

Perry County, Ohio

Sequential Intercept Mapping Draft Report

October 31-November 1, 2019

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Sequential Intercept Mapping

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Perry 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 Perry County, Ohio on October 31-November 1, 2019. The workshops were hosted at Perry Behavioral Health Choices Activity Center with local coordination provided by Perry Behavioral Health Choices, 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 Perry 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 & Recovery Services Board serving Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties (Six County Board) and the New Lexington Police Department requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in May 2019 as the next logical step in moving forward with the county's *Stepping Up* initiative. The Sequential Intercept Mapping exercise was the first official activity of the county *Stepping Up* initiative and was meant to aid Perry 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 37 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, peer support specialists, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. Daniel Peterca, Douglas Powley, and Ruth H. Simera 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, and the belief that Recovery is Possible.*

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 Perry 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 and what services and supports are available to help prevent criminal justice contact, i.e., Intercept 0 resources including crisis response, outpatient services, social service supports, community-based resources and evidence-based treatment options.
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 Perry 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

Perry 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: Crisis Intervention Team (CIT) training and the Drug Court Treatment Team. Perry 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 a peer support specialist; however, individuals with lived experience that were not serving additional roles were not represented. 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 some cross-system representation with key decision makers present from law enforcement and the mental health system.
- Key players that were missing at the workshops: individuals with lived experience that are not currently working in the behavioral health system, Prosecution, defense counsel, dispatch, Genesis HealthCare System and Southeastern Ohio Regional Jail. The Jail Warden did make a brief personal appearance to assist with answering questions about the jail, but was not a participant in the overall exercise.

Data Collection

- The Perry 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
 - Completed Jail Data Sheet
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Perry County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, July 2019
 - Muskingum, Coshocton, Noble, Perry, Guernsey and Morgan Counties CIT Officers Roster Project Summary Report, September 2015
 - Muskingum, Coshocton, Noble, Perry, Guernsey and Morgan Counties CIT Peer Review, June 2013

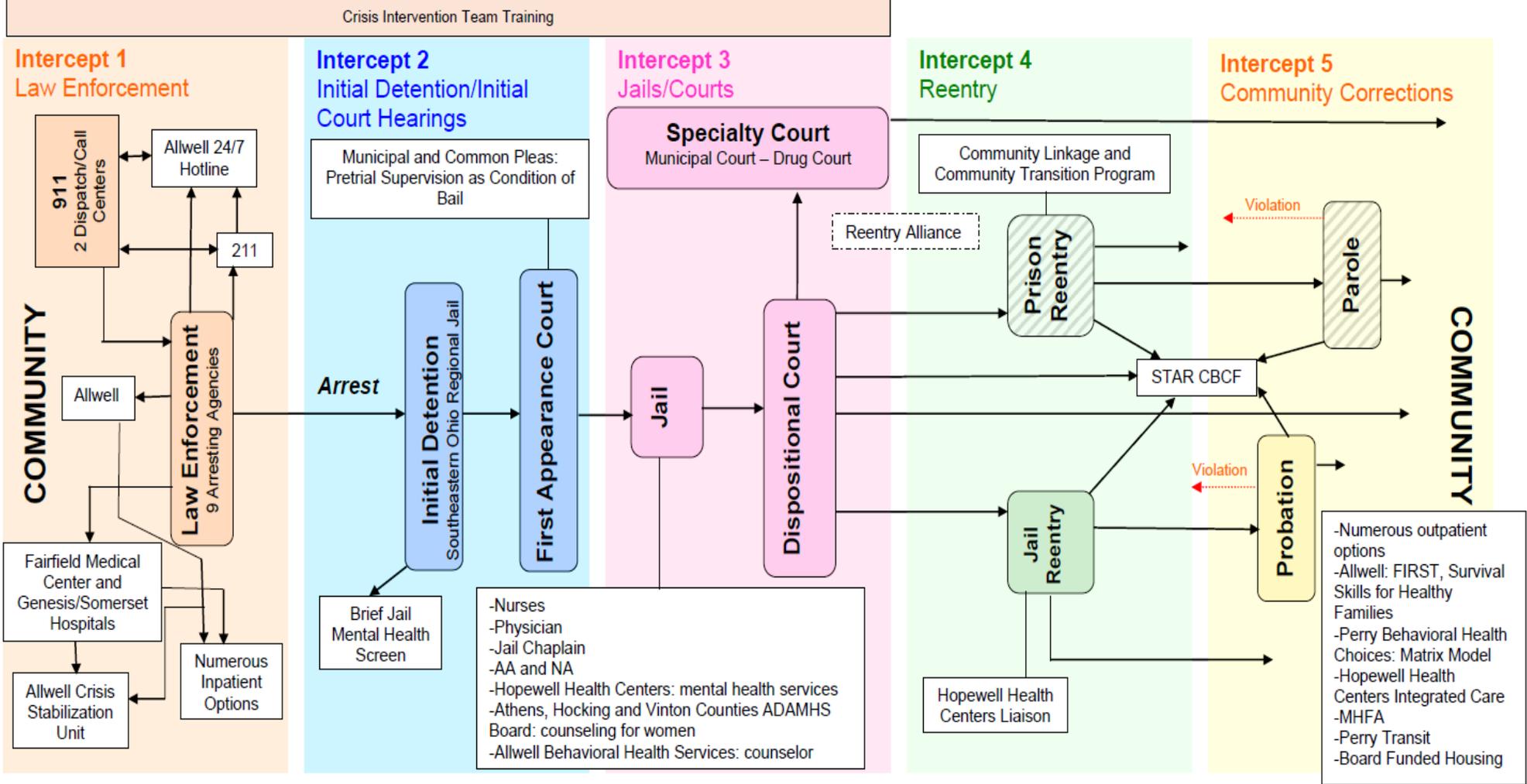
Recommendations

- 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 Perry 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.

Sequential Intercept Mapping

Perry County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Perry County October 2019



An acronym list for the map is available in Appendix A

Perry 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 and as part of the discussion of Intercept 0.

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 Perry 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: 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 Perry County. In addition to the services and resources outlined below, participants discussed challenges and barriers associated with housing, services and housing for sex offenders, prevention and early intervention practices, inclusion of community members, and stigma associated with individuals with co-occurring disorders.

- Mental Health First Aid (MHFA) training is available through five trainers at the Six County Board. During the training, participants are informed to request Crisis Intervention Team (CIT) officers when a law enforcement response is needed for a community member in a mental health crisis.
- MHFA for Youth training is available through one trainer at The Ohio State University Extension.
- United Way of Muskingum, Perry and Morgan Counties provides a 24/7 211 access line that is staffed with crisis intervention specialists. The access line provides warm hand-offs to Allwell Behavioral Health Services’ crisis hotline and follow-up services within 48-hours. On average, the access line has 700-1,000 calls per month; however, only about seventy calls are from Perry County.
- Prior to the workshop, the CJ CCoE collated a list of services from the Six County Board website and Community Collaboration Questionnaire (Appendix B). Below are various EBPs and services taken from that list that can service the target population.
 - Allwell Behavioral Health Services provides a 24/7 crisis hotline that is staffed with clinicians that complete crisis intervention plans, make appointments with Allwell Behavioral Health Services and make referrals to various services, including the 911 Center, open access on Wednesdays, services five days/week and extended hours till 7:00 PM on Mondays and Thursdays with an average clinician wait time of 30-minutes, an 8-bed crisis stabilization facility in Zanesville that requires medical clearance before acceptance, 24/7 crisis assessments at designated safe sites, Clozapine prescribers, Coordinated Specialty Care for FIRST Episode Psychosis, Survival Skills for Healthy Families, peer support specialists, individual, group and family therapy, psychiatric services, and case management.
 - Perry Behavioral Health Choices provides individual and group counseling, the Matrix Model, Parent Child Interaction Therapy, case management, residential treatment for women, three substance use peer support specialists, and detox.
 - Hopewell Health Centers provides integrated care between primary care, dentistry and mental health services. Additional EBPs are available to patients of the agency; however, referrals are not invited from other providers, agencies, or the public for access to their mental health services.

Intercept 0 Gaps

- Crisis response system, including triage and traffic control; medical clearance is required to access crisis stabilization unit
- Lack of Assisted Outpatient Treatment cases filed
- Lack of law enforcement MHFA trainers
- Continuum of referrals between Fairfield Medical Center and the behavioral health system
- Education of crisis resources to the public; lack of utilization of 211

Intercept 0 Opportunities

- A peer support center will be opening for individuals with substance use disorders

Recommendations

- Perry County has a lot of good programming and may benefit from engaging a wider base of community members in its efforts. This can start with widespread community messaging and outreach and evolve to enhanced involvement by individual and private entities.

Intercept I: Law Enforcement / Emergency Services

In Perry 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 Southeastern Ohio Regional Jail, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options.

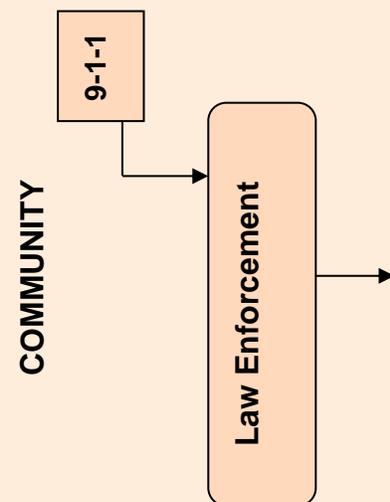
Dispatch / 9-1-1

- Perry County has two call and dispatch centers: Perry County Sheriff's Office and the 911 Center. The 911 Center is responsible for dispatching police, fire and emergency medical services (EMS) for the county; the Perry County Sheriff's Office is available to handle calls during times of high call volume.
- Several dispatchers from the Perry County Sheriff's Office have completed the full 40-hour CIT course. All dispatchers have received emergency medical dispatch (EMD) training.
- Both call and dispatch centers utilize scripts. The 911 Center utilizes a code for mental health calls. Otherwise, there is not a formal data collection process, re: mental illness or CIT encounters.
- Both call and dispatch centers can provide warm hand-offs to Allwell Behavioral Health Services' crisis hotline and the 211 access line.
- There is currently no protocol in place for callers to request a CIT officer or for the call centers to specifically dispatch CIT officers.

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued March 2019, Perry County has nine Law Enforcement Agencies: Coming Police Department, Crooksville Police Department, Junction City Police Department, New Lexington Police Department, New Straitsville Police Department, Perry County Sheriff's Office, Shawnee Police Department, Somerset Police Department, and Thornville Police Department, with an estimated 24 full-time officers.

Intercept 1 Law enforcement



- As of July 2019, the Perry, Coshocton, Muskingum, Guernsey, Noble and Morgan Counties CIT training program has held thirteen courses, with annual CIT training averaging 25-30 participants. Most 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 21 full-time officers have completed CIT training. Three law enforcement agencies have not participated in CIT training: Corning Police Department, New Straitsville Police Department and Shawnee Police Department.
- Perry County Sheriff's Office and New Lexington Police Department have written policies and procedures regarding how to interact with individuals with mental health concerns.
- Law enforcement can drop off individuals at Allwell Behavioral Health Services for assessments and Perry Behavioral Health Choices' Clearview program for withdrawal management during business hours.
- Law enforcement will try to contact an individual's family and will provide referrals to the family member.
- EMS will co-respond for suicide attempts and threats, other situations involving harm or potential harm and when law enforcement utilizes a pink slip.
- Four school districts provide School Resource Officers (SROs); all SROs have completed the full 40-hour CIT course.
- The use of citations/summons in place of arrest is dependent upon offense. There is no formal agreement with the court, but officers exercise discretion. Those present at the workshop indicated that most misdemeanor crimes are given a citation/summon and referral to services.
- There is currently no formal or widespread collection of CIT data.

Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center or mobile crisis team for mental health concerns.
- Allwell Behavioral Health Services provides a 24/7 crisis hotline that is employed with clinicians that complete crisis intervention plans, make appointments with Allwell Behavioral Health Services and will make referrals to the 911 Center, open access on Wednesdays, services five days/week and extended hours till 7:00 PM on Mondays and Thursdays and average clinician wait time of 30-minutes, an 8-bed crisis stabilization facility in Zanesville that requires medical clearance before acceptance, and 24/7 crisis assessments at designated safe sites.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Appalachian Behavioral Healthcare in Athens.
- The only hospitals in Perry County are Genesis HealthCare System and Genesis HealthCare System Somerset Hospital; both have emergency departments, which serve as the after-hours access for mental health crisis assessments.
 - Local inpatient psychiatric care is provided by Genesis HealthCare System and those present at the workshop indicated that the psychiatric unit provides discharge planning to Allwell Behavioral Health Services and Perry Behavioral Health Choices. Both hospitals prescribe suboxone upon discharge.
- Fairfield Medical Center in Lancaster is utilized by Perry County residents and law enforcement. The hospital has their own security staff; therefore, law enforcement does not need to wait at the hospital until a disposition is determined.
- Hospital staff will conduct a medical screen and after medical clearance will refer individuals to Genesis HealthCare System inpatient, Allwell Behavioral Health Services' 8-bed crisis stabilization facility or out of county inpatient options.

Detoxification

- Perry Behavioral Health Choices, through its Clearview program, provides a 10-bed withdrawal management program for men and women with access during business hours for individuals who meet criteria; average wait time for an available bed is 1-2 days and average length of stay is 3-5 days.
- Genesis HealthCare System, through a contract with the New Vision program, provides a 10-bed withdrawal management unit with access during business hours for men and women who meet criteria.

Probate

- Allwell Behavioral Health Services can aid families in completing affidavits.

Veterans

- The Chillicothe VA Medical Center in Ross County operates from 7:00 AM – 8:00 PM. They do not accept emergency patients, but provide medical services, medication management, and case management.
- The Perry County Veterans Service Commission in New Lexington operates from 8:30 AM – 4:30 PM. The agency provides transportation to medical appointments, emergency financial assistance and assistance with VA claims and benefits.

Intercept I Gaps

- ▣ Veteran's Administration utilization
- ▣ CIT program development
 - CIT training for dispatchers, EMS and Probation Officers
 - CIT contact forms
 - CIT Coordinator or point of contact in Perry County
- ▣ Clarity of withdrawal management capacity and eligibility
- ▣ Pink slip utilization
- ▣ No agreed upon point of entry 24/7 – hotline or physical drop off

Intercept I Opportunities

- ▣ Judge Wilson is working on a Veterans Treatment Court
- ▣ Possibility of other individuals to be authorized as Health Officers by the Six County Board
- ▣ Strengthen community awareness of 211 system – could serve as 24/7 point of entry a sit is staffed with certified crisis intervention specialists, and 911 can auto-transfer to 211

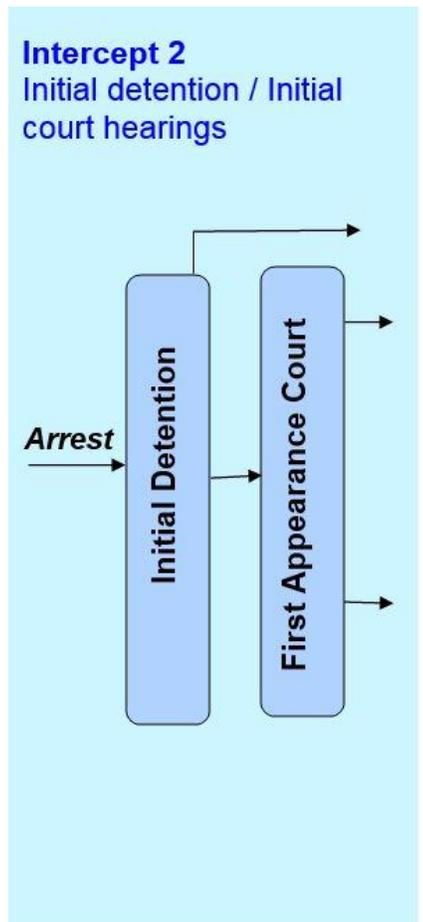
Recommendations

- ▣ Have the CIT Steering Committee devise a plan to address the CIT program development gaps, increasing adherence to core elements.
 - Both dispatch and call taking centers should implement a call-taker and dispatcher mental illness/CIT data collection protocol.
 - Perry County should identify a local point of contact within the Perry County system to serve as a member of the six-county CIT Steering Committee
 - The CIT program should implement a CIT contact 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

- Southeastern Ohio Regional Jail is the only full-service detention facility for Perry County. The jail serves Athens, Hocking, Morgan, Perry and Vinton Counties; each county pays \$57 per day per inmate. The jail averages twelve bookings per day and roughly 30% of those bookings are Perry County residents.
- The jail pre-screens all potential inmates via the arresting officer before acceptance into the facility; often medical clearance is needed prior to acceptance. Upon acceptance, the booking officer completes a booking questionnaire, which includes questions pertaining to the individual's Veteran status, height, weight, number of children, charges, and two mental health questions, which asks whether the individual has been involuntary/voluntarily committed to a mental health institution and whether the individual has ever taken mental health medication.
 - If individuals answer yes to either of the two mental health questions, nursing staff will complete the Brief Jail Mental Health Screen (BJMHS). Individuals that screen positive on the BJMHS are referred to the Hopewell Health Centers' liaison.
- Jail medical staff is contracted through Premier Health with one physician available eight hours/week and on-call, and three full-time nurses and one part-time nurse; nurses are available 6:00 AM – 10:00 PM and the nurse supervisor is on-call.
- Hopewell Health Centers provides a liaison that offers individual counseling, groups, and crisis assessments and a psychiatrist upon request.
- The jail contracts with the Alcohol, Drug Addiction and Mental Health Services Board of Athens, Hocking and Vinton Counties to provide counseling for women, SEPTA to provide a counselor, and Allwell Behavioral Health Services in Morgan County to provide a counselor.
- Outside medications are permitted and verified; however, individuals will not be permitted to continue suboxone or benzodiazepines. Southeastern Ohio Regional Jail 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.
- Typically, no information is relayed to the courts from the jail during the initial detention unless the courts request information.
- The jail disseminates the booking roster to the Perry County Sheriff's Office, Veterans Administration and the United States Immigration and Customs Enforcement.



Arraignment

- Perry County has one Municipal Court in New Lexington. All felony and misdemeanor initial hearings, except felony direct indictments, take place via video within 72 hours for those detained in the Southeastern Ohio Regional Jail, barring a holiday or long weekend. Initial hearings occur on Tuesdays, Wednesdays, and Thursdays but can also occur on Mondays or Fridays based on volume and need.
- Most felonies are presented directly to Grand Jury which occurs once a month. If detained, the average wait for a Grand Jury appearance is ten days.
- Perry County has two Mayor's Courts; however, the Municipal Court Judge sees most individuals at initial hearing.
- There are no formal pretrial services; however, the Municipal and Common Pleas Probation Departments provide pretrial supervision as a condition of bail.
- As a condition of bail, Judges will require individuals to complete a mental health evaluation, electronic monitoring, day reporting, and/or urinalysis.
- Specialty court referral does not occur at initial hearing.

- The county does not have a Public Defender’s office. Typically, individuals do not have legal representation at initial hearing unless counsel is retained.
- Referrals for an evaluation can occur at Municipal arraignment; evaluations are completed at Allwell Behavioral Health Services, Hopewell Health Centers and Appalachian Behavioral Healthcare.

Intercept II – Identified Gaps

- ▣ Attention to and data about initial detention process and persons with mental illness
- ▣ Legal counsel at arraignment
- ▣ Processing felony arrests – dismissal of charge pending Grand Jury
- ▣ CIT information sharing with courts
- ▣ Lack of pretrial services/information relayed to court
- ▣ Relationship with Veterans Justice Outreach
- ▣ Southeastern Ohio Regional Jail acceptance policy, time involved in taking individuals to jail and female bed capacity

Intercept II – Identified Opportunities

- ▣ Jail is willing to disseminate the booking roster to other agencies as requested

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 formal pretrial services functions
- ▣ 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

- Southeastern Ohio Regional Jail rated capacity is 230; average daily population is 193. The jail allots 210 beds for males and twenty beds for females. On the date of the workshop, the Perry County actual population was forty males and thirteen females, roughly 27% of the total jail population.
- The jail utilizes X-Jail as the jail management system and it is estimated that 50% of the jail population has mental health concerns, substance use disorders or co-occurring disorders.

- Approximately 56 Correction Officers have completed the full 40-hour CIT course.
- Individuals with serious mental illnesses can be separated from the general population but only when the individual’s mental health has declined; there is not a dedicated housing unit specific to mental illness, but twelve individual cells are available for medical concerns. The goal is to stabilize the individual and return them to general population.
- Inmates have 24-hour access to telephones; however, they must be able to pay for their calls. In addition, the Allwell Behavioral Health Services’ crisis hotline will not accept collect calls; therefore, inmates do not have access to the crisis hotline unless staff calls for them.
- The jail also has Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Jail Chaplain services.

Court

- Intervention in Lieu of Conviction (ILC) is utilized for substance use disorders.
- Judges will hold an individual’s charge in abeyance and will dismiss charges after an individual completes treatment.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of September 2019, Perry County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status September 2019
Dean L. Wilson	County Court	Drug	Certified

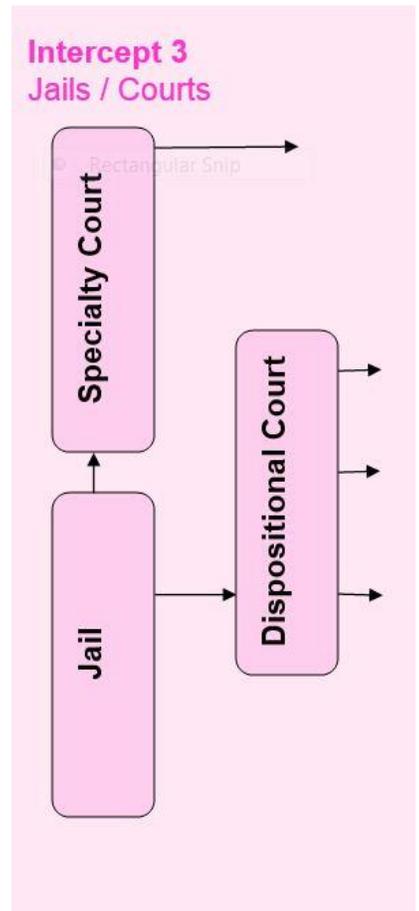
- Municipal Drug Court is a post-adjudication docket and at the time of the workshop had 35 participants. Representatives from Allwell Behavioral Health Services, Hopewell Health Centers, Perry County Job and Family Services, Integrated Services, Veterans Administration and Perry Behavioral Health Choices meet every Wednesday to discuss current participants. Participants can receive mental health assessments, and staff can complete the Screening, Brief Intervention, and Referral to Treatment (SBIRT) screen; individuals with co-occurring disorders are eligible.
- The Perry County Prosecutor’s Office will reduce felony threes and fours to misdemeanors and allow individuals to participate in the Municipal Drug Court.

Intercept III – Identified Gaps

- Mental health specialty docket
- Inmate access to 24/7 hotline
- Dedicated psychiatric unit/ward/pod at the jail
- Jail services, continuity of care, data and communication

Intercept III – Identified Opportunities

- Telehealth in the jail was attempted in the past and could be reinstated



Recommendations

- Review best practices for continuation and administration of psychotropic medications and medication assisted treatment 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 the Six County Board and Allwell Behavioral Health Services. In calendar year 2018, OMHAS completed four referrals to Perry County.
- The Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction (ODRC) completed screening and assessment for substance use disorders and sent referral packets to the Six County Board and Perry Behavioral Health Services. In calendar year 2018, CareSource completed one referral to Perry County.
- Those present at the workshop stated that no more than 25% of individuals that return to Perry County with a Community Linkage and/or Community Transition Program referral engage in services.
- Perry County Job and Family Services sends monthly emails regarding pending prison releases, offers weekly drop-in hours for resume assistance, and provides the OhioMeansJobs' services.
- Perry County has a Reentry Alliance; however, the alliance is currently inactive.
- The county utilizes Structure, Therapy, Advocacy and Restoration (STAR) Community Justice Center in Franklin Furnace as its primary Community-Based Correction Facility (CBCF). Hopewell Health Centers will provide in-reach services and the center provides treatment services and discharge planning.

Jail

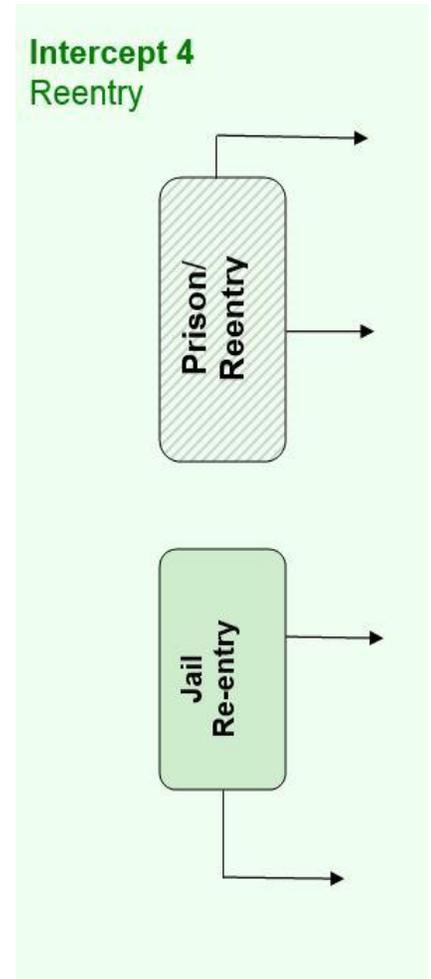
- The Hopewell Health Centers' liaison provides reentry planning for individuals identified with mental health concerns. The liaison will attempt to schedule appointments with an individual's agency of choice or Hopewell Health Centers, and aids in completion of Medicaid applications prior to release.
- There is no official medication aftercare policy. If individuals bring outside medication with them, they could be released with all that remains; however, individuals that begin medication while incarcerated will only be provided what is deemed necessary, possibly a prescription, possibly some medication to tide them over until a community-based appointment, or possibly nothing.

Intercept IV – Identified Gaps

- Peer support programming
- Reentry Alliance is inactive
- Medication continuity
- Communication flow regarding where individuals are coming from and where they are going; data on Community Linkage Packages

Intercept IV – Identified Opportunities

- Reinvigoration of the Reentry Alliance



Recommendations

- The GAINS Reentry Checklist is a helpful tool in coordinating discharge planning from jails and should be instituted to whatever degree possible in the Southeastern Ohio Regional Jail/Perry County. The checklist can be used by jail staff, probation, or an external entity providing the service but is an important tool in identifying and recording the resources needed and referrals made for inmates being discharged.
- 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

- Municipal Court has three Probation Officers. One officer has the Drug Court caseload with a current caseload of 35. In calendar year 2018, 755 individuals completed probation in Perry County. The Ohio Risk Assessment System (ORAS) is utilized.
- Common Pleas has two full-time Probation Officers and one part-time Probation Officer. One full-time officer is designated for low risk individuals with a caseload of fifty and one full-time officer is designated for high risk individuals with a caseload of 70-80. The part-time officer has a caseload of fifty. ORAS results, and assessments and recommendations from Perry Behavioral Health Choices, Allwell Behavioral Health Services and Health Recovery Services in Logan and Athens Counties are used to determine supervision level.

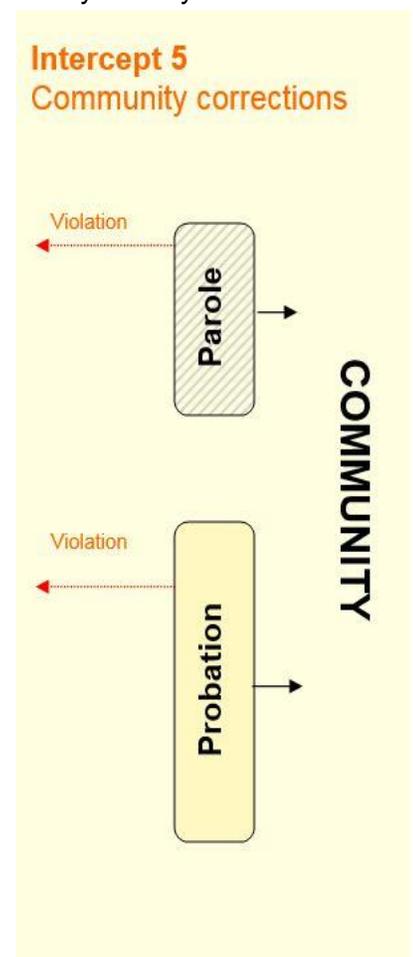
Parole

- Currently, one Parole Officer is assigned to Perry County with an average caseload of eighty; roughly 75% have mental health concerns or co-occurring disorders.
- Individuals are referred to local community-based services as needed.

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 Perry County.

- NAMI of Six County serves Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties. Those present at the workshop indicated that NAMI does not have a strong participation in Perry County.
- Housing was identified as a significant gap for Perry County. These existing services were highlighted:
 - Perry Behavioral Health Choices provides sober housing
 - United Way of Muskingum, Perry and Morgan Counties provides funding for rent, utilities, and other forms of assistance
 - Salvation Army in Zanesville provides beds and transportation for Perry County residents
 - Six County Board provides some housing resources
 - Habitat for Humanity
- ForeverDads provides programming to encourage, educate and equip men to develop positive relationships with their children, family and community. Currently, a chapter meets at the Perry Behavioral Health Choices' Activity Center and is focusing on men's residential housing.



- Perry County Job and Family Services offers transportation through Perry County Transit and Medicaid for eligible treatment services.
- Other services that were listed as available in the community, but not specifically itemized included AA and NA.

Intercept V – Identified Gaps

- ▣ Housing – quality, eligibility and capacity; criminal records are a barrier; cannot have a drug offense in the past year
 - ▣ Permanent housing
 - ▣ Transitional housing
 - ▣ Sober housing
 - ▣ Halfway house
 - ▣ Homeless shelter
- ▣ Transportation availability and access – communication regarding transportation services
- ▣ Validated screening tools are not being utilized
- ▣ Land bank discontinued
- ▣ Peer supports

Intercept V – Identified Opportunities

- ▣ ForeverDads
- ▣ Habitat for Humanity receives United Way funding

Recommendations

- ▣ Probation and Parole Officers providing supervision and services to individuals with mental illness should receive special training related to mental illness

Priorities for Change

Perry County,
Ohio

Perry 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. Housing
2. Jail Services, Continuity of Care, Data and Communication
3. Crisis Response System
4. Transportation

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

- Education of crisis resources to the public; lack of utilization of 211 (4 votes; Intercept 0)
- Mental health specialty docket (4 votes; Intercept 3)
- Pink slip utilization (1 vote; Intercept 1)
- Clarity of withdrawal management capacity and eligibility (1 vote; Intercept 1)
- Southeastern Ohio Regional Jail acceptance policy, time involved in taking individuals to jail and female bed capacity (1 vote; Intercept 2)
- Peer support programming (1 vote; Intercept 4)
- Reentry Alliance is inactive (1 vote; Intercept 4)

Parking Lot Issues

- Insurance coverage for commonly recognized prescription medications

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
Perry County, Ohio | October 31-November 1, 2019

Participant Roster

Name	Title	Organization	Email
Corey Abram	Probation Officer	Perry County Common Pleas Court	Corey.abram@perrycountyohio.net
William Barker	Sheriff	Perry County Sheriff's Office	sheriffbarker@perrycountysheriff.org
Anne Barnett		Perry County Think Tank on Poverty	johnnandannebarnett@yahoo.com
Katherine Blosser	Case Manager	Hopewell Health Centers	Katherine.blosser@hopewellhealth.org
Bobbi Bragg	Case Manager	Allwell Behavioral Health	bbragg@allwell.org
Joey Carr	Chief	Roseville Police Department	rp@rosevilleoh.com
Becky Clawson	Community Impact Director	United Way of Muskingum, Perry and Morgan Counties	bclawson@unitedwayofmpm.org
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John Dodson	Assistant Director	Perry Behavioral Health Choices	john@perrybhc.org
Emily Here			eehre@allwell.org
Scott Ervin	Chief	New Lexington Police Department	Scott.ervin@newlexingtonohio.gov
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Lesia Garey	Community Health Educator	Perry County Health Department	lgareypchd@gmail.com
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Dawn Good		Fairfield Medical Center	dawngoo@fmchealth.org
Dale Hague		Perry Behavioral Health Choices	dhague@perrybhc.org
Misty Harmon	Extension Educator	Family and Consumer Sciences, Ohio State University Extension	Harmon.416@osu.edu
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Ashlee Jones	Parole Officer	Adult Parole Authority	Ashlee.jones@odrc.state.oh.us
Lisa Leckrone		Perry County Job and Family Services	Melissa.leckrone@jfs.ohio.gov
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Judy Mears		Perry County Veterans	pcevets@perrycountyohio.net
Tuesday Metzger	Dental Assistant	Hopewell Health Centers	Tuesday.metzger@hopewellhealth.org
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Andrea Patterson	Director	Allwell Behavioral Health	apatterson@allwell.org
Brandon Russell	Six County Opioid Community Engagement Coordinator	Mental Health and Recovery Services Board of Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties	brandonr@mhrs.org
Sherry Sandefur	Section 8 Coordinator	Perry County Metropolitan Housing Authority	sherry@perrymha.org
Chad Seurkamp			cseurkampchd@gmail.com
Nicole Shipley	Probation Officer	Perry County Common Pleas Court	n.shipley@perrycountyohio.net
Theressa Snyder-Kane	Executive Director	Perry Behavioral Health Choices	tsnyder@perrybhc.org
Cassie Stapleton	Treatment Navigator	Perry Behavioral Health Choices	txnavigator@perrybhc.org
Wendy Starlin	Behavioral Health Consultant	Hopewell Health Centers	Wendy.starlin@hopewellhealth.org

Ben Taylor		Perry County Job and Family Services	Benjamin.taylor@jfs.ohio.gov
Melanie Toth	ClearView Program Supervisor	Perry Behavioral Health Choices	mtoth@perrybhc.org
Stephen Ulrich	Medical Doctor	Perry County Family Practice	steve@pcfpohio.com

Action Planning Matrix for Perry County, Ohio

Priority Area 1: Housing				
Objective		Action Step	Who	When
1.	Create data collection system	<ul style="list-style-type: none"> A. Seek other models B. Develop a survey C. Distribute and collect survey D. Contact existing agencies and committees E. Meet with consensus committee 	Becky Clawson and Brandon Russell Housing Coalition	Housing Coalition Meeting on November 12, 2019
2.	Collect all resources currently available	<ul style="list-style-type: none"> A. Identify who to collect from B. Identify barriers C. Connect with Reentry Alliance D. Seek other models (Ruth Simera) 	Dale Hague Reentry Alliance (Ben Taylor)	Housing Coalition Meeting on November 12, 2019
3.	Educate and share all resources with consumers, family members and especially agencies	<ul style="list-style-type: none"> A. Identify who to share with B. Identify what to share C. Share and educate 	All Members of the Housing Coalition	Housing Coalition Meeting on November 12, 2019
4.	Find funding	<ul style="list-style-type: none"> A. Identify resources B. Seek other models 	Becky Clawson	To Be Determined

Action Planning Matrix for Perry County, Ohio

Priority Area 2: Jail Services, Continuity of Care, Data and Communication			
Objective	Action Step	Who	When
1. Develop policies and procedures to maintain continuity of care more efficiently	A. Research current policies and procedures/standards regarding information sharing with medical providers	All	
	B. Coordinate with jail personnel and Board of Directors to develop efficient standards across the board for all providers	Sheriff William Barker in conjunction with Warden and Board	
	C. Incorporate Primary Care Physician notification of intake and discharge	Stephanie McClelland	
	D. Increase signing of release of information at intake		
2. Increase information sharing	A. Develop communication policies/standards between courts and jail prior to hearings	Sheriff William Barker	
	B. Increase signing of release of information at intake		
	C. Increase updates/follow-up and information sharing		
3. Improve reentry services	A. Develop resource packet to be given to individuals at release	Chief Scott Ervin and Nicole Shipley	
	B. Develop programming at jail to provide reentry information	Southeastern Ohio Regional Jail	
	C. Develop follow-up procedures upon release		
	D. Check with warden about current processes	Sheriff William Barker	
4. Data collection – getting specific information for Perry County	A. Develop a process for collecting and maintaining accurate data		

Action Planning Matrix for Perry County, Ohio

Priority Area 3: Crisis Response System			
Objective	Action Step	Who	When
1. Find a work around for a “non-client” to be able to receive services	A. Receive funding for services provided to “non-clients” of mental health/substance use disorder organizations	Bob Montgomery and Theresa Snyder-Kane: Six County Board to find a work around and/or funding stream	July 1, 2020 – Start of New State Fiscal Year
2. Determine the criteria for admission to crisis stabilization with Allwell	A. Call the facility directly to get accurate information for admission, if managing a crisis	Agencies, law enforcement, and general public	Crisis hotline available 24/7
	B. Utilize emergency medical services (emergency departments) (they know the process)	Genesis Hospital (Zanesville) and Genesis – Somerset Emergency Department	Hospital/emergency department available 24/7
3. Utilize our local Quick Response Team (QRT) and Treatment Navigators for mental health and substance use disorders	A. Cross training for mental health and substance use disorders for all members of the team B. Utilize the existing referral system from law enforcement C. Allowance for anonymous referrals	Theresa Snyder-Kane will pass this onto the current teams and see how this works for them	November 30, 2019 – the QRT members will be asked to consider adding mental health specifically

Action Planning Matrix for Perry County, Ohio

Priority Area 4: Transportation			
Objective	Action Step	Who	When
1. Education for clients and agencies regarding funding scheduling	A. Push material	Lisa Leckrone and Ben Taylor	November 4, 2019
2. License re-instatement challenges	A. Explore and identify challenges	Ben Taylor	Next Meeting December 3, 2019 or December 10, 2019
3. Transportation costs for non-medical appointments	A. Assess specific needs via survey	Lisa Leckrone	Next Meeting December 3, 2019 or December 10, 2019
4. Transportation barriers: county lines and early/late drop-offs	A. Gather scenarios B. Identify commonalities C. Devise plans	Lisa Leckrone Lisa Leckrone Lisa Leckrone	Next Meeting December 3, 2019 or December 10, 2019

Appendix

Appendix A

1. **AA** = Alcoholics Anonymous
2. **ADAMHS** = Alcohol, Drug Addiction and Mental Health Services
3. **CBCF** = Community Based Correctional Facility
4. **FIRST** = Coordinated Specialty Care for FIRST Episode Psychosis
5. **MHFA** = Mental Health First Aid
6. **NA** = Narcotics Anonymous
7. **STAR** = Structure, Therapy, Advocacy and Restoration

Appendix B

Perry County Evidenced Based and Best Practices

Allwell Behavioral Health Services – Perry Center – CCQ and Board Website

- Assessment and evaluation
- Psychiatric services
- Personal growth
 - Three-hour group programs
- Managed care services
- Community support and case management
- Peer support
- Counseling and therapy
 - Individual
 - Marital
 - Group
 - Substance use
 - LGBTQ
- Children, family and adult services
- Crisis intervention
 - 24/7 crisis hotline
 - Crisis center, Zanesville
- Employee assistance
 - C.O.R.E program to train individuals in custodial and lawn care skills
- Consultation and education
- Prevention and wellness

Perry Behavioral Health Choices – CCQ and Board Website

- Outpatient Treatment
- Assessment
- Individual counseling
- Group counseling
- Case management
- Urinalysis
- Crisis intervention
- Residential treatment for women – Stanton Villa
 - Residential treatment
 - Assessment
 - Intensive outpatient
 - Ambulatory detox
- Prevention services
 - National Red Ribbon Campaign
 - After school clubs (fishing club, advocacy club, Asset Concentrated Education [ACE] club)
 - Learning About Feelings and Fishing (LAFF) summer camp
 - Thinking for a Change (adults and juvenile groups)

Hopewell Health Centers – CCQ

- Primary Health Care Clinic
- Perry County WIC Program

Forensic Diagnostic Center of District 9 – Board Website

Appendix C

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 CJCCoE 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 CJCCoE 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: Perry County		
Contact Person: Dale Hague	Phone: 740-342-1991 ext. 612	Email dhague@perrybhc.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? Perry County Drug Court Treatment Team	Yes	
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> For Juvenile Court, Family & Children First Council has representatives from various agencies; POWER	Limited	
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>		No
4	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> Allwell Behavioral Health; Hopewell Health, Integrated Services for Behavioral Health; Perry Behavioral Health Choices, Inc.	Yes	
5	Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population? <i>Please describe:</i> Allwell Behavioral Health; Hopewell Health, Integrated Services for Behavioral Health; Perry Behavioral Health Choices, Inc. provide services and meet weekly with the courts	Yes	
6	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>		No

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> <p>Probation officers provide this role. Some health agencies have assigned staff to this role.</p>	Yes	
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>		No
9	<p>Are there any local agencies that have not participated in collaboration efforts? <i>Please describe: Prosecutor's office is rarely represented; on occasion other agencies have not had a representative</i></p>	Yes	
10	<p>Does your community have any jail or court diversion programs at this time? <i>Please describe:</i></p> <p>Courts have programs that are subsequent to indictment.</p> <p>A shared jail in Nelsonville does not have diversion programs.</p>	Yes	
11	<p>Does your community have a mental health, drug or other specialty court? <i>Please describe:</i></p> <p>Drug Court</p>		
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> <p>New Lexington Police Department has an agreement with Adult Probation. No other formal agreements, there are occasional meetings to discuss issues and where law enforcement can make recommendations and referrals</p>	Yes	
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> <p>OYAS for youth; ORAS for adults; Probation officers</p>	Yes	
14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? <i>Please describe:</i></p> <p>OYAS for youth; ORAS for adults; Probation officers</p>	Yes	

15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe:</i></p> <p>Perry County does not have organizations like Restored Citizen's Network in Muskingum County, Jobs & Family Services helps with some needs</p>	Somewhat	
16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <p>Confidentiality, releases need to be signed for each client for better communication</p>		
17	<p><i>Please describe any other examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health.</i></p>		
18	<p>What would you list as your community's strengths?</p> <p>Strong sense of community (small community – everyone knows one another); good drug rehabilitation services; Drug Court; growing and improving mental health care services;</p>		
19	<p>What would you list as your community's biggest challenge at this time?</p> <p>Everyone is busy, challenging to find time for more collaboration</p>		

Planning for Sequential Intercept Mapping

JAIL BOOKINGS	
<i>Please report most recent data available (12-36 months)</i>	
Person Completing Form (name/title)	
Time period being reported	
What is the rated capacity of the jail?	(insert number) 230
What is the average daily total population of the jail?	192
What is the average number of total daily bookings?	13
What type of automated system is used to collect Jail Booking, classification, health and release information?	X-JAIL
Please provide the number and types of booking that are used, e.g.,	
Pretrial Misdemeanor	2%
Pretrial Felony	92%
Probation Violation	2%
Sentenced local	5%
Sentenced awaiting transport	5%
Other	
(If unable to provide objective data on booking types, please provide average percentage of each population)	57.8%
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?	GENERAL Population unless under Suicide Precautions No
How many people are identified as having mental health issues?	
By jail booking staff	197
While incarcerated (by corrections officers, health staff or others)	97
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	Yes
What is the average daily population of persons with mental illness?	50%
What is the average number of daily bookings of people with mental illness?	4
What percentage of the pre-trial population represents persons with mental illness?	50%
What percentage of the sentenced population represents persons with mental illness?	50%
CROSS TABULATION OF MULTI-SYSTEM DATA	
<i>For the entire population of persons booked into jail during the identified time period (open or closed cases):</i>	
Is Jail Booking information shared on a regular basis with public funded Mental Health, AOD or Developmental Disability Agencies?—if so how?	Yes Hopewell Health Centers jail liaison
How many were known to the publicly-funded mental health system?	180
How many accessed acute crisis services during the specified reporting period?	97
How many were known to the publicly funded substance abuse treatment system?	58
How many were known to the Developmental Disabilities system?	10

Planning for Sequential Intercept Mapping

ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION	
For those who are identified as persons with mental illness or co-occurring substance abuse or developmental disabilities (by jail, other criminal justice, or treatment systems), what are the nature of the charges?	
Misdemeanors	3
Felonies	5
Violent Behavior	8
Violations of Probation	14
Frequency - How many arrests / bookings per person? (average)	3
Length of stay in the jail for each episode of incarceration (average)	18 days
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:	
How many people left the jail with financial benefits or entitlements in place?	95
How many people left the jail with a shelter as the identified residence?	0
How many people had no known residence?	17
How many people left the jail with an appointment at a mental health or other treatment service?	99
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	95