Priorities for Change

Champaign County,
Ohio

Champaign County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top three priorities.

Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues or information associated with each priority as brainstormed by the large group which all agreed need to be considered by each sub-committee.

Top Priorities for Change

1. Transportation
2. Specialty Courts
3. Medication in Jail
4. Crisis Stabilization/Response (Alternative to Hospital)
5. Peer Supports Across Intercepts

Other Priorities – items receiving one or more votes during the prioritization process

- Housing (5 votes; Intercept 5)
 - Sex offenders and those with felony convictions
 - Transitional housing
 - Recovery housing
 - Shelter is consistently full
 - Stigma of individuals that need housing
- Feedback/communication between Tri-County Jail, first responders, emergency department, and mental health providers (4 votes; Intercept 1)
- In county inpatient services for ages 18-49 (2 votes; Intercept 2)
- Treatment for individuals that have co-morbid disorders and are not eligible/do not want developmental disabilities services (2 votes; Intercept 2)
- Diagnostic assessments within Tri-County Jail (2 votes; Intercept 3)
- CIT training for dispatch, EMS, fire, hospital personnel, probation and parole (1 vote; Intercept 1)
- Information sharing from Tri-County Jail to external agencies for assessment, West Central Community Correctional Facility and the courts (1 vote; Intercept 2)
- 12-step groups (AA and NA) within Tri-County Jail (1 vote; Intercept 3)
- Community Transition Program does not have a contracted provider in Champaign County (1 vote; Intercept 4)
- Release planning from Tri-County Jail (1 vote; Intercept 4)
 - Capacity to provide a community/resource guide to individuals upon release

Additional Resources

Arnold Ventures	www.arnoldventures.org/
BeST Practices in Schizophrenia Treatment Center (BeST Center)	www.neomed.edu/bestcenter/
CIT International	www.citinternational.org
Coalition on Homelessness and Housing in Ohio	www.cohhio.org
Community Oriented Correctional Health Services	www.cochs.org
Corporation for Supportive Housing	www.csh.org 40 West Long Street, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	www.csgjusticecenter.org/mental-health
Crisis Text Line	www.crisistextline.org/
The Federal Bonding Program	www.bonds4jobs.com
Lutheran Metropolitan Ministry Health & Wellness	www.lutheranmetro.org/home-page/what-we-do/health-wellness-services/ Phone: 216-696-2715 Email: mail@lutheranmetro.org
Medicine Assistance Tool	https://medicineassistancetool.org/
National Association of Pretrial Services Agencies	https://napsa.org/eweb/startpage.aspx
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	www.nccc.georgetown.edu
National Criminal Justice Reference Service	www.ncjrs.gov
National Institute of Corrections	www.nicic.gov
National Institute on Drug Abuse	www.drugabuse.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Coordinating Center of Excellence	www.neomed.edu/cjccoe/
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	www.drc.ohio.gov/reentry-office
Ohio Ex-Offender Reentry Coalition	www.drc.ohio.gov/reentry-coalition
Ohio Housing Finance Agency	www.ohiohome.org Phone: 888-362-6432
Policy Research Associates/SAMHSA's GAINS Center	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org
Pretrial Justice Institute	www.pretrial.org
SOAR: SSI/SSDI Outreach and Recovery	https://soarworks.prainc.com/
The Source for Housing Solutions - Ohio	www.csh.org/oh Phone: 614-228-6263 Email: ohioinfo@csh.org
Stepping Up Initiative	www.stepuptogether.org
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	Phone: 330-615-0569
Supreme Court of Ohio Specialized Dockets Section	www.supremecourt.ohio.gov/JCS/specdockets/default.asp

Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	www.cit.memphis.edu
Vera Institute of Justice	www.vera.org
Veterans Justice Outreach	www.va.gov/HOMELESS/VJO.asp

**Sequential Intercept Mapping
Champaign County, Ohio | May 6-7, 2019**

Participant Roster

Name	Title	Organization	Email
Lisa Brandel	Director	Recovery Zone	lisa@recoveryzonelc.org
Amanda Brannon	Director of Clinical Services	Mercy Hospital	ambrannon@mercy.com
Jon Brown	Director	Residential Administrators	jonb@resadmin.org
Amanda Call	Jail Case Manager	Consolidated Care, Inc.	acall@ccibhp.com
Marilyn Cohn	Director	Caring Kitchen	ckdirector@ctcn.net
Brenda Cook	Mayor	St. Paris	Brenda.cook@stparisohio.org
Pete Floyd	President	NAMI of Logan and Champaign Counties	handfrepairs@ctcn.net
Sheri Haines	Manager Mercy REACH	Mercy Health	sherilhaines@mercy.com
Melissa Hall	Veteran's Justice Outreach Coordinator	Veteran's Administration	Melissa.hall6@va.gov
Gregory Harvey	Defense Counsel	MacGillivray and Estes, LLP	greg@macgillivray-estes.com
Jacqueline Howley	Parent Mentor	Education Service Center	Jacqueline.howley@mccesc.org
Josh Jacobs	Lieutenant/CIT Officer	Urbana Police Department	Josh.jacobs@ci.urbana.oh.us
Scott Johnson			Inkyspot51@yahoo.com
Gabe Jones	Health Coordinator	Champaign County Health District	gjones@champaignhd.com
Greg Kimball	Mayor	Mechanicsburg	gregkimball@bizwoh.rr.com
Lori Legge	MOM's Navigator	Consolidated Care, Inc./TCN	llegge@tcn.org
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Stacey Logwood	Director of Prevention	Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties	slogwood@mhdas.org
Jessica Manuel	JRIG Coordinator	West Central Community Correctional Facility	jmanuel@wcccf.org
Rita Monaghan	Director of Pretrial Services	Champaign County Court of Common Pleas	rmonaghan@co.champaign.oh.us
Janel Monnin	Investigative Agent	Champaign County Board of Developmental Disabilities	j.monnin@champaigncbdd.org
Tammy Nicholl	Executive Director	Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties	tnicholl@mhdas.org
Rachel O'Diam	Emergency Services Team Leader	TCN	rhuffman@tcn.org
John Purinton	Pretrial Services	Champaign County Court of Common Pleas	jpurinton@co.champaign.oh.us
Karen Salerno	Victim's Advocate	Mechanicsburg Police Department	ksalerno@mechanicsburgpd.org
Adam Sorensen	Director of Treatment and Recovery Services	Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties	asorensen@mhdas.org
Scott Springhetti	Director	Tri-County Jail	sspringhetti@tricojl.com
Stacey Thomas	Director of Nursing	Champaign Health District	stthomas@champaignhd.com
Derrick Young	Therapist	Tri-County Jail	pyoung@tcn.org
Scott Zwiezinski	Supervisor	West Central Community Correctional Facility	szwieszinski@wcccf.org

Observer Roster

Name	Title	Organization	Email
Patti Fetzer	Director	BeST Center	pfetzer@neomed.edu
Paul Wacidsmith	Chief Executive Officer	Champaign Family YMCA	cfyceo@ctcn.net

Action Planning Matrix for Champaign County, Ohio

Priority Area 1: Transportation			
Objective	Action Step	Who	When
1. Rides home from the Tri-County Jail	A. Baseline data on how many people get released without a transportation plan from the jail (<i>Stepping Up</i>)	<i>Stepping Up</i> Steering Committee	May 15, 2019 at 8:30 AM
	B. Take baseline data to jail board. Discuss policy change and share with jail board	Amanda Call, Marilyn Cohn, Adam Sorensen, Scott Johnson and Greg Kimball	To Be Determined
	C. Contact information for transportation resources	Get contact information for potential transportation resources – Marilyn Cohn and Adam Sorensen	By end of May
	D. Educate inmates on how to request ride assistance	Derrick Young and Amanda Call	As available
2. Rides to and from employment	A. Advocate for increased resources through transportation meetings (discuss misuse of public transport)	Scott Johnson and Adam Sorensen	To Be Determined
	B. Talk to Andy Yoder (Administration, Village of North Lewisburg) transportation plan for Ohio Department of Transportation	Adam Sorensen	To Be Determined by May 10, 2019
	C. Meet with Mark Hackworth regarding availability of vehicles	Lisa Brandel and Adam Sorensen	By end of June
	D. Advocate for proper use of public transport at county transportation meetings (Mercy Health's tokens and Ross Training Center's role)	Scott Johnson and Adam Sorensen	To Be Determined

Action Planning Matrix for Champaign County, Ohio

Priority Area 2: Specialty Courts				
Objective		Action Step	Who	When
1.	Pre-screens completed via Tri-County Jail (Screening, Brief Intervention and Referral to Treatment)/ <i>Stepping Up</i> process	A. In process B. Collaborate between Boards, Jail and Rita Monaghan	Rita Monaghan	September 30, 2019
2.	Collect data regarding need for specialized docket	A. Veterans Reentry Search Services (VRSS) in Jail B. Mental health stats (Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties), Jail, and Probation Officers C. Police department information? Interface between Crisis Intervention Team (CIT) workgroup D. Jail/court use VRSS E. Data collected in Municipal and Common Pleas Courts	Melissa Hall Rita Monaghan Rita Monaghan Melissa Hall Rita Monaghan	June 1, 2019 September 30, 2019 September 30, 2019 September 30, 2019 June 1, 2019
3.	Identify community stakeholders with interest in specialty courts	A. Veteran Service Organizations, American Legion, Veterans of Foreign Wars, local police departments, veterans' organizations – contact to determine interest B. Mental health agencies C. Businesses with interest D. Social service agencies	Melissa Hall Jessica Manuel Rita Monaghan and Scott Zwiezinski Scott Zwiezinski	August 1, 2019 September 1, 2019 September 1, 2019 September 1, 2019
4.	Determine best practices	A. Advocacy training B. Peer supports C. Models for specialty dockets	NAMI – Pete Floyd Recovery Zone Scott Zwiezinski	June 1, 2019 June 1, 2019 June 1, 2019
5.	Research funding opportunities	A. Identify sources B. Identify writers (possible)	Melissa Hall Melissa Hall	August 1, 2019 August 1, 2019

Action Planning Matrix for Champaign County, Ohio

Priority Area 3: Medication in Jail				
Objective		Action Step	Who	When
1.	Determine community/partner concerns	A. Reach out to those with questions to determine which type of drugs are in question	Scott Springhetti	July 15, 2019
		B. Gather opiate related data	Stacey Thomas	July 15, 2019
		C. Summarize data	Scott Springhetti, Stacey Thomas and Derrick Young	July 15, 2019
		D. Review practices/data	Scott Springhetti, Stacey Thomas and Derrick Young	July 15, 2019
2.	Meeting to discuss outcomes/results. Provide education on Jail pharmacy practices	A. Invite those above for participation	To Be Determined	Early August 2019
		B. Conference call/visit	Jail medical personnel	Follow-up as available
3.	Update research regarding vivitrol in Jail	A. Research additional like size Jails with successful/failed vivitrol programs	To Be Determined	As able

Action Planning Matrix for Champaign County, Ohio

Priority Area 4: Crisis Stabilization/Response (Alternative to Hospital)				
Objective		Action Step	Who	When
1.	Pink slip data from Mercy emergency department	A. Amanda Brannon will provide data on pink slip/involuntary patients brought to emergency department. To include: a. Who brought the patient b. Who pink slipped the patient c. Disposition of patient	Amanda Brannon	By next meeting/June 3, 2019 report out
2.	Data on disposition codes for law enforcement	A. Provide data to group	Lt. Josh Jacobs	Report out on June 3, 2019
3.	Pre-screen/crisis calls/assessment data for TCN	A. Provide data to group	TCN	Report out on June 3, 2019
4.	Webinars on social media about prevention and s/sx pre-crisis	A. Go to suicide coalition and discuss options and education B. Hotline	Stacey Logwood	Report out on June 3, 2019
5.	Faith-based group to join our team	A. Reach out to faith community	Tammy Nicholl	Report out on June 3, 2019
6.	Reach out to other law enforcement agencies regarding tele-psych	A. Contact and gather data on services, policies and liability	Lt. Josh Jacobs	Report out on June 3, 2019

Action Planning Matrix for Champaign County, Ohio

Priority Area 5: Peer Supports Across Intercepts				
Objective		Action Step	Who	When
1.	Jon Brown – peer support	<ul style="list-style-type: none"> A. Life skills – cleaning, budget, cooking, hygiene, and social skills B. In house aid/teaching C. Shopping/budget D. Court support 	Recovery Zone, Residential Administrators, Faith Community and Legal Aid	January 1, 2020
2.	Identify peer support people	<ul style="list-style-type: none"> A. Training/certification B. Recovery Zone C. State standard Recovery Zone reporting D. Run certification training 	Peer support training – Recovery Zone	December 19, 2019
		<ul style="list-style-type: none"> E. Recruit via local agencies/successful people in recovery 	Residential Administrators, Mercy Health REACH and Consolidated Care, Inc.	December 19, 2019
3.	Community education	<ul style="list-style-type: none"> A. Information on opiate task force 	Mercy REACH	July 1, 2019
		<ul style="list-style-type: none"> B. Newspaper 	Mayor Brenda Cook	July 1, 2019
		<ul style="list-style-type: none"> C. One-on-one meeting with corporations and individuals that can provide aid 	Recovery Zone	August 1, 2019
		<ul style="list-style-type: none"> D. Reach out with peers 	Recovery Zone	July 1, 2019
		<ul style="list-style-type: none"> E. Faith based 	Recovery Zone	August 1, 2019

Appendix

Appendix A

Planning for Sequential Intercept Mapping

Community Collaboration Questionnaire

Effective and efficient services for people with mental illness and co-occurring substance use disorders in the justice system require meaningful cross-system collaboration. The *Community Collaboration Questionnaire* provides the CJ CCoE with background information about your community's experience in collaborating across systems. It is recommended that one questionnaire be completed in consultation with all of the key stakeholders.

Please note that it is preferable not to have separate questionnaires filled out by various key stakeholders.

This information helps prepare the CJ CCoE for providing the best direction during the training about the points of intervention most useful in your community. This document can be filled in and returned by way of email to rsimera@neomed.edu

Community: Champaign County		
Contact Person: Adam Sorensen	Phone (937) 465-1045	Email asorensen@mhdas.org

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system? <ul style="list-style-type: none"> • Trying to implement things though the Stepping Up Initiative 	9	1
2	Does your community have a cross-system collaborative team or task force? <i>If yes, please attach the membership list by agency and/or title, listing mental health providers, criminal justice services, substance abuse services, consumers, family members, elected officials and others.</i> <ul style="list-style-type: none"> • There are agencies that participate in the Champaign County Re-Entry Coalition. Their names are in an attached document. 	5	6
3	Does your community provide for cross-training of mental health, substance use, criminal justice and other providers? <i>If yes, please list recent programs:</i> <ul style="list-style-type: none"> • Training in Mental Health First Aide and Cognitive Behavioral Intervention for Substance Abuse as designed by the University of Cincinnati. • CIT programs, Starting Mental Health First Aide courses this year • I believe through our county's health department • CIT • CIT 	7	1

Planning for Sequential Intercept Mapping

4	<p>Does your community have resources identified to work with people with mental illness and co-occurring disorders in the criminal justice system? <i>Please describe:</i></p> <ul style="list-style-type: none"> • This is a work in progress, but the community mental health system and the courts work well together, unknown about law enforcement. • West Central has partnered with Consolidated Care, Inc. to work with residents returning to Champaign County. • Mercy Reach AOD services and Consolidated Care. • Consolidated Care, Religious Support Groups, AA, NA meetings in community • They do exist 	8	4
5	<p>Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population? <i>Please describe:</i></p> <ul style="list-style-type: none"> • There are no criminal justice navigators; unsure about where case management and how many people are linked across systems for supportive services. • West Central employs a Mental Health Manager to work with residents in our program with Mental Health Issues. We also have a counselor from Consolidated Care, Inc that provides services to Champaign County residents three (3) days per week that is part of at Behavioral Health and Criminal Justice grant that was awarded to the Logan and Champaign County MHDAS Board. • Treatment programs, Mercy Reach therapist • The jail contracts with CCI for on-site mental health services. CCI is the primary agency for mental health services in Champaign County. • CCI 	5	4
6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? <i>Please describe:</i></p> <ul style="list-style-type: none"> • Beginning stages at the jail and court services. • West Central tracks residents with Mental Health issues that receive Mental Health medication while they are in the program. • Not as of yet, but we are trying to develop information that can be shared. • Could be better • CIT report 	4	3

Planning for *Sequential Intercept Mapping*

7	<p>Does your community have one or more boundary spanners (individuals whose identified role is to link the criminal justice and mental health systems)? <i>Please describe the position and the person(s):</i></p> <ul style="list-style-type: none"> • West Central has Re-Entry Case Managers that provide linkage to community treatment providers for all residents that successfully complete West Central • Karen Salerno, Victims Advocate, Mechanicsburg Police Dept. 	2	7
8	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance safety across agencies or systems? <i>Please describe or if possible, provide copies of MOUs:</i></p> <ul style="list-style-type: none"> • West Central has an MOU with the Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties to help cover the cost of mental health medication while residents from Champaign County are in West Central. • 	3	7
9	<p>Are there any local agencies that have not participated in collaboration efforts? <i>Please describe:</i></p> <ul style="list-style-type: none"> • Developmental Disabilities, Local Law Enforcement • Participation in current efforts has only a few agencies involved. • Administration has some work to do in this area between different police departments throughout the county. • There is no county wide Chief of Police meeting. There are no opportunities for sharing or collaborating. 	3	3

10	<p>Does your community have any jail or court diversion programs at this time?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> • The only diversion program I am aware of is the diversion program in Common Pleas for Diversion in Lieu of Conviction. • West Central administers the Justice Reinvestment Grant program in conjunction with the Champaign County Common Pleas Court to provide diversions from prison for F4 and F5 offenders. This includes providing case management services, individual evidence-based treatment and groups as well as other functions as needed to assist the courts. • At this time no drug court, but the courts recognize the needs of MH and AOD clients. • Champaign County Municipal Court has a similar program; Champaign County Juvenile Court has a diversion program. • Specific to mental health, no, but Courts are doing some things with pre-trial to try and divert • Juvenile system has a diversion program. • Common Pleas has ILC. • Municipal court has a drug court. • Unsure of the court stipulations for who gets into what program. • Municipal Court and Common Pleas Court both have programs. 	10	2
11	<p>Does your community have a mental health, drug or other specialty court?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> • The probate court has been involved with the non-inmate involuntary commitment patients at Mercy Urbana Hospital. • We have an uncertified drug court at the misdemeanor level and pretrial services at the felony level. • Focused treatment attention of MH and AOD • Municipal Court does, Common Pleas does not • Specialty groups, but not a designated court • Muni court has a drug court, but it is not sanctioned. 	5	10

12	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? <i>Please describe or if possible, provide copies of MOUs.</i></p> <ul style="list-style-type: none"> • West Central administers the Justice Reinvestment Grant program that partners with the Champaign County Common Pleas Court as well as the Champaign County Adult Parole Authority to provide diversions from prison for F4 and F5 offenders. This includes providing case management services, individual evidence-based treatment and groups as well as other functions as needed to assist the courts. • Urbana PD has a transport MOU for pink slip patients • Mechanicsburg has an MOU for a school resource officer and to provide policing in North Lewisburg. 	4	5
13	<p>Have screening or assessment procedures been instituted in the mental health, substance use and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i></p> <ul style="list-style-type: none"> • All the patients that are seen in the emergency department are screened for mental illness, suicidal thoughts/plan, and substance abuse. If they are admitted as a mental health patient, they undergo a more intense substance abuse screening and assessment. • There are no screening procedures, including those for criminal risk, but there is no coordination among the systems regarding tools. • West Central implements an Offender Screening report prior to acceptance to admission to the program. We also employ a Biopsychosocial assessment that is conducted by members of the Clinical Department at West Central for residents who have been in the program 7 days or less. These assessments/screenings are heavily relied on information that is self-reported by the offender. • West Central Program • For ILC Convictions (RC 2951.041) purposes • Tools currently used in jail are not validated. Jail is working on implementing validated tools. • Law enforcement uses the Form95. The Deputy Hopper form. • Urbana PD takes patients to the ER, they have a medical screen, then a mental health screen if necessary. 	7	5

Planning for Sequential Intercept Mapping

14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? <i>Please describe:</i></p> <ul style="list-style-type: none"> • <i>The ORAS is used at the misdemeanor and felony level.</i> • <i>West Central utilizes the Ohio Risk Assessment System (ORAS) to identify which criminogenic domains need addressed for each resident that attends our program.</i> • <i>West Central Program</i> • <i>PSIs utilize an ORAS Score</i> 	4	5
15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe:</i></p> <ul style="list-style-type: none"> • <i>There is a reentry coalition, but I am unsure of all the services and connections in that area.</i> • <i>Please see the West Central/Champaign County Comprehensive Re-Entry Plan that was attached to the email along with this data sheet. We assist with setting up multiple services.</i> • <i>West Central Program</i> • <i>Community Control at the local level.</i> • <i>Post Release Control from Prison, but no reentry services at the jail.</i> 	5	4

16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <ul style="list-style-type: none"> • The privacy of mental health patients and their mental health records. • All systems are overburdened. In order for it to work for law enforcement, the process for diversion from jail needs to be an easy choice with somewhere safe to place people. Mental health systems need to be able to share accurate and timely information regarding diagnosis and treatment plans. Courts and law enforcement need to understand the limits of HIPPA, and the workings of their mental health agencies. All need more funding. • That everyone is on the same team and do the job they are being paid to do. • It is important to be sensitive to each agency's processes and that every agency is going to have different preferred timelines for working with each offender. It is also important be respectful of each agency's privacy policies. • Agencies all have rules/policies, guidelines and structure to follow. Agencies are full and can't address all the demand unless it's a true emergency. • Being aware that a large majority of inmates have mental health issues and having the ability to separate those individuals for diagnosis/treatment purposes. • Space and resources • The fact that there are varying cultures at all. There is no "one size fits all" method that will assist with communication. Customization is key when it comes to mental health. • Understanding CIT training and seeing MH issues that develop in the community. Law Enforcement will say that you have to understand the MH issues and treat them, but you also have to address the criminal side.
17	<p>Please describe any other examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health.</p> <ul style="list-style-type: none"> • <i>The continued support of law enforcement to keep the healthcare workers free of physical harm while caring for violent mental health patients.</i> • <i>The Stepping Up planning group for the Tri-County Regional Jail.</i> • <i>The Continuum of Care group led by the Caring Kitchen.</i> • <i>The development of good relationships between all of the partners.</i> • <i>What collaboration?</i> • <i>See attached Comprehensive Re-Entry Plan.</i> • <i>I have a personal tie with the Deputy Hopper Form 95. Please use link to learn more. http://www.courtnewsOhio.gov/happening/2013/rule95_123113.asp#.XKTRzqQpDYU</i> • <i>This is getting better. I've seen it work with specific clients and their neighborhoods. Officers are recognizing MH symptoms more and more and steering people toward help.</i> • <i>This is starting to happen.</i>

18 What would you list as your community's strengths?

- We have a community that cares about the mental wellbeing of the population and has identified ways of improving care for our patients.
- Regardless of the obstacle, the community keeps working to serve the most vulnerable. They don't give up.
- Most people genuinely care what happens to others. We have some of the most giving, caring, and compassionate people I have ever had the privilege to know. They want to learn how to help people in a way that actually produces results.
- West Central communicated effectively with its partners, and is willing to be flexible in order to ensure that its partners are able to provide the services that its residents need in order to be healthy and productive residents of Champaign County. We also are willing to collaborate with agencies to help our residents be successful upon discharge.
- Most all agencies working together participating in coalitions.
- This program (Stepping Up); Court outreach; Judge Nick Selvaggio's past, present, and future attempts to lower inmate numbers at jail.
- Consolidated Care being involved in both jail and community
- Solid counseling services
- A personable community. The culture is more "laid back" and "old school" which can be refreshing and less intimidating when getting to know the community.
- Our community is open minded to work together as patrolman and administrators.
- The people are genuinely good people. The citizens of the community are generous, supportive, and if there's a family in need, I know exactly who to call to give a helping hand.
- Community Support – everyone pulls together

19 What would you list as your community's biggest challenge at this time?

- Understanding the processes and laws surrounding the mental health patient and how we can seamlessly work together to provide the patient/inmate the mental health care that they need.
- Cross-systems cultures. Stigma of mental illness and co-occurring disorders. Stigma of justice involved individuals, and those in poverty.
- There doesn't seem to be much in the way of collaboration between entities. There is a huge disconnect between law enforcement and other agencies to get help to people who need it most. In Champaign county there is a lot of "feel good" talk and tons of meetings to attend but where are the results of these meetings.
- Most of the talk I hear is about helping ones with mental health issues are for the courts and after their case is over. I am not hearing what can law enforcement do when someone is in crisis in the moment. If they need help the only option to take them to Urbana Mercy for evaluation. Then the hospital just releases the person with a "safety plan" and frankly, that is just not enough. This results in an on-going cycle of law enforcement and/or EMT's taking them to Urbana Mercy and the whole process starts over. These little "safety plans" are frankly, ridiculous and do no one any good. This causes frustration for law enforcement and the medics who have to transport the same people over and over again and seeing the same results.
- It's time to put our money where our mouth is and start taking action. Otherwise, people will continue to flounder and go through the same process over and over. Because of this, when someone has a "breakdown" and they hurt another person then that person goes to jail which could have been avoided altogether if there was a proper resource in place.
- Our biggest challenge is that we are underfunded as an agency and understaffed as an agency to provide exceptional mental health services to those residents that are ordered to complete West Central.
- Not enough professional, trained skilled workers to address the needs of MH and AOD
- Being aware that a large majority of inmates have mental health issues and having the ability to separate those individuals for diagnosis/treatment purposes.
- Coordination and communication between stakeholders and providers
- Lack of community awareness and involvement
- The strength becomes its weakness at times due to less exposure to higher cases of complex mental illness or situations. The old school thinking needs to evolve at some point in an effort to customize care effectively.
- Man power and monetary resources. Mental health isn't hitting the news. The attention is all on opiates, and the funding follows that.
- Stagnation, old mind set, and the good 'ol boy system where everyone has their fiefdoms. They won't talk or listen, but just want to control their own ares – territorial.
- People use different codes for data. Buckeye sheriffs codes vs "U" codes, which are more specific to each incident.
- Funding – not having the tools that other places have. (Just responded to OD yesterday and waiting on bloodwork, department has 4 part time patrolmen, but no other administrator other than Chief, noticing more MH issues than ever)

JAIL BOOKINGS <i>(Please report most recent data available (12-36 months) and use a consistent time range throughout the report.)</i>	
Person Completing Form (name/title) <u>Scott E. Springhetti, Executive Director</u>	
Time period being reported (identify a recent six-month to one-year period) <u>January, 2018 through December 31, 2018</u>	
What is the rated capacity of the jail?	160
What is the average daily total population of the jail?	187
What is the average number of total daily bookings?	@ 13 per day
What type of automated system is used to collect Jail Booking, classification, health and release information?	Jamin- Jail Management System from Justice Data Solutions
Based on the total jail population for the time range being reported, please provide the number for each classification of inmate below: <i>(If unable to provide objective data on booking types, please provide estimated average percentage for each booking)</i>	
Pretrial Misdemeanor	Unable to provide
Pretrial Felony	Unable to provide
Probation Violation	Unable to provide
Sentenced local	Unable to provide
Sentenced awaiting transport	Unable to provide
Other (specify)	Unable to provide
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?	No. We have a Medical Isolation unit, but only 3 beds. Booking area becomes default hospital
<i>The following section asks about people who were identified as having mental health issues for the timeframe being reported.</i>	
How many people, total, are identified as having a mental illness?	239 (self-reporting)
How many people identified as having a mental illness were identified by jail booking staff?	Unknown- statistic not kept
How many people identified as having a mental illness were identified while incarcerated (by corrections officers, health staff or others)	Unknown- statistic not kept
Is a specific screening tool mechanism used to identify individuals with mental illness? If yes, please name:	General screening. We are working on implementing a validated screening tool.
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	No. Currently on for suicidal precautions
What is the average daily population of persons with mental illness?	unknown
What is the average number of daily bookings of people with mental illness?	unknown
What percentage of the pretrial population represents persons with mental illness?	unknown

Planning for Sequential Intercept Mapping

What percentage of the sentenced population represents persons with mental illness?	unknown
CROSS TABULATION OF MULTI-SYSTEM DATA	
<i>For the entire population of persons booked into jail during the identified time range (open or closed cases):</i>	
Is Jail Booking information shared on a regular basis with public funded Mental Health, Substance Use Treatment or Developmental Disability Agencies? If so, how?	No
How many people were known to the publicly-funded mental health system?	N/A
How many people accessed acute crisis services in the jail during the specified reporting period?	unknown
How many people were known to the publicly funded substance use treatment system?	unknown
How many people were known to the Developmental Disabilities system?	unknown
ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION	
For those who are identified as persons with mental illness or co-occurring substance use disorder or developmental disabilities (by jail, other criminal justice, or treatment systems) during the reported time range, what are the nature of the charges?	
Misdemeanors	Unable to provide
Felonies	Unable to provide
Violent Behavior	Unable to provide
Violations of Probation	Unable to provide
Frequency - How many arrests / bookings per person? (average)	Unable to provide
Length of stay in the jail for each episode of incarceration (average)	Unable to provide
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:	
How many people with mental illness or co-occurring disorders left the jail with financial benefits or entitlements in place?	Unknown- not tracked
How many people with mental illness or co-occurring disorders left the jail with a shelter as the identified residence?	Unknown, however all provide destination
How many people with mental illness or co-occurring disorders had no known residence?	Unknown- not tracked
How many people with mental illness or co-occurring disorders left the jail with an appointment at a mental health or other treatment service?	Unknown- not tracked
How many people with mental illness or co-occurring disorders had contact with a helping professional from the community to facilitate reentry?	Unknown- not tracked