

Butler County, Ohio

Sequential Intercept Mapping FINAL Report

December 1 – 2, 2014

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Sequential Intercept Mapping

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Butler 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 Butler County, Ohio on December 1 & 2, 2014. The workshops were sponsored by The Butler County Mental Health Board and the Fairfield Municipal Court in conjunction with a local planning team comprised of mental health and criminal justice service providers, a consumer representative and the local NAMI President. 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 Butler County achieve its goals

Recommendations contained in this report are based on information received prior to, during and after the *Sequential Intercept Mapping* workshops. Additional information is provided that may be relevant to future action planning.

Background

The Fairfield Municipal Court and the Butler County Mental Health Board requested the *Sequential Intercept Mapping and Taking Action for Change* workshops during a period of Invitation for Letters of Interest, to provide assistance to Butler 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 and co-occurring disorders in contact with the criminal justice system

The participants in the workshops included 28 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections/jail, consumer/peer/advocacy, law enforcement, dispatch, courts and probation. A complete list of participants is available in the resources section of this document. David Brown, Daniel Peterca, Douglas Powley, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

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 Butler 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 Butler 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

Butler County stakeholders and service providers have been involved in a number of collaborative relationships over time. Current examples of collaborative efforts to specifically address the interface of mental health and criminal justice include:

- Specialty Dockets – SAMI Court, Drug Court, Mental Health Court, OVI Court
- Criminal Justice Board
- Opiate Task Force
- Hamilton-Fairfield Law Enforcement-Mental Health Model
- Community behavioral health agencies providing services in the jail
- Several Memorandums of Understanding across agencies to facilitate services

Consumer Involvement

This county had excellent participation from family members and advocates. The local planning team included two NAMI members – a parent of a consumer and the Executive Director, both of whom also participated in the workshop. Unfortunately, there were no consumers of services present for either day of the workshop, nor participating on the planning team. This was a notable absence and reflected on the workshop evaluations by participants.

Recommendations:

- Consumer involvement is a key component to accurately reflecting experiences in both the behavioral health and criminal justice systems. Consumer involvement in decision making and planning is also a critical element in addressing gaps in services and increasing the likelihood of utilization of services and retention in services. The planning team and work groups are strongly encouraged to engage consumers in all levels of planning.

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: Consumers, Adult Parole, hospital provider

Data Collection

- The Butler County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Hamilton-Fairfield Law Enforcement - Mental Health Team Model Narratives and fiscal year 2014 statistics as of 3/28/14
 - Criminal Justice Board membership list
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Butler County Crisis Intervention Team Training Participation

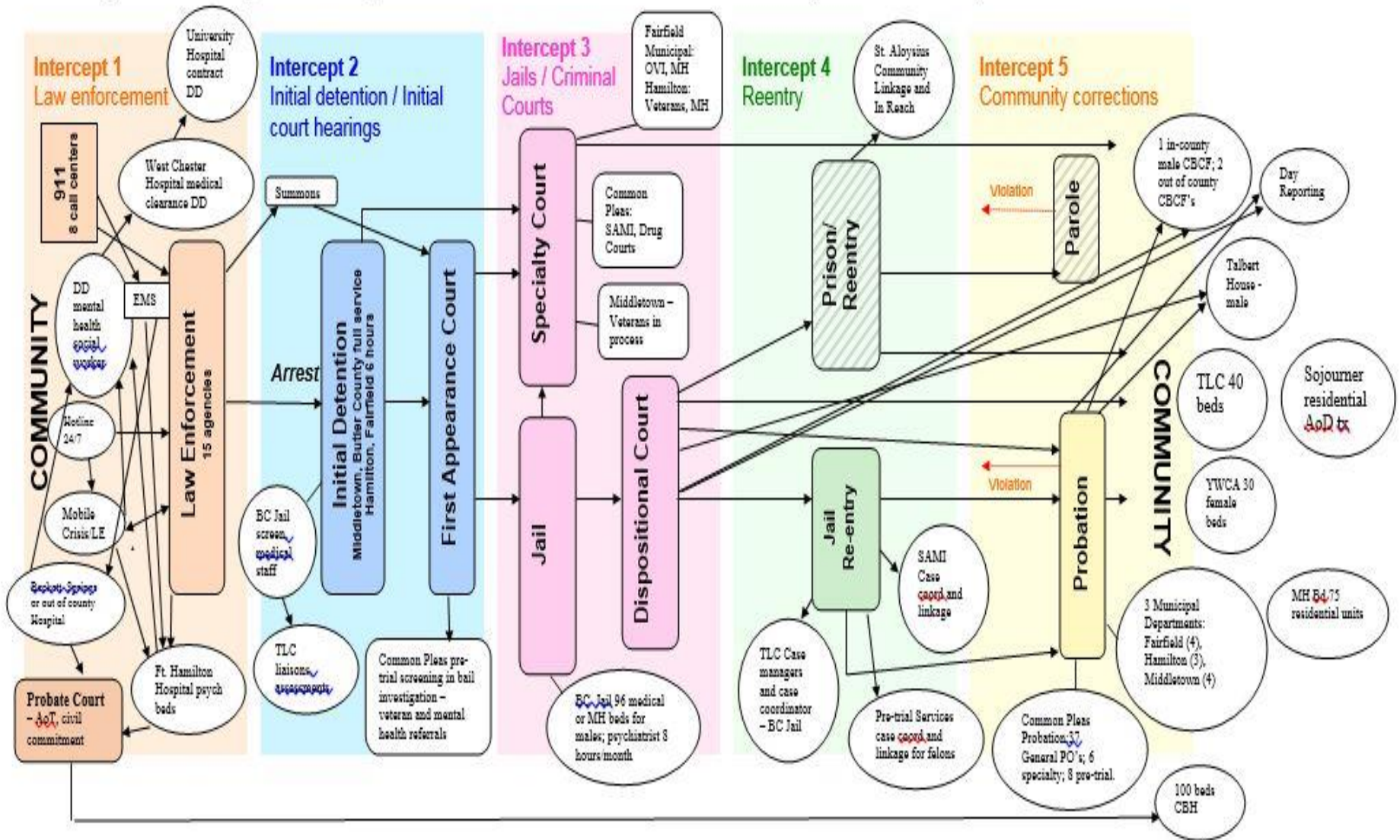
Recommendations:

- At all stages of the Intercept Model, seek opportunities to utilize and share data across systems that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Butler County criminal justice system, e.g., jail booking information compared to mental health system client rosters to recognize individuals as they enter and reenter the justice system.
- Be strategic in collecting data. Identify clearly what data will help to inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.

Sequential Intercept Mapping

Butler County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Butler County, December 2014



Butler 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). This narrative reflects information gathered during all phases of the *Sequential Intercept Mapping Exercise* and may be used as a reference in reviewing the Butler County Sequential Intercept Map.

This report provides a description of local activities at each intercept point, and during the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points. 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. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

Intercept I: Law Enforcement / Emergency Services

In Butler County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement in various towns and cities. Law enforcement options for responding to people with mental illness include advising at the scene, summons, transport for mental health screening, arrest, transport to jail, limited access to mental health outreach team, referral to provider agencies, or referral to hospital emergency department.

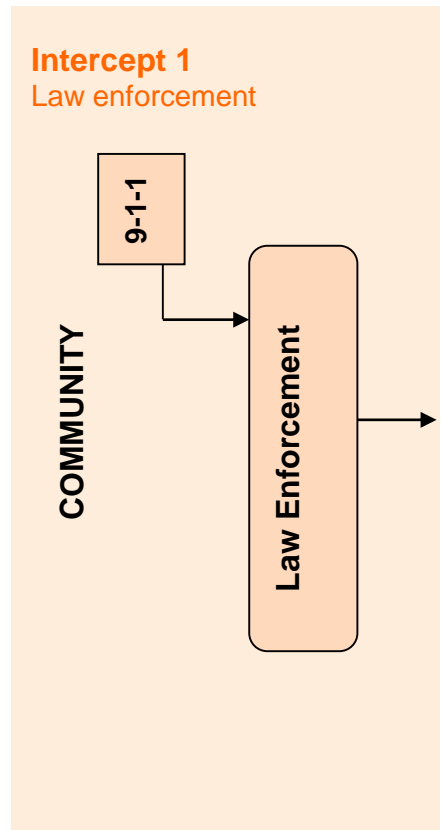
Dispatch / 9-1-1

- Butler County has eight 911 call-taking centers for law enforcement: Butler County Sheriff’s Office, Hamilton Police Department, and 7 others. Some Fire/EMS use additional dispatch centers. One call center was represented at the workshop.
- The decision to dispatch to police or EMS is based on the Emergency Medical Dispatching model.
- Typically, an officer is assigned by dispatch and makes the determination of how to dispose of a call.
- Currently there is no formal mental health training for dispatchers.

Law Enforcement

According to the Ohio Peace Officer Training Commission County Agency Report issued June 17, 2014, Butler County has 580 full-time, sworn law enforcement officers across fifteen Law Enforcement Agencies: Butler County Metro Parks, Butler County Sheriff’s Office, Fairfield Police Department, Fairfield Township Police Department, Hamilton Police Department, Miami University Police Department, Middletown Police Department, Monroe Police Department, New Miami Police Department, Oxford Police Department, Oxford Township Police Department, Ross Township Police Department, Seven Mile Police Department, Trenton Police Department, and West Chester Police Department.

- Law Enforcement currently uses the following options for persons with mental illness in crisis:
 - Hospital – officers often will transport to the hospital for evaluation and medical clearance prior to mental health screening and evaluation.
 - Pink slip and mental health evaluation - transport directly for evaluation and emergency pre-hospitalization screening if not violent, nor under the influence of alcohol or other drugs.
 - Butler County Jail - the jail is frequently serving as a stabilization unit for mental health clients that are not dangerous enough to be accepted at the hospital, but need to stabilize and resume



medications. Data was not available on the frequency of this occurrence or the number of individual served.

- At times EMS will co-respond, but can only transport to hospital.
- Mobile Crisis Outreach – can respond with law enforcement
- Butler County utilizes the Fairfield-Hamilton Law Enforcement-Mental Health Model of response, based on the Los Angeles Police Department model developed in the early 1990's. As part of this model, a mental health provider rides with law enforcement officers, primarily on 2nd shift, and is on-call to the officers 24/7 for consultation, decision making and referrals as needed.
- Law enforcement officers receive 4-8 hours/year mental health training annually after hire. In addition, ten Butler County officers have completed CIT training in neighboring counties.
- Officers will often note on the back of tickets if Mental Health Court might be appropriate.
- Hamilton Police has a checkbox on their booking sheet for mental health services needed.

Crisis Services

- 24/7 for intake and assessment
- Mobile Crisis outreach can occur under limited circumstances or can be called if the situation is unclear.
- 24-hour access to crisis lines and support are available throughout the system:
 - Hotline funded by MH Board and operated by St. Aloysius;
 - Transitional Living 24/7 availability for their consumers in crisis, but they take low level crisis calls. Any danger to self or others is referred to mobile crisis.
 - Assertive Community Treatment (ACT) Team gives a number to their clients as well – specifically only for ACT clients
 - NAMI gets a lot of calls, but not 24/7 and not publicized for crisis use. NAMI make referrals and serves as a clearinghouse.
 - 211 United Way I&R
 - Probate Court fields a lot of calls and refers to crisis team – observation is that there's turf war between mental health and other systems when the issue is dementia. Court has developed a screening process for making appropriate referrals. The Court can act on affidavits based on SB43, but typically referrals come from two area hospitals (Fort Hamilton and Beckett Springs)

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- Ft. Hamilton Hospital, a private hospital, provides the only inpatient psychiatric option. There are 20 beds, but at the time of the workshop there was a shortage of physicians, reducing available beds to 12. Emergency Room provides medical clearance as needed prior to Mobile Crisis providing mental health assessment. Pink slips are not always honored from law enforcement.
- Beckett Springs can do assessment, but must have medical clearance first
- Atrium Medical Center in Warren County
- Lindner Center of Hope in Mason (Warren County)
- Clients involved with Board of Developmental Disabilities (DD) go to West Chester Hospital E.R. for medical clearance. Board of DD has contract with University Hospital for psychiatric services once medical clearance is confirmed
- Mercy Hospital has an Emergency Room with a social worker, but no psychiatric unit. They do transfers, which are not always effective.
- Sometimes re-assessments have to be done by Mobile Crisis, which may prompt multiple visits to hospitals
- The State Hospital is in Cincinnati - Summit Behavioral Healthcare Hospital
- Civil commitments typically start with an affidavit filed in Probate Court by hospital attending physicians. There are many more guardianships in Probate Court than civil commitments. The Chief court investigator currently handles both.

Detoxification

- There are no detox services in Butler County. Transitional will allow their clients to enter residential for respite, but not medical detox.

- The jails will accept intoxicated people, as long as they are not unconscious. The jail houses three to four people per month that are transported to a hospital for substance abuse issues. Otherwise, jail is frequently used as a safety net for heroin and other intoxication issues.

Intercept I Gaps

- ▣ Structured means for managing clients that are dropped off by neighboring counties
- ▣ Not enough community members know the Mobile Crisis number; not well publicized
- ▣ Dispatch training on mental health; dispatch supervisor also requesting information on what options exist, who to call, when officers are in field.
- ▣ Lack of options for placement. Inadequate number of psychiatric beds and stabilization beds to accommodate community needs. Currently there is no crisis stabilization unit or respite option other than Ft. Hamilton Hospital and no funding for a crisis stabilization unit
- ▣ Cross-systems understanding and knowledge between Developmental Disabilities providers and Mental Health providers
- ▣ Not enough cross-training for crisis responders and law enforcement
- ▣ Capacity of Mobile Crisis - only responds with law enforcement, never without law enforcement
- ▣ There is currently a shortage of psychiatrists and other physicians for hospitals
- ▣ Jail staff is not fully equipped or trained on Developmental Disabilities issues.
- ▣ There is no detox facility in the county.
- ▣ Linkage between criminal justice and probate to have evidence of prior violence
- ▣ Referrals without follow through between hospitals
- ▣ Refused hospital admissions and holds with referral to crisis to reevaluate; hospitals releasing without notifying Crisis or not notifying of client in the E.R. Some refusals caused by inadequate number of beds
- ▣ Family observations not accepted

Intercept I Opportunities

- ▣ Mobile Crisis Line
- ▣ TLC Crisis Line (lower level issues, non-dangerous)
- ▣ ACT Team number (lower level issues, non-dangerous)
- ▣ Probate Court social worker
- ▣ TLC and police collaboration to monitor non-emergent
- ▣ Crisis with police, re: pink slip advising
- ▣ Increase use of mobile crisis over 911
- ▣ SB 43 – proof of past violence

Recommendations:

- Consider standardizing law enforcement mental health training curriculum and related policies and procedures. Current model is reliant on specific individuals and may not be sustainable if a formal curriculum is not implemented.
- Implementing a common mental health encounter form for collecting and reporting law enforcement data on mental health calls and dispositions can aid in evaluating law enforcement strategies and outcomes with persons in crisis who have a mental illness. Aggregate data can also inform potential training needs and areas for program enhancement.
 - According to discussion during the workshop, the Hamilton-Fairfield model is limited to non-dangerous encounters. Any danger to self or others warrants referral to mobile crisis. No data was available to illustrate law enforcement referrals to mobile crisis or emergency evaluation and the outcomes of those encounters. The FY2014 report was presented as “call-outs” from law enforcement, suggesting this data may be limited to those instances when law enforcement contacted the mental health partner or the mental health partner was already on scene. Statistics

associated with law enforcement encounters and dispositions when mental health workers are not engaged for assistance could be informative.

- The report also provides data on homelessness, but no indication of mental illness, reasons for arrest, or dispositions other than arrest. The Sheriff's Office – the largest police force in the county - data suggests that call-outs to the mental health partner may be limited to instances of homelessness, as there were only eight call-outs during a nine-month period, all of which were homeless. Hamilton P.D. data indicates an arrest rate exceeding 15% on reported call-outs; it would be helpful for the purposes of quality improvement to understand the nature of the charges associated with this rate of arrest, which is significantly higher than other jurisdictions.
- If law enforcement encounter data becomes available, it can be beneficial for law enforcement and mental health representatives to meet on a scheduled basis to review encounter information to identify frequent users of law enforcement services ("hot spotters") and do comprehensive case planning to address the core reasons for the recurring police encounters that relate to mental health and/or substance use issues, as well as problem solve when cases are not handled optimally. The Hamilton-Fairfield report indicated a reduction in repeat contacts and reduction in arrests, but data was not presented to illustrate which police agencies experienced these improvements and to what degree.
- Additional opportunities may exist for diverting individuals from arrest. Could there be a collaborative body created by the Probate Court, Mental Health system, and Law Enforcement officials to establish protocols to encourage use of the civil commitment process before a crisis occurs? Such a protocol could aid in reducing the need to call 911 and facilitate an alternative for law enforcement and mobile crisis response when an individual is in need of intervention without arrest.

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

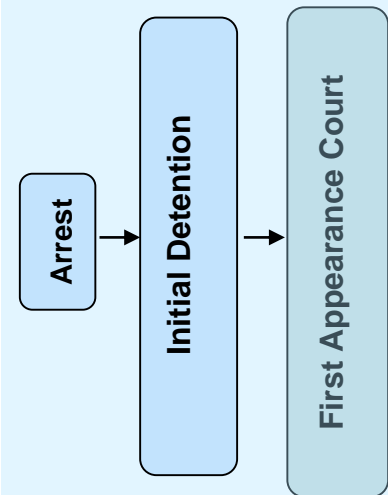
Initial Detention

- Middletown added two questions at booking, re: specialty docket option. Other jails use their own screening questions, not a validated tool.
- Probate monitor learns pretty quickly if a probated respondent is put in jail

Arraignment

- The Municipal Court has three Area Courts, three City Courts, and two Mayors Courts.
- At the municipal level, indictment occurs within 3 weeks after arrest, and defendants are assigned a Public Defender after arraignment.
- Summons are used for misdemeanors, except Misdemeanor 1's
- Arraignment is in-person and will occur within a week or less after indictment.
 - Fairfield Municipal Court holds most arraignments on Tuesdays and Wednesdays, and TLC sits through the arraignment docket at Fairfield.
 - Middletown Municipal Court holds next day arraignments
 - The Area Courts and juvenile courts use video arraignment
- Referrals are made at arraignment to probation, screening and consideration for specialty courts or other services. If client asks for help, in Middletown there is case management and assessment/referral available.
- Preliminary hearings are seldom waived by the Public Defenders, so typically occur at Municipal Courts within 10 days and no more than 30 days, even if not being held.
 - Individuals with felony charges - indictment will occur within 3 weeks of bind over and they are assigned a public defender before arraignment.

Intercept 2 Initial Detention / Initial Court Hearings



- Pre-trial Services are available for felony cases with options for bond, supervised release and referrals

Veterans

- Screening for veteran status is done at pre-trial services; initial screening results are provided to the veteran court screener.
- Veterans Justice Outreach (VJO) and other Veterans Administration service providers are on site weekly at Middletown and Hamilton courts.

Intercept II – Identified Gaps

- ▣ Checking jail and court lists for consumers - service providers other than Transitional Living do not know if their clients are in jail or on court dockets
- ▣ Participants noted that diversion options are ad hoc
- ▣ Not using a validated screening tool at the jails
- ▣ There is no trauma screening at this stage of the process
- ▣ No screening occurs at Municipal Court

Intercept II – Identified Opportunities

- ▣ Daily turn-key (snapshot of Middletown Jail roster) is provided to Butler Behavioral Health Services
- ▣ The Hamilton Police Department booking sheet that indicates mental health services needed is a good opportunity to identify individuals in need of services at an early stage
- ▣ Jail screening could be revised/updated to include mental health and substance use screening
- ▣ Pre-trial services exist for felony cases. Consideration could be given to expanding services.
- ▣ Middletown Court gives docket to TLC – this practice could be expanded upon
- ▣ TLC has mental health workers at jail – this provides opportunity for enhancement
- ▣ Veteran screening and specialized docket are in process

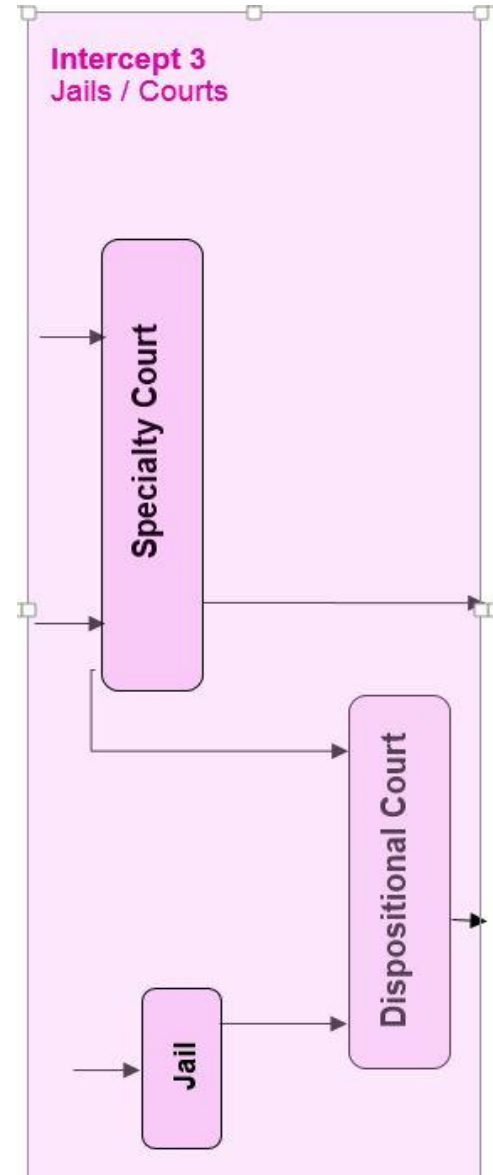
Recommendations

- Consider using validated screening tool(s) in the jail to identify individuals who may need further assessment. For example, the Brief Jail Mental Health Screen, which was provided in the SIM workshop manuals, is available at no cost on the website of SAMHSA's GAINS Center for Behavioral Health and Justice Transformation website (<http://gainscenter.samhsa.gov/pdfs/disorders/bjmhsform.pdf>). The Texas Christian University Drug Screen V is available at no cost on the website of Texas Christian University Institute of Behavioral Research: <http://ibr.tcu.edu/forms/tcu-drug-screen/>

Intercept III: Jails / Courts

Jail

- Middletown and Butler County both have full service jails.
- Butler County Jail capacity is 848 inmates. The typical census is 800-850 inmates. The jail has full time clerks to work with courts to manage the census.
 - There are 96 medical/mental health beds for males and 120 general beds dedicated for females, but no mental health beds for females.
 - BC Jail Medical screening is done within 10 days. Psychiatry wait is 1-2 weeks, unless there are behavioral issues. Small number seeing psychiatrist. Psychiatrist contracted from TLC for 8 hours/month. The jail also has a house physician.
 - TLC has four positions funded by the Butler County Mental Health Board to work in the jail on a daily basis, including reviewing the booking roster.
 - Family members can bring medications to inmates if an active prescription.
- Middletown Jail capacity is 72 individuals.
 - Psychiatry services are not available in Middletown Jail, where someone might stay up to a year. Inmates are sent to Atrium Hospital if behavior warrants. Middletown does not keep data on mental illness status of inmates. Medical assessment is available 24/7.
- The cities of Fairfield and Hamilton have 6-hour holding cells; Hamilton has two cells and Fairfield six cells with eight beds.
- Competency restorations are done at Summit Hospital. Sometimes individuals will be held at the local jail until a bed is available. With Summit serving more counties than in past, bed availability has been an increasing issue. The average wait is 7-10 days.
- Average length of stay pre-trial is 6 days. A Small percentage of individuals remain in jail for the whole process (3-4 months)



Court

- Area Courts handle misdemeanors and bind-overs. Most misdemeanors are resolved within 30 days.
- Municipal dockets are given to Transitional Living (TLC), and TLC shares the dockets with the Board of Developmental Disabilities. TLC works at all municipal courts to do planning and case management with mental health clients and has had over 500 court based referrals since July 1, 2014.
- Pre-trial services are available for felony level cases, and pre-trial supervised release is an option.
- Common Pleas typical disposition within 6 months. Have a director for specialized courts and 3 staff assigned, so cases can move through fairly efficiently. Only 2% of cases are over the minimum time.
- Competency evaluations are completed at Summit Hospital

Specialty Courts

- Fairfield Municipal Court has Mental Health and OVI Specialized Dockets with a caseload of 25 on each docket
- Common Pleas SAMI Docket has capacity for 50-60 individuals. Eligibility includes dual diagnosis, Axis I.

- Common Pleas also has a Drug Court and Non-support Court. Veterans Services are available in the probation department. All specialized dockets at Common Pleas are certified by the Supreme and are therefore post-adjudication programs.
- Middletown Municipal Court is working with roughly 500 people with some level of mental health issue. No formal limit is established. Middletown is also in the process of establishing a Veterans Court.
- Hamilton Municipal Court has a Veterans Court and a Mental Health Specialized Docket.
- Misdemeanor cases on specialized dockets take on average 45-60 days to resolve.

Intercept III – Identified Gaps

- ▣ Butler County Jail Warden wants to improve discharge planning
- ▣ Collaboration with Mayor’s Court and Area Courts
- ▣ Coordination with Miami University – policies on students with mental health and substance abuse issues
- ▣ State hospital bed capacity - wait time causes delay in treatment for restoration
- ▣ Individuals not on MH caseload may wait 10 days or more for psychiatry services and meds
- ▣ Jails need more training on specialized populations
- ▣ Drug addiction without mental health diagnosis
- ▣ Defense attorneys misusing specialty courts and competency based on misunderstandings
- ▣ Jail data on recidivism – ID offenders
- ▣ Middletown’s percentage of mentally ill inmates not tracked
- ▣ Butler County Jail lack of mental health beds for women

Intercept III – Identified Opportunities

- ▣ Outpatient restoration grant program at Forensic Mental Health Services
- ▣ Jail roster is online – can be accessed by service systems and agencies
- ▣ Common Pleas has Director of Specialized Dockets
- ▣ Police training leads to fewer arrests, helping specialty courts maintain workable capacity
- ▣ Developmental Disabilities working on increasing involvement in criminal justice system, including training jail staff
- ▣ A Veterans Court is in development with plans to seek certification

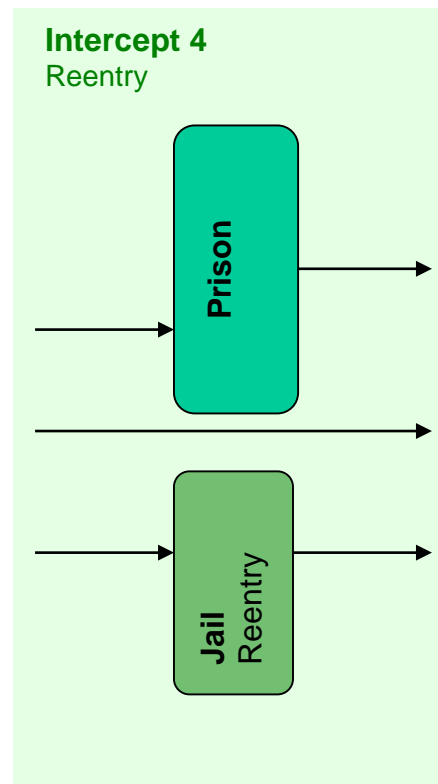
Recommendations:

- It would be helpful in planning services to have some additional data from the jail, e.g., how many individuals are being detained for the purpose of mental health stabilization
- With the jail roster online, there is an opportunity to compare the booking roster with the Mental Health Board and Alcohol/Drug Board client rosters to potentially improve responses to individuals who are known to these systems

Intercept IV: Jail and Prison Reentry

Reentry

- Butler County Community Linkage and Prison Ex-Offender Program: Forensic and Mental Health Services provides community linkage services through in-reach to individuals in prison after receipt of Community Linkage packet. Services include mental health, risk of violence and substance use assessments; and assistance setting up various appointments and services. Now in 3rd year of program, with up to 88% engagement rate. (Prior was about 24-26% engagement rate, when appointments were upon release). Target social skills, medication compliance, and criminal thinking. Use Changing Lives, Changing Outcomes curriculum.
- Community Linkage program has contract with local hotel for temp housing.
- Transportation assistance through linkage grant.
- DRC/OhioMHAS linkage staff turns over fairly frequently, so there are some gaps in relaying information to local providers.
- Mental Health Jail Program (BCMHB-TLC) added Case Coordinator in January 2014 to provide reentry services for the jail. Coordinator picks up individuals at jail upon release and helps with appointments and other community linkages
- Agencies are also training their CPST and therapy staff on evidence-based interventions that target mental health, substance abuse symptoms, and criminal thinking.
- SAMI Court program – Jail releases to probation department, who then takes them to treatment.
- Pre-trial Services provides linkages for supervised cases



Intercept IV – Identified Gaps

- Consistency and coordination with Ohio Department of Rehabilitation and Correction on notifications of release
- Middletown Jail – no linkages on release
- Substance abuse releases - no linkages from state
- Sex offender treatment and housing
- Lack of emergency housing and temporary housing/shelter

Intercept IV – Identified Opportunities

- St. Aloysius reach in to prisons
- Coordination of release from county jail with probation and treatment
- Middletown Court offers opiate treatment

Recommendations:

- Is there an opportunity to provide case coordination to inmates of Middletown Jail, similarly to what is provided at the county jail?

Intercept V: Community Corrections / Community Support

Probation

- There are three municipal Probation departments: Fairfield (4 probation officers), Hamilton (3 probation officers), and Middletown 4 probation officers)
- Traditional probation provided at municipal courts
- Middletown uses LSI-R and spousal assault risk assessment, has substance abuse therapist on site and a TASC case manager. Transitional Living provides outpatient mental health consultation
- Fairfield: Sojourner, Community Behavioral Health, Transitional Living, Pre-sentence Investigation, supervision
- Common Pleas has 51 staff in Probation Department: 43 probation officers and 8 Pre-Trial. The department operates in-house groups, utilizes University of Cincinnati cognitive substance abuse program, and contracts for Day Reporting at Community Behavioral Health. Other services include Veterans Services, sex offender supervision, and Intensive Supervised Probation. A full array of Ohio Risk Assessment System (ORAS) instruments are used at pre-trial and probation. SAMI docket and Drug Court each have 2 specialized Probation Officers.

Parole

- In Chillicothe region for parole, conditional release

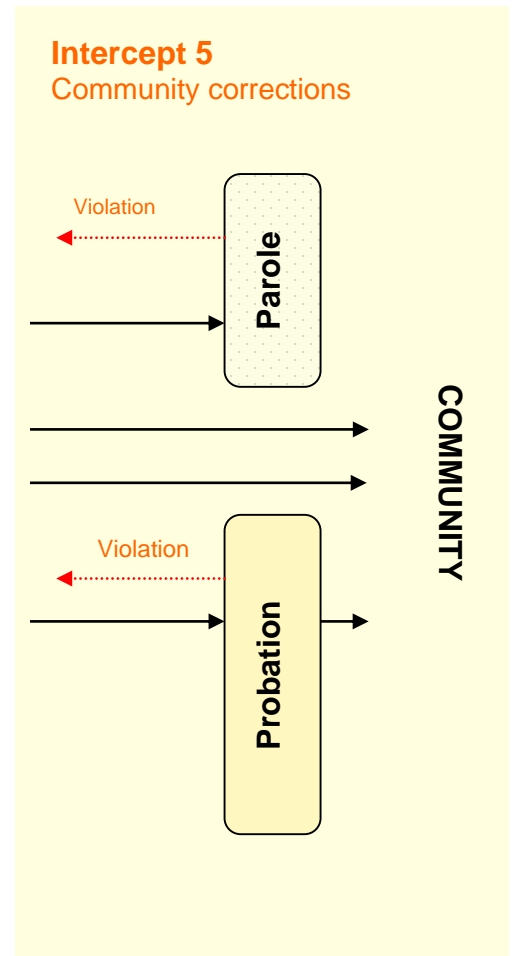
Community Supports

Community supports to address the special needs of justice-involved individuals living with mental illness include outpatient mental health and addictions counseling services; housing options, and vocational and employment services. Following are highlighted examples of those services:

- Two male half-way houses operated by Talbert (Serenity and Turtle Creek)
- Residential addiction treatment available for females, but no halfway
- Community Based Correctional Facility (CBCF) for males (Community Corrections Center) – located in Warren County. Some limits to services for mental illness
- Sojourn 90 substance abuse beds: 42 female
- Females going to Dayton program for CBCF.
- River City Correctional Center (CBCF) – male and female residents. Substance abuse treatment.
- Mental Health housing includes 100 beds across 5 care facilities. Must have case manager to be eligible. Maybe 10-20% are justice involved. One provides step-down from state hospital or acute care (15 beds)
- Transitional Living has 40 beds for SMI with nurse administered medications, residential housing coordinator, and in-house programming
- Additionally available are 15 long term group home placements, 25 transitional beds, 5 beds YWCA, 75 additional mental health beds through Butler County Mental Health Board run by Community Behavioral Health.
- Shelter Plus Care in Butler County
- Butler Behavioral Health Services provides outpatient service in 5 locations, care management, mobile crisis teams, and Harbor House Social Club for adults recovering from a major mental illness.

Intercept V – Identified Gaps

- Capacity issue for residential substance abuse services – waiting list
- Temporary shelter for homeless on weekends / evenings



- ▣ Sex Offender housing and treatment
- ▣ Female residential halfway services
- ▣ Community Based Correction Facility services are male only, with no mental health services for seriously mentally ill (also based on medications required)
- ▣ Monday is female CBCF with same issues as male facility and is located in Dayton (Montgomery County)
- ▣ Arson placement
- ▣ Vocational Training
- ▣ Transportation

Intercept V – Identified Opportunities

- ▣ Relationships help placement (arson and sex offenders)
- ▣ Substance abuse treatment beds at 90 count – need 120

Cross-Intercepts:

- ▣ MyCare Ohio not paying for services that should be covered is a current problem. Providers not receiving payment.

Priorities for Change

Butler County,
Ohio

Butler 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 two 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. Mental Health Crisis Drop-off and Stabilization Center (19 votes – Intercept 1)
2. Detox Center (12 votes – Intercept 1)
3. Hospital capacity and coordination (11 votes – Intercept 1)
4. Emergency housing and temporary shelter on evenings and weekends (11 votes – Intercept 4)
5. Training for correctional staff on specialized populations (9 votes – Intercept 3)

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

- ▣ Checking jail and court lists for consumers (3 votes – Intercept 2)
- ▣ Jail screening tool – review and update (6 votes – Intercept 2)
- ▣ Trauma screening (3 votes – Intercept 2)
- ▣ Collaboration on mental health and substance use with Mayor’s Court and Area Courts (1 vote – Intercept 3)
- ▣ Jail data on recidivism (1 vote – Intercept 3)
- ▣ Percentage of mentally ill inmates not tracked at Middletown Jail (1 vote – Intercept 3)
- ▣ Butler County Jail – no psych/medical beds for women (1 vote – Intercept 3)
- ▣ Coordination with ODRC on release information (1 vote – Intercept 4)
- ▣ Middletown Jail – no linkages on release (2 votes – Intercept 4)
- ▣ Sex offender treatment and housing (4 votes – Intercept 4)
- ▣ Female residential halfway services (2 votes – Intercept 5)
- ▣ Capacity of substance abuse treatment beds (4 votes – Intercept 5)
- ▣ Vocational training (3 votes – Intercept 5)
- ▣ Transportation (8 votes – Intercept 5)

Resources for Addressing Priorities and Additional Recommendations

- The evidence associated with Crisis Stabilization, Mobile Crisis and other crisis services is growing. The 2014 publication, “Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies,” is available for free from the Substance Abuse and Mental Health Services Administration (SAMHSA) at <http://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/SMA14-4848>
- Butler County is encouraged to identify specific ways to incorporate trauma screening and informed care across all points of intercept. Policy Research Associates created a handout with intercept by intercept examples, which can be found at http://www.prainc.com/?attachment_id=1787
- The following resources may be of assistance in enhancing the law enforcement-mental health specialized response:
 - “Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice” can be found at https://www.bja.gov/Publications/CSG_le-research.pdf
 - “Improving Responses to People with Mental Illness: Tailoring Law Enforcement Initiatives to Individual Jurisdictions” can be found at https://www.bja.gov/Publications/CSG_LE_Tailoring.pdf
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Moving Forward

At the close of the workshop, participants discussed strategies for moving forward successfully and building upon the momentum created during the workshop. Following are the group's recommendations:

1. Engage additional people, e.g., Sheriff's Office, Law Enforcement, Department of Rehabilitation and Correction Adult Parole Authority, local hospital
2. Establish timelines
3. Mental Health Board and Fairfield Municipal Court to provide space for meetings and coordinate communications for the Task Force
4. Create a system for consumer feedback

Hold next Task Force meeting in Spring 2015

Parking Lot Issues

- ▣ Effectiveness of expungement/sealing of records
- ▣ My Care Ohio payment for services

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Additional Resources

CIT International	citinternational.org
Coalition on Homelessness and Housing in Ohio	http://cohio.org/
Corporation for Supportive Housing	40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	http://csgjusticecenter.org/mental-health/
Lutheran Metropolitan Ministry Community Re-entry	http://www.lutheranmetro.org/Community-re-entry/
National Association of Pretrial Services Agencies	NAPSA.org
National Alliance on Mental Illness (NAMI) NAMI Ohio	www.nami.org www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu/
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	http://store.samhsa.gov/home
National Criminal Justice Reference Service	https://ncjrs.gov/
National GAINS Center/TAPA Center for Jail Diversion	http://gainscenter.samhsa.gov/
National Institute of Corrections	http://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	http://www.drc.ohio.gov/web/reentry_resource.htm
Ohio Ex-Offender Reentry Coalition	http://www.reentrycoalition.ohio.gov/
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Policy Research Associates	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org/

Pretrial Justice Institute Diversion Programs	http://pretrial.org/DiversionPrograms
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
Supreme Court of Ohio Specialized Dockets Section	http://www.supremecourt.ohio.gov/JCS/specdockets/
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	http://cit.memphis.edu/
Veterans Justice Outreach	http://www.va.gov/HOMELESS/VJO.asp

**Sequential Intercept Mapping Participant Roster
Butler County, Ohio | December 1 & 2, 2014**

Name	Job Title	Agency	Phone Number	Email
Joyce Campbell	Judge	Fairfield Municipal Court	(513) 896-8214	jcampbell@fairfield-city.org
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Wayne Gilkison	Probation Officer	Butler County Common Pleas		-
Ric Bowling	Jail Sergeant	Middletown Police Department	513-425-7916	Richardb@cityofmiddletown.org
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Greg Bailes	Detective	Fairfield Police Department		gbailes@fairfield-city.org

Priority Areas 1 and 2: Mental Health Crisis Drop-off and Stabilization; AoD Detox Center				
Objective		Action Step	Who	When
1.	Basic needs	Basic required services: <ol style="list-style-type: none"> a. Mental Health crisis stabilization b. AoD Detox c. Secured facility d. Drop-off services 		2-23-15
2.	Gather prototype programs	Review programs – core questions: <ol style="list-style-type: none"> a. Demand – bed formula b. Services offered c. Referral process d. Legal process e. Cost f. Funding 	Karen C. Scott G. Tom K.	
3.	Review local services – past and present	<ol style="list-style-type: none"> 1. What services Butler County has had in past 2. What is local demand – mental health and AoD 3. Police survey 	Tom K. Kathy B., Ellen H. Kathy B., Ellen H.	

Priority Area 3: Hospital Capacity and Coordination			
Objective	Action Step	Who	When
1. Collect Data	<ol style="list-style-type: none"> 1. Number of police holds at E.R. and released in 24 hours 2. Stats mobile crisis team: MH holds vs. police MH holds released within 24 hours 3. Number of MH holds released in 24 hours and in CJ system 	Hospital staff and mobile crisis	January 2015
2. Training on legal standards	<ol style="list-style-type: none"> 1. Identify training personnel and dates/time (hospital staff, hospital security staff) 	Judge Rogers	January 2015
3. Additional work group members	<ol style="list-style-type: none"> 1. Identify appropriate personnel (police, hospital staff - E.R., inpatient unit, social work, admin staff, Determine level of interest by agencies to provide such services 	Work group, Crisis Coordinator meeting with hospital, CCZ	
4. Existing hospital capacity and coordination updated	<ol style="list-style-type: none"> 1. Meeting update 	Scott Rasmus	January 2015
5. SB 43	<ol style="list-style-type: none"> 1. Discuss process to utilize more often 	Work group	Feb/March 2015

Priority Area 4: Emergency Housing and Temporary Shelter on evenings and weekends				
Objective		Action Step	Who	When
1.	Determine need	a. Contact shelters, agencies, Becker, O'Donnell, jails, Children's Services	Nick Schrantz	By January 15, 2015
2.	Identify shelters in Butler County	a. Internet search, treatment agencies, probation departments, 211, BC housing	Nick Schrantz	By January 15, 2015
3.	Determine current shelter limitations	a. Review law b. Contact shelter directors	J. Campbell Nick Schrantz	
4.	Determine paradigm	a. Create model, i.e., referral based, ID, birth certificate, no rest list, ACT, probated, nights and weekends, etc...	J. Campbell with team input	February 1, 2015
5.	Out of county resources	a. Hamilton, Warren, Montgomery	Gary Yates Rhonda Benson	January 15, 2015
		Workgroup meet	J. Campbell, R. Benson, D. Goodman, G. Yates, N. Schrantz	By February 15, 2015

Priority Area 5: Training for correctional staff on specialized populations			
Objective	Action Step	Who	When
1. Determine best practice	Integrate jail MH & DD screening in Butler County Jail and Middletown Jail holding tanks	Dennis Adams, BCJ Rick Bowling, MPD Rob Cleavenger	2/1/15
2. Training	Jails, Courts, Corrections Officers, Dispatch, Bailiff	Dennis, Rick, Craig, Miranda (dispatch)	
3. Identify Trainers	Cross Systems providers	Jennifer O'Donnell	
4. Identify training tools	Matrix decision tools	Jennifer, Wayne	
5. Impact of training	Data collection	Jennifer, Wayne	