

Tuscarawas County, Ohio

Sequential Intercept Mapping DRAFT Report

June 11-12, 2015

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OHIO CRIMINAL JUSTICE
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Sequential Intercept Mapping

Table of Contents

Sequential Intercept Mapping	- 2 -
Introduction	- 2 -
Background	- 2 -
Values	- 2 -
Objectives of the Sequential Intercept Mapping Exercise	- 3 -
Keys to Success	- 3 -
Existing Cross-Systems Partnerships	- 3 -
Representation from Key Decision Makers	- 4 -
Tuscarawas County Sequential Intercept Map	- 6 -
Tuscarawas County Sequential Intercept Map Narrative	- 7 -
Intercept I: Law Enforcement / Emergency Services	- 7 -
Intercept II: (<i>Following Arrest</i>) Initial Detention / Initial Court Hearing	- 9 -
Intercept III: Jails / Courts	- 10 -
Intercept IV: Prisons / Reentry	- 12 -
Intercept V: Community Corrections / Community Support	- 13 -
Tuscarawas County Priorities	- 16 -
Top Priorities	- 16 -
Other Priorities	- 16 -
Additional Recommendations	- 17 -
Additional Resources	- 18 -
Participant List	- 19 -
Action Planning Matrix	- 20 -

Tuscarawas 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 Tuscarawas County, Ohio on June 11 & 12, 2015. The workshops were sponsored by The Alcohol, Drug Addiction & Mental Health Services Board of Tuscarawas and Carroll Counties and a local planning team. 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 Tuscarawas 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 Tuscarawas County Sheriff's Office and the ADAMHS Board of Tuscarawas and Carroll Counties requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops during a period of Invitation for Letters of Interest, to provide assistance to Tuscarawas County with:

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

The participants in the workshops included 36 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections, county jail, developmental disabilities, consumers and family, law enforcement, courts, vocational, hospital, veteran, and county administration services. A complete list of participants is available in the resources section of this document. David Brown, Daniel Peterca, Ruth H. Simera, and Michael Woody from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for justice-involved individuals with mental illness and co-occurring disorders. Participants agreed that the following values and concepts were important components of their discussions and should remain central to their decision-making: *Hope, Choice,*

Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, Appalachian Culture, and the belief that Recovery is Possible.

Objectives of the Sequential Intercept Mapping Exercise

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

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

Tuscarawas County stakeholders and service providers, like those from most other Ohio counties, have been involved in a number of collaborative relationships over time. Examples of current collaborative efforts include:

- Opiate Task Force
- Citizens Circle (Re-entry Coalition)
- Community Corrections Planning Board
- Anti-Drug Coalition
- Municipal Courts' CHOICES program, the Domestic Violence Task Force, and Community Corrections all have interagency agreements to facilitate services.

Each of these groups consists of individuals and agencies representing mental health, substance abuse, criminal justice and families, but few consumers are involved.

The recent development of the Reentry Coordinator position, funded by the ADAMHS Board and housed at the jail, is evidence of further collaboration across systems and a commitment to address the needs of justice-involved individuals with mental illness. In addition to the Re-entry Coordinator, two other positions (individuals) - ADAMHS Board (Natalie Bollon) and Union Hospital Social Worker (Jessica Kinsey) - were also identified as providing liaison functions.

Consumer Involvement

The local planning team included one community representative. Two community representatives also participated in the full workshop. One of these individuals had direct experience with both the criminal justice system and mental health system; the other was a family member.

Recommendations:

- Build interaction and ongoing relationships with additional consumers and family members who have shown interest in collaborating to improve the continuum of criminal justice and behavioral health services. Include current and past consumers on committees and task forces whenever possible.
- The community does not currently gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system. In order to gauge effectiveness or impact of initiatives to be undertaken, it is recommended that the members of the mapping task force identify specific metrics to monitor current/baseline and future incidence of involvement at specified points of intercept. Perhaps jail data could be used as a starting point.

Representation from Key Decision Makers

- The group composition provided reasonable cross-systems representation with key decision makers present for the court system, jail, mental health system, housing services, and law enforcement.
- Key players that were missing at the workshops: Probate Court, Transportation Coordinator/Mobility Manager

Data Collection

- The Tuscarawas County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Jail Data Sheet
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Tuscarawas County CIT Involvement and statewide CIT map

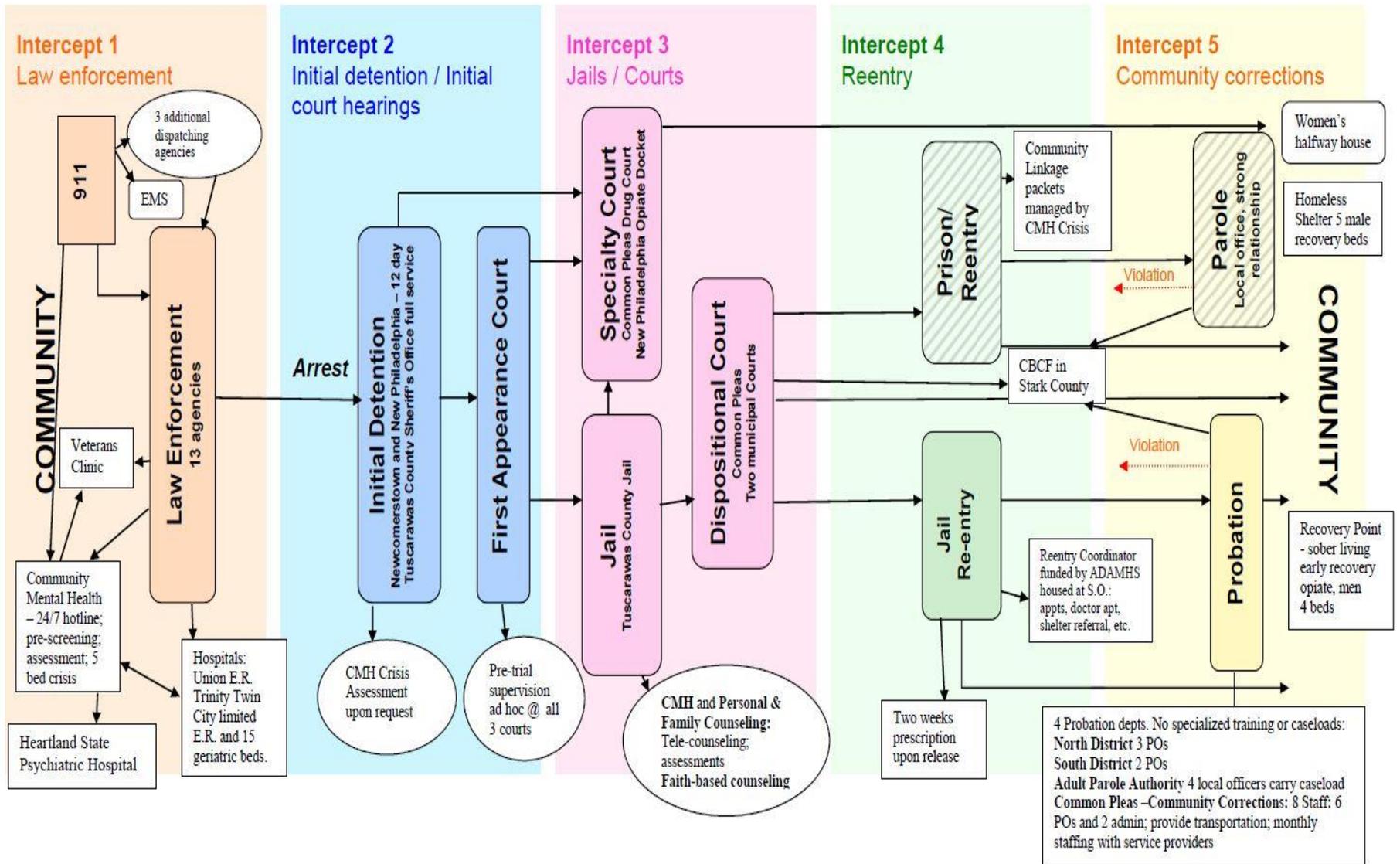
Recommendations:

- Establish a protocol or formal mechanism for facilitating communication across systems and agencies.
- 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 Tuscarawas 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

Tuscarawas County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Tuscarawas County June 2015



Tuscarawas 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 Tuscarawas 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

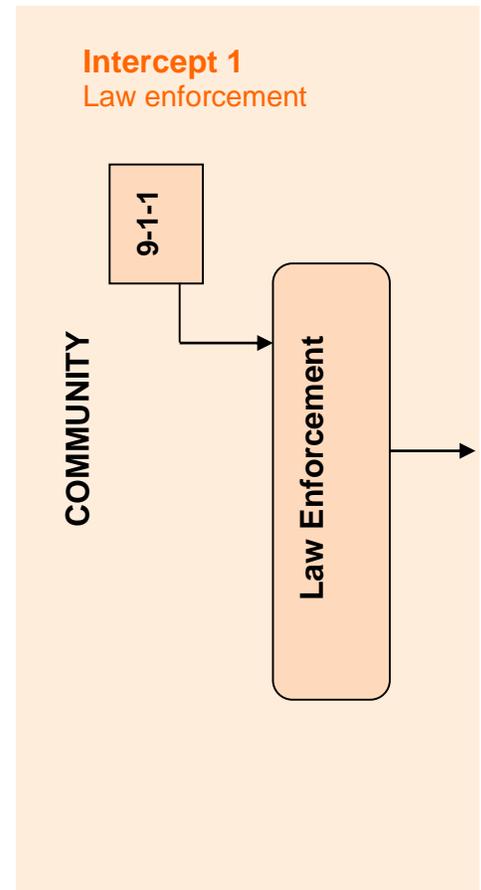
In Tuscarawas County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement in various towns or cities. Law enforcement (LE) options for responding to people with mental illness include advise, summons, arrest, transport to county jail, limited access to mental health outreach team, referral to provider agencies, or referral to hospital emergency departments.

Dispatch / 9-1-1

- Tuscarawas County has one 911 call center and a CAD system operated at the Tuscarawas County Sheriff’s Office. The Sheriff’s Office and three law enforcement agencies – New Philadelphia, Dover, and Newcomerstown - manage their own dispatch functions.
- How dispatch typically handles calls involving persons with mental illness is in part dependent on the jurisdiction. Law enforcement and EMS are dispatched to callers expressing suicidality. For calls involving an attempted suicide, EMS is dispatched with backup of law enforcement. For mental illness and all others, law enforcement is dispatched with possible back-up of EMS.
- Dispatchers do not receive any specialized training related to mental illness.
- Records are maintained for mental health related calls using codes: 76 mental illness, 58 suicide.
- There are multiple EMS services, most of which are combined with Fire. All are dispatched by county according to availability and proximity.

Law Enforcement

According to the Ohio Peace Officer Training Commission County Agency Report issued February 19, 2015, Tuscarawas County has 14 Law Enforcement Agencies: Bolivar Police Department, Dennison Police Department, Dover Police Department, Gnadenuhnten Police Department, Midvale Police Department, Muskingum Watershed Conservancy District, New Philadelphia Police Department, Newcomerstown Police Department, Port Washington Police Department, Strasburg Police Department, Sugarcreek Police Department, Tuscarawas County Sheriff’s Office, Tuscarawas Police Department, and Uhrichsville Police Department.



- Law Enforcement (LE) can currently use the following options for persons with mental illness in crisis:
 - Arrest and transport to Tuscarawas County Jail (high utilization). This is the only option available for intoxicated individuals.
 - EMS
 - Contact Community Mental Health (CMH) and transport to Union Hospital. Newcomerstown reported some difficulty gaining access to Union Hospital.
 - Contact and assistance from family members
- LE officers in attendance at the workshop reported difficulty with clients who refuse help. LE contacts CMH. A lot of discussion occurred around the issue of civil commitment (pink slipping). LE does not currently exercise their authority to pink slip individuals, although mental health providers and hospital personnel expressed a desire for them to do so.
- Four Tuscarawas County deputies have completed CIT training through neighboring county programs; however, only one or two remain active as others have retired.

Crisis Services

- CMH has a 24/7 hotline, crisis stabilization unit (Dover) with 5 beds, and Community Navigator Program (business hours - works with at-risk individuals). Individuals need to be assessed to be eligible for crisis stabilization. Hours for walk-in are 8am-4:30pm M-F. Outside that time individuals must go to a hospital emergency room. Crisis assessment workers are on-call 24/7. Hotline will triage and contact assessment workers to go to the hospital if appropriate. Law enforcement often co-responds. The hotline is funded by the ADAMHS Board; law enforcement could inform hotline staff after the fact if follow up is needed by CMH.
- There is no mobile crisis except response to Union Hospital E.R.
- Resolution of crisis was reported to be a frustrating area of concern, as police tend to respond to repeat calls.
- CMH issues pink slips more than any other entity.

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- Union Hospital E.R. – different law enforcement agencies report different experiences with acceptance of pink slips. Dover PD responds to the hospital. Union Hospital is building a new E.R. and will have two rooms for psychiatric emergencies.
- Trinity Twin City hospital has Ten Lakes – designated 16 mental health beds, primarily geriatric – located in the southeastern part of county. Overall this hospital is significantly smaller than Union Hospital.
- Occasionally Aultman or Mercy Hospitals are utilized, both of which are out of county
- Crisis Stabilization Unit at CMH
- State hospital

Detoxification

- No alternatives other than jail within the county. As a result all detox referrals go out of county.
- Officers have to wait at hospital for medical clearance before transferring elsewhere.
- CMH provides pre-screening for detox for Tuscarawas and Carroll County residents

Veterans

- New Philadelphia has a community based outpatient Veterans clinic that operates basic business hours. Mental health services include General Mental Health Treatment, Specialized Substance Abuse Treatment, Specialized Post Traumatic Stress Disorder Treatment, and Outreach & Referral Services

Intercept I Gaps

- There is very little involvement by Probate Court (combined with Juvenile Court)
- Mental health/CIT training for Dispatchers
- Mental health/CIT training for EMS
- Mental health/ CIT training for Law Enforcement
- Data collection on mental health encounters/contacts
- Law enforcement encounter information not going to CMH
- Law enforcement does not exercise the involuntary civil commitment (pink slip) process

- Need improved solutions for crisis situations: improved and common understanding of each system’s role and limitations during crises, including the criteria for involuntary hospitalization; improved information sharing with involved agencies
- SB 43 not being used at this point
- No mobile crisis
- Access to hospitals
- Detox services

Intercept I Opportunities

- Union Hospital: new E.R. will have two dedicated psychiatric beds
- Could inform hotline staff of LE encounters that have mental health elements – might enable reconnection to services

Recommendations:

- Begin the process to establish a Crisis Intervention Team, starting with a Steering Committee to develop and plan the first 40-hour training course.
- Implement a procedure for collecting and analyzing law enforcement data on mental health calls, encounters, and dispositions.
- As part of the mental health training and protocols for law enforcement, include protocols for involuntary civil commitment (pink slip)

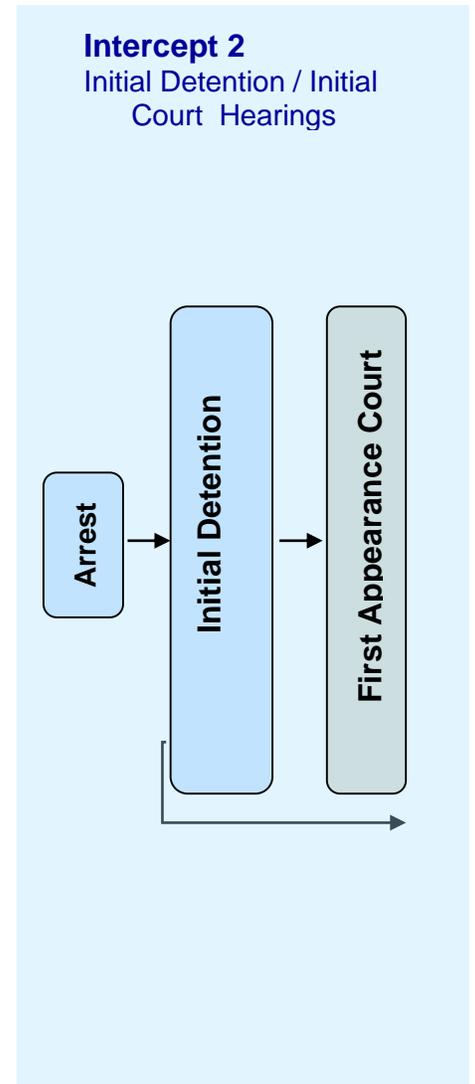
Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

Initial Detention

- Tuscarawas County Jail booking screening includes a basic medical screening and is completed with prior history available from previous stays, but mental health screening is not automated; nor has the jail adopted a validated mental health screening tool. After booking, individuals are seen by medical staff and if needed, the Reentry Coordinator. Average 3-4 bookings per day.
- Newcomerstown has a 12-day hold facility with 6 cells (one cell used for detox). The Booking Officer uses the Brief Jail Mental Health Screen (BJMHS).
- New Philadelphia has a 12-day hold facility with 10 cells (two cells used for detox). The Dispatcher performs booking duties and uses the BJMHS.
- BJMHS only being used to identify and address immediate needs (e.g., medications) and cautionary decisions.
- CMH Crisis will respond to the jails if requested to do an assessment.

Arraignment

- There are two municipal courts, Southern District (county) and New Philadelphia Municipal Court, each with one judge.
- Common Pleas Court has two general trial judges and one combined probate/juvenile judge.
- Initial hearings occur within 48 hours for individuals booked into jail. For those not in jail, arraignments occur within 30 days. Arraignments are held on Monday at 1:00. Southern District has a Saturday arraignment opportunity and will hold arraignments on Sundays if needed. New Philadelphia will use “Riverside” hearing (telephone probable cause hearing) if needed over long weekends.



- Round table discussions occur between prosecutor and defense attorney; however, no legal representation is present at felony preliminary hearings as most are done by video. Pleas are accepted at this point for misdemeanors.
- There are no pre-trial investigation or other services available at either Municipal Court. Pre-trial supervision is provided ad hoc with referrals to mental health services.
- The majority of cases (80% roughly) are direct indictments. Felony indictments typically occur within 1-2 months. 15-20% are arrests with preliminary hearings. Phone conversations between law enforcement and the prosecutor occur to make this decision.

Intercept II – Identified Gaps

- ▣ Validated mental health screening tool not being used at county jail
- ▣ No automated mental health information at jail
- ▣ No sharing of booking roster with mental health providers
- ▣ Information exchange between courts, law enforcement and services about mental health issues and knowledge of what to do with that information
- ▣ Lack resources before pre-sentence investigation

Intercept II – Identified Opportunities

- ▣ Booking information at the county jail is automated and could be shared with behavioral health authorities or providers, but currently is not
- ▣ BJMHS could be used to greater advantage in both Newcomerstown and New Philadelphia

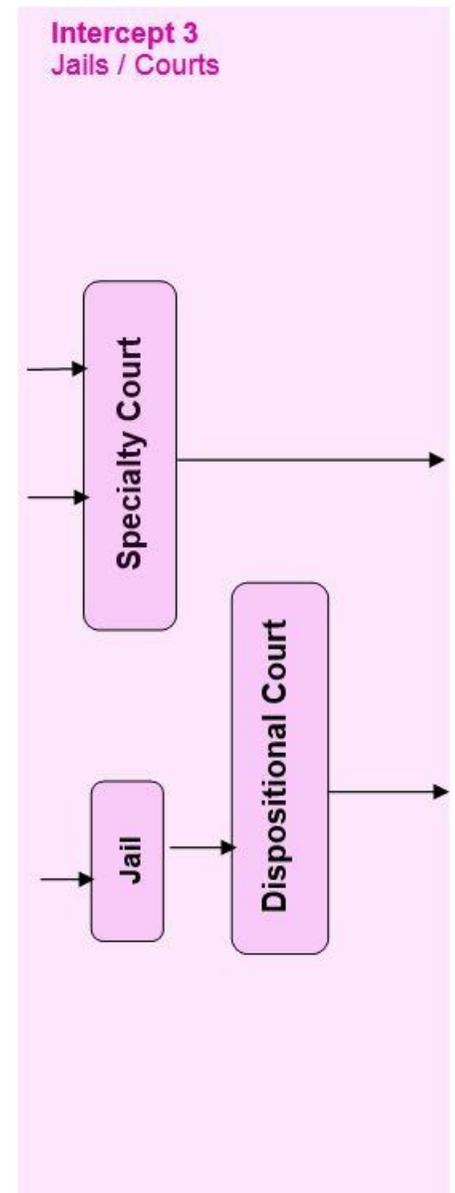
Recommendations

- ▣ The county jail should incorporate a valid mental health screening tool in the booking process. Since both Newcomerstown and New Philadelphia are using the Brief Jail Mental Health Screen, it makes sense for the county to use the same instrument.
- ▣ Once a common screening tool is implemented, the three detention sites could collaborate to establish protocols for additional uses of the results of screening, e.g., referral to mental health services, request for on-site assessment, etc...

Intercept III: Jails / Courts

Jail

- Tuscarawas County Jail is a full service jail with a rated capacity of 100 inmates, 75 male and 25 female, with an average daily census of 80-90 inmates. In July 2015 the jail will be inspected for an additional 12 beds, raising its capacity to 112. A few years ago, the jail exceeded capacity consistently over a period of time. There is also need for sufficient appropriate housing at the jail; the additional beds will provide that flexibility.
- The jail does not currently capture data on individuals with mental health needs. At the time of the workshop, jail administration estimated that anywhere between 50-75% of individuals booked into the jail are known to the publicly funded mental health and substance abuse treatment systems and that the recidivism rate is very high for these individuals.
- Medical staff at the county jail is comprised of two full-time paramedics who are on-site daily 6am – 2pm, and sometimes as late as 4pm on weekdays, and a jail physician who is on site 3 days/week, usually on



Mondays, Wednesdays, and Fridays. The physician stays as long as needed on those days, but also accepts calls after-hours as needed.

- Medication is rarely accepted from outside, with the exception of emergency medication (insulin, etc...), although the physician will generally prescribe the same medication whenever feasible. Medications are purchased through central pharmacy and may take a few days to obtain. The physician decides upon prescriptions and will consult with a psychiatrist if needed. Community Mental Health (CMH) indicated that the jail is doing a good job with medications.
- There are no psychiatric services in the jail. The jail contacts Community Mental Health for any immediate psychiatric needs. Otherwise, counseling services are provided via tele-medicine.
- Individuals presenting danger to self or others are held in a separate cell in close proximity to booking. The jail has a restraint chair if needed.
- Individuals in need of detox are also held in a separate cell in close proximity to booking. The jail has a detox protocol in place.
- The jail has the following additional services available to inmates: church services, New Beginnings faith-based support group, AA, Compass Life Group (faith-based, life issues), substance abuse and mental health assessments and counseling, and support groups for domestic violence. Most counseling is tele-counseling through Personal and Family Counseling Services (PFCS); occasional in-person individual counseling is provided. *Note: the Hispanic translator present at the workshop cautioned against use of tele-interpreter services.*

Court

- Both Municipal Courts have a diversion program for underage consumption and 1st offense marijuana. Common Pleas Court also has a pre-trial diversion program for first-time offenders.
- There are no pre-sentence investigations for misdemeanors in New Philadelphia Municipal Court. Southern District Court does approximately 12 pre-sentence investigations per year.
- For individuals detained in jail, cases are resolved in less than 30 days. For those not jailed, resolution occurs within 60-90 days.

Specialty Courts

- Common Pleas has an established Drug Court/Community Corrections, which uses *Courage to Change* program. Municipal Court is expected to implement a Drug Court in June 2015.
- New Philadelphia Municipal Court has an Opiate Recovery Court. Eligibility includes opiate dependence diagnosis, 4th degree misdemeanor or higher, and no pending felonies requiring incarceration. Assessments and treatment plans are completed with Personal & Family Counseling Services, followed by a team review and recommendation. Individuals whose mental illness interferes with ability to fully participate in program are not eligible. Medication Assisted Treatment is an option. Initial Vivitrol injections often occur at jail. The New Philadelphia City Health Department is the injection site outside of jail.
- University of Cincinnati programming for substance abuse is provided at two sites. Eligibility for this program is not based on ORAS results. On site interpreter is available for Hispanic participants.

Intercept III – Identified Gaps

- ▣ The jail is not capturing data on the number of individuals with mental illness being booked into the jail or returning to jail for repeat offenses
- ▣ There is no system for jail staff to identify individuals appearing in court without searching by individual in the Court View system; as a result, the Re-entry Coordinator is not being notified when inmates are going to court.
- ▣ There is currently no common understanding of what information is needed by the court or service providing agencies and why the information is needed.
- ▣ More monitoring of medication compliance is needed

Intercept III – Identified Opportunities

- May be an opportunity to provide tele-psychiatry services
- Common Pleas uses Court View. Dockets are available online and records searches can be performed.
- Re-entry communication about medications with Re-entry Coordinator and service providers
- Court ordered outpatient treatment

Recommendations:

- Identify a mechanism for cross-referencing inmate names and numbers with mental health system enrollment rosters and/or Medicaid enrollment rosters as part of booking processing to establish earlier access to resources and services
- Establish a protocol for alerting the Re-entry Coordinator to court dates
- Utilize valid screening tool(s) in jail to identify individuals who may need further assessment. 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.
- Establish how mental illness will be defined and how data will be collected to capture reasonably accurate statistics on persons with mental illness entering the jail.

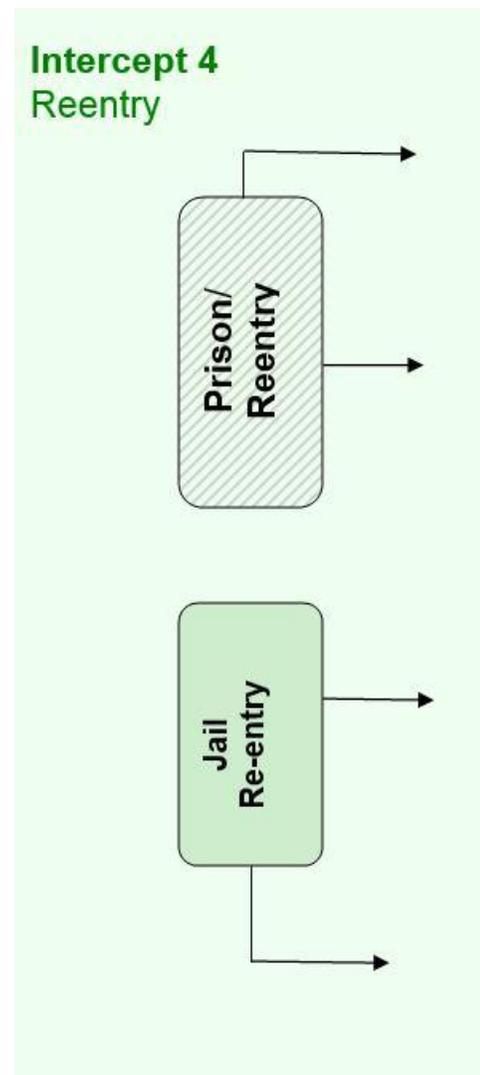
Intercept IV: Prisons / Reentry

Reentry

- The jail physician calls in a 2-week supply of medications to the pharmacy for individuals upon release; however, no release documentation is provided regarding what medications are currently prescribed and being used.
- The Re-entry Coordinator position was established in December 2014 to help individuals returning to the community from the County Jail. The Coordinator works at the jail and will attend hearings, but does not always know when a hearing is going to occur. Formal reentry programming is beginning and includes employment, housing and mental health components.
- Citizens Circle (Re-entry Coalition) helps those returning from prison.
- Those present at the workshop indicated that prison reentry planning is occurring with ample notice; service agencies and parole or probation receive plans.

Intercept IV – Identified Gaps

- Re-entry Coalition participation is sporadic – need greater presence and more consistent activity.
- Lack of consistent communication between Re-entry Coordinator and courts. It would be helpful for the Coordinator to have information on court dates and exit dates for inmates. The Coordinator could also establish a protocol for communicating pertinent information to the courts.
- Mental health system has waiting lists for individuals not in crisis. Timeliness of services, including psychiatric care, can be an issue for those reentering the community.
- Capturing data and statistics



Intercept IV – Identified Opportunities

- Jail Re-entry planning is in process at county jail
- If the Citizens Circle improved its participation level, there could be greater networking and sharing of information between systems

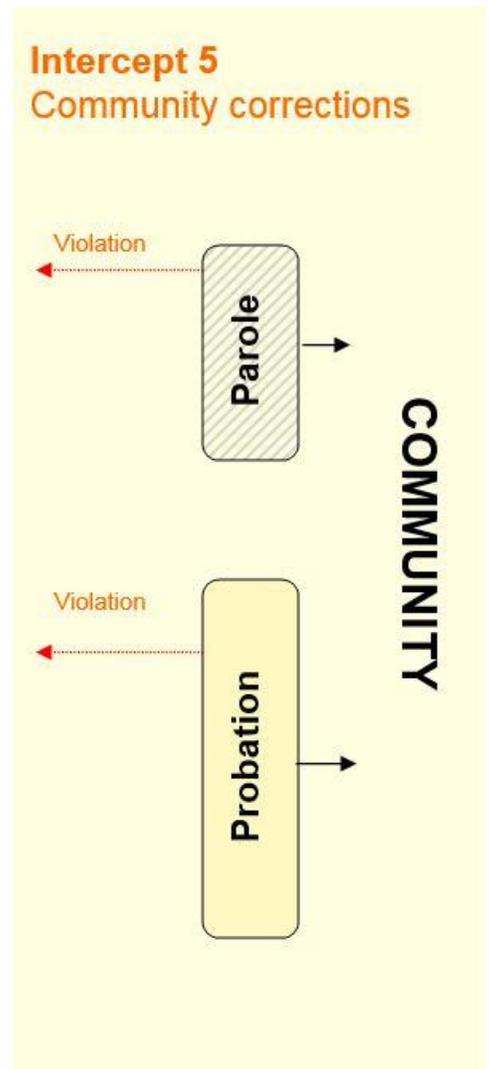
Recommendations:

- Identify a leader among the Citizens Circle members to initiate regular meetings of the coalition with specific agenda items.
- Identify a simple system for notifying the Re-entry Coordinator of court and exit dates.

Intercept V: Community Corrections / Community Support

Probation

- There are two Municipal Court Probation Departments, neither of which perform formal pre-sentence investigations.
- In New Philadelphia, there are 3 probation officers, each with an average caseload of 300, for a total of 900 probationers. Specialized services are provided within these caseloads, e.g., “Choices” caseload is a trauma-based program in cooperation with Community Mental Health for individualized planning for substance abuse and domestic violence; Intensive Outpatient is gender based. Individuals with mental illness are equally eligible for programs if fit criteria and are able to use the services. An opiate caseload recently started with a defined capacity of 30.
- Southern District (county) has two probation officers, each with a caseload of 100 individuals. There are no specialized services.
- Common Pleas has 5 probation officers, a chief probation officer, and an assistant chief probation officer. There is a dedicated Drug Court P.O. who also carries few non Drug Court cases. The Chief P.O. and Assistant Chief P.O. both also have caseloads. The court is hopeful to hire one more probation officer to bring the total number of staff to 8.
- Mental Health providers are at Common Pleas Court weekly to conduct assessments, linkage, etc... and monthly meetings are held to staff joint clientele.
- Motivational Interviewing training was provided for Common Pleas and Municipal probation officers 18 months ago; otherwise, no formal specialized training has been provided for P.O.s at any level.
- Common Pleas was awarded a SMART Ohio grant.
- Common Pleas staff have started to coordinate transportation for individuals being served.
- The Community Based Correctional Facility (CBCF) is located in Stark County and serves four counties. Individuals with significant mental health needs are accepted if they are able to pay for and be transported to services. It is difficult to link up services in Tuscarawas County, so probation assists with transportation, but caseloads are high and access to services is difficult. Individuals are not eligible for Medicaid in CBCF, so medication access is a huge gap.



Parole

- Adult Parole Authority provides both probation and parole services. New Philadelphia office covers five counties and has four officers who carry mixed caseloads. Caseloads are not specialized, but are grouped by ORAS results. One caseload is dedicated to low risk offenders and one is dedicated to offenders with moderate-high risk levels.

Community Supports

- Women’s halfway house has 13 beds for 4-month program; there is a constant waiting list.
- Domestic Violence shelter has 15 beds.
- Recovery Point (sober living home for early recovery from opiates) has four beds for males only.
- Pathway to Wellness operates 5 longer term recovery beds for males. Gap exists for females.
- Community Mental Health – assessments, counseling
- Jobs for Life

Intercept V – Identified Gaps

- ▣ Access to medications in CBCF
- ▣ Specialized training in mental health issues for probation staff
- ▣ Timeliness of mental health services due to lack of capacity
- ▣ Resources for paying for medications while in CBCF – jurisdictional issues make funding more complicated
- ▣ Capacity issues at halfway house, homeless shelter, group homes – need more supervised living options for both sexes
- ▣ Family support – fear of returning - NAMI
- ▣ Peer supports and coaching – fear of returning
- ▣ Formalized veteran training
- ▣ Transportation to court ordered requirements
- ▣ Housing – affordable, good location

Intercept V – Identified Opportunities

- ▣ None were specifically identified, although there seems to be opportunity within the existing system for specialized training on mental health issues for probation officers

Recommendations:

- ▣ In addition to other options being considered, it may be helpful for the transportation workgroup to review the information and recommendations contained in the White Paper on *Criminal Justice and Behavioral Healthcare: Housing, Employment, Transportation and Treatment* issued by the Ohio Association of County Behavioral Health Authorities in January 2015.

Priorities for Change

Tuscarawas County,
Ohio

Tuscarawas 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 work group priorities ranked in order of voting preference. Beneath the five priorities are issues that the larger group brainstormed and agreed upon as important discussion items to be considered by each sub-committee.

Top Priorities for Change

1. Housing
 - Housing Council/Continuum
 - Landlords
 - Affordable
 - Location
 - Lack of group homes and supervised living
 - Capacity of halfway house and homeless shelter
2. Mental Health Training/CIT
3. Information and Data Across the Intercepts
 - Crisis: involved agencies
 - County Jail: updating booking procedure; automated history at booking
 - Lack resources before pre-sentence investigation
 - Information exchange between courts, law enforcement, service providers, and reentry coordinator
4. Crisis Resources
 - Mobile Crisis
 - Access to hospitals
 - Detox
 - Law Enforcement pink slip
 - Probate involvement
5. Transportation for court ordered activities and requirements
 - Tuscarawas County Mobility Manager

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

- ▣ Timeliness of mental health services due to lack of capacity (1 vote, Intercept 5)
- ▣ Resources for paying for medications while in CBCF – jurisdictional issues make funding more complicated (3 votes, Intercept 5)
- ▣ Family support – fear of returning – NAMI (2 votes, Intercept 5)
- ▣ Peer supports – fear of returning (2 votes, Intercept 5)
- ▣ Formalized veteran training (1 vote, Intercept 5)

Additional Recommendations

Cross-Intercepts Recommendations:

- Identify specific ways to incorporate trauma informed care into the sequential intercept model. Policy Research Associates created a handout with intercept by intercept examples, which can be found at http://www.prainc.com/?attachment_id=1787
- Expand forensic peer counseling, support, and specialists to promote recovery.
- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services.
- Utilize the framework described by the Justice Center at the Council of State Governments in the publication, “Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery,” 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. The publication issued jointly by the National Institute of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance outlines this framework and provides general guidance on decision making. An electronic copy of the publication was provided to the Re-entry Coordinator and can be shared freely among the local stakeholders. Access to the publication is also available at no cost from the Justice Center website (www.csgjusticecenter.org)

Parking Lot Issues

Court-ordered Outpatient Treatment

Need for Victim Advocate at Municipal level

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
Tuscarawas County, Ohio | June 11 & 12, 2015

Participant Roster

1. **Dawn Porter**, Adult Parole Authority Alice.Barr@odrc.state.oh.us
2. **Jim Torch**, Director 911 TorchJ@co.tuscarawas.oh.us
3. **Lt. Brian Alford**, Tuscarawas County Sheriff's Office AlfordB@co.tuscarawas.oh.us
4. **Gwen Malcuit**, Community Mental Healthcare gmalcuit@cmhdoover.org
5. **Jessica Kinsey**, Union Hospital JessicaK@unionhospital.org
6. **Michelle Coon**, Community Mental Healthcare, Navigator mcoon@cmhdoover.org
7. **Natalie Bollon**, ADAMHS Board natalie@adamhtc.org
8. **Judge Nanette DeGarmo VonAllman**, New Philadelphia Municipal Court nanvonallman@gmail.com
9. **Leslie Miller**, Probation Officer, New Philadelphia Municipal Court probationlm@gmail.com
10. **Pamela Trimmer**, Executive Director, Personal and Family Counseling ptrimmer@pfcs1.org
11. **Mike Mickey**, Recovery Pointe/PFCS, House Manager mmickey@pfcs1.org
12. **Brian Walker**, Community Representative
13. **Jaynie Norman**, Community Representative jjnorman@roadrunner.com
14. **Cheri Creager**, Tuscarawas County Sheriff's Office, Jail/Booking CreagerC@co.tuscarawas.oh.us
15. **Seana Todd Fortune**, Behavioral Health/Reentry Coordinator, TCSO fortunes@co.tuscarawas.oh.us
16. **Rich Van Arsdalen**, clergy, AoD rich.vanarsdalen@fbclinked.org
17. **Gary Holland**, Newcomerstown Police Chief gholland@newcomerstownoh.com
18. **Sheriff Walt Wilson**, TCSO WilsonW@co.tuscarawas.oh.us
19. **Scott**, Salvation Army jessica.duperree@use.salvationarmy.org
20. **Calvin White**, Executive Director, Friends of the Homeless calvinwhitefoh@gmail.com
21. **Dave Marsh**, FOH/Pathway to Wellness davemarshfoh@yahoo.com
22. **Deb Schumacher**, Intake Coordinator, CBCF/SRCCC dschumacher@srccc.net
23. **Melissa Wucinick**, Alcohol & Addiction Program/TCGHD andrea.dominick@odh.ohio.gov
24. **Ryan D. Styer**, Tuscarawas County Prosecutor Styer@co.tuscarawas.oh.us
25. **Tara Wright Timberlake**, City Prosecutor, New Philadelphia Municipal Court tarawrightesq@gmail.com
26. **Doug Jackson**, New Philadelphia Municipal Court dvj32@frontier.com
27. **Rhonda Day**, Administrative Assistant, Community Corrections day@co.tuscarawas.oh.us
28. **Mark Ridgway**, Probation Officer, Municipal Court Southern District mridgway@neohio.twcbc.com
29. **Cody Grandison**, Probation Officer, Tuscarawas County Southern District Court cgrandison@neohio.twcbc.com
30. **Vickie Ionno**, New Philadelphia City Health Department health4u@tusco.net
31. **Nichole Bache**, New Philadelphia City Health Department health4u@tusco.net
32. **Dave Schaffer**, ADAMHS Board Director dave@adamhtc.org
33. **Elizabeth Yoder**, Advocate/Translator, Hispanic Community
34. **Shawn Nelson**, Detective Captain, New Philadelphia Police Department
35. **Thomas Harding**, A New Beginning
36. **Elizabeth Stephenson**, Common Pleas Court Administrator

Action Planning Matrix for Tuscarawas County, Ohio

Priority Area 1: Housing				
Objective		Action Step	Who	When
1.	Develop fact sheet on existing resources (number of current units, designation, etc...)	a. Collect relevant housing data and statistics	ADAMHS Board (Natalie, Danielle, Mike) HARCATUS (Michelle, Carolee) Tusc Co. Metro Housing (Martin)	Mid July 2015
2.	Proposal for additional beds (5-8)	a. Develop power point utilizing data/statistics b. Presentation to Friends of the Homeless Board of Directors	Calvin White Calvin/Judge VonAllman	July 27, 2015
3.	Expand and prioritize objectives	a. Collect and summarize material from training and break-out group b. Distribute to committee members	Calvin Calvin	June 12-18, 2015 June 19, 2015
4.	Re-organize continuum of care (HOME Net)	a. Invite relevant/interested partners	HOME Net	Mid-August 2015
5.	Maintain working sub-committee	a. Meet quarterly	Committee members (Mike M.)	September 2015

Action Planning Matrix for Tuscarawas County, Ohio

Priority Area 2: Develop CIT opportunity for Law Enforcement and others in the system to strengthen response to individuals with SPMI				
Objective		Action Step	Who	When
1.	Engage local law enforcement (officers, parole/probation, corrections) in CIT training	a. Identify barriers and develop plan to increase law enforcement buy-in with CIT	CIT Team	Ongoing up to training
		b. CIT planning team to connect with existing CIT teams in Stark and Summit Counties for lessons learned	Cheri Creager	August 31 st meeting with Stark CIT representative
		c. Get on agenda of Chiefs meeting (done) to discuss CIT and show video	Sheriff	August 19 th meeting.
		d. Schedule follow up contact and visits to garner/increase interest with police chiefs following August Chiefs meeting	Tara, anyone with connection to law enforcement	TBD after August Chief meeting
		e. Identify family to present at Chiefs meeting	Natalie Bollon	July 31 st
2.	Manage logistics for local CIT training	a. Identify presenters	CIT Team, Cheri C – Dr. Burrier; Natalie for MH	October 31, 2015
		b. Schedule training date and location	Work group completed	Feb 1-5, 2016 @ Sheriff's Office
		c. Identify locations for field trips and ensure agencies are agreeable (Clubhouse, CSU) Identify opportunities for home visits (CPST, APA, etc...)	Eliz. Stephenson, Dawn, Natalie B.	November 30, 2015
		d. Identify role players and scenarios – need 8 volunteers (older, young, male, female, schizophrenia, bipolar, borderline)	Seana, Crisis staff, Cheri – DD, Natalie – MH, Todd Little?	October 31, 2015
		e. Identify consumer to participate	Natalie Bollon	September 30, 2015
		f. Obtain “week at a glance” from Lt. Woody for CIT training	Eliz. Stephenson, Sheriff	June 30, 2015
		g. Obtain CIT pins from Lt. Woody	Sheriff	August 31, 2015

Action Planning Matrix for Tuscarawas County, Ohio

Priority Area 3: Information and Data: collection and sharing across systems and intercepts				
Objective		Action Step	Who	When
1.	Determine best practices on mental health calls through 911 (Intercept 1)	a. Research procedures of law enforcement in responding to MH related calls	Law Enforcement, Committee	3 months
		b. Develop procedure around emergency vs. non-emergency mental health related calls	Law Enforcement	4 months
		c. Develop procedure to contact Crisis Services to respond expediently to non-emergency calls	Community Mental Health (CMH)	4 months
		d. Crisis develop procedure to share contacts with ADAMHS Board to determine if case is open or known to another agency	ADAMHS/CMH	6 months
		e. Law Enforcement plan to contact Municipal, Community Corrections, and S. District to alert probation if appropriate	Law Enforcement, Probation	6 months
2.	Determine best practices for information exchange while a defendant is incarcerated to insure mental health needs are met (Intercept 2)	a. Collect data on number of defendants booked with a mental health history, total number booked, self-report mental health history vs. documented history. Compare to Mental Health enrollments in MACSIS	ADAMHS, Jail	3 months
		b. Alert procedure – inform mental health agency of incarceration	Booking, Re-Entry Coordinator Committee	Data within 3 months 6 months
		c. Mental health agencies develop a plan to share information with the identified judges, courts	MH agencies, ADAMHS	6 months
3.	Develop best practices for sentence preparation and linkage to services while incarcerated (Intercept 3)	a. Cross training between attorneys, judges and jail re-entry coordinator to determine chain of process and who receives what documents	Attorneys, Judges, Jail Re-Entry, MH	9 months
		b. Develop protocol on how to share recommendations for sentencing (PSIs)	Committee	9 months

Monthly meetings as a committee – 3rd Friday of every month at 1:00, community corrections, basement of annex

Action Planning Matrix for Tuscarawas County, Ohio

Priority Area 4: Crisis Response				
Objective		Action Step	Who	When
1.	Equip Law Enforcement with Pink Slip	<ul style="list-style-type: none"> a. Develop training protocol for Pink Slip use by law enforcement b. Develop schedule and invitation list c. Training location and needs d. Conduct training e. Measure for evidence base in practice Data: number of pink slips used Data: number of patients placed vs. not placed 	<ul style="list-style-type: none"> Gwen – CMH Shawn, Gwen, Jess Team Team 	<ul style="list-style-type: none"> Completed, will review and revise if needed July 31, 2015 July 31, 2015 August 30, 2015 December 31, 2015
2.	Probate Court involvement, process	<ul style="list-style-type: none"> a. Develop conversation with Judge Kate, Mag. Worth Set date b. Identify court practice, or current process c. Educate all parties on current psychiatric admit expectations d. Develop consensus on weekend coverage needs e. Implement plan 	<ul style="list-style-type: none"> Gwen, Probate Court, Melissa Jess Gwen Gwen, Probate Court, Melissa, Jess 	<ul style="list-style-type: none"> June 30, 2015 September 30, 2015 September 30, 2015 September 30, 2015 October 31, 2015
3.	Detox Crisis Needs	<ul style="list-style-type: none"> a. Research smaller communities with help b. Determine detox options for insured vs. uninsured c. Funding options for uninsured (ADAMHS, grant funding?) d. Implement identified plan 	<ul style="list-style-type: none"> ADAMHS, Melissa, Gwen, Jess Gwen, Jess ADAMHS, Gwen, Health Dept. 	<ul style="list-style-type: none"> October 31, 2015 November 30, 2015 December 31, 2015 January 1, 2016
4.	Ongoing work	<ul style="list-style-type: none"> a. Next Meeting Date for team 		<ul style="list-style-type: none"> July 30, 2015

Action Planning Matrix for Tuscarawas County, Ohio

Priority Area 5: Transportation for court ordered activities				
Objective		Action Step	Who	When
1.	Define existing need	<ul style="list-style-type: none"> a. Gather statistics from each court <ul style="list-style-type: none"> - How many individuals use/need service - Nature of needs b. Identify destinations and related rules <ul style="list-style-type: none"> - From home to courts, police dept for non-emergency, treatment, county approved organizations - Referral Procedures: standardized form to give to consumer 	<p>Each court to submit to work group (Ridgway, Grandison)</p> <p>All courts to agree (Harding)</p> <p>All courts to agree</p>	July 13, 2015
2.	Funding	<ul style="list-style-type: none"> a. Add fees to court costs at each court (\$5 to \$10) – all cases (IDAT Funds) if allowable b. Identify who can research funding c. Determine what is allowed related to court costs 	<p>Each court: South, Municipal, Common Pleas</p> <p>Gary Holland talk with Prosecutor's Office</p>	July 13, 2015
3.	Identify transportation providers and possible sources for this service	<ul style="list-style-type: none"> a. Determine if a contracted service is feasible or if a new position is needed and where it would be housed. Horizons? 	<p>Dept. heads (Harding)</p>	

Next meeting and all initial information to be gathered by Monday, July 13, 2015 @ 10:00 a.m.