

Mahoning County, Ohio

Sequential Intercept Mapping Final Report

September 22 - 23, 2016

Mahoning County Core Planning Team

Name	Position	Agency
Brenda Heidinger	Associate Director	Mahoning County Mental Health and Recovery Board
Rosemary Lee	Peer Supporter	Help Hotline Crisis Center
Duane Piccirilli	Executive Director	Mahoning County Mental Health and Recovery Board
Judge Robert Rusu, Jr.	Judge	Mahoning County Probate Court
Major Alki Santamas	Jail Administrator	Mahoning County Sheriff's Department
Donny Santarelli	Peer Supporter	Neil Kennedy Recovery Clinic
David Stillwagon	Executive Director	Community Corrections Association

Workshop Facilitators and Consultants

Haley Durig	Dissemination Coordinator	Criminal Justice Coordinating Center of Excellence
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	Program Administrator	Criminal Justice Coordinating Center of Excellence



OHIO CRIMINAL JUSTICE
COORDINATING CENTER
OF EXCELLENCE

Sequential Intercept Mapping

Table of Contents

<i>Sequential Intercept Mapping</i>	- 2 -
Introduction	- 2 -
Background	- 2 -
Values	- 2 -
Objectives of the Sequential Intercept Mapping Exercise	- 3 -
Keys to Success	- 3 -
Existing Cross-Systems Partnerships	- 3 -
Representation from Key Decision Makers	- 3 -
Mahoning County Sequential Intercept Map	- 6 -
Mahoning County Sequential Intercept Map Narrative	- 7 -
Intercept I: Law Enforcement / Emergency Services	- 7 -
Intercept II: (<i>Following Arrest</i>) Initial Detention / Initial Court Hearing	- 10 -
Intercept III: Jails / Courts	- 12 -
Intercept IV: Prisons / Reentry	- 14 -
Intercept V: Community Corrections / Community Support	- 15 -
Mahoning County Priorities	- 19 -
Top Priorities	- 19 -
Other Priorities	- 19 -
Additional Recommendations	- 19 -
Additional Resources	- 20 -
Participant List	- 21 -
Action Planning Matrix	- 22 -

Mahoning 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 Mahoning County, Ohio on September 22 & 23, 2016. The workshops were sponsored by the Mahoning County ADAMHS Board, who 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 Mahoning 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 which may be relevant to future action planning.

Background

The Mahoning County Mental Health and Recovery (MHR) Board, Mahoning County Probate Court, and Mahoning County Sheriff's Office requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops, following a county visit and jail tour with leadership from Stepping Up Ohio, to provide assistance to Mahoning 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 30 individuals representing multiple stakeholder systems including mental health, substance use treatment, criminal justice and corrections, consumers and consumer support/advocacy, law enforcement, courts, social services and healthcare. 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 Mahoning 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 Mahoning 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

Mahoning 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 and treatment teams, Crisis Intervention Team training, cross-systems training, and a 2016 Criminal Justice and Behavioral Health Linkages grant from the Ohio Department of Mental Health & Addiction Services. Mahoning County Board of Commissioners also recently passed a Stepping Up resolution, a commitment on the part of the county's governmental offices to address the issue of over-representation of individuals with mental illness in the county criminal justice system.

Consumer Involvement

The local planning team included two peer supporters, one of whom also participated in the full workshop. Additional representation during the workshop consisted of one individual with dual family member and professional roles.

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: Municipal Court leadership, defense bar, dispatch services, Law Enforcement outside of Austintown, homeless shelters, Veterans Services and Victim Advocacy.

Data Collection

- The Mahoning County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Mahoning County Jail Data for July 2015 – June 2016
 - Cross System Collaborative group roster

- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Mahoning County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, July 1, 2016
 - Mahoning County CIT Officers Roster Project Summary Report, September 2015

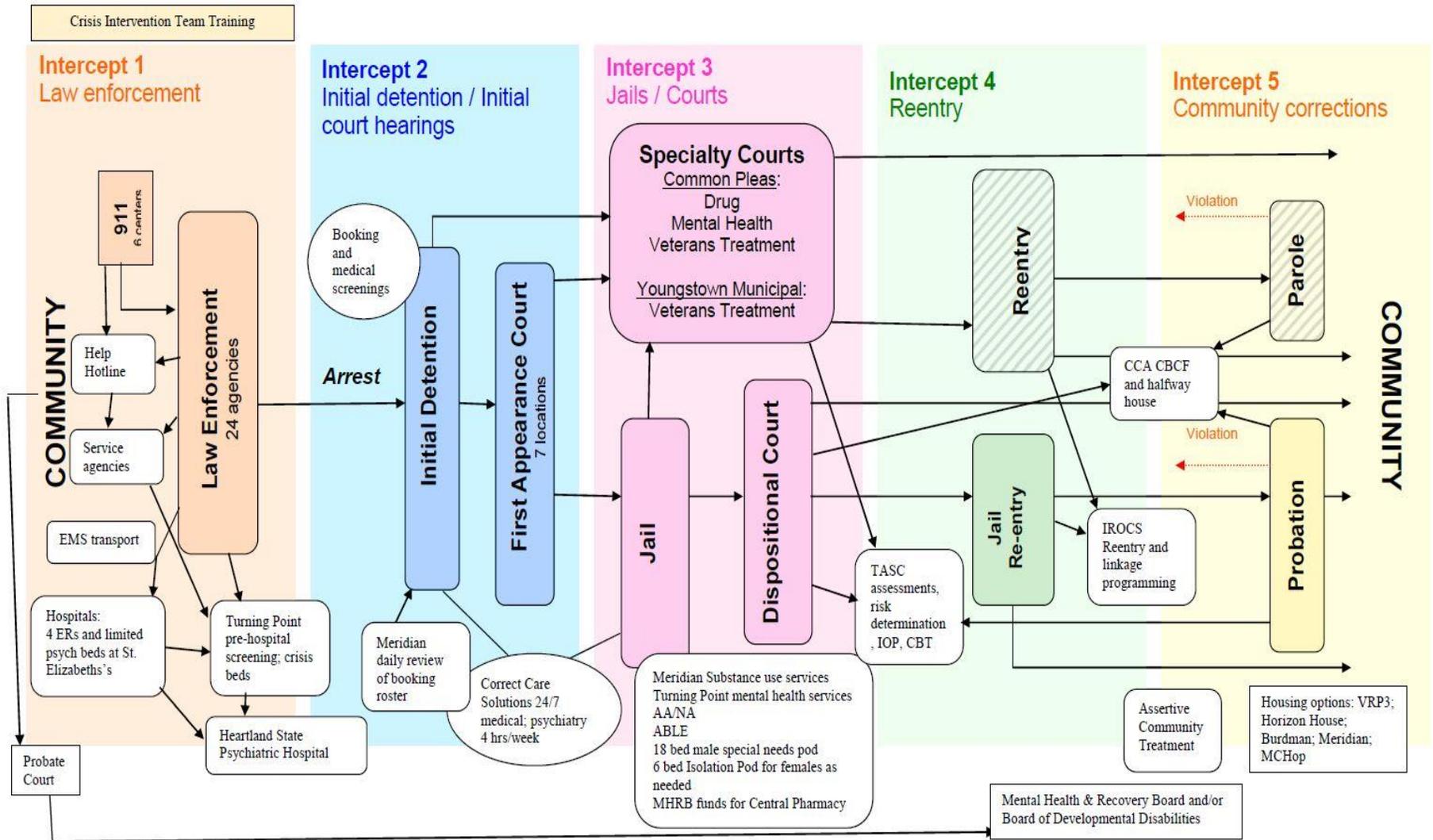
General Recommendations:

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

Sequential Intercept Mapping

Mahoning County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships Mahoning County, Ohio - September 2016



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

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

Intercept I: Law Enforcement / Emergency Services

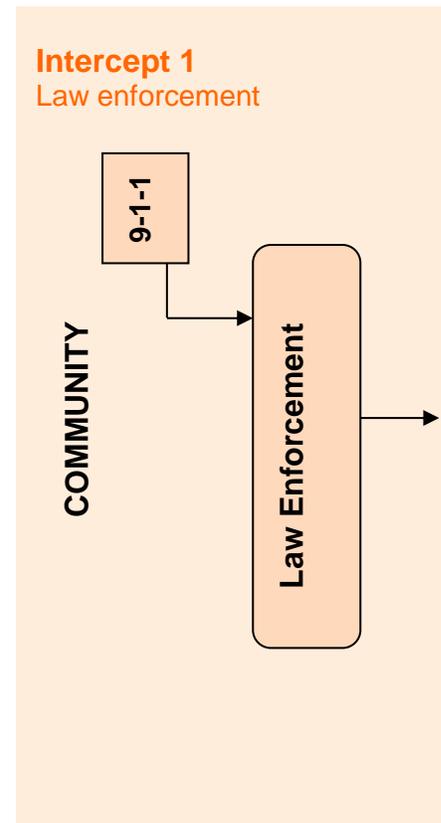
In Mahoning County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement agencies in various towns or cities. Law enforcement options for responding to people with mental illness include advise, summons, arrest, transport to local holding cells, 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

- Mahoning County currently has several call and dispatch centers: Austintown, Boardman, Youngstown, Beaver, Canfield, and County. Participants indicated there is a goal to condense the call centers into two entities, Youngstown City and County, by 2018. The Council of Governments (COG) developed and will oversee the infrastructure of the merger of 911. Sharon Hackett from the Prosecutor’s office is responsible for the COG, which has Memorandums of Understanding (MOUs) with the EMS provider companies. The COG will require specific training of dispatchers as part of the MOUs.
- There is currently no formal training of dispatchers, re: mental illness and/or CIT, although two Youngstown Police Department dispatchers have completed the 40-hour CIT course.
- NAMI provides information on CIT in their Family to Family training, but without dispatcher training and knowledge of CIT, the ability to request CIT officers may be somewhat limited.
- 911 Call-takers have the option of transferring individuals to the Help Hotline Crisis Center.
- There is currently no formal data collection process re: mental illness and/or CIT.

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 21, 2016, Mahoning County has 24 Law Enforcement Agencies: Austintown, Beaver Township, Boardman Township, Campbell, Canfield, Coitsville Township, Craig Beach, Goshen Township, Humility of Mary Health Partners, Jackson Township, Lowellville, Mahoning County Sheriff’s Office, Mill Creek MetroParks, Milton Township, New Middletown,



Poland Township, Poland Village, Sebring, Smith Township, Springfield Township, Struthers, City of Youngstown, Youngstown Developmental Center, and Youngstown State University Police Departments.

- Mahoning County Crisis Intervention Team (CIT) training program has held twelve courses since inception. Most Law Enforcement Agencies have participated in CIT training, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. Six law enforcement agencies have not participated in CIT training: Campbell, Coitsville Township, Poland Township, Poland Village, Sebring, and Smith Township.
- The January 2016 OPOTC report indicates Mahoning County has an estimated 636 full-time officers. Since inception of CIT, 226 have completed CIT training. A local NAMI representative reported that families who interact with CIT officers give positive reports compared to families who interact with non-CIT officers.
- Mental Health First Aid is now offered to law enforcement officers in Mahoning County. MHRS Board staff provided the training recently to 32 officers.
- Local Hospital Emergency Departments serve as the typical after-hours access to mental health care. Police do not typically transport individuals; EMS transports on the officers' pink slip. Those present at the workshop indicated that repeat contacts within the same day are a frequent occurrence, which will then result in transport to jail. If law enforcement has reason to believe an individual will not pass the jail's pre-screening, officers will transport to the hospital emergency department first for medical clearance.
- Austintown Police will sometimes contact a mental health provider directly if identified. Those in attendance reported that police make referrals and share information in real time, but no mental health or CIT encounter forms are used. Individuals who do not meet established criteria or who are engaged in private services may fall in a service gap during non-business hours.

Crisis Services

- Help Hotline Crisis Center serves as the after-hours answering service for all agencies, with 24-hour access to local mental health agencies. Warm line and Peer to Peer services are also available.
- Turning Point and Alta have after-hours support workers for individuals not currently with an open case. Typically, a referral will be made to a hospital emergency department, and Turning Point will be called to the hospital.
- Turning Point has an 18-bed unit for voluntary crisis evaluation.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- Local hospitals include St Elizabeth Health Center, Youngstown (Mercy), St. Elizabeth Boardman (Mercy), St. Elizabeth Austintown (Mercy) and Northside/ValleyCare. All four have Emergency Departments, although the wait time, particularly at Northside, is of great concern. Average time in the E.R. is over 7 hours.
- St. Elizabeth Health Center, Youngstown department of psychiatry and behavioral health provides inpatient services with limited beds. There are no other inpatient centers in the county. Boardman and Austintown Emergency Departments each established a safe room to ensure safety of patients waiting for a psychiatric bed.
- Mercy Hospital and Mercy Hospital foundation are partners in many things. One item is a Navigator for behavioral health clients in the ER, a Mercy position paid for by the MHRB and Mercy Foundation.
- Three officers from Mercy P.D. and four from St. Elizabeth Hospital Protective Services Department have completed the CIT course.
- The county has nine forensic clients currently in long term placement in the state hospital for capital crimes. An additional 7-8 individuals are in the state hospital for competency evaluation or restoration.

Detoxification

- Access is not 24/7. Law Enforcement cannot drop off at detox.
- Indigent beds are available.
- There is a long waiting list for detox services.
- Turning Point will be starting a 6-bed detox unit in October 2017.

Probate

- Probate Court handles 100-120 mental health cases per year. The court reported more community walk-ins than referrals from the mental health system.

Veterans

- Help Hotline Crisis Center answers the Veterans Hotline.
- Local pre-screeners have a good relationship with Wade Park Veterans Hospital; however, there is often a wait.

Intercept I Gaps

- ▣ Wait time for access to Veterans Hospital (Wade Park) and communication, re: eligibility
- ▣ CIT Companion trainings: Dispatch, EMS, Fire
- ▣ Hospital Emergency Rooms and psychiatric bed wait time
- ▣ CIT Encounter information and data; 911 data
- ▣ Detox access and resources
- ▣ Services to follow up on individuals that received Narcan from EMS. Data is reported/collected by zip code, but not individualized for follow-up
- ▣ Limited local services for emergencies with veterans
- ▣ Community education/communication about CIT, available services, and recovery in general

Intercept I Opportunities

- ▣ The merger of 911 entities could provide an opportunity for coordinated, county level CIT training among dispatchers and EMS. A key dispatcher from the COG and supervisor (Maggie) should be included as part of the work group for Priority 2.
- ▣ Dispatcher Training of Trainers will be offered over the next year by the Criminal Justice Coordinating Center of Excellence
- ▣ Increase awareness of availability of Help Hotline and other resources
- ▣ Probate Court – civil commitment role
- ▣ Emergency Room data could be shared with Mental Health and Recovery Board
- ▣ Crisis stabilization beds at Turning Point (18 beds) – knowledge communication, education
- ▣ Share Emergency Room information with MHR Board and police

Recommendations:

- Add companion courses to the routine CIT training offerings. These courses, often for dispatchers, EMS, and fire, range in length but are typically shorter than the 40-hour course. The average length of dispatcher CIT companion training in other Ohio communities is 8-16 hours.
- 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.
- Engage in a Peer Review process of the CIT program, and include observation of CIT training by external peers
- Implement an encounter form to be used by all Law Enforcement agencies. Work toward a consistent procedure across all law enforcement agencies for collecting and analyzing law enforcement data on mental health calls and dispositions and sharing encounter information with the mental health system. This will enable earlier mental health response for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crisis, as well as a means for evaluating

law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness.

- Include information on the FIRST program (First Episode Psychosis) in the CIT training curricula.
- Based on participant input, there appears to be a lack of communication between the religious community and CIT and some indication that local faith organizations would like to be better informed of the availability of CIT officers in the community. Improving this information exchange could be an added target of the community education/awareness work group (priority 4).
- Strongly encourage area hospitals, particularly Emergency Department representatives, to participate in the Cross-System Collaborative and pertinent work groups.

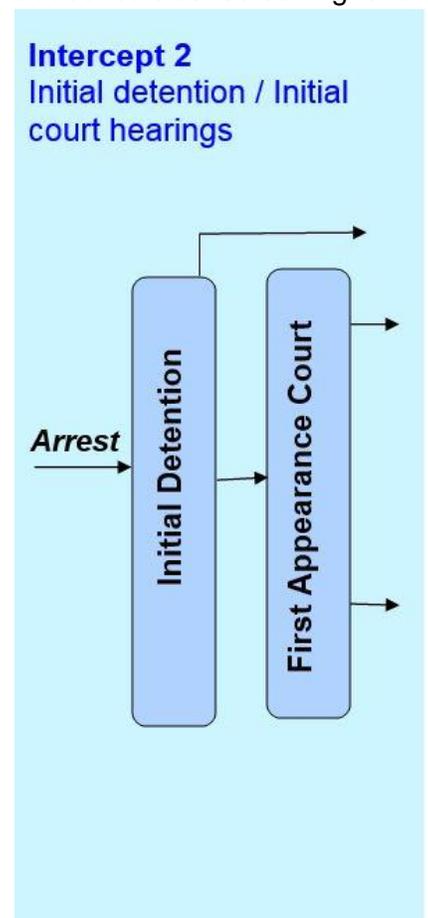
Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

Initial Detention

- Mahoning County Jail is the only full service detention facility, with a capacity of 562. Campbell has a 12-day holding facility with capacity for approximately 8. Struthers is closing their 12-day detention facility.
- Processing and bond out may occur from the local jurisdiction or county jail. There is a pre-determined bond schedule for select misdemeanor charges for automatic release.
- The jail pre-screens all potential inmates before acceptance into the facility. If determined that an individual needs medical clearance, referral is typically made to St. Elizabeth Youngstown. The arresting agency must wait until acceptance occurs.
 - Upon acceptance to the jail, a series of three screenings is completed:
 - Intake deputy screens for deformity, injury, mental illness and medications. If yes to any of 4 questions, then a full medical assessment is completed by medical staff.
 - Medical assessment (total of 35 questions) is completed within 15 minutes by a nurse, including suicide, mental health and medical/physical screenings.
 - Booking deputy completes a receive screening, which includes suicide screening and veteran identification.
- Jail personnel will attempt to determine if an inmate is involved in the mental health system and make appropriate referrals.
- Medications can typically be provided within 48 hours. Outside medications may be used as a source of medication validation. The Mental Health and Recovery Board provides allocation for central pharmacy to provide first choice medications.
- The jail booking roster is accessible online; however, there is no formal expectation for behavioral health service agencies to search the roster for current consumers.

Arraignment

- There are seven locations for initial hearings: Struthers, Campbell, Youngstown and four county courts. Probable Cause determination occurs within 48 hours followed by the next available court date. An initial hearing could delay 4-5 days, depending on timing, holidays, etc...
- City of Youngstown arraignments occur on Mondays, Wednesdays, and Fridays, typically by video. The four county courts hold in-person arraignments.
- Most preliminary hearings are waived.
- There are no formal pretrial services.
- As noted above, there is a pre-determined misdemeanor bond schedule.
- Referral can occur to the Community Based Correction Facility (CBCF) for pretrial supervision as a condition of bond for felony cases.
- Most counsel is appointed. Appointed counsel occurs at arraignment, not at the initial hearing.
- The county does not have a Public Defenders office.



- Although the jail has a reasonable process of screening and assessing inmates during booking, currently no information is relayed to the courts from the jail during the initial detention. The only way information is provided to the court at arraignment is if the individual hires defense counsel.

Intercept II – Identified Gaps

- ▣ Jail sharing data with court for arraignment
- ▣ Lack of legal counsel until after arraignment
- ▣ Screening on weekends
- ▣ No pretrial screening for bond or service needs
- ▣ Delay in bond hearing; criminal justice timeline too long

Intercept II – Identified Opportunities

- ▣ Veteran status, as determined by the booking deputy, could be useful information to the court if the jail can determine how to extract that information from its system.
- ▣ Meridian - screening of new jail bookings will begin in September 2016, including veteran status

Recommendations

- ▣ Case processing is lengthy and slow from Initial Hearing through Disposition and Sentencing, significantly affecting in-custody defendants, especially those with mental illness.
 - The jail and courts should be urged to define a process for information sharing so that results of the initial screening, and assessment if available, are provided to the court to aid in decision-making pertaining to addressing health needs. SAMHSA's 2016 publication, "Screening and Assessment of Co-occurring Disorders in the Justice System," will be provided in a Community Packet.
 - Consider completing risk assessments, e.g., ORAS, and using results of the risk assessments to inform bond release decisions and 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 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 a liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs.
- ▣ The Pretrial Justice Institute, as part of a series of pretrial reform initiatives, outlines eight recommendations to help jurisdictions transition from resource-based to risk-based bail decision-making process and make more informed decisions during the pretrial process. The eight recommendations are noted below. Comprehensive information on the initiatives and each of the recommendations can be found at www.pretrial.org
 - Pretrial risk assessment
 - Pretrial supervision and monitoring
 - Citation in lieu of arrest
 - Elimination of bond schedules
 - Screening of criminal cases by an experienced prosecutor
 - Presence of defense counsel at initial appearance
 - Availability of detention with due process
 - Collection and analysis of performance measure
- ▣ 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.

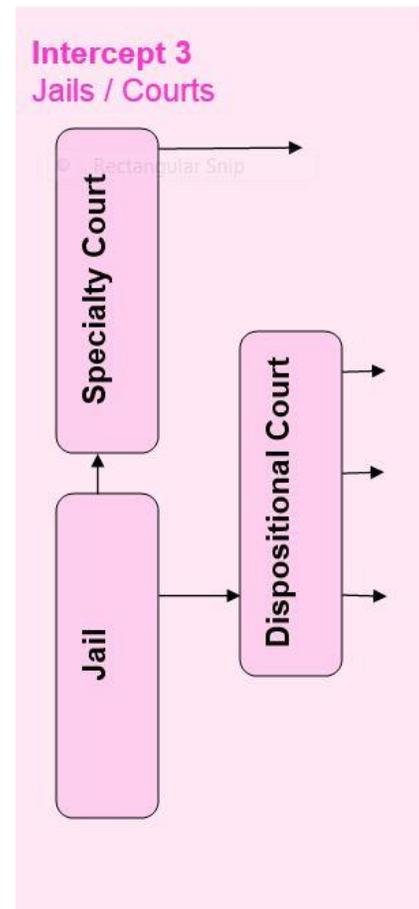
Interested parties can listen to the recording of this webinar at www.csgjusticecenter.org/mental-health/webinars/sharing-information-between-behavioral-health-and-criminal-justice-systems).

- Legal counsel is important as early as possible in the criminal justice process, ideally at first court appearance, especially for individuals with serious mental illness. Addressing issues related to rights, bond, bail, negotiations with law enforcement and prosecutors, and collateral consequences of plea decisions are best addressed early on and with appropriate counsel. Contra Costa County, California provides access to counsel pre-appearance. Paralegals at the Public Defender's Office engage in a screening interview with individuals to assess dynamic risk factors. Their assessment report is sent to the probation department, where a screening of static factors is performed. The two assessment reports are combined in a report to the court. The Constitution Project National Right to Counsel Committee issued a report in March 2015, "Don't I Need a Lawyer: Pretrial Justice and the Right to Counsel at First Judicial Bail Hearing," which will be included in the Community Packet from the CJ CCoE, along with other resources and publications.

Intercept III: Jails / Courts

Jail

- The county jail is certified by the National Commission on Correctional Health Care. Correct Care Solutions is the contracted health provider in the jail. Jail medical staff is available 24/7. Most 24-hour staff are Registered Nurses but there are also Licensed Practical Nurses. A Registered Nurse oversees medical and psychiatric services. Psychiatrist visits typically occur within 30 days. One psychiatrist is available at the jail four hours/week and on-call.
- An estimated 78% of the jail population are pre-trial detainees.
- 25% of the jail population is estimated to have a mental illness. The jail per diem is \$80/day for the general population and is estimated to be double the cost for individuals with mental illness.
- At the time of the mapping exercise, 39 Sheriff's Office deputies had completed CIT training. It is unclear how many of those deputies are corrections officers.
- A special needs pod with 18 beds is available for males. There are six beds in Administrative Segregation which can be used for females as needed.
- Individuals with exacerbated mental health symptoms are placed in the medical unit/infirmary, which has ten male beds and four female beds.
- Other than the bond schedule noted previously, the jail has no delegated release authority.
- Meridian HealthCare provides services at the jail including group counseling, mental health and substance use screening, substance use disorder assessments, and individual counseling for substance use. Staff will at times talk with defense counsel. New staff will be meeting with all identified individuals with behavioral health concerns for case planning, management, and linkage.
- Turning Point provides mental health services at the jail including assessment, individual counseling, anger management and Insight into Change groups, referrals to psychiatrist, and mental health court assessments.
- Individuals with co-occurring disorders may receive services with both agencies.
- Additional services available in the jail include Adult Basic Literacy Education teacher on site 40 hours/week, AA and NA meetings, and faith based programming.
- All services offered in the jail are gender separated, not gender specific. Services provided by treatment agencies are not evidenced based.
- Pink slipping from jail creates challenges for placement. Local hospital emergency departments will decline the referral/pink slip, so the jail must contact Linda Blum for access to the state psychiatric hospital.
- Clients often wait in jail for long periods of time for access to state hospital for competency restoration, at times resulting in court ordered competency evaluations being completed in the jail.



Court

- Struthers, Campbell and Youngstown have separate courts and legal system.
- There is no first-time offender program in the Municipal Courts.
- Having part-time judges in Municipal Courts can present challenges for courts to become familiar with new programs, to implement programming and to be a part of treatment processes.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of August 30, 2016, Mahoning County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status August 30, 2016
John M. Durkin	Common Pleas	Drug	Certified
Theresa Dellick	Juvenile	Drug	Certified
Theresa Dellick	Juvenile	Education	Certified
Theresa Dellick	Juvenile	Family Dependency	Certified
Maureen Ann Sweeney	Common Pleas	Mental Health	Certified
Theresa Dellick	Juvenile	Mental Health	Certified
Theresa Dellick	Juvenile	Reentry	Certified
Theresa Dellick	Juvenile	Sex Offender	Certified
Shirley J. Christian	Common Pleas	Veterans Treatment	Initial Review
Robert P. Milich	(Youngstown) Municipal	Veterans Treatment	Certified

- Turning Point completes assessments for Mental Health Court. Eligibility includes: felony 3,4,5; major (axis I) mental illness, psychosis not required; no history of violence; and no sex crime conviction. Mental Health Court caseload is currently 23.
- Meridian completes assessments for Drug Court and there are 18 providers involved in the Drug Court teams. Drug Court capacity is 60 individuals with a current case load of 71.
- Time between arrest and referral to specialty court can get bogged down by the justice system, especially since there is no Public Defender's office and no routine use of direct indictment. The time needed to provide results of assessments can also cause delay in the court process once a referral has been made.
- Case planning is still imperfect and not as informed, at times, as Judges would like.

Veterans

- Misdemeanor Veterans Court caseload is currently 13.

Intercept III – Identified Gaps

- ▣ Evaluation before sentencing
- ▣ Release from jail timing (late night)
- ▣ Gap between ICST and competent – options for those individuals
- ▣ Knowledge of counsel, re: specialty courts
- ▣ Evidence-based treatment programming
- ▣ Definition of Serious Mental illness (SMI)
- ▣ Track Data on mental illness and substance use clients
- ▣ Overview of defense representation process; engagement by defense bar
- ▣ Capacity issues/staffing in specialty courts
- ▣ Municipal level drug and mental health courts
- ▣ Sealing/expungement process

Intercept III – Identified Opportunities

- None identified

Recommendations

- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services.
- Ensure that mental health and substance use disorder treatment services provided in the jail and the community are evidence-based.
- 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 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). ORAS results can be combined with results of other validated screening tools to aid in case planning and decision-making. 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 will be included in the Community Packet, forthcoming from the CJ CCoE. Electronic copies can also be obtained at no cost from the Justice Center website (www.csgjusticecenter.org)

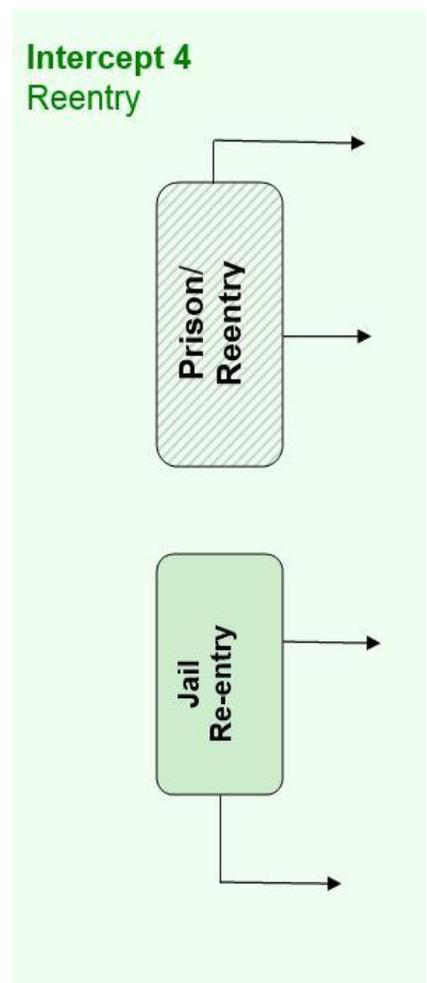
Intercept IV: Reentry

Prison

- Community Linkage referrals from OhioMHAS regarding individuals returning from prison to the community are sent to two staff members at the Mahoning County Mental Health and Recovery Board (currently Bill Carbonell and Michelle Petrello) and Mike O'Brien at Catholic Charities, who is capturing data on retention, recidivism, etc... Services are coordinated through Turning Point Counseling. From 9/20/15-9/20/16 OhioMHAS completed 50 referrals to Mahoning County.
- Those present at the workshop confirmed that most individuals are released from prison with a 30-day supply of medications.

Jail

- IROCS is a reentry/linkage program shared by Meridian and Turning Point. Services include counseling, re-entry planning (Mike O'Brien), peer support involvement, housing through Catholic Charities, assistance obtaining IDs, and meetings every two weeks.
- Medical staff at the jail collaborates with IROCS to ensure inmates exit with a supply of medications or prescription for no more than 30 days. Agencies (Turning Point, TASC/Meridian) obtain medical release from the jail to continue same medications until a psychiatric appointment occurs. MHR Board ensures coverage if someone cannot afford or does not have Medicaid. If other placements are involved, they have not worked out medical protocols.
- Mahoning County Reentry Alliance received a grant from OHMHAS to develop a formal Coalition. Through this funding, the Coalition plans to provide in-reach, including Medicaid application information to inmates who may be released before assistance can be provided. Others will receive assistance with the application 30 days prior to release.



Intercept IV – Identified Gaps

- Transportation
- Timely applications for Medicaid and benefits
- Timeliness of release coordination with TASC
- Communication delay in institutions, APA and Meridian
- State hospital beds are insufficient
- Continuity of care

Intercept IV – Identified Opportunities

- None identified

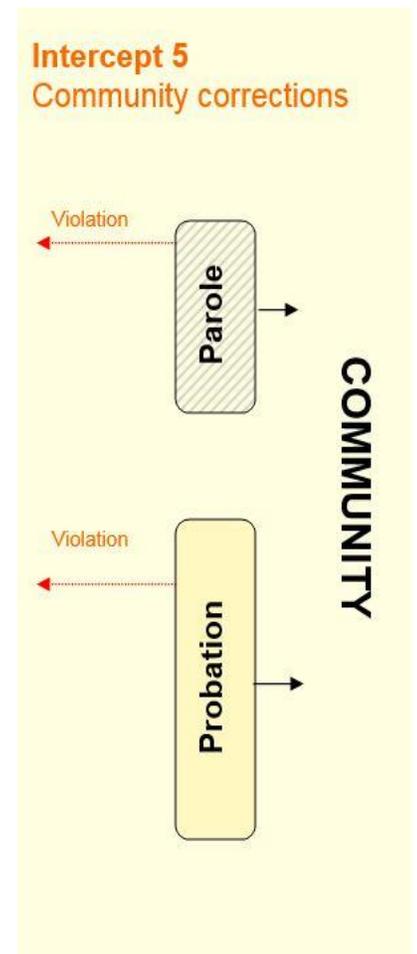
Recommendations:

- There may be future opportunities in Ohio for specialized mental health and diversion training for public defenders. In the meantime, it could be beneficial to consider ways to further engage local attorneys who have expressed interest in providing services to individuals with mental illness. For example, the Mental Health Public Defender program in Travis County, TX may provide some interesting ideas for more holistic involvement with some cases: <https://www.traviscountytexas.gov/criminal-justice/mental-health-public-defender>. On a smaller scale and more local, the Cuyahoga County Court of Common Pleas sponsors an Attorney Training Seminar for assignment eligibility of Mental Health and Developmental Disability (MHDD) Court docket cases, which could potentially be replicated and adapted to Mahoning County .

Intercept V: Community Corrections / Community Support

Probation

- Common Pleas has five Probation Officers. Community Corrections Association (CCA), the organization that operates the Community Based Correction Facility (CBCF), provides probation services for those sentenced to the CBCF, but only during placement. CBCF capacity is 70 males. Eligibility can include mental illness, but no psychosis and no developmental disabilities. Individuals must be able to benefit from Cognitive Behavioral Therapy. Turning Point provides 20-hours a week of consultation. The caseload average is 30/month, with estimated less than 2% individuals with mental illness.
- If an individual is not sentenced to CBCF or is released from CBCF, then probation services are provided by the Adult Parole Authority, which currently carries a caseload of 1,500 for Mahoning County.
- One officer at APA is designated for mental health cases, but also has an additional caseload. Drug Court has its own APA Officer; this caseload does not include individuals with serious mental illness.
- Probation Officers do not have specialized training related to working with individuals with mental illness, other than what is accessed through conferences.
- Each municipal court and city court has its own probation department. Youngstown has five to six officers, while the remaining courts have one or two officer.
- Sheriff's Office operates Day Reporting for Municipal and County misdemeanor courts, and there are no exclusions for serious mental illness. For every eight hours of work, inmates earn one day off their sentence. Day Reporting is used by Drug and Mental Health Courts as a sanction.



- Day Reporting and Electronic Monitoring are also available for bond and sentencing conditions.
- Veterans Court has one designated officer, but no special training.
- CCA completes the pre-sentence investigations. Risk assessment is measured using the pre-trial version of the Ohio Risk Assessment System (ORAS). Individuals placed in the CBCF complete the full Community Supervision ORAS.
- TASC provides assessments for individuals eligible for Intervention in Lieu of Conviction (ILC), including CST/ORAS, case management, drug testing, CBT, relapse prevention, and intensive outpatient services. Referrals are accepted from both Municipal and Common Pleas Courts; however, it was reported that county courts have not been very receptive to the use of diversion services.

Parole

- Two Parole Officers from Adult Parole Authority have completed the 40-hour CIT course.

Community Supports

- CCA operates a halfway house with bed capacity of 130 (48 female and 82 male). Eligibility is same as CBCF.
- Horizon House has twelve beds for both males and females with serious mental illness who are typically very difficult to place. Referrals are accepted from Mahoning, Trumbull, and Tuscarawas Counties and are managed through the county CQI (Continuous Quality Improvement) Committee. Referrals are typically for state hospital release, but can be referred by other agencies.
- Burdman serves three counties as well, and has 21 beds for males and females with serious mental illness.
- Meridian's residential substance use treatment program has beds for 15 males and 16 females; the agency also has 170 clients in the co-occurring outpatient treatment program. Meridian has 200 units of housing in Mahoning County to place some individuals with criminal history. Eight of the 200 beds are dedicated for veterans. The agency also has a fleet of vans and cars for transporting clients.
- CSM/ACT Team is available for those on forensic conditional release or community supervision.
- There are 7-8 Adult Care Facility homes with a range of 5-16 beds each.
- Other services that were listed as available in the community, but not specifically itemized included Residential Care Facilities, permanent supportive housing, sober living housing, shelter plus care, Braking Point and Neil Kennedy.
- MCHop is a Multi-County Housing Opportunity Program which has independent living housing scattered geographically. Individuals with criminal records can get into board funded housing.
- There is typically a waiting list for substance use treatment beds, but the mental health housing situation is not quite as stressed.
- VRP3 is the Vocation and Rehabilitation Program operated by Compass that links clients with housing, employment, and benefits. Compass also has two independent living facilities.
- Once out of services, clients must rely on Western Reserve Transit Authority (WRTA), which is not as easily accessed in outlying areas and not always easy for individuals to coordinate. Restricted transportation options limits job possibilities.

Intercept V – Identified Gaps

- ▣ County courts utilizing treatment services
- ▣ Residential treatment capacity for SMI/SAMI
- ▣ Specialized training for probation officers with mental health caseloads
- ▣ Transportation

Intercept V – Identified Opportunities

- ▣ MHRS Board will provide Judge with list of certified housing

Recommendations:

- Probation officers providing supervision and services to individuals with mental illness should receive special training related to mental illness and best practices in supervision. Strategies should be employed to establish and maintain reduced caseload sizes and improve outcomes for clients.
- Consider creating a team model to include Probation Officers, Community Liaisons and/or Case Managers, and Jail service providers that agree on goals, forms of communications, and roles, and meet regularly among themselves as well as jointly with the defendants/probationers for case planning and evaluation, and to render recommendation for changes in status. This model should be utilized with Pretrial defendants and Pretrial Services once operational as well.
- Additional strategies may include:
 - Utilize valid risk assessment tools to inform decisions related to community supervision, i.e., the need for supervision and the level/type of supervision indicated.
 - Utilize peer support services on a broader scale to supplement supervision.

Priorities for Change

Mahoning County,
Ohio

Mahoning 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.

At the close of the workshop, it was agreed that the Mental Health and Recovery Board would serve as the convener of the SIM and Stepping Up Task Force. It was further agreed that the group would invite additional consumers of service and representatives of the faith community to future meetings and activities.

Top Priorities for Change

1. Access to hospital services causing undue delays – State Hospital, E.R. and local psychiatric beds
2. CIT companion training – dispatch, EMS, fire
 - a. Options for briefer training, e.g., Mental Health First Aid Trauma Informed Care
 - b. Peer Review
 - c. CJ CCoE provide training:
 - i. Training of Trainers for dispatch CIT training
 - ii. CIT Coordinators Training
3. Detox resources
4. Pretrial services: bail investigations, risk determination and screening
5. Community education/awareness of CIT, mental health and addiction service options and recovery

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

- Transportation (5 votes, Intercept 5)
- Release from jail timing (late night) (2 votes, Intercept 3)
- Timely applications for Medicaid and benefits (2 votes, Intercept 4)
- Services to follow up on individuals that received Narcan from EMS. Data is reported/collected by zip code, but not individualized for follow-up (1 vote, Intercept 1)
- Wait time for access to Veterans Hospital (Wade Park) and communication, re: eligibility (1 vote, Intercept 1)
- Jail sharing data with court for arraignment (1 vote, Intercept 2)
- Delay in bond hearing; criminal justice timeline too long (1 vote, Intercept 2)
- Municipal level drug and mental health courts (1 vote, Intercept 3)

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

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 Mahoning County, Ohio | September 22 & 23, 2016

Participant Roster

Title	Fname	Lname	Position	Agency	email
	Jason	Nespeca		Adult Parole Authority	richard.nespeca@odrc.state.oh.us
	Kathy	Dina		Austintown Police Department	
	Mike	O'Brien		Catholic Charities Regional Agency	mobrien@ccregional.org
	Jeremy	Simpson		Community Corrections Association	
	Vince	Ardwin		Forensic Center	
	Linda	Blum	Forensic Monitor	Help Hotline Crisis Center	lblum@helph hotline.org
	Rosemary	Lee	Peer Supporter	Help Hotline Crisis Center	rlee@helph hotline.org
Judge	Shirley	Christian		Mahoning County Common Pleas Court	schristian@mahoningcountyoh.gov
	Amy	Klumpp	Drug Court Coordinator	Mahoning County Mental Health and Recovery Board	aklumpp@mahoningcountyoh.gov
Magistrate	Richard	Machuga		Mahoning County Probate Court	rrusu@mahoningcountyoh.gov
	Lucia	Lewis		Mahoning County Probate Court	
Atty.	Linette	Stratford		Mahoning County Prosecutor's Office	lstratford@mahoningcountyoh.gov
	Nicole	Lewis	Director of Health Services	Mahoning County Sheriff's Department	nilewis@correctcaresolutions.com
Major	Alki	Santamas	Jail Administrator	Mahoning County Sheriff's Department	asantamas@sheriff.mahoning.oh.us
	Karen	Hogan		Mercy Health	kw Hogan@mercy.com
	Andrea	Paventi		Meridian HealthCare	apaventi@meridianhealthcare.net
	Chelsea	Guerriri		Meridian HealthCare	cguerriri@meridianhealthcare.net
	Meghan	Fortner		Meridian HealthCare	mfortner@meridianhealthcare.net
	Hope	Haney		NAMI of the Mahoning Valley	namimv@yahoo.com
	Carolyn	Givens	Executive Director	Neil Kennedy Recovery Clinic	Carolyn.givens@gatewayrehab.org
	Wendy	Laurenzi		Turning Point Counseling Services	wlaurenzi@turningpointcs.com
	Marilyn	Lane	Victim/Witness Advocate	Mahoning County Prosecutor's Office	mlane@mahoningcountyoh.gov
	Vince	Paolucci		Mahoning County Developmental Disabilities	vpaolucci@mahoningcountyoh.gov
	Michelle	Edison	HUB Director	Mahoning County District Board of Health	medison@mahoninghealth.org
	Duane	Piccirilli	Executive Director	Mahoning County Mental Health and Recovery Board	dpiccirilli@mahoningcountyoh.gov
	Brenda	Heidinger	Associate Director	Mahoning County Mental Health and Recovery Board	bheidinger@mahoningcountyoh.gov
	Bill	Carbonell		Mahoning County Mental Health and Recovery Board	bcarbonell@mahoningcountyoh.gov
	Eric	Ritz		Compass	
	Michele	Petrello		Mahoning County Mental Health and Recovery Board	mpetrello@mahoningcountyoh.gov
	Aimee	Schweers		Mahoning County Mental Health and Recovery Board	aschweers@mahoningcountyoh.gov

Action Planning Matrix for Mahoning County, Ohio

Priority Area 1: Access to hospital services causing undue delays – state hospital, E.R. and local psych beds				
Objective	Action Step	Who	When	
1. Increase efficiency in ED throughput	A. Ensure appropriate level of care through thorough assessments & screening.	Turning Point prescreening	1/1/17	
	B. Increase community plans for frequent utilizers with accountability	Clinical providers	1/1/17	
	C. Hire Population Navigator at SEY	Bill Carbonell, Karen Hogan,	12/1/16	
	D. Consistent response for specific populations (DD, AoD)	Vince Paolucci, Bill Carbonell, Meridian	1/1/17	
2. Develop relationships and partnerships with inpatient providers	A. Build contracts with Glenbeigh, Summa, Akron General, Ohio Hospital for Psychiatry	Bill C./ MCMHRB	March 2017	
	B. "AoD bed" held for emergency need, or prioritized for first open	Bill C./ MCMHRB	March 2017	
	C. Admitted patients in need of special services (AoD, DD) screened within 24 hours	Turning Point prescreening	March 2017	
3. Increase psychiatrists to Mahoning County to serve inpatient services and ED	A. Recruitment of psychiatrists and residents through	Karen Hogan	September 2017	
	1. NEOMED	MC MHRB		
	2. CWRU	Mental Health Agency		
	3. OU	Directors		
	4. LECOM			

Action Planning Matrix for Mahoning County, Ohio

Priority Area 2: CIT Companion Training – dispatch, EMS, fire				
Objective		Action Step	Who	When
1.	Determine best practice	<ul style="list-style-type: none"> A. Research other 911s that have implemented dispatcher training. B. Develop guide and modify for Mahoning County. C. Develop scenarios (role playing) 	<p>Michele with resources from CJ CCoE</p> <p>Kathy, Austintown PD</p>	<p>Nov. 2016</p> <p>TBD</p>
2.	Apply best practice	<ul style="list-style-type: none"> A. Identify how jurisdictions currently typecode B. Determine how jurisdictions input premise history related to mental health, DD, and AoD 	Kathy, Austintown PD	12/16
3.	Train 911 call takers on mental health, DD, and AoD issues	<ul style="list-style-type: none"> A. Train call takers and dispatchers with involvement from CIT officers B. Research who can do training from law enforcement 	CIT Officer Multi-county negotiator MC MHRB	TBA
4.	Conduct CIT Peer Review	A. Request Peer Review via Michael Woody	Michele and local CIT Steering Committee	Make request by 10/16/16. Timeline of review TBD by reviewers and steering committee
5.	Determine need and interest in companion training for EMS and fire			

Action Planning Matrix for Mahoning County, Ohio

Priority Area 3: Detox resources				
Objective		Action Step	Who	When
1.	Compile resources list	A. Meet and compile list of resources 1. General resources 2. Crisis resources	Brenda Heidinger, Meghan Fortner, Carolyn Givens, Brian Kennedy	October 14, 2016
2.	Educate community on resources	A. Public resource list 1. CJ system (law enforcement & courts) 2. First responders 3. General public	Brenda Heidinger, Meghan Fortner, Carolyn Givens, Brian Kennedy	November 18, 2016
3.	Improve access	A. Actionable collaboration and joint projects, such as: 1. Centralized intake 2. Crisis beds 3. Develop 24/7/365 contact number for pre-screen and referral	Detox providers and MC MHRB	Set schedule of meetings at November Agency Directors meeting. Projects will be ongoing.

Action Planning Matrix for Mahoning County, Ohio

Priority Area 4: Pretrial services: bail investigation, risk determination and screening				
Objective		Action Step	Who	When
1.	Identify stakeholders	A. Identify Initial Committee Members	Prosecutor, Sheriff, Criminal Defense Bar, APA, CCA, Commissioner's Office, Common Pleas Court, Meridian, TASC, Turning Point	9-23-16
		B. Contact criminal defense – Jerry Ingram	Linette Stratford	9-30-16
		C. Contact commissioners – Anna DeAscentis	Amy Klumpp	9-30-16
2.	Identify Models & meet	A. Models – Lucas, Stark, Summit.	Committee	9-23-16
		B. Contact each program	Amy K. (w/ assistance from D. Peterca)	9-30-16
		C. Set times to meet, obtain information/model description	Amy K./committee	10-31-16
3.	Program development (rough draft)	A. Budget B. Program Description C. Authority D. IT Infrastructure	Jeremy Simpson	11-30-16
4.	Approach decision makers – program proposal	A. Common Pleas Judges	Linette S.	12-31-16
		B. Commissioners	Anna DeAscentis	12-31-16
5.	Identify funding options	A. PIG Grant (407/408) \$ already transferred		9-23-16
		B. MC MHRB		
		C. OCJS grant availability		1-31-17
		D. Federal grant		1-31-17
		E. Common Pleas Court Special Projects		1-31-17
6.	Program – final draft	A. Role of Pretrial Services 1. Bail Investigation 2. Risk Assessment ORAS – PT ARNOLD – PT	Alki Santamas Jeremy S., Jason Nespeca, Andrea Paventi	January 2017

Action Planning Matrix for Mahoning County, Ohio

7.	Grant application	<p>3. AoD/MH Assessments as needed 4. Screen – Specialized Docket 5. Maximize release, appearance, and public safety</p> <p>B. Structure 1. Pretrial Coordinator 2. Officers 3. Infrastructure</p> <p>C. MOUs and Releases</p> <p>PIG Grant</p>	Committee and Brenda Heidinger	February 2017
----	-------------------	--	--------------------------------	---------------

Action Planning Matrix for Mahoning County, Ohio

Priority Area 5: Community education/awareness of CIT, mental health and addiction service options, and recovery				
Objective		Action Step	Who	When
1.	Peer supporter (interaction)	<ul style="list-style-type: none"> A. Peer supporter to go into community B. Identify and recruit peer supporters from the community <ul style="list-style-type: none"> 1. Identify community leaders for referral (churches, neighborhood centers, agencies, “success stories” from agencies) 2. Identify community projects (Neighborhood gardens, Rescue mission) C. Train <ul style="list-style-type: none"> 1. Peer Support training 2. Community Health Worker Training 	Rosemary Lee Community Outreach Worker, Peer Supporter, Community Health Worker MC MHRB	9-30-16 to Spring 2017
2.	Funding for Peer Support	<ul style="list-style-type: none"> A. Can Community Health Worker Training be secured at no cost from NEOMED? B. Internship hours at Drop-in Center 		Info to be obtained by 9-30-16 Training within 6-8 months (March – May 2017)
3.	Educate patients for a successful patient-provider encounter	<ul style="list-style-type: none"> A. Determine who the providers are B. Determine what providers are required to do. What is the protocol? C. Inform clients on what to expect 	Caseworkers Peer Supporters	
4.	Resources for families and community	<ul style="list-style-type: none"> A. Create resource packets for jail and families B. Gather resources from the community (heavy on mental health info) C. Distribute resource packets <ul style="list-style-type: none"> 1. Jail 2. All behavioral health agencies 3. Churches, community centers 4. Rescue Mission, Salvation Army, Veterans 	Nicole Lewis Nicole L. IROC Peer Supporter, Rosemary L.	March 2017 Sept 2016 – March 2017