

Lorain County, Ohio

Sequential Intercept Mapping DRAFT Report

April 18-19, 2017

Lorain County Core Planning Team

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Sequential Intercept Mapping

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Lorain 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 Lorain County, Ohio on April 18-19, 2017. The Lorain County Board of Mental Health and the Lorain County Sheriff's Office, 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, sponsored the workshops. 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 Lorain 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 Lorain County Board of Mental Health Board and the Lorain County Sheriff requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops, following attendance at the statewide *Stepping Up* Conference and a county visit with leadership from *Stepping Up* Ohio, to provide assistance to Lorain 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 28 individuals representing multiple stakeholder systems including mental health, substance use treatment, criminal justice and corrections, consumers and consumer support/advocacy, law enforcement, courts, social services and healthcare. A complete list of participants is available in the resources section of this document. Daniel Peterca, Douglas Powley, and Ruth H. Simeria from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

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

Lorain 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 teams/coalitions: Crisis Intervention Team training and steering committee and a Reentry Coalition. Lorain 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.

Consumer Involvement

The local planning team included one consumer and the Executive Director of the local NAMI chapter who participated in the full workshop. A family member provided additional representation during the workshop.

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: Municipal Court leadership, District Attorney, Parole, and Veterans Services.

Data Collection

- The Lorain County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and in some cases to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire

- Lorain County Jail Data for 2016
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Lorain County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, February 1, 2017
 - Lorain County CIT Officers Roster Project Summary Report, September 2015

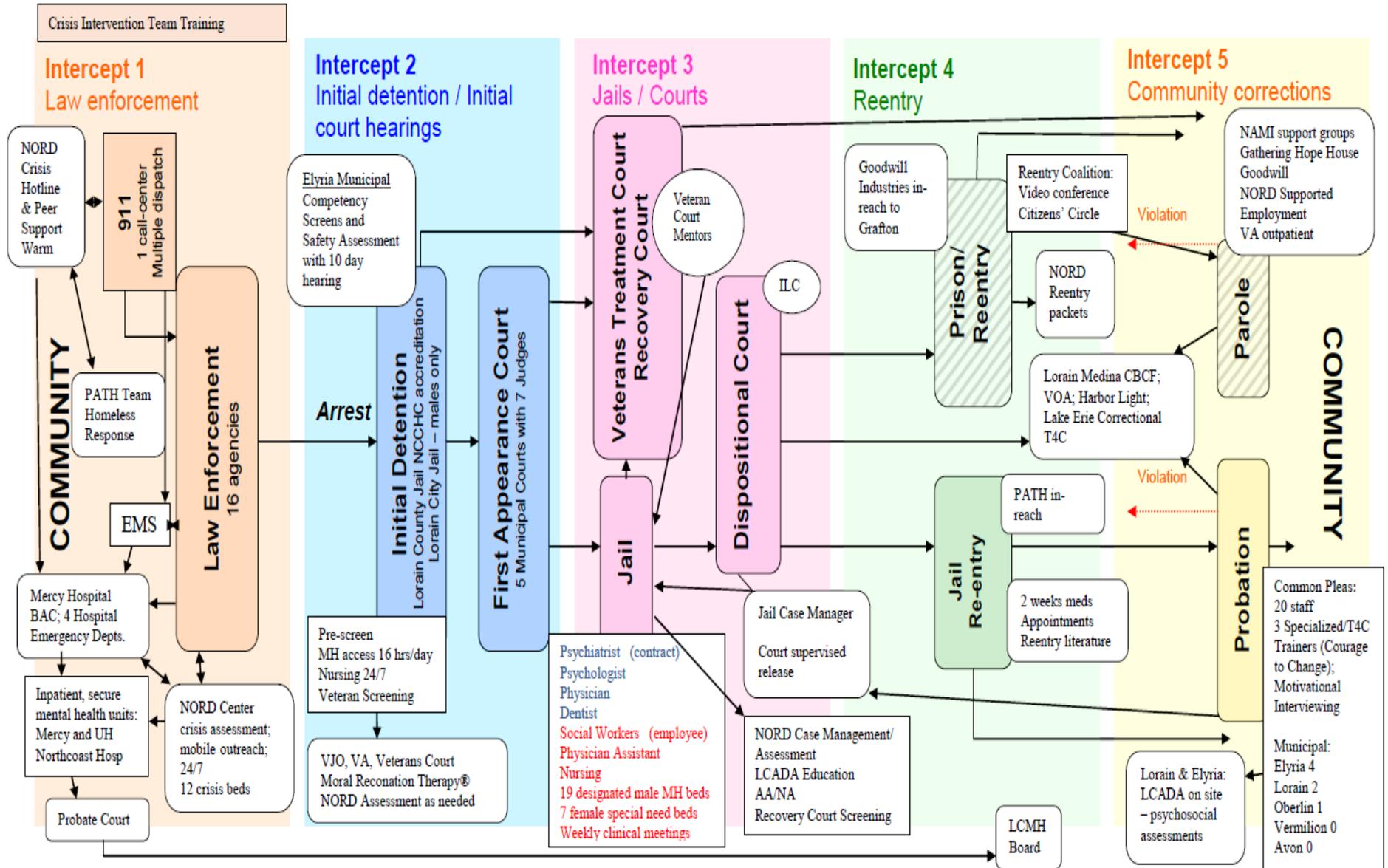
General Recommendations:

- 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 severe mental illness and often co-occurring disorders in the Lorain 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

Lorain County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Lorain County April 2017



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

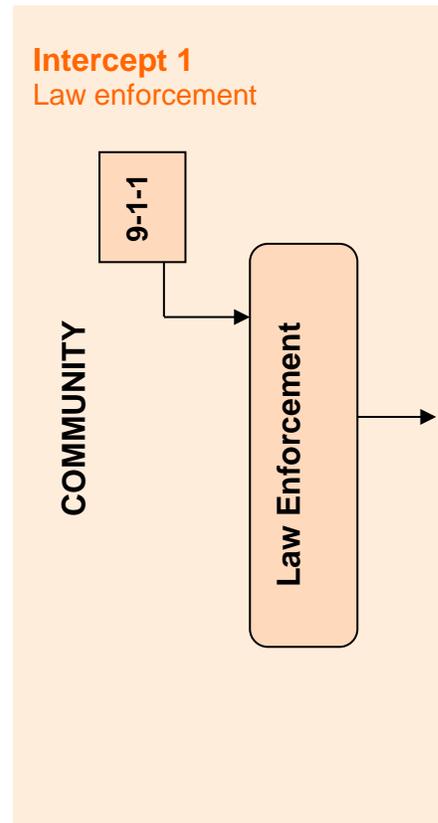
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus. In some instances, 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 Lorain 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

- Lorain County has one central call center, operated by the county, which serves as the dispatch center for EMS, Fire, the Sheriff’s Office and four law enforcement agencies that do not have dispatch services, and as a transfer point for other departments. In the case of transfer from 911 to a local jurisdiction, callers repeat information to the jurisdictional dispatcher. Preference is for community members to call their local law enforcement agency directly, but most are trained to call 911.
- Two CIT dispatch trainings have been held; however, each center is individually responsible for training of their dispatchers.
 - Five dispatchers from Elyria Police Department have completed the full 40-hour CIT course; it is unknown how many others have completed a shorter companion course.
 - Lorain P.D. participated in the statewide CIT Training of Dispatch Trainers in February 2017.
- Protocol is to dispatch Law Enforcement first; Law Enforcement determines the need for EMS response.
- Dispatch does not utilize a script; typically, dispatch will ask if the individual has mental health concerns, is on medication, is a patient of the Nord Center, is under the care of a physician, etc.
- All but one law enforcement department are on the same computer system (New World Systems, now Tyler Technologies). While this is a loss of autonomy across the departments and there have been challenges in achieving consistent performance and building in desired data points, this could also present an opportunity for county-wide data and consistent management of mental health calls for service.



- There is currently no formal data collection process re: mental illness and/or CIT. Dispatch determines use of codes to signify a psychiatric situation or suicide/attempted suicide, which varies based on information at the time of the call and varies from district to district.
- Community members are not currently encouraged to ask for a CIT officer, although Lorain P.D. will try to dispatch a CIT officer if possible.

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued April 21, 2017, Lorain County has 16 Law Enforcement Agencies: Amherst, Avon Lake, Avon, Elyria, Grafton, Kipton, LaGrange, Lorain County Metro Parks, Lorain County Sheriff's Office, Lorain, North Ridgeville, Oberlin, Sheffield Lake, Sheffield Village, South Amherst and Wellington Police Departments, with an estimated 442 full-time officers.

- As of May 1, 2017, Lorain County Crisis Intervention Team (CIT) training program has held 15 courses. 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 175 full-time officers have completed CIT training. Those present at the workshop indicated that CIT still faces resistance and barriers in the community, including Law Enforcement leadership in some jurisdictions. Scholarships are provided for the training, and the Steering Committee is urging only committed, volunteer officers to participate, highlighting the program aspect of CIT ("not just training").
 - Four law enforcement agencies have not participated in CIT training: Avon, Grafton, Kipton and South Amherst.
 - EMS, Corrections and Park Rangers are incorporated in the 40-hour CIT training. The current cumulative report maintained by the Criminal Justice Coordinating Center of Excellence (CJ CCoE) indicates that a combination of 55 EMTs, Corrections Officers and Park Rangers have been trained.
- EMS may co-respond on mental health calls for service, although Law Enforcement typically takes the lead. Each jurisdiction makes its own decision as to who transports clients. Lorain Police Department typically transports individuals to the hospital or crisis service; however, EMS is utilized when applicable. Elyria Police Department indicated that EMS provides transport for mental health crises.
- Law Enforcement can utilize a code/signal for mental illness; however, dispatch and officers do not always utilize the same code/signal.
- The use of citations/summons in lieu of arrest is dependent upon offense. There is no formal agreement with the court but officers exercise discretion.
- Lorain County offers Mental Health First Aid training to Law Enforcement and county residents.

Crisis Services

- The Nord Center operates a 24-hour crisis hotline, 24-hour walk-in area, 12-bed Crisis Stabilization Unit and 24-hour Mobile Crisis Team. The crisis beds are voluntary and non-secure for individuals not meeting hospital criteria, with an average 3-5 days length of stay. The Mobile Crisis Team triages and prioritizes requests for service, coordinates and responds with Law Enforcement, or may instruct persons to be transported to the hospital ER when needed.
- Projects for Assistance in Transition from Homelessness (PATH) team can transport individuals to local hospitals for assessment.
- The Lorain County Developmental Disabilities Board provides a 24-hour helpline for acute crises.
- ClearVista Health & Wellness operates a geriatric 24-hour walk-in area.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Northcoast Behavioral Healthcare in Northfield.
- Hospital Emergency Departments serve as the typical after-hours access to mental health care. Police can drop off individuals in a mental health crisis and typically do not need to wait. Local hospitals include:

- Mercy Regional Medical Center (Lorain) has a 25-bed Behavioral Access Center including six psychiatric beds, which is staffed with psychiatric nurses. The Center includes emergency beds, a secured area, and outpatient services. Patients are assessed and released efficiently; however, once there are 9-10 psychiatric patients in the center, if they are also filling up medically, they may divert mental health patients to other facilities.
- University Hospitals Elyria Medical Center has a secure 12-bed mental health unit, which is staffed with psychiatric nurses, social workers and psychiatrists. Workshop participants indicated that patients are assessed and released efficiently at this facility as well.
- Cleveland Clinic, Avon is relatively new and those present at the workshop were unsure of service availability.
- University Hospitals Avon is a free-standing Emergency Room
- University Hospitals Amherst Health Center and Mercy Allen Hospitals have Emergency Departments, but no psychiatric services.
- ClearVista Health & Wellness is next door to Mercy Hospital and operates a geriatric psychiatric unit.
- Participants agreed that most clients agree to voluntary admission. One associated concern is that voluntary commitments cannot be reflected in the Attorney General database, even if dangerous, so these individuals cannot be restricted from carrying concealed weapons.

Detoxification

- Typically, Emergency Departments provide medical stabilization. LCADA coordinates service referral at discharge. There is no detox center or detox beds available in Lorain County. Firelands provides limited acute detox services. Ambulatory detox is available but capacity is limited and a waiting list exists.

Probate

- The court reported that most referrals come from the local hospitals, typically Mercy Hospital.
- Currently, Assisted Outpatient Treatment (AoT) is not utilized; however, the goal is to create a program within the next year. Judge Walther indicated he plans to seek guidance from Judge Stormer in Summit County.
- Guardianship method 2111.02 is utilized frequently.

Veterans

- The Lorain Multi-Specialty Outpatient Clinic is located in Sheffield Village and operates during business hours. They do not except emergent patients.

Intercept I Gaps

- Dispatch training and protocol or script development
- Mental health training for all officers
- More CIT training for volunteer officers - goal of 25% CIT officers trained with 24/7 availability
- Ability to run common reports – lack of tracking of CIT data and platforms to get to the data
- Community education of CIT, pink slip request and Nord Center walk-in area
- Hospital clarification of acceptance procedures
- Capacity of community ER, psychiatric and detox services
- Assisted Outpatient Treatment resources and Casey Act utilization
- Detox services
- Communication of protocol between Law Enforcement, jail and ERs – inconsistent decision-making and policies
- Information sharing between agencies

Intercept I Opportunities

- Mental Health First Aid training for all officers
- CIT training for dispatch is planned – make sure all centers included
- 50% of officers CIT trained – goal is to double that
- Expand CIT training to others – EMS, Corrections and Probation
- Community knowledge of crisis hotline and 211 options
- Probate Court willing to utilize court-ordered outpatient treatment (AoT)
- Expand Perry option to mental health
- Shared Law Enforcement software
- Develop MoU for all crisis services to coordinate

Recommendations:

- The Crisis Intervention Team Program could benefit from increased structure and coordination, e.g., Memorandum of Understanding among key partners and policies and procedures. In addition, the following activities could enhance the consistency of a county-wide program:
 - Provide call-taker and dispatch CIT training across all agencies
 - Implement call-taker and dispatcher mental illness/CIT data collection protocol, which may include a common code for first responders.
 - Implement an encounter form to be used by all Law Enforcement agencies. Work toward a consistent procedure across all law enforcement agencies for collecting and analyzing law enforcement data on mental health calls and dispositions and sharing encounter information with the mental health system. This will enable earlier mental health response for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crisis, as well as a means for evaluating law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness. Elyria P.D. can extract mental health data and may be a good pilot jurisdiction.
- Consider developing Peer Support Services as part of the crisis services team

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

Initial Detention

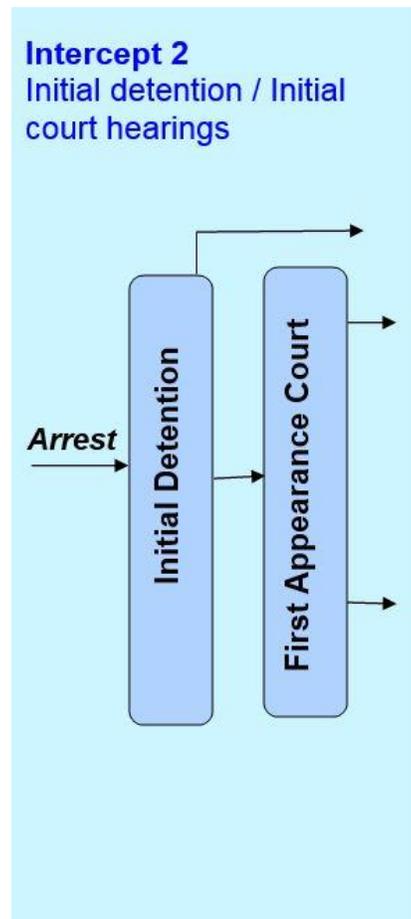
- Lorain County Jail is the only full-service detention facility. The jail is certified by the National Commission on Correctional Health Care and designed to hold people in custody that are suitable for a jail setting and suitable to be treated by medical staff on site. The jail will refuse individuals who are a danger to self or others, and may need to rule out other situations. All potential inmates are screened individually.
- Lorain Police Department has a 32-bed 10-day holding facility and does not accept juveniles or females. Females are booked and routed to the Lorain County jail. Typically, adult males are booked and moved to the jail after arraignment; however, felony cases are routed as soon as possible. Elyria Police Department, Wellington Police Department and other arresting agencies do booking, processing for cooperative individuals and transport to the county jail immediately.
- The county jail averages 25-bookings per day and 8,000 annually. Staff indicated
- Correction Officers pre-screen all potential inmates before acceptance into the facility. The pre-screen includes suicide, recent travel, current injuries and emergent medical treatment related questions.
 - If a mental illness is perceived, then referral to mental health staff occurs; staff are available 16 hours/day and utilize a 16-question assessment tool developed by University of Cincinnati.
 - Most bookings occur when mental health staff is available; however, if an individual is actively suicidal and mental health staff is not available, referral to the local hospital occurs.
 - Intoxicated individuals are seen by the nurse to determine acceptance.
- Upon acceptance, a nurse completes a detailed assessment within a couple hours and a full physical within 24 hours. The assessment includes medication and past mental health history related questions. If

determined that an individual requires mental health attention, referral to mental health staff occurs. Staff make every effort to determine mental health history prior to the initial hearing, although it is not uncommon for inmates to be unknown to the local mental health system. All inmates receive a mental health assessment within five days.

- The New World/Corrector automated system will not allow jail staff to flag individuals with mental illness or distinguish whether they are current clients with local agencies.
- Outside medications are permitted and are verified via a release of information. If an inmate does not come in with medication, medical staff will verify their medications via a release of information and utilize the jail formulary. Typically, inmates will receive their medications within 24-hours and will receive their prescribed anti-psychotic and/or anti-depressant.
- Jail staff will send an inmate’s name to defense counsel when an inmate is proactive about a concern; however, no other information is provided.
- Mental health staff will attempt to link an inmate with developmental disabilities to the Lorain County Developmental Disabilities Board.

Arraignment

- Seven judges serve Municipal Courts located in Lorain, Avon, Elyria, Vermillion and Oberlin. All misdemeanor and roughly 90% of felony initial hearings take place in these courts. The remaining 10% go straight to grand jury by secret/direct indictment. Nearly all secret indictments utilize a bond schedule.
- Individuals at the county jail are arraigned by video. Initial hearings occur in Lorain the next morning, in person or by video. Lorain, Avon and Elyria complete video arraignments within 24-48 hours. Vermillion and Oberlin do not have video ports, so transport occurs for initial hearings within 24-48 hours. Felony arraignments are completed on Thursdays; therefore, inmates may wait up to six days for arraignment.
- Pretrial services are coordinated through the Probation Department and are available for felony cases only. Three CIT-trained probation officers provide supervision services. The jail Case Manager performs pretrial investigations and makes recommendations for supervised release. Release options include bonds, no contact orders, and supervised release. A condition of supervised release may be a mental health evaluation if the motion occurs.
- Elyria Court makes recommendations and orders for evaluations frequently and uses a safety assessment to determine if the person is safe to be released to the community, with a follow-up court date within ten days.
- Referrals are not made to specialty courts at this stage in the process.
- The county does not have a Public Defender office. Typically, individuals do not have legal representation at initial hearing, unless it is a felony case, the client has retained counsel, or special needs exist.
- Although the jail has a reasonable process of screening and assessing inmates during booking, currently no mental health information is relayed to the courts during initial detention, unless the client is previously known to the court. Neither information on mental health nor criminogenic risk is used for release decision-making.



Veterans

- During the screening process, jail staff inquire about veteran status and will notify the Veterans Treatment Court, the Veterans Justice Outreach Program (VJO) and/or will contact the Veterans Administration.
- The VJO liaison will refer veterans to the Veterans Treatment Court. The VJO works with any veteran in the jail regardless of charge.

Intercept II – Identified Gaps

- Jail does not receive police report, information from arresting agency or information from treatment agency
- Communication to treatment agencies from ER and police departments

- Communication to courts, prosecutors and defense counsel from jail; jail mental health not included in decision-making
- No validated screening at initial detention for mental health; identification and data collection on individuals with mental illness in the jail
- Pretrial Services including Bail Investigation, Risk Assessment and Pretrial Supervision not available to Municipal Courts
- Ohio Risk Assessment System (ORAS) is only used for pretrial supervision determination
- No follow-up referral to mental health
- Length of time spent in jail awaiting assessment
- Inconsistent policies, procedures, practices
- Referral options for individuals with mild to moderate range mental illness

Intercept II – Identified Opportunities

- Possible use of ISP (408 funding - Intensive Supervised Probation) to assist creation/expansion of Pretrial Services function for Municipal Courts

Recommendations

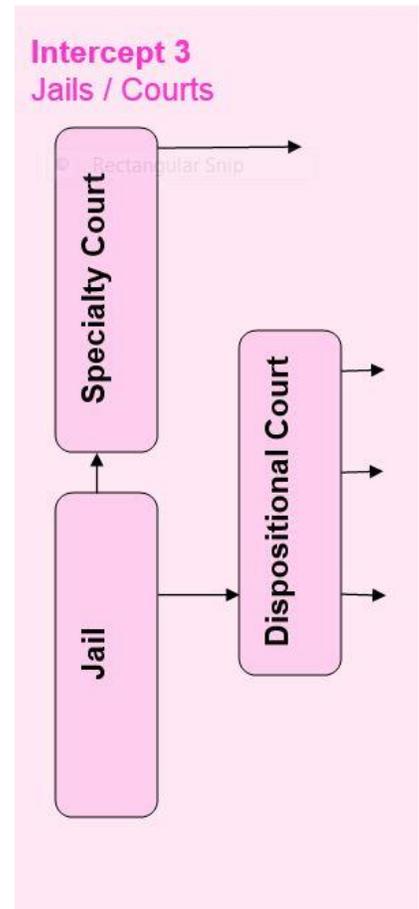
- The jail and courts should be urged to define a process for information sharing so that results of the initial screening and assessment if available, are provided to the court to aid in decision-making pertaining to addressing health needs.
- Consider utilizing assigned defense counsel at the initial hearing process, especially for those individuals with special needs
- Establish expectations for meaningful, appropriate and timely sharing of information across systems to improve continuity of care of clients and decrease barriers to effective management of cases where clients have a high level of need. Written information is available to educate system stakeholders, some of which will be included in the Community follow-up packets. Also, the Council of State Governments Justice Center sponsored a webinar on information sharing for the Justice Mental Health Collaboration Program grantees. Interested parties can listen to the recording of this webinar at: www.csgjusticecenter.org/mental-health/webinars/sharing-information-between-behavioral-health-and-criminal-justice-systems.

Intercept III: Jails / Courts

Jail

- The Lorain County Jail's rated capacity is 422. In the previous year, the average census was 450. There is no capacity designation for males vs. females; however, men have designated beds in one location and the Correction Officers focused on this area have CIT training. One housing area accommodates 56 females. Four dormitories are used for general population. At the time of the workshop, there were eight pregnant women in the jail.
- At the time of the workshop, 21 Corrections Officers from the county jail and six correction officers from Lorain P.D. had completed the 40-hour CIT training.
- Jail staff consists of ten nurses, one full-time physician's assistant and four social workers. Nurses are available 24 hours/day and social workers are available 16 hours/day. A psychologist ten hours/week, a psychiatrist four hours/week, a physician four hours/week, and a dentist four hours/week are contracted. Staff conducts weekly clinical meetings. Jail mental health staff refer out for services, but do not provide information with the referral.
- The jail case manager is employed by probation and conducts general assessments to inform recommendations for conditional release, which can be requested by probation or the judge. It was unclear at the time of the workshop what portion of these requests are made by probation and what portion by the court/judge.

- Inmates with serious mental illness can be separated from the general population, but only when their mental health declines. A special needs housing area, not exclusively for mental illness, serves 19 males and seven females. The goal is to stabilize and return them to general population. At the time of the workshop, 14 males were in the pod and all beds for females were full; four individuals were isolated.
- Individuals that are in custody after 14 days receive a full health appraisal.
- The jail contracts with LCADA Way to provide substance use educational services 32 hours/week.
- The Nord Center provides case management to individuals with open cases who are in the jail and completes assessments within the jail.
- The Recovery Court Coordinator provides Recovery Court information to inmates and completes program screening within the jail.
- Additional outside agencies visit clients in the jail, e.g., Firelands, Fortaleza as needed or requested but do not provide treatment. The jail mental health staff is the sole provider.
- Mentors from the Veterans Treatment Court can meet with inmates
- Additional services within the jail includes stress and anger management groups which incorporate CBT components as well as AA/NA once a week.
- All services offered in the jail are gender separated, not gender specific.
- Peer specialists are permitted in the jail, but none are employed to serve this population.
- Booking rosters were previously emailed to external agencies. This practice terminated with the implementation of a new online reporting platform. Searchable rosters and five years of data are available on the website. A demonstration was provided at the workshop.



Court

- Common Pleas utilizes Court Supervised Release. Occasionally staff requests a mental health evaluation.
- The courts do utilize Intervention in Lieu; however, they have not had much success.

Specialty Courts

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

Judge Name	Jurisdiction	Docket Type	Status March 15, 2017
Judge John R. Miraldi	Common Pleas	Drug	Certified
Judge James Walther	Common Pleas	Veterans Treatment	Certified
Judge Frank J. Janik, III	Common Pleas	Juvenile Mental Health	Certified
Judge Debra L. Boros	Common Pleas	Domestic Relations/Juvenile Drug	Certified
Judge Debra L. Boros	Common Pleas	Domestic Relations/Juvenile Family Dependency	Certified

- The specialty court representatives indicated they did not have a capacity concern.
- Typically, Drug Court participants are referred from jail or court. Criteria includes voluntary participation, weekly reporting, drug testing, and minimum 13 months participation. Both diversionary (eligible for Intervention In Lieu of Conviction) and non-diversionary tracks are used. The court is considering ordering participation. The program does not exclude individuals with co-occurring disorders; however, there must be a request from Firelands for approval. Current census is 22 active participants and six referrals pending.
- Veterans Treatment Court is a 16-month program and can be much longer. Both mental health and substance use disorder clients are eligible; most have a co-occurring disorder. Census is currently at 17; capacity is 30.

Three tracks exist: Intervention In Lieu of Conviction with dismissal; traditional Intensive Supervised Probation; and Reentry (two current participants released from prison).

- There is not a certified specialized docket available for mental health; however, the goal is to create a docket within the next year.

Veterans

- The Veterans Treatment Court capacity is 30 individuals with a current caseload of 17. The program is limited to post-sentenced individuals and does not exclude mental illness or substance use disorders.
- The Court maintains a mentor program and mentors able to enter the jail to meet with mentees on a regular basis.

Intercept III – Identified Gaps

- ▣ Length of stay and recidivism data not available regarding individuals with mental illness
- ▣ Resources to collect data from jail
- ▣ Issuance of medications to a client in need who is refusing and is not on the probate court roster, i.e., forced medication vs. transfer to state hospital
- ▣ Northcoast waiting/capacity issues – options for managing clients in acute state that need (and are approved) to go to the state hospital but are waiting at jail
- ▣ Prosecutor's Diversion program – none for mental illness or substance use disorders
- ▣ Jail staff not familiar with FIRST Program; no referrals to FIRST from jail or criminal justice generally

Intercept III – Identified Opportunities

- ▣ Consider creating mental health court if data supports
- ▣ Guardianship program utilization
- ▣ Nord Center is keeping data on their clients' repeat visits to jail and could conceivably track lengths of stay for those clients

Recommendations

- Explore including external providers in the treatment and mental health service offerings within the jail to decrease service interruption and increase continuity of care for individuals with serious mental illness.
- Consider using a criminogenic risk assessment tool, e.g., ORAS as part of the assessment for conditional supervised release. It may also be helpful to clearly understand how individuals are selected for such assessments and consider defining a more consistent process.
- Jail staff indicated an interest in learning more about First Episode Psychosis and the FIRST Program. Training for jail staff and law enforcement could result in earlier identification and referrals.

Intercept IV: Prisons / Reentry

Prison

- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services (OMHAS) regarding individuals returning from prison to the community are sent to five contact people at the Nord Center. In the previous year OMHAS completed 13 linkage referrals to Lorain County.
- As of 6/1/2017 three Correction Officers from Lorain State Penitentiary have completed CIT training.
- Lorain County Reentry Coalition provides referrals and support via video conference to individuals being released within six months.
- Goodwill Industries provides in-reach to inmates at Grafton to provide job skill techniques.

Jail

- The jail is not consistently informed of release dates; therefore, there are challenges to discharge planning. To help with this jail staff tries to link inmates with resources prior to court hearings, including providing a reentry services flyer. If an inmate is not involved with services, they may not receive the flyer.
- The Reentry Coalition has a full-time jail liaison who provides referrals upon release; however, funding for this position will end June 2017.
- Those present at the workshop confirmed that individuals are released from jail with two weeks of medication.
- The PATH Team is able to provide referrals to inmates prior to release.
- The Nord Center contracts with the jail to provide current or new clients with reentry referrals. They ensure individuals have an appointment within two weeks of discharge; however, wait time to see a psychiatrist after reentry is roughly 60 days.
- Inmates and their families have access to the Citizens Circle program, to learn about resources and supports. The program meets once a month in the Amy Levin Training Center; however, it is predominately used for prison reentry. A high percentage of those referred are connected to services (verified by providing roster to agencies and getting aggregate count of engagement).

Veterans

- The VJO liaison will link veterans to reentry services.

Intercept IV – Identified Gaps

- ▣ Funding for Reentry Coalition liaison after June 30, 2017
- ▣ Timing of jail release and accessing services – knowing a release date and time of day – communication flow between jail and court
- ▣ Moderately mentally ill not connected to community services on release from jail

Intercept IV – Identified Opportunities

- ▣ Provide reentry flyer to all inmates
- ▣ Two attorneys running Reentry program
- ▣ Ability to consult the court docket to identify court dates for possible release

Recommendations:

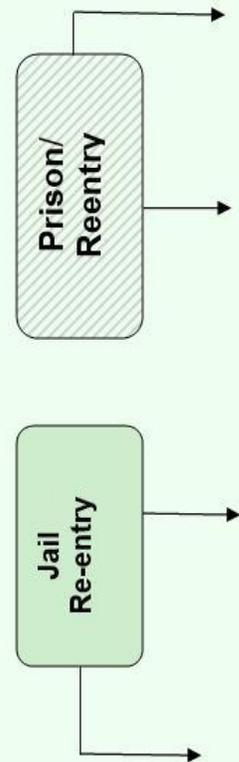
- Utilize the Citizens Circle program for the jail reentry population more often. This may be a simple matter of educating jail inmates and their family members.

Intercept V: Community Corrections / Community Support

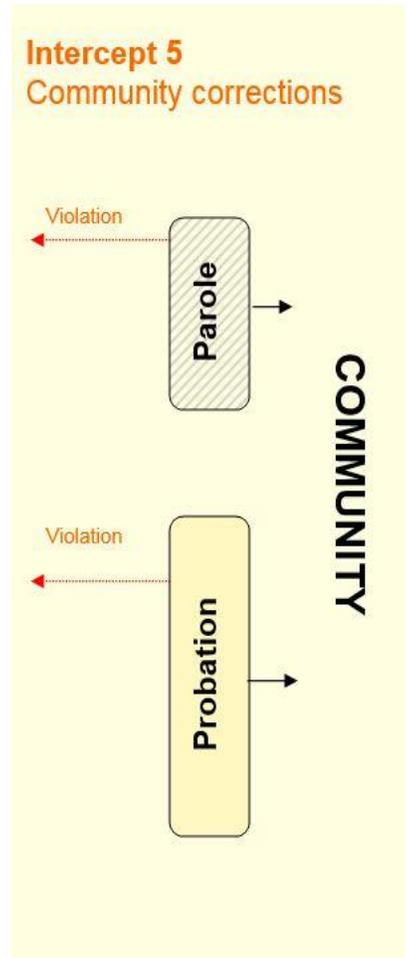
Probation

- Common Pleas has 17 Probation Officers, three supervisors and one case manager.
 - Three have specialized caseloads - two for Recovery Court and one for Veterans Treatment Court.

Intercept 4 Reentry



- Almost all have received Thinking for Change, Motivational Interviewing and EPICS trainings. Three Probation Officers have completed the 40-hour CIT training.
- Probation Department holds Thinking for a Change (T4C - will soon be changed to Courage to Change) groups; however, only three Probation Officers conduct the groups, so they do not have the capacity to serve as many individuals as are eligible.
- Probation provides post-disposition screening and referrals. ORAS is used for supervision placement decisions. Results of Pre-Sentence Investigation (PSI) and ORAS aid in determining general probation vs. Intensive Supervision Probation (ISP).
- Court has seven Probation Officers. Misdemeanor ISP is available.
 - Lorain Municipal Court has two Probation Officers, Elyria Municipal Court has four Probation Officers and Oberlin Municipal Court has one Probation Officer.
 - Probation Officers do not have specialized training or specialized caseloads.
 - Participants stated that Elyria refers individuals for services often and has unofficial diversionary efforts, but no specialized probation services.
 - LCADA Way staff is on site at Lorain and Elyria Courts to provide on-site psycho-social assessments.
- Probation Departments partner with numerous treatment and support providers



Parole

- APA does not have specialized caseloads or specialized training; however, there is a parole office in the Lorain/Medina Community Based Correctional Facility (CBCF).

Community Supports and Treatment

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 Lorain County.

- Lorain/Medina CBCF serves Lorain County and operates a 100-bed facility. To be eligible for the facility, individuals must be ready and able to participate; therefore, while they can serve individuals with serious and persistent mental illness, they are not designed for intensive mental health treatment. The CBCF partners with the Nord Center, Firelands and Far West to provide reentry services and offers T4C.
- Housing capacity was identified as a significant gap for Lorain County. There is a range of services from short-term/homeless, and transitional to permanent supportive housing, and peer support services are embedded in the crisis and residential housing program. These existing services were highlighted:
 - Harbor Light – halfway house – utilizes Thinking for a Change
 - Road to Hope – sober living housing; can serve mild dually diagnosed clients
 - Lake Erie Correctional – halfway house located in Sandusky County
 - Primary Purpose – sober living housing
 - One homeless shelter for men
 - One homeless shelter for men, women and families
 - Family Promise – housing for families
 - Volunteers of America has residential services
- Long-acting injectable medications are available at Nord Center, Firelands, and Far West
- Cognitive Behavioral Therapy (CBT) is utilized in individual therapy, partial hospitalization program group, and at STEPS. It was noted that Dialectical Behavior Therapy is also available, which has a CB component.

- CPT is available at Nord Center and Firelands and a family component is available. Otherwise, no family programming specific to mental illness is available except through NAMI.
- Gathering Hope House is a consumer operated day program.
- NAMI provides peer support groups for families and consumers.
- The Nord Center provides a peer support warm line through their 24-hour crisis hotline, Supported Employment Services, EMDR, and FIRST Program and is developing ACT to be combined with SAMI
- The Bureau of Vocational Rehabilitation and Goodwill Industries provides job-training services.
- Transportation access varies by geography and agency resources.
- Other providers noted during the workshop include Psych and Psych, Firelands, and Far West

Veterans

- Transitional Veterans Homeless Shelter is available
- VA community-based outpatient facility provides Moral Reconciliation Therapy (MRT) and Seeking Safety (trauma/substance use)

Intercept V – Identified Gaps

- ▣ No screening for mental health at outset of court case
- ▣ Insufficient availability of Thinking for a Change groups
- ▣ Housing/residency access: emergency, short term and long term
- ▣ Transportation is lacking. Bus service is very limited and expensive.

Intercept V – Identified Opportunities

- ▣ Municipal Probation is interested in more training
- ▣ HMIS (housing management information system) coordinated entry system pending

Recommendations:

- Consider including Municipal Probation in the same training opportunities as Common Pleas probation. Municipal Probation could then offer Thinking for a Change groups, and there may be more consistency across the courts.

Priorities for Change

Lorain County,
Ohio

Lorain 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. Range of housing services
2. Collection and analysis of data across all intercepts
3. Detox services
4. Cross-systems clarification and communication of criteria for admission and availability of beds and services at jail, ER, NORD and treatment providers
5. Jail and court information sharing

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

- Community education of CIT, pink slip request and Nord Center walk-in area (5 votes, Intercept 1)
- Funding for Reentry Coalition liaison after June 30, 2017 (5 votes, Intercept 4)
- Communication to treatment agencies from ER and police departments (1 vote, Intercept 2)
- No screening at arraignment, pretrial supervision at Municipal Court or follow-up after referral to mental health (1 vote, Intercept 2)
- Timing of jail release and accessing services – knowing a release date and time of day (1 vote, Intercept 4)
- Moderately mentally ill not connected to community services upon release from jail (1 vote, Intercept 4)

Additional Recommendations

Cross-Intercepts Recommendations:

- Identify mechanisms for collecting, sharing and analyzing data regarding the incidence and prevalence of individuals with mental illness in the justice system.
- Lorain County is in some ways the ideal county to benefit from Sequential Intercept mapping. Overall many good services exist, but the systems are not coordinated, so staff and clients alike experience inconsistency and at times, disorganization. Participants are strongly encouraged to continue meeting, follow through with work on action plans, and capitalize on existing opportunities to strengthen cross-system and cross-intercept information sharing, data, and service coordination. Lorain County has growing opportunities to replicate practices from individual jurisdictions and agencies that could have a positive impact on the systems of care and the outcomes of clients.

Parking Lot Issues

- Casey Act legislation – fix prepay requirement
- Voluntary/involuntary commitment
- Capacity/access to state hospital

Moving Forward

- 2nd Thursday in May, Stepping Up Task Force Meeting
- CIT Steering Committee meeting May 2, 2017 @ 9:00 a.m. at the Amy Levin Training Center

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
Lorain County, Ohio | April 18-19, 2017**

Participant Roster

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Observer

Nick Dunlap	BeST Center	ndunlap@neomed.edu
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Action Planning Matrix for Lorain County, Ohio

Priority Area 1: Range of Housing Services				
Objective	Action Step	Who	When	
1.	Obtain project based vouchers for PSH projects	A. Schedule community meeting with housing providers to discuss	Holly – schedule meeting	End of June
2.	Develop PSH project (35 unit)	A. Meet with housing developer	Holly to schedule	End of April
3.	Discuss collaborative housing efforts. Ex: MH/DD	A. Develop housing forum/committee to continue to discuss housing needs	Holly/NORD Foundation CSH	End of June

Action Planning Matrix for Lorain County, Ohio

Priority Area 2: Collection and Analysis of Data Across All Intercepts

Objective		Action Step	Who	When
1.	What information is gathered to identify SMI	A. Make contact to obtain information	Deena Baker (Law Enforcement) Kelly Boda (Mental Health/Jail) Alfonzo Vance – Goodwill (Probation/Parole) Claire Cygan-Young (Court)	Begin 4/20/2017 Report Back 7/3/2017
2.	Identify those with SMI – how Law Enforcement, Jail, Probation/Parole, Court			
3.	Identify procedure of CIT involvement	A. Make Contact	Deena Baker	Begin 4/20/2017 Report Back 7/3/2017

Action Planning Matrix for Lorain County, Ohio

Priority Area 3: Detox Services				
Objective	Action Step	Who	When	
1. Create a baseline for booked inmates at county jail in need of medically necessary detox	A. Train jail personnel on withdrawal tools (COWS/CIWA)	Dawn/Jail team		
	B. Implement withdrawal tools for inmates			May 19, 2017
	C. Forward data to Stepping Up	Stepping Up		June July August
	D. Forward data to ADAS	ADAS		June July August
	E. ADAS to include in planning and detox development	ADAS		
	F. ADAS/MH to determine crisis efficiencies	ADAS/MH		September 2017
2. Create a baseline for ER patients in need of medically necessary detox	A. Engage (2) ER			
	B. Enter in the data sharing agreement for medically necessary detox patients in ER	<u>ADAS</u> Mercy/UH Clev Clinic		June 15, 2017
	C. Collect and analyze data	ADAS		June 15, 2017
	D. ADAS to include in planning and detox development	ADAS		
	E. ADAS/MH to determine crisis efficiencies	ADAS/MH		September 2017
3. Engage police in using withdrawal screens for medically necessary detox	A. Recruit 1-2 police departments to pilot withdrawal tools for road patrol	Dawn/Police		May 15, 2017
	B. Train road patrol on withdrawal screens			
	C. Forward data to Stepping Up and ADAS	Stepping Up and ADAS		June July August
	D. Replicate across additional police departments	Stepping Up		October 2017

Action Planning Matrix for Lorain County, Ohio

		E. ADAS to include in planning and detox development F. ADAS/MH to determine crisis efficiencies	ADAS/MH	September 2017
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Action Planning Matrix for Lorain County, Ohio

Priority Area 4: Cross-systems clarification and communication of criteria for admission and availability of beds and services at jail, ER, NORL and treatment providers

Objective	Action Step	Who	When
<p>1. Develop a communication document specifying who is eligible for services and how information is to be conveyed between systems</p>	<p>A. Develop a template. Request each agency/system (including 911) spell out their admission criteria, including medical clearance, limits of the system (legal, capacity, role), diversion, etc. on the template</p> <p>B. Develop laminated systems documents to be shared with staff</p> <p>C. Post information on various systems' internal websites</p> <p>D. Update information every 6 months</p>	<p>Deb/Blanche</p> <p>Blanche (MH), Tim (CJ)</p> <p>Darci</p> <p>Blanche</p>	<p>June</p> <p>July 31, 2017</p> <p>October 31, 2017</p> <p>November 31, 2017</p>
<p>2. Provided cross system training</p>	<p>A. Meet to develop strategies to get buy in and to reach direct service staff</p> <p>B. Sponsor multiple trainings across shifts</p> <p>C. Encourage use of CIT response sheets</p>	<p>Tim (CJ) /TBD</p> <p>Wellington PD/Darci</p>	<p>June 30, 2017 invitation</p> <p>September-December June 30, 2017</p>
<p>3. Develop a process for discussing when guidelines appear not to be not followed</p>	<p>A. Develop MOUs among parties/systems</p> <p>B. Indicate contact persons within each system to have discussions when there are disputes/challenges</p>		<p>January 30, 2018</p> <p>November 31, 2017</p>
<p>4. Have a standard routine meeting to review communications and address new needs when they arise</p>	<p>A. Schedule next meeting to continue working on Action Plan for Priority Area 4</p> <p>B. Recruit other members</p> <p>C. Have system wide meeting every 6 months</p> <p>D. Explore technology resources for those unable to attend in person</p>		<p>May – June 2017</p>

Action Planning Matrix for Lorain County, Ohio

Priority Area 5: Jail and Court Information Sharing				
Objective	Action Step	Who	When	
1. Data collection and data sharing with players	B. I.D. Muni Courts and determine what their process for data collection is	Pinskey/Novak/Behner	July 1, 2017	
	C. Have Muni Courts I.D. a point person for all SMI cases	Pinskey/Novak/Behner	July 1, 2017	
	D. Identify the data we <u>need</u> (Muni and C.P. Judges)	Pinskey/Novak	July 1, 2017	
	E. Bring in I.T. for data collection and sharing. Must be confidential (sharing with judges, chiefs, probation, jail) – not prosecution or defense	Pinskey/Novak/Bostwick	September 1, 2017	
2. Identify players and obtain buy in with Cook/Walther (personal meeting) Name/track to identify SMI	A. Prosecutor B. Jail staff C. Muni Judges/LEEP Judges D. Police Chiefs E. Individuals and families	MH Board hosts. Judge Walther/Judge Cook and Commissioner Kokoski	September 1, 2017 (save the date in July or August)	
	A. Defense bar B. MH and AOD Board C. Probation/CSR/JCM	Novak/Pinskey/Behner/Bostwick		
3. I.D. the population we are flagging/screening Fast track for next day arrangement	A. SMI - priority B. Serious needs – priority C. Moderate needs A. Low needs	Bostwick/Jail manager case	TBD	
	A. Police reports	Bostwick/Jail manager case	TBD	
4. What to share With whom to share How to share	A. Based on team players input		TBD	
	A. Data base admin.			
	A. Confidentiality/privacy B. MOU A. Use LCCC or other local univ.		TBD	

Action Planning Matrix for Lorain County, Ohio

5.	<p>Barriers (HIPAA)</p> <p>Follow-up. What next? -How to sustain</p>	<p>A. Universal SMI ROI B. Buy-in</p> <p>A. How to sustain for the future</p>	<p>TBD</p> <p>TBD</p>
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