

Hancock County, Ohio

Sequential Intercept Mapping Final Report

March 2-3, 2017

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Sequential Intercept Mapping

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Hancock 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 Hancock County, Ohio on March 2 & 3, 2017. The workshops were sponsored by the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services, who provided staff to coordinate the effort 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 Hancock 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 Hancock County Board of Alcohol, Drug Addiction and Mental Health Services (ADAMHS) secured funding through a Criminal Justice Behavioral Health Linkage Grant from the Ohio Department of Mental Health and Addiction Services (OMHAS). As a result, the ADAMHS Board and the Hancock County Sheriff requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops for assistance to Hancock 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 35 individuals representing multiple stakeholder systems including mental health, substance use treatment, criminal justice and corrections, consumers and consumer support/advocacy, law enforcement, courts, housing, county jail, and community healthcare. A complete list of participants is available in the resources section of this document. Jodi Long, Daniel Peterca, 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 Hancock 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 Hancock County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

Hancock County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. There are currently two primary cross-system collaborative groups: CIT Steering Committee and the Corrections Planning Board. Hancock County Board of Commissioners also recently 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 county has a Linkage Continuous Quality Improvement (CQI) Committee that meets regularly and was the backbone of the planning team for the Sequential Intercept Mapping (SIM) exercise. This core group will continue to provide oversight to the work following the mapping exercise and will encourage mergers and cooperation between the workgroups that evolved from the mapping exercise and existing committees or coalitions working on related issues, e.g., Housing Coalition and Transportation Coalition. Agencies and programs also report related data and progress to the Community Corrections Board.

Consumer Involvement

The local planning team included one peer support individual, with additional representation during the workshop consisting of three parents of consumers and the Executive Director of the local NAMI Chapter.

Representation from Key Decision Makers

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key players that were missing at the workshops: dispatch services, veterans' services, victim advocacy, probation, and defense counsel.

Data Collection

- The Hancock 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
 - Hancock County Jail Data for the period 2013 – September 30, 2016
 - Findlay Police Department Statistics 2007 - 2017
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Hancock County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, February 1, 2017
 - Hancock County CIT Officers Roster Project Summary Report, September 2015
 - Hancock County CIT Peer Review, May 1, 2012

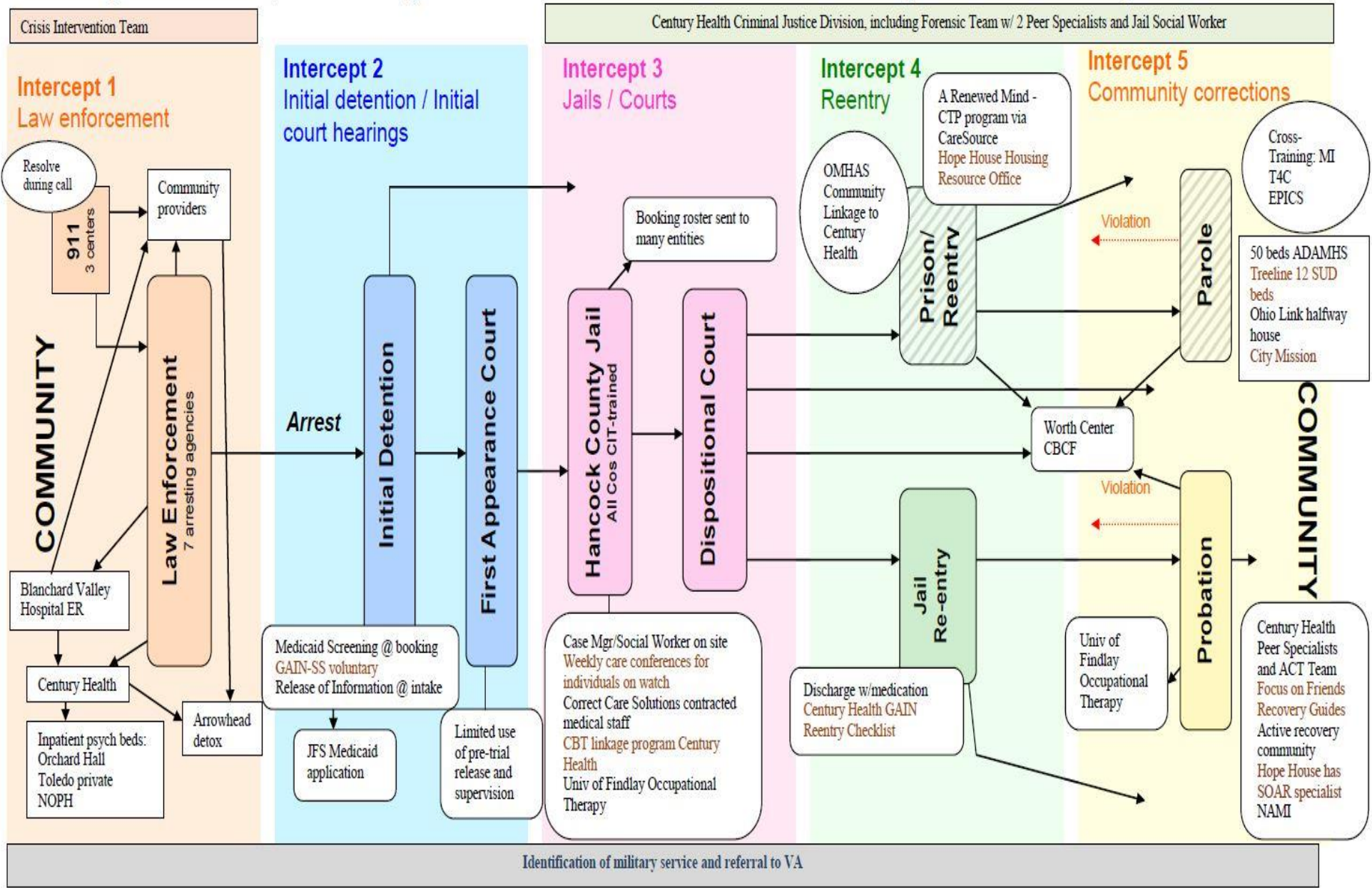
General Recommendations:

- At all stages of the Intercept Model, seek opportunities to clearly define, utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with serious mental illness and often co-occurring disorders in the Hancock 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 serve as a baseline and 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

Hancock County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Hancock County March 2017



Hancock 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 Hancock County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

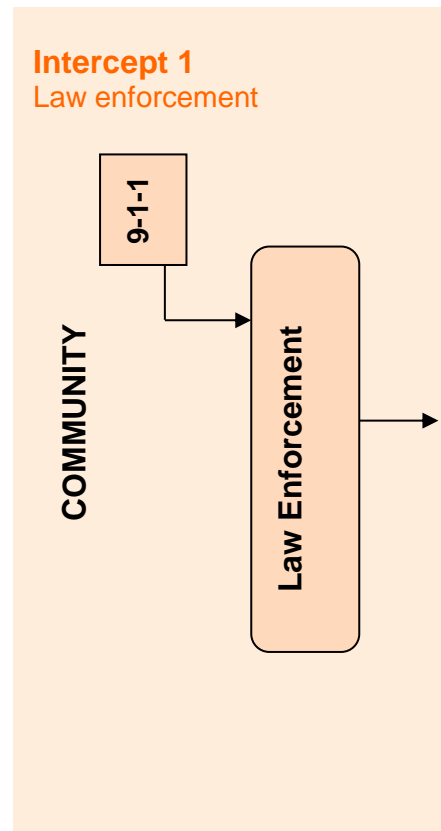
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus. In some instances,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

Intercept I: Law Enforcement / Emergency Services

In Hancock 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 county 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

- Hancock County has two call and dispatch centers: Findlay Police Communications Center and Hancock County Sheriff’s Office Communications Center.
- The Hancock County Sheriff’s Office (S.O.) Communications Center dispatches the Fire and EMS for the county.
- Hanco EMS is part of the Blanchard Valley Health System and has its own dispatch center.
- All Findlay and S.O. dispatchers have been trained in the Crisis Intervention Team (CIT) model. A new group of dispatchers is coming in to the Sheriff’s Office. CIT training will be scheduled for this group, along with newly required training for Emergency Medical Dispatchers.
- The Findlay Police Communications Center and the Hancock County Sheriff’s Office Communications Center utilize common codes, including mental health codes, although each uses different software.
- 50,000 – 75,000 calls come in to dispatch annually, with 276 calls dispatched to CIT officers in the past year. Findlay call-takers are active partners in the local CIT and will de-escalate calls involving individuals with mental illness when possible. As a result, the CIT Coordinator reported that the number of calls resolved without officer intervention has increased over time, although there is no formal data to reflect when CIT calls are resolved successfully by dispatchers.
- Findlay police officers have a CIT designation, so dispatchers know which officers are CIT trained and on shift.



Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued April 21, 2017, Hancock County has four Law Enforcement Agencies: Findlay Police Department, Hancock County Sheriff's Office, McComb Police Department, and University of Findlay Campus Police, with an estimated 107 full-time officers.

- As of May 1, 2017, the Hancock County CIT program has held nine training courses. 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 85 full-time officers have completed CIT training.
 - EMS and fire personnel are not incorporated in the 40-hour CIT training course; however, EMS will be incorporated soon.
 - Because a portion of Fostoria Police Department's jurisdiction is in Hancock County, this agency has been invited to participate in CIT training. Similarly, Bluffton Police Department is located in Allen County with part of its jurisdiction in Hancock County. Bluffton P.D. participates in CIT training through the Allen/Auglaize/Hardin County CIT program.
 - Participants noted the existence of State Wildlife Officers in Hancock County, although there is no record of CIT participation to date.
- Findlay P.D. officers take a proactive and highly engaged approach to managing mental health crisis encounters. Using the EAR (Engage, Assess, Refer) model, officers gather as much information as possible from various sources and refer to service providers or for hospital pre-screening when possible. The CIT Coordinator reported that 99% of the time when civil commitment is warranted, CIT officers will get voluntary compliance from individuals to be transported to the hospital Emergency Department. The Sheriff's Office deputies are more reliant on mental health providers for compliance and the commitment process. In both instances, police typically provide transportation to the local hospitals. The P.D. is currently discussing financial management issues with Century Health and the local hospital to try to reduce the burden on clients.
- Findlay Police Department collects CIT data and relays encounter information to the courts and prosecutors and incorporates pertinent information from CIT data into their CIT training. The CIT tracking form can go to the court with the police report. The Sheriff's Office is developing a statistical system similar to Findlay P.D. which will be implemented in the near future.
- The use of citations/summons in place of arrest is dependent on the offense. There is no formal agreement with the court, but officers exercise discretion. Typically, if an individual is intoxicated law enforcement will not issue charges and will encourage seeking treatment; however, law enforcement is required to charge an individual who is in possession of the illegal substance. All felonies require arrest.
- Law enforcement reported that use of force with individuals with mental illness is nearly non-existent.
- EMS normally co-responds for suicide attempts and threats, or other situations involving harm or potential harm and will stage the scene until law enforcement arrives. EMS will soon participate in CIT because of their experience arriving first on the scene.

Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center or mobile crisis team. 80-90% of hospital pre-screenings occur at the local hospital emergency department.
- Century Health operates a 24-hour crisis hotline and provides three full-time 24/7 crisis staff that law enforcement officers can page when needed. On occasion crisis staff will provide an on-scene response or meet clients at the police station for an assessment. This staff also responds to Blanchard Valley Health System E.D. as needed for mental health and substance use pre-screening. Staff respond to emergencies, but wait for substances to clear before performing assessments, and will help facilitate detox placements if needed.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Northwest Ohio Psychiatric Hospital in Toledo.

- Local hospitals include Blanchard Valley Health System and Bluffton Hospital, which is a part of Blanchard Valley Health System; both have Emergency Departments which serve as the typical after-hours access to mental health care.
 - Blanchard Valley Health System has a 25-bed Emergency Department that receives the majority of mental health transports and generally experiences high volume utilization, including walk-ins. The E.D. has a room equipped with security cameras and secured equipment for patients needing extra attention or who present behavior risks. Individuals brought in for a mental health assessment may be placed in this room; their belongings are stored and they are issued a medical gown.
 - Hospital staff will conduct a medical and substance use screening. After medical clearance, the hospital staff will contact Century Health or Resource Center (youth) for pre-screening. If inpatient care is needed Century Health will contact Orchard Hall first because of the stronger connection to community resources. If Orchard Hall is not available, referrals are made to private hospitals in Toledo and/or Northwest Ohio Psychiatric Hospital. Law Enforcement indicated they often need to transport individuals to St. Charles in Toledo. Participants also indicated that state hospital access is increasingly difficult.
 - Typically, the responding officer is required to stay at the hospital until a disposition is determined, which at times can take four or more hours, unless the hospital security staff is available to stay with the individual. Emergency Room security staff are currently receiving four hours of mental health training.
- Local inpatient psychiatric care is provided by Orchard Hall, a nine-bed adult psychiatric unit at Blanchard Valley Health System.
 - Orchard Hall is in the process of developing exclusion criteria. Currently, eligibility is determined on an individual-by-individual basis, although substance use cannot be the primary diagnosis. Orchard Hall does not have security staff on the ward, so is unable to accept aggressive patients and is not designed to provide intensive inpatient services. Most patients agree to voluntary commitment; the hospital seldom needs to pursue involuntary commitment.
 - Upon discharge, an individual can leave with medication for two weeks; however, this occurs only when the individual does not have insurance or means to receive medications. Individuals that have insurance are discharged with a 30-day prescription.
 - Upon discharge, an individual can receive a Century Health access appointment within 48-72 hours, however it is not clear how long until the individual can see a physician.

Detoxification

- Currently there are no detoxification units in Hancock County.
- The county contracts with Arrowhead in Maumee for detoxification services.

Probate

- Assisted Outpatient Treatment is contracted with Century Health and has been utilized once.

Veterans

- Hancock County has a Veterans Service Office. The CIT tracking form includes veteran information, and referrals are made by law enforcement to the county veterans' office. The office is developing Battle Buddies, a peer support program.
- The county has a good relationship with the Toledo VA Hospital and Outpatient Clinic.

Intercept I Gaps

- No formal data on CIT calls resolved by dispatch and not requiring officer response
- Community education on CIT and CIT utilization
- Intervention opportunities for children whose parents are arrested or transported by EMS (trauma mitigation)
- Century Health capacity for crisis response
- Orchard Hall eligibility/capacity
- Mobile Crisis

- Local inpatient services for youth

Intercept I Opportunities

- Crisis stabilization unit possibility
- Guardian question to be added to CIT Encounter Form
- LOSS team development (following death)
- Utilization of assisted outpatient civil commitment
- CIT Officers wear CIT pins, although the pins have changed – this may be a public relations opportunity
- Common data and statistics will be available at Findlay P.D. and Hancock County S.O.

Recommendations:

- The Findlay Police Department CIT Program seems to excel in meaningful partnerships, on-scene interventions, and well-trained dispatch services. The P.D. should formally track and report data on mental illness crisis encounters that are resolved by dispatch and measure the possible impact of those encounters on the dispatch of officers, i.e., does dispatch performance reduce the need for officers on scene, reduce the amount of time spent on scene by officers, increase 911 calls related to mental illness, etc...
- Because Findlay Police Department has developed such a strong CIT program over the years, they may want to consider utilizing public relations tools such as public service announcements (similar to Albemarle, VA) which could assist in community education and awareness, reinforce utilization of CIT, and promote de-stigmatizing messaging.

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

Initial Detention

- Hancock County Jail is the only full-service detention facility. Fostoria's full-service jail is transitioning to a 12-hour jail; all arrests will be routed to Hancock County Jail in the future.
- The jail averages seven bookings per day and the average stay is 18 days.
 - The jail pre-screens all potential inmates before acceptance into the facility. The intake screening is conducted by health trained Correction Officers, includes past and present medical and mental health information, and can take 30 minutes or more depending upon the individual's responses to the questions.
- Upon acceptance to the jail, the booking and classification process occurs, which takes roughly 60-90 minutes.
 - All inmate personal information is entered into the Jail Management System (JMS), medical and mental health screening information is reviewed, and all individuals are asked their Medicaid status and whether they would like to complete a benefit application.
 - During the classification process, all individuals have a one-on-one interview to determine housing location. Each inmate is offered the GAINS Short Screener and release of information to voluntarily complete and provide Century Health with results within 24 hours; 50% decline the screening. This rate of refusal was qualified by the fact that some detainees experience extremely brief stays. There is no formal process for offering the Screener at a subsequent time. Individuals that score high on criminogenic risk are offered intervention. Those with scores suggesting high mental health and/or substance use related needs are referred to the social worker.
- All stages of booking and classification present an opportunity to review suicide ideation and medication. The jail social worker is engaged depending on needs, and all services are to be provided as early as possible.
- Within 24 hours of booking, a medical review occurs with each inmate. Medical staffing is contracted through Correct Care Solutions. Nursing is available 100 hours/week (7am to mid-afternoon, 6pm – 11pm). A physician is on-site three hours/week. Referrals to mental health are made as needed, in-house or to external providers.

- The jail disseminates the jail roster daily to Job & Family Services (JFS), the Board of Developmental Disabilities, and the Hancock County ADAMHS Board.

Arraignment

- Hancock County has one Municipal Court located in Findlay. All felony and misdemeanor initial hearings take place in this court, except those originating in Washington Township, which go through Fostoria or Tiffin.
- Findlay provides daily initial hearings Monday-Friday, via video if in custody. Probable Cause hearings are held remotely on weekends by judges, with initial hearings held on the next business day. The court holds an average of five initial hearings per day.
- Typically, no information is relayed to the court from the jail during the initial detention. As noted previously, information may be provided to the court by the CIT Encounter Form. Normally, mental health evaluations are not ordered unless the police report or CIT Encounter Form indicates that an evaluation is needed. The ADAMHS Board or a community agency will contact the court if they become aware of a client who has not had prior contact with the behavioral health system and may warrant an assessment (often times this results from a community member calling).
- Specialty court referral does not occur at initial hearing.
- The Public Defender's office represents both misdemeanor and felony cases, although typically, individuals do not have legal representation at the initial hearing unless they are familiar with the criminal justice system and able to contact counsel. While apprised of their right to counsel, there are no proactive measures to encourage early counsel. The judge will instruct the individual to obtain legal representation after the initial hearing.
- There are no formal pretrial services at the Municipal level. Release decisions are made by traditional utilization of a bail schedule, which is based upon the nature of offense, the risk to the community and the risk of failure to appear. Pretrial supervision may include community supervision and/or SCRAM.
- Majority of cases proceed for further hearings.

Veterans

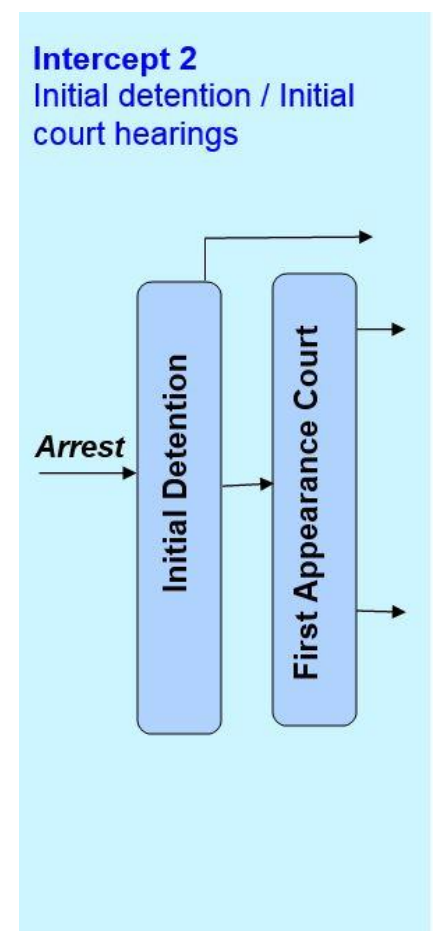
- There are no designated screening tools for Veterans at this phase of the system.
- If notified of a Veteran, the Veterans Justice Outreach Program may be able to offer veteran-specific diversion opportunities.

Intercept II – Identified Gaps

- ▣ No formal pretrial services
- ▣ Not using risk-based decision making for pretrial release
- ▣ No measures to encourage early access to counsel

Intercept II – Identified Opportunities

- ▣ Mechanism for legal counsel at the initial hearing for those with mental illness
- ▣ Agencies and families do not know who to contact at the courts to understand the process
- ▣ CIT Encounter Form could be sent to the Public Defender office
- ▣ The jail booking roster is available in real time



Recommendations

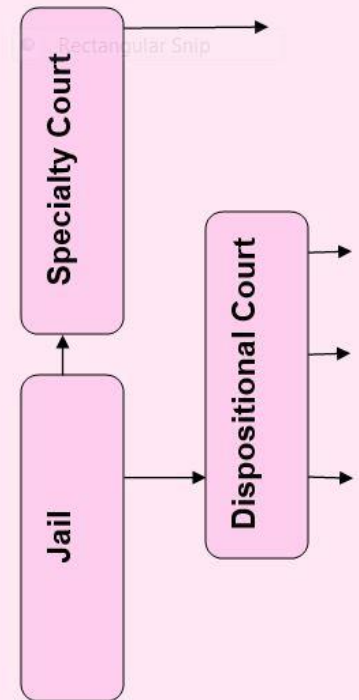
- Develop a universal jail screening protocol to identify individuals with mental illness, co-occurring disorders, and developmental disabilities.
- Consider completing risk assessments, e.g., ORAS, and using results of the risk assessments to inform bond release decisions and pretrial decision-making in place of charge-based decision making. It is further recommended to use mental health and substance use screening or assessment results in conjunction with risk assessment results to link individuals with needed services and treatment. Individuals on pretrial release can be ordered by the court to participate in indicated treatment as a condition of release. In conjunction, it can be helpful when standardizing screening and referral at municipal court to employ a liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs.
- Consider opportunities to engage defense counsel earlier in the process.

Intercept III: Jails / Courts

Jail

- The Hancock County Jail is a short-term facility with a rated capacity of 98 and average length of stay of 18 days. Capacity is designed for 80 males and 18 females. The average population is 101, although the census was at 108 in the month prior to the workshop. On the day of the workshop, the census included 18 individuals from Putnam and Wood Counties. Typical acceptance criteria for out-of-county inmates includes non-violent, no significant medical concerns, and sentenced.
- All Correction Officers complete CIT training alongside patrol officers.
- The jail does not currently capture data on individuals with mental illness (MI); as a result, recidivism and length of stay information is not available for this target population. At the time of the workshop, jail administration estimated on average 23 inmates per day have a mental health concern but only 1-2% are considered to have a serious mental illness. Mental Illness is defined as receiving services, having a diagnosis of mental illness, or prescribed psychotropic medications. A lapse in adherence to medications is viewed as a significant contributing factor to justice involvement for this population, along with co-existing substance use disorders, which was estimated at 90% for the MI population. Jail staff noted that withdrawal from substances is increasingly affecting assessments.
- The jail provides contracted medical and treatment services through Century Health and Correct Care Solutions. No concerns were identified regarding information sharing between these entities.
 - Century Health
 - A social worker is on site Monday-Thursday for 10-hour shifts.
 - Contracts nine full-time employees through the Criminal Justice Division. These employees are utilized for services throughout the jail, including reentry.
 - There are no psychiatric services in the jail. The jail contacts Century Health for any immediate psychiatric needs and will transport inmates to psychiatry appointments.
 - Correct Care Solutions
 - Nursing staff is on site Monday-Friday 7am-2pm and 6pm-11pm.
 - A physician is on site three hours/week.
- Individuals with serious mental illness can be separated from the general population but only when the individual's mental health has declined; however, there is not a dedicated housing unit specific to mental illness. The goal is to stabilize the individual and return them to general population.
 - A 15-bed holding area can be used for risk watch; a 2-bed medical room or a 2-bed unit can be utilized for stabilization. Placements in these areas are based on risk.
 - Individuals housed in these areas receive a weekly review by the social worker, which is then reviewed by the facility health authority.

Intercept 3 Jails / Courts



- The on-site social worker will visit inmates per request or through rounds.
- Individuals may have access to outside medications once the medications are verified. It typically takes 24-hours to verify a valid prescription.
- Correct Care Solutions manages the jail formulary and may switch an individual's medication to match the formulary; however, they will try to keep an individual on their original anti-psychotic medications.
 - Diamond Pharmacy has been the contracted central pharmacy since 2006 and Rite-Aid is the back-up pharmacy.
- Individuals that are in custody after 14 days receive a full medical screen.
- University of Findlay provides a 5-week Occupation Therapy program in the jail. The program includes screening for cognitive function, trauma assessments (ACE), interpersonal communication, employment, budgeting leisure, resource development and linkage to services. Individuals can request this program and referrals are accepted. Post-sentence individuals can be ordered to participate. The class size is ten individuals. Waiting list (capacity limits) and space limits prevent additional groups.
- The jail provides a 6-session, manualized Cognitive Behavioral Therapy (CBT) treatment orientation group adapted and drawn from *Thinking for a Change*. The purpose is to engage individuals and orient to general treatment options. Priority is given to local individuals who are returning to the community for programming.
- The jail has the following additional services available to individuals: domestic violence therapy, GED/literacy programming, faith-based programming, AA and NA.

Court

- Common Pleas and Municipal Courts have a Prosecutors Diversion program, generally for nonviolent crimes, usually property crimes. The program is restitution based and has begun to be reexamined because of the monetary/economic requirements which can be exclusionary based upon ability to pay.
 - Screening typically occurs during a pretrial meeting with pretrial counsel.
 - Individuals with mental illness have not typically been participants in this diversion track.
 - Program staff does not have specialized training.
 - Misdemeanor diversion is short-term (90 days).
- Mental health/forensic evaluations are completed by Court Diagnostic in Toledo and most often are part of the pre-sentence report.
- As a general rule, the courts use a post-disposition sentencing model.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of March 15, 2017, Hancock County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status March 15, 2017
Joseph H. Niemeyer	Common Pleas	Drug	Certified
Reginald J. Routson	Common Pleas	Drug	Certified
Kristen K. Johnson	Juvenile	Family Dependency	Initial Certification
Kristen K. Johnson	Juvenile	Truancy	Initial Review

- Typically, specialty court referral occurs at pretrial, and at times as early as arraignment.
- Both drug specialty courts have a capacity of 20. Representatives indicated they did not have a capacity concern; however, this may change with the new Intervention in Lieu of Conviction (ILC) standards.
- There is a case-by-case rule-out for serious mental illness (SMI) in the Common Pleas Drug Courts, although co-existing disorders are not uncommon. Typically, SMI are not considered for eligibility and are more likely to be viewed in the context of competency or sanity issues.
- Century Health provides the screening and treatment for the Common Pleas Drug Courts. Individuals found Not Guilty by Reason of Insanity (NGRI) are referred to probation and to Century Health for Assertive Community Treatment (ACT) and forensic monitoring.
- Those present at the workshop indicated that current data does not seem to support the need for a specialized mental health court docket

Veterans

- Veterans Justice Outreach workers (VJOs) are available for court involved veterans.

Intercept III – Identified Gaps

- ▣ Jail data collection
- ▣ May be concerns with jail medical department switching medications leading to instability
- ▣ No data regarding cost of mental health vs. medical medications
- ▣ Space and capacity limits for programming at jail
- ▣ Due to statutory change of Intervention in Lieu standards the Drug Court capacity may need to change
- ▣ GAINS Short Screener is voluntary at booking

Intercept III – Identified Opportunities

- ▣ New jail software system will improve data collection

Recommendations

- Since there was modest concern expressed about the medication policy and practices at the jail, it may be prudent to do a cross-system review of the policies and procedures to address any potential gaps.
- The jail and mental health system agree on the low incidence/prevalence of individuals in the county jail, estimated at 1-2%, but have no data to validate this report. To improve and verify estimates of the numbers of individuals with mental illness in the jail, stakeholders should agree on a working definition of the target population and data points for measuring the target population. Data from universal screening could aid in this measurement.

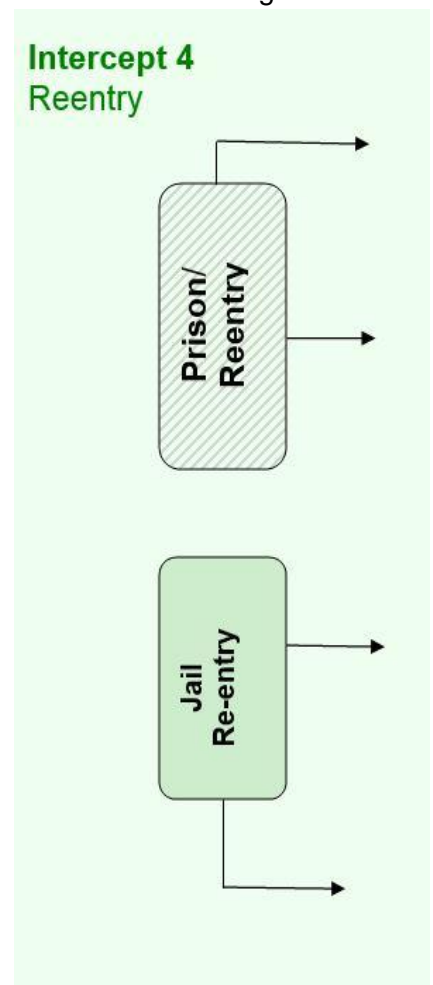
Intercept IV: Prisons / Reentry

Prison

- Community Linkage referrals from OHMHAS regarding individuals returning from prison to the community are sent to Century Health. In the past year, OHMHAS completed three referrals to Hancock County.
- A Renewed Mind partners with CareSource Community Transition Program to provide in-reach to prisons for Lucas and Hancock Counties. The population served is primarily people with substance use disorders, which enables service to individuals with co-existing mental illness.
- Century Health contracts for a case manager at the prison to complete the GAINS Reentry Checklist through a Linkages Grant.
- The county utilizes the Western Ohio Regional Treatment and Habilitation (WORTH) Center in Lima as its primary Community-based Correction Facility (CBCF) and occasionally Lucas County Correctional Treatment Facility in Toledo.
 - The WORTH Center houses males and females and is typically used upon judicial release and probation violation.
 - Century Health and A Renewed Mind offer services to the WORTH Center as requested and link individuals to services.

Jail

- Individuals are released with their remaining medication and prescription, which varies from person to person. This was noted as a concern in that



some individuals do not have ample medication upon release to bridge the gap between release and first community-based appointment.

- Century Health Criminal Justice Division has nine FTEs dedicated to the criminal justice and mental health interface. The team includes a Forensic Team and case management at the jail that completes the GAINS Reentry Checklist, assists individuals in applying for Medicaid and other benefits utilizing the Ohio Benefit Bank, and completes treatment plans.
- Community Action Center provides assistance with rent and deposit for returning individuals, as does one other organization.

Intercept IV – Identified Gaps

- Data on total number of returns from prisons to county
- Capacity at WORTH Center
- Medications to bridge gap between prison and jail until connected to Century Health
- Connection to Medicaid and medical appointments
- Insufficient housing capacity

Intercept IV – Identified Opportunities

- Data collection on recidivism for reentry population
- Criminal Justice Division of Century Health is an uncommon entity in a county of this size.

Recommendations:

- Although the local courts indicated only a modest case flow of individuals with serious mental illness, probation departments indicated a fairly significant caseload of individuals with mental illness. As a result, it could be beneficial to consider ways to further engage local attorneys who have expressed interest in providing services to individuals with mental illness or simply to actively engage attorneys who are assigned mental health cases. For example, the Mental Health Public Defender program in Travis County, TX may provide some interesting ideas for more holistic involvement with some cases: <https://www.traviscountytx.gov/criminal-justice/mental-health-public-defender>. The Cuyahoga County Court of Common Pleas sponsors an Attorney Training Seminar for assignment eligibility of Mental Health and Developmental Disability (MHDD) Court docket cases.
 - During the course of compiling this report, NEOMED's CJ CCoE, OMHAS and several other co-sponsors held two workshops on "Working with Clients with Mental Illness and Intellectual Disabilities" for public defenders and assigned counsel in Ohio Stepping Up counties. No attorneys from Hancock County registered for or attended the workshops, although the materials and video will become available in the near future.
- 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.

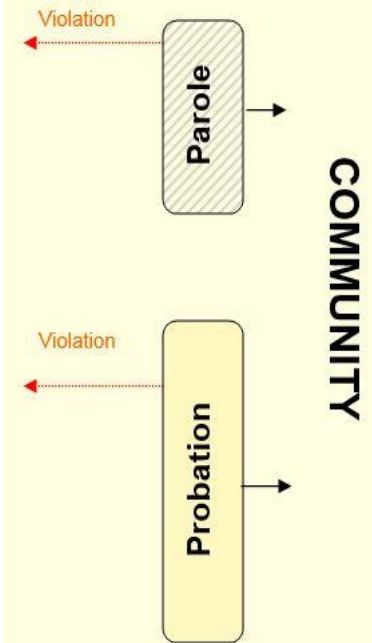
Intercept V: Community Corrections / Community Support

Probation

- Common Pleas has nine Probation Officers. The total caseload average is 670. 80% of the caseload is receiving services with Century Health, including substance use disorder services. Approximately 30% are receiving mental health services.
- The officers do not have specialized caseloads; however, three of the nine officers have a background in mental health and if available, are paired with individuals with mental illness. All officers participate in specialized training in *Epics*, *Thinking for a Change* (T4C), and Motivation Interviewing. This Department also provides cross systems training.

- Common Pleas Probation Department links clients with services through Century Health and the University of Findlay. Those with low criminogenic risk are managed by probation. Those with moderate to high risk are referred to Century Health.
 - Century Health Forensic Services include evidence-based programming through the University of Cincinnati (T4C, Motivational Interviewing, CBT for substance use disorders, and Epics). Staff are trained in the Ohio Risk Assessment System (ORAS) and interpret the scores but do not conduct the assessments. Services are designed for moderate to high risk offenders and separated by gender. The agency also provides diagnostic assessments, case management, peer support, counseling, screening and treatment for Drug Court, and referral to medication assisted treatment (MAT) programs. There are 150-200 clients on the forensic team at any given time.
 - The University of Findlay provides an Occupational Therapy program with a caseload of 40.
- NGRI population is jointly supervised by Century Health forensic monitor and probation.
- Municipal Court has four Probation Officers and one Compliance Officer. The total caseload average is 400. There is no data on SPMI, although 40% of the caseload is involved in mental health services. The officers do not have specialized caseloads, but all receive training in Epics, T4C, and Motivational Interviewing. However, individuals with mental illness can be paired with officers that have a background in law enforcement and social work and are referred for mental health services as needed.

Intercept 5 Community corrections



Parole

- Currently, there is one Parole Officer assigned to visit Hancock County once a week.

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 Hancock County.

- Housing was identified as a significant gap for Hancock County. These existing services were highlighted:
 - Community Action Center provides rent assistance to individuals leaving prison.
 - Brookside Home provides a five-bed residential housing unit for men and women with SPMI.
 - Century Health - Tree Line Recovery Center provides a twelve-bed residential inpatient unit for eight men and four women with substance use disorders; co-occurring SPMI is eligible for services.
 - Devlac Hall in Bowling Green (Wood County) provides a residential treatment program for females with substance use disorders. Probation will refer clients as needed.
 - ADAMHS Board has 50 beds with varying supervision and independence for mental health and/or substance use disorders and two recovery homes
 - City Mission Shelter provides emergency housing with 20 men's beds, 25 women's beds and five family beds. Services include AA/NA, life skill classes, T4C, celebrate recovery, spirituality based classes, and linkage to other community services. Average stay is 39 days.
- Other services that were listed as available in the community, but not specifically itemized included City Mission Homes, Metro Housing, OhioLink Halfway Houses (located in Toledo and Lima), Recovery Housing (utilizes peer managers) and the Transitional Housing program.
- Transportation access varies by geography and agency resources. Bus passes are provided by some organizations, and in some cases, agencies will provide transportation for their services. Managed Care transportation is utilized.
- HopeHouse provides a SOAR specialist to community members.

- Focus on Friends is a recovery support center with Recovery Guides (non-paid peer supporters).
- Century Health offers a peer support program funded by ADAMHS and United Way. Nine peer supporters link to individuals involved in the treatment system, including ACT, SPMI, and substance use. Two peers are aligned with the CJ/MH linkage team.
- The county's recovery community is very active and provides services to consumers in recovery, including transportation and accompaniment.
- Assisted Outpatient Treatment (AoT) – participants expressed that they are aware of the availability, but have only used AoT one time and had a very positive experience.

Veterans

- The VA provides services, usually through the Toledo VA Outpatient Clinic, which provides transportation daily for Hancock County residents.

Intercept V – Identified Gaps

- ▣ Transportation to all services. The only publicly funded program is shared by United Way and ODOT.
- ▣ Waiting in jail until bed becomes available
- ▣ Housing – emergency and capacity of residential beds (long wait)
- ▣ Payee Program

Intercept V – Identified Opportunities

- ▣ Structured and organized payee program
- ▣ If additional staffing and operational resources were available, City Mission physical facility could expand by 12 beds
- ▣ Treatment when probation and parole expires

Recommendations:

- While community support services, e.g., transportation and housing can use a boost in any community, Hancock County's Probation Departments are well trained and seem to utilize services and supports to the benefit of their clients. The probation departments should be encouraged to define a process for accurately measuring and reporting the number of individuals with SMI on the caseloads. This will aid in measuring recidivism and more accurately defining the scope of needs associated with this target population.

Priorities for Change

Hancock County,
Ohio

Hancock 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 – emergency and general capacity (join with Housing Coalition)
2. Transportation to non-Medicaid services (join with Transportation Coalition)
Include discussion of transportation outside city limits, out-of-county services, recovery support and court ordered appointments
3. Crisis Response capacity – community based and inpatient; likely to include conversation about a possible crisis stabilization unit
4. Medications to bridge gap at reentry

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

- Space limitation of programming at jail and staff limits (5 votes, Intercept 3)
- Payee Program (5 votes, Intercept 5)
- Mobile Crisis (3 votes, Intercept 1)
- GAINS Short Screener is voluntary at booking (1 vote, Intercept 3)

Additional Recommendations

Cross-Intercepts Recommendations:

- Given the general consensus among local stakeholders that the population of SMI in the jail is very small, estimated at 1-2%, the primary recommendation is for Hancock County to clearly define the population and develop a consistent way to collect, share and analyze data associated with the target population – to measure the incidence and prevalence of individuals with mental illness in the justice system - to report on the four *Stepping Up* metrics. This is vital information in determining next steps with local strategies and interventions.

Parking Lot Issues

- Lack of juvenile institutional hospital/detention/treatment resources
- Cultural awareness concerns

Additional Resources

Arnold Foundation	www.arnoldfoundation.org
BeST Practices in Schizophrenia Treatment Center (BeST Center)	http://www.neomed.edu/academics/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
The Federal Bonding Program	www.bonds4jobs.com
Lutheran Metropolitan Ministry Community Re-entry	www.lutheranmetro.org/Community-re-entry Phone: 216-696-2715 Email: mail@lutheranmetro.org
National Association of Pretrial Services Agencies	www.NAPSA.org
National Alliance on Mental Illness (NAMI) NAMI Ohio	www.nami.org www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.store.samhsa.gov/home
National Criminal Justice Reference Service	www.ncjrs.gov
National GAINS Center/TAPA Center for Jail Diversion	www.gainscenter.samhsa.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/academics/criminal-justice-coordinating-center-of-excellence
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	www.drc.ohio.gov/web/reentry_resource.htm
Ohio Ex-Offender Reentry Coalition	www.reentrycoalition.ohio.gov
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Partnership for Prescription Assistance	www.pparx.org
Policy Research Associates	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org
Pretrial Justice Institute	www.pretrial.org

SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Stepping Up Initiative	www.stepuptogether.org
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
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 Hancock County, Ohio | March 2 & 3, 2017

Participant Roster

Name	Title	Organization	Email
Precia Stuby	Executive Director	Hancock County ADAMHS Board	pstuby@yourpathtohealth.org
Michael Heldman	Sheriff	Hancock County Sheriff's Office	meheldman@co.hancock.oh.us
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Judge Routson	Judge	Common Pleas Court	
Lt. Ryan Kidwell	Jail Administrator	Hancock County Sheriff's Office	rckidwell@co.hancock.oh.us
Lt. Joe Hartman	Operations Lt.	Hancock County Sheriff's Office	jmhartman@co.hancock.oh.us
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Jerry Luth	Parent		
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Nancy Stephani			
Jamie Lehtomaa			lehtomaa@findlay.edu

Action Planning Matrix for Hancock County, Ohio

Priority Area 1: Housing				
Objective		Action Step	Who	When
1.	Establish contact with Housing Coalition	A. Contact and attend meetings	Miranda	3/14/17, 12:00 pm – Family Center
2.	Develop housing inventory	A. Develop a list of housing options B. Make a packet of housing information for community (similar to recovery packet)	Ruthie (Housing Coalition)	Start 3/14/17 Finish 5/19/17
3.	Identify census of homeless in Hancock County	A. Contact Hope House for statistics	Ruthie	3/3/17
4.	Economic Development opportunities	A. Establish key stakeholders B. Search for grant funding	TBD TBD	TBD TBD
5.	Establish contact with Landlord Association	A. Obtain and make contact B. Attend a meeting and advocate for needs	Mark Miller Miranda, Emily	3/3/17 TBD
6.	Increase housing resources at the jail resource fair	A. Meet with jail administration for internet access for online application B. Have a sign-up day for Metro Housing 2-4 times/year	Miranda Miranda	3/3/17 5/19/17

Action Planning Matrix for Hancock County, Ohio

Priority Area 2: Transportation			
Objective	Action Step	Who	When
1. Gather data on the number of people in our population in need	A. Create short survey to be distributed to agencies working with MI and dual diagnosis	Transportation Coalition	6/30/17
2. Work with Transportation Coalition to identify individuals with MI and dual diagnosis as a population with special transportation needs	A. Make sure all stakeholders are part of the coalition B. Add the missing groups	Amber/ADAMHS	3/31/17
3. Gather data to identify what the specific barriers are to transportation for MI and dual diagnosis clients	A. Identify agencies working with our population B. Work with case managers in agencies working with individuals with MI and dual diagnosis to determine barriers C. Report results to Transportation Coalition	Century Health Linkage Team	5/31/17
4. Identify transportation resources available for MI and dual diagnosis clients	A. Transportation Coalition will survey its members to determine	Amber/ADAMHS	5/31/17

Action Planning Matrix for Hancock County, Ohio

Priority Area 3: Crisis Response				
Objective	Action Step	Who	When	
PLAN A	Stabilization Unit	A. Bring information and backing from law enforcement, jail, courts	ADAMHS Board Century Health Hospital	Next 3 months
	Make a private space for family/juvenile	A. Program Performa B. Looking at renovation of space C. Check cost effectiveness		
	Application for capital resources	A. Determine number of beds needed	Contract with Century Health; Michelle Hospital/Century Health	ASAP – deadline in May 2017
	Determine if detox/withdrawal management can be included	A. Conversation with Sheriff, Courts, Commissioners		
PLAN B	Possibility of adding space to jail expansion for withdrawal management and stabilization unit	A. Check Phoenix Model		
PLAN C	Crisis Mobilization Teams and Peer Support	A. Revise CIT utilization form	Dan and Nancy	3/10/17
	Data to include subjects that did/would not require hospitalization		Dan Harmon	3/10/17
	Cost savings at jail, court, and hospital	A. Mental Health/Substance Use Coalition	Hospital; Precia	
	Communication		Mark	

Action Planning Matrix for Hancock County, Ohio

Priority Area 4: Medications to bridge gap at reentry			
Objective	Action Step	Who	When
1. Continuous medication at release from incarceration	A. Dialog with ODRC regarding medication provided at release	Ryan Kidwell	4/15/17
	B. Dialog with jail medical provider regarding medication at release	Ryan Kidwell	4/15/17
	C. Provide individuals with list of medications at release (jail and ODRC)	Ryan Kidwell	4/15/17
	D. Follow-up with JFS to see how long it takes to get Medicaid if individual applies in jail	Ryan Kidwell	4/15/17
	E. Connect with Associated Charities for funding if gap in insurance exists.	Sunny Davis-McNeil	4/15/17
2. Connect those being released from incarceration to Linkages staff	A. Educate facilities regarding Linkages	Reentry Coalition Ryan Kidwell Cindi Orley	7/31/17
	B. Provide information to Community Transition Program about Linkages	Cindy Orley	7/31/17
	C. Plug in through other agencies to distribute resources for those reentering (211, agencies, community bulletin boards)	Sunny Davis-McNeil	6/30/17