

Warren County, Ohio

Sequential Intercept Mapping DRAFT Report

May 27 - 28, 2015

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Sequential Intercept Mapping

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Warren 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 Warren County, Ohio on May 27 & 28, 2015. The workshops were sponsored by The Warren County Mental Health and Recovery Services Board 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 Warren County achieve its goals

Recommendations contained in this report are based on information received prior to or during the *Sequential Intercept Mapping (SIM)* workshops. Additional information is provided that may be relevant to future action planning.

Background

The Warren County Common Pleas Court and Mental Health and Recovery Services of Warren & Clinton 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 Warren 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
- Enhancing understanding across 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, including incarceration alternatives and housing

The workshops were held at the Warren County Educational Services Center. Participants in the workshops included 26 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections, county jail, a consumer, law enforcement, courts, and county emergency services. A complete list of participants is available in the resources section of this document. Teri Gardner, Daniel Peterca, Douglas Powley, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Objectives of the Sequential Intercept Mapping Exercise

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

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

Warren County stakeholders and service providers have begun to collaborate in providing services for people with mental illness and co-occurring disorders in the criminal justice system. Examples include

- Crisis Intervention Team training
- Jail Case Manager
- Boundary Spanner
- Common Pleas Alcohol and Drug Assessment Specialist
- Mental Health Probation Officer
- Medication Assisted Treatment (Vivitrol)

Warren County has an active Criminal Justice (Local Corrections) Planning Board (CJPB). The majority of agencies represented on the Planning Team for Sequential Intercept Mapping (SIM) and Action Planning are also represented on the CJPB.

Consumer Involvement

The local planning team included a Peer Specialist from Solutions Community Counseling and Recovery Centers (Solutions). Workshop participants included a consumer living with co-existing disorders and with lived experience with the criminal justice, mental health and addictions service systems, as well as the peer specialist who was part of the planning team. The Executive Director of NAMI Southwest Ohio was also a workshop participant.

Recommendations:

- To increase collaboration and avoid duplication, the Criminal Justice Planning Board could be well suited to act as the organizing and oversight body for the SIM task force and work groups. The membership of the Planning Board could be expanded to include additional non-mandatory members, with ad hoc membership to fulfill the needs of work groups or sub-committees.

Representation from Key Decision Makers

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key players that were missing at the workshops: Adult Parole, Probate Court, family members of consumers, hospital(s), veterans' services, and judiciary.

Data Collection

- The Warren County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Criminal Justice (Local Corrections) Planning Board membership roster
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Warren County Crisis Intervention Team Training Data, updated 5/1/15
 - Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, 5/1/15

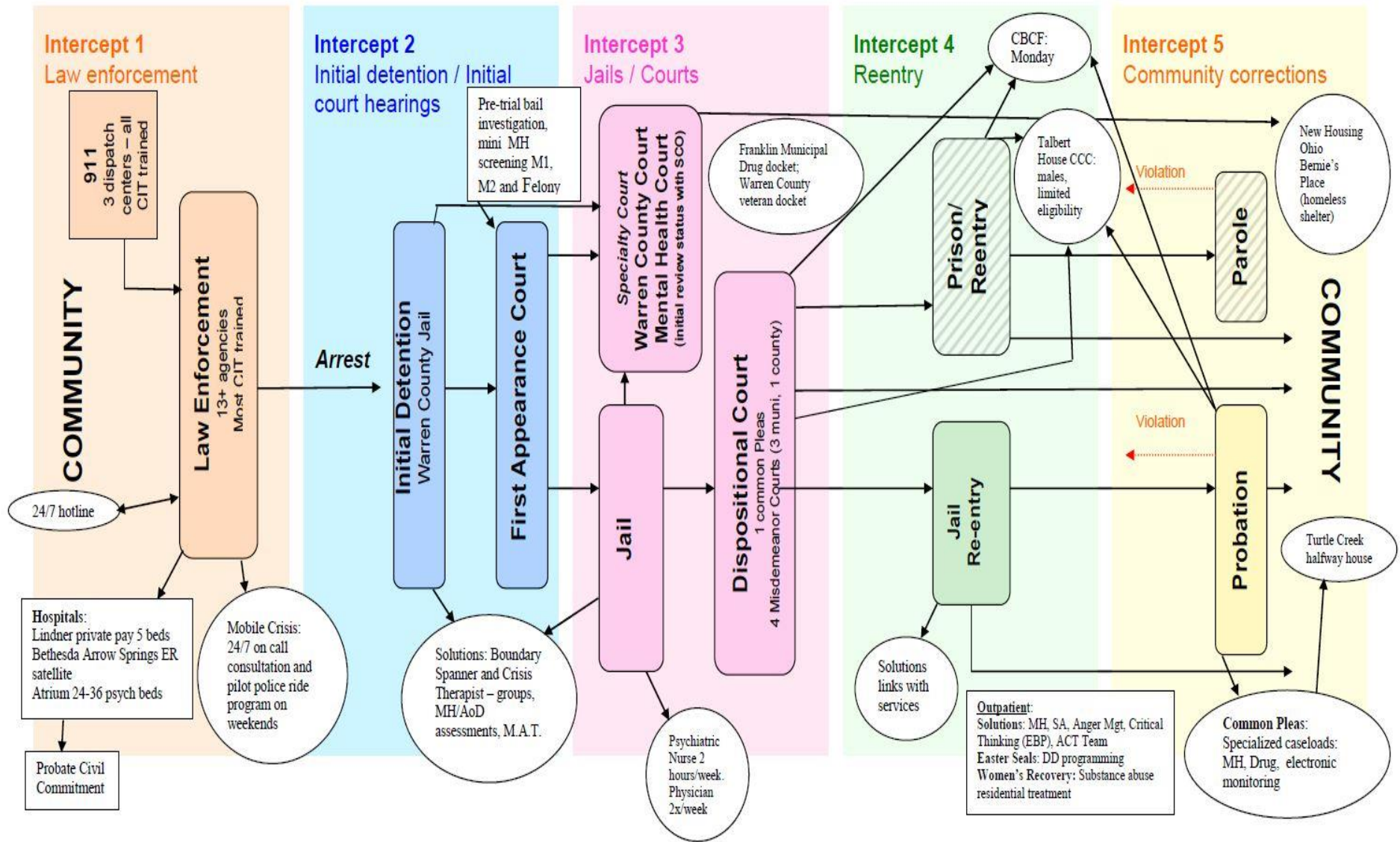
Recommendations:

- 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 Warren 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

Warren County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Warren County, Ohio – May 28, 2015



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

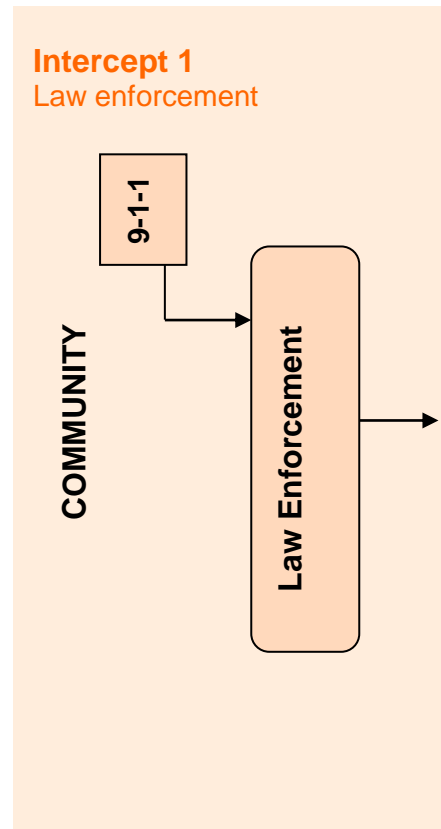
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

Intercept I: Law Enforcement / Emergency Services

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

Dispatch / 9-1-1

- Warren County has 3 dispatch centers, each of which operate 24/7 and handle police, fire, and EMS coverage: Lebanon, Franklin, and Emergency Services.
- Emergency Services, an independent agency funded by the county, functions as the primary dispatch center with 27 staff members.
- Franklin has 7 dispatch officers and Lebanon 8 dispatch officers.
- Protocol is to dispatch police first, and police determine the need for EMS response. Transportation may be done via police or EMS, dependent on the community. EMS has not participated in CIT training, although the training has been offered.
- All dispatchers are CIT trained through a modified training. New staff (within past 18 months) have not completed training, but have access to training slides.
- Franklin and Lebanon dispatchers know which officers are CIT trained; however, county dispatch does not have a list of CIT officers and does not request that CIT officers respond to mental health calls for service. Dispatch will include mention of mental health if pertinent and then put a call out to the district for an available officer.
- EDP (Emotionally Disturbed Person) code is used at dispatch, and these calls can be queried.



Law Enforcement

According to the Ohio Peace Officer Training Commission County Agency Report issued February 19, 2015, Warren County has 13 Law Enforcement Agencies: Carlisle Police Department, Clearcreek Township Police Department, Franklin Police Department, Hamilton Township Police Department,

Harveysburg Police Department, Lebanon Police Department, Lindner Center of Hope Police Department, Maineville Police Department, Mason Police Department, Morrow Police Department, Springboro Police Department, Warren County Sheriff's Office, and Waynesville Police Department. According to those in attendance at the workshop, this list does not include Ohio State Highway Patrol, King's Island, Loveland (3 counties) and parks/Metro police.

- Law Enforcement actively make determinations as to the best course of action for persons with mental illness in crisis. Options include
 - 72-hour hold
 - Family transport
 - EMS transport; EMS may co-respond.
 - Referral for services
 - Hospital Emergency Room. Arrowsprings and Atrium have their own security forces; as a result, law enforcement officers do not have to wait long before returning to patrol.
 - Arrest and jail
 - If combative: restraint, holding cell, wait for medication
 - Intoxicated individuals may be handled differently by different jurisdictions. Fairfield may release intoxicated persons, hold individuals for up to 6 hours (sobering up), or transport to hospital. If health concerns exist, they immediately transport to hospital. Lebanon tends to transport to hospital or arrest.
- Lebanon and Franklin have agency Chaplains.
- Warren County Crisis Intervention Team training began in 2011. The Director of Adult and Community Support Services at the Mental Health & Recovery Services Board of Warren and Clinton Counties is the county-wide CIT Training Coordinator. All but three of the Law Enforcement Agencies have participated in CIT training. The training program is a 40 hour course composed of lectures, interactions with mental health consumers and services, and practice of de-escalation skills. As of 8/4/15 Warren County has trained 81 full-time sworn officers through nine CIT courses which are co-sponsored by Clinton County. Cumulatively, this represents nearly 31% of the 264 full-time officers in the county. In total 108 individuals have been trained from various disciplines.
- CIT encounter forms are not being used by law enforcement.

Crisis Services

- Solutions is operating a pilot program with mental health workers riding with officers from Lebanon, Wilmington, and Manchester Police Departments during the following shifts: Friday 4-midn, Saturday 4-midn, and Sunday 2-10 pm.
- Police have access to Mental Health on-call 24/7 for advice and guidance.
- St. Aloysius operates a mental health hotline 24/7 with a blend of mental health professionals and volunteers. Hotline workers will help clients determine appropriate next steps (appointment, contact first responder, go to emergency room, mobile crisis). The hotline averages 150 calls per month. The agency is undertaking a community campaign to improve utilization.
- NAMI provides general support and information.
- Solutions offers Open Access for assessments Monday through Thursday, business hours at Mason, Lebanon, and Springboro facilities.

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- Lindner Hospital in Mason has 5 beds and only accepts private insurance or Medicare (Medicaid kids).
- Bethesda Arrowsprings has an Emergency Room satellite in Lebanon, but no psychiatric beds. The main hospital, which has psychiatric beds, is out-of-county.
- Atrium Hospital in Middletown (city is in Butler County, but hospital is in Warren County) has 24-36 psychiatric beds.
- Hospitals do not refuse people because of psychosis or combativeness; they will sedate if needed. Participants reported that hospitals serve the role of crisis stabilization fairly effectively.
- If an individual goes out of county for an emergency room visit, there is little to no coordination with local/county services and treatment can be disrupted. Generally hospital services are disconnected from local mental health services in Warren and surrounding counties. This presents fairly routine challenges as

referrals are made to out-of-county hospitals 2-3 times/week. Participants noted a particular problem with Arrowsprings Hospital, which does not refer back to Atrium. Some discussion occurred around convening representatives of mental health services and area hospitals to address concerns.

- Summit Behavioral Healthcare is the state hospital serving Warren County.

Detoxification

- There is no available detox center separate from hospital emergency rooms.

Probate Court

- The county has only had one SB43 filing. Most action starts post-hospitalization.

Intercept I Gaps

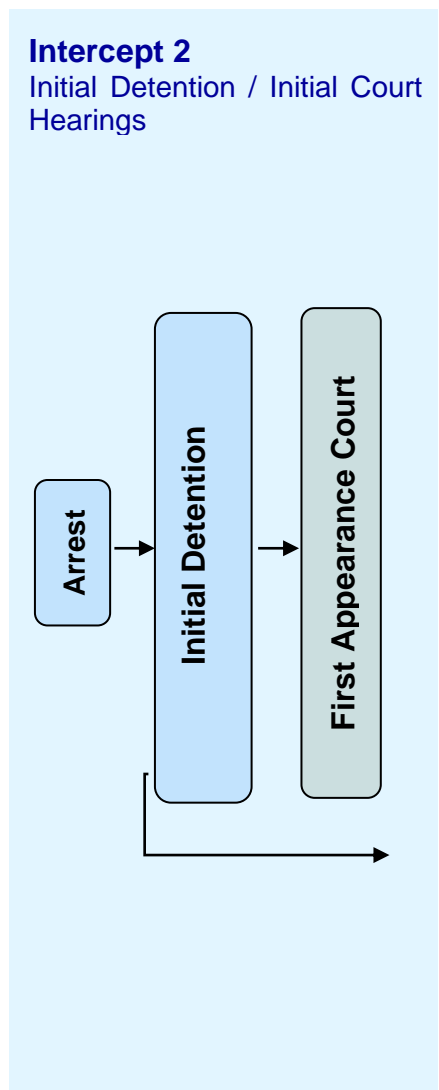
- ▣ EMS participation in CIT training
- ▣ Continuity of care lacking across county lines
- ▣ Hospital services are disconnected with community mental health agencies. Physician may release patient earlier than 72 hours. Area hospitals do not have interagency agreements with each other.
- ▣ Lindner Hospital does not accept Medicaid
- ▣ Dispatch does not request CIT officer
- ▣ Dispatch is not informed of CIT trained officers (county)
- ▣ Limited hours for crisis response; Psychiatric beds (high acuity/crisis) capacity within the county is lacking
- ▣ No mental health crisis drop-off site (hospitals fill this function to satisfaction)
- ▣ No detox or residential beds in the county
- ▣ Not collecting any data on the number or identity of individuals who are released from hospital and re-contact law enforcement over a short period of time
- ▣ Limited mobile crisis
- ▣ Utilization of CIT encounter sheets
- ▣ Lack of data and outcomes, re: CIT calls

Intercept I Opportunities

- ▣ None were specifically noted; however, the county has a strong CIT training program which could easily be expanded to include companion trainings for EMS. A briefer version of the training may result in greater participation.

Recommendations:

- Implement a procedure for collecting and analyzing law enforcement data on mental health calls, such as a CIT encounter form, to be used by all Law Enforcement agencies. This will enable more targeted communication with mental health providers, as well as a means for evaluating law enforcement strategies, dispositions and outcomes when interacting with persons in crisis who have a mental illness.
- Working with Probate Court, develop an agreed upon Civil Commitment protocol and train all appropriate law enforcement personnel and staff.



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

Initial Detention

- Warren County Jail is a full service jail. The jail will refuse to accept bookings if census is at capacity, in which case law enforcement officers need to exercise different options, or the jail may emergency-release a misdemeanor client.
- Pre-screening, including medical and alcohol/drug screening, are performed at booking.
- Franklin, Lebanon and Springboro Police Departments each have 6-hour hold cells.
- Mason Police Department has three cells, but those in attendance were uncertain of the time limit.
- Pre-Trial interviewing of individuals charged with Misdemeanor 1, M2 and felony offenses occurs at lock-up.

Initial Hearings and Arraignment

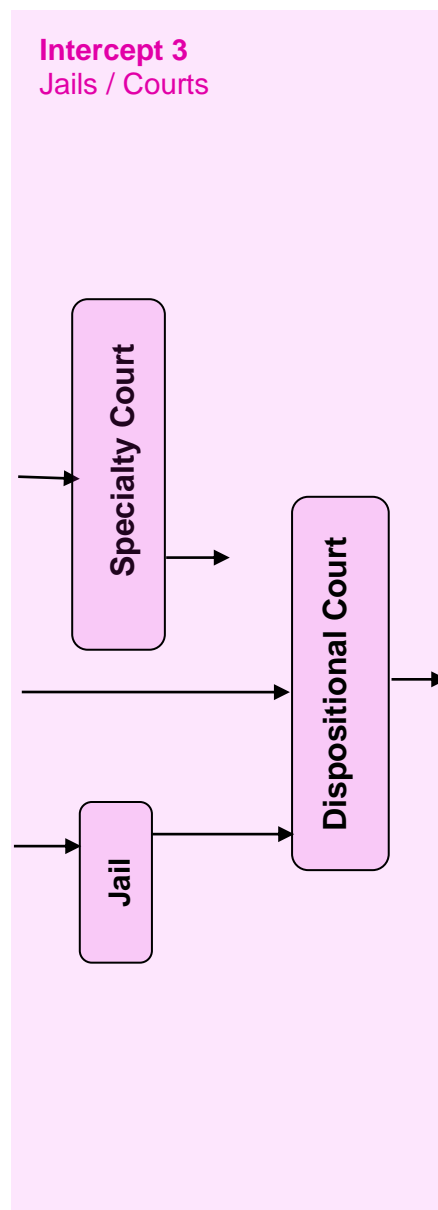
- Most initial hearings occur within a day or two of arrest. County Court has Saturday a.m. arraignment. All others hold arraignments twice a week with no arraignments over weekends.
- Lebanon has arraignments on Thursdays @ 1pm and Monday; if an individual is arrested after 1pm Thursday, they have to wait until Monday for arraignment.
- Pre-trial services include a mini mental health screening, but not with a validated tool. This is an area for possible improvement. The report includes indication of diagnosis or treatment; however consumers are sometimes reluctant to have mental health information included out of fear of loss of benefits or risk of lock-up. Pre-trial workers might make recommendations for services or referrals, but cannot order such. Potential for additional services exists and could be improved.
- Pre-trial worker will contact Developmental Disabilities (DD) case manager if DD status is indicated; otherwise, this population may not be identified.
- Victim Witness advocates speak with victims at arraignment.
- Counsel is not typically present at arraignment for misdemeanors, unless the individual has private counsel. Counsel is typically assigned at arraignment.
- Video arraignment occurs from the jail for most misdemeanors.
- 70% of individuals are appearing on a summons, so are not being screened because they are not passing through the jail.
- Pre-trial supervision is only available for felony offenses.

Veterans

- Pre-trial workers ask about veteran status and included this in their report, but no special outreach or services exist. Workers can make referrals at pre-trial interview, but this process seems informal and there is no data available.

Intercept II – Identified Gaps

- ▣ Veteran screening and referral
- ▣ Developmental Disabilities and co-occurring disorders screening and service referral
- ▣ Validated mental health screening tool(s) – pre-trial, court appearance
- ▣ Minimal coordination or collaboration with Solutions at the level of pre-trial services
- ▣ Exchange of booking information between mental health and jail – currently no formal way or process



Intercept II – Identified Opportunities

- Pre-trial services could replace existing screening tool with a validated tool.

Recommendations

- Consider using validated screening tools, such as the Brief Mental Health Jail Screen - in the jail and at pre-trial services, to identify individuals with possible mental illness.
- Standardize or formalize screening and referral at municipal court, creating a liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs.
- Consider arraignment options for those individuals currently waiting 4 days (from Thursday to Monday). For persons with mental illness, length of incarceration is associated with negative consequences and worsening of symptoms and outcomes.

Intercept III: Jails / Courts

Jail

- Warren County Jail is a full service jail and is the only lock-up option. The facility has a rated capacity of 280 persons. Typically the census is at capacity during King's Island season. In June/July the demand may exceed capacity, but the jail administration will not permit the census to exceed capacity. The jail manages an average of 20 daily bookings.
- As of 9/1/15 four Corrections Officers from Warren County Sheriff's Office have completed the full CIT training.
- Mental health evaluations occur within 12 days for those held three or more days with unknown or absent signs of mental illness. Those exhibiting symptoms will be seen within 24 hours.
- Solutions crisis counselor staffs the jail 7 days/week.
- Boundary Spanner works at jail full-time and is responsible for suicide assessments and watches. Mental health staff will see individuals within 24 hours if jail staff determines need for suicide watch.
- Psychiatric Nurse Practitioner works in the jail two hours/week on one day. This coverage is sometimes ample, sometimes insufficient. The NP can do medication reinstatement and can see 8-10 people in two hours.
- Valid prescriptions can be filled for non-mental health system clients, and family can bring in medications. The jail uses a formulary for medications, although the Mental Health and Recovery Services Board will pay for non-formulary if necessary. No benzodiazepines are allowed at jail; substitution is made as soon as possible and monitoring is provided. Medical protocol is in place for withdrawal or detox. General population is on increased watch.
- Jail screening for veteran status
- The jail does not have space for special housing; males and females are limited to segregation (13 cells) or watch if needed. There are three medical cells.
- Medical doctor is in the jail two times/week.
- Substance Abuse therapist runs group and performs assessments. AA groups are also available. All groups are co-ed.
- Vivitrol program is in place.
- Forensic Monitor is very active and proactive at ensuring state hospital bed placements. Warren County is allocated ten state hospital beds, but seldom more than six beds are available – combined forensic and civil (4 civil, 6 forensic).
- Case Managers will check jail roster at times, but no formal mechanism is established for this.
- Local clergy provide services/programming in the jail as well.

Court

- There are no jail diversion programs specific to persons with mental illness

- Intervention in Lieu of Conviction is utilized primarily for drugs, with some individuals having co-occurring disorders, but is not used specifically for mental health. Probation creates the plan for the intervention. Typically diversion is requested by the defense attorney.
- There are eight mayors' courts, e.g., Carlisle, which handle cases such as summons, criminal, traffic, etc...
- Common Pleas Court has three judges, including the Domestic Relations and Juvenile/Probate judges.
- Municipal Courts include Mason, Franklin, and Lebanon, each with a judge and magistrates. Warren County Court has two judges.
- Average time from arrest to disposition for misdemeanors is 30-45 days.
- Average time from arrest to disposition for felonies is 2-6 months. Indictment typically occurs within 30-45 days.

Specialty Courts

- Warren County Court (municipal) has been operating a Mental Health docket since April 2015. Application for certified Specialized Docket is under Initial Review. There are currently three participants.
- Warren County recently implemented a veteran court docket (once/2 wks).
- Drug diversion services are available at Franklin Municipal (Rupert).
- Medication Assisted Treatment is available via Common Pleas as a court ordered treatment option.

Intercept III – Identified Gaps

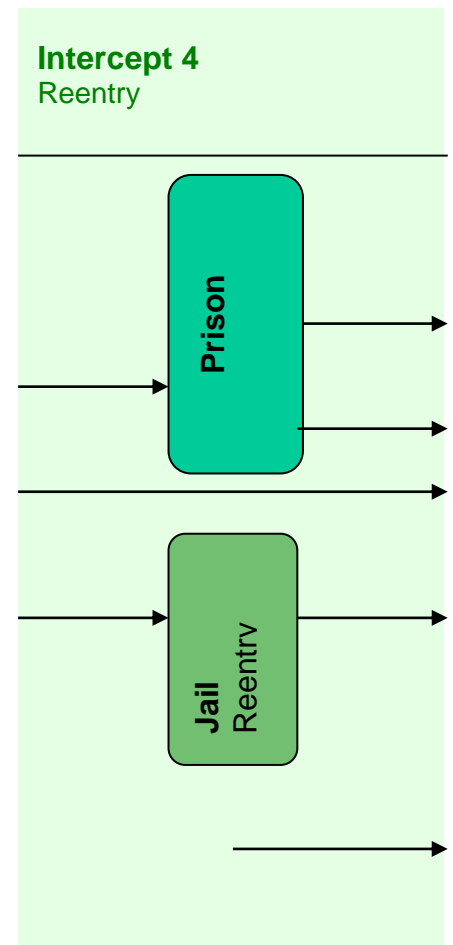
- ▣ Mental Health system does not monitor jail roster or court docket
- ▣ Peer services at jail
- ▣ Gender specific programming at jail
- ▣ Insufficient psychiatric access (staffing issue, not funding); during a busy week the psychiatric evaluations are not always completed within the two hour time allowed with medical staff
- ▣ Access to follow-up care upon release from jail
- ▣ Clients are released from jail without medications or prescription
- ▣ Access to Summit Behavioral Health beds
- ▣ Medical cells are utilized for housing females for overflow

Intercept III – Identified Opportunities

- ▣ Probation is receiving a list of jail and court appearances to compare to their caseload, and has agreed to alert Solutions
- ▣ Explore formulary and process for alternatives for individuals that are taken off current medications

Recommendations:

- Consider improving the hours of availability of psychiatry services.
- Identify a mechanism for cross-referencing inmate names and numbers with mental health system enrollment rosters and/or Medicaid enrollment rosters as part of booking processing to establish earlier access to resources and services.
- Utilize valid screening tool(s) in jail to identify individuals who may need further assessment. For example, the Brief Jail Mental Health Screen is available at no cost on the website of SAMHSA's GAINS Center for Behavioral Health and Justice Transformation website. The Texas Christian University Drug Screen II is available at no cost on the website of Texas Christian University Institute of Behavioral Research.
- Establish procedures for ensuring that individuals have medications available to them upon release.



Intercept IV: Prisons / Reentry

Reentry

- Talbert House has four beds that can be used for reentry
- There are many unmet needs associated with homeless individuals. Those placed on Common Pleas probation will not be released from jail if homeless. As a last resort, the probation officer will arrange for a hotel room.
- Solutions assists with reconnecting to services

Intercept IV – Identified Gaps

- ▣ Reentry efforts need a champion or support; coalition met twice and stalled
- ▣ Uncertain where linkage packets are going. During the course of the workshop, it was learned that Christina Rivers at Solutions (Lebanon office) is recipient of linkage packets.
- ▣ Relationships between local probation, courts and Department of Rehabilitation and Correction and Adult Parole Authority are disconnected
- ▣ Coordination with out of county providers and justice stakeholders – out of county residents not linked to medications or services adequately
- ▣ Lack of resources for homeless that are released/end of sentence; releasing persons without resources or housing on weekends, holidays or late at night
- ▣ Sometimes there are long waiting lists for medical, psychiatric services, causing release without medications or prescriptions

Intercept IV – Identified Opportunities

- ▣ Butler County model for assisting with reentry and linking to services

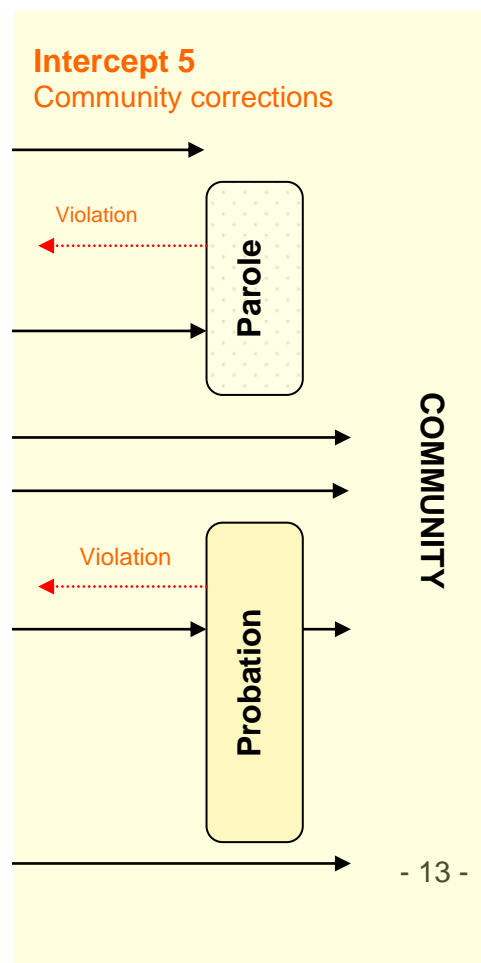
Recommendations:

- ▣ Establish where and who should receive linkage packets and maximize the role and function of that assigned agency/person

Intercept V: Community Corrections / Community Support

Probation / Community Supervision

- ▣ County (municipal) Court has two probation officers that provide some specialized services for veterans and mental health caseloads, in addition to general supervision. Mental health caseload is currently 42 individuals. General probation caseload is typically around 90.
- ▣ Vocational services are available through Common Pleas probation.
- ▣ Electronic monitoring may start at Municipal Court and follow through sentencing, common pleas, etc... (not specific to mental health or special needs). Electronic monitoring services are available at pre-trial, sentencing, and for violations of probation.
- ▣ Common Pleas has 23 probation officers; two POs provide special supervision for mental health and dual disorder clients, including ISP; additional special services exist for drug/intervention in lieu of conviction, sex offenses, and child support. The court also has an officer that services Franklin and surrounding areas through a satellite location at a church.



- Mason has five probation officers. Lebanon and Franklin each have two probation officers and no specialized services.

Parole

- Parole was not represented at the workshop.
- Office in Lebanon. Common Pleas has contact with officers.
- Will place people in hotels if needed.
- \$75,000 MHRS commits to transportation for group services provided by Solutions.
- Developmental Disabilities Services at Easter Seals – monthly meetings with Common Pleas probation. Only 1-2 clients at any given time.
- Linkages to services is imperfect. Generally there are partnerships with treatment and support providers, but this seems to need work.
- Releases from neighboring counties are not well orchestrated. No one knows when a release is occurring.
- Majority of judicial releases go to CBCF.

Community Supports

- Solutions provides case management, substance abuse services, anger management programming, Medication Assisted Treatment, mental health services, Critical Thinking (EBP), and Talbert House. Judge will order into Critical Thinking, and if an individual is on Intensive Supervised Probation, they are required to participate in Critical Thinking.
- Using Community Based Corrections Facility (CBCF) as substitute for inpatient treatment. Have access to three CBCFs (Warren County and two neighboring counties). Monday program is the only CBCF that will accept mental health clients (currently 6 clients).
- Halfway House (Turtle Creek) typically will not accept mental health clients.
- Employment services are available through the Probation Improvement Grant, a program at Solutions and Women's Recovery in Green County.
- Recently entered into a contract with Sojourner in Butler as well (can we specify services here?)
- Easter Seals provides services for developmentally disabled individuals.
- Transportation is an issue.
- Board housing contract (New Housing Ohio) is for permanent supportive housing for clients of MHRS system, of which 25-30% of individuals being served are criminal justice involved. 100 in housing now. Also have some transitional housing.
- Board also supports homeless shelter (Bernie's Place) which has capacity of 14 (8 female, 6 male), of which 25-30% are persons with mental illness). The shelter excludes children. No data is available on criminal justice involvement.
- Talbert House includes one CBCF and Turtle Creek halfway house.
- Solutions has a very active ACT Team.
- Interfaith provides shelter to families and domestic violence victims.
- Motel may be used to fill gaps.

Intercept V – Identified Gaps

- Inpatient services
- Residential Substance Abuse services
- Insufficient number of residential placements for mental health clients at CBCFs and halfway houses in the area; no residential options within Warren County
- Transportation for non-Solutions services and appointments
- Small population of high utilizers with complex needs (SPMI) – no effective services

Intercept V – Identified Opportunities

- None specified

Priorities for Change

Warren County, Ohio

Warren County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top two priorities. Listed below are the results of the voting and the priorities ranked in order of voting preference.

Top Priorities for Change

1. Access to appropriate and timely crisis resources, including psych beds and stabilization
2. Service access and community linkage
3. Residential Services Mental Health, high acuity
4. Housing Upon Release
5. CIT Companion Training

****Note:** Lack of transportation for non-Solutions groups and other services was voted the 3rd priority; however, Brent Lawyer, MHRS Board Executive Director, is currently working with a county-wide committee on updating the transportation plan, which can include this issue, and feels it can be addressed through that venue. Those in attendance agreed to table the transportation priority pending results of the existing committee and a report from Mr. Lawyer.

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

- ▣ Limited mobile crisis (Intercept 1, 2 votes)
- ▣ Lack of data and outcomes, re: CIT calls (Intercept 1, 1 vote)
- ▣ Detox and residential beds (Intercept 1, 1 vote)
- ▣ Pre-trial services improvement: expansion or improvement of screening for mental illness and coordination/collaboration with Solution (Intercept 2, 3 votes)
- ▣ Access to timely and complete psychiatric evaluations at jail (Intercept 3, 4 votes)
- ▣ Medical cells at jail are utilized for housing females for overflow (Intercept 3, 1 vote)
- ▣ Reentry efforts need a champion and support (Intercept 4, 3 votes)
- ▣ Linkage packets – uncertain where they are going; disconnect between adult parole authority and local probation/courts (these could easily be incorporated into the 2nd priority) (Intercept 4, 4 votes)
- ▣ High utilizers with SPMI and complex needs – no effective services for this small population (Intercept 5, 3 votes)

Additional Recommendations

Cross-Intercepts Recommendations:

- Identify specific ways to incorporate trauma informed care into the sequential intercept model. Policy Research Associates created a handout with intercept by intercept examples, which can be found at http://www.prainc.com/?attachment_id=1787
- Expand forensic peer counseling, support, and specialists to promote recovery.
- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services.
- Define clear Medicaid enrollment strategies at various points in the justice system.

- Utilize the shared framework for reducing recidivism and promoting recovery among adults with behavioral health needs under correctional supervision as a decision-making guideline for appropriating effective services to individuals with the highest risk and needs. The framework is applicable at all points of intercept in the justice system provided that validated assessment information is available related to risk for recidivism, risk of violence, and mental health risks and needs. Jails and courts have a greater opportunity for organized use of the framework with the existing requirement for felony probation to utilize the Ohio Risk Assessment System (ORAS) and the existing screening mechanisms already in place in the county corrections facility, which can fairly easily be supplemented or enhanced with validated tools. Print copies of the publication issued jointly by the National Institute of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance which outlines this framework and provides general guidance on decision making were provided to the core planning group at the close of the mapping workshop. Additional copies can be obtained at no cost from the Justice Center website (www.csgjusticecenter.org)

Parking Lot Issues

- housing for sex offenders except CBCF and halfway house
- access to Summit Behavioral Health beds

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 Warren County, Ohio | May 27 & 28, 2015

Participant Roster

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Action Planning Matrix for Lucas County, Ohio

Priority Area 1: Data and information sharing, including arrest information and mental health history

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

Action Planning Matrix for Lucas County, Ohio

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

Action Planning Matrix for Lucas County, Ohio

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

Action Planning Matrix for Lucas County, Ohio

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

Action Planning Matrix for Lucas County, Ohio

Priority Area 5: Alternative residential options pre-trial

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