

Montgomery County, Ohio

Sequential Intercept Mapping Report

November 20-21, 2019

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Sequential Intercept Mapping

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Montgomery 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 Montgomery County, Ohio on November 20-21, 2019. The workshops were hosted at the Montgomery County Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) office with local coordination provided by Montgomery County Common Pleas Court and the ADAMHS Board, along with a local planning team comprised of representatives from behavioral health and criminal justice agencies and the community. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Montgomery 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 Montgomery County Common Pleas Court and ADAMHS requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in August 2019. The Sequential Intercept Mapping exercise was meant to aid Montgomery County with:

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

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

Values

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

Objectives of the Sequential Intercept Mapping Exercise

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

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Montgomery County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support and what services and supports are available to help prevent criminal justice contact, i.e., Intercept 0 resources including crisis response, outpatient services, social service supports, community-based resources and evidenced-based treatment options.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

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

Keys to Success

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

Cross-Systems Partnerships; Task Force

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

Individual with Lived Experience Involvement

The workshop consisted of the Executive Director of NAMI of Montgomery County and the Coordinator of a peer support program. The SIM group is strongly encouraged to solicit participation from additional community members and individuals with lived experience; ideally each work group/committee will include consumer, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable 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: Adult Parole Authority, Public Defender/legal counsel, Prosecutor, and individuals with lived experience.

Data Collection

- The Montgomery County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Montgomery County Jail Data for January 2018 - December 2018
- Additional data was provided by the Criminal Justice Coordinating Center of Excellence:
 - Montgomery County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, July 2019
 - Montgomery County CIT Officers Roster Project Summary Report, September 2015
 - Montgomery County CIT Peer Review Report, April 2019

General Recommendations

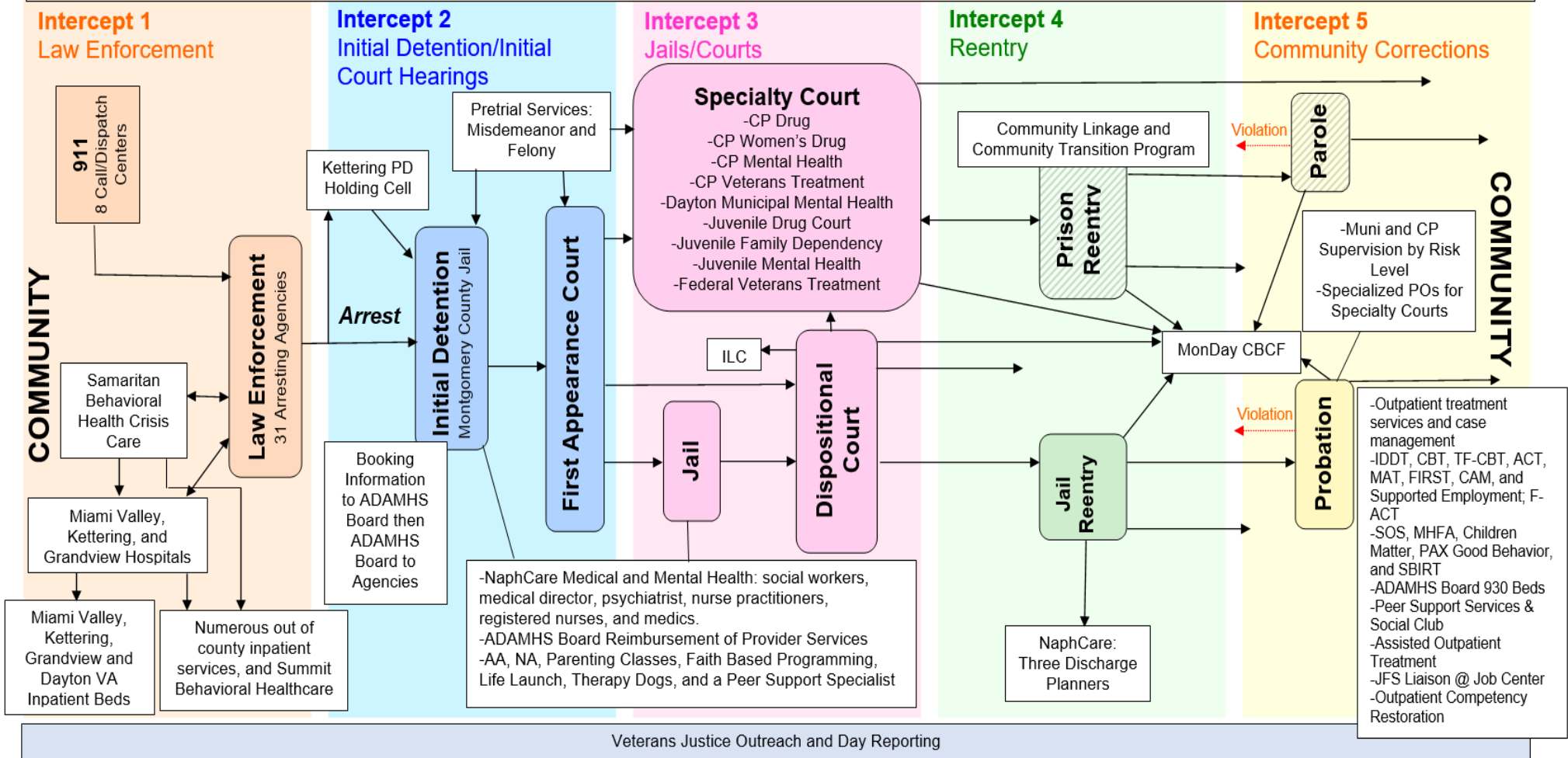
- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Montgomery County criminal 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

Montgomery County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Montgomery County November 2019

Crisis Intervention Team: Training, Dayton PD Dedicated CIT Officer, Follow-Up, and Field Interview Contact Reports, and Five Pilot Co-Responder Programs



An acronym list for the map is available in Appendix A

Montgomery County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping* exercise is based on the Sequential Intercept Model developed by Mark Munetz, MD and Patty Griffin, PhD in conjunction with the National GAINS Center (Munetz & Griffin, 2006). During the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points and as part of the discussions of Intercept 0.

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

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

Intercept 0: Ultimate Intercept

The following represents evidenced based practices (EBP) and services that were highlighted during discussion of the Ultimate Intercept. This list is not meant to be an exhaustive or comprehensive roster of all EBPs and services available in Montgomery County. In addition to the services and resources outlined below, participants discussed challenges and barriers associated with utilization of the Ohio Department of Medicaid (ODM) Standard Authorization (release of information) Form, federal release of information laws, workforce shortage, Medicaid coverage while an individual is incarcerated, lack of options for deflection or diversion at initial contact with law enforcement, and service providers’ openness to sharing clients with other agencies.

- Mental Health First Aid training is available through ADAMHS; those present at the workshop indicated that thousands of individuals have been trained. Currently, ADAMHS has a grant to train first responders and veterans.
- Friends at the Castle, a peer drop-in center, offers breakfast and lunch, daily activities, transportation to the drop-in center, field trips, and peer support specialists.
- Prior to the workshop, the CJ CCoE collated a list of services from the ADAMHS website, GetHelpNow app and Community Collaboration Questionnaire (Appendix B). Below are various EBPs and services taken from that list that can service the target population.
 - South Community, Inc. provides integrated dual-disorder treatment (IDDT), cognitive behavioral therapy (CBT), functional family therapy (FFT), trauma-focused cognitive behavioral therapy (TF-CBT), forensic assertive community treatment (F-ACT) teams with average caseloads of twelve, supported employment, 40 Developmental Assets framework, case management with the Care Coordination framework, individual and group counseling, and will ask about family/friend support during initial intake.
 - Eastway Behavioral Healthcare provides assertive community treatment (ACT) teams, IDDT, supported employment, residential treatment, and individual and group counseling.
 - Nova Behavioral Health provides walk-in hours for assessments, medication assisted treatment (MAT), IDDT within their residential services, and individual and group counseling.
 - Samaritan Behavioral Health provides a 24/7 crisis hotline, walk-in hours for assessments, consumer advocacy model (CAM), suboxone and vivitrol, case management, and individual and group counseling.
 - TCN Behavioral Health provides a 24/7 crisis hotline, psychiatric services, case management, individual and group counseling, and Coordinated Specialty Care for FIRST Episode Psychosis with most referrals coming from Dayton Children’s Hospital and Kettering Medical Center.
- Those present at the workshop identified several school-based prevention programs and activities currently in use:
 - South Community, Inc. provides Children Matter at three years of age, and the Signs of Suicide program in various school districts.

- Samaritan Behavioral Health provides screening, brief intervention and referral to treatment (SBIRT) in 23 school districts, full-time staff to various school districts, and PAX Good Behavior Games in ten school districts.
- ADAMHS prevention staff focuses on the lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ) community and elder population, and the School of Excellence program within 23 school districts.
- Various other service agencies are available within Montgomery County but were not represented at the workshop.

Intercept 0 Gaps

- Capacity to serve the long-term development needs of individuals in programs. Tendency to serve the easier-to-place and more cooperative individuals
- Assertive Community Treatment
- Workforce shortage – psychiatry; staffing at agencies; inability to add services or connect people to the right community services because of the shortage
- Wait times for individuals trying to get outpatient treatment
- Private practice psychiatry has limited acceptance of insurance
- Financial limitations create barriers to MAT for privately insured individuals
- Evidence-based trauma treatment, e.g., cognitive reprocessing, prolonged exposure
- Employment services capacity and rate of successful outcomes

Intercept 0 Opportunities

- Underutilization of the Friends of the Castle and opportunity for connectivity to programs to support and sustain individuals
- ADAMHS provides funding for ACT

Recommendations

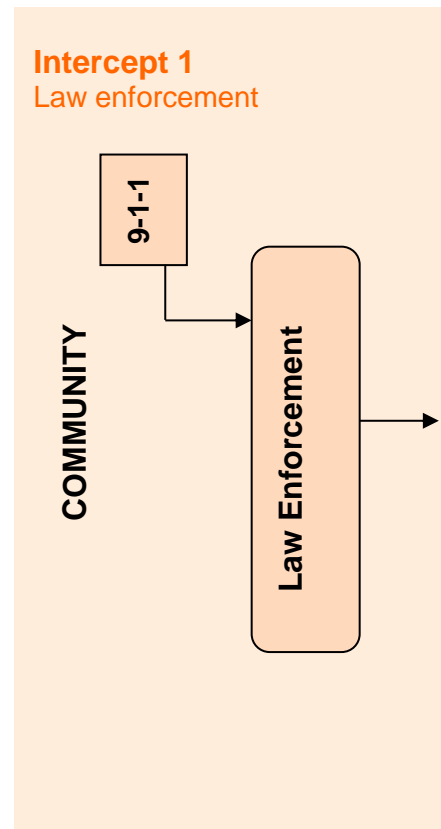
- Montgomery County has a wealth of resources and services. Improvements in communication and more meaningful collaboration among providers and across systems would likely enhance services to the community.

Intercept I: Law Enforcement / Emergency Services

In Montgomery 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

- Montgomery County has eight call and dispatch centers: Montgomery County Sheriff's Office, Huber Heights Police Department, Centerville Police Department, Oakwood Police Department, Kettering Police Department, Moraine Police Department, Englewood Police Department, and Vandalia Police Department; each center is responsible for dispatching police, fire and emergency medical services (EMS) for their jurisdiction. The call and dispatch center operated by the Montgomery County Sheriff's Office handles roughly 60% of all calls.



- An 8-hour Crisis Intervention Team (CIT) companion course for dispatchers/call-takers is offered through ADAMHS four times/year. The Montgomery County Sheriff's Office estimated that about a quarter of their dispatchers/call-takers have completed the course and would like all to be trained in 2020. During the course, dispatchers/call-takers are provided with a list of CIT trained officers; however, it is unclear whether this roster is utilized for dispatching CIT officers.
- There is currently no formal data collection process re: mental illness and/or CIT.

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued March 2019, Montgomery County has 31 Law Enforcement Agencies: Brookville Police Department, Butler Township Police Department, Centerville Police Department – Montgomery, Clay Township Police Department – Brookville, Clayton Police Department, Dayton International Airport Police Department, Dayton Police Department, Englewood Police Department, Five Rivers MetroParks, German Township Police Department – Montgomery, Germantown Police Department, Huber Heights Police Division, Jackson Township Police Department – Montgomery, Kettering Health Network Police, Kettering Police Department, Miami Township Police Department – Montgomery, Miamisburg Police Department, Montgomery County Sheriff's Office, Moraine Police Department, New Lebanon Police Department, Oakwood Police Department – Montgomery, Perry Township Police Department – Montgomery, Phillipsburg Police Department, Premier Health Department of Public Safety, Riverside Police Department, Sinclair Community College Police Department, Trotwood Police Department, Union Police Department, University of Dayton Police Department, Vandalia Police Department, and West Carrollton Police Department, with an estimated 1,268 full-time officers.

- As of July 2019, the Montgomery County CIT training program has held 33 courses, with four trainings per year averaging 25-30 participants. Most Law Enforcement Agencies have participated in CIT training, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. Records indicate that 422 full-time officers have completed CIT training. Eight law enforcement agencies have not participated in CIT training: Brookville Police Department, Clay Township Police Department – Brookville, New Lebanon Police Department, Oakwood Police Department – Montgomery, Perry Township Police Department – Montgomery, Phillipsburg Police Department, Trotwood Police Department and Union Police Department.
 - Those present at the workshop indicated that an estimated 55% of the Montgomery County Sheriff's Office and 80-85% of the Dayton Police Department has completed the full 40-hour CIT course. The Montgomery County Sheriff's Office has begun exploring the possibility of deputies covering the shift of smaller law enforcement agencies when their officers attend CIT training.
 - During CIT courses, officers are given the ODM universal release of information form and trained on how to utilize the form.
 - Dayton Police Department identifies CIT trained officers in their CAD system and Miami Valley Hospital adds a "C" after CIT trained officers' badge numbers.
- Every morning, a Dayton Police Department CIT officer receives field interview contact reports regarding individuals with mental health concerns who were contacted by police. The officer provides follow-up, and referral to services.
- Field interview contact reports that are sent to ADAMHS are also disseminated to agencies. ADAMHS provides community plans for individuals with high service utilization. The Montgomery County Jail and local hospitals can contact ADAMHS to request an assessment and linkage to services when individuals would not otherwise be able to be seen by providers. ADAMHS provides financial support for agencies to do this. This typically takes 2-3 days.
- Law enforcement can drop-off individuals at Samaritan Behavioral Health Crisis Care during business hours unless the individual is suicidal.
- There is currently no formal or widespread collection of CIT or pink slip data.

Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center.
- Samaritan Behavioral Health Crisis Care provides a 24/7 hotline, emergency walk-in hours, pre-hospital screening, mobile crisis services, crisis counseling and debriefing.

- Five mobile crisis pilot programs will be implemented in 2020 through funding provided by ADAMHS. South Community, Inc. will provide clinicians that will be embedded within Butler Township Police Department, Vandalia Police Department, Montgomery County Sheriff's Office and Kettering Police Department. Samaritan Behavioral Health will provide clinicians that will be embedded within Dayton Police Department.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Summit Behavioral Healthcare in Cincinnati.
- Hospital Emergency Departments serve as the typical after-hours access to mental health care. Local hospitals include Miami Valley Hospital, Kettering Medical Center, and Grandview Medical Center.
 - Hospital staff will conduct a medical screen and contact Samaritan Behavioral Health for an assessment. Positive assessments are referred to inpatient facilities in Cincinnati, Columbus, and other out of county inpatient options.
 - Local inpatient psychiatric care is provided by Miami Valley Hospital with 30 beds and Kettering Medical Center with 60 beds; both hospitals provide inpatient care to low and high acuity.

Detoxification

- Currently, there are no detoxification units in Montgomery County. Individuals can be referred to the following agencies for residential treatment and/or outpatient treatment: Beckett Springs, Nova Behavioral Health Morning Star, and Access Hospital.

Probate

- Assisted Outpatient Treatment (AOT) is utilized.
- ADAMHS has an attorney that focuses on civil commitments. It was estimated that over 600 civil commitment cases occur per year.

Veterans

- The county utilizes the Dayton Veteran's Administration (VA) Medical Center.

Intercept I Gaps

- Pink slip data collection
- CIT data collection/dispatch requesting CIT officers
- Staffing shortage at inpatient psychiatric services creates a bed "shortage" at times
- Police mobile crisis staffing resources
- Capacity and access to Summit Behavioral Healthcare and outpatient treatment
- Crisis drop-off and stabilization
- Emergency room policies and procedures

Intercept I Opportunities

- FIRST and Veteran Justice Outreach information at each CIT course
- Communicating CIT calls to NAMI of Montgomery County for family education purposes
- Pilot mobile crisis programs
- ADAMHS provides list of CIT trained officers to dispatchers/call-takers
- Montgomery County Sheriff's Office openness to provide deputies to cover shifts during CIT courses
- Replication of the Dayton Police Department's dedicated CIT officer
- ADAMHS mobile crisis to hospitals/jails for assessment/linkages

Recommendations

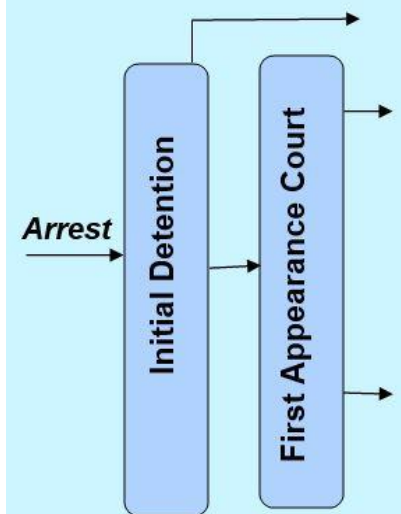
- The CIT program should implement an encounter form to be used by all law enforcement agencies. Work toward a consistent procedure across all agencies and between systems for collecting and analyzing law enforcement data on mental health calls and dispositions. The program should work toward sharing CIT encounter information with the mental health system to enable earlier mental health response, especially for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crises, but ultimately for all individuals with possible mental illness. Data collection and analysis also aids in evaluating law enforcement strategies and outcomes when intervening with persons in crisis.

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

Initial Detention

- Montgomery County Jail is the only full-service detention facility, which is National Commission on Correctional Health Care (NCCHC) accredited. Roughly 50% of the jail population are pretrial detainees. Kettering Police Department has a five-day 2-3 bed holding cell.
- The jail pre-screens all potential inmates via the arresting officer before acceptance into the facility. Pre-screen questions include questions from the Brief Jail Mental Health Screen (BJMHS); however, the questions are not scored. If individuals answer yes to any of the BJMHS questions, medical staff is called to determine whether to accept an individual. Arresting officers can also indicate suicidal nature or drug use on the receiving form. If medical clearance is needed, the arresting officer waits (20-30 minutes on average).
- Upon acceptance, individuals go through a body scanner, are finger printed, and pictures are taken. Within four hours, individuals are seen by medics for a full receiving and mental health screen. Individuals that screen positive for mental health are referred to mental health staff.
- Jail medical staff is contracted through NaphCare with one psychiatrist available eighteen hours/week, one medical director, one physician, one nurse practitioner, two registered nurses, nine licensed professional nurses, three medics, and social workers; medical staff is available 24/7 and two mental health staff members are available per shift.
- Outside medications are placed in the individual's property and prescriptions are verified by Surescripts prescription database. Ohio Automated Rx Reporting System (ORRAS) is reviewed. Once verified medications are ordered by the physician. Medication rounds occur twice per day and typically individuals receive their medications within 24 hours.
- Individuals that are in withdrawal and screen positive on the clinical opiate withdrawal scale (COW) can receive a 5-day buprenorphine taper.
- Typically, no information is relayed to the courts from the jail during the initial detention unless staff is proactive and informs the Dayton Municipal Court Pretrial Services department.
- The jail disseminates the daily booking roster to ADAMHS. ADAMHS will cross reference the booking roster with their databases to identify individuals that have received mental health and/or substance use services in the prior sixty days. Based on this identification, daily agency reports are generated and forwarded to the agency and it is expected that agencies contact NaphCare to ensure medication and general continuity of care. Those present at the workshop indicated that ADAMHS is unable to inform the jail which individuals were indicated as having contact with mental health and/or substance use services due to the lack of an agreement with NaphCare. Currently, aggregate reports are sent to the jail.

Intercept 2 Initial detention / Initial court hearings



Arraignment

- Montgomery County has five Municipal Courts: Montgomery County Municipal Court, Dayton Municipal Court, Vandalia Municipal Court, Kettering Municipal Court, and Miamisburg Municipal Court. Municipal Courts manage approximately 70% of the initial hearings; the remainder are direct indictments. Video arraignments are held within 72 hours from the jail after bond recommendations are made by pretrial staff, barring a holiday or long weekend. Probable cause hearings can occur on weekends.
- Dayton Municipal Court Pretrial Services reviews booking rosters at 5:00 AM and prioritizes violent misdemeanors and felony cases. Staff meets with prioritized individuals and completes the Ohio Risk Assessment System Pretrial Assessment (ORAS-PAT) and provides a bond recommendation to the judge; misdemeanor charges utilize a bond schedule. Those present at the workshop indicated that staff will be moving to the Public Safety Assessment (PSA) and the Corrections Software Solutions case management system, which will allow the PSA to be automated.
- The Montgomery County Public Defender's Office handles all felony and misdemeanor cases and are present at the initial hearing.
- Specialty court referral can occur at the initial hearing.

Veterans

- The jail asks whether an individual is a veteran and notifies the Veterans Justice Outreach (VJO) program if they report previous military service. The VJO will complete substance use and mental health assessments within the jail as requested.

Intercept II – Identified Gaps

- Consistency of agencies to respond to the booking roster provided by ADAMHS
- Lack of booking and medical information for *Stepping Up* purposes
- Validated use of screening tool at booking
- Information flow and case planning at jail intake and discharge
- Screening for mental illness at pretrial investigation
- Screening for veterans has been included in the jail screening but could be done across intercepts

Intercept II – Identified Opportunities

- Medicaid eligible agencies can receive the daily booking report from ADAMHS
- Spillman Flex - Motorola jail automated system can flag individuals with past mental health concerns
- Pretrial services will be expanding to Kettering Municipal Court

Recommendations

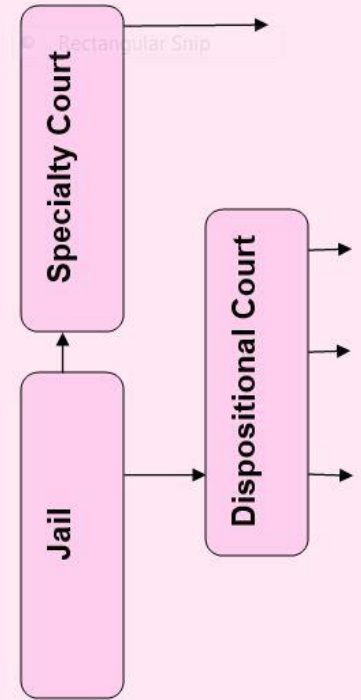
- Select and implement with fidelity a valid screening tool to be administered at the time of booking in the county jail or score the BJMHS questions currently being used.
- Consider protocols for enhancing information sharing from the jail to the court, to enhance meaningful decision making and referrals.

Intercept III: Jails / Courts

Jail

- Montgomery County Jail rated capacity is 910; average daily population is 830.
- Individuals with serious mental illnesses can be separated from the general population but only when the individual's mental health has declined; there is not a dedicated housing unit specific to mental illness; however, individuals can be placed into administrative segregation, supervision cells and four medical beds.
- Medical staff completes an evaluation on all individuals that have been incarcerated for fourteen days.
- The jail does not provide mental health services; therefore, ADAMHS funds agencies to provide case management and assessments, including funding for Nova Behavioral Health to complete substance use and mental health assessments as requested.
- Therapy dogs are brought into the jail on a regular basis. Those present at the workshop indicated that since bringing the dogs, there has been a decrease in use of force.
- Goodwill Easterseals offers the Life Launch program for individuals 18-24 years old and service linkage.
- Wright State University School of Psychology provides evidence-based parenting classes.
- The jail provides a certified peer support specialist.
- The jail has the following additional services available to individuals: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), independent living skills, faith-based programming, and General Educational Development (GED) programming.

Intercept 3 Jails / Courts



Court

- Intervention in lieu of conviction is utilized; however, most cases are substance use related. Those present at the workshop indicated that there has been an increase in mental health cases.
- Competency concerns are raised by motions and outpatient competency restoration is available.
- Montgomery County Common Pleas Court administers the Secure Transitional Offender Program (STOP), a court ordered jail diversion program. The program offers 48 beds for men and 48 beds for females within a locked facility, substance use education, community service, assessments by service agencies and GED programming. Typically, individuals with serious and persistent mental illnesses are ineligible.
- Montgomery County offers the Day Reporting Center for eligible individuals.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of October 30, 2019, Montgomery County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status October 30, 2019
Judge Steven K. Dankof	Common Pleas	Drug	Certified
Judge Mary Wiseman	Common Pleas	Women's Drug	Certified
Judge Gregory F. Singer	Common Pleas	Mental Health	Certified
Judge Timothy N. O'Connell	Common Pleas	Veterans Treatment	Certified
Judge Anthony Capizzi	Juvenile	Drug	Certified
Judge Anthony Capizzi	Juvenile	Family Dependency	Certified
Judge Anthony Capizzi	Juvenile	Mental Health	Certified
Judge Carl Henderson	Municipal	Mental Health	Certified

- Both the Common Pleas Drug Court and the Common Pleas Women’s Drug Court provide a peer support specialist that goes into the jail and attends court.
- Common Pleas Veteran’s Treatment Court has an average caseload of 40-45 participants.
- Common Pleas Mental Health Court is post-adjudication and has capacity for twenty participants. To be eligible individuals must have a serious and persistent mental illness and be appropriate for supervision. Evaluations are completed by the Forensic Psychiatric Center of Western Ohio. Participants can be referred by Probation Officers, the jail, Public Defenders, and the Prosecutor.
- Municipal Court Mental Health Court is a two-year program that provides intensive case management with cases dismissed after completion of the program. Domestic violence and sex offenses are ineligible.

Federal Specialty Courts

- Federal Reentry Court has an average caseload of ten participants and was created to aid with prison reentry. Typically, individuals with serious and persistent mental illnesses are ineligible.
- Federal Veterans Treatment Court is utilized as a diversion option.

Intercept III – Identified Gaps

- ▣ Dedicated unit/wing for individuals with mental illnesses
- ▣ Behavioral health treatment within the jail
- ▣ Other specialized courts within the Municipal Court
- ▣ Prosecutor diversion
- ▣ Trauma treatment
- ▣ Training for defense counsel, judges, other potential referral sources regarding mental health court
- ▣ STOP program has limited capacity and ability to accept the target population

Intercept III – Identified Opportunities

- ▣ Mental health court not operating at capacity
- ▣ Defense counsel/Public Defender’s Office can screen for military service and refer to VJO
- ▣ Common Pleas will be implementing a Reentry Court in 2020

Recommendations

- ▣ To verify the number of individuals with mental illness in the jail, stakeholders should agree on a working definition of the target population or adopt the state’s *Stepping Up* definition and agree upon data points for measuring the target population.

Intercept IV: Prisons / Reentry

Prison

- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services (OMHAS) regarding individuals with serious mental illness returning from prison to the community are sent to ADAMHS. In calendar year 2018, OMHAS completed 67 referrals and 24 dual disorder referrals to Montgomery County. Those present at the workshop stated that most referrals have an appointment within two business days of release. Referral reports can be cross-referenced with the hospitals and jail when requested.
- The Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction (ODRC) completes screening and assessment for substance use disorders and sends referral packets to Health Recovery Services, Inc., South Community, Inc., and ADAMHS. In calendar year 2018, CareSource completed 171 referrals to Montgomery County (and shared the 24 dual disorder referrals).

- The county utilizes MonDay as the local community based correctional facility (CBCF). The facility has 250 beds, serves men and women and provides mental health counseling, a psychiatrist, and GED classes; however, individuals with serious and persistent mental illnesses are not usually eligible. The CBCF representative indicated that on average 30% of participants have a serious mental illness and/or co-occurring disorder.

Jail

- NaphCare provides three full time discharge planners. Planners receive referrals from peer support specialists, inmates, the population manager, and weekly reports that outline specific needs and when individuals are being released.
- Vivitrol is available upon release.
- Agencies meet with the discharge planners monthly to provide updates on services and current contact information.
- The jail will fax an individual's release information as requested for identification purposes. Judge Gregory Singer will provide individuals with a certified record for identification purposes.
- Montgomery County Public Health Outreach Team will provide follow-up for first time offenders upon release.
- Montgomery County Office of Reentry was noted in the county's Community Collaboration Questionnaire, but not discussed as providing any direct services during the SIM mapping exercise. There may be services that should be included in this report, or this could be an area of opportunity.

Intercept IV – Identified Gaps

- ▣ Jail alternatives for the target population – many individuals who could be in treatment are in jail
- ▣ MonDay has limited capacity and ability to accept the target population
- ▣ Proper identification for probation clients (full social security number needed, but court cannot put that on documents; must request from mental health providers or schools at time; will not accept hospital records)
- ▣ Housing capacity and housing for people with felony offenses; eligibility criteria
- ▣ Capacity of jail discharge planning (three full-time people is not sufficient)

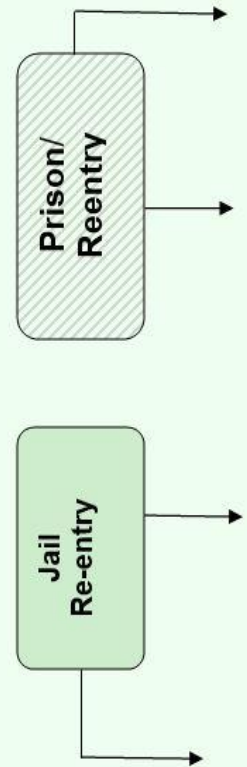
Intercept IV – Identified Opportunities

- ▣ Housing options are growing each year in the community.

Recommendations

- ▣ Parole worked out a process for getting acceptable IDs for individuals on reentry from prison. County probation offices or court personnel could investigate possibility of a transferable or parallel process to be adopted by probation or courts.
- ▣ If resources allow, consider providing in-reach services for individuals who are scheduled to be released from the state prison system, to engage them 3-6 months prior to release. Butler County has used this approach which has yielded a dramatic increase in engagement in treatment and other services.

Intercept 4 Reentry



Intercept V: Community Corrections / Community Support

Probation

- Montgomery County Municipal Court has two Probation Officers, Dayton Municipal Court has two Probation Officers, Vandalia Municipal Court has two Probation Officers, Kettering Municipal Court has three Probation Officers, and Miamisburg Municipal Court has one full time and one part time Probation Officer, and one Chief Probation Officer with a caseload of 500.
- Common Pleas has fifty Probation Officers. There are dedicated officers for the specialty courts, domestic violence cases and sex offender cases.
- Supervision level is based on ORAS results in all probation departments.
- A 40-hour CIT course for Probation Officers is offered through ADAMHS.

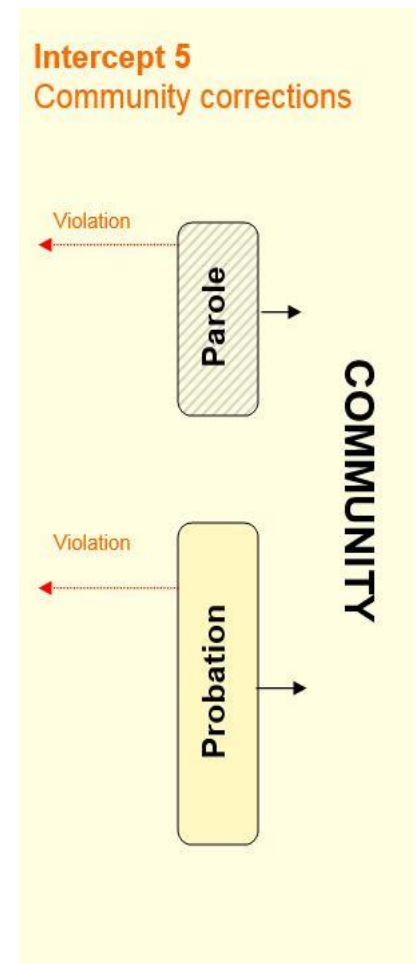
Federal Probation

- One Federal Probation Officer has a specialized caseload for sex offenders, witness protection and other special risk cases. One Federal Probation Officer oversees most cases with serious mental illnesses and substance use disorders; however, these individuals (28 currently) are spread across all officers. Most of these cases are individuals with co-occurring disorders.
- All officers utilize the Post Conviction Risk Assessment (PCRA) tool that was developed for United States probation officers (Johnson, Lowenkamp, VanBenschoten, & Robinson, 2011; Lowenkamp, Johnson, VanBenschoten, Robinson, & Holsinger, 2013).

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 Montgomery County.

- ADAMHS funds a liaison at the Montgomery County Job and Family Services' Job Center that reviews all Medicaid applications that are completed by service agencies. This service is available at any point in time but is not specific to the criminal justice population.
- Housing was identified as a significant gap for Montgomery County. These existing services were highlighted:
 - ADAMHS provides 930 beds throughout the county; the following were highlighted:
 - 383 apartment subsidies for individuals with serious and persistent mental illness
 - 126 residential treatment beds
 - 116 class two residential beds within group homes and adult care facilities
 - 105 recovery housing beds
 - 38 class one residential housing beds that are operated by various behavioral health providers. Those present at the workshop indicated that ADAMHS will be adding twelve beds in the next capital project.
 - Ten female transitional beds
 - The Lodge offers 24-hour/day staffed safe housing and supportive services
 - Woodhaven Residential Treatment Center; however, individuals with schizophrenia spectrum disorders are ineligible
 - Good Samaritan House provides beds for individuals with serious and persistent mental illness
 - Nova Behavioral Health Morning Star
 - Gateway Men's Shelter



Intercept V – Identified Gaps

- ▣ Housing
- ▣ Residential treatment
- ▣ Residential reentry/halfway house program of Volunteers of America is not available to individuals with serious mental illness

Intercept V – Identified Opportunities

- ▣ Developing housing for individuals with serious and persistent mental illness and sex offenders soon

Priorities for Change

Montgomery County,
Ohio

Montgomery 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. Crisis Drop-Off and Stabilization
2. Assertive Community Treatment
3. Housing
4. Residential Treatment
5. Information Flow and Case Planning at Jail Intake and Discharge

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

- Employment services' capacity and rate of successful outcomes (Intercept 0; 5 Votes)
- Evidence-based trauma treatment, e.g., cognitive reprocessing, prolonged exposure (Intercept 0; 5 Votes)
- Capacity and access to Summit Behavioral Healthcare and outpatient treatment (Intercept 1; 4 Votes)
- Replication of the Dayton Police Department's dedicated CIT officer (Intercept 1; 3 Votes)
- CIT data collection/dispatch requesting CIT officers (Intercept 1; 2 Votes)
- Financial limitations create barriers to MAT for privately insured individuals (Intercept 0; 1 Vote)
- Emergency room policies and procedures (Intercept 1; 1 Vote)
- Validated screening tool at booking (Intercept 2; 1 Vote)
- Other specialized courts within the Municipal Court (Intercept 3; 1 Vote)

Parking Lot Issues

- Ability to court order medication on outpatient commitment
- Workforce shortage
- Medicaid exclusion for incarcerated individuals
- Psychiatrist's resources are limited, and billing structure is limiting
- Insurance coverage for MAT (private insurance)
- Supreme Court of Ohio specialized docket training for mental health courts; most trainings are geared toward drug courts
- Bureau of Motor Vehicles identification issues impact public assistance/services

Additional Resources

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

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

**Sequential Intercept Mapping
Montgomery County, Ohio | November 20-21, 2019**

Participant Roster

Name	Title	Organization	Email
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Joel Zeugner	Chief Probation Officer	Dayton Municipal Court – Probation Department	Joel.zeugner@daytonohio.gov
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Observer Roster

Name	Title	Organization	Email
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Action Planning Matrix for Montgomery County, Ohio

Priority Area 1: Crisis Drop-Off and Stabilization			
Objective	Action Step	Who	When
1. Jail diversion and inappropriate usage of emergency departments	A. Identify plan/building	Judge Gregory Singer	February 2020
	B. Identify essential committee members	Heidi Adams	December 2019
	C. Certification issues	Beverly Stewart and Colleen Smith	February 2020
	D. Identify sustainability needs and funding	Judge Gregory Singer	February 2020
	E. Look at existing models and set up tour for interested parties	Judge Gregory Singer and Heidi Adams	December 2019
2. Identify services needed for a crisis stabilization unit	A. Define population and staffing needs	Dr. Kara Marciani and Dr. Julie Gentile	February 2020

Action Planning Matrix for Montgomery County, Ohio

Priority Area 2: Assertive Community Treatment (ACT)			
Objective	Action Step	Who	When
1. Determine community ACT capacity/needs	A. Community scan a. Wait list numbers? b. Teams/prescribers? c. Frequent psychiatric admissions	Montgomery County Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) – Send to Clinical Directors at Current Agencies: Jodi Long	First Quarter of 2020
	B. Resident students conduct epidemiology	Brian Merrill	First Quarter of 2020
2. Exploring barriers	A. Meet with current agencies to identify their billing procedures B. Identify number of open slots C. Identify number of people on wait lists	ADAMHS Behavioral Health Team	First Quarter of 2020
3. Advocate to agencies to expand ACT teams	A. Educate agencies on how to set up ACT teams	Facilitated by ADAMHS and Team	Second Quarter of 2020
	B. Host Case Western to hold ACT presentation to agencies	ADAMHS and Case Western	Second Quarter of 2020
4. Align and support statewide advocacy efforts to change Medicaid billing rates for nurse practitioners (identify current efforts to align with)	A. Identify current efforts to align with	Jackie Price	February 2020

Action Planning Matrix for Montgomery County, Ohio

Priority Area 3: Housing			
Objective	Action Step	Who	When
1. Position/organize/create tool to filter housing program (centralized tool)	<ul style="list-style-type: none"> A. Build matrix/database of all housing options/requirements B. Research all housing options to keep updated C. Consolidate housing lists and relationships D. Build services that can meet a client where they are (mobile services) 	Eastway, Miami Valley Housing Opportunities (MVHO), Greater Dayton Premier Management (GDPM), City of Dayton, Montgomery County alcohol, Drug Addiction and Mental Health Services Board (ADAMHS), Eastend, Homeless Coalition, PLACES, City of Kettering, City of Vandalia, and Priority Boards	Within Next 6 Months (February 2020)
2. Develop resources for peer support specialists and mentors within housing systems and communities	<ul style="list-style-type: none"> A. Build connections with area landlords B. Develop trainings for landlords (Mental Health First Aid) 	St. Vincent De Paul ADAMHS and Goodwill Easter Seals	Within Next 6 Months (February 2020)
3. Develop outreach programming	<ul style="list-style-type: none"> A. Build housing counsel B. Research housing models in different cities and counties C. Community education 	Mental health providers, homeless providers, housing providers, Parole Board, Fair Housing and Public Health	Within Next 6 Months (February 2020)
4. Research funding	<ul style="list-style-type: none"> A. Coordinate with area investors B. Private philanthropists C. Develop and research grants 	Neighborhood Associations and Faith-Based Community Fair Housing	

Action Planning Matrix for Montgomery County, Ohio

Priority Area 4: Residential Treatment			
Objective	Action Step	Who	When
1. Snapshot of available resources for residential treatment for dual diagnosis	<ul style="list-style-type: none"> A. Invite other service providers <ul style="list-style-type: none"> a. Women’s Recovery b. Beckett Springs c. Access d. Haven B. Total beds C. Average length of stay D. Wait times E. Information about evidenced-based practices for each program 	Chairperson to Invite Jayne Jones-Smith	60 Days
2. Ongoing communication of resources and programming	<ul style="list-style-type: none"> A. Quarterly meetings with active agenda to discuss resources and changes in programming with participating agencies B. Determine additional members 	Chairperson to Invite	Following Initial Meeting
3. Information about available programs and access	<ul style="list-style-type: none"> A. Educate on GetHelpNow app and other resources B. Social media C. Education about insurance – issue and access D. Organize campaign 	Montgomery County Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) and Providers	Schedule Meeting 60 Days
4. Develop dashboard with wait times and available beds for residential treatment for dual diagnosis	<ul style="list-style-type: none"> A. Schedule meeting with provider agencies and ADAMHS B. Define bed wait times <ul style="list-style-type: none"> i. General definition C. Define admission practices D. Work with Information Technology to develop E. Define who we target the information to F. Communication between providers and probation to manage incarcerated wait list 	ADAMHS and Chairperson	60 Days
5. Transition from residential to community – address roadblocks	<ul style="list-style-type: none"> A. Bring appropriate agencies together to discuss roadblocks 	Chairperson	60 Days

Action Planning Matrix for Montgomery County, Ohio

		<ul style="list-style-type: none">B. Look at funding and Medicaid redesign changesC. Begin to define issues		
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Action Planning Matrix for Montgomery County, Ohio

Priority Area 5: Information Flow and Case Planning at Jail Intake and Discharge			
Objective	Action Step	Who	When
1. Set up efficient information sharing between jail, court and Montgomery County Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS)	A. Ask Ruth Simera to send “draft” of Release of Information publication for jails	Committee/Ruth Simera	November 21, 2019
	B. Contact Cuyahoga Alcohol, Drug Addiction and Mental Health Services Board to learn more about information sharing of data (Medicaid match) with Prosecutor’s Office and jail	Mary Kay Stirling, Teresa Russell, and Jen Hochdoerfer/ADAMHS	January 2020
2. Increase presence of agency involvement for inmates linked with current provider while in the jail	A. Jail needs to gain access to data – refer to action step for objective one	Mary Kay Stirling, Teresa Russell, and Jen Hochdoerfer/ADAMHS	January 2020
	B. Jail to contact identified agency provider to engage in jail/court process	Teresa Russell, Marie/Discharge Planners	
	C. ADAMHS to provide education to provider agencies re: involvement expectations	ADAMHS	First Quarter of 2020
	D. Involve pretrial innovations	Mary Kay Stirling	First Quarter of 2020
	E. Notify Melissa Hall for all veterans in jail/court	Mary Kay Stirling and Melissa Hall	Ongoing
	C. Coordination between jail, ADAMHS, community mental health providers and Job and Family Services/SOAR (SSI/SSDI Outreach, Access and Recovery)		
3. Improve continuity of care past Summit Behavioral Healthcare discharge through disposition	A. Add identified individuals to emails re: Summit Behavioral Healthcare discharges	Mary Kay Stirling, Jen Hochdoerfer, Rion Talley	December 2020
	B. Involve pretrial innovations in educating court and all stakeholders	Mary Kay Stirling and Jen Hochdoerfer	First Quarter of 2020

Action Planning Matrix for Montgomery County, Ohio

		C. Involve Public Defender's Office social worker D. Involve SOAR	Jill Bucaro	Ongoing
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Appendix

Appendix A

1. **AA** = Alcoholics Anonymous
2. **ACT** = Assertive Community Treatment
3. **ADAMHS** = Alcohol, Drug Addiction and Mental Health Services Board
4. **CAM** = Consumer Advocacy Model
5. **CBCF** = Community Based Correctional Facility
6. **CBT** = Cognitive Behavioral Therapy
7. **CIT** = Crisis Intervention Team
8. **CP** = Common Pleas
9. **F-ACT** = Forensic Assertive Community Treatment
10. **FIRST** = Coordinated Specialty Care for FIRST Episode Psychosis
11. **IDDT** – Integrated Dual Disorder Treatment
12. **ILC** = Intervention in Lieu of Conviction
13. **JFS** = Job and Family Services
14. **MAT** = Medication Assisted Treatment
15. **MHFA** = Mental Health First Aid
16. **NA** = Narcotics Anonymous
17. **PD** = Police Department
18. **PO** = Probation Officer
19. **SBIRT** = Screening, Brief Intervention and Referral to Treatment
20. **SOS** = Signs of Suicide
21. **TF-CBT** = Trauma Focused Cognitive Behavioral Therapy
22. **VA** = Veteran’s Administration

Appendix B

Montgomery County Evidenced Based and Best Practices

There were several additional agencies available on the GetHelpNow app; therefore, the agencies listed below were the agencies listed on the CCQ

South Community, Inc. – CCQ and GetHelpNow App

- Adult Care
 - IDDT
 - CBT
 - FFT (Functional Family Therapy)
 - TF-CBT
 - Supported Employment
 - Assertive Community Treatment Team
 - 40 Developmental Assets
 - Reclaiming Youth: Circle of Courage and RAP (Response Ability Pathway)

Eastway Behavioral Healthcare – CCQ and GetHelpNow App

- Residential
 - Transitional care
 - Subsidized, independent housing
 - Affiliated foster care
 - Co-op apartments
- Outpatient
 - ACT
 - IDDT
 - Supported employment
- Employment Services – Eastco

Samaritan Behavioral Health – CCQ and GetHelpNow App

- Crisis Services
 - Hotline
 - Warmline
 - Emergency walk-ins
 - Pre-hospital screening
 - Mobile crisis services
 - Crisis counseling
 - Crisis debriefing
- Mental Health Services
 - Individual and family counseling
 - Psychiatric medication management
 - Case management (Community Psychiatric Supportive Treatment)
 - Consumer Advocacy Model
- Drug and Alcohol Services
 - MAT: Suboxone, and Vivitrol
 - Individual, group and family counseling
 - Case management
 - Project DAWN
 - Co-occurring counseling

Mahajan Therapeutics – CCQ and GetHelpNow App

- Outpatient mental health
- Outpatient alcohol and drug abuse
- Judicial services
- School-based programming

- Sober living home
- Community-based programs

Recovery Works Healing Center, LLC – CCQ and GetHelpNow App

- Individual counseling
- Group counseling
- Case management

Nova Behavioral Health – CCQ and GetHelpNow App

- Assessment and referral (Monday-Friday 8:00 AM – 5:00 PM)
 - Walk-ins
- Residential services
 - MAT
 - Individual and group therapy
 - Psychoeducation
- Withdrawal management services
- Outpatient services (MAT services are available in conjunction with the appropriate level of outpatient care)
 - Intensive outpatient: Nine hours of services per week
 - Non-intensive outpatient: Five hours of services per week
 - Regular outpatient: Two hours of services per week
- Transitional housing (average stay is 6-9 months)

Volunteers of America – CCQ and GetHelpNow App

- Residential reentry (128 beds and 80% of successful completions from this program did not return to prison after three years)
 - Case management
 - Group and individual counseling
 - Substance use counseling
 - Job-readiness training
 - Skill development
 - Referrals
- Housing
- Employment Services
- Support Services for Veteran Families (SSVF)
 - Housing counseling
 - Personal financial planning
 - Healthcare referrals
 - Help with childcare
 - Legal aid
 - Transportation
 - Daily living needs
- Veterans

Public Health Addiction Services – CCQ and GetHelpNow App

- Screening and assessment
- Outpatient counseling
- Intensive outpatient counseling
- Family counseling
- MAT (Medication Assisted Treatment)
- Home-based counseling team

Forensic Psychiatry Center of Western Ohio – CCQ

- Forensic evaluations

TCN Behavioral Health – GetHelpNow App

- Crisis hotline
- Coordinated Specialty Care for FIRST Episode Psychosis
- Psychiatric services
- Case management
- Individual and group counseling.

Appendix C

Community Collaboration Questionnaire

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

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

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

Community: Montgomery County		
Contact Person: Jodi Long	Phone 937.853.4331	Email jlong@mcadamhs.org

	Please check the appropriate box for each and provide descriptions as necessary.	YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?	X	
2	<p>Does your community have a cross-system collaborative team or task force? <i>If yes, please attach the membership list by agency and/or title, listing mental health providers, criminal justice services, substance abuse services, consumers, family members, elected officials and others.</i></p> <ul style="list-style-type: none"> • Montgomery County Common Pleas Court led by Judge Singer has implemented a workgroup for the Stepping Up initiative. See attached membership list. • The Mental Health Court Treatment Team: See attached membership list • Mental Health Court Advisory Board • The Community Overdose Action Team (COAT) Criminal Justice branch led by Michael Flannery (Monday CBCF) and Joel Zuegner (Dayton Municipal Court) is a cross system collaborative team focused on addressing issues related to those impacted by addiction, which includes mental health, within the criminal justice system. See attached membership list & current/past action items. 	X	
3	<p>Does your community provide for cross-training of mental health, substance use, criminal justice and other providers?</p> <p><i>If yes, please list recent programs:</i></p> <p>Montgomery County has two robust Crisis Intervention Team programs. led by Dayton PD and Montgomery County Sheriff Office/MC ADAMHS. All programs are co-facilitated with local LEO and BH professionals. In 2019, MCSO jail sergeants have begun attending the 40 hour CIT academy for LEO. Cross training includes:</p> <ul style="list-style-type: none"> • 40 hour CIT academy for LEO officers (offered 4x/year) • 8 hour CIT companion course for dispatchers/call takers (offered 4x/year) • 16 hour CIT companion course for Behavioral Professionals (offered 2x/year). • Mental Health First Aid – Public Safety has been made widely available to all criminal justice professionals such as correction officers, probation officers, parole officers, etc. 	X	

	<ul style="list-style-type: none"> • Advanced/specialty topic trainings such as trauma informed care <p>Montgomery County Adult Probation has established training into policy: Cross training includes:</p> <ul style="list-style-type: none"> • 40 hour CIT academy for probation officers (offered as scheduled) • 40 hour topic of choice with best practices in Cognitive Behavioral Therapy with Criminal Justice Services. 		
4	<p>Does your community have resources identified to work with people with mental illness and co-occurring disorders in the criminal justice system? <i>Please describe:</i></p> <ul style="list-style-type: none"> • Montgomery County Office of Re-entry • Mental health specialty dockets (Common Pleas & Dayton Municipal) • Drug court specialty dockets (Common Pleas) • Jail certified peer recovery supporters (Kristen LaCaze) • Community Linkage Program (administered by ADAMHS includes Community Transitions program (CTP)) • Dayton PD Mobile Crisis Response team roundtable • Community Collaborative Meetings facilitated by ADAMHS civil/forensic monitor • Outpatient Competency Restoration-South Community Inc. • Immediate access and mobile assessment – South Community Inc. • Community Agencies: South Community, Eastway Behavioral (Assertive Community Treatment), Samaritan Behavioral Health: Consumer Advocacy Model (CAM) Mahajan Therapeutics, Recovery Works, Nova BH - Morningstar dual diagnosis residential program • Volunteers of America – Residential Re-Entry program 	X	
5	<p>Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population? <i>Please describe:</i></p> <ul style="list-style-type: none"> • Montgomery County Office of Re-entry • CIT mobile teams embedded in 5 police departments (Pilot late 2019/early2020 – Dayton PD, MCSO, Kettering PD, Vandalia PD, Butler Township PD) • Jail Staff: Teresa Russell and Marie Warren, Naphcare jail medical team, Kristen LaCaze, jail certified Peer Support Specialist • Probation officer specifically for Common Pleas Mental Health Court Specialty Docket (Linda Shipley) • All community behavioral health centers (cbhc) who participate in the Common Pleas drug courts have at least one representative participating in specialty dockets weekly (ADAMHS has representative who attends drug dockets too) • Project DAWN is specifically provided in the Jail, Monday Correctional, and STOP • A number of CBHCs co-locate treatment services at the Day Reporting Center • CBHCs who participate in Community Linkage/Community Transitions program have assigned staff 	X	

6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? <i>Please describe:</i></p> <ul style="list-style-type: none"> • Justice Web is a criminal justice database for Montgomery Co. • Jail Booking Report - Since July 1, 2016, a daily report of jail bookings is forwarded to ADAMHS. ADAMHS cross references this list with their databases to identify individuals who have received a MH and/or SUD treatment service in the prior 60 days. Then, daily agency reports are generated and forwarded to the individual agencies so that staff can reach out to the individuals as well as jail staff to ensure continuity of care and appropriate discharge planning while incarcerated. It has been found between 10-20% of individuals booked into the Montgomery jail have received a MH and/or SUD treatment service from a Medicaid and/or ADAMHS contract agency in the previous 60 days. • Common Pleas Court – MH Court: Assesses all referrals from probation officers and other referral sources through Forensic Psychiatry Center of Western Ohio- will work on statistics • Jail tracks information specific to psychotropic meds distributed to inmates. • Common Pleas Court uses data from Ohio Supreme Court specialty dockets 	X	
7	<p>Does your community have one or more boundary spanners (individuals whose identified role is to link the criminal justice and mental health systems)? <i>Please describe the position and the person(s):</i></p> <ul style="list-style-type: none"> • Joe Spitler – Montgomery Co. Human Services & Planning - Criminal Justice Director • Teresa Russell – MCSO – Jail Treatment Coordinator • Jennifer Hochdoerfer – Mont. Co. ADAMHS, Forensic & Civil Monitor • Mont. Co. Common Pleas Court: Mental Health Specialty docket team • Mont. Co. Common Pleas - Mental Health Advisory Board • Kieran Hurley- CareSource • Thomai Bessler (Common Pleas Court) oversees scheduling of jail based assessments • Secure Transitional Offender Program (STOP) and MonDay CBCF make community referrals 	X	
8	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance safety across agencies or systems? <i>Please describe or if possible, provide copies of MOUs:</i></p> <ul style="list-style-type: none"> • ADAMHS has a MOU with Job & Family Services to contract for a specialist to ensure Medicaid applications are complete prior to their filing to ensure individuals are approved in a timely manner • Common Pleas Drug Courts also have MOUs with agencies who have provided treatment services 	X	
9	<p>Are there any local agencies that have not participated in collaboration efforts? <i>Please describe:</i> We have several for profit and not for profit mental health treatment agencies who do not regularly participate in collaboration efforts.</p>	X	

10	<p>Does your community have any jail or court diversion programs at this time? <i>Please describe:</i></p> <ul style="list-style-type: none"> • Secure Transitional Offender Program (STOP) program – up to 90 day alternative for those involved in Common Pleas Court- and limited number of beds for municipal court misdemeanants-many individuals have MH & SUD history • Day reporting center operated by Common Pleas court • MonDay Community based correctional facility 	X	
11	<p>Does your community have a mental health, drug or other specialty court? <i>Please describe:</i> Specialty Dockets: Women’s Therapeutic Drug Court – Common Pleas Court Men’s Drug Court – Common Pleas Court Juvenile Drug Court – Juvenile Court Family Dependency Court – Juvenile Court Mental Health Court – Municipal Court & Common Pleas Court Veteran’s court – Common Pleas Court</p>	X	
12	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? <i>Please describe or if possible, provide copies of MOUs.</i></p> <ul style="list-style-type: none"> • Any time county entities are partnering or contracting with another county entity it is completed via an MOU <p>Examples: Law Enforcement Narcan Repository, NaphCare contract for jail medical, mental health, and substance use disorder services, NaphCare & STOP MOUs for State Opiate Response MAT program</p>	X	
13	<p>Have screening or assessment procedures been instituted in the mental health, substance use and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i></p> <p>All ADAMHS contract agencies screen for both mental health and substance use disorder. Appropriate referrals are made. Courts can make referrals for level of care assessments which are performed by NOVA BH assessors inside the jail.</p> <p>Initial screenings provided for everyone booked into the jail (someone else may know more details about this)</p> <p>Screening, Assessment and Crisis Intervention 24/7 Juvenile Court Through South Community Caring for Kids</p> <p>Outside agencies can access for increase in level of care: South Community, Samaritan Behavioral Health, Addiction Services, Mahajan Therapeutics, Eastway Behavioral, Nova Behavioral Recovery Works</p>		
14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? <i>Please describe:</i></p> <ul style="list-style-type: none"> • Yes, the ORAS is utilized in all probation & parole offices. • CPC uses Arnold tool for Pretrial assessments, because ORAS does not assess for violence, for both felons and serious misdemeanants in municipal courts. 	X	

15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> • MC Office of Re-Entry Services provides a continuum of programs that minimize barriers to effective reentry and promote reduction in recidivism • MC Jail has 3 FTE Discharge planners hired through NaphCare who assists with re-entry from the county jail. • The ADAMHS board actively works with the OHMHAS/ODRC for Community Linkage & Community Transition Program (CTP) referrals. • CPC will begin a re-entry court beginning in 2020 at day reporting center. • Volunteers of America – Residential Re-Entry program • MC Jail partners with Public Health’s Outreach Team to follow up on inmates released without discharge planning services (and presented with needs in the jail). • MCSO – Drug Free Coalition’s GROW team provides additional support when requested for placement of individuals in sober living/treatment for co-occurring disorders. 	X	
16	<p>To be successful, what aspects of each agency’s culture do the other agencies need to be sensitive?</p> <ul style="list-style-type: none"> • The challenges individuals face. For example, some agencies have to deal with more direct threats from clients such as the jail and other correctional facilities. • Different agencies have different legal and organizational regulations that impact what they can do to address issues. • There is a difference in philosophy/mission between corrections and treatment that sometimes impacts interactions. • Mental health treatment stigma reduction • Confidentiality regulations 		
17	<p>Please describe any other examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health.</p> <ul style="list-style-type: none"> • Jail collaboration between Dayton PD and Montgomery County jail to divert mh offenders to treatment. • Collaborations between probation and treatment programs to get individuals into services. • Montgomery County Juvenile Court and South Community Inc. - Continuum of services specifically for court involved youth, which includes screening, assessment, crisis intervention, detained and non-detained services, Functional Family Therapy and Residential Treatment • Implementation of Mental Health Court kickoff in 2018 		
18	<p>What would you list as your community’s strengths?</p> <ul style="list-style-type: none"> • Community partners are vested in using the collective impact model in order to align with each other and have maximum impact on improving the community’s overall health. • Courts and community leaders are willing to listen to new ideas, change what is not working and work together to find a better solution • Most community members are focused on trying to make the system better for those who use the system. • Collaboration and partnerships are strong • Ease with which Criminal Justice can access case managers, and counselors for updates 		

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

- Lack of Public and private insurance parity for MH population.
- Lack of some services for MH population, including crisis stabilization, effective diversion from county jail, most of which is due to lack of funding.
- Lack of housing options for MH population
- Still some silo's
- Overcoming obstacles with assistance for those without proper identification: The Ohio Bureau of Motor Vehicles parameters of acceptable identification has become a huge challenge if someone needs a State ID. Many have not worked and do not drive.



Montgomery County Stepping Up Committee

Judge Gregory Singer, Montgomery County Common Pleas Court
Heidi Adams, Montgomery County Common Pleas Court
Teresa Russell, Montgomery County Sheriff's Office
Patricia Tackett, Dayton Police Department
Dr. Kara Marciani, Director of Forensic Services at the Forensic Psychiatry Center of Western Ohio
Dr. Julie Gentile, Professor and Chair, Dept of Psychiatry, Wright State University
Connie Houston, Montgomery County Probation Department
Barbara Marsh, Montgomery County Public Health
Bev Stewart, Montgomery County ADAMHS
Mike Flannery, MonDay Director
Krista Burke, Adult Parole Authority

Mental Health Court Treatment Team

Judge Gregory Singer,
Audrey Carreir
Kaila McClellan
Heidi Adams
Linda Shipley
Teresa Russell (MCSO)
Carl Goraleski (public defender)
Samaritan Behavioral Health
Eastway Behavioral Health
Mahajan Therapeutics
South Community
Nova Behavioral Health
Recovery Works
Kara Marciani (forensic psychologist)
Kristne LaCaze, (peer support specialist)

JAIL BOOKINGS

Please report most recent data available (12-36 months) and use a consistent time range throughout the report.

Person Completing Form (name/title) **Teresa Russell – Montgomery County Jail Treatment Coordinator**

Time period being reported (identify a recent six-month to one-year period) Jail Management Systems changed from Tiburon to Motorola Flex/Spillman System on June 19, 2019. Because a time period of a full 6 months is not available in the Spillman system to date, the data pulled for this review is coming from Tiburon for a period of 1 year - Jan 1, 2018 – Dec 31, 2018.

What is the rated capacity of the jail?	(insert number) 910
What is the average daily total population of the jail? <i>Average Males 650 Average Females 160 Average Juvenile Males 1 Average Juvenile Females 0</i>	830
What is the average number of total daily bookings?	66
What type of automated system is used to collect Jail Booking, classification, health and release information?	<i>Tiburon through June 18, 2019. Motorola Flex/Spillman effective June 19, 2019 – JMS TechCare – NaphCare's EMR</i>
Based on the total jail population for the time range being reported, please provide the number for each classification of inmate below: <i>(If unable to provide objective data on booking types, please provide estimated average percentage for each booking)</i>	
Pretrial Misdemeanor <i>This information is not tracked – Per the jail's population manager, it is irrelevant to the inmate's needs in the jail and the county jail is responsible for housing them regardless of charges/court status. This does not mean it necessarily can't be tracked – just it has not been historically tracked. This information is likely available in each misdemeanor court's management system or clerk of courts.</i>	
Pretrial Felony <i>This information is not tracked – Per the jail's population manager, it is irrelevant to the inmate's needs in the jail and the county jail is responsible for housing them regardless of charges/court status. This does not mean it necessarily can't be tracked – just it has not been historically tracked. This information is likely available in CPC's management system or through clerk of courts.</i>	
Probation Violation <i>There was no means of running a report for the exact number of probation violators. However, the population manager did have a daily average of probation violators housed, This number is not specific to felony/misdemeanor probation.</i>	138 – Daily Average
Sentenced local <i>Per population management, this is an estimate. Of note, it is not uncommon for a sentenced offender from one court to be sentenced to prison from another (during the same time period). Therefore some of the</i>	Estimated 1800

<i>numbers reflecting those inmates transported, may have also been serving local time from one court, when moved to CBCF or prison due to another court's sentence.</i>	
<p>Sentenced awaiting transport <i>also of note:</i></p> <p><i>Transports to Summit Behavioral Health:</i></p> <ul style="list-style-type: none"> - 22 Misdemeanor RTC (6 female) - 24 Common Pleas RTC (0 female) - 10 Competency Evaluations (1 female) - 5 Emergency Admissions (1 female) <p><i>Admissions to other RPH (Diversion) January 2018 - Present</i></p> <ul style="list-style-type: none"> - 3 Competency Evaluations (all male – HBH, TVBH x2) - 5 Emergency Evaluations (4 female) – TVBH x2, NBH (Cleveland), HBH, NOPH (Toledo) <p><i>Also, transports occur daily to CBCF's – however, this info is not tracked as not all transports are completed by sheriff's deputies. Inmates are often released and transported by probation or released to other agencies due to detainers before transported to diversion programs. This information may be available in court management systems or through clerk of court offices.</i></p>	Prison Transports = 960
Other (specify)	
<p>Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed? <i>Classification is therefore determined by a number of factors including charges, history and current medical/mental health needs. Typically, mentally ill offenders who are not able to be in general population and not considered a risk for suicidal/homicidal behavior are placed in Administrative Segregation. Those with significant behaviors or on suicide precaution are moved to the first floor for constant supervision.</i></p>	<p>Yes / No NO – the facility was not designed to manage mentally ill offenders in a separate location.</p>
<i>The following section asks about people who were identified as having mental health issues for the timeframe being reported.</i>	
<p>How many people, total, are identified as having a mental illness? <i>The report ran in Tiburon for 1/1/18 – 12/31/18 = 196, but we know this is not an accurate number. The previous jail management system pulled report for what corrections identified as "flags" for mentally ill offenders that needed extra consideration by classification for purposes of housing inmates. There was no means of generating report for those solely identified as having mental illness, but not problematic when in the facility.</i></p>	196
<p>How many people identified as having a mental illness were identified by jail booking staff? <i>Information not tracked or available</i></p>	n/a
<p>How many people identified as having a mental illness were identified while incarcerated (by corrections officers, health staff or others) <i>Information not tracked or available</i></p>	n/a
<p>Is a specific screening tool mechanism used to identify individuals with mental illness? If yes, please name: <i>TechCare – Receiving Screens are completed by the medic – includes both mental health screen and general receiving information. Intake form completed by a receiving officer is also completed with interview by arresting officer and can identify information regarding the arrestee's mental health needs if known.</i></p>	<p>Yes / No YES</p>
<p>Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?</p>	<p>Yes / No YES</p>

What is the average daily population of persons with mental illness?	<i>Not Tracked n/a</i>
What is the average number of daily bookings of people with mental illness?	<i>Not Tracked n/a</i>
What percentage of the pretrial population represents persons with mental illness?	<i>Not Tracked n/a</i>
What percentage of the sentenced population represents persons with mental illness?	<i>Not Tracked n/a</i>
CROSS TABULATION OF MULTI-SYSTEM DATA	
<i>For the entire population of persons booked into jail during the identified time range (open or closed cases):</i>	
Is Jail Booking information shared on a regular basis with public funded Mental Health, Substance Use Treatment or Developmental Disability Agencies? If so, how?	Yes / No <i>YES</i>
How many people were known to the publicly-funded mental health system? <i>This information is not available to the jail – only the publically funded programs. What the jail receives, is an account (percentage) of Total # of Clients booked in each month, who received a service in the past 60 days of their booking. We see the agency/provider and percentage of population that was in and assigned to their agency for service, but we do not know who they were.</i>	<i>Available via ADAMHS records</i>
How many people accessed acute crisis services in the jail during the specified reporting period? <i>Per the Health Services Administrator, we do not track acuity or assign acuity levels to inmates in the MCJ they are assessed for their level of risk and high utilization, and that is discussed, monitored and tracked weekly. To assign acuity levels, would mean to also track the time professionals are spending on that inmate versus other inmates, assigning those patients an acuity level and having a patient specific plan with goals, timelines for meeting those goals and monitoring the outcomes of those goals. We consider the high risk suicidal patients, the rapidly decompensating patients high acuity but those are only the identified. My understanding is that we have high risk patients all over the facility and are not tracked by any source other than pass on or report verbally ie. Several levels of depressive states, other mental illness other than that of suicidal ideation without means to actually track the patient. Suicide precautions is an available flag set in TechCare (and the jail management system) and can also be pulled from the suicide notes completed, that is how that is tracked, there is not a flag to attach to other high risk patients. We could track some patients by the medications given as well, since most will need a true mental illness diagnosis for pharmacological intervention, however we do not currently track that on a regular basis.</i>	<i>See notes regarding acuity and why it is not tracked.</i>
How many people were known to the publicly funded substance use treatment system? <i>Not tracked/Available – jail does not have access to the MACSIS or GOSH systems</i>	n/a
How many people were known to the Developmental Disabilities system? <i>Not tracked/Available</i>	n/a
ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION	
For those who are identified as persons with mental illness or co-occurring substance use disorder or developmental disabilities (by jail, other criminal justice, or treatment systems) during the reported time range, what are the nature of the charges?	
Misdemeanors	<i>n/a</i>
Felonies	<i>n/a</i>
Violent Behavior	<i>n/a</i>
Violations of Probation	<i>n/a</i>
Frequency - How many arrests / bookings per person? (average)	<i>n/a</i>

Length of stay in the jail for each episode of incarceration (average)	6 days – Misdemeanor 21 days – felony
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:	
How many people with mental illness or co-occurring disorders left the jail with financial benefits or entitlements in place?	unknown
How many people with mental illness or co-occurring disorders left the jail with a shelter as the identified residence?	unknown
How many people with mental illness or co-occurring disorders had no known residence? <i>When someone books in homeless – their address is entered as “at large”. There was no way to generate a search field for this information in Tiburon, but we expect to be able to generate that from the new system.</i>	See note
How many people with mental illness or co-occurring disorders left the jail with an appointment at a mental health or other treatment service? <i>This information cannot be tracked. I can pull a report to identify how many discharge plans were completed in 2018, but there is no report available to specify how many of the inmates who participated in discharge planning agreed to aftercare with a provider – some may have only accepted education on MAT and not committed to treatment, accepted help reapplying insurance or getting referrals or education for housing/employment, etc.</i> <i>Also of note – discharge planning may have been offered to an individual in the jail, with a diagnosed (in the community) with a mental illness or co-occurring disorder, but was not identified as such while in the jail.</i>	See note
How many people with mental illness or co-occurring disorders had contact with a helping professional from the community to facilitate reentry? <i>This info would only be available via ADAMHS if it was a service provided by a publically funded agency. When a professional visitor comes into the jail for treatment services, they are logged only as a professional visitor and not identified by purpose of visit. If a report was ran to identify professional visitors, that list would include court staff, clergy and others not treatment affiliated. Also, service providers coming in for assessment or ongoing service not paid for by ADAMHS occurs and would have to be tracked/info retrieved by each independent agency.</i>	See note