

# Mercer County, Ohio

## *Sequential Intercept Mapping* FINAL Report

June 29 – 30, 2017

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# *Sequential Intercept Mapping*

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# Mercer 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 Mercer County, Ohio on June 29 & 30, 2017. The workshops were sponsored by members of the Core Planning Team comprised of representatives from behavioral health and criminal justice agencies and the community. The Mercer County Prosecutor's Office provided staff to coordinate the effort. 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 Mercer 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 Mercer County Prosecutor's Office, Mercer County Jail, Foundations Behavioral Health Services and the Mercer County Alcohol Drug Addiction and Mental Health Services Board requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops as part of the local *Stepping Up* initiative, to provide assistance to Mercer 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 32 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, education services, corrections, consumers, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. Jodi Long, Daniel Peterca, and Ruth H. Simeria from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

### Values

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

## 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 Mercer 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 Mercer 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

Mercer County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. There is currently one primary cross-system collaborative team/coalition: Crisis Intervention Team training. Mercer 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 did not include consumer/peer support; representation during the workshop consisted of two consumers.

#### 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: veterans' services and parole.

#### Data Collection

- The Mercer 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
  - Mercer County Jail Data for January – April 2017
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:

- Mercer County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, June 1, 2017
- Mercer County CIT Officers Roster Project Summary Report, September 2015

**General Recommendations:**

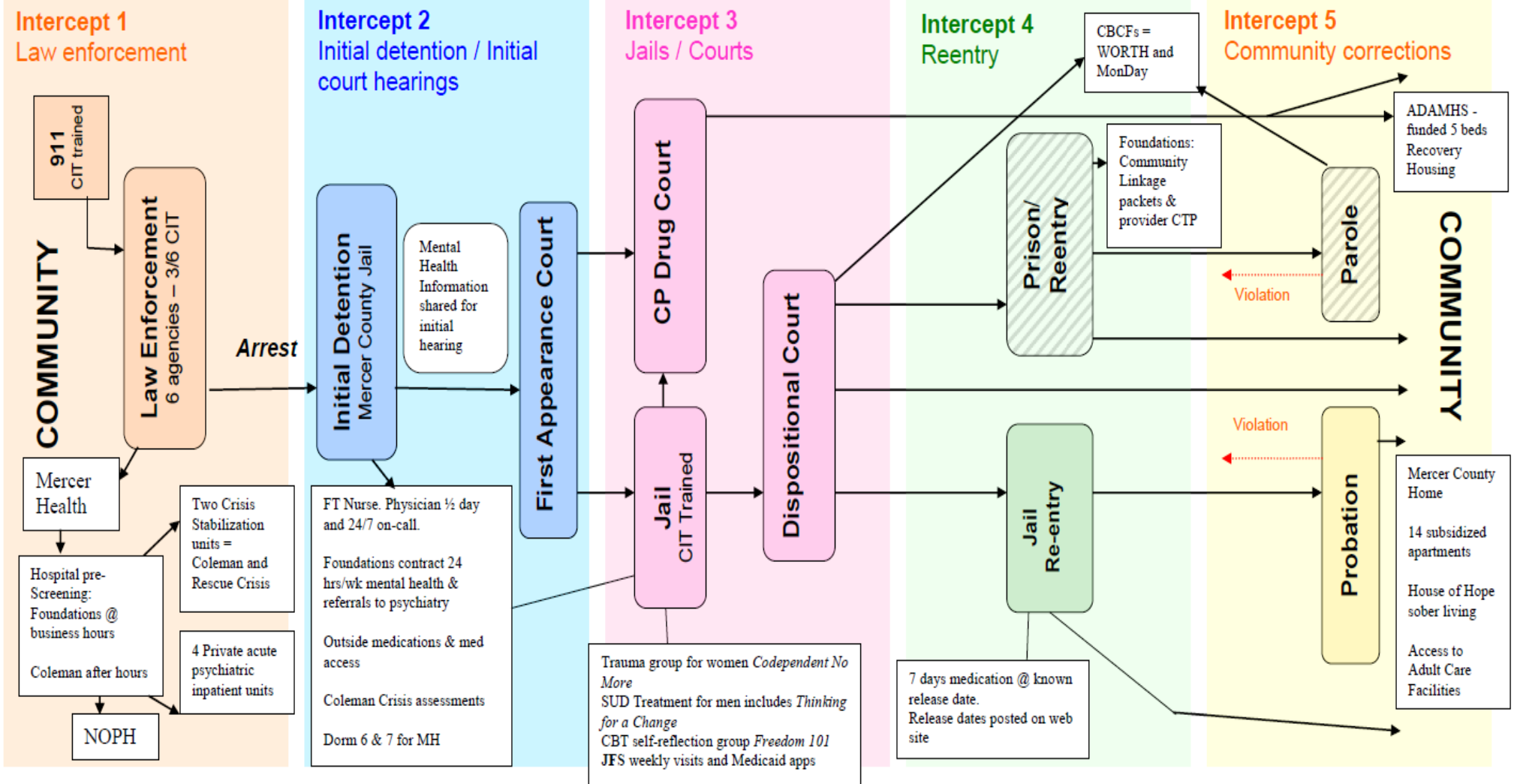
- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Mercer County criminal justice system and promoting use of alternatives.
- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.

# Sequential Intercept Mapping

Mercer County, Ohio

# Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Mercer County June 2017

Open Access @ Foundations Monday through Thursday



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

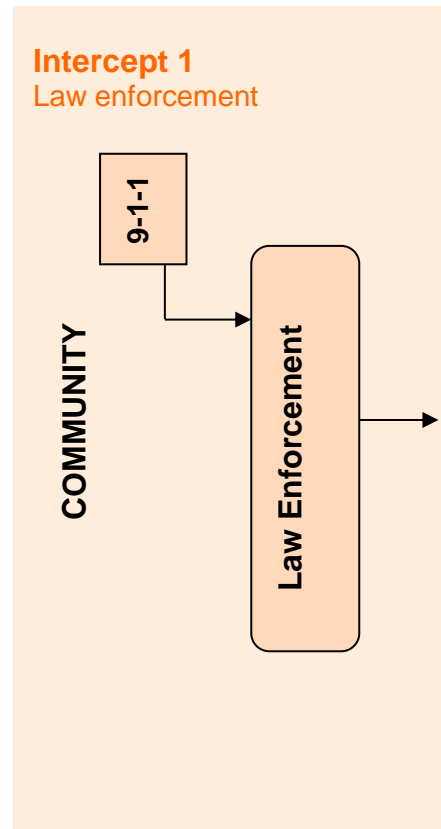
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus. In some instances,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

- Mercer County has one call and dispatch center, the Mercer County Sheriff’s Office Communications Division, which is responsible for dispatching Fire, EMS and Law Enforcement for the county.
- Those present at the workshop noted that a significant number, but not the majority, of calls to Celina Police Department come directly from community members through the department’s non-emergency number. Celina Dispatchers are CIT trained and will dispatch officers based on these direct calls. Celina will notify the Mercer County Sheriff’s Office Communications Division if other local law enforcement response is required.
- Most dispatchers have been trained in the Crisis Intervention Team (CIT) model and all are trained in emergency medical dispatching. Those present reported that dispatchers find CIT training tremendously helpful in providing verbal techniques to enhance calls.
- Dispatch does have a mental health code (70); however, to avoid stigma they are hesitant to use the code unless clear that the individual has a history of mental illness. Suicide threat and attempt have separate codes.
- Mercer County Sheriff’s Office and Fort Recovery Police Department have a CIT designation, so dispatchers know which officers are CIT trained and on shift.
- Data is collected monthly; however, due to lack of utilization of the mental health code, data may not give an accurate depiction of mental health concern calls. Otherwise, aggregate reports are possible.





## Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued April 21, 2017, Mercer County has six Law Enforcement Agencies: Celina Police Department, Coldwater Police Department, Fort Recovery Police Department, Mercer County Sheriff's Office, Rockford Police Department, and Saint Henry Police Department, with an estimated 59 full-time officers.

- As of July 1, 2017, Mercer County Crisis Intervention Team (CIT) training program has held four courses. CIT training 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 34 full-time officers have completed CIT training. All but one of the trained officers are Mercer County Sheriff's Office deputies, as four law enforcement agencies have not participated in CIT training; Celina, Coldwater, Rockford and Saint Henry. Those present at the workshop indicated that CIT still faces resistance and barriers in the community.
  - EMS and fire personnel are not incorporated in the 40-hour CIT training course.
- Most transports for mental health crisis evaluations are made to Mercer Health Emergency Department. Law Enforcement reported that drop-off occurs smoothly; however, there is no security on site and officer time involved can be several hours including round trip travel and wait for medical clearance.
- Law Enforcement can drop off individuals at Foundations Behavioral Services' outpatient clinic for assessments during weekday business hours (M-Th 8-5 and Friday 8-4:30). The responding officer waits until Foundations staff assesses risk level of the client; typically, the officer is released in 30 minutes or less. There are no concerns with drop-off except nearing the close of the business day, although the Sheriff's Office is next door to Foundations, which provides an added sense of security.
- Occasionally Law Enforcement will transport individuals to Coleman Professional Services' WeCare in Allen County for crisis stabilization if eligibility is clear.
- Police typically provide transportation to local services and hospitals and seem to welcome requests for well-being checks.
- Mercer County EMS co-response is dependent on the circumstances. EMS will be put on stand-by for a suicide threat and will respond to an attempt, similarly for situations involving harm or potential harm.
- The use of citations/summons in lieu of arrest is dependent upon offense.
- There is currently no formal or widespread collection of CIT data and no utilization of CIT encounter forms.

## Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center or mobile crisis team. Most pre-screenings occur at Mercer Health.
- Foundations Behavioral Services provides Open Access for assessments and pre-admission screening during business hours Monday-Thursday. Walk-ins and law enforcement referrals/drop-offs are welcome. The agency will be transitioning to Qualifacts for its electronic health records, which will enable sharing of health records with Coleman Professional Services.
- Coleman Professional Services' We Care in Allen County (roughly 45 minutes from Mercer County) is a 24-hour crisis service contracted for after-hours crisis services to Mercer County. Health officers will be dispatched to hospital Emergency Rooms or the jail for assessments and are contracted to arrive within 90 minutes, 90% of the time. WeCare also has a 16-bed crisis stabilization center, which operates on a first-come, first-served basis. Workshop participants reported no problems with capacity. Coleman staff inform Foundations if they have contact with a Foundations client.
- Individuals with higher level needs may be transferred to St. Rita's Hospital in Lima, a private inpatient acute psychiatric unit with 18 beds that serves 7-9 counties. St. Rita's has a lock-down unit in the ER for mental health assessments. The other option would be Defiance Hospital, operated by ProMedica, which has a 12-bed adult psychiatric unit, but is 45 minutes away.
- Additional options for crisis stabilization include Rescue Mental Health and Addiction Services in Lucas County and Napoleon Crisis Stabilization Unit.
- Mental Health First Aid is offered to local crisis services and community residents.

## Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Northwest Ohio Psychiatric Hospital (NOPH) in Toledo. 80% of the hospital population is competency restoration or individuals found Not Guilty by Reason of Insanity (NGRI); however, none of these individuals are from Mercer County. There are no adult psychiatric beds in Mercer County.
- The only hospital and Emergency Department in Mercer County is Mercer Health. Mercer Health receives the majority individuals transported for mental health services. Hospital staff will conduct a medical screen. After medical clearance, the hospital will contact Foundations Behavioral Services for pre-screening and safety planning during business hours and Coleman Professional Services afterhours and on weekends. Average time in the ER for admission to the next service is four hours. The hospital does not have security; therefore, the responding officer is required to stay at the hospital.
  - If inpatient care is needed, staff will contact St. Rita's Medical Center and/or ProMedica Defiance Regional Hospital unless the patient is on police hold, which will prompt staff to contact NOPH. If a bed is not available, staff will contact Arrowhead Behavioral Healthcare (30-bed adult psychiatric unit), and Rescue Mental Health and Addiction Services in Lucas County. Workshop participants indicated that the only difficulty accessing adult psychiatric beds is at the state hospital. Adolescents may wait 10-12 hours for a psychiatric bed to be located.
- Occasionally individuals are transported to St. Rita's Medical Center in Allen County, ProMedica Defiance Regional Hospital in Defiance County, or Joint Township District Memorial Hospital in Auglaize County. All have Emergency Departments, which serve as the typical after-hours access to mental health care.
- The Mercer County Developmental Disabilities Board has significant struggles with crisis hospital admissions; clients are transported to Access Hospital in Montgomery County for acute care.

## Detoxification

- Currently, there are no detoxification units in Mercer County. Clients who cannot be released are often charged with disorderly conduct and transported to jail.
- The county contracts with Arrowhead Behavioral Healthcare, Rescue Mental Health and Addiction Services and Coleman Professional Services for detoxification services. Arrowhead provides withdrawal management for alcohol and other substances. Beginning July 1, 2017 eight of the sixteen beds at Coleman's Crisis Stabilization Unit will be available for withdrawal management.

## Probate

- The county does not currently have an Assisted Outpatient Treatment (AOT) program; court-ordered outpatient treatment is only utilized post-hospitalization.

## Veterans

- The Mercer County Veterans Service Commission is located in Celina and operates during business hours. They do not accept emergent patients. If a veteran is identified and referred to the Veterans Service office, they will attempt to help with referrals and placement.
- Mercer Health asks individuals about veteran status and refers to Dayton VA Medical Center; however, beds are scarce.

## Intercept I Gaps

- Community education on CIT
- Advanced CIT trainings
- CIT Companion trainings: EMS and Developmental Disabilities Board
- CIT encounter information and data
- Access to acute psychiatric care for individuals on police hold; NOPH capacity and non-acceptance by private hospitals
- Wait time for officers at Mercer Health

- Local developmental disabilities and mental health services availability, including acute psychiatric access
- Access to services for the indigent population
- Mental health residential treatment facilities in the county

## Intercept I Opportunities

- Mental Health First Aid (MHFA) for adults and juveniles
- EMS and other groups training in CIT companion or MHFA
- Public relations about CIT
- Access to EHRs across agencies with adoption of Qualifacts at Foundations Behavioral Services
- Proactive and evidence-informed strategies at Intercept 0: two MHFA instructors, use of long-acting injectables, use of Clozapine, use of emergency guardianships
- Preventative measures for youth/adolescents

## Recommendations:

- The CJ CCoE held a statewide CIT Coordinators Training in May 2017 and will be holding another such training prior to the end of the calendar year. This is an excellent opportunity to learn about the CIT core elements from coordinators and programs around the state and to obtain materials, resources and examples that can enhance the local program. Any regional or local jurisdiction CIT coordinators are strongly encouraged to attend the course.
- Add companion courses to the routine CIT training offerings. These courses, often for dispatchers, EMS, and fire, range in length but are typically shorter than the 40-hour course.
- Provide routine offerings of refresher and advanced training for existing CIT officers. It can be helpful to ask CIT officers to provide input on these topics.
- 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.
- Engage Celina PD and other jurisdictions in discussion and possibly in the CIT Steering Committee to address barriers and concerns to adopting CIT county-wide.
- Athens County holds quarterly meetings of its Crisis Admission Workgroup, with representatives from hospitals, law enforcement and mental health to discuss barriers to access timely hospital care and to address those barriers through cross-systems agreements and written protocols. This might be a helpful approach for Mercer County as well.

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

### Initial Detention

- Mercer County Jail is the only full-service detention facility.
- The jail pre-screens all potential inmates before acceptance into the facility. The intake process includes a medical screening that includes mental health questions.
  - During the pre-screening process, if an individual is intoxicated or requires medical clearance, referral is made to Mercer Health.
- Upon acceptance to the jail, staff completes a detailed assessment. The assessment includes medical, mental health and suicide related questions. If suicide risk is indicated, a separate questionnaire is completed. If determined that an individual is suicidal, referral to Foundations Behavioral Services or Coleman Professional Services occurs. Pending their arrival, individuals are held in the booking area and may be placed in a suicide vest.

- Within 24 hours of booking, the nurse reviews all assessments and prioritizes who to see based on need. All inmates must see the physician within 10-14 days.
- Jail medical staffing consists of one full-time nurse who goes through the jail twice a day. One physician is contracted four hours/week and on-call; currently visits occur on Wednesdays. Foundations Behavioral Services provides a counselor 24 hours/week (Monday and Friday full day, Tuesday and Thursday half day). The counselor conducts mental health appraisals within 10-days of acceptance, will also respond to crises, and will share information with the court when available before the initial hearing. Coleman Professional Services is contracted for crisis services afterhours and on weekends and will arrive to the jail without an hour for assessment.
- Outside medications are permitted and are verified by the nurse. If an inmate does not come in with medication, the nurse will verify their medications via a release of information. The physician is contacted for approval and medications are accessed via the jail formulary. If medications do not come in with the individual, the process of obtaining medications may take a couple days. Opiates and benzodiazepines are typically restricted; occasionally Seroquel is permitted. Some medication choices can be affected by cost.
- Foundations, located next door to the jail, has two psychiatrists; inmates can be seen for psychiatric medications and follow-up.

## Arraignment

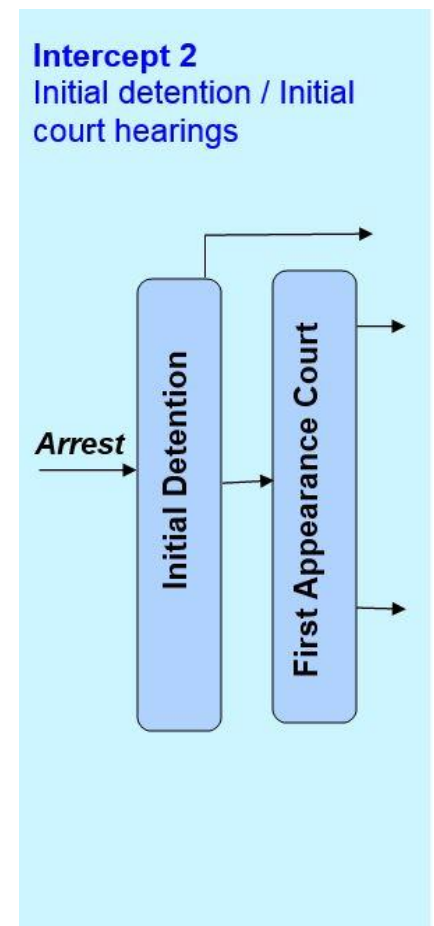
- Mercer County has one Municipal Court located in Celina. All felony and misdemeanor initial hearings take place in this court, in-person within 48 hours. Hearings are routinely held on Mondays and Fridays, plus any other days needed; however, direct indictments occur in Common Pleas.
- Specialty court referral does not occur at initial hearing.
- The county does not have a Public Defender's office. Typically, individuals do not have legal representation at the initial hearing.
- There are no formal pretrial services at the Municipal level and no formal diversion programs. Bond is typically 10% bail or Release on Recognizance, sometimes with conditions. Sometimes for felonies, Electronic Monitoring or supervision will be ordered, although it's rare.
- Individuals with mental illness released on bond or their own recognizance may be ordered to participate in counseling and follow through, typically within five days.
- Mental health information is relayed to the courts during initial detention via Foundations Behavioral Services; however, this is not a formal process.

## Veterans

- There are no designated screening tools for Veterans at this phase of the system.
- If notified of a Veteran, the Mercer County Veterans Service Commission is contacted.

## Intercept II – Identified Gaps

- ▣ Capacity issue for Foundations Behavioral Services counselor
- ▣ Validated screening tools are not used by jail or court to identify possible mental illness, substance use disorder, trauma, veteran status or criminogenic risk
- ▣ Questions relating to whether the booked individual is a sole caregiver for a child
- ▣ No pretrial services or use of criminogenic risk assessment to determine release and conditions
- ▣ Information sharing between the jail and court
- ▣ Lack of common definition for mental illness



- Jail data collection
- Attorney representation at initial hearing

## Intercept II – Identified Opportunities

- Formal process for sharing information with the court
- Mental health appraisals within first 10-days may be a capacity concern.
- Access to support individuals at intake

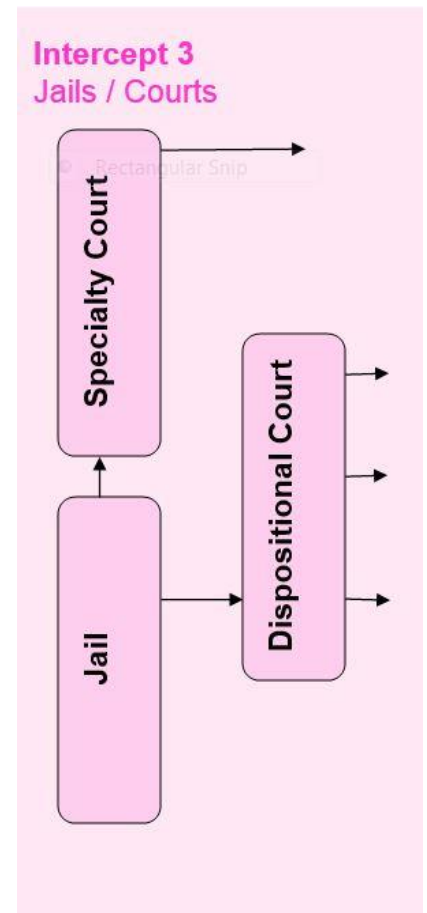
## Recommendations

- Select and implement a valid screening tool to be administered at the time of booking in the county jail. Not only will this aid in collecting baseline data, but screening results can help inform the level of need for assessments and prioritize those individuals to receive assessment services.
- 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 mental health needs.
- Consider utilizing assigned defense counsel at the initial hearing process, especially for those individuals with special needs.

## Intercept III: Jails / Courts

### Jail

- The Mercer County Jail's rated capacity is 104 with an average population of 80+. Currently 15 beds are for other counties' inmates. An estimated 74% of the jail population are pretrial detainees.
- As of July 1, 2017, nine Corrections Officers from the county jail had completed the 40-hour CIT training.
- The jail does not currently capture data on individuals with mental illness; as a result, recidivism and length of stay information is not available for this target population.
- Inmates with mental health concerns can be separated from the general population into dorm 6 and 7, which serves four individuals.
- Individuals that are in custody after 14 days receive a full health appraisal.
- The jail will transport individuals to Foundations Behavioral Services for psychiatric treatment, and a Foundations counselor is assigned to the jail 24 hours/week paid by the jail through levy dollars. Foundations also provides a twice-weekly *Thinking for a Change* substance use education program for males, which will be expanding to women in July 2017.
- The jail provides *Co-dependent No More* trauma group for females.
- Reformers Unanimous Recovery Program provides substance use programming for females.
- Freedom 101 provides a 4-session Cognitive Behavioral Therapy (CBT) self-reflection class.
- Job and Family Services (JFS) provides weekly one-on-one meetings to inform inmates of community resources and services, link to services, assist with Medicaid applications, and assist with employment opportunities, including developing resumes.
- The jail has the following additional services available to individuals: AA, faith-based programming, GED/literacy and fatherhood programming.





## Court

- Disposition and sentencing at Municipal Court is completed within 30 days. Competency is seldom raised as an issue, and in 30 years, there have only been three requests for NGRI.
- Common Pleas utilizes Intervention in Lieu. Competency and NGR occurrences are infrequent (less than 5%). There is currently no one at the state hospital on NGRI or competency restoration.
- Appointment process for defense counsel is based on experience and knowledge whenever possible, but conflicts of interest are considered as well, along with type and level of offense and caseload of attorneys. Less than 5% retain counsel.
- Approximately 75% of cases at Common Pleas are new indictments; 25% are bind over from preliminary hearing. Grand Jury meets monthly; indictment occurs within 30 days.
- In cases where criminal court no longer has jurisdiction, Common Pleas may transfer the case to Probate Court for oversight and civil commitment.

## Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of June 9, 2017, Mercer County has one specialized docket:

Judge Name	Jurisdiction	Docket Type	Status June 9, 2017
Jeffrey R. Ingraham	Common Pleas	Drug	Certified

- Drug Court has a capacity of 25; currently caseload is 14. Representatives indicated they did not have a capacity concern.
- This is a post-conviction program, and typically participants are referred by their attorney. The defense counsel request is filed with the court and forwarded to the Drug Court Coordinator. Most frequently, the individuals are existing clients of Foundations. Determination is routinely done at the time of plea; Pre-Sentence Investigation report and Drug Court Coordinator report are done at the same time.
- The program does not exclude individuals with co-occurring disorders; however, participants must be ready and able to participate. Individuals with current violent or high-level trafficking charges are ineligible.
- Foundations Behavioral Services provides a Drug Court Coordinator, paid for by the ADAMHS Board, which completes the screening and treatment. The Coordinator recently began attending court on “criminal” day to report on progress of participants and to enable potential referrals, including considering information presented by jail counselor.

## Veterans

- If notified of a Veteran, the Mercer County Veterans Service Commission is contacted.

## Intercept III – Identified Gaps

- Municipal level specialty court (likely not needed)

## Intercept III – Identified Opportunities

- Expand jail trauma services to males

## Recommendations

- The opportunity exists to expand trauma services to male inmates of the county jail. If time, space, and programming resources can be made available, the jail should consider adding this service.

## Intercept IV: Prisons / Reentry

### Prison

- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services (OHMHAS) regarding individuals returning from prison to the community are sent to two contact people at Foundations Behavioral Services. In the past year, OHMHAS completed three referrals to Mercer County.
- The county utilizes the Western Ohio Regional Treatment and Habilitation (WORTH) Center in Lima and MonDay Community Correctional Institute in Dayton as its primary Community-based Correction Facility (CBCF). Participants report less access to female beds, with wait times up to 60 days.
  - The WORTH Center houses males and females and is typically used upon judicial release and probation violation. In the past year, Mercer County sent twelve individuals, six males and six females to the WORTH Center.
  - MonDay houses males and females.
- Foundations Behavioral Services provides a Community Transitions Program.

### Jail

- Known release dates are posted on the Mercer County Sheriff's Office website.
- If the release date is known, individuals will be provided at least a week of medications. Otherwise, individuals are released with their remaining medication, which varies from person to person. This was noted as a concern in that individuals released unexpectedly may not have ample medication upon release to bridge the gap between release and community-based appointment. Foundations can usually assist by facilitating access to psychiatric appointments, since most individuals are known to the agency.
- Foundations Behavioral Services provides current or new clients with reentry referrals; however, the jail is not consistently informed of release dates, which may not allow referrals prior to release.
- JFS offers Medicaid applications to individuals prior to release.
- The jail does not provide a formal discharge process or reentry plan. Foundations or the court may have plans in place for some individuals, but there is no consistency across individuals; therefore, individuals are released with varied knowledge of community resources.

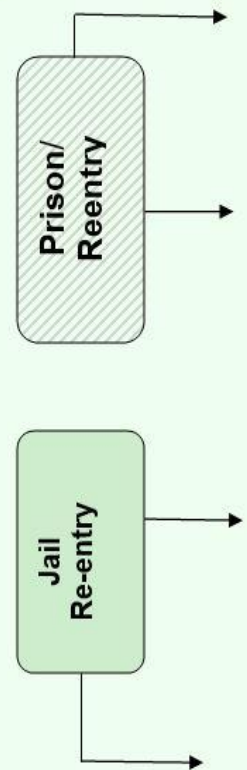
### Veterans

- If notified of a Veteran, the Mercer County Veterans Service Commission is contacted. Participants were not familiar with the Veterans Justice Outreach Program.

### Intercept IV – Identified Gaps

- Lack of Ohio Benefit Bank
- Medication upon release to bridge gap between jail until connected to community-based services
- Lack of formal discharge process in jail
- Lack of knowledge about Veterans Justice Outreach (VJO) services
- Data on success/retention, etc... of individuals returning to the community
- Lack of in-reach services to prison

## Intercept 4 Reentry



- Linkage and reentry planning for judicial release from prison; F4 and F5 level felonies do not have discharge plans
- 4-5 months wait for psychiatry appointment at Foundations for new clients

### Intercept IV – Identified Opportunities

- Trauma informed care training for Correction Officers
- Veterans Justice Outreach Services are available to all counties
- Open Access at Foundations (Monday through Thursday)

### Recommendations:

- Review the jail’s release policies pertaining to the provision of medications upon release. If needed, shore up practices to ensure that all individuals with significant health and mental health needs have ample medications to bridge the gap from release to provider appointments.
- During the workshop, it was noted that Foundations Behavioral Health leadership did not know who their community linkage persons were. This may suggest room for expansion and improvement of services being provided to individuals, e.g., additional follow up, case planning, and monitoring. It may be helpful to include the two contact persons at Foundations in the future work of the stakeholders’ groups.
- Contact Veterans Justice Outreach Services to learn about available services and enable linkage with these services
- Open Access at Foundations is an important resource; all inmates, regardless of status, could be informed of this service. The jail may want to consider creating a standard release packet to distribute to all individuals upon release, including this and other resource information.

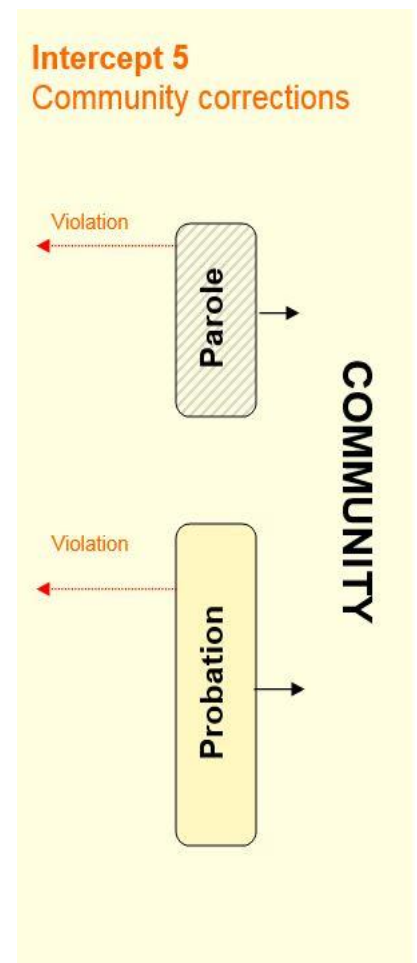
### Intercept V: Community Corrections / Community Support

#### Probation

- Common Pleas has four Probation Officers, including the Chief PO. The total caseload ranges between 175-200, with an approximate caseload of 60 per probation officer. The officers do not have specialized training or caseloads and intensive supervision is split among the officers. The Chief PO has a limited caseload.
- Risk is measured using the Ohio Risk Assessment System (ORAS) as part of the Pre-Sentence Investigation. Results go to CBCF and DRC as pertinent. Otherwise, no formal screening or evaluations are completed.
- The jail is utilized for technical violations; however, individuals with serious mental illness are referred to private counselors upon a technical violation rather than return to jail.
- Judicial release is utilized regularly.
- Municipal Court does not have Probation Officers.

#### Parole

- Currently, there is one Parole Officer assigned to Mercer and Auglaize Counties through the Lima office. A second PO is anticipated soon.
- Participating Judge indicated that he uses both DRC and the local jail for technical violations. Time available through jail may be used prior to prison sentence. Judge report that he is less likely to send a person with mental illness to prison for technical violations; instead, Foundations and private counselors are engaged to support the population. If incarceration is necessary, jail is the more likely option.





- Foundations is used for substance use disorder services.

## 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 Mercer County.

- Housing was identified as a significant gap for Mercer County, but more likely associated with substance use recovery and adolescents. These existing services were highlighted:
  - House of Hope provides a 12-bed sober living unit for six men and six females. The program is faith-based, providing its own structured programming for up to two years stay.
  - Foundations Behavioral Services and the ADAMHS Board have 14 subsidized apartments for individuals with SMI. These are usually full and occasionally there is a waiting list.
  - The Commissioners provide a 20-bed county home; estimated 50% of residents have SMI. This facility is not typically at capacity.
  - ADAMHS Board funds five beds (duplex for two women, house for three men) for recovery housing, largely attached to Drug Court
  - Adult Parole Authority places individuals in Alvis Halfway House in Lima.
  - Ottawa and Cloverdale Adult Care Facilities are used for individuals with serious mental illness as are smaller ACFs in Lucas and Hancock Counties. Currently 20 are in ACF placements.
  - YWCA in Van Wert is available to homeless women and children.
- Long-acting injectable medications are available at Foundations Behavioral Services.
- Our Home provides a domestic violence shelter, supervised visitation and utility assistance.
- JFS offers gas vouchers and the Prevention Retention and Contingency (PRC) program for single adults and families. Single adults are applicable for employment benefits only.
- The Workforce Investment Act (WIA) provides job readiness and placement.
- COLT Transportation via Lima contracts with JFS to provide non-emergency medical, employment and court-related transportation; however, they charge \$3.50 per mile and individuals are expected to pay that rate if not covered by JFS.
- Other services that were listed as available for the community but not specifically itemized included Lima Rescue Mission in Allen County for homeless men, the Young Men's Christian Association (YMCA) in Van Wert County, The Meadows of Ottawa in Ottawa County, Oak Haven Residential Care Center in Putnam County, and Fostoria Junction in Hancock County.

## Intercept V – Identified Gaps

- ▣ Recovery housing
- ▣ Transportation
- ▣ Homeless shelters
- ▣ Foster care

## Intercept V – Identified Opportunities

- ▣ Medicaid transportation

### Recommendations:

- Probation officers providing supervision and services to individuals with mental illness should receive special training related to mental illness and best practices in supervision.
- Some discussion occurred during the workshop about the high rate of recidivism associated with technical violations (significantly higher than state average) and the lower than average success rate of community transition for overall Mercer County prison release population. No clear reason for this data trend was identified during the workshop. In addition to the previous recommendation, consideration should be given to reviewing and analyzing this data, along with taking a close look at local resources, individual needs, and utilization of evidence informed practices to ensure that individuals are receiving services that meet their level of risk and need.

# Priorities for Change

Mercer County,  
Ohio

## Mercer 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. Discharge Planning
2. CIT Awareness and Training
3. Transportation
4. Recovery Housing
  - a. At the end of the workshop, participants were reminded there is an existing resource book published by Our Home; housing resources were updated and other work groups can add information to the resource listings.
5. Common Definition; Universal MH Screening; Information Sharing

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

- Wait time for officers at Mercer Health and NOPH capacity (4 votes, Intercept 1)
- Youth proactive and preventative measures in Intercept 0 (1 vote, Intercept 1)
- Lack of Ohio Benefit Bank (1 vote, Intercept 4)

## Additional Recommendations

### Cross-Intercepts Recommendations:

#### Parking Lot Issues

- Adolescent access to psych beds in hospitals
- Shortage of foster care homes
- Shortage of residential treatment facilities

#### Moving Forward

- A clear and coordinated group/Task Force needs to form to coordinate and effectively communicate the efforts associated with the *Stepping Up* initiative and the SIM Workshop and action plans. There was a general sense of disconnection among the participants of the workshop; for example, no one had heard of Returning Home Ohio or of the Veterans Justice Outreach Program, and although the county had passed a *Stepping Up* resolution through the national initiative, the only individuals aware of *Stepping Up* were those on the core planning team.
  - Two groups currently meet: CHIP (Children's Health Insurance Program, which has a mental health goal) and COLT (Community Organizations Linking Together). Brian Engle and Angela Nickell agreed to assist in tying the Sequential Intercept Mapping (SIM) and COLT groups together to create an infrastructure for coordinated work on common goals.
- In addition to issuing the final map, action plans, and SIM report, the CJ CCoE will follow up on the following specific items:
  - Provide more information on the Tenants Outreach program to the Recovery Housing work group
  - Send a copy of the Ohio CIT video to Gery Thobe.
  - Provide the nurse at the county jail with information on the Prescription Assistance Program (participants were subsequently made aware this information is contained in their SIM workshop manual).
  - Send CIT Public Service Announcement examples to Priority 2 work group members.

## Additional Resources

Arnold Foundation	<a href="http://www.arnoldfoundation.org">www.arnoldfoundation.org</a>
BeST Practices in Schizophrenia Treatment Center (BeST Center)	<a href="http://www.neomed.edu/academics/bestcenter">http://www.neomed.edu/academics/bestcenter</a>
CIT International	<a href="http://www.citinternational.org">www.citinternational.org</a>
Coalition on Homelessness and Housing in Ohio	<a href="http://www.cohhio.org">www.cohhio.org</a>
Community Oriented Correctional Health Services	<a href="http://www.cochs.org">www.cochs.org</a>
Corporation for Supportive Housing	<a href="http://www.csh.org">www.csh.org</a> 40 West Long Street, Columbus, OH 43215-8955 <b>Phone:</b> 614-228-6263 <b>Fax:</b> 614-228-8997
Council of State Governments Justice Center Mental Health Program	<a href="http://www.csgjusticecenter.org/mental-health">www.csgjusticecenter.org/mental-health</a>
The Federal Bonding Program	<a href="http://www.bonds4jobs.com">www.bonds4jobs.com</a>
Lutheran Metropolitan Ministry Community Re-entry	<a href="http://www.lutheranmetro.org/Community-re-entry">www.lutheranmetro.org/Community-re-entry</a> <b>Phone:</b> 216-696-2715 <b>Email:</b> <a href="mailto:mail@lutheranmetro.org">mail@lutheranmetro.org</a>
National Association of Pretrial Services Agencies	<a href="http://www.NAPSA.org">www.NAPSA.org</a>
National Alliance on Mental Illness (NAMI) NAMI Ohio	<a href="http://www.nami.org">www.nami.org</a> <a href="http://www.namiohio.org">www.namiohio.org</a>
National Center for Cultural Competence	<a href="http://nccc.georgetown.edu">http://nccc.georgetown.edu</a>
National Center for Trauma Informed Care	<a href="http://www.samhsa.gov/nctic">www.samhsa.gov/nctic</a>
National Clearinghouse for Alcohol and Drug Information	<a href="http://www.store.samhsa.gov/home">www.store.samhsa.gov/home</a>
National Criminal Justice Reference Service	<a href="http://www.ncjrs.gov">www.ncjrs.gov</a>
National GAINS Center/TAPA Center for Jail Diversion	<a href="http://www.gainscenter.samhsa.gov">www.gainscenter.samhsa.gov</a>
National Institute of Corrections	<a href="http://www.nicic.gov">www.nicic.gov</a>
National Institute on Drug Abuse	<a href="http://www.drugabuse.gov">www.drugabuse.gov</a>
Office of Justice Programs	<a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a>
Ohio Criminal Justice Coordinating Center of Excellence	<a href="http://www.neomed.edu/academics/criminal-justice-coordinating-center-of-excellence">www.neomed.edu/academics/criminal-justice-coordinating-center-of-excellence</a>
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	<a href="http://www.drc.ohio.gov/web/reentry_resource.htm">www.drc.ohio.gov/web/reentry_resource.htm</a>
Ohio Ex-Offender Reentry Coalition	<a href="http://www.reentrycoalition.ohio.gov">www.reentrycoalition.ohio.gov</a>
Partners for Recovery	<a href="http://www.partnersforrecovery.samhsa.gov">www.partnersforrecovery.samhsa.gov</a>
Partnership for Prescription Assistance	<a href="http://www.pparx.org">www.pparx.org</a>
Policy Research Associates	<a href="http://www.prainc.com">www.prainc.com</a>
The P.E.E.R. Center	<a href="http://thepeercenter.org">http://thepeercenter.org</a>
Pretrial Justice Institute	<a href="http://www.pretrial.org">www.pretrial.org</a>
SOAR: SSI/SSDI Outreach and Recovery	<a href="http://www.prainc.com/soar">www.prainc.com/soar</a>

Stepping Up Initiative	<a href="http://www.stepuptogether.org">www.stepuptogether.org</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.samhsa.gov">www.samhsa.gov</a>
Summit County Reentry Network	<a href="http://summitcountyreentrynetwork.org">http://summitcountyreentrynetwork.org</a>
Supreme Court of Ohio Specialized Dockets Section	<a href="http://www.supremecourt.ohio.gov/JCS/specdockets/default.asp">www.supremecourt.ohio.gov/JCS/specdockets/default.asp</a>
Treatment Advocacy Center	<a href="http://www.treatmentadvocacycenter.org">www.treatmentadvocacycenter.org</a>
University of Memphis CIT Center	<a href="http://www.cit.memphis.edu">www.cit.memphis.edu</a>
Vera Institute of Justice	<a href="http://www.vera.org">www.vera.org</a>
Veterans Justice Outreach	<a href="http://www.va.gov/HOMELESS/VJO.asp">www.va.gov/HOMELESS/VJO.asp</a>

**Sequential Intercept Mapping**  
**Mercer County, Ohio | June 29 – 30, 2017**

**Participant Roster**

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Action Planning Matrix for Mercer County, Ohio

Priority Area 1: Discharge Planning				
Objective	Action Step	Who	When	
1.	MH inmates will be released with a 7-day supply of psych meds and a written RX for meds	A. Contact Kim Skinner (NOPH) to see if they can send a 30-day written RX when inmate comes back to jail from NOPH	Judy Weaver	Within 2 weeks
		B. If NOPH is unable to provide a written RX, see if Dr. Holleran would be willing to	Judy Weaver	Within 2 weeks
		C. See if blister packs can be made more child proof to send	Judy Weaver and Matt Fox	Within 2 weeks
2.	Written discharge plan complied by MHP, Jail Nurse, inmate, Court and JFS	A. Make sure they have a ride to their scheduled apt	Roberta Donovan and Judy Weaver	Within 30 days
		B. Make sure they are connected with a family doctor if they can't get in with a psychiatrist	Jail staff member and plan development by Jodie Lange	Within 30 days
		C. Case manager to set them up with if open for services		Within 30 days
		D. Ensure court does not release until plan is in place or upon release. Get plan setup immediately	Roberta Donovan/CP Court and Muni Court	Within 30 days
		E. Reference other place's discharge forms	Chief Lange and Roberta Donovan	Within 30 days
		F. Ensure they know how to apply or reapply for Medicaid	JFS	Within 30 days
		G. Family support group put in place.		Within 30 days
		H. Hand out resource book	JFS	Within 30 days
3.	Resolve pricing issue with psych meds and inmates not wanting to take them due to cost	A. Medication dispensing fee in jail possibly eliminated	Chief Lange and Sheriff Grey	Within a month
		B. Possible funding source for psych meds	Keith Turvey	Within a month
		C. Prescription assistance	Judy Weaver	Within a month

Action Planning Matrix for Mercer County, Ohio

Priority Area 2: CIT Awareness and Training			
Objective	Action Step	Who	When
1. Community awareness	<ul style="list-style-type: none"> <li>A. Social media (Facebook and Kevin Sandler)</li> <li>B. Library branches – posters</li> <li>C. Paper and radio</li> <li>D. Service clubs – Kiwanis, Rotary, Lions, Optimist, Redhats, Heritage</li> <li>E. Posters – Foundations, Wal-Mart, Jail lobby, Fair at MCSO booth</li> <li>F. MCSO website tab and other websites</li> </ul>	<p>Ashley Carr</p> <p>Gery Thobe Assist Pros. Amy Ikerd Liz Muether</p> <p>Jared Laux</p> <p>April Gerlach</p>	By end of 2017
2. CIT training (8hrs) and Mental Health First Aid (8hrs)	<ul style="list-style-type: none"> <li>A. Library, EMS, Service clubs, local churches and schools</li> <li>B. Complete Dispatch Training</li> <li>C. Probation and Adult Parole</li> </ul>	Foundations	End of 2017 and incoming new hires within 1 year of hire
3. CIT training (40hrs)	<ul style="list-style-type: none"> <li>A. Remaining Law Enforcement and Corrections Officers</li> </ul>	Gery Thobe	As time allows
4. Outstanding CIT award	<ul style="list-style-type: none"> <li>A. To recognize an individual for going above and beyond in another's time of need</li> </ul>	Foundations, Brian Engle and Roberta Donovan	As needed



Action Planning Matrix for Mercer County, Ohio

Priority Area 3: Transportation				
Objective		Action Step	Who	When
1.	Needs Assessment	<ul style="list-style-type: none"> <li>A. Speak with COLT members</li> <li>B. Survey Monkey</li> <li>C. What agencies to provide and quantity of clients?</li> </ul>	Health Commissioner (with Bill Steinbrunner) COLT members	Fall 2017
2.	Meet with COLT Transportation	<ul style="list-style-type: none"> <li>A. Invite West OH Cap to meetings</li> <li>B. Find out who are contact persons</li> <li>C. Any improvement of services?</li> </ul>	COLT subcommittee (transportation) County Commissioner (Rick Muhlenramp) WoCap (Liz Muether)	Fall 2017 (next meeting?)
3.	Report of survey and recommendations	<ul style="list-style-type: none"> <li>A. Collaborate report and info with COLT Committee</li> </ul>	Transportation group – Bill, Chad and Terra	December 2017

Action Planning Matrix for Mercer County, Ohio

Priority Area 4: Recovery Housing				
Objective	Action Step	Who	When	
1.	Create housing resource guide	<p>A. Define what we want in guide</p> <p>B. Identify point person to collect info from COLT and various agencies</p> <p>C. Identify financial assistance from agencies (ADAMH) and businesses (print shops)</p>	<p>Work group (OH, Fdns, Community members)</p> <p>ADAMH, Print Shop</p>	
2.	Disseminate information (guide)	<p>A. To natural locations in community to reach individuals</p> <p>B. Locate guide in agencies</p> <p>(Insert this in existing Resource Guide)</p>		

Action Planning Matrix for Mercer County, Ohio

**Priority Area 5: Common Definition; Universal MH Screening; Information Sharing**

Objective		Action Step	Who	When
1.	ID common definition of SMD	A. ID ODMHAS and Stepping Up definition of SMH	Brian	9/1/17
2.	ID definition of assessment, diagnostic psych eval, crisis eval/assessment, AoD assessment, prescreen and jail assessment	A. Create one-page definition for all players	Brian, Roberta, Diane Gable, Jodie L and Ross/Bar Association	8/15/17
3.	Common understanding of guardianship (emergency vs. permanent)	A. Create one-page definition and process to obtain	Ross	8/1/17
4.	Explore, develop and implement screening tool	A. Research evidence based tool to ID SMD and commit to using it B. Determine if use universally C. Collect data of SMD population (# of SMD, length of stay and other data points) D. Use info from tool to determine capacity of jail MH CNL	Roberta, Dr. Holleran, Jodie and Judy W Roberta, Dr. Holleran, Jodie and Judy W Mercer Sheriff IT, Roberta, Jodie and Judy Roberta, Brian, Jodie L	TBD by committee
5.	Sharing of info across systems	A. Explore MOU and universal releases and best practices from around state to facilitate open communication with all (already state level work in process)	Brian, Roberta, Jodie, Ross, Ruth/Haley and Mike Huber	9/1/17 (fluid)
		B. Explore standardized form to communicate with courts	Roberta, Mike Huber, Ross, Chris Wuerster, Judge Sheer/Ingram	10/1/17
		C. Share form with Bar Association and other info (definitions)	Ross	1/1/18