

Lucas County, Ohio

Sequential Intercept Mapping Final Report

March 27 - 28, 2014

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Sequential Intercept Mapping

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Lucas 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 Lucas County, Ohio on March 27 & 28, 2014. The workshops were sponsored by The Lucas County Mental Health and Recovery Services Board and a local planning team comprised largely of a sub-group of the jail Relocation Committee. 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 Lucas 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 Lucas County Sheriff's Office and the Mental Health and Recovery Services Board of Lucas County requested the *Sequential Intercept Mapping and Taking Action for Change* workshops during a period of Invitation for Letters of Interest, to provide assistance to Lucas 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 workshops included 41 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections, county jail, developmental disabilities, a consumer, law enforcement, courts, vocational, hospital, veteran, and county administration services. A complete list of participants is available in the resources section of this document. Daniel Peterca, Douglas Powley, and Ruth H. Simera, and Michael Woody 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 Lucas 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 Lucas 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

Lucas County stakeholders and service providers have been involved in a number of collaborative relationships over time, often associated with grant applications, awards or new program initiatives. Examples have included Prescription Drug Community Innovations, Community Linkages, and Second Chance Act, among others. Examples of current collaborative efforts include

- Probation Improvement & Incentive Grant
- Reentry Coalition of Northwest Ohio
- TASC of Northwest Ohio
- Court Diagnostic and Treatment Center
- Crisis Intervention Team training

Most recently the community has pulled together and formed a Mental Health, Alcohol and Drug, and Criminal Justice Committee in relation to the county's initiative to study the need for the construction of a new jail. This "Jail Relocation Committee" subsequently established an ad hoc subcommittee comprised of some of its members to serve as the planning committee for the Sequential Intercept Mapping activities. Moving forward, there are plans for the mapping workshop participants to make up the Justice-Behavioral Health subcommittee of the Jail Relocation Committee, with work groups established to address each of the priority action areas identified during the mapping workshop.

Lucas County also has a Community Corrections Planning Board which initiated a training collaborative whereby training opportunities are shared across systems. Participants of the workshop agreed to utilize existing entities, such as the Community Corrections Planning Board and the Criminal Justice Coordinating Council to engage additional participants, particularly those from suburban or outlying areas, in the work groups to respond to those gaps and opportunities identified as priorities.

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 system and the mental health system. The Executive Director of NAMI of Toledo was also a member of the core planning team and a workshop participant.

Recommendations:

- Build interaction and ongoing relationships with additional consumers and family members who have shown interest in collaborating to improve the continuum of criminal justice and behavioral health services.

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: Adult Parole, Probate Court, outlying jurisdictions within the county, Municipal Court Probation, law enforcement other than Toledo and the Sheriff's Office, group homes, and family members of consumers.

Data Collection

- The Lucas County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Glossary of Acronyms
 - Lucas County Jail Data, 2012
 - Sheriff's Office Staffing Analysis and Operational Review, Sept. 2012
 - Appendix F: Jail Population Issues, Analysis and Recommendations
 - Time in Custody report slides
 - MH Booking and Screening to Release slides
 - Pretrial System Analysis for Lucas County, Oct. 2013
 - Criminal Justice/Behavioral Health Coordination Program Descriptions 1-4
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Lucas County Crisis Intervention Team Training Data, updated 3/1/14
 - Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, 3/1/14
 - Lucas County CIT Peer Review Summary, 2010

Recommendations:

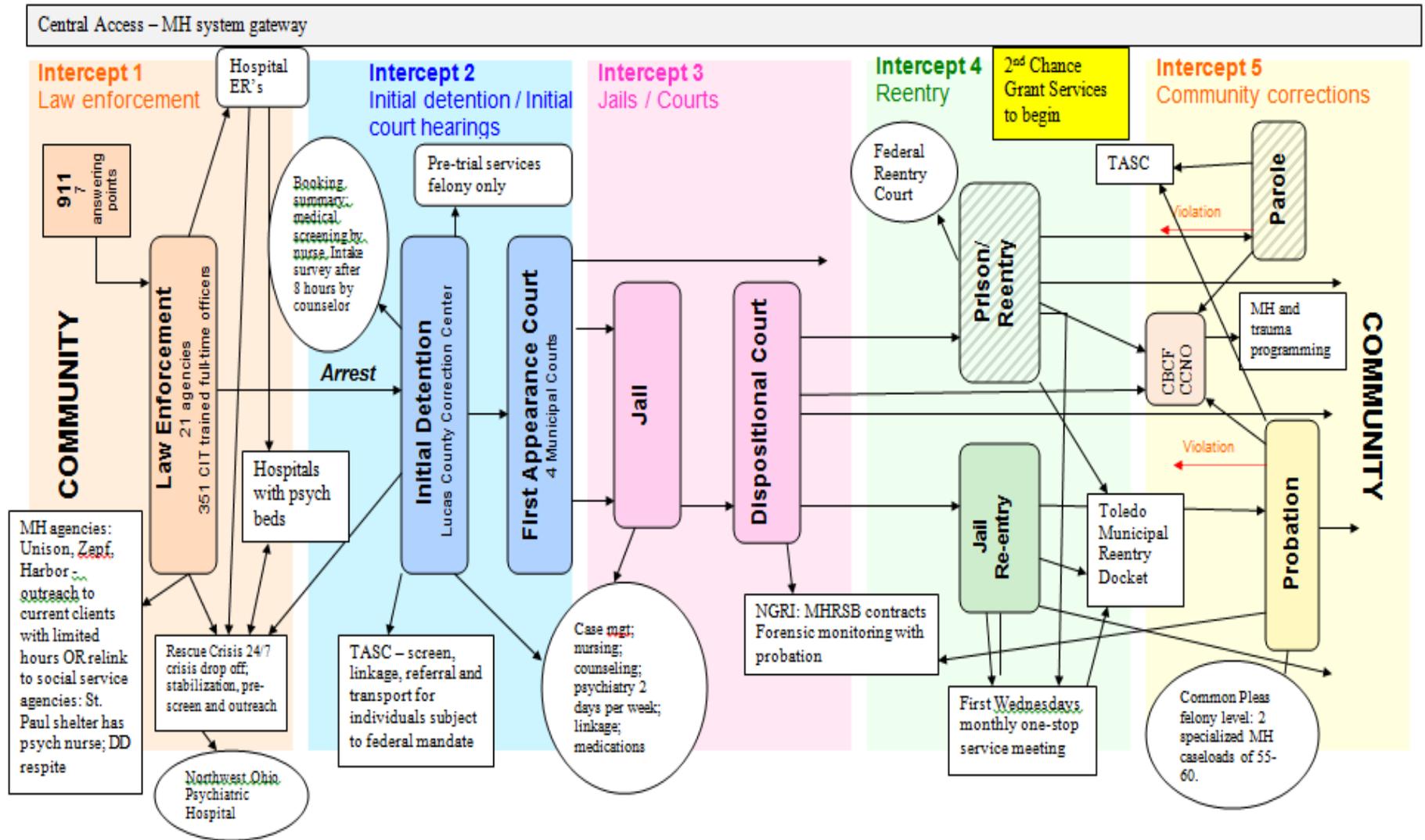
- At all stages of the Intercept Model, seek opportunities to utilize and share data across systems that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Lucas County criminal justice system, e.g., jail booking information compared to mental health system client rosters to recognize individuals as the 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.
- Implement a CIT encounter form to be used by all Law Enforcement agencies. This will enable more targeted communication with mental health providers, as well as a means for evaluating law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness.

Sequential Intercept Mapping

Lucas County, Ohio



Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Lucas County March 2014



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

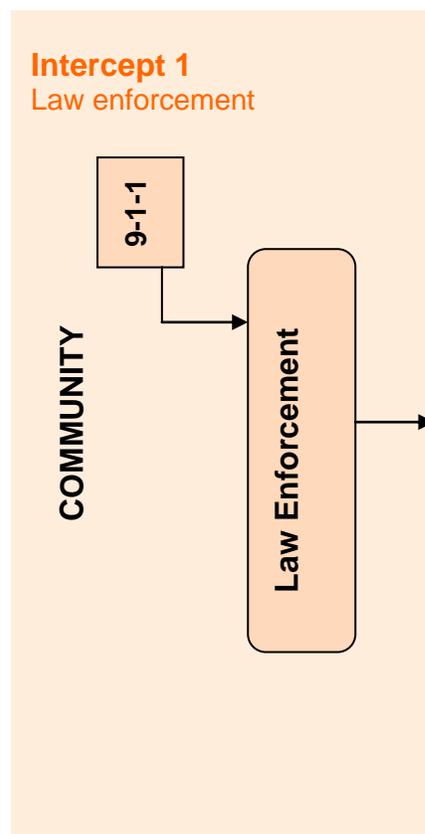
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

Intercept I: Law Enforcement / Emergency Services

In Lucas County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement 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, or referral to hospital emergency departments.

Dispatch / 9-1-1

- Lucas County has 7 public safety answering points or call centers, operated by the Lucas County Sheriff’s Office, each municipality, and a couple of the villages, with the Sheriff’s Office and Toledo being the largest service areas.
- Call-taking and dispatching are separate functions, provided by separate people, in larger jurisdictions. Call-takers answer the call and obtain the location and basic incident information to establish an incident type-code. Once a location and type-code are established, the call data is transferred to a Dispatcher to route the closest available unit. If the caller requests a CIT unit, this will be placed in the incident’s notes. Dispatchers do not have contact with callers however, if the need for a CIT officer is noted in the incident or requested from the responding officers, Dispatchers will route the closest available CIT officer. In smaller agencies the call takers and dispatchers are the same people.
- Lucas County maintains a county-wide computer aided dispatch (CAD) system and training component. However, since public safety answering points/call centers are operated jurisdictionally, with independent authority, the level of training and utilization of the system pertaining to mental health and CIT is inconsistent. EMS dispatch is separate from Law Enforcement Dispatch.
- Most Dispatchers are not CIT trained. To date, 4 Toledo dispatchers and Maumee PD dispatchers have completed the full 40 hour CIT training. Training for dispatch varies greatly across jurisdictions, with no core requirements.



Law Enforcement

According to the Ohio Peace Officer Training Commission County Agency Report issued March 1, 2013, Lucas County has 20 Law Enforcement Agencies: Berkey Police Department, Holland Police Department, Lucas County Sheriff's Office, Maumee Police Department, Mercy Health Partners Public Safety Department, Norfolk Southern Railway Police Department, Northwest Ohio Psychiatric Hospital Police Department, Ohio Dept. of Taxation, Oregon Police Department, Ottawa Hills Police Department, Sylvania Police Department, Sylvania Twp. Police Department, Toledo Metropolitan Park District/Ranger Department, Toledo Police Department, Toledo/Lucas County Port Authority Police Department Swanton, University of Toledo Police Department, Washington Twp. Police Department – Lucas, Waterville Police Department, Waterville Twp. Police Department, and Whitehouse Police Department.

- Law Enforcement can currently use the following options for persons with mental illness in crisis:
 - Referral to mental health agencies, with possible transport to agency during the day for those individuals who are current, active clients of the agency provided the individual is not violent
 - Rescue Crisis for 24/7 crisis drop off, stabilization, pre-screen and outreach, provided the individual is not intoxicated.
 - Arrest and transport to Lucas County Correction Center (high utilization). This is the only option available for intoxicated individuals.
 - Hospital Emergency Departments are used sparingly for evaluation.
 - Involuntary civil commitment (pink slip) is inconsistent across jurisdictions. Toledo officers utilize the involuntary civil commitment process
 - Contact and assistance from family members
- EMS does not co-respond unless there is a physical injury and need for transport to a hospital.
- Lucas County Crisis Intervention Team training began in 2001 and to date has conducted 17 40-hour CIT Courses. The Manager of Prevention & Special Projects at the Mental Health & Recovery Services Board of Lucas County is the county-wide CIT Training Coordinator. More than half of the Law Enforcement Agencies have participated in CIT training, including Holland PD, Lucas County Sheriff's Office, Maumee PD, Mercy Health Partners Public Safety Dept., Oregon PD, Ottawa Hills PD, Sylvania PD, Toledo, PD, Washington Twp. PD, Waterville PD, and Whitehouse PD. The training program is a 40 hour course composed of lectures, interactions with mental health consumers and services, and practice of de-escalation skills.
- Currently, Lucas County has 351 (out of 1152) CIT trained, sworn full-time officers, which represent 30% of all full time officers in the county. In total 458 individuals have been trained from various disciplines.

Crisis Services

- Three mental health agencies (Unison, Zepf, and Harbor) provide outreach services to their current, active clients during business hours (not at night). Agencies have staff health officers that can authorize involuntary civil commitment. Access to agency personnel is varied. For example, Unison no longer goes into the community because transportation of clients is an issue, but the agency has a 24-hour telephone line (similar to warm line concept) for non-emergency calls and links clients with social workers for support.
- Rescue Crisis is the identified safety net agency in the mental health system.
 - The agency has an outreach team and provides triage 24/7; however law enforcement may not utilize this service during peak times due to the wait time, and most suburban law enforcement agencies will arrest and not use Rescue Crisis to ensure safety. When Rescue Crisis is utilized for outreach, transportation is provided by Rescue Crisis or police (not EMS). Toledo Police Department will only provide transportation when they are the pink slipping agency.
 - The agency also provides crisis stabilization. Capacity is 12 adults and average stay is 4 days. Rescue Crisis contracts with 5 physicians who facilitate hospital placement, in part based on the physicians' privileges. Rescue assigns each client to a community mental health agency based on a rotation system. Veterans identified at rescue crisis are sent to the VA. Individuals on a hold based on involuntary civil commitment can walk away from Rescue Crisis and may not be retrieved except by bench warrant.

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- Transport to a hospital emergency room is likely to result in a different process than when an individual is committed involuntarily. Individuals may experience a greater amount of movement or transfers within the system because of the on-call physician situation.
- Northwest Ohio Psychiatric Hospital is the state hospital and has 114 beds for 26 counties.
- Mercy Hospital provides 2 psychiatric units: St Vincent's and St. Charles.
- ProMedica provides 2 psychiatric units: Flower (74 beds) and Toledo.
- Individuals purchasing service through self-pay or private insurance have another hospital option available to them. Arrowhead has 14 acute inpatient psychiatry beds.

Detoxification

- COMPASS has 14 beds
- Arrowhead has 30 beds
- Rescue Has 2 beds designated to substance use disorder treatment which includes detox

Veterans

- Veterans requiring crisis stabilization or hospital based services are referred to the VA Ann Arbor Healthcare System, which has 18 acute inpatient psychiatry beds.

Intercept I Gaps

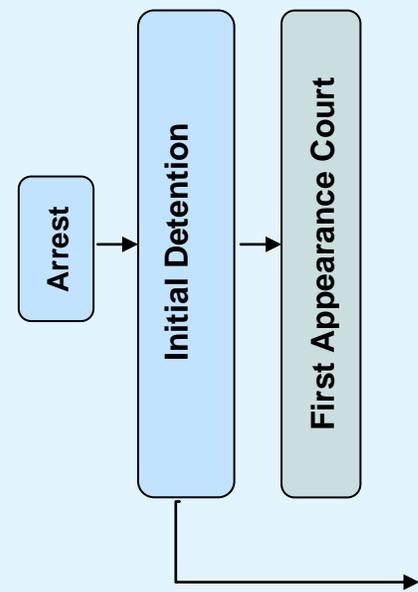
- ▣ 911 call-takers and dispatchers lack training regarding mental illness and lack a screening tool.
- ▣ There is not consistent policy or procedure for the designation or assignment of CIT officers
- ▣ Follow up from mental health outreach assessment
- ▣ Family options and supportive services when person with mental illness does not meet criteria for involuntary civil commitment or when family's perception does not match the assessor's evaluation
- ▣ Assisted outpatient treatment
- ▣ Weekend and/or 24/7 supportive services to families, such as access to case management
- ▣ Clients can walk away from an involuntary civil commitment
- ▣ Logical, cohesive system to engage clients post-crisis and /or hospitalization
- ▣ Universal screening tool
- ▣ Detox Center
- ▣ Some law enforcement agencies do not have CIT officers
- ▣ Transportation
- ▣ Delay in response time by mental health outreach during crisis
- ▣ Group home training

Intercept I Opportunities

- ▣ Utilization of Assisted Outpatient Treatment
- ▣ CIT trained officers – can be assigned to calls and can assist in training 911
- ▣ Outreach Team
- ▣ 24 hour warm line and crisis line
- ▣ Rescue Crisis

Intercept 2

Initial Detention / Initial Court Hearings



Recommendations:

- Establish a CIT companion training for call takers and dispatchers, to include an understanding of the CIT officer role and overall program, how to identify possible mental illness, and practical verbal de-escalation strategies
- Implement a procedure for collecting and analyzing law enforcement data on mental health calls, encounters, and dispositions.
- Working with Probate Court, develop an agreed upon Civil Commitment protocol and train all appropriate law enforcement personnel and staff.

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

Initial Detention

- Lucas County Corrections Center (LCCC) is a full service jail and is the only lock-up option. Several jurisdictions have an 8-hour detainment facility, and Sylvania has a 12-day facility, but all formally book into the LCCC. Use of the local detainment facilities is limited to investigative purposes.
- Screening is done through a booking summary interview which has 4 mental health questions.
- Once an individual has been detained more than 8 hours, counselors and medical staff do an intake survey.
- Mental health screening is not currently done using a validated screening tool, although the medical screening tool asks more mental health related questions than the booking survey. There is no code specific to mental health, but a code is often used that tends to capture mental health issues. The combination of the surveys is deemed to be capturing most individuals who have special needs.
- If an individual is identified as having mental health needs, an internal referral process enables 24/7 access to a staff of 25 counselors and provision of ongoing services, e.g., case management, medical, etc... at the jail.
- Individuals on quick-release (20 days or less, typically due to federal court order release) are referred to TASC to ensure linkage, and data is maintained on these referrals. TASC uses the Brief Jail Screen (since July 2013) on these referrals, links back to the home agency, and refers to other needed services. They also provide transportation to the first appointment or assessment (also since July 2013). Many of the Federal Court releases occur prior to TASC being able to interact or follow up with the identified severely mentally ill defendants, and evening or weekend releases frequently occur with no connection to TASC.
- Special classifications are used, but due to overcrowding proper placement cannot be guaranteed.

Arraignment

- Failure to Appear is an issue with this population
- Municipal Courts exist in Toledo, Sylvania, Maumee, and Oregon.
- Toledo does in-court arraignments. Video arraignments are done from jail by the other 3 courts.
- Pre-trial Services exist for felony level only. Mental health screening is done for bail release recommendations and is for internal use only. Information is not shared.
- There is otherwise no screening for persons coming into arraignment and no diversion options for persons with mental illness. There is an Alternatives 1st offender program (prosecutors diversion), but not for mental health.
- Deputies who work bullpens in court 3 and 4, as well as prosecutors and public defenders are sensitive to mental health issues and do bring it to the court's attention frequently (ad hoc only) and some different decisions can be made. There is no cross training, however.

Intercept II – Identified Gaps

- ▣ Sharing of information between jail and pre-trial and agencies and court
- ▣ No screening for persons coming into arraignment
- ▣ Weekend services (TASC)
- ▣ Risk assessment based services vs. charge-based services
- ▣ Mental health docket or some specialty approach
- ▣ Exceptions for some populations
- ▣ Data and information sharing across systems
- ▣ Arrest information sharing; information on summons

Intercept II – Identified Opportunities

- ▣ Agency liaisons to jail
- ▣ Electronic record keeping to enable shared information
- ▣ Memorandum of understanding between agencies when work is similar
- ▣ Public Defender's Office could be a resource if they are informed of suspected or confirmed mental health issues. Could establish conditions of bail.
- ▣ Create mental health code
- ▣ Better coordination of arrest information. Data is available. No central means for maintaining and sharing
- ▣ Increase strategic use of requests to extend Federal ordered releases based on good cause for individuals with serious mental illness, e.g., completing assessment and/or follow-up by TASC

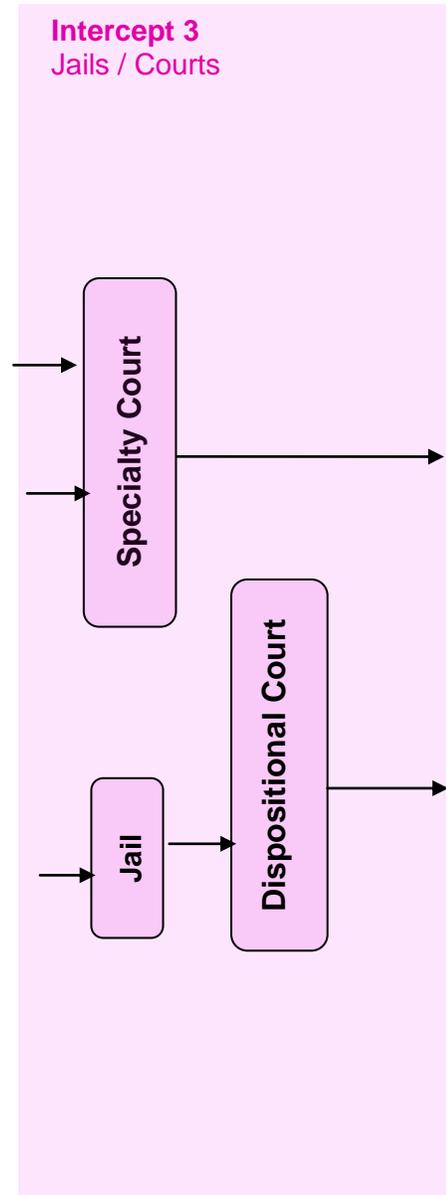
Recommendations

- ▣ Consider using a validated screening tool in the jail, such as the Brief Mental Health Jail Screen, to identify individuals with possible mental illness.
- ▣ Consider standardizing release days and times, or agree upon a protocol with TASC, to ensure that quick release individuals are connected with TASC at or prior to release.
- ▣ Standardize or formalize screening and referral at municipal court, creating a liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs.

Intercept III: Jails / Courts

Jail

- Lucas County Corrections Center (LCCC) is a full service jail and is the only lock-up option. The facility has a rated capacity of 385 persons and has 340 available beds (currently a 40-bed unit is closed). Average daily census is 450 individuals.



- The Mental Health and Recovery Services Board has access to local booking (NORIS) data and tries to maintain statistics associated with recidivism for persons with mental illness. The Board is monitoring the number of persons with serious and persistent mental illness booked into jail while in treatment. A data dump occurs into NORIS every 15 minutes.
- According to the New Jail Feasibility Study, special needs offenders make up a significant portion of the jail population. Nearly 70% of inmates screened in FY 2012 were actively or previously clients in community mental health programs; 47% of inmates screened had a mental illness; and another 18.1% were diagnosed with co-occurring disorders
- 7 Corrections Officers and 2 counselors from the LCCC have completed the full CIT training.
- A psychiatrist is on site for an estimated 10 hours per week. The scheduled hours are Saturdays and Sundays 5:00 p.m. to 10:00 p.m.; however, some discussion occurred related to occasional variation in these hours, which included early morning hours when inmates were less inclined to rise from bed to see the psychiatrist.
- Nursing staff is on site 24/7
- Inmates are permitted to access previously prescribed medications. Upon release, medications that were prescribed prior to incarceration can be taken with the individual. Medications provided by the jail cannot be taken with the individual upon release.
- Medication formularies vary among community mental health providers, jail, and Corrections Center of Northwest Ohio (CCNO). This is improving but is still a reality.
- The CCNO has a five county service area, including separate contracts with the City of Toledo and Lucas County, along with 4 other counties. CCNO serves sentenced misdemeanants, felony levels 3,4 and 5, and some pre-trial individuals. A nurse screens for mental health issues, trauma, etc... The Center works with TASC on aftercare upon release and coordinates with other services. CCNO discontinued the "Choices" co-occurring treatment program because the recidivism rate was highest among all programs. Current program focus areas are *Thinking for a Change* and the Male Trauma Program. Individuals are provided 30 days of medication upon release.

Court

- Courts will sometimes order outpatient treatment in conjunction with an inpatient order, but do not yet utilize Assisted Outpatient Treatment. Some concerns were expressed over the language in the current pending legislation.
- There are no jail diversion programs specific to persons with mental illness
- Intervention in Lieu of Conviction is utilized primarily for drugs, with some individuals having co-occurring disorders, but is not used specifically for mental health. Probation creates the plan for the intervention. Typically diversion is requested by the defense attorney.

Specialty Courts

- There are no adult specialty courts in the county for persons with mental illness and at this time no plans to pursue mental health court certification. Discussion indicated that current Judges are experienced and reasonably consistent across courts, and concern exists over the amount of time that is involved in preparing to meet the new certification standards for specialty courts in Ohio, especially when compared to the number of people that could be served by such a court.
- The county has juvenile specialty dockets, is in the process of developing a Veterans Court, and had a drug court in the past which no longer operates.
- A Veterans Court is in process.

Intercept III – Identified Gaps

- Medication assurance upon jail release (no jail-prescribed medications can be taken with the individual upon release, and release can occur on weekends when there is limited or no access to alternative sources for medication)
- Services for weekend releases
- Consistency of medication formularies
- Psychiatrist availability is limited - weekends and/or very early morning
- Alternative housing, such as step-down or halfway or pre-trial supervision, to avoid jail stays
- Limited jail staff are CIT trained

Intercept III – Identified Opportunities

- Mental Health and Recovery Services Board of Lucas County has allocated funds for prescription medications, so no one should go without needed medication (TASC to manage this through Central Pharmacy; at beginning stages). This should ensure continuation of medication upon release. Eligibility is below 250% Federal Poverty Level.
- CIT as well as Mental Health First Aid training are available for jail staff

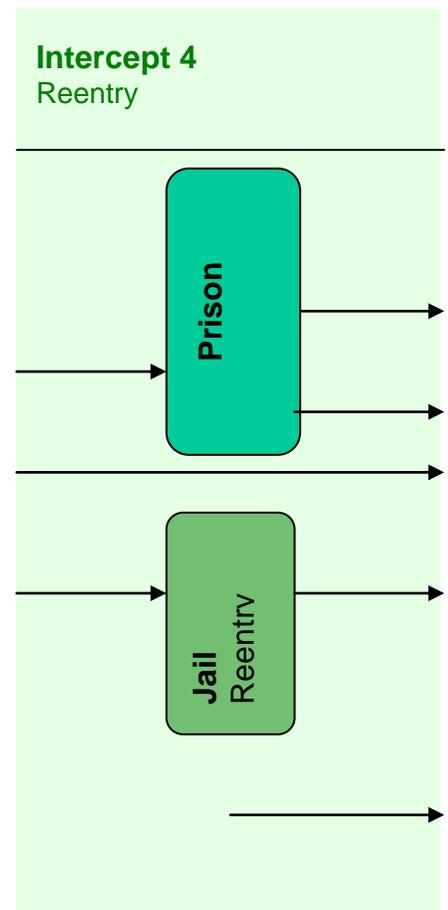
Recommendations:

- Revised jail standards go into effect this year. Jail staff should review the drafted standards as early as possible and begin to plan for required changes as well as identify additional opportunities for improvements. Consider establishing a policy to ensure that persons with mental illness have continuous access to needed medications upon release from incarceration.
- Consider improving the hours of availability of psychiatry services
- Identify a mechanism for cross-referencing inmate names and numbers with mental health system enrollment rosters and/or Medicaid enrollment rosters as part of booking processing to establish earlier access to resources and services
- Utilize valid screening tool(s) in jail to identify individuals who may need further assessment. For example, the Brief Jail Mental Health Screen is available at no cost on the website of SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation website. The Texas Christian University Drug Screen II is available at no cost on the website of Texas Christian University Institute of Behavioral Research.

Intercept IV: Prisons / Reentry

Reentry

- Reentry Coalition of Northwest Ohio
- Going Home to Stay program meets on the first Wednesday of every month and is often referred to as “First Wednesdays”
- Toledo Municipal Court has a Reentry docket once per month, when it typically hears older cases that have already been to “First Wednesdays,” where they could receive mental health referrals.
- Transportation is an issue. Lucas County has a Second Chance Act grant and plans to do pre-release Services, beginning 6 months prior to release
- MHRFB funds three programs (Community Linkages, Community Innovations and Transitions) through TASC that provides brief case



management and other supports until linkage to the Community Mental Health Center has been completed

Intercept IV – Identified Gaps

- Housing – restrictions for housing are based on individual agency and provider regulations. Lucas Metropolitan Housing Authority has eligibility rules that are more strict than HUD
- Employment opportunities
- Access and coordination to benefits

Intercept IV – Identified Opportunities

- None specifically identified

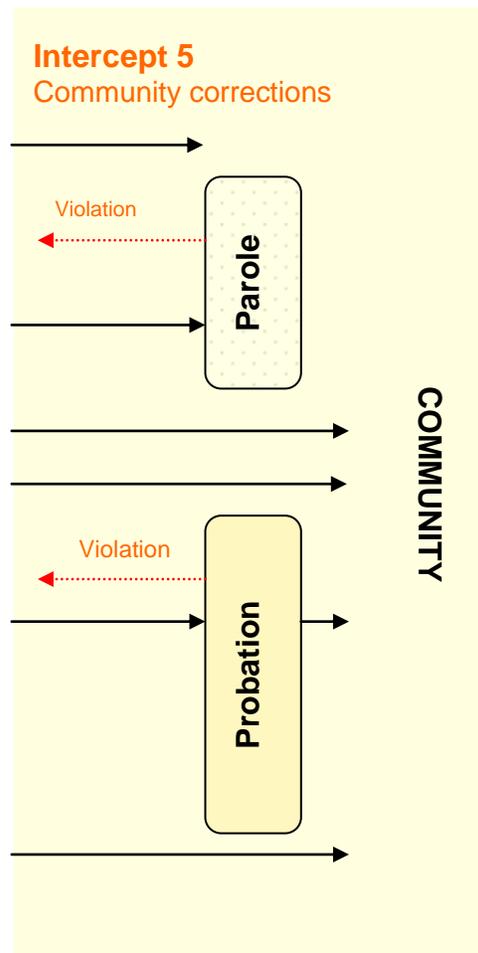
Recommendations:

- Maximize pathways to enrollment in Medicaid. Contact Job & Family Services to assist with facilitating linkage to Medicaid, food stamps, etc... Consider on site enrollment assistance at the jail, probation offices, and community agencies if possible.
- Contact Social Security to facilitate an application for SSI

Intercept V: Community Corrections / Community Support

Probation

- Toledo Municipal Court has Intensive Supervised Probation, which is not dedicated to the mental health population, but can include persons with mental illness.
- There are 2 specialized felony probation mental health caseloads. Maximum caseload sizes are 55-60 individuals. Criteria includes felony convicted, Axis I, ORAS moderate-high risk. If those caseloads are full, then individuals are rotated into regular probation. Compliance allows step-down to create capacity for others. Probation officers receive limited specialized training; however, both have been community mental health workers prior to the specialized probation assignment. Specialized probation has a higher level of communication with service providers, although no formal memorandums of agreement exist. Staffings occur only as needed.
- The Mental Health and Recovery Services Board of Lucas County contracts with probation for forensic monitoring of NGRI. This consists of one officer with mental health experience, with 50 person caseload
- The CBCF has 132 beds and typically houses 140-145 individuals. Roughly 300-350 persons with mental illness are served per year, which is approximately 60% of persons served. The CBCF has good communication with the jail because they share nurses via contract. There is also a probation liaison position, which provides group 1-2 times per week. High risk individuals can be housed additional 90 days for aftercare. Upon release, individuals can leave with medication and are linked to mental services as quickly as possible. The program also has a release and step-down program, including halfway house. CIT training of staff has helped to reduce incidents.



- 4 Toledo Municipal Court Probation Officers have attended full CIT training, along with 11 other Municipal Court personnel. Otherwise, there is limited cross-training.

Parole

- Parole was not represented at the workshop.
- 5 Officers from Adult Parole have completed CIT training.

Community Supports

- Lucas County has 77 licensed adult group homes (care facilities) to house individuals involved in the mental health system. Some are dual licensed with the Board of DD.

Intercept V – Identified Gaps

- ▣ Limited number of community corrections staff are CIT trained
- ▣ Access at CBCF to psychiatric and medical services
- ▣ Ability to screen out people for higher end services (those who are receiving services who do not need them)
- ▣ Transportation is a huge problem for suburban areas

Intercept V – Identified Opportunities

- ▣ CIT training is available
- ▣ Brown bag lunch meetings with continuing education credit to provide cross-training
- ▣ Community Corrections Board could sponsor specialized training

Priorities for Change

Lucas County, Ohio



Lucas 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. Data and information sharing, including arrest information and mental health history (21 votes; Intercept 2)

What are potential uses of data sharing? What are the objectives? Identify what is vital and what is valuable.
Confidentiality – 42CFR
Coordination
Access to data and information – who, how, hosting, etc...
Include the hospital
Timeliness
Consider existing resources and duplications
2. Weekend access to services, including medications and family supports (14 votes; Intercept 3)

Cultural competence
What drives the access issues, e.g., release from jail, hospital, etc...
Define family support
Cost-benefit analysis
List of services – what is available vs. what is needed
Peer support
Holidays, weekends, after business hours
Information and education to families, regarding process
Role of 211
3. Transportation, including access to services, coordination, and liability concerns (10 votes; Intercept 1)

Affordability
Role of EMS and Law Enforcement
Safe transport – restrictions and policies
Suspension of driver licenses
Scope of the problem – entry and ongoing
Identify what is currently available
TARPS eligibility
Timeliness and expectations
Terminology, re: treatment assertive outreach
Medicaid eligibility
Cultural competence
Reimbursement
Peer support
4. Lack of Screening Tool or protocol for 911 (6 votes; Intercept 1)

Best practices
Application across jurisdictions
Link to information-sharing group (priority action item #1)

Education to community

5. Alternative residential options pre-trial (5 votes; Intercept 3)

Funding options, including reallocation considerations
Non-jail options appropriate to the population
Cross-intercept similar options
Alternative community-based options

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

- ▣ Detox Center
- ▣ Group Home training
- ▣ Follow up with individuals after outreach services have occurred
- ▣ Mental Health docket
- ▣ Access to housing upon release from corrections facilities
- ▣ HUD – local agencies housing policies and issues
- ▣ Employment opportunities upon reentry
- ▣ Access to benefits upon reentry

Additional Recommendations

Cross-Intercepts Recommendations:

- Identify specific ways to incorporate trauma informed care into the sequential intercept model. Policy Research Associates created a handout with intercept by intercept examples, which can be found at http://www.prainc.com/?attachment_id=1787
- Expand forensic peer counseling, support, and specialists to promote recovery.
- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services.
- Define clear Medicaid enrollment strategies at various points in the justice system.
- 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 provided to the core planning group at the close of the mapping workshop. Additional copies can be obtained at no cost from the Justice Center website (www.csjusticecenter.org)

Parking Lot Issues

Response to persons with developmental disabilities when not co-occurring with serious mental illness

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://cohhio.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 Lucas County, Ohio | March 27 & 28, 2014

Participant Roster

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Action Planning Matrix for Lucas County, Ohio

Priority Area 1: Data and information sharing, including arrest information and mental health history			
Objective	Action Step	Who	When
1. Create a data base with mechanisms to share needed data across intercepts (NORIS was identified as a possible mechanism)	<ol style="list-style-type: none"> 1. Identify legal barriers to sharing data, e.g. HIPAA, 42CFR, Court Records, etc., that need to be overcome. 2. Identify what data is useful and necessary across all intercepts and for what purposes <ol style="list-style-type: none"> a. Identify what data currently exists and how and with whom it is being shared b. Revisit the list generated for Unison, Zepf and Habor and let them know if arrested c. Develop <u>questionnaire</u> to administer to mapping group d. <u>Next meeting</u> – bring in potential partners and consultants, e.g., NORIS, IT specialist (Holly, Donna) HIPAA officer (Michelle, St. V's) Unison representative (Theresa), ODJFS 3. Develop a CIT protocol that will enable information sharing regarding law enforcement interactions, even when no formal action is taken by law enforcement 	<p>Judge MacDonald will initiate information gathering</p> <p>MHR SB – Tim Goyer</p> <p>Kim Skinner</p> <p>Kim Skinner to schedule</p>	<p>April 10, 2014</p> <p>By May 31, 2014</p>

Action Planning Matrix for Lucas County, Ohio

Priority Area 2: Weekend access to services, including medications and family supports				
Objective		Action Step	Who	When
1.	Family education in the community about existing tools that allow communication	<ol style="list-style-type: none"> 1. Integrate Ohio Psychiatric Advanced Directive into information sharing network 2. Identify existing payment processes for family education services. 	Jail Mental Health Sub-committee	Will meet monthly – add to agenda
2.	After hours, support consumers who do not meet criteria for hospitalization	<ol style="list-style-type: none"> 1. Identify what services and supports are needed 		
3.	Determine how to engage family and community			

Action Planning Matrix for Lucas County, Ohio

Priority Area 3: Transportation, including access to services, coordination, and liability concerns			
Objective	Action Step	Who	When
1. Development of Assertive Outreach Teams for MH clients involved in legal system	<ol style="list-style-type: none"> 1. Look at models of care for center 2. Explore cost of developing that team 	Mental Health Agencies	
2. Develop a reimbursement model that covers services	<ol style="list-style-type: none"> 1. Explore cost reimbursement models that could be used to fund the outreach and engagement activity 	LCMHRSB	
3. Develop onsite MH services at jail and probation	<ol style="list-style-type: none"> 1. Explore previous model used at jail 2. Determine level of interest by agencies to provide such services 		
4. Develop a transport system in crisis situations that can handle and manage at-risk individuals who are making a threat to themselves or others	<ol style="list-style-type: none"> 1. Explore possible transportation providers 2. Develop protocols for transporting at-risk persons with Sheriff and police departments 3. Develop a protocol for family members to transport clients to appropriate services 4. Develop a reimbursement fee to transport a client 5. Explore EMS role in transporting clients in crisis or at-risk 6. Explore cost analysis of providing transportation system vs. jail, hospital, ER 	Sheriff's Department Police Departments LCMHRSB Fire Departments Private Transportation Companies	
5. Develop and provide transportation for non-crisis clients within MH system	<ol style="list-style-type: none"> 1. Explore potential protocols, liabilities for utilizing probation clients (teams) who are insured and licensed 2. Develop lists of CMHC/probation depts. that need this service 	Probation Departments	
6. Develop a system to pick up clients at jail and transport to a defined site (MH center, shelter, group home, or other approved location)	<ol style="list-style-type: none"> 1. Meet with TARPS management 2. Meet with cab companies, re: a possible fee schedule for specialized transportation 3. Complete a cost-benefit analysis to using transportation 4. Set up a community fund to pay transportation system 	Jane Joseph	Set up meeting within the next month; target day is April 25, 2014

Action Planning Matrix for Lucas County, Ohio

Priority Area 4: Screening Tool for 911 (revised May 2014)				
Objective		Action Step	Who	When
1.	Determine best practices	<ul style="list-style-type: none"> a. Research other 911's that have implemented screening tools for call takers b. Present to CIT steering committee for input c. Present to Lucas County Communications Board d. Gain consensus 	911 training officer Dennis Cole Dennis Cole	July 31, 2014 August 30, 2014 October 31, 2014
2.	Apply best practice to computer-aided dispatch system	<ul style="list-style-type: none"> a. Identify how jurisdictions currently typecode incidents with mental health-related issues b. Identify law enforcement designators for CIT c. Determine how jurisdictions currently input premise history related to mental health and DD d. Present to LC Communications Board and develop consensus e. Implement recommendations of Communications Board 	911 Training Officer 911 Training Officer 911 Training Officer Dennis Cole Eric Klavinger	July 31, 2014 July 31, 2014 July 31, 2014 October 31, 2014 December 15, 2014
3.	Train 911 call-takers on mental health issues	<ul style="list-style-type: none"> a. Garner input of CIT Steering Committee on training standards b. Work with CIT Steering Committee to develop desk training specific to call-takers and dispatchers c. Provide call-takers and dispatchers desk training packet 	Dennis Cole Dennis Cole 911 Training Officer	August 30, 2014 September 30, 2014 May 31, 2015
4.	Educate consumers, family members, and agencies	<ul style="list-style-type: none"> a. Work with CIT Steering Committee to develop public education campaign b. Engage in public information campaign through MHR SB and providers 	Robert Kasprzak Robert Kasprzak	December 31, 2014 May 31, 2015
5.	Maintain working sub-committee	<ul style="list-style-type: none"> a. Meet quarterly 	Matt Heyrman	Quarterly completed until

Action Planning Matrix for Lucas County, Ohio

Priority Area 5: Alternative residential options pre-trial

Objective	Action Step	Who	When
1. Develop or identify a validated pretrial risk assessment tool that also incorporates a mental health screening component	Discuss as part of new pre-trial bond project	Judges and pre-trial staff	Started and ongoing
2. Information share with MH and DD to cross check daily arrest sheet with clients. Jail would also cross check with MH and DD.	Identify who to share with and set time frame for return of information	MH Board DD Board Jail – population list	Judicial Advisory Committee – next meeting April 10, 2014 @ 3:00 p.m.
3. Bond recommendations for mental health services to be included in court report, as appropriate. Court may wish to set bond based upon, and after consideration of, this information.	Part of new pre-trial bond project	Judges and pre-trial	Started and ongoing
4. Identify and create services for bond release MH and DD offenders: a. Residential/Non-residential b. Linkage to community provider with med compliance order c. Link to central access d. Use of VOA/HWH beds e. Link/create outpatient MH/DD programming	Work with Judges and service providers to evaluate new process a. Forensic linkages team. Learn responsibilities and availability. b. Work with jail counselors and pre-trial staff to create communication chain c. Work with local providers to identify liaisons	Mental Health Board Stacy and Jail staff Agency appointed	
5. Liaison positions or contact from agencies for pre-trial or jail counselors			