

Delaware County, Ohio

Sequential Intercept Mapping FINAL Report

May 24 - 25, 2016

Delaware County Core Planning Team

Kassie Neff, Program Coordinator
Robin Lincoln, Consumer, Peer Support Specialist
and Wellness Coordinator
Barb Lewis, Commissioner
Carol O' Brien, Prosecutor
Russ Martin, Sheriff
Everett H. Krueger, Judge
Steve Hedge, Executive Director

Joe Perry, Chief Probation Officer
Diane Linville, Reentry Coordinator

Delaware County Sheriff's Office
Safe Harbor/ Annie's Outreach

Delaware County Commissioner's Office
Delaware County Prosecutor's Office
Delaware County Sheriff's Office
Delaware County Common Pleas Court
Delaware-Morrow Mental Health & Recovery
Services Board (DMMHRB)
Delaware County Adult Court Services
Delaware County Adult Court Services

Mapping Workshop Facilitators and Consultants

Daniel Peterca	Retired Pretrial Services and Special Projects Manager, Cuyahoga County Court of Common Pleas Probation Department
Douglas Powley	Retired Chief Prosecutor, City of Akron
Ruth H. Simerá, M.Ed., LSW	Program Administrator, Criminal Justice Coordinating Center of Excellence



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Sequential Intercept Mapping

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Delaware 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 Delaware County, Ohio on May 24 & 25, 2016. The workshops were sponsored by the Delaware-Morrow Mental Health & Recovery Services Board (DMMHRSB), Delaware County Commissioner's Office, Delaware County Common Pleas Court, Delaware County Adult Court Services, Delaware County Prosecutor's Office and the Delaware County Sheriff's Office, which provided staff to coordinate the effort along with a local planning team comprised of representatives from behavioral health and criminal justice agencies and the community. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Delaware 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 Delaware County Sheriff's Office, the Delaware-Morrow Mental Health & Recovery Services Board and the Delaware County Commissioners requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops during a period of Invitation for Letters of Interest, to provide assistance to Delaware 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 47 total participants (40 on day one and 45 on day two) representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections, county jail, county government, consumers, advocates, law enforcement, courts, and community healthcare, and two observers from Hocking College. A complete list of participants is available in the resources section of this document. Daniel Peterca, Douglas Powley, 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 Delaware 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 Delaware 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

Delaware County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. Examples have included specialty court development, Crisis Intervention Team training and steering committee, the Multi-Agency Crisis Intervention Team (MACIT), and funding for the Program Coordinator for the jail. Delaware County also recently passed a Stepping Up resolution, a commitment on the part of the county's governmental offices to address the issue of over-representation of individuals with mental illness in the county criminal justice system.

Consumer Involvement

The local planning team included one consumer who also participated in the full workshop. This individual had direct experience with both the criminal justice and mental health systems. There were three additional consumer and advocacy representatives that participated in the full workshop.

Representation from Key Decision Makers

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key players that were missing at the workshops: Victim Advocacy.

Data Collection

- The Delaware County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Delaware County Jail Data for calendar year 2015
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Delaware County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, May 1, 2016
 - Delaware County CIT Officers Roster Project Summary Report, September 2015

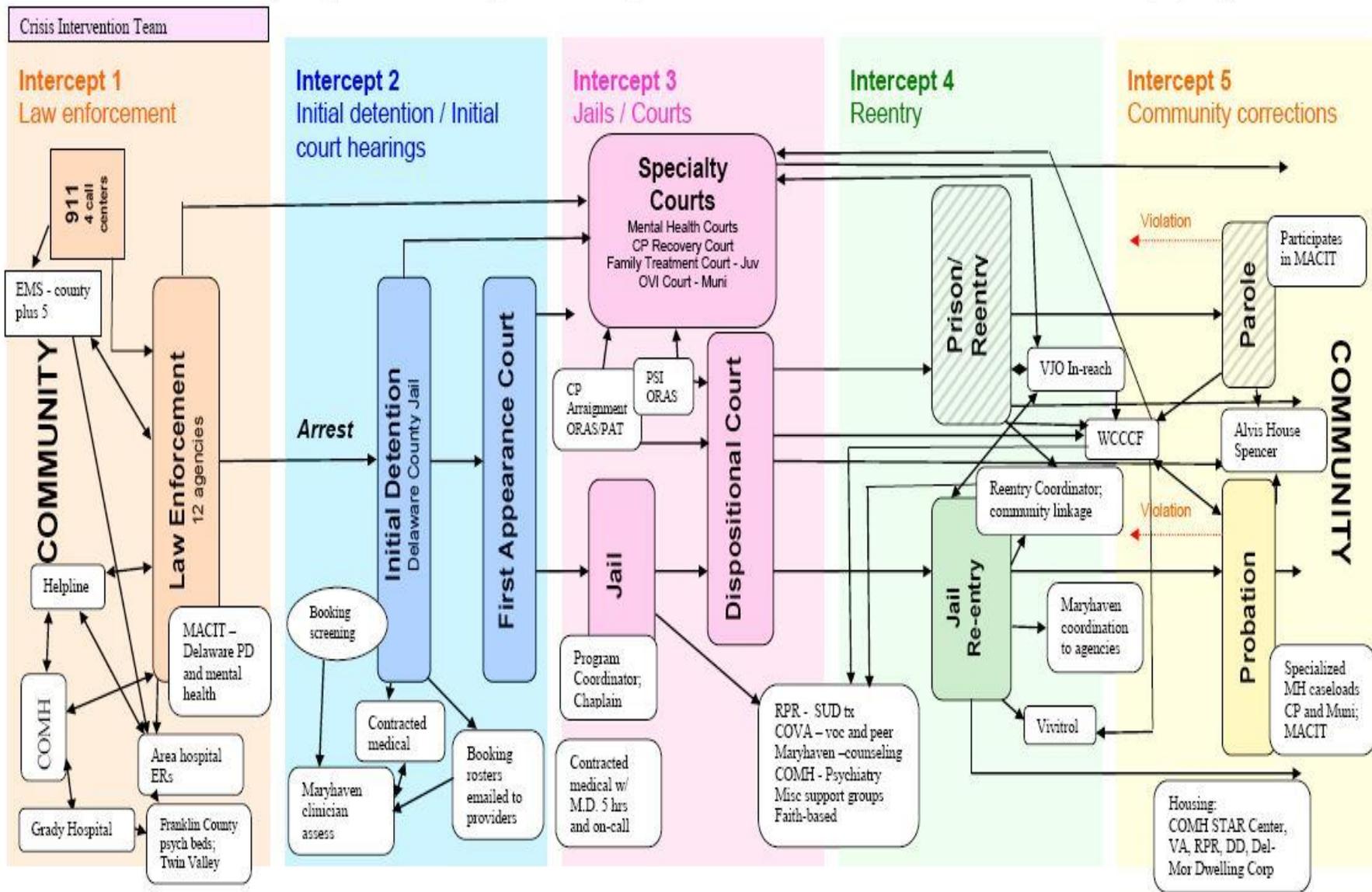
Recommendations:

- At all stages of the Intercept Model, stakeholders are encouraged to 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 Delaware County criminal justice system and promoting use of alternatives. Collection of data should be strategic. 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

Delaware County, Ohio

Delaware County Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships, May 2016



Delaware County Sequential Intercept Map Narrative

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

This narrative reflects information gathered during the *Sequential Intercept Mapping Exercise*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Delaware 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.

Intercept I: Law Enforcement / Emergency Services

In Delaware 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, limited access to mental health outreach team, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options.

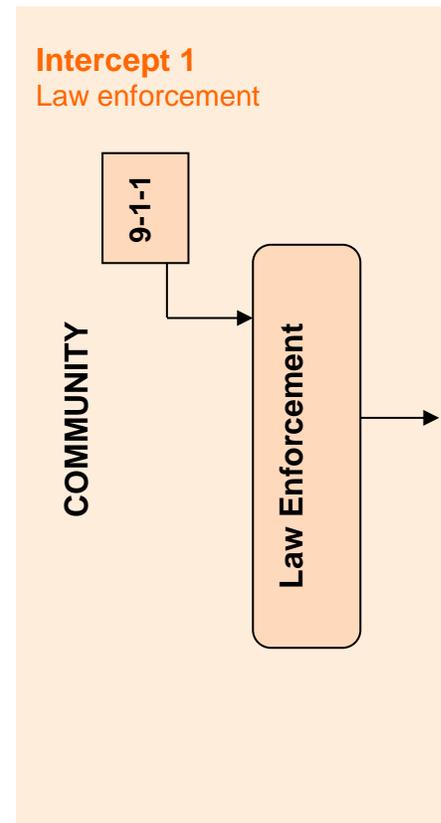
Dispatch / 9-1-1

- There are four dispatch and call centers serving Delaware County. Delaware County has one dispatch center operated by the County Commissioners, in which the Sheriff’s 911 service and the county-wide service are co-housed. Dublin, Westerville, and Columbus each operate their own dispatch centers, all of which have overlapping territory between Franklin and Delaware Counties.
- In most instances, mental health crises are likely processed as medical calls, dispatching EMS along with law enforcement.
- Those in attendance reported that dispatchers go through the 4-day CIT training; however, this is not reflected on the rosters that are submitted to the Criminal Justice Coordinating Center of Excellence. Detailed information on the number of dispatchers trained by jurisdiction was not available during the workshop.

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 21, 2016, Delaware County has ten Law Enforcement Agencies: Ashley Police Department, Delaware County Sheriff’s Office, Delaware Police Department, Genoa Township Police Department, Ohio Wesleyan University, Ostrander Police Department, Powell Police Department, Preservation Parks of Delaware County, Shawnee Hills Police Department, and Sunbury Police Department.

- Delaware County Crisis Intervention Team (CIT) training has been offered 20 times since the program’s inception. All but two Law Enforcement Agencies (Ostrander and Sunbury P.D.s) have participated in CIT training, which is a 4-day, 32-hour course composed of lectures, interactions with mental health consumers



and services, and scenario-based roleplays including practice of de-escalation skills. According to the 1/21/16 OPOTC County Agency Report Delaware County has an estimated 206 full-time officers. Since inception of CIT, 134 have completed CIT training, representing 65% of the full-time force before accounting for attrition.

- Law enforcement personnel in attendance at the workshop indicated that when intervening with an individual in a mental health crisis, officers first attempt to get voluntary compliance. Services available to police at this point of contact include the Helpline, Central Ohio Mental Health (COMH), hospital emergency room (ER), and jail.
- Officers transport clients to COMH during daytime hours. After-hours varies by jurisdiction; Delaware P.D. and Delaware County Sheriff's Office transport to Grady Hospital, and Powell P.D. transports to Riverside Hospital. Officers do not typically have to wait at the hospitals until a disposition is determined. The hospitals have a transfer agreement with the Sheriff's Department to transport elsewhere, and Grady Hospital has security officers.
- EMS and fire personnel are incorporated in the 32-hour CIT training; however, a detailed breakdown of civilian personnel was not available. The current cumulative report maintained by the Criminal Justice Coordinating Center of Excellence (CJCCoE) indicates that a combination of 21 EMTs, Probation Officers and Social Workers have been trained.
- EMS will typically involve law enforcement in a co-response to mental health crises in order to create options because most people do not want medical help. EMS has not specialized in mental health crisis/trauma. Typically EMS transports to the nearest facility, which may not be the best option. EMS is comprised of County EMS plus five other providers.
- Law enforcement uses summons/citations for misdemeanors for individuals that live or work in Delaware County in order to avoid unnecessary arrest. This practice is fairly accepted across jurisdictions.
- The Multi-Agency Crisis Intervention Team (MACIT) is chaired by the CIT Coordinator of the Delaware City Police Department and coordinates intervention for persons with multiple interactions with the justice system. The team meets quarterly to coordinate community services and develop effective methods to prevent and/or intervene in crisis situations. Sub-teams comprised of the consumer and individuals representing various agencies or stakeholders meet as needed. The team utilizes a shared Release of Information form.
- Delaware PD has developed a simple, but effective solution to CIT Data Collection and information sharing with the mental health system. As part of a Law Enforcement-Mental Health Data Collection Practices for Specialized Policing Response (SPR) Programs, the City of Delaware PD received technical assistance from the Council of State Governments (CSG) Justice Center, in partnership with the Police Executive Research Forum (PERF) and the Bureau of Justice Assistance (BJA) a few years ago to develop a strategy that did not depend on additional staffing or sophisticated technologies, but could provide needed information in close to "real" time to those who can act appropriately upon it. At the time of closing a call, officers tell dispatchers when a call involves someone with a mental health problem; dispatchers then code these calls as "CIT". Each night all calls with that designation are extracted from the CAD system and sent to the mental health partner by the next day. The mental health agency then reviews the list for existing clients and relays the information to case managers for in-person follow-up. The agency also cold-calls those individuals who are not clients and offers assistance. At routine multi-agency task force meetings, the partners review the data in aggregate and identify individuals who might benefit from more intensive case management and assistance.

Crisis Services

- On-site, walk-in crisis assessments are available during business hours at COMH, located in Delaware and Mt. Gilead. 24-hour emergency crisis response is available in partnership with Grady Hospital Emergency Department. Staff on call will meet police on scene or at the hospital and will respond to requests from the hospital for evaluation and referral.
- Helpline of Delaware/Morrow Counties is a 24-hour hotline and also serves as an information and referral service. Text line and chat line will be implemented soon.
- Safe Harbor and NAMI are supportive resources.
- Community Outreach/Education disseminates information on available services and options, and hands out hotline cards to schools.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

The county can access a very scarce number of mental health beds in area hospitals, primarily in Franklin County. Local mental health agencies need to follow the Franklin County “bed board,” which determines the availability of mental health beds. Often, the county has to attempt to expedite state hospital bed access. Following are the facilities and discussed during the workshop:

- Riverside Hospital has mental health beds.
- St. Ann’s is part of the Mt. Carmel system. Mt. Carmel has an ER and mental health beds, but primarily serves individuals with Medicaid.
- Ohio State University Grant Medical Center in Columbus has mental health beds.
- Grady Hospital has to assign resource persons to sit with individuals who are waiting for a mental health bed. This is not uncommon during evening hours and usually involves assigning nurses. Upon release from Grady Hospital, COMH sends an information sheet to the hotline for follow-up contact.
- Dublin Methodist has social workers/clinicians specifically trained to evaluate and link individuals to services, but only accepts insurance.
- Morrow County Hospital
- Westerville Emergency
- Additional free-standing Emergency Rooms and psychiatric units are emerging as well, but most individuals in the target population do not have means to pay for these services.

Detoxification

Hospitals provide medical stabilization and clearance in emergency rooms, then discharge individuals or release for transport to jail. There is no detox center or detox beds available in Delaware County.

Veterans

Two service locations are available: Veterans Administration in Columbus and Community Outreach clinics in Marion.

Intercept I Gaps

- Sunbury PD – CIT training and participation
- Linkage between mental health and hospital emergency departments – communication and linkage to services
- More training available to EMS, e.g. CIT
- Clear understanding of when, how and with whom information can be legally shared
- Mental health beds capacity, including crisis stabilization and detox
- 24-hour crisis drop-off
- Detox services
- Advertisement of 24-hour services and education to community of who to call for what
- Central Ohio Mental Health walk-in center is Monday – Friday, days only
- Emergency Room doctors and nurses – suicide cross training
- CIT Data Collection county-wide

Intercept I Opportunities

- NAMI - Better use and possible expansion of peer support to hospitals, courts, and jail
- 211 Call line with text
- Expansion of free standing Emergency Rooms, however a number of them do not accept Medicaid

Recommendations:

- Delaware County's CIT Coordinator should submit the cumulative roster of dispatchers that have completed the 40-hour CIT course to the Criminal Justice Coordinating Center of Excellence so that an accurate reflection of Delaware County CIT activities is available for statewide reports. Moving forward, include dispatchers on the rosters that are submitted after each 40-hour course.
- The CIT Program may want to consider adding companion courses to the routine CIT training offerings. These courses, often for dispatchers, EMS, and fire, range in length but are typically shorter than the 40-hour course. The average length of dispatcher training in other Ohio communities is 8-16 hours.
- The CIT Program should provide routine offerings of refresher and advanced training for existing CIT officers. It can be helpful to ask CIT officers to provide input on these topics.
- Expand CIT data collection to implement a common process across all Law Enforcement agencies. Work toward a consistent procedure for collecting and analyzing law enforcement data on mental health calls and dispositions and sharing encounter information with the mental health system. This will enable earlier mental health response for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crisis, as well as a means for evaluating law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness. Delaware P.D. MACIT and Data Collection strategy is a good model to replicate.

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

Initial Detention

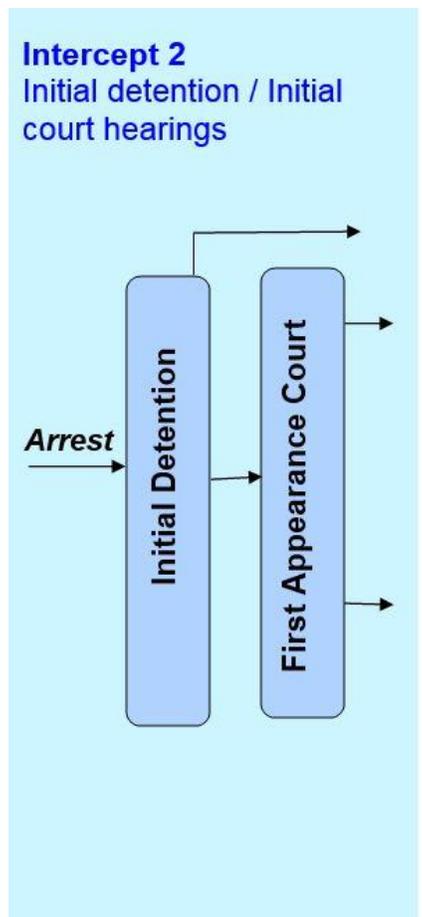
- The Delaware County Jail is the only full service facility. All arrests are transported to the county jail.
- Delaware City has a 12-hour facility for holds (investigation, detox) with a capacity of seven to eight individuals.
- Powell and Genoa have 6-hour holding facilities, with a capacity of five in Powell and four in Genoa.

Arraignment

- There are no formal Pre-trial Services at the Municipal or Common Pleas courts.
- No investigation occurs at Municipal Court prior to arraignment. ORAS PAT is completed for the majority of Common Pleas cases prior to arraignment; a written report is given to the judge for bond consideration.
- There are approximately 90-95 individuals on pre-trial supervision; most get drug screens. Screening does not occur for mental illness, so it is unknown how many are mental health clients or individuals with a mental illness. Electronic monitoring is used frequently.
- Because the jail screening and assessment results are not available in Jail Tracker (electronic system), results are not relayed to the courts.
- Delaware Municipal Court arraignments may be in person but typically occur via video five days per week, most within 24 hours. Bond can be set six days/week.
- Common Pleas arraignments occur within ten days of indictment. 20% of cases are out of county.

Veterans

If notified of a person with military experience, the Veterans Justice Outreach Program may be able to offer veteran-specific diversion opportunities.



Intercept II – Identified Gaps

- Validated mental health screening pre-arraignment
- Identification of veterans
- Nurse screening is not electronic
- Jail not sharing information on mental health with courts
- Jail access to list of consumers kept by service providers
- Private defense counsel appointed to indigent not accepting treatment alternatives
- Definition of mental illness and tracking data

Intercept II – Identified Opportunities

- Capacity exists for veteran screening at the jail and sharing information with court and providers
- Sharing list of jail roster with providers (email is currently person-specific; need avenue to assure delivery to the right people as personnel changes occur)

Recommendations

- The Delaware County Jail should be urged to implement validated screening instruments, such as the Brief Jail Mental Health Screen, to identify individuals with possible mental illness or co-existing disorders, and refer those with positive screens for further assessment. The results of the initial screening, and assessment if available, should be shared with the court. SAMHSA's 2016 publication, "Screening and Assessment of Co-occurring Disorders in the Justice System," was provided to the Jail Program Coordinator following the workshop to enable the priority work groups to begin reviewing validated tools for possible use in the jail.
- Consider completing risk assessments, e.g., ORAS, and using results of the risk assessments to inform pre-trial decision-making in place of charge-based decision making. It is further recommended to use mental health and substance use screening or assessment results, as well as the ORAS supplemental veterans screening in conjunction with risk assessment results to link individuals with needed services and treatment. Individuals on pre-trial release can be ordered by the court to participate in indicated treatment as a condition of release. In conjunction, it can be helpful when standardizing screening and referral at municipal court to employ or expand the role of a liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs.
- Establish expectations for meaningful, appropriate, and timely sharing of information across systems to improve continuity of care of clients and decrease barriers to effective management of cases where clients have a high level of need. Written information is available to educate system stakeholders, some of which will be included in the Community follow-up packet. Also, the Council of State Governments Justice Center sponsored an Information Sharing Webinar for the Justice Mental Health Collaboration Program grantees. Interested parties can listen to the recording of this webinar at www.csgjusticecenter.org/mental-health/webinars/sharing-information-between-behavioral-health-and-criminal-justice-systems).

Intercept III: Jails / Courts

Jail

- The Delaware County Jail's rated capacity is 286. The average daily census in 2015 was 240. At the time of the workshop, it was reported that the 2016 average census is approximately 200. Roughly 20% of the population is females. Federal detainees, on average, accounted for 20% of the inmate population in 2015; this figure has been slightly elevated to date in 2016.
- The pre-trial population accounts for 60-70% of inmates. The jail does not have an automated system to determine pre-trial status; status is determined by release codes.

- Jail Tracker collects booking, classification and release information. There are no electronic medical or screening records at the jail, and access to client files by the Central Ohio Mental Health is limited.
- Jail IT staff pulls the jail roster from the system weekly and sends the roster to local behavioral health/support agencies and criminal justice agencies. These agencies receive an email every day with the jail booking roster. The roster is now also available on line. It is unclear what follow-up is occurring with individuals identified as clients of the mental health system. The group noted that a mechanism is needed to ensure the booking list is given to the right person once it arrives at the agencies.
- The jail partners with Recovery Prevention Resources (RPR) for outpatient substance abuse treatment groups totaling ten hours/week for males and females; assessment is required. Another partner agency provides peer mentoring, and additional approved entities can schedule the interview room to meet with clients. Assessment and individual counseling is used to bridge to treatment after discharge.
- The jail has no definition or formal criteria to determine if an inmate has a mental illness. Currently the number of inmates identified as having mental health issues are determined by the number of detainees referred to the Jail Mental Health Clinician for a brief mental health evaluation. Current or potential mental health issues are identified through observation and interview questions by Corrections staff using the standard medical questions asked during initial booking process and by medical staff using the receiving screening. The booking officer screens individuals at intake for medical needs and suicide, which touches on mental health and substance use. Any individual that is deemed as a cautionary concern or is in crisis, is referred without delay to the shift supervisor, medical staff and mental health clinician. The protocol listed in the Handling Suicidal Inmates and/or Handling Persons with Mental Illness policies are followed. The nurse completes screening with booked individuals within four hours, sometimes within 30-60 minutes. Within 72 hours of admission, all new inmates are classified and housed accordingly by a Classification Specialist using a point additive classification system. The Classification Specialist screens for medical, mental health, substance abuse needs and victimization risk. Referrals are also made by shift Sergeants, Chaplain and Program Coordinator during any time of the inmate's incarceration, and through the 14-day health assessment.
- The mental health clinician is funded through a partnership between the Sheriff's Office and Delaware-Morrow Mental Health & Recovery Services Board (DMMHRSB) and employed by Maryhaven. The clinician is housed full time at the county jail, 40 hours/week, 8am – 4pm, Monday-Friday, has access to Maryhaven client information, and tracks data per mental health service using an excel spread sheet. In calendar year 2015, 480 inmates accounted for 787 mental health services. 480 is an unduplicated number, representing 12% of the total 3,944 new bookings during the year. The daily average number of inmates having reported history of mental health diagnosis was 40, representing 17% of the population on any given day.
- Maryhaven uses a data base for electronic records for services billable to the DMMHRSB.
- The jail has a part-time Chaplain who facilitates faith-based community collaboration and service coordination.
- Individuals with serious mental illness are separated from the general population, but there is no special unit specific to mental illness. Segregation is used for level 2 (30-minutes) watch. In addition, the jail has a separate pod, i.e., medical block, where individuals with special needs can be housed if deemed necessary.
- The jail has a formulary for medications. Special approval can be arranged for non-formulary medications in discreet cases, such as return from state hospital (Twin Valley). Inmates may have access to outside medications once the medications are validated and deemed compliant.
- The jail contracts with Correct Care Solutions (CCS) to administer, manage, and supervise the health care delivery system of the Delaware County Jail. CCS provides 24/7 health care services on-site at the jail to include 236 hours/week of Licensed Practical Nurse (LPN) services and 5 hours/week and on-call of Physician services. Individuals with active cases at Central Ohio Mental Health (COMH) are transported to COMH for psychiatry visit.
- Paper medical records are maintained by contracted provider, Correct Care Solutions (CCS). Prescription medications are administered or delivered to a *patient* only upon the order of authorized physicians, psychiatrists, dentists, or persons with designated privileges. Individuals entering the jail not on an established and verified regimen of medications may wait four to five days or longer to be seen by the CCS physician for medications.
- Additional services within the jail include Reentry support and benefit consultation through Center of Vocational Alternatives (COVA), individual counseling, GED classes, AA, NA, Seeking Safety provided by Salvation Army Anti-Human Trafficking Program, Father Factor program provided by Action For Children, abortion support, and faith based supports.

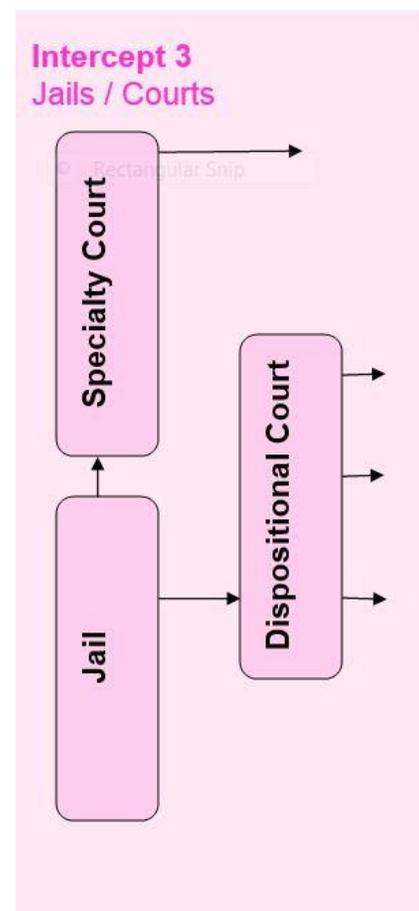
- Recidivism is defined by the jail as the number of times each detainee is brought in on a new booking. Jail data indicates that 71% of inmates recidivated between 2012-2015, and 67% recidivated in 2015 alone.
- Delaware Morrow Mental Health and Recovery Services Board, in partnership with Maryhaven, provides Delaware County residents with Naltrexone/Vivitrol for the treatment of Opioid addiction while in jail and immediately upon release from the jail. This program is also available at West Central Community Correctional Facility.
- Currently no mental health screening occurs at the local lock-up facilities; however, Powell is transitioning to the same tool as the jail.

Court

- Delaware Municipal Court has two judges.
- Common Pleas currently has two Judges that preside over general dockets in addition to Probate/Juvenile. Domestic Relations will open in January (unified divorce and juvenile/family).
- Mayors Courts exist in Sunbury, Dublin, and Westerville.
- Public Defenders exist in the county, but there is no central office, so no unified force.
- Direct sentence to the Community Based Correctional Facility (CBCF) can occur in lieu of incarceration.

Specialty Courts

- Delaware County has the following specialized dockets:
 - Municipal Mental Health Court: caseload of twelve
 - Common Pleas Drug Court: pre-trial assessment and reports, involvement of treatment agencies, potential referral to CBCF. Available screenings include Texas Christian University substance use screening (TCU), modified mini mental health, trauma, suicide, and pre-sentence investigation (PSI). Referrals are received from attorneys, PSI writers, police, and family. Law enforcement can also note a recommendation on summons
 - Recovery Court: 19 participants at the time of the workshop
 - Juvenile Court Family Treatment Court: Caseload ranges from six to twelve (nine at time of workshop); eligibility includes mental illness and/or substance use disorder
 - OVI Court
- All providers attend team meetings prior to selection for specialty dockets.
- There are no dockets available for pre-conviction
- 13 probation officers and 3 PSI writers



Intercept III – Identified Gaps

- Capacity of mental health and drug courts and related resources
- Need to enhance communication between mental health and specialty dockets, especially for long-term clients
- Lack of automation of jail system/data

- Psychiatric services at jail
- Jail does not currently determine Medicaid eligibility

Intercept III – Identified Opportunities

- Court ordered outpatient treatment (only one case since law update) – local discussions are occurring
- Bridges Out of Poverty/Getting Ahead classes - possible implementation in jail

Recommendations

- Referrals to the jail-based Mental Health Clinician are not based on formal assessments or specific eligibility criteria and can also occur as a result of a temporary crisis or voluntary request on the part of an inmate. As a result, while the referral numbers provide some loose data regarding inmate needs, the jail is unable to identify specific individuals or numbers of individuals needing mental health evaluation or services. As noted above, the jail should be encouraged to incorporate validated screening instruments as part of the booking and evaluation process. It seems that an opportunity may also exist to formalize the role of the mental health clinician to include assessments and linkage to outside services for those positively screened individuals.

Intercept IV: Prisons / Reentry

Reentry

Prison

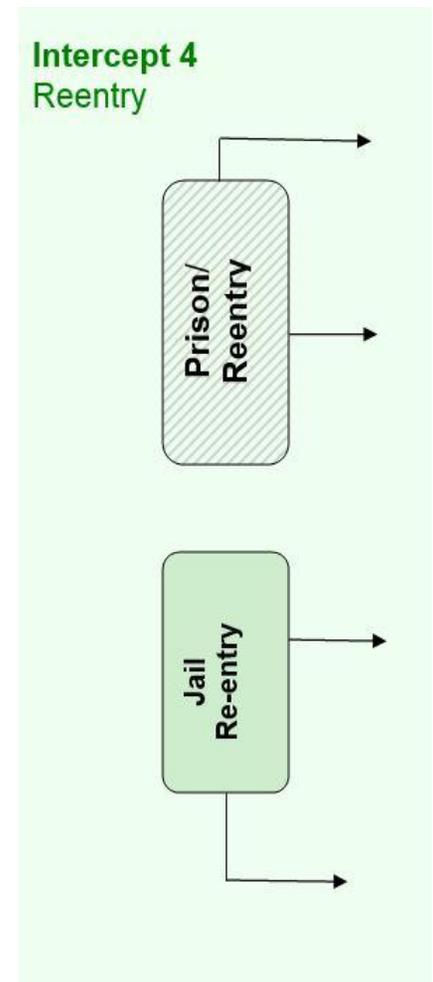
- Community Linkage referrals are issued from OhioMHAS regarding individuals returning from prison to the community. An independent contractor of the Mental Health & Recovery Services Board staffs a Reentry Coordinator, who receives the community linkage packets and provides in-reach, linkage to community treatment, vocational/employment and peer support services prior to release from the CBCF, and sometimes prisons upon receipt of the packets.

Jail

- The Delaware County Jail provides 7-10 days of medication upon release, but no prescription for refills. If inmates bring outside medication with them, they are able to be released with all that remains.
- The Program Coordinator position at the jail is funded by the Delaware County Sheriff's Office. This position is designed to facilitate community collaboration through the implementation of jail programming that provides direct linkages for post-release services and serve as a boundary spanner, linking criminal justice and behavioral health systems.
- The county has an active Reentry Coalition

Other Services

- COVA services: peer mentors, Medicaid, social security, and other benefits
- Transportation: peers and faith-based also used by jail



Intercept IV – Identified Gaps

- Communication on release dates
- Benefits – no consistency in enrollment efforts; access to Medicaid, SSI coming out of incarceration as well as medications (Vivitrol specifically noted);
- Transitional and supportive housing or local shelters

Intercept IV – Identified Opportunities

- State contract with CareSource – what will that mean?

Recommendations:

- The jail should be encouraged to coordinate benefits applications and eligibility determinations with the local Job & Family Services agency. The jail may want to consider being a Benefits Bank site.
- It would be helpful if the courts would assign someone to routinely transmit docket information to the reentry coordinator.
- Identify possible ways to enhance cooperation and collaboration with defense bar attorneys.

Intercept V: Community Corrections / Community Support

Probation

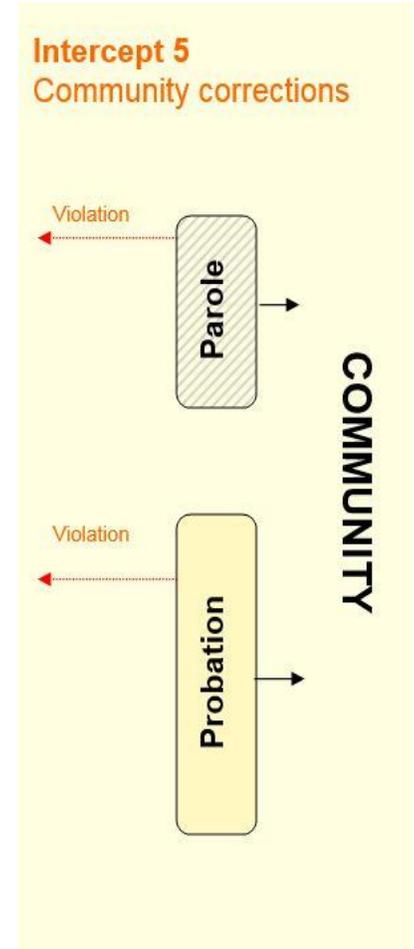
- Municipal Court has 5-6 Probation Officers, two with specialized caseloads.
- Common Pleas has 13 Probation Officers, all trained in ORAS and CIT. Two have specialized caseloads.
- Almost all of the Adult Court Service Probation Officers are trained in motivational interviewing.
- Delaware County Adult Court Services complete monthly training on evidence-based practices to guide effective community supervision with the dual goals of reducing recidivism and promoting recovery, efforts supported through a Bureau of Justice Assistance (BJA) Justice Reinvestment Initiative Grant.
- Probation Incentive Grant also provides for case management for the CBCF and probation.

Parole

- No specialized caseloads, but work collaboratively on individual cases through Multi-Agency Crisis Intervention team (MACIT).

Community Supports

- RPR, COMH and Maryhaven provide outpatient services Monday – Friday.
- COMH has 7-bed (STAR Center) facility for individuals with mental illness; the facility is staffed 24/7.
- No formal SAMI or other dual-disorder program; trying to get Assertive Community Treatment (ACT) up and running again.
- Halfway Houses:
 - Alvis House serves males and females and is located in Franklin County. Capacity is not usually an issue.
 - Spencer House serves males and females and is located in Licking County.
 - Courage House serves females and is located in Licking County.



- PR Sober Living for males
- Del-More Dwellings provides permanent housing for 80-90 individuals with SPMI; 60 individuals are on the waiting list.
- Rent assistance: 1.5 – 2 years wait AND affordable rental housing is scarce and landlords becoming more selective in their screening. Very challenging.
- DD system permanent housing: 60 units for Delaware, many co-morbid. No openings, but also no waiting list. Affordability increasingly challenging in Delaware County.
- West Central CBCF: census at the time of the workshop was 151 residents (46 Females and 105 males); contracted capacity is 146. Significant capacity issues exist: waiting list for males was two months and females one month. No county is assigned a specific number of beds; clients are taken first come first serve. Plans to add 50-75 beds. (20 from Delaware County currently). Whole range of services: T4C, CBT, UCSU, Moving On (CBT for women), educational, vocational, family, faith, New service is MAT (Vivitrol), MH and SUD services by other agencies now as well through CJ/BH grants (assess, individual, meds, groups)
- Faith based community services exist, perhaps to a greater degree than many participants were aware

Veterans

- Veterans Justice Outreach provides in-reach to the CBCF
- Veterans Administration provides outpatient, supportive and housing services
- Grant per-diem 40 bed program for male vets; housing program and supportive services in Columbus. Co-morbidity eligible.

Intercept V – Identified Gaps

- ▣ Assertive Community Treatment (ACT) Program
- ▣ On-demand transportation for appointments, especially rural or non-urban areas
- ▣ No halfway housing in Delaware County; noted lack of halfway house for developmentally disabled individuals
- ▣ CBCF capacity
- ▣ Getting medication for outpatient treatment (West Central)
- ▣ Waiting list for housing and rent assistance
- ▣ Timeliness of psychiatry visits is a barrier.

Intercept V – Identified Opportunities

- ▣ Faith-based and non-profit agencies wish to come together and determine how they might help
- ▣ Rides to Wellness federal grant application
- ▣ Expansion of CBCF is possible
- ▣ Alvis Halfway adding treatment

Recommendations:

- Stakeholders could benefit from learning more about the services and supports that are available through the faith based organizations and smaller non-profits in the county. This information could be collected in a coordinated fashion and disseminated to all participants.

Priorities for Change

Delaware County,
Ohio

Delaware 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. Transitional and supportive housing upon release from jail or prison
2. Transportation
3. Bed capacity – psychiatry, crisis stabilization, detox
4. Define mental illness and track data
5. Jail data and information sharing – electronic records, screening, client roster exchanges with mental health providers and courts

Quick Fixes

1. Getting medication for outpatient treatment (West Central; COMH) – Karin Humphrey, Tanya McLymont, Kirsten Hanson
2. Reentry – benefits enrollment – Kassie Neff and David Dombrowsky
3. Jail release information and timing of release – Amber Shonebarger, Kassie Neff and Joe Perry
4. CIT Data Collection county-wide: Delaware P.D. Chief Pijanowski volunteered to oversee this initiative

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

- Halfway housing and CBCF capacity (4 votes, Intercept 5)
- NAMI – Peer support expansion to hospitals, courts, jails (3 votes, Intercept 1)
- Private defense counsel appointed to indigent clients not accepting treatment alternatives (3 votes, Intercept 2)
- Waiting list for housing (3 votes, Intercept 5)
- Training Needs: suicide cross-training of E.R. doctors and nurses; CIT related training for EMS; training re: when, how and with whom information can be shared (2 votes, Intercept 1)
- Central Ohio Mental Health walk-in center hours limited to days, Monday through Friday (1 vote, Intercept 1)
- Mental health screening, pre-arraignment (1 vote, Intercept 2)
- ACT program (1 vote, Intercept 5)

Additional Recommendations

Cross-Intercepts Recommendations:

- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services along multiple points of intervention.
- Utilize valid screening instruments, beginning at the earliest possible point in time, at each phase of justice involvement for mental health, substance use, trauma, and risk. Screening tools are also available related to suicide and motivation.
- In conjunction, utilize the shared framework for reducing recidivism and promoting recovery among adults with behavioral health needs under correctional supervision as a decision-making guideline for appropriating effective services to individuals with the highest risk and needs. The framework is applicable at all points of intercept in the justice system provided that validated assessment information is available related to risk for recidivism, risk of violence, and mental health risks and needs. Jails and

courts have a greater opportunity for organized use of the framework with the existing requirement for felony probation to utilize the Ohio Risk Assessment System (ORAS) and the existing screening mechanisms already in place in the county corrections facility, which can fairly easily be supplemented or enhanced with validated tools. Print copies of the publication issued jointly by the National Institute of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance which outlines this framework and provides general guidance on decision making were made available in limited quantities at the mapping workshop. Additional electronic copies can be obtained at no cost from the Justice Center website (www.csgjusticecenter.org)

Moving Forward

- Stakeholders were scheduled to meet again on June 30, 2016 at 4:00pm. Joe agreed to be responsible for coordinating the meeting.
- Select stakeholders will be attending the June 16, 2016 Stepping Up Ohio Summit.

Additional Resources

Arnold Foundation	www.arnoldfoundation.org
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.csjusticecenter.org/mental-health
The Federal Bonding Program	www.bonds4jobs.com
Lutheran Metropolitan Ministry Community Re-entry	www.lutheranmetro.org/Community-re-entry Phone: 216-696-2715 Email: mail@lutheranmetro.org
National Association of Pretrial Services Agencies	www.NAPSA.org
National Alliance on Mental Illness (NAMI) NAMI Ohio	www.nami.org www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.store.samhsa.gov/home
National Criminal Justice Reference Service	www.ncjrs.gov
National GAINS Center/TAPA Center for Jail Diversion	www.gainscenter.samhsa.gov
National Institute of Corrections	www.nicic.gov
National Institute on Drug Abuse	www.drugabuse.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Coordinating Center of Excellence	www.neomed.edu/academics/criminal-justice-coordinating-center-of-excellence
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	www.drc.ohio.gov/web/reentry_resource.htm
Ohio Ex-Offender Reentry Coalition	www.reentrycoalition.ohio.gov
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Partnership for Prescription Assistance	www.pparx.org
Policy Research Associates	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org
Pretrial Justice Institute	www.pretrial.org
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Stepping Up Initiative	www.stepuptogether.org
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
Supreme Court of Ohio Specialized Dockets Section	www.supremecourt.ohio.gov/JCS/specdockets/default.asp
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	www.cit.memphis.edu
Veterans Justice Outreach	www.va.gov/HOMELESS/VJO.asp

Sequential Intercept Mapping
Delaware County, Ohio | May 24 & 25, 2016

Participant Roster

Name	Job Title	Agency	Address	Phone Number
Amber Shonebarger	Jail Sergeant	Delaware County Sheriff's Office	844 U.S. 42 North, Delaware, OH 43015	740-833-2858
Barb Lewis	Commissioner	Delaware County Commissioner's Office	101 N. Sandusky Street, Delaware, OH 43015	740-833-2101
Beth Matune	Interim Chief Prosecutor	Delaware City Prosecutor's Office	70 N. Union Street, Delaware, OH 43015	(740) 203-1175
Bill Tantarelli	Behavioral Health Manager	Mount Carmel Health System	6150 East Broad Street, Columbus, Ohio 43213	
Brian Pierson	Regional Director Outreach Population Health	Mount Carmel Health System	6150 East Broad Street, Columbus, Ohio 43213	614-546-3344
Bruce Pijanowski	Chief of Police	Delaware City Police	70 N. Union Street, Delaware, OH 43015	740-203-1101
Carol O' Brien	Prosecutor	Delaware County Prosecutor's Office	140 N. Sandusky Street, Delaware, OH 43015	740-833-2705
Cheryl Smart	Manager of Adult Supportive Administration	Delaware County Board of Developmental Disabilities	7991 Columbus Pike, Lewis Center, Ohio 43035	(740) 201-5806
Cindy Ison	Program Manager	COVA - Center of Vocational Alternatives/ Southeast, Inc	27 West Winter Street, Delaware, OH 43015	740-513-3791
David Dombrowsky	Director	Delaware County Department of Job and Family Services	140 N. Sandusky St., 2nd Fl., Delaware, OH 43015-1789	(740) 833-2305
David E. Ervin	Executive Director	West Central Community Correctional Facility	18200 St. Rt. N., Marysville, OH 43040	(937) 644-2838 Ext. 225
David Hejmanowski	Juvenile/ Probate Judge	Delaware County Juvenile/ Probate Division	140 N. Sandusky Street, Delaware, OH 43015	(740) 833-2680
David J. Forman	Forensic Admissions & Legal Assurance Director	Ohio Department of Mental Health & Addiction Services, Twin Valley Behavioral Healthcare	2200 West Broad Street Columbus, OH 43223-1297	614-641-4127
David M. Gormley	Judge	Delaware County Common Pleas Court	91 N. Sandusky Street, Delaware, OH 43015	740-833-2530
Deb Patterson	Pastor	First Presbyterian Church	73 W. Winter Street, Delaware, OH 43015	740-363-1205

Denny Schooley	Executive Director	DATA - Delaware Area Transit Authority	119 Henderson Court, Delaware, OH 43015	740-363-3355
Diana Coffman	Delaware County Manager	Community Action DMU & CLS	555 Sunbury Rd., Delaware, OH 43015	740-369-3184
Diane Linville	Reentry Coordinator	Delaware County Adult Court Services	115 N. Sandusky Street, Delaware, OH 43015	740-833-2573
Doug Arnold	Mental Health Jail Clinician	Delaware County Jail	844 U.S. 42 North, Delaware, OH 43015	740-833-2826
Doug Staugler	OVI Docket Coordinator	Delaware County Municipal Court, Community Control Office	70 N. Union Street, Delaware, OH 43015	(740) 203-1531
Douglas Althausser	Treatment Court Dept. Head	Delaware County Juvenile/ Family Court	140 N. Sandusky Street, Delaware, OH 43015	740-833-2671
Gary Vest	Chief of Police	Powell Police Department	47 Hall Street, Powell, OH 43065	614-396-3344
James Meacham	Chaplain	Delaware County Sheriff's Office	844 U.S. 42 North, Delaware, OH 43015	740-833-2940
Jim Wilson	Executive Director	Del-Mor Dwellings Corp.	30 N. Franklin Street, P.O. Box 1495, Delaware, OH 43015	(740) 363-5562
Joe Doyle	Consumer family member or consumer advocate	Safe Harbor/ No Limits Outreach	4046 Vine Street, Edison, OH 43320	419-946-5900
Joe Perry	Chief Probation Officer	Delaware County Adult Court Services	115 N. Sandusky Street, Delaware, OH 43015	740-833-2571
Karin Humphrey	Intervention Specialist Probation Incentive Program	West Central Community Correctional Facility	18200 St. Rt. N., Marysville, OH 43040	(937) 644-2828 ext. 375
Kassie Neff	Program Coordinator	Delaware County Sheriff's Office	844 US 42 N, Delaware, OH 43015	740-833-2828
Kirsten Hanson	Director of Clinical Services	Central Ohio Mental Health	824 Bowtown Road, Delaware, OH 43015	740-369-7688 ext. 2214
Kyle Rohrer	First Assistant Prosecuting Attorney	Delaware County Prosecutor's Office	140 N. Sandusky Street, Delaware, OH 43015	740-833-2699
Laurie Winbigler	Recovery Docket Probation Officer	Delaware County Adult Court Services	22 Court Street Delaware, Ohio 43015	740-833-2567
Lisa Biegler	Chief Nursing Officer and VP Patient Care Services	OhioHealth Dublin Methodist Hospital and OhioHealth Grady Memorial Hospital	7500 Hospital Drive, Dublin, OH 43016	614-544-8051
Mary Gillette	Veterans Justice Outreach	Department of Veterans Affairs/ Chalmers P. Wylie Ambulatory Care Center	420 North James Road, Columbus, OH 43219	(614) 205-8585

	Coordinator- Delaware County			
Melissa Cleary	Consumer & Delaware County Jail recovery support group volunteer			614-929-9353
Michelle Price	Suicide Prevention Program Coordinator	HelpLine of Delaware and Morrow Counties, Inc.	11 N. Franklin Street, Delaware, OH 43015	740-363-1835 ext. 122
Mike Schuiling	Director/ Chief	Delaware County Emergency Medical Services	10 Court Street / Ground Floor, Delaware, OH 43015	740-833-2193
Nickolas K McCoy	Family Law & Probate Attorney	McCoy Law LLC	25 W Central Ave., Delaware, OH 43015	740-363-1239
Patti Bernett	Peer Support Specialist	COVA - Center of Vocational Alternatives/ Southeast, Inc	27 West Winter Street, Delaware, OH 43015	(work cell) 740- 919-1739, (office) 740- 513-3788
Philip Wilden	Reverend	Delaware Ministerial Association - Reverend of Asbury United Methodist Church	55 W. Lincoln Ave. Delaware, OH 43015	(740) 363-3611
Richard Steele	Clinical Sites Supervisor	Maryhaven	88 North Sandusky Street, Delaware, OH 43015	(740) 203-3800 ext. 5102
Robin Lincoln	Wellness Coordinator, Local NAMI Vice President	Safe Harbor/ Annie's Outreach	325 South Sandusky Street, Suite 100, Delaware, OH 43015	Office: 740-363- 1619 Mon- Thurs. 11am- 5pm Cell: 740- 417-0471
Ron Thompson	Lieutenant	Genoa Township Police Department	7049 Big Walnut Road, Galena, OH 43021	614-568-2060
Russ Martin	Sheriff	Delaware County Sheriff's Office	149 N. Sandusky Street, Delaware, OH 43015	740-833-2865
Stephen Hrytzik	Deputy Chief	Powell Police Department	47 Hall Street, Powell, OH 43065	614-396-3344
Steve Hedge	Executive Director	Delaware-Morrow Mental Health & Recovery Services Board (DMMHR SB)	40 N. Sandusky Street, Suite 301, Delaware, OH 43015	740-368-1740
Tanya McLymont- Mitchell	Mental Health Docket Coordinator	Delaware City Courts	70 N. Union Street, Delaware, OH 43015	(740) 203-1540
Tony Williams	Chief Executive Officer	Recovery & Prevention Resources	118 Stover Drive, Delaware, OH 43015	740-369-6811

Action Planning Matrix for Delaware County, Ohio

Priority Area 1: Transitional and supportive housing upon release from jail or prison			
Objective	Action Step	Who	When
1. Getting numbers and characteristics of individuals getting released with mental health and co-occurring disorders	Survey the numbers and various institutions for the last six months	Kassie Neff Diane Linville Karin Humphrey	July 1, 2016
2. Establishing eligibility and criteria	Review and evaluate data obtained	Working group: Kassie Neff, Diane Linville, Karin Humphrey, Tony Williams, Jim Wilson	August 1, 2016
3. Research various models for our community	Get a team together for research	Jim Wilson, Diane Linville, Dave Ervin	August 1, 2016
4. Gain support from public officials and others and explore funding	A. Invite other stakeholders to the table, including county officials and agencies B. Establish work group timelines C. Talk to officials for public support	Work group, Steve Hedge Jim Wilson, Diane Linville	August 1, 2016

Action Planning Matrix for Delaware County, Ohio

Priority Area 2: Transportation				
Objective		Action Step	Who	When
1.	Expand capacity of transportation services in Delaware County	<ul style="list-style-type: none"> a. Faith-based community outreach b. Work with Mobility Management group c. Reach out to peer support groups 	Robin Lincoln, Diana Coffman Denny Schooley R. Lincoln, D. Coffman	June 30, 2016 Current June 30, 2016
2.	Catalog all resources available in the community that are available but “hidden”	<ul style="list-style-type: none"> a. Create the catalog b. Distribute to impacted/affected entities c. Advertise website/awareness campaign 	Denny Schooley Jane Hawes	Ongoing
3.	Adjust jail release times	<ul style="list-style-type: none"> a. Work with courts and Sheriff to adjust 	Chief Vest	June 30, 2016

Action Planning Matrix for Delaware County, Ohio

Priority Area 3: Bed capacity – psychiatry, crisis stabilization, detox			
Objective	Action Step	Who	When
1. Identify and assess need for mental health inpatient care	<ul style="list-style-type: none"> a. Identify and map locations of inpatient facility and number of beds b. Assess current barriers to access inpatient care, i.e., length of time in ER, lack of beds, etc... 		
2. Explore alternatives to inpatient care	<ul style="list-style-type: none"> a. Public/private partnership b. Crisis stabilization c. Respite 		
3. Assess need for crisis stabilization services	<ul style="list-style-type: none"> a. Identify population in need – who, how many b. Payor source(s) 		
4. Explore alternatives for crisis stabilization	<ul style="list-style-type: none"> a. Facility-based crisis center, including location and possible regional reach b. Mixed use site c. Mobile crisis stabilization unit/team 		
5. Identify and assess need for substance use disorder (SUD) detox services	<ul style="list-style-type: none"> a. Identify and map locations of detox facilities and number of beds b. Assess population in need – who, how many, alcohol, opiates c. Payor source(s) 		
6. Explore alternative models for detox	<ul style="list-style-type: none"> a. Facility based Substance Use Disorders only Mixed use (SUD/mental health crisis) Cost/Staffing Partnerships (public/private) b. After-hours service (until access treatment provider to detox) c. Linkage for hospital Emergency Departments to respond to patient overdose; after medical release to SUD treatment provider 		

Action Planning Matrix for Delaware County, Ohio

Priority Area 4: Define mental illness and track data																							
Objective	Action Step	Who	When																				
1.	<p><u>Defining Mental Illness:</u> Behavioral health concerns will be identified among people who are arrested, or defendants, through self-report, collateral information, screenings or assessments</p>	Jail; Treatment Court Coordinators	By next meeting																				
2.	<p><u>Tracking:</u> Develop one system/process that courts and agencies can access and utilize</p> <p>Determine what behavioral health interventions are necessary, if at all</p>			Kassie and work group members	By next meeting																		
3.	<p>Eventually, individuals would be identified for possible diversion at each intercept</p> <table border="1"> <thead> <tr> <th>Diversion at Intercept</th> <th>By</th> <th>And referred to</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Arresting officer</td> <td>Crisis intervention</td> </tr> <tr> <td>2</td> <td>Booking officer</td> <td>Assessment</td> </tr> <tr> <td>3</td> <td>Pre-trial court office</td> <td>Assessment or Treatment</td> </tr> <tr> <td>4</td> <td>Re-entry Coordinators</td> <td>Assessment or Treatment follow through or Aftercare</td> </tr> <tr> <td>5</td> <td>Community Corrections officers and treatment providers</td> <td>Assessment or Treatment follow through or Aftercare Follow through</td> </tr> </tbody> </table>					Diversion at Intercept	By	And referred to	1	Arresting officer	Crisis intervention	2	Booking officer	Assessment	3	Pre-trial court office	Assessment or Treatment	4	Re-entry Coordinators	Assessment or Treatment follow through or Aftercare	5	Community Corrections officers and treatment providers	Assessment or Treatment follow through or Aftercare Follow through
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Action Planning Matrix for Delaware County, Ohio

Priority Area 5: Jail data and information sharing – electronic records, screening, client roster exchanges w/ mental health providers and courts

Objective	Action Step	Who	When
1.	To disseminate the jail roster/ in and out list to providers	Amber Shonebarger	Initiate immediately, then update every 6 months
2.	Explore initiation of veterans' re-entry	Mary Gillette and IT Department Amber Shonebarger to help facilitate	June 2016
3.	Collaborating information for continuity of care	Doug Arnold and Laurie Winbigler	June 2016
4.	Improve communication and information sharing between probation and jail	Jail staff and probation depts. Doug Staugler Probation; Prosecutors	August 2016 August 2016 August 2016
5.	Include Brief Mental Health Screening as part of Booking Process to improve information sharing with the Courts	Director Pfan and Assistant Director Jackson Amber Shonebarger; Doug Arnold Doug Arnold; Laurie Winbigler Amber Schonebarger, Judge Gormley, Kyle Rohrer, Beth Matune	June 2016 June 2016 Ongoing

Action Planning Matrix for Delaware County, Ohio

7.	Be able to have a clinician diagnose incarcerated persons thereby reducing amount of time in jail and expediting treatment.	a. Research available grants	everyone	
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