

Portage County, Ohio

Sequential Intercept Mapping Report



November 10 - 11, 2014

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Sequential Intercept Mapping

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Portage 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 Portage County, Ohio on November 10 & 11, 2014. The workshops were sponsored by The Mental Health & Recovery Board of Portage County, the Portage County Municipal Court and a local planning team comprised of mental health and criminal justice service providers, a consumer representative and the local NAMI President. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Portage 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 Portage County Municipal Court and the Mental Health and Recovery Board of Portage 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 Portage County with:

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

The participants in the workshops included 33 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections, county jail, consumer/peer/advocacy, law enforcement, courts, medical, children's services, and county administration. A complete list of participants is available in the resources section of this document. Lorie Fourhman, Daniel Peterca, Douglas Powley, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Objectives of the Sequential Intercept Mapping Exercise

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

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Portage 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 Portage 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

Portage 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. Past examples have included the Portage County Suicide Prevention Coalition, Family Stability Incentive Grant, Portage Substance Abuse Prevention Coalition and Portage County Reentry Coalition, among others. Current examples of collaborative efforts to specifically address the interface of mental health and criminal justice include

- Alternative to Jail committee examining ways to reduce overcrowding in the jail
- Mental Health Diversion Committee for oversight of this court program
- Crisis Intervention Team Steering Committee and Training
- Crisis Intervention Team Education Collaboration – a 40 hour program for educators on awareness of mental health and substance use disorder and how to manage crisis
- July 2014 OhioMHAS Community Innovations collaborative grant with Coleman, Townhall II, and Summa to focus on jail re-entry and substance abuse
- 2012 Oversight committee developed by the Mental Health & Recovery Board of Portage County to monitor substance abuse services in the county with an emphasis on Root House

Consumer Involvement

This county had excellent participation from two consumers and advocates. The local planning team included one consumer and the President of the local NAMI chapter, both of whom also participated in the workshop. This consumer, who had direct experience with both the criminal justice and mental health systems, participated in the first day of the workshop but was not present for the action planning workshop. A second representative of NAMI Portage County and the second consumer, a Peer Support Specialist, participated in the full workshop.

Recommendations:

- Portage County may want to consider establishing one primary task force to address issues associated with the interface of mental health and criminal justice, which could then sponsor sub-committees to address the myriad of initiatives listed above as well as the work groups necessary to follow through on the strategies identified during the mapping workshop. Some counties have utilized and expanded upon the Community Corrections Board, a Reentry

Coalition, or other existing committee to accomplish this; others have built a task force from the mapping workshop participants. The goal should be strategic organization without duplication.

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, Summit Psychological Services, and the Prosecutor's Office.

Data Collection

- The Portage County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Portage County Jail Statistics from Medical Staff, 2013 and 2014
 - KSU Mental Health Calls for Service reports, 2012 and 2013
 - Portage County Municipal Court 2013 Annual Report
 - Townhall II Counseling Services Referral Source Summary FY 2014
 - Townhall II Counseling Services Primary Drug Summary FY 2014
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Portage County Crisis Intervention Team Training Data, updated 10/1/14
 - Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, 10/1/14
 - Portage County CIT Peer Review Summary, 2010

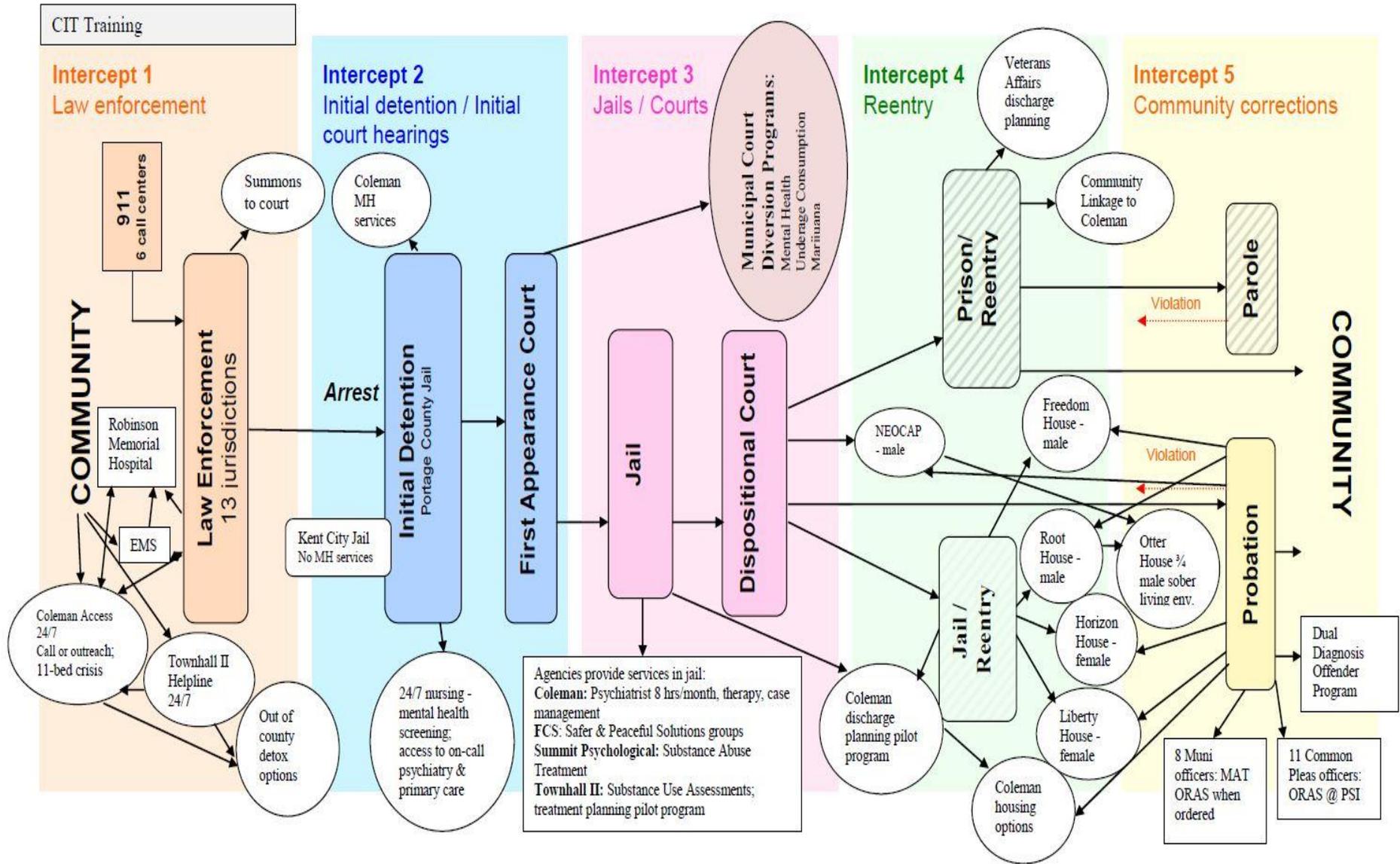
Recommendations:

- 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 Portage County criminal justice system, e.g., jail booking information compared to mental health system client rosters to recognize individuals as they enter and reenter the justice system.
- Be strategic in collecting data. Identify clearly what data will help to inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.

Sequential Intercept Mapping

Portage County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Portage County, November 2014



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

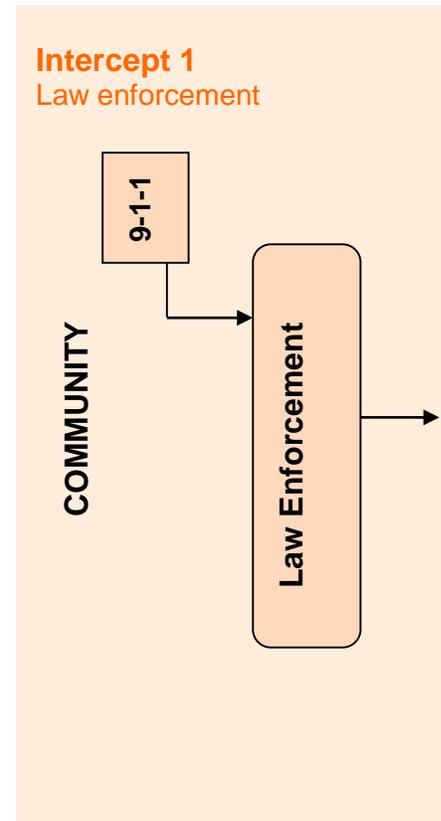
Dispatch / 9-1-1

- Portage County has six 911 call-taking centers for law enforcement: Portage County Sheriff Office, City of Ravenna, Streetsboro, City of Kent, Kent State University, and City of Aurora. Some Fire/EMS use additional dispatch centers.
- Some dispatchers have received training through two CIT companion courses. Two dispatchers have completed the full 40 hour CIT course.
- Typically, an officer is assigned by dispatch and makes the determination of how to dispose of a call.

Law Enforcement

According to the Ohio Peace Officer Training Commission County Agency Report issued June 17, 2014, Portage County has 13 Law Enforcement Agencies: Aurora P.D., Brady Lake P.D., Brimfield Township P.D., Garretttsville P.D., Hiram P.D., Kent P.D., Kent State University Police Services, Mantua P.D., Portage County Sheriff’s Office, Ravenna P.D., Robinson Memorial Hospital Police Services, Streetsboro P.D., and Windham P.D.

- Law Enforcement can currently use the following options for persons with mental illness in crisis:
 - Robinson Memorial Hospital – often will transport to hospital for evaluation and medical clearance prior to mental health screening and evaluation at Coleman Professional Services
 - Coleman Professional Services ACCESS - may transport directly for evaluation and emergency pre-hospitalization screening if not violent, nor under the influence of Alcohol or other drugs.
 - Portage County Jail



- City of Kent jail - limited
- Streetsboro Police Department makes follow-up contacts with some individuals
- At times EMS will co-respond, but can only transport to hospital. Joint training is held once per year to make EMS and other first responders aware of resources
- Portage County has 237 full time, sworn law enforcement officers. The county has held 12 CIT courses since 2006 and trained 166 officers, the equivalent of 70% of the full time police force. All law enforcement agencies in the county participate in CIT training, although not all agencies use the full CIT program model of operation. Kent State University Police Services has a fully operational CIT program and can serve as a model to others in the county. A Peer Review of the county-wide CIT efforts was completed in 2010 and is being used as a reference to further enhance programming over time.
- In addition to law enforcement, individuals from college campuses, adult and juvenile corrections, dispatch, fire services, and the primary mental health agency have completed the full CIT course. A total of 210 individuals have been trained from various disciplines.
- Annual advanced trainings are offered for both CIT officers and Emergency Medical Services providers on a variety of mental health and addiction topics

Crisis Services

- Coleman Professional Services – ACCESS is available 24/7 for intake and assessment
- Mobile outreach can occur from ACCESS under limited circumstances.
- 24-hour crisis lines are available through Coleman Professional Services and Townhall II (THII) Helpline. THII Helpline is linked to national suicide prevention line.
- Coleman Professional Services has an 11-bed crisis stabilization unit and can house 11-12 people. County jail administration views this as not enough beds and indicated that more beds are needed every day.

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- Robinson Memorial Hospital E.R. provides medical clearance as needed prior to Coleman providing mental health assessment
- All hospital security officers are sworn law enforcement officers, and all are CIT trained.
- Hospital staff reports that individuals frequently slip through system cracks when they are dropped off at the hospital via EMS or law enforcement without civil commitment or arrest. The hospital is unable to hold individuals, and patients will leave the hospital on personal recognizance bond or on own.

Detoxification

- There are no detox services in Portage County. Services are contracted in neighboring counties: Oriana House in Summit County and CIRC (Crisis Intervention Recovery Center) in Stark County.
- Robinson Memorial Hospital will hold people until sober prior to releasing to Coleman Professional Services for evaluation or to jail.

Veterans

- Coleman Professional Services screens for Veteran status.

Intercept I Gaps

- Need education of families, re: CIT
- Access to probate court. Probate Court does not utilize Assisted Outpatient Commitment. When a probate process is utilized, it is typically post-hospitalization with facilitation by Northcoast Behavioral Healthcare or St. Thomas hospitals.
- There is no coordinated effort at collecting or analyzing CIT encounter data or using law enforcement encounter information to address needs of consumers who are high utilizers of law enforcement services.
- Consumer rights
- Getting contact information numbers out to community – central resource location (e.g., 211 or Townhall II)
- CIT training for dispatchers

- ▣ CIT officers not assigned to mental health calls
- ▣ Education to community and families, re: CIT
- ▣ Cross training (911, CIT, MH, AoD)
- ▣ Crisis beds
- ▣ Detox/crisis drop off

Intercept I Opportunities

- ▣ THII Helpline could be better utilized as the central resource location.
- ▣ Kent State University and Streetsboro Police collect CIT data. Kent State University also analyzes and issues formal reports on data.
- ▣ Access to services in community

Recommendations:

- Implement a CIT encounter form to be used by all Law Enforcement agencies and establish procedures for collecting and analyzing law enforcement data on mental health calls, encounters, and dispositions for the purposes of evaluating law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness. Aggregate data will also inform the county-wide CIT program of potential training needs and areas for program enhancement.
- Once law enforcement encounter data is available, convene the CIT steering committee, or a sub-committee, on a regular basis to review encounter information as it becomes available from police, identify frequent users of CIT services ("hot spotters") and do comprehensive case planning to address the core reasons for the recurring police encounters that relate to mental health and/or substance use issues, and problem solve when cases were not handled optimally.
- Working with Probate Court, develop an agreed upon Civil Commitment protocol and train all appropriate law enforcement personnel and staff.

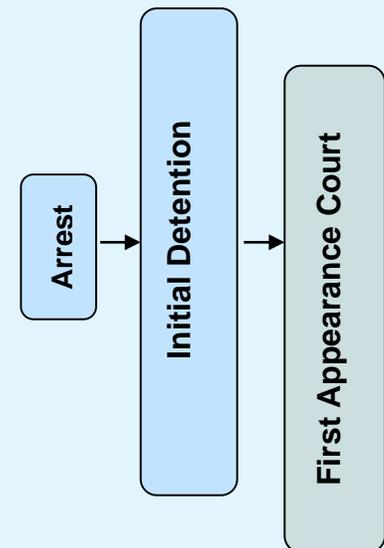
Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

Initial Detention

- Upon arrest individuals are held in detention at either the Kent Jail or the Portage County Jail.
- The Kent Jail is a 12 day facility with four cells and legally rated capacity of 7 individuals. The census often exceeds capacity, with an average of 8 detainees on weekends. As many as 18 individuals have been held at one time.
- The City of Streetsboro has a temporary 6-hour holding facility. Individuals can be arrested and released, but if being held, they must go to the county jail.
- Portage County Jail booking may take up to 8 hours; then individuals are moved to housing. An average of 13 individuals are booked per day.
- Classification and medical screening occurs with standard questions for physical and mental health. No questions are asked about veteran status.

Intercept 2

Initial Detention / Initial Court Hearings



- The County Jail has 24 hour medical /nursing staff. Nursing staff provides mental health screening. If mental health issues are identified, inmates are scheduled with Coleman Professional Services for counseling and psychiatric services. Dr. Welsh is the medical director at Coleman and contracted for jail services.
- Coleman staff monitors daily who is booked in jail.
- The County Jail does not accept highly intoxicated individuals. They must first go to Robinson Memorial Hospital for clearance.

Arraignment

- There are three municipal judges, all serving county wide, with one located in the city of Kent and two in the city of Ravenna. There are two Common Pleas Judges.
- Initial hearings are held Monday through Friday, with arraignments held next day, except for weekends and holidays. Ravenna holds video arraignments at 1:15pm every day for both misdemeanors and felonies. Kent holds arraignments in the morning, in person.
- Probation provides as much information as possible prior to arraignment. All information gathering is via computer based information. No ORAS (Ohio Risk Assessment System) tool is completed pre-trial, nor face to face interview. Names of defendants are only received on the morning of arraignment (felonies and M1's). Probation has access to the Jail View system, so can look up details of booking, but cannot see any health screening information because the medical provider is contracted and information is deemed HIPPA protected.
- The vast majority of individuals are released on signature bond (some with conditions and/or supervision provided by probation) or cash bond. It takes 30 days average for trials to be held. All felonies are scheduled for preliminary hearing every Friday with a scheduled rotation among Judges. In most instances cases are dismissed for review and taken to grand jury at a later time, which often results in another warrant and arrest at time of indictment.

Intercept II – Identified Gaps

- ▣ Sharing of information between jail, pre-trial, agencies and court
- ▣ Screening by pre-trial or probation; no screening or access to mental health information for persons coming into arraignment or cases that have been summonsed
- ▣ Weekend arraignments/processing – not seen as urgent
- ▣ Coordinated communication and information sharing among providers, Board, and courts, re: inmates' mental health diagnosis and/or needs. There is no system in place to be proactive with MH clients.
- ▣ Female jail capacity
- ▣ Veteran screening at jail

Intercept II – Identified Opportunities

- ▣ Coleman Professional Services monitors jail bookings for existing clients. This process could be duplicated at other stages of the criminal justice system and/or by other service organizations to increase the likelihood that persons with mental illness are identified and re-connected with services at the earliest possible time.
- ▣ Memorandums of understanding could be developed among jail, probation and court

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.
- 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 who are not participants in the diversion program.
- While not specific to individuals with mental illness, the indictment process noted above can result in a second arrest, which may be of concern related to persons with mental illness, as this practice could lead to additional and untimely interruption in treatment.

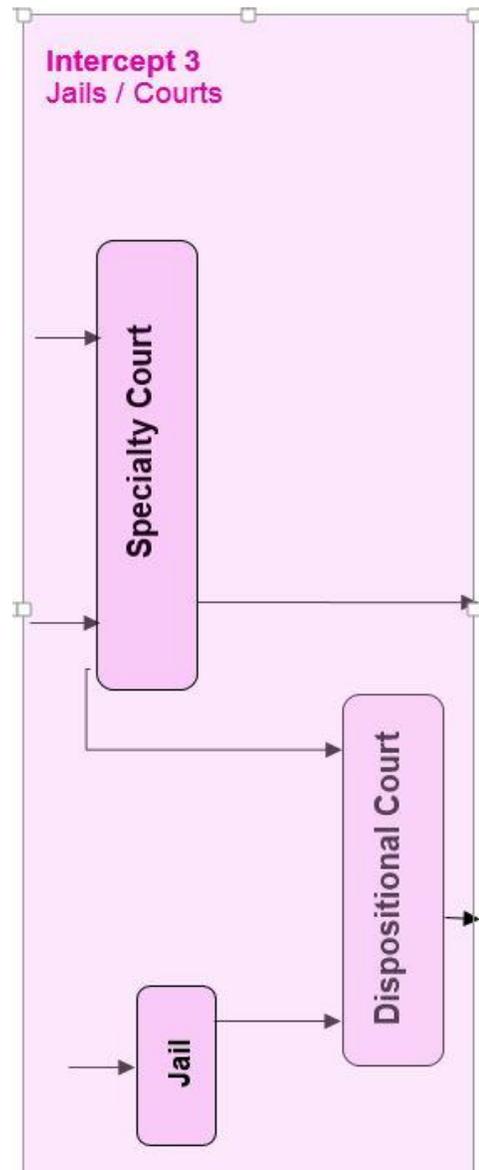
Intercept III: Jails / Courts

Jail

- Portage County Jail is a full service jail with a rated capacity of 218. The average daily population is 186-190.
- Housing females is a significant problem. The Jail has 34 beds for females. On November 4, 2014 (6 days prior to mapping workshop), the female census was 50. On another recent morning, the census was 60. The typical female census exceeds 40 and averages around 44.
- Coleman Professional Services is contracted for psychiatry services (Dr. Welsh) 8 hours/month, as well as for mental health therapy services at the jail.
- Jail statistics for January to September 2014 indicate an average of 71 individuals per month are on psychiatric medications. The average number of psychiatric prescriptions per month during that same time period was 182.
- Medical services are provided by an outside medical company. A bridging policy is in place to maintain existing medications. Medication is verified and reinstated as soon as possible, typically within a day. Some medications are in stock at the jail. Coleman staff can verify prescriptions for existing clients. Medication is then coordinated by the case manager, with assistance in getting medications to the jail. There are frequent complaints from clients, however, and mixed messages and experiences concerning access to medications. For example, the Public Defender reported not being permitted to give paperwork to clients to complete for release of medical information.
- Individuals on suicide watch or behavior watch are given higher priorities for counseling services. Anyone placed on suicide watch will be transported by deputy to Coleman Professional Services for evaluation, whether or not arraignment has occurred, prior to release from jail, even if the Judge has issued their release. Jail staff estimate that two or three inmates are placed on watch and seen by mental health staff per day. In more urgent situations, individuals are transported to Robinson Memorial Hospital for medical management. If longer term hospitalization is warranted, consumers are moved to Northcoast Behavioral Healthcare, and in some instances St. Thomas Hospital in Summit County.
- Some deputies have authority to place inmates on suicide watch for other reasons, to protect the interests of the inmate (e.g., circumstances expected to get worse or nature of crime is sensitive or high profile)
 - Townhall II has a jail liaison that provides substance abuse services at the jail.
- Jail statistics for January to September 2014 indicate that a total of 433 individuals (average of 48 per month) were deemed in need of monitoring for potential detox from drugs and alcohol. The predominant category was opiates, with an average of 28 individuals per month, followed by alcohol with an average 11 individuals per month. The remaining (average 6/month) individuals were categorized at risk due to benzodiazepines or "other" drugs.
- In all cases, the goal within the County Jail is stabilization and move to general population. The Jail provides a specialized housing response for high mental health needs, but does not use a formal classification system.
- 12 Portage County Corrections officers and 4 Portage County Justice Center employees have completed the full 40-hour CIT course.

Court

- Municipal Court Mental Health Diversion Program is available through Judge Oswick's court in collaboration with Coleman Professional Services and other providers. The program is not a certified specialty docket, but has



been in operation for many years. Capacity of the program is 15 individuals, which is insufficient to meet current demand. Criteria for the program is based on mental health diagnosis, Portage County residency, evaluation, Pre-Sentence Investigation (PSI) process, and eligible offenses. The MAT (Misdemeanor assessment tool) version of the ORAS (Ohio Risk Assessment System) is used for additional information but not as criteria for eligibility. A Chief Probation Officer is assigned to the program and screens individuals for the program with input from Coleman. Terms of the program include one year probation and monthly meetings with the Judge, probation, and Coleman staff to coordinate services. Successful participants have charges dismissed or expunged upon completion.

- Municipal Court also has diversion options for alcohol prohibitions and marijuana.
- Intervention in Lieu of Conviction is an option, but is utilized primarily for drug cases.
- Coleman Professional Services employs a Peer Specialist
- Summit Psychological Services performs competency evaluations for the court.
- Typical time to resolve a case is six months.
- The Public Defender only receives mental health status information when that information is actively sought from clients; information on mental health status does not come from any other sources.
- One staff member of the Portage County Prosecutor's Office has completed the 40-hour CIT course.

Specialty Courts

- There are no certified adult specialty courts in the county, although there is discussion about pursuing mental health court certification for the Municipal Court Mental Health Diversion Program.

Intercept III – Identified Gaps

- ▣ Capacity and resources of mental health diversion program at Municipal Court are insufficient to meet current level of needs
- ▣ Access to medications at county jail – mixed perceptions of how this works and how well it works
- ▣ No specialized probation at Common Pleas
- ▣ Need resources for probation officer working with mental health diversion program
- ▣ Public Defender's office does not know if individuals are mental health clients
- ▣ County mental health board does not have access to data associated with mental health status of county jail inmates because a private medical company is the contracted provider within the jail.
- ▣ Female alternatives

Intercept III – Identified Opportunities

- ▣ Mental Health and Recovery Board is making efforts to obtain aggregate jail data on inmates with mental illness and substance use disorders on a more routine basis. Aggregate data was obtained just prior to the workshop.

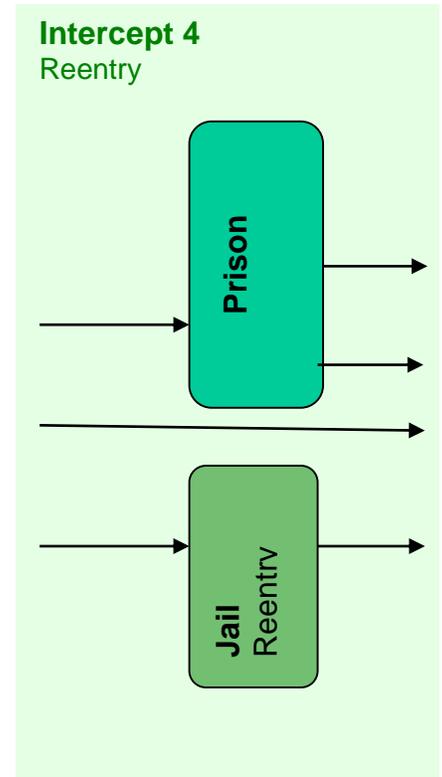
Recommendations:

- Utilize valid screening tool(s) in jail to identify individuals who may need further assessment and to gauge level of risk for reoffending. 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. The Ohio Risk Assessment System (ORAS) has tools appropriate for the pre-trial stage which can aid in making release and detention decisions in part based on risk for non-appearance and risk of reoffending.

Intercept IV: Jail and Prison Reentry

Reentry

- At the time of the mapping workshop, participants were not aware of the notifications that occur from the OhioMHAS Community Linkage program to a local mental health contact, regarding individuals on the mental health caseload being released from prison to Portage County. Following the workshop, it was learned that Coleman Professional Services receives the linkage packets. The staff person was identified and information provided to the pertinent work groups for further collaboration and planning.
- Jail discharge planning is a new pilot activity funded through a Community Innovation grant from the Ohio Department of Mental Health and Addiction Services. The Mental Health and Recovery Board is partnering with the Portage County Sheriff's Office, Coleman Professional Services, Townhall II and Summa's Center for the Treatment and Study of Traumatic Stress to institute trauma-informed care training, a part-time mental health case manager, and an addiction counselor to help inmates with identified mental illness and addictions transition from jail back to the community.
- Participants reported a good working relationship with the Veterans Justice Outreach program



Intercept IV – Identified Gaps

- ▣ Reentry programming and funding. Other than veterans, no reentry services existed until the Community Innovation grant was awarded.
- ▣ Communication and coordination of information on releases, such as OhioMHAS community linkage packets
- ▣ Increase capacity of jail discharge planning - currently only a pilot program activity with a part-time mental health case manager, serving less than half of the jail population.

Intercept IV – Identified Opportunities

- ▣ Coleman staff receives linkage packets from OhioMHAS for individuals on the mental health caseload who are returning to Portage County from prison; this is an opportunity for expansion of reentry efforts.
- ▣ Coleman's pilot effort with discharge planning could blossom into something more.
- ▣ The local Reentry Coalition lost its funding; however, the mapping workshop task force can resurrect the strategic plan that was written. Resources may be identified to move components of the plan forward.

Recommendations:

- Incorporate personnel who receive the OhioMHAS linkage packets into the appropriate workgroups and use this opportunity to enhance reentry coordination and activities for this target group of consumers.
- The mapping task force should do a cross-walk of the priority areas identified in this workshop and the recommendations of the Reentry Coalition strategic plan. The two combined may offer insight to trends over time and ongoing community needs.

Intercept V: Community Corrections / Community Support

Probation

- Portage County has Intensive Supervised Probation, which is not dedicated to the mental health population, but can include persons with mental illness. There are 8 Municipal officers, while Common Pleas probation has roughly 30 total staff, including support staff
- Screening & assessment of mental illness, trauma, or substance abuse does not occur at pre-trial, but probation utilizes the ORAS.
- The Portage County municipal Court has its own probation department separate and apart from the Common Pleas Court, and that department oversees the Dual Diagnosis Offenders Program. According to the 2013 annual report of the Municipal Court, when it appears an offender may have a mental or emotional disorder, as well as a substance abuse problem, the Court may refer the individual to the probation department for evaluation. If the individual qualifies for the program, counseling and treatment for the co-existing disorders is provided. The counseling coordinator probation caseload is roughly 25 individuals.
- At Common Pleas and pre-sentence investigation (PSI) all individuals are screened with the ORAS. Some misdemeanants get PSI and ORAS, but not typically.
- 9 Portage County Probation Officers have attended full CIT training.

Parole

- Parole was not represented at the workshop.

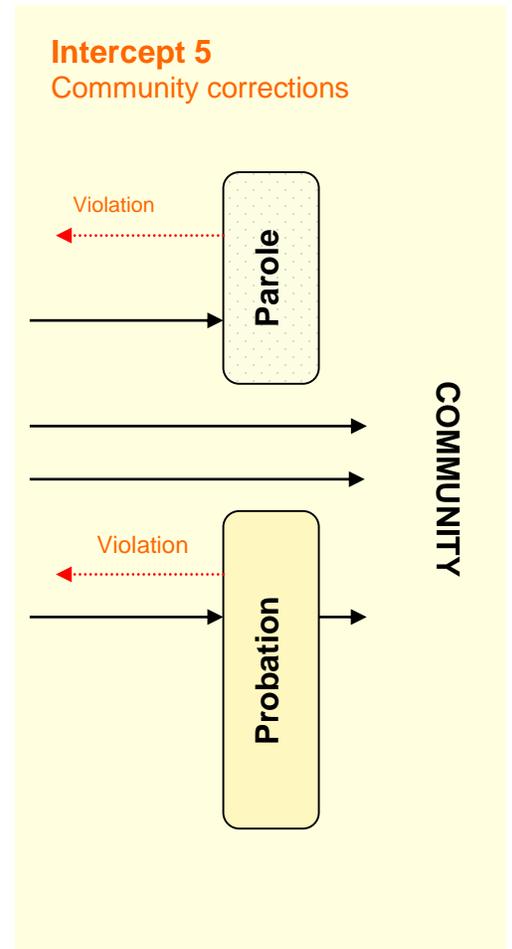
Community Supports

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

- Root House (Family & Community Services) – halfway house for adult men
- Horizon House – halfway house for adult women (Townhall II)
- On Track to Recovery – recovery house for adult males
- Family & Community Services - outpatient substance abuse treatment for male and female offenders
- Coleman Professional Services: housing specialists, traditional transitional and residential housing options, peer support specialists, Supported Employment Services, mental health evaluation, crisis stabilization, counseling, pilot discharge planning at jail, psychiatry, and more.
- Townhall II: substance abuse outpatient assessment and treatment, 24 hour Helpline, halfway house for women
- Freedom House - emergency shelter for veterans in a housing crisis
- Miss Liberty House – temporary housing and specialized resources for women veterans
- Summit Psychological Services - competency evaluations; counseling
- NorthEast Ohio Community Alternative Program (NEOCAP) - Male and Female Community Based Correctional Facility in Trumbull County

Veterans

- Family & Community Services offers veterans services
- Coleman screens for veteran status



Intercept V – Identified Gaps

- ▣ Medication Assisted Treatment
- ▣ Detox in-county, both inpatient and outpatient
- ▣ Capacity (number of beds) for residential services across program types
- ▣ Transportation and access to program services, especially rural areas
- ▣ Information data bank

Intercept V – Identified Opportunities

- ▣ Family & Community Services awarded a grant from Ohio Department of Mental Health and Addiction Services for recovery housing for adult females. Partial match being provided by County Commissioners. The needs and priorities identified in this workshop can be used to inform the level of care to be provided.
- ▣ Communication between probation, Family & Community Services, and Coleman Professional Services

Cross-Intercepts:

- ▣ A need was expressed for recognition of consumer and civil rights and education to enable prevention of use of criminal justice system. Stigma affects how people are treated and processed. The group did not specify the target audience for this training, but this may be worthy of further discussion.

Priorities for Change

Portage County,
Ohio

Portage 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. Local Detox Services (12 votes; Intercept 1)
2. Increased Access to Local Medication Assisted Treatment (MAT) (primary focus opiates) (11 votes; Intercept 5)
3. Female Specific Jail and Residential Treatment Options (in part to address female jail capacity (14 votes total when two priorities of 7 votes each combined from Intercepts 2 and 3)
4. Increase Capacity of Jail Discharge Planning Services (7 votes; Intercept 4)
5. Develop an Infrastructure for Prison Reentry and Discharge Planning (6 votes; Intercept 4)

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

- ▣ Pre-trial screening and access to mental health information (3 votes, Intercept 2)
- ▣ Central resource location (e.g., 211 or Townhall II) and getting contact information numbers out to community (5 votes, Intercept 1)
- ▣ Capacity (number of beds) for residential services across program types (1 vote, Intercept 5)
- ▣ Transportation/access to programs and services, especially rural areas (3 votes, Intercept 5)
- ▣ Information data bank (4 votes, Intercept 5)
- ▣ Access to medications at county jail (1 vote, Intercept 3)
- ▣ No specialized probation at Common Pleas (2 votes, Intercept 3)
- ▣ Public Defender's Office does not know if individuals are mental health clients (3 votes, Intercept 3)

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
- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services.
- 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.csgjusticecenter.org)

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 - Portage County, Ohio | November 10 & 11, 2014

Participant Roster

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Heather Burns	Assistant Public Defender	Public Defender	hburns@portageco.com
David Shawlson	Veterans Justice Outreach Specialist		

Priority Area 1: Local Detox Services				
Objective	Action Step	Who	When	
I.	Gather Data	<ul style="list-style-type: none"> a. Research number of requests b. Research alternatives to detox center c. Does University Hospital have a detox unit d. Drug of choice for detox requests e. Accreditation requirements for detox unit f. Best practices of detox unites/models g. Explore funding/levy options h. Insurance/Medicare/Medicaid coverage? 	<ul style="list-style-type: none"> Townhall II Townhall II Susan Forgacs Townhall II 	<ul style="list-style-type: none"> Jan. 2015 June 2015 December 2014 Jan. 2015
II.	Money	<ul style="list-style-type: none"> a. Explore funding/levy options b. Insurance/Medicare/Medicaid coverage? 	<ul style="list-style-type: none"> Susan Forgacs 	<ul style="list-style-type: none"> Jan. 2015
III.	Location	<ul style="list-style-type: none"> a. Research sites/requirements b. Inpatient vs. outpatient services 		<ul style="list-style-type: none"> 2016
IV.	Detox Process	<ul style="list-style-type: none"> a. Aftercare/follow-up responsibilities? b. Staffing? c. Coordination with Medication Assisted Treatment 		<ul style="list-style-type: none"> 2016

Priority Area 2: Increased Access to Local Medication Assisted Treatment (MAT) (primary focus opiates)				
Objective		Action Step	Who	When
I.	What is the need for MAT?	<ol style="list-style-type: none"> 1. Robinson Memorial stats 2. Townhall II 3. Jail and Probation 4. FCS 5. State/National 	<ol style="list-style-type: none"> 2. Susan Forgacs 3. Rob Young 4. Sandy Myers 5. Joel Mowrey 6. Hilla Sang 	January 9 - all
II.	What are evidence-based protocols for success of MAT programs	<ol style="list-style-type: none"> 1. Potage based on Lima program 2. FCS/Quest/Summit ADM 3. State/ National 	<ol style="list-style-type: none"> 1. Sandy Myers 2. Joel Mowrey 3. Rob Young and Hilla Sang 	January 9 – all
III.	Who can prescribe and certification process and limits on prescribing	<ol style="list-style-type: none"> 1. Dr. Welsh and Summa Residency 2. Local FQHC and FCS 3. State Registry of Providers 	<ol style="list-style-type: none"> 1. Sandy Myers 2. Joel Mowrey 3. Rob Young 	January 9 – all
IV.	Who pays for treatments	<ol style="list-style-type: none"> 1. We know Medicaid covers physician/nurse and meds and tox screens 2. Grant Programs – explore 	<ol style="list-style-type: none"> 1. Done 2. All team Members 	
V.	Once we have a MAT program, how do we market and educate?	<ol style="list-style-type: none"> 1. Explore how MHRB can work with agencies/providers 	<ol style="list-style-type: none"> 1. Joel and new Director of Community Relations 	
				Next group meeting January 13, 2015

Priority Area 3: Female specific jail and residential treatment options				
Objective		Action Step	Who	When
I.	Identify unmet needs for residential treatment for women	<ul style="list-style-type: none"> a. Delineate criteria for residential treatment b. Determine where in process, level of charges for women in jail c. Assess all women who may meet criteria pre-sentencing d. Determine likely # of women to be served annually and # of children impacted e. Collect data on charges, disposition, etc... for women 	<p>Sara Roberts</p> <p>Michelle Lee</p> <p>Dr. Kissler/Iris</p>	December 2014
II.	Select treatment protocols	<ul style="list-style-type: none"> a. Determine evidence based program or best practice for residential treatment for women b. Visit CBCF in Summit County (Oriana House, Power Street facility and Glenwood Facility) 	Iris Meltzer	
III.	Find out at what stage of process, judges want/need information	<ul style="list-style-type: none"> a. Determine parameters/data to ask judges b. Interview judges re: above and overall information/feedback from them (Muni and Common Pleas) c. Talk to Chief Lee regarding results of discussions with Sheriff and jail personnel 	<p>Based on previous findings</p> <p>Kathleen Chandler</p>	January 2015
IV.	Meet again in one month	<ul style="list-style-type: none"> a. Identify other stakeholders 	Iris Meltzer	December 2014/January 2015?

Priority Area 4: Increase capacity of jail discharge planning services				
Objective		Action Step	Who	When
I.	What are other counties doing?	<ol style="list-style-type: none"> How are jails identifying people? Assessments? Who is doing? What tools? How are jail liaison fulfilling these needs? # of hours liaison; funding 	Michelle Michelle	January 15
II.	Determine what Portage is doing	<ol style="list-style-type: none"> What is Portage County Jail doing to identify people with mental health needs? Does nurse have MH training? How many people are being served? Compared to total jail population? % with MH needs? # turned away? Where does it need to be cut off to be managed at 20 hours per week 	Teresa and Donnie Donnie (his job description)	January 15
III.	Determine what it would take to increase hours at the jail	<ol style="list-style-type: none"> Jail shakedown 	Judge Poland	January 15
IV.	Determine how many additional hours are needed and how to cover?	<ol style="list-style-type: none"> Peer program? Volunteer network? Interns? Agencies to identify follow-up person to do outreach calls 		
V.	Determine areas of greatest need			
VI.	Determine if there is tracking for people with mental health issues identified at risk being released			
VII	Resource Development	Volunteer – housing, transportation, job searches		

Priority Area 5: Develop an infrastructure for prison reentry and discharge planning				
Objective		Action Step	Who	When
I.	Identify people who will be coming out of prison	1. Set up MHRB contact person with adult parole authority and Ohio Department of Corrections and Ohio department of Mental Health and Addiction Services	Pat White – contact person	December 1, 2014
II.	Develop community resources guide	1. Housing, employment, food, transportation, medicine, clothing, support, case worker, driver’s license, social security	Roger Cram – Dan Peterca will send sample from Cuyahoga County	June 1, 2015
III.	Develop peer and community support groups	1. People assisting with different functions listed in #2 above	Committee will appoint/assign different members to	June 1, 2015