

Shelby County, Ohio

Sequential Intercept Mapping DRAFT Report

December 11 - 12, 2014

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OHIO CRIMINAL JUSTICE
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Sequential Intercept Mapping

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Shelby 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 Shelby County, Ohio on December 11 & 12, 2014. The workshops were sponsored by The Tri-County Board of Recovery and Mental Health Services, the Shelby County Jail and a local planning team comprised of mental health and criminal justice service providers, a peer specialist and a representatives of the county Board of Commissioners. 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 Shelby 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 Tri-County Board of Recovery and Mental Health Services and the Shelby County Jail requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops during a period of Invitation for Letters of Interest, to provide assistance to Shelby 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, and county administration. A complete list of participants is available in the resources section of this document. Lorie Fourhman, 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 Shelby 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 Shelby 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

Shelby County stakeholders and service providers have been involved in a number of collaborative relationships over time. For example, Goodwill Easter Seals of Miami Valley (GESMV), the administrative agent for Shelby County Counseling Center (SCCC) has a long history of partnering with the criminal justice system including re-entry services. Other current examples of collaborative efforts to specifically address the interface of mental health and criminal justice include

- Sidney Municipal Court mental health & alcohol/drug diversion program - a coordinated effort with a local behavioral health provider
- Crisis Intervention Team (CIT) Advisory group - a partnership between law enforcement and the community behavioral health system that oversees the CIT program
- Crisis Intervention Team companion course for school districts in the Tri-County Board area
- Tri-County Board OMHAS grant (\$18,000) to provide re-entry services to those returning from prison with an emphasis on those who are identified as offenders with serious mental illness
- 24/7 mobile crisis team and hotline services funded by Tri-County board: mobile crisis team responds to hospital emergency departments, county jails, and law enforcement departments to complete crisis assessments to determine if a person meets criteria for voluntary or involuntary psychiatric admission
- Shelby County Common Pleas Court prison diversion program (CCA Grant) - assists approximately 65 to 70 people at any given time; approximately 95 percent of individuals have a substance abuse issue

Consumer Involvement

This county had participation from a peer specialist/consumer on the planning team and during both days of the workshop, along with her family member. The consumer had direct experience with both the criminal justice and mental health systems. The local NAMI affiliate for the Tri-County area was not represented at the workshop.

Recommendations:

- Shelby County has several coalitions or committees working on issues associated with the interface of mental health and criminal justice. To avoid duplication, efforts should be made to merge groups or collaborate on common goals. Community leaders may want to consider establishing a primary Task Force, 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, NAMI affiliate.

Data Collection

- The Shelby County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Shelby County Jail Statistics
 - Tri-County ADAMHS Board Strategic Plan for fiscal years 2014-2106
 - University of Cincinnati Report on Sidney, OH Municipal Court Diversion Program for Mentally Ill Offenders, October 5, 2014
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Shelby County Crisis Intervention Team Training Data, updated
 - Ohio CIT Map – status of Crisis Intervention Team Development in Ohio,

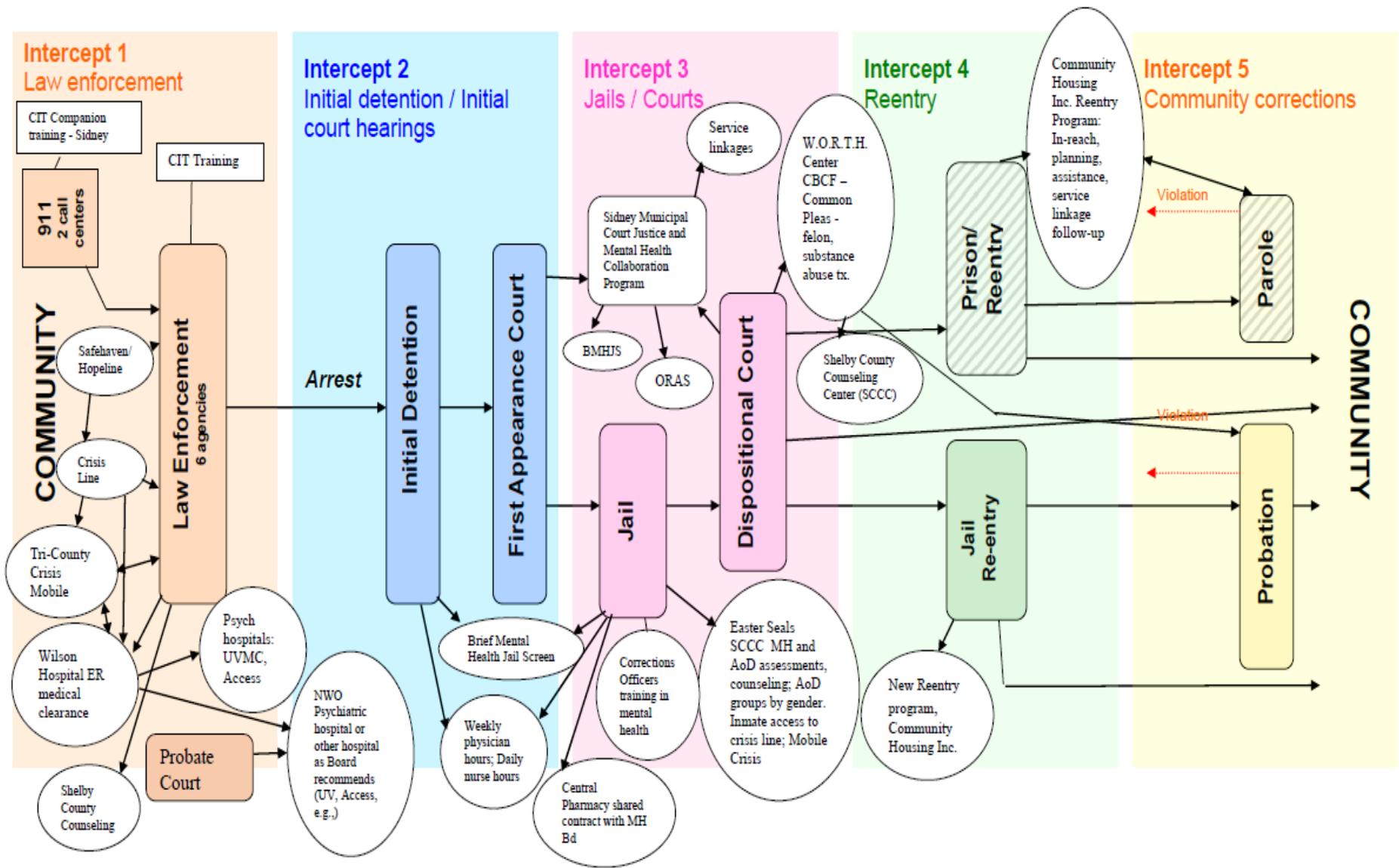
Recommendations:

- 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 Shelby 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

Shelby County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Shelby County, Ohio



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

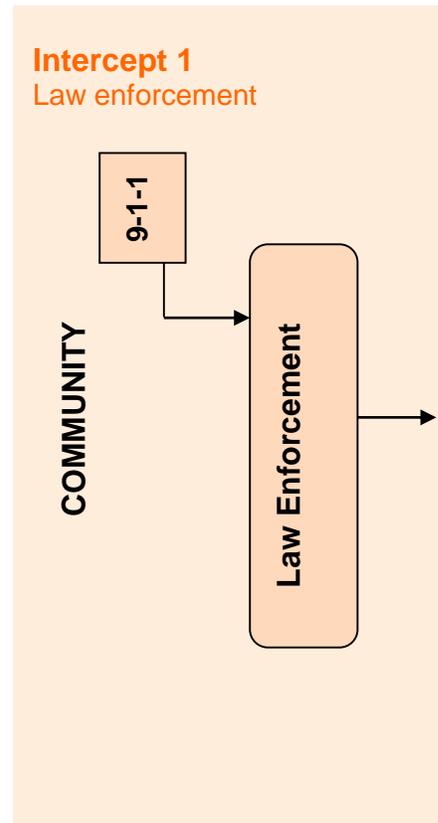
Dispatch / 9-1-1

- Shelby County has two 911 call-taking centers for law enforcement: Shelby County Sheriff’s Office and Sidney Police Department, both of which cover police and EMS.
- A companion CIT course is available for dispatchers. Roughly half of Sidney Police Department dispatchers have been trained, but no Sheriff’s Office dispatchers have completed training.
- CIT officers are dispatched as available.

Law Enforcement

According to the Ohio Peace Officer Training Commission County Agency Report issued February 19, 2015 and CIT records maintained by the Criminal Justice Coordinating Center of Excellence, Shelby County has six Law Enforcement Agencies and 72 full-time, sworn law enforcement officers. Agencies include Anna Police Department, Botkins Police Department, Fort Loramie Police Department, Jackson Center Police Department, Shelby County Sheriff’s Office, and Sidney Police Department.

- Law Enforcement can currently use the following options for persons with mental illness in crisis:
 - Wilson Hospital Emergency Room
 - Mobile Crisis (does not respond to homes)
 - Police Department if safe and screening not required by mobile crisis
 - Medical screening sometimes required before counseling services will see individuals
 - Shelby County Jail



- As of the writing of this report, Shelby County has held ten CIT courses and trained 198 officers since its inception in 2006, with 35% of the full time police force trained.
- At the time of the workshop, 50% of Sidney law enforcement officers, and 30% (4 of 12) of Sheriff's Office patrol had completed CIT training, typically providing for one trained CIT officer to be on duty per shift.
- In addition, all law enforcement agencies except Jackson and Loramie have at least one trained CIT officer. Botkin, with a population of roughly 1,200 people, has 3 of 8 part-time patrol officers trained (Chief is the only full-time personnel). Input from law enforcement leadership at the workshop was that the villages need to have more officers trained in CIT.
- In addition to law enforcement, the Tri-County Board also presents CIT companion courses for mental health professionals, dispatchers, court personnel, school districts and other groups upon request.
- The county has a strong volunteer EMS and fire pool; they are not, however, CIT trained. In the villages, police respond to all EMT calls; in the county jurisdiction and city of Sidney, they do not.
- Annual advanced trainings are offered for CIT officers on a variety of mental health and addiction topics.

Crisis Services

- Shelby County Counseling Center provides 24/7 Crisis Hotline, Tri-County mobile crisis, and pre-hospitalization screening and evaluation. 90% of evaluations resulting from emergency holds are completed by Tri-County Crisis.
- SafeHaven operates a warm line 4-11pm Monday through Friday and 4-8pm on weekends.
- Probate Court refers to Shelby County Counseling Center if people call the court directly. Affidavits come from a variety of referral sources.

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- Wilson Hospital Emergency Room – on a pink slip police transport for medical clearance, and then individuals are transported to Tri-County Crisis in Troy for psychiatric assessment. The hospital policy is that unless an individual is violent, police do not have to wait. The hospital has a contract with the Sheriff's Office to transport individuals to Tri-County Crisis. At the time of the workshop, Botkins Police Department was unaware of the contract between the hospital and the Sheriff's Office, and reported long stays at the hospital, waiting for evaluation to be complete to then transport individuals. This lag should be able to be rectified through knowledge and utilization of the Sheriff's Office contract.
- The hospital has maintenance staff only during day shift and security officers at night.
- The hospital has inpatient geriatric psychiatry services for individuals over age 55. A strategic goal of the hospital is to improve outpatient mental health services, an area recognized as a shortfall.
- Psychiatric Hospitals include Upper Valley Medical Center (Troy, contract) and Access Hospital (Dayton, indigent contract). Other private hospitals are used as needed.
- Hospitals will not accept an individual with Blood Alcohol Content (BAC) over .08.
- Probate Court sends to Northwest Behavior Health (state hospital in Toledo) and may do an outpatient commitment after release from inpatient. Usually the Tri-County Board and/or an agency is involved because a crisis assessment is needed. Individuals are then committed to the Board for outpatient treatment. No cases have occurred under SB 43 yet. Will need to define protocols and processes to use.

Detoxification

- Intoxicated individuals may go to jail or the hospital emergency room if no family or responsible person is available. If no responsible person is available, Sidney Police typically transport to the county jail, though the hospital may be an option.
- Shelby County Jail accepts intoxicated individuals, as long as they can walk in the door. If they are unable to walk into the jail on their own, they are sent to the hospital for medical clearance. According to those in attendance at the workshop, this is not a frequent occurrence, and there is not enough volume to justify a 24/7 detox/drop off.
- Prescription drugs are viewed as a larger problem by the hospital. Need was expressed for treatment and sub-acute detox and treatment, as opposed to emergency services. The county has a contract for sub-acute detox and 28 day residential program. GW Easter Seals Shelby County Counseling is the appropriate referral for assessment.

Veterans

- ▣ Dayton V.A.
- ▣ Veterans Service Officer
- ▣ Some housing vouchers available

Intercept I Gaps

- ▣ Protocols not communicated to Village police departments
- ▣ CIT companion training for dispatchers
- ▣ Two Law Enforcement agencies not participating in CIT
- ▣ Basic mental health training for EMS/Fire
- ▣ Smaller police departments need CIT training and coverage

Intercept I Opportunities

- ▣ CIT companion training for dispatchers exists and can be expanded
- ▣ Protocols have been instituted for transportation from Wilson Hospital Emergency Room to psychiatric hospitals and crisis center – need communicated to village police departments
- ▣ Mental Health First Aid training expansion (only 2 trainers and restricted by funding)
- ▣ SB 43 protocol
- ▣ Mental health training for lay persons

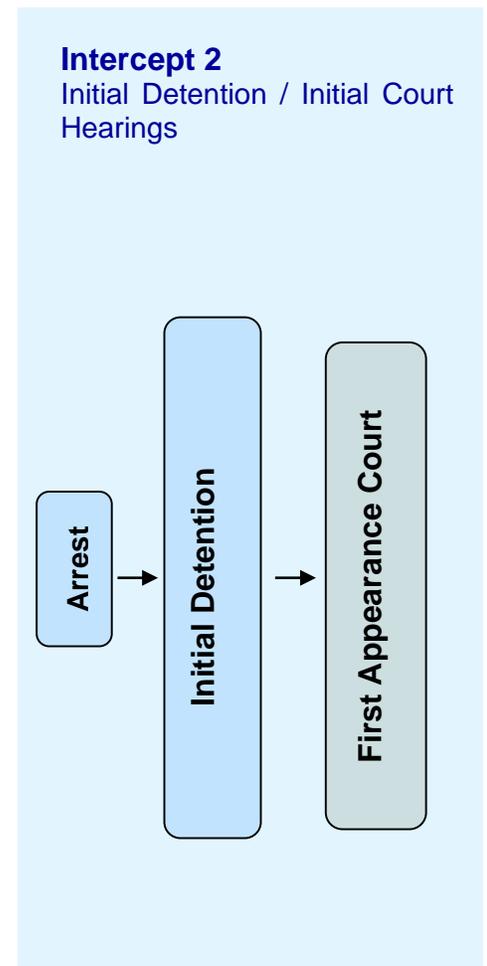
Recommendations:

- 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.
- Mental Health agency or Board review of jail booking rosters could help expedite or maintain treatment services.

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

Initial Detention

- Upon arrest individuals are held in detention at the Shelby County Jail.



- Brief Mental Health Jail Screen is used, along with basic medical screening. No tally or data is maintained on the number of positive screens.
- Referrals are made to Shelby County Counseling as needed. In FY 2014, the mobile crisis team completed 87 crisis assessments at the request of jail staff. During the first quarter of FY 2015 there were 42 requests for mobile crisis assessments by jail staff.
- There is no formal mechanism for informing courts of mental health needs of individuals and no mental health option is noted on jail booking form
- Medical unit for segregation can be used for seriously mentally ill if needed. Two cells available for administrative segregation and one cell is available for watch if suicidal/homicidal
- The jail receives Miami County and federal prisoners (typically non-sentenced) also. All are screened with same process. Federal prisoners go to court in Dayton.

Arraignment

- Sidney Municipal Court holds in-person and video arraignments
- Common Pleas Court initial hearings are held at the Municipal Court. Municipal Prosecutor does initial recommendations for bond.
- Public Defender appears at arraignment for all defendants
- No formal process of identifying persons with Mental illness at initial hearing
- No mental health/pre-trial screening at Common Pleas
- Arrested on indictment – direct appearance in Common Pleas
- Information re: mental health also obtained from law enforcement via narrative report on charges (no use of CIT encounter forms or special codes)
- ORAS used
- Shelby County Counseling staff sees persons on court list and acts proactively on that information, but there is no formal mechanism for identifying mental health clients
- Western Ohio Forensic Center in Dayton, one of five state forensic centers, is used for evaluations as needed.

Intercept II – Identified Gaps

- ▣ Identification of individuals with mental health needs
- ▣ No information sharing built in across intercepts, re: identifying person with mental health needs, e.g., mental health screen from jail not always making to court staff
- ▣ Identification of repeat offenders
- ▣ No screening at court
- ▣ Communication regarding consumer when Shelby County Counseling Center sees individual names on jail list or court docket

Intercept II – Identified Opportunities

- ▣ Counseling Center staff sees the court docket daily, but is currently limited in options and cannot communicate this information because no release of information is in place - identifying possible release mechanism is an opportunity

Recommendations

- While the Counseling Center is not able to divulge client identities without a release of information, the jail should be able to provide information to the public defender and/or courts, re: BMHJS results and referrals made. This would at least provide an indicator of possible needs and circumstances to consider or explore more fully.
- 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.

Intercept III: Jails / Courts

Jail

- Shelby County Jail is a full service jail with a rated capacity of 188. Average daily census is 117.
- Medical doctor is on site once/week, on-call if needed, and will prescribe medications. Nurse is available 7:30am – 11:00pm. There is typically a lag of a couple days for prescriptions. Individuals known to jail staff are often able to get medications more quickly. Jail policy permits medications to be brought in by outside entities in original prescription bottles.
- Shelby County Counseling provides mental health counseling on Thursday mornings and substance use assessments 2-3 times/week. Counseling groups are offered for men and women. Those present at the workshop indicated a general feeling that the counselor likely screens for trauma because of his professional background, but there is no concrete evidence of this.
- In addition to the Brief Mental Health Jail Screen and general medical screening, the jail screens for veteran status.
- Mobile Crisis is accessed as needed
- Sheriff's Office can access Central Pharmacy and has a contract with the Tri-County Board for shared responsibility in cost
- Inmates are permitted to use the free telephone instead of making a collect call to contact the hotline for support and crisis intervention

Court

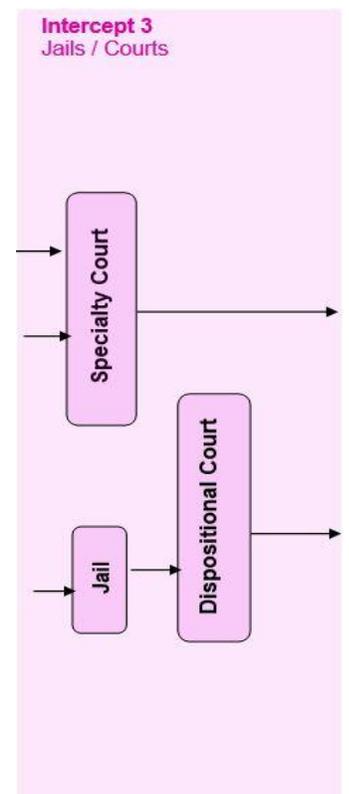
- There are two courts: Shelby County Common Pleas and Sidney Municipal Court. Both try to schedule pre-trial within two weeks.
- Municipal Court had a Justice Mental Health Collaboration Program grant for mental health and substance abuse diversion. The program can receive referrals from any point in the system. Eligibility includes substance abuse or mental health diagnosis, non-violent but some room for judgment calls now that grant has ended and the city is providing funding. The program uses the Brief Jail Mental Health Screen to get initial screen and make referrals, partly dependent on referral source. Once initial assessment is complete and referral made, then ORAS is used. Moderate and high risk individuals are identified, and while specific services are not available or designed for this higher risk portion of the clients, additional attention is given by the case manager. The caseload is 7-10 individuals maximum at any one time. The program has had 96 enrollments of 104 individuals screened. At the time of the workshop, 12 individuals had completed successfully. The biggest barrier to success is drug use. Program length is 6 months – 1 year.
- Public Defender noted that 40% of clients don't belong in jail or the justice system.
- No additional screening or special route of services for veterans

Specialty Courts

- No specialty dockets exist in the county.

Intercept III – Identified Gaps

- ▣ Municipal Court - Identifying people who are arrested on summons, plead, sentenced, and disposed and repeat that cycle. These individuals do not go to jail or get involved in other portions of the system until multiple interactions
- ▣ Drug Court
- ▣ Mental health training for Common Pleas probation



Intercept III – Identified Opportunities

- CIT Companion courses for Common Pleas personnel
- Pre-sentence Investigation referral to Shelby County Counseling for evaluation

Recommendations:

- Utilize valid screening tool(s) in jail and/or at pre-trial stage to identify individuals who may need further substance use assessment. For example, the Texas Christian University Drug Screen II is available at no cost on the website of Texas Christian University Institute of Behavioral Research.
- As noted above, standardization of screening and referral, combined with using 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 may assist in reducing recidivism

Intercept IV: Jail and Prison Reentry

Prison Reentry

- 2-3 individuals with serious mental illness returning to Shelby County quarterly from OhioMHAS Community Linkage Program. For this population, prison discharge planning is accomplished through Community Housing, Inc, Reentry program. Typically have 45 days to go into prison, do assessment, and write report to send to inmate and prison to plan for placement.
 - Can house 13 if homeless (community transition housing) and can provide subsidies.
 - Mental Health assessments completed within five days of release, and psychiatric appointments held within 30 days in most cases (because prisons are providing 30 days medication supply)
 - Intense services upon release for about 3 months
 - Case Management through Shelby County Counseling Center
 - Acquisition or reinstatement of benefits (not through SOAR program)
 - OOD employment/vocational resources to aid in re-employment
 - Transportation
 - Recidivism rate is being traced through jail roster and Municipal Court. Current rate is 10% in this program.
- W.O.R.T.H. Center has 72 beds for nine counties; 27 beds for substance abuse
- Dayton V.A.

Jail Reentry

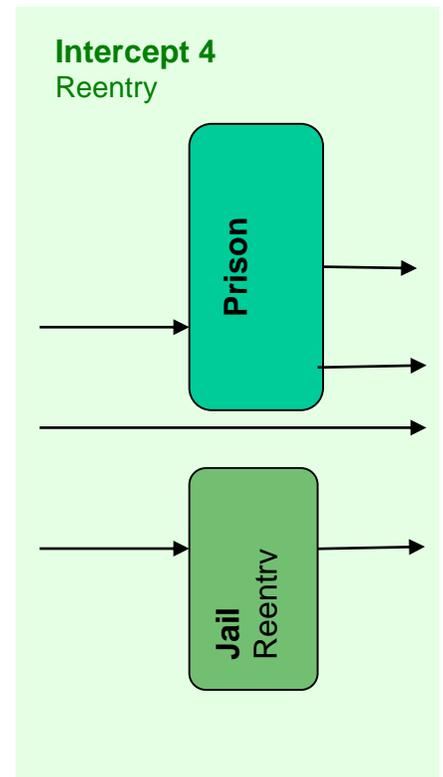
- Shelby County Counseling Center will assist with discharge planning when they are made aware of the need

Intercept IV – Identified Gaps

- Housing for Reentry and Recovery
- Procedure for serving jail population related to reentry needs

Intercept IV – Identified Opportunities

- Defining criteria and procedures for Jail Reentry program



- Identifying how to do various assessments that will aid in planning for jail reentry

Recommendations:

- The GAINS Reentry Checklist is an available tool to aid with reentry planning from both jail and prison, to ensure that individual needs are being addressed in the most effective way possible.

Intercept V: Community Corrections / Community Support

Probation

- Municipal Court has five probation officers; Common Pleas has three.
- There are no specialized caseloads and no specialized training of probation officers in Shelby County. Some Municipal Probation officers go through the CIT companion course offered for probation and other court personnel, but Common Pleas has not participated.
- Municipal Court diversion program case manager uses a form to review treatment and service provider information with persons on the caseload. Caseload is 7-10 individuals.
- Municipal Court reports housing and drugs are the biggest barriers to success.
- Common Pleas also noted medication compliance as a barrier to success.

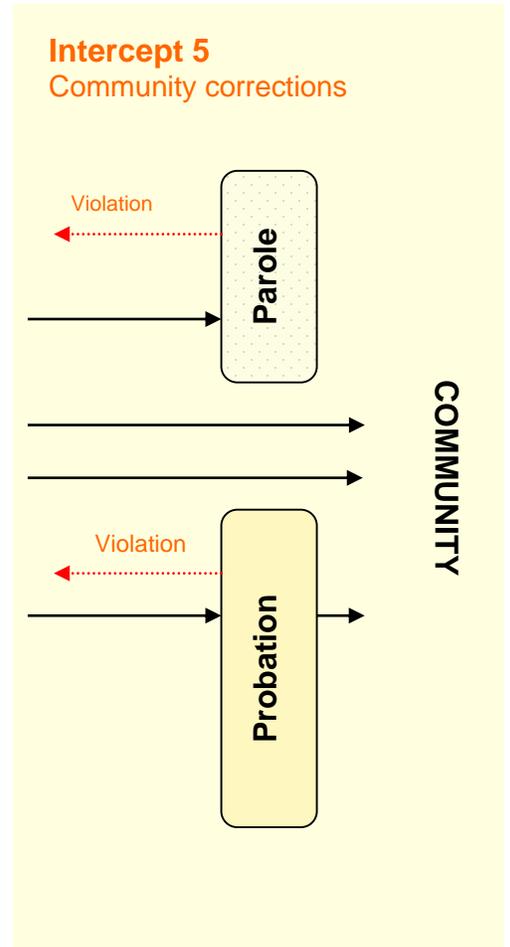
Parole

- Parole was not represented at the workshop, but those in attendance noted that a close relationship exists with the adult parole authority.

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:

- Shelby County Counseling Center operates business hours counseling services, including psychiatric services and medication management
- SafeHaven has three locations, one in Shelby County
- Transitional Housing – homeless, mental illness
- HCRP – grant program to assist with apartments, eviction notice back rent, and intensive case mgt. No income guideline until 3rd month
- Mike’s Personal Care – privately operated adult care facility with 5 beds for mental health
- There is no homeless shelter in Shelby County
- Family & Children First – supports for family
- Sidney Transit Services – reduced rate for seniors and individuals with verified disabilities, including mental illness, who have completed appropriate paperwork is \$1 one-way within Sidney and \$2.50 one-way within Shelby County. Connection is also available to Miami County.
- Out of county housing providers for SPMI who need high level of supervision:
 - Miami County – 2 facilities – 10 beds
 - Montgomery County – 40 beds
 - Eaton – 22 beds
- 74 beds at properties owned by Tri-County Board
- Several hundred rental spots available
- All referrals for Housing go through Shelby County Counseling Center



- Currently working on protocols for persons with addictions

Intercept V – Identified Gaps

- ▣ Ample housing with sufficient diversity
- ▣ Homeless Shelter
- ▣ Recovery housing
- ▣ Adult care facility beds
- ▣ Job training and employment assistance - linkage to evidence based practices
- ▣ Transportation for employment and for needs not covered by Medicaid
- ▣ Cross-training knowledge of agency services
- ▣ Availability of Vivitrol; medications and monitoring

Intercept V – Identified Opportunities

- ▣ Mayor’s Homeless Summit in January 2015
- ▣ Medicaid eligibility

Recommendations and Resources:

- Short of establishing specialized caseloads for probation, steps can be taken to improve and enhance probation response to improve the likelihood of decreasing recidivism. Following are links to publications which may aid in this effort.
 - https://www.bja.gov/Publications/CSG_10Step_Guide_Probation.pdf
 - http://csgjusticecenter.org/wp-content/uploads/2012/12/Improving_Responses_to_People_with_Mental_Illnesses_-_The_Essential_Elements_of_Specialize_Probation_Initiatives.pdf
- Following is a report issued in June 2013 by the Ohio Council of Behavioral Health and Family Services Providers and the Center for Social Intervention, titled “Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan.”
 - <https://obc.memberclicks.net/assets/OHRecoveryHousing/ohiorecoveryhousingjune2013%20final.pdf>

Priorities for Change

Shelby County,
Ohio

Shelby 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 top five priorities ranked in order of voting preference, along with all other priorities that received any number of votes.

Top Priorities for Change

1. Drug Court (22 votes; Intercept 3)
2. Transportation for needs not covered by Medicaid (17 votes, Intercept 5)
3. Housing for Reentry and Recovery (15 votes; Intercept 4)
4. Job Training and Employment Assistance (9 votes, Intercept 5)
5. Medication Assisted Treatment (9 votes, Intercept 5)

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

- Mental health training for Common Pleas probation (1 votes, Intercept 3)
- Mental Health First Aid training expansion (only 2 trainers and restricted by funding) (2 votes, Intercept 1)
- CIT Training expansion as outlined in Intercept 1 gaps (7 votes, Intercept 1)
- Medicaid eligibility (1 vote, Intercept 5)
- Identification of individuals with mental health needs and repeat offenders (4 votes, Intercept 2)
- Communication across systems and across intercepts regarding individuals with mental health needs (6 votes, Intercept 2)

Additional Strategies and Recommendations

In addition to the selected priorities which are reflected in the action plans, the workshop participants agreed upon the importance of not duplicating the efforts of other Boards or coalitions and maintaining momentum. The following steps and targets were agreed upon:

- Determine if a Criminal Justice Board is required and/or exists in Shelby County. If one does exist, this is a potential group to merge with the Sequential Intercept Mapping Task Force. Lt. Steiner agreed to look into this.
- Identify and determine mergers with other coalitions by category or topic area, i.e., work group focus areas
- The SIM Task Force agreed to meet by March 31, 2005. Jodi Long agreed to be the point person for the Task Force.
- Be prepared to discuss results of the mapping exercise in January 2015 at the Homelessness Summit sponsored by the Sidney Mayor's office.

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 at any point of intercept where this is not yet occurring.
- 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

Arnold Foundation	arnoldfoundation.org
CIT International	citinternational.org
Coalition on Homelessness and Housing in Ohio	http://cohhio.org/ http://www.cohhio.org/pdf/Training/BuildinganOffenderReentryProgram.pdf http://cohhio.org/programs/soar_2011
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/
The Federal Bonding Program	http://www.bonds4jobs.com/
Lutheran Metropolitan Ministry Community Re-entry	http://www.lutheranmetro.org/Community-re-entry/ 216.696.2715 Email: mail@lutheranmetro.org
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
Shelby County, Ohio | December 11 & 12, 2014**

Participant Roster

Name	Agency and Address	Title	Email Address
Balling, Will	Sidney Police Department	Chief	wballing@sidneyoh.com
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Day, Ruth	Shelby Co. Common Pleas Court Adult Probation	Chief Adult Probation Officer	RDay@shelbycountycommonpleas.com
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Ehemann, Julie	Shelby Co. Commissioner	Commissioner	JEhemann@shelbyco.net
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Westfall, Jamie	Wilson Memorial Hospital	V.P. Outpatient Services	Jwestfall@wilsonhospital.com
Zimmerman, Bill	Shelby County Prosecutor's Office/SHZ law office	Chief Criminal Asst./legal guardian	Zimm@shz-law.com

Priority Area 1: Drug Court				
Objective	Action Step	Who	When	
1.	Determine whether or not courts/Judges are interested	Preliminary meeting with all Judges	Mark	TBD – by Judges. Possibly after 1 st of year
2.	Determine types of drug courts in practice throughout Ohio	Gather information on area courts both certified and non-certified	Tiffany	February 2015
3.	Explore potential funding sources and supporting resources	Research grant opportunities and possibility of other state or local funding. Research any possible partners who can provide needed support services.	Mark, David, Amy, Sherry	February 2015
4.	Identify other groups or task forces who are working towards the same or similar goals or should be invited to participate in this project.	Network with local groups and task forces to determine whether or not they are pursuing a drug court initiative.	Mark, Bonnie, McKenzie, Tricia, Tom	February 2015
5.	Develop plan of action to present to Judges	Analyze data from other objectives and determine recommendations to be presented to Judges	Group	End of February 2015
6.	Get Judges on board	Formal presentation to Judges	Group	March 2015

Priority Area 2: Transportation not covered by Medicaid

Objective	Action Step	Who	When
1.	Determine best practices	Comm. Bornhorst Steve Julia Bogart Comm. Bornhorst	March 31 March 31 March 31
2.	Alternative transportation options	Deb Deb Comm. Bornhorst	March 31 March 31 March 31 March 31
3.	Funding options	Brad and Deb	United Way funding cycle
4.	Make existing services known to front line case managers	Comm. Bornhorst	March 31
5.	Research best practice for peer to peer rideshare systems	Brad	March 31

Priority Area 3: Housing for Reentry and Recovery

Objective		Action Step	Who	When
1.	Define what homelessness is	Discuss criteria of what homeless is - federal definition. Places not meant for human habitation.	Dorothy Crusoe	Completed 12/12/14
2.	Identify what shelters are available	Review all programs in area	Dorothy Crusoe	December 31, 2014
3.	Identify what subsidies and other housing are available	Review all programs in area	Dorothy Crusoe	December 31, 2014
4.	Identify the names of the existing homelessness groups	<ul style="list-style-type: none"> a. Shelby County Continuum of Care b. Region thirteen homeless planning c. Shelby County Community Service Counsel d. Mayor's Homeless Summit 	Group	Completed 12/12/14
5.	Identify primary issue for this group on homelessness. Develop a mission for this group that is clear and obtainable.	<ul style="list-style-type: none"> a. Identify issues on jail reentry b. Provide assistance with obtaining and sustaining housing c. Work with hospitals and other medical providers with assistance to obtaining and sustaining housing 	Sgt. K. Pleiman and Dorothy Crusoe	February 2015
6.	Identify all resources currently available for individuals in jail	Identify information and develop a system of sharing that information with individuals and family members of individuals who are incarcerated or hospitalized and personnel working in the justice and hospital systems.	Dorothy Crusoe William Balling	February 2015
7.	Identify a protocol for reentry	Develop procedures to find shelter for homeless people who are incarcerated	Dorothy Cruose, Sgt. Pleiman, Jodi Long	February 2015

Priority Area 4: Job training and employment assistance			
Objective	Action Step	Who	When
1. Coordination with existing systems and identify gaps	<ul style="list-style-type: none"> a. Reach out to local educational institutions with certificate programs: Edison, Sinclair, JVS b. Link to established employment first programs c. Job banks 	V. Bogart	
2. Create job training on site at jail – inmates to leave with certificates	Job development with employers	Goodwill Easter Seals	
3. Create support work slots	Goodwill Stores	Goodwill Easter Seals	
4. Screening process at jail	<ul style="list-style-type: none"> a. Create a common screening tool for job training for jail, courts, probation b. Employ contact for Jobs c. Benefits enrollment d. Veteran connections 	Cori Steiner, Mary Bornhorst, Goodwill staff, Shelby County Counseling Center community employment specialist	<p>Early January</p> <p>April 1, 2015 – full implementation</p>
5. Data Collection	<ul style="list-style-type: none"> a. Build into screening process b. Follow up data: are they keeping jobs/retention 	Jail, Probation, courts Probation, court, or Safe Haven to track	

Priority Area 5: Medication Assisted Treatment			
Objective	Action Step	Who	When
1. Identify prescribers in community	a. Contact Compassionate Care to discuss their providers' willingness to prescribe and billing for Compassionate Care/SCCC	Julie Eheman, Dawn Cooksey	3/31/15
	b. Engage primary care physicians/general practitioners	Julie Eheman, Jamie Westfall, Karla Pleiman	
	c. Engage SCCC doctors, nurse practitioners and Dr. Nanda, re: prescribing	Dawn Cooksey	
2. Create protocol for eligibility and program services – initially only serve those on probation and parole and families involved in CSB	a. Obtain other counties' protocol and procedures (Logan, Warren, Clinton, Summit, Athens, Portage)	Dawn, Karla, Jodi	1/15/15
	b. Assess number of people to be served	Ruth Day	
	c. Assess need for AoD case manager to oversee patients care coordination	Dawn Cooksey	1/31/15
	d. Contact CSB to coordinate with their opiate grant project	Julie Eheman	1/31/15
	e. Create our own protocol	Jodi, Karla, Ruth	2/28/15
3. Create treatment protocols for after care and treatment services	Establish all levels of care for people being served in MAT project Daily check-in at agency Use hotline on weekend	Dave Rex	3/31/15
	Establish procedure for how to enroll pre-release	Julie Clay, Karla, JFS	1/31/15
4. Medicaid enrollment in jail			
5. Educate PCPs and community; address stigma; change culture	a. Create FAQ for patients to give PCPs	Jodi	2/28/15
	b. Community marketing plan	Brad and Jodi	12/31/15