

Wood County
Ohio

Sequential Intercept Mapping
Final Report

September 9 – 10, 2013

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Sequential Intercept Mapping

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Wood 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 Wood County, Ohio on September 9 & 10, 2013. The workshops were sponsored by The Wood County Alcohol, Drug Addiction and Mental Health Services Board. 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 Wood 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 Wood County Alcohol, Drug Addiction and Mental Health Services Board and multiple other local stakeholders, requested the *Sequential Intercept Mapping and Taking Action for Change* workshops to provide assistance to Wood 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 40 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, county jail, advocates, consumers, law enforcement, courts, hospital, university, vocational, and social services. A complete list of participants is available in the resources section of this document. Mark R. Munetz M.D. from Northeast Ohio Medical University, Paul Lilley from Century Health Inc., Dan Peterca from Cuyahoga County Court of Common Pleas Probation Division, 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 Wood 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 Wood 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

- Wood County has a Criminal Justice Coordination Committee which serves as the Steering Committee for implementing the Sequential Intercept Model. The Wood County ADAMHS Board created a Criminal Justice Coordinator position which is contracted through Family Services of Northwest Ohio to coordinate the efforts of the steering committee and provide liaison services between the mental health and criminal justice systems. The local Planning Team for the Sequential Intercept Mapping workshops was drawn largely from members of this Steering Committee. Sub-committees have been developed to address specific areas and include:
 - CIT Coordinator's Committee is responsible for development of the CIT program in Wood County and problem solving barriers as they arise. There was an initial meeting of law enforcement partners in July, 2013. This committee will also include representatives from Behavioral Connections and NAMI going forward.
 - Crisis/Law Enforcement Quality Improvement sub-committee addresses quality improvement between law enforcement and crisis intervention services.
 - P.P.I.T. (Project Planning and Implementation Team) was established to implement the Mental Health Court Planning Grant, which included the Sequential Intercept Mapping and Taking Action for Change workshops. This group has disbanded following the term of the grant, and members have been absorbed into the sub-committees established through the Cross-Systems Mapping Workshop.
- Wood County Re-Entry Coalition began formation in December, 2012 and continues to function with multiple subcommittees including: Social Services, Housing, Legal, Data Collection & Integration, Education/Employment and the Executive Committee.
- Home Aide Coalition works to reduce homelessness within the county and implement programming to address the needs of multiple populations including mental health services and individuals returning from incarceration. One program currently being implemented is Project Homeless Connect which is a collaborative project with the Re-entry Coalition to offer a resource fair to any individual in the county who could benefit from additional resources.

Consumer Involvement

Two consumers participated in Day 1 of the workshop – Sequential Intercept mapping, but only one consumer participated in Day 2 – Taking Action for Change. The consumer who participated in both days had direct experience with the criminal justice system. A NAMI representative was also present both days of the workshops.

Recommendations:

- Expand forensic peer counseling, support, and specialists to promote recovery.
- Continue interaction with consumers and family members who have shown interest in collaborating to improve the continuum of criminal justice and behavioral health services.

Representation from Key Decision Makers

- The group composition provided good cross-system representation. Key decision makers were not present across all systems, however, and the group identified a geographic region of the county which lacked representation at the workshops. Inclusion of this area will be an important factor for work groups and sub-committees to address in the course of implementing action steps.
- Key players that were missing at the workshops: Common Pleas Judge or Magistrate; County Health Department; Law Enforcement from the northern jurisdictions of the county; Wood County Sheriff; Adult Parole

Data Collection

- The Wood County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Criminal Justice Coordination Committee structure and SWOT analysis, identifying strengths, weaknesses, opportunities, and threats within the Wood County systems
 - Criminal Justice Coordination Non-Rehabilitation Option Services Report
 - Wood County Law Enforcement: Interaction w/Emotionally Disturbed Person Survey Results (slides)
 - Behavioral Connections of Wood County Emergency Services Program (slides)
 - Crisis Intervention Team Training – initial report (slides)
 - CIT Training Evaluation results
 - CIT Peer Review report
 - CIT Officers report – local data and state map provided by the CJCCoE
 - Overview of Mental Health, Substance Abuse, and Vocational Services in Wood County
 - Release and Service Linkage Survey form
 - Adult Diagnostic Assessment form
 - Authorization for Mutual Disclosure form
 - Re-Entry Coalition Participants Roster
 - Home Aid Committee Members Roster
- The Criminal Justice Coordinator is responsible for implementing designated services and programming that link the mental health and criminal justice systems, and currently provides boundary spanner services to individuals identified as highest need at the Wood County Justice Center. The coordinator completes screenings and assessments and began collecting data within the county jail in January 2013. Client participation is voluntary which results in a somewhat lean sample.

- The Re-Entry Coalition is in the process of conducting a survey of inmates in prison.
- The Mental Health Court Planning grant team was in the process of locating baseline data regarding individuals in the criminal justice system for the previous year. This data was not yet available at the time of the workshops, during which cross-systems information and data sharing was identified as a priority. As a result, this task was incorporated in the objectives and activities of one of the priority areas in the Wood County Action Plan.
- The jail database is not utilized to full benefit or capacity. The system may be capable of tracking recidivism or other outcomes, but no one has attempted.

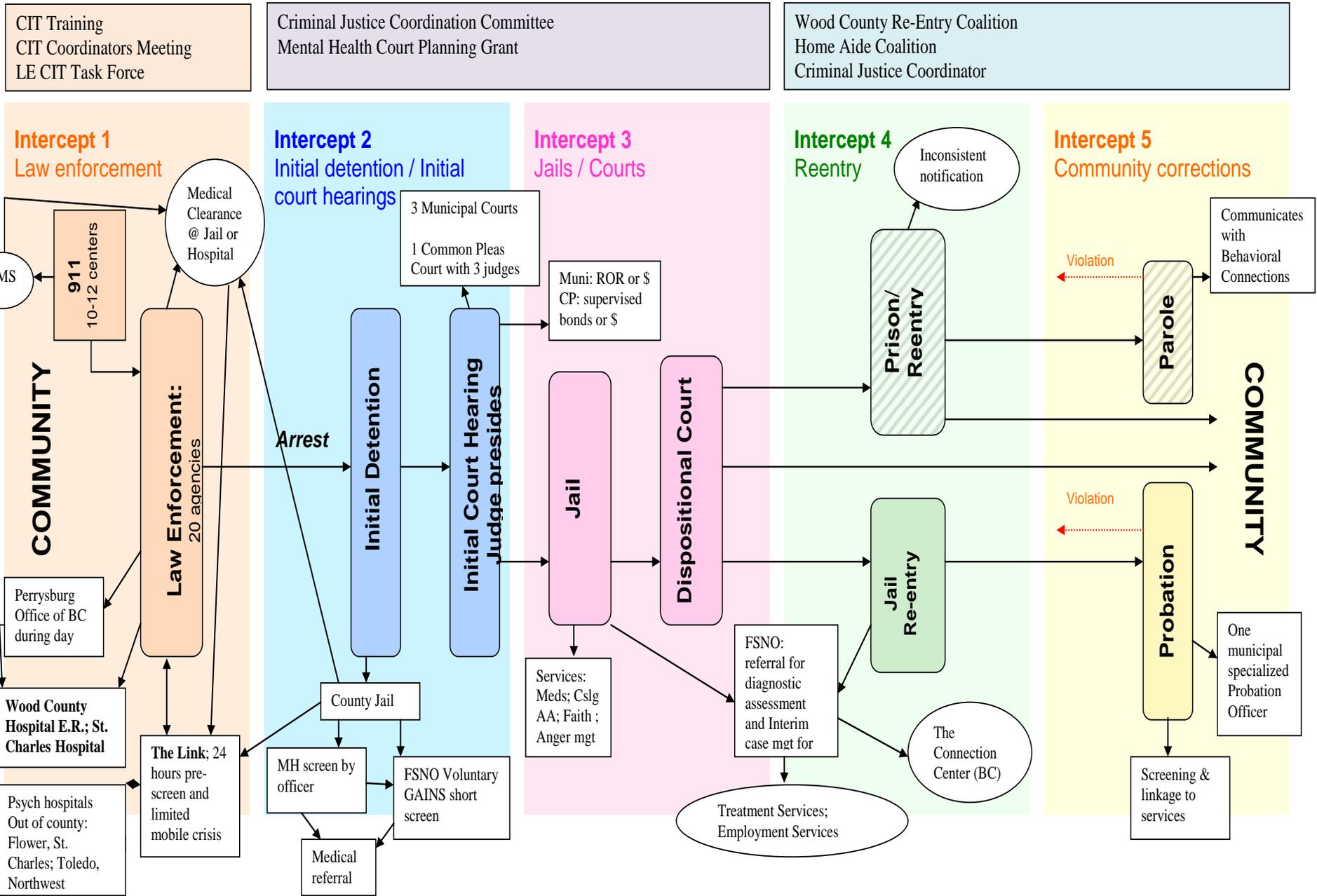
Recommendations:

- At all stages of the Intercept Model, data should be developed, shared and analyzed to document the involvement of people with severe mental illness and often co-occurring disorders in the Wood County criminal 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.
- An opportunity exists for Wood County to select a common CIT encounter form to be used by all Law Enforcement agencies early in the development of the county's program. This will enable more targeted communication with mental health providers, as well as a means for evaluating law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness.
- Identify a means for exploring the capabilities of the jail database.

Sequential Intercept Mapping

Wood County, Ohio

Wood County, Ohio -- Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships September 2013



Wood 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 Wood County Sequential Intercept Map. The cross-systems local task force 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.

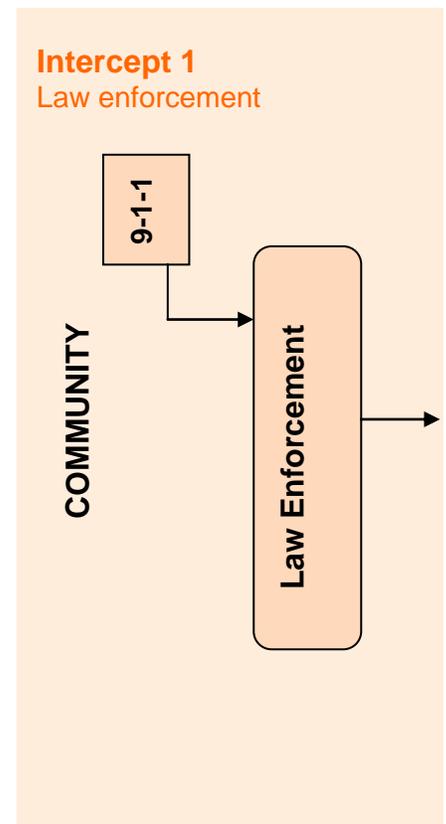
Intercept I: Law Enforcement / Emergency Services

In Wood County, law enforcement is accomplished by the County Sheriff’s Department, Ohio State Highway Patrol, and local law enforcement in various towns or cities. Due to a lack of formal diversion alternatives, law enforcement officers have limited options for responding to people with mental illness. Therefore, most people with mental illness in contact with law enforcement end up being arrested and transported to county jail or transported to an area hospital. There is no formal crisis stabilization unit, and police in Wood County do not pink slip; this function is provided by The Link. The county is also unofficially divided by northern and southern geographic lines. Perrysburg and the northern part of the county have different processes than the remainder of Wood County.

Dispatch / 9-1-1

- Dispatch is not centralized. There are 10-12 dispatch centers in Wood County, operated by the County Sheriff’s Office, Bowling Green State University, and various municipalities and townships. Sheriff’s Office and Lake Township offer multiple jurisdictions.
- Dispatch provides initial screening and then refers callers.
- The standard script used by dispatch is, “Do you want police, fire, EMS?” If the caller indicates fire or EMS, then dispatch refers the call to Fire.
- First dispatcher CIT training was held in September 2013. Training was an eight hour course, attended by 13 dispatchers from four agencies. Central and southern parts of the county were well represented. The training will be held annually.
- Bowling Green State University Police Department issued its first Mental Health Service Report for FY 2013. There was some talk of beginning to look at Law Enforcement calls and how they are classified, how long the response takes, etc...

Law Enforcement



- The typical police contact with persons with mental illness involves transport to jail, especially if intoxicated. Some agencies have other protocols, including transport to the Link for crisis intervention and assessment services.
- According to the Ohio Peace Officer Training Commission County Agency Report issued March 1, 2013, Wood County has 21 Law Enforcement Agencies: Bloomdale PD, Bowling Green PD, Bowling Green State University PD, Bradner PD, Haskins PD, Lake Township PD, Luckey PD, North Baltimore PD, Northwood PD, Owens Community College Department of Public Safety, Pemberville PD, Perrysburg PD, Perrysburg Township PD, Portage PD, Risingsun PD, Rossford PD, Walbridge PD, Wayne PD, West Millgrove PD, Wood County Park District, and Wood County Sheriff's Office.
- Police officers can currently use the following options for persons with mental illness in crisis:
 - Release to family or community – Some individuals are cited and released or simply released to the community or family members.
 - The Link - law enforcement may transport an individual directly to the Link in a crisis. When needed and as availability permits, the Link staff will go directly to the police station. The Link performs the county's pre-hospitalization screenings.
 - Wood County Jail – Some individuals are arrested and taken to jail pending court activity. Intoxicated Individuals are taken to the county jail for holding until sober enough to be assessed at a hospital.
 - Emergency room – Officers have the option of taking people with mental illness in crisis to an emergency room (ER) for medical clearance. Wood County Hospital is used by many jurisdictions, but only has night time security. As a result, when security is not available, law enforcement must stay with the citizens they have transported until a determination is made. Some people in need of psychiatric hospitalizations are sent to Toledo Hospital or St. Charles Hospital.
- Wood County held its first Crisis Intervention Team training in November, 2012. The Criminal Justice Coordinator is the county-wide CIT Coordinator. Police departments with CIT trained officers include Bowling Green, Bowling Green State University, Owens Community College Department of Public Safety, Haskins, North Baltimore, Northwood, Perrysburg, Perrysburg Township, Rossford, and the Wood County Sheriff's Office. Currently, Wood County has 27 CIT trained officers. The training program is a 32 hour course composed of lectures, interactions with mental health consumers and services, and practice of de-escalation skills. Wood County offers small class sizes to decrease the time needed for training.

Crisis Services

- Mobile Crisis Unit – This program is a unit of The Link at Wood County Behavioral Connections. Mobile crisis workers are available on a limited basis to respond to persons in crisis in the community. Mobile response is made most commonly to the jail, hospitals, or behavioral health offices. Less frequently, mobile response is made to private locations, but only if law enforcement is able to remain on scene. There is no crisis stabilization unit or crisis beds in Wood County.
- The Link – Some jurisdictions have protocols that include transport to The Link on a voluntary basis. The Link provides 24 hour crisis services and assessment, safety planning and linkage back to the community. In daytime hours, police in the northern part of the county take consumers to the Perrysburg office of Behavioral Connections. Some of the northern police departments transport directly to St. Charles Hospital, but there is no discharge planning or follow-up available there.
- The first point of contact for a person in crisis depends on how the call is screened by dispatch, but typically it will be law enforcement.

Hospitals / Emergency Rooms

- Area hospitals include Wood County Hospital, Flower Hospital, Toledo Hospital, St. Charles Hospital, and Northwest Ohio Psychiatric Hospital. Flower hospital is most frequently utilized for psychiatric hospitalizations, while Wood County Emergency Room seems to be the most frequently utilized point of entry. Perrysburg and law enforcement agencies in the northern portion of the county tend to transport to St. Charles Hospital, and Toledo Hospital is used in some cases.
- There is not a designated law enforcement drop-off site or procedure. Law Enforcement often transports from the Link to the hospital if screened for admission, although ambulance services may be used dependent upon resources and disposition. Consumer reports that transport by police is done with handcuffs/chains. Some Law Enforcement agencies have policies that they handcuff everyone.

Inpatient Psychiatric Centers

- The Wood County ADAMHS Board has a contract with Pro-Medica. Flower Hospital in Toledo (Lucas County) is the first option for admission. If no beds are available, then consumers are sent to Northwest Ohio Psychiatric Hospital as the second choice.
- There are no beds for voluntary admission.
- There are no psychiatric hospital beds in Wood County.

Detoxification

- There are no formal detox services in Wood County. Intoxicated individuals are often held in jail until sober enough to be assessed at a hospital. The Link will not see someone under the influence.

Intercept I Gaps

- ▣ Multiple Dispatch Centers
- ▣ Dispatch training and options; currently consumers self-select EMS, fire or police
- ▣ Lack of Crisis Stabilization beds for mental health or substance abuse; appropriate stabilization site for intoxicated individuals
- ▣ No medical clearance is available except hospital emergency room
- ▣ Law Enforcement do not pink slip and have limited options for suicide response
- ▣ Lack of northern county representation at workshop and in behavioral health/criminal justice initiatives
- ▣ Perrysburg - St. Charles Hospital hours, coverage of services, and lack of discharge planning
- ▣ Response of smaller police jurisdictions is limited to county jail
- ▣ Geographic access to services and transportation issues
- ▣ No local options for beds for involuntary commitment
- ▣ Bowling Green State University provided the only law enforcement data on mental health

Intercept I Opportunities

- Sheriff's Office and Lake Township provide dispatch to multiple jurisdictions.
- CIT training and team development began November 2012. Dispatch had first CIT training September 2013.
- Mercy Hospital will open an Emergency Room in Fall 2013 in Perrysburg. Possible opportunity for stabilization beds.
- Hospital has data on 4-hour psych holds (only hospital based)
- ADAMHS Board – transportation possibilities can be identified with police and ambulance
- Domestic Violence Shelter (females only)
- Mobile Crisis via The Link – room for expansion
- Meetings are ongoing between police and hospitals and mental health

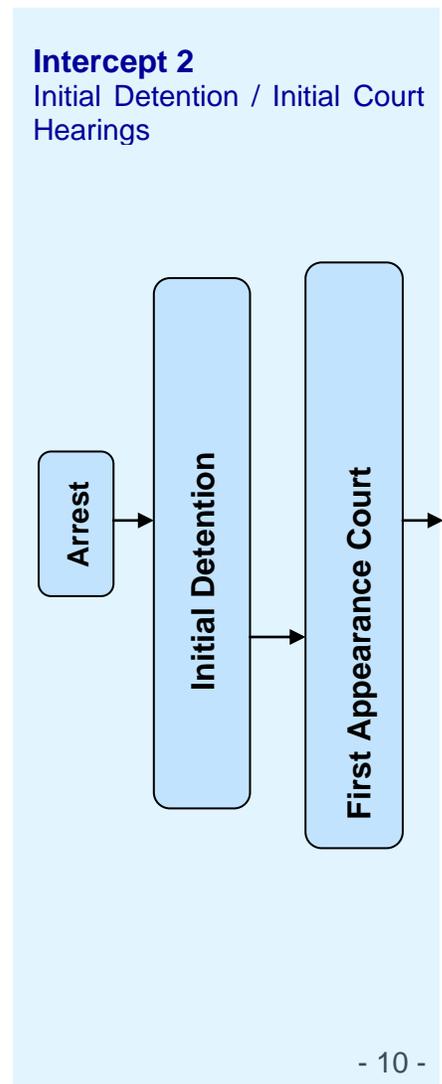
Recommendations:

- Implement a procedure for collecting and analyzing data on mental health calls and share data on law enforcement encounters
- Engage in more proactive follow up after a crisis. Information sharing appears limited to crisis. Needs to include family members and/or natural supports and focus on clients after a crisis who have difficulties getting to follow-up appointments

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

Initial Detention

- Wood County Jail is a full service jail and is the only lock-up option for both misdemeanors and felonies. On average, 20 individuals are booked per day, but this varies greatly.
- Screening for mental illness and suicide is completed by an officer through a medical questionnaire and observation. If there are red flags, the officer contacts medical.
- Medical services consist of 24 hour nursing staff at the jail and contracted mental health services. The function of medical services is to screen, identify, stabilize and provide linkage. Nursing staff access The Link if assessment or possible hospitalization is needed. Observation cells are available if needed.
- The GAIN Short screener is also handed to the consumer and completed on a voluntary basis. A signed release is used to enable communication with court, etc...This can be initiated by the client, Family Services of Northwest Ohio, or the court. To date there have been far more voluntary completions than refusals with an approximate 50% return rate. Lack of knowledge or lack of understanding about the screening tool and options associated with it has been identified as the likely most common barrier to completion and/or return. Occasionally consumers are advised against completing the screen by defense counsel, but that is not typical.
- If jail staff is aware of the medications the person is on, medications are filled for free during initial detention.



Arraignment

- Initial court hearings are held at the municipal level, typically by video (80%), with judges presiding in all but Fostoria Court. Municipal Courts are located in Bowling Green, Perrysburg, and Fostoria.
- Release options include service linkage through Family Services of Northwest Ohio. Bondsmen are available. No supervised Release on own Recognizance (RoR) is available at the municipal level. RoR with supervision does exist at Common Pleas Court. Currently approximately 100 individuals are on supervision. Electronic monitoring is also available.
- Public Defender cases involving persons with mental illness are expedited.

Veterans

- There is no special screening for Veterans.

Intercept II – Identified Gaps

- ▣ No risk assessment completed in pre-trial phase
- ▣ Lack of Prosecutor felony diversion programs
- ▣ More formal data sharing around screening results with Family Services and The Link
- ▣ Supervised release options
- ▣ Intervention in lieu with Common Pleas Court and related resources
- ▣ Voluntary screening at initial detention only gets 50% return
- ▣ Psychiatrist only contracted for 8 hours per week at jail – need additional resources

Intercept II – Identified Opportunities

- ▣ Brief screen at jail provides opportunity for increased communication between Criminal Justice Coordinator and court

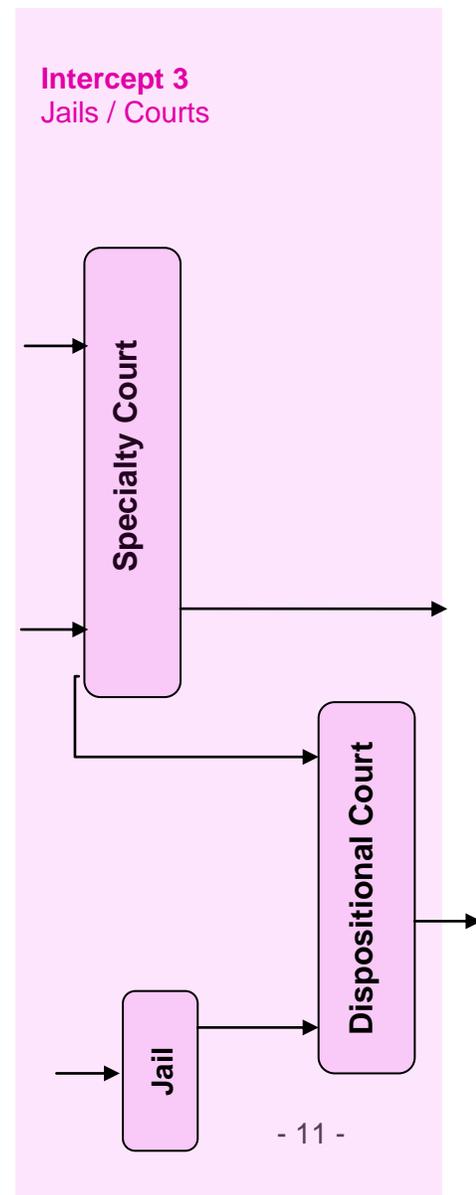
Recommendations

- ▣ Develop a true diversion from jail or before jail. Develop the possibility of a different response to suicide cases and the low level criminal charges typically found with this population.

Intercept III: Jails / Courts

Jail

- Capacity of the jail is 149 individuals. At the time of the workshop, census was 157.
- Very few are sentenced to the jail. After sentencing, individuals are released.
- The GAINS short screen is used for screening mental illness. 50% of individuals complete and return the screen. Of those, 61% are eligible for additional assessment.
- Medical and mental health services are contracted out. Medical services are provided by nurses and available 24/7. Mental health services are contracted for 60 hours.



- Inmates can access previously prescribed medications if non-narcotic and they can be filled by a family member or other outside person. Nursing staff will verify and allow. If medications are filled by the jail, inmates are limited to the jail formulary. If an individual is sentenced, there is a \$10 charge per medication.
- AA and individual counseling are available in the county jail.
- Jail staff receives annual training and recently started a new on-line training program with modules for mental illness and suicide.
- Those who work in the jail identified housing as a significant issue for individuals coming through the jail.

Court

- Prosecutor does not use felony diversion option
- Court utilizes intervention in lieu of conviction
- Two municipal courts have a probation department and work with the Criminal Justice Coordinator. One municipal court has a case worker, but there are no specialized caseloads.
- There are no specialized caseloads at Common Pleas Court.
- Those found NGRI receive treatment recommendations. 85% are committed to a psychiatric institution. 15% get a release plan. There is no wait list for the forensic population at the hospital.
- Rulings of Incompetent to Stand Trial – court personnel may not always understand the distinction between Developmentally Disabled and Mentally Ill and therefore may not understand who is able to provide the restoration service. Only inpatient restoration is available in Wood County.

Specialty Courts

- There are no adult specialty courts in the county and limited interest.

Veterans

- There is no screening for Veterans in jail or court.

Intercept III – Identified Gaps

- ▣ Substance abuse services in jail, probation, and community corrections
- ▣ Veterans issues and screening
- ▣ Veterans Administration cuts off medications to veterans in jail
- ▣ Community based restoration programs for forensic clients
- ▣ Jail medication formulary is often different than what some people are originally prescribed
- ▣ Trauma screening
- ▣ Gender specific services and screening
- ▣ More comprehensive and affordable training of jail staff. Limited by inability to pay overtime.
- ▣ Specialized dockets and probation case loads and training – mental health response
- ▣ Male residential treatment for substance abuse
- ▣ Community Based Correction Facilities - options limited for females

Intercept III – Identified Opportunities

- Female residential treatment – through Behavioral Connections, the community has access to women’s substance abuse residential treatment through a program called Delvac Hall.

Recommendations:

- It appears the Criminal Justice Coordinator is doing things that mental health staff could or should do, if they were adequately staffed. The current structure with health and mental health services being provided contractually may not be the best model.
- It appears that many persons with serious mental illness do not have access to appropriate psychotropic medications in a timely fashion, and the limited formulary further restricts that access. The county could explore opportunities to work with the state central pharmacy, or at least compare available options for improvement.
- Revised jail standards, including new standards which integrate health and mental health, have been drafted and are currently under review. New standards could go into effect early in calendar year 2014. Jail staff should review the drafted standards as early as possible and begin to plan for required changes as well as identify additional opportunities for improvements.

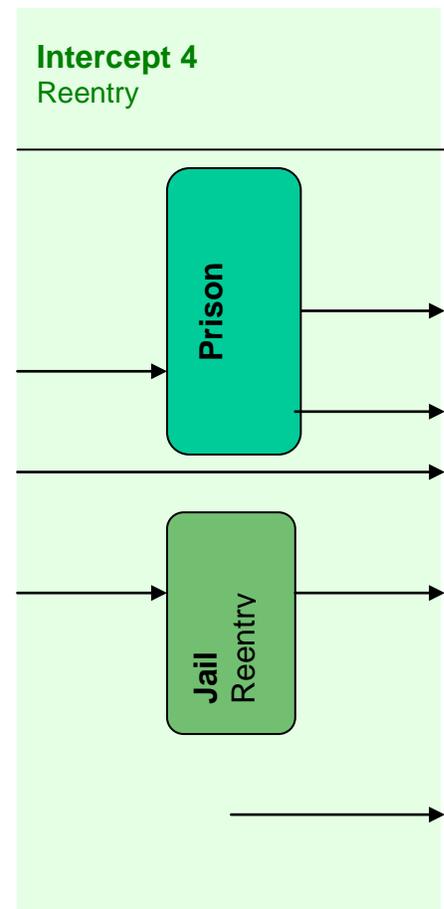
Intercept IV: Prisons / Reentry

Prisons-

No prisons located in the county.

Reentry

- Rarely Behavioral Connections will get something from the community linkage program.
- There is inconsistent information flow from the Adult Parole Authority.
- No prescription or additional medications are provided. Individuals are released with what they have.
- Many clients don’t have a permanent address, so can’t get the help they need. Housing is an identified need within the community. There is a large homeless population that couch surfs. There are no homeless shelter services, except temporary 3 night emergency stays and no beds for people with SPMI, so they are referred to Toledo. Wood County is a rural, agricultural community, so clients are not prepared for the larger Toledo (Lucas County) homeless shelter stays, so often do not stay.
- Transportation is an issue.
- Service access is working well. FSNO provides interim case management for higher needs cases. The CJ Coordinator assists with access to benefits upon reentry.
- Certificate of disposition upon release has been done for medical and food benefits, but not Social Security.
- \$300 stipend for reporting is paid to jail per month per person whose Social Security benefits are cut off when they enter jail. This is not unique to Wood County, but standard practice for all.
- Full assessment is provided in jail by less than 1 FTE (approximately .6 FTE) staff at FSNO. Clients select treatment provider.



Intercept IV – Identified Gaps

- ▣ Consistent Notification (C1 list)
- ▣ More linkage resources and sufficient staff time for reentry linkage
- ▣ Homeless Shelter and homeless services
- ▣ Housing
- ▣ Transportation
- ▣ Peer Supports
- ▣ Medication Assisted Treatment or detox for opiates. Closest is Compass in Toledo.
- ▣ No Dialectical Behavior Therapy for personality disorders
- ▣ No targeted Peer Support for inmates returning to the community

Intercept IV – Identified Opportunities

- ▣ Criminal Justice Coordinator
- ▣ Mental health appointments scheduled within 2-3 days
- ▣ Booking system may be able to expand relevant reports
- ▣ Project Homeless Connect through Habitat for Humanity

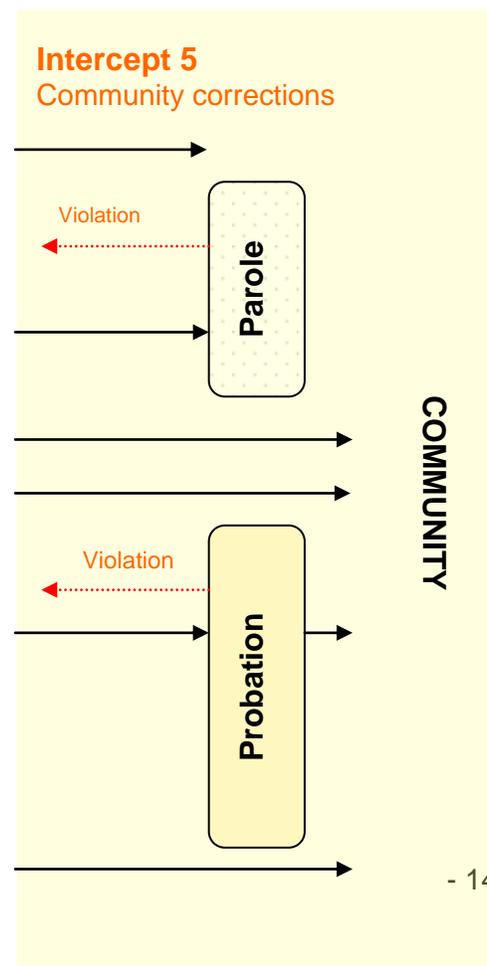
Recommendations:

- Explore ways to enhance the “bridge medication” when a person reenters the community from the jail so there is not a lapse in treatment.
- Systemically expedite access to Medical Assistance, Social Security, and other benefits to facilitate successful reentry to the community.
- Develop systematic and more consistent case management or ACT for reentry of people with severe mental illness (it takes place in some individual cases).

Intercept V: Community Corrections / Community Support

Probation

- Screening & assessment of mental illness and substance abuse occurs through the following:
 - Pre-sentence Investigation interview and report
 - SASI, MAST, CAGE to screen for Substance Abuse
 - 4-5 different standardized screening instruments for mental health
 - Assessment is completed if referred due to incompetency to stand trial
- Municipal Court - rely on prosecutor/court for screening
- Some specialized probation at municipal court
- Regular staff meetings are held. Communication is good with some courts and behavioral health agencies



- Some in-house services are available, and some referrals are made. Many Lucas County residents (50%) come through the court, so those are referred back to Lucas; however, Central Access phone system of Lucas County Mental Health system is automated. People with special needs hang up and need assistance or advocacy making the connection.

Parole

- Parole was not represented at the workshop.
- Behavioral Connections reports decent communication with Adult Parole Authority.
- There are 2 parole officers and no specialization.
- No referrals from parole to the Assertive Community Treatment team.

Community Supports

- Assertive Community Treatment (ACT) services began March 2013 through FSNO. Municipal Court Probation makes referrals. Currently can add 6 clients per month, but will add staff as needed. Behavioral Connections of Wood County previously offered ACT but the program was disbanded.
- Halfway house in Toledo
- Community Based Correction Facility
- The Connection Center is a drop-in center for adults with mental illness. No screening is done for criminal justice involvement. The Center offers work, education, social, and charity programs and has 150 members. On average 30 people per day utilize the Center and its services. The Center recently changed its eligibility standards to be more inclusive (used to be limited Behavioral Connections clients). Transportation is provided within Bowling Green city limits by staff of 3 people.
- Transportation Plan is in the works. A committee is working on the plan, along with ODOT. No representative from the Health Department was in attendance at this workshop. May need to include them on discussion around transportation (priority 2).

Veterans

- Those present identified an individual at either the VA or VJO who assists with eligibility and services.
- Veterans were identified as increasing in numbers, but not as a high need population.

Intercept V – Identified Gaps

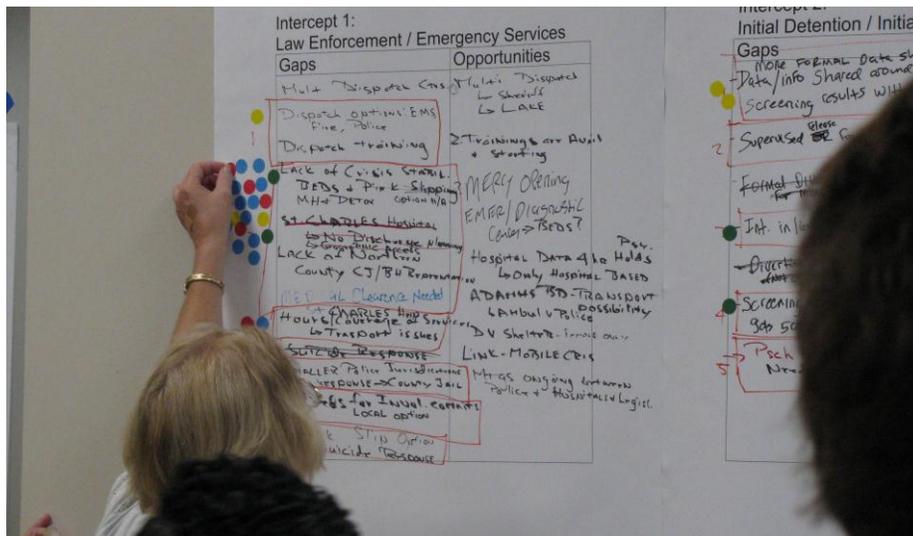
- Specialized probation and/or parole services do not exist
- Mental health information not shared with jail, judge, and/or probation
- Access to Assertive Community Treatment (ACT) team services (new)

Intercept V – Identified Opportunities

- Wood County Alcohol Drug Addiction and Mental Health Services Board (ADAMHS) could explore linking with Toledo ADAMHS for centralized access as 20% municipal court and 50% common pleas court are Lucas County residents.
- Assertive Community Treatment (ACT) expansion may be possible.
- Increased collaboration with Veterans Justice Outreach is possible.

Priorities for Change

Wood County, Ohio



Wood County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top two priorities. Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues and information associated with each priority as brainstormed by the large group and to be considered by each sub-committee

Top Priorities

- 1. Crisis Stabilization Beds designed to address mental health, detox, and medical clearance (25 votes)**
 - No refusal
 - Hospital decision-makers and partnering
 - Consider turn-around time for officers
 - Drop-off center
 - Feasibility – cost and cost sharing
 - Data
 - Expand or build on existing services
 - Funding authorities involvement
- 2. Transportation and Access to Services (9 votes)**
 - Broader access to services
 - Larger population sets
 - Access to socialization activities
 - Involve the agencies involved in providing services
 - Inventory
- 3. Procedures for Involuntary Civil Commitments (“Pink Slip” Procedures), including response to suicide calls (7 votes)**
 - Potential for overuse
 - Link with Law Enforcement CIT Task Force
 - Local clarification and interpretation of laws
 - Make effort to be inclusive of all 20 Law Enforcement jurisdictions
- 4. Cross Systems Information and Data Sharing (7 votes – 2 data sharing gaps appeared under two different intercept points; these votes are combined to represent the umbrella issue of data sharing)**
 - Privacy Concerns – health, criminal defense (protect against incrimination)
 - Sample Memorandums of Understanding
 - Costs (SQL servers) for technology
- 5. Housing and Stability (6 votes: 3 for homeless services and 3 for male residential treatment for AoD)**
 - Establishing address options
 - Logical Segments of county (thirds)
 - Merge with Home Aide Coalition
 - Collaboration with Salvation Army
 - United Way – WSOS
 - Female transitional youth
 - Pay attention to not interfering with other committee (transportation) or join forces

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

- ▣ Dispatch options and Training
- ▣ St. Charles Hospital services – hours, coverage of services, transport issues
- ▣ Intervention in lieu and associated resources – Common Pleas Court
- ▣ Voluntary screening in jail only gets 50% of individuals
- ▣ More formal substance abuse treatment - jail, probation, and community corrections
- ▣ Specialized mental health response – court dockets
- ▣ Community Based Correction Facility – options limited for females
- ▣ More re-linkage resources for mental health
- ▣ Dialectical Behavior Therapy for personality disorders

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

Wood County, Ohio | September 9 & 10, 2013

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Action Planning Matrix

Priority Area 1: Crisis Stabilization Beds designed to address mental health, detox, and medical clearance

Objective	Action Step	Who	When
1.	Identify possible locations	<ul style="list-style-type: none"> A. Speak with Mercy Hospital Paul Dobson B. Speak with Wood County Hospital Tom Clemens ■ C. Identify other counties that have crisis stabilization units and learn more about their processes, procedures and what it would require for a county of our size to develop the unit Laura Selders D. Meet with Health Department and northern county players, e.g., NAMI, Lake Police, Perrysburg, and Rossford to determine how and if they would utilize such a unit Doug; NAMI rep E. Address this issue at Wood County Law Enforcement Exec. Assoc. and make invitation to join workgroup Paul Dobson 	

Priority Area 3: Procedures for involuntary civil commitments (pink slip procedures), including response to suicide calls

Objective	Action Step	Who	When
1. Coordinate with hospitals (Wood County and St. Charles) as staging for involuntary commitments	<ul style="list-style-type: none"> A. Contact hospitals B. Contact before The Link 		
2. Develop procedure for officers to follow	<ul style="list-style-type: none"> A. Clarify/interpret laws for civil commitment B. Train Officers (CIT) C. Re-evaluate 	Chiefs Meeting CIT Coordinators Meeting	

Priority Area 4: Cross-systems information and data sharing

Objective	Action Step	Who	When
1. Determine what data is available, from which agency, and what data agencies need and what willing to share. Determine what data is needed between intercepts	<ul style="list-style-type: none"> A. Design needs/data survey and get feedback from workshop B. Conduct needs/data survey C. Analyze and post results D. Meet to determine next steps post-survey completion 	Stacy and Melissa	Oct. 20, 2013 Oct. 31, 2013 Early Nov. 2013 December 2013
2. Repository for data agencies can use for grants and reports	<ul style="list-style-type: none"> A. Determine an electronic (Moodle?) dropbox site on web to share files B. Decide what resources, data, reports, etc...should be shared C. Determine if training on dropbox is needed D. Link to blog (create) as a discussion (If Moodle, already there) 	Stacy and/or Melissa Grant Grant and Karen All above	Nov. 2013 Dec. 2013 Dec. 2013 Dec. 2013
3. To understand the legal issues involved in sharing data	<ul style="list-style-type: none"> A. Post "<i>Legal Landscape of Justice and Health Information Sharing</i>" on dropbox/moodle/discussion board with Frequently Asked Questions and ongoing question and answer post B. Designate professionals who are experts in legal sharing standards 	Stacey Request of CCoE	
4. Identify template Memorandums of Understanding we can use and develop our informed version for Wood County	<ul style="list-style-type: none"> A. Ask CCoE for templates B. Revise for Wood County C. Submit for discussion and feedback from respective agencies D. Edit as needed E. Implement 	Ann TBD TBD TBD TBD	End of Sept. 2013 To be informed from the survey.....

Priority Area 5: Housing and Stability

Objective		Action Step	Who	When
1.	Inter-agency locations	Collaboration between agencies to provide office space to other agencies one or two days a week	Home-Aid: Project Homeless Connect	
2.	Education	<ul style="list-style-type: none"> A. Project Homeless Connect B. Re-Entry Coalition “Drop-In” Box C. No Wrong Door D. Reconnect with SSI/SSDI Benefits 	P.H.C. Re-Entry Coalition County Commissioners WCADAMHS Board	
3.	Data Collection	<ul style="list-style-type: none"> A. Data from Wood County Justice Center re: discharges from Wood County Justice Center that indicate housing status as “homeless” B. Obtain demographic information from JFS, WSOS, Salvation Army on vouchers C. Survey data on housing status from participants at Project Homeless Connect 	Wood County Sheriff JFS, WSOS, Salvation Army P.H.C.	
4.	Transitional Housing for female youth (16-24 yrs of age)	<ul style="list-style-type: none"> A. Monitor current T.I.P. Program B. Adopt/expand current program C. Explore funding opportunities for housing facility for females 		
5.	Half-way house – temporary long-term housing	<ul style="list-style-type: none"> A. Research potential grants B. Research potential agency for support and administration 		
6.	Transportation	<ul style="list-style-type: none"> A. Work collaboratively with other committees 		

Priority Area 6: Moving Forward

Objective	Action Step	Who	When
<p>1. Provide documented record of Cross-Systems Mapping workshop to enable local task force and work groups to continue work on priorities</p>	<p>A. Final Wood County map to Laura S. and Lorrie L.</p> <p>B. Drafted Action Plans for Change for each identified priority – taken directly from work group notes of Day 2 – to Laura S. and Lorrie L.</p> <ul style="list-style-type: none"> ▪ <p>C. Full draft report reflecting all components of 1.5 days workshop</p> <ul style="list-style-type: none"> ▪ 	<p>CJ CCoE</p> <p>CJ CCoE</p> <p>CJ CCoE</p>	<p>9/17/13</p> <p>9/17/13</p> <p>10/30/13</p>
<p>2. Local groups and committees convene to continue work related to mapping workshop</p>	<p>A. Local Cross-systems mapping planning team meeting</p> <p>B. Re-entry Coalition meeting</p> <p>C. CIT Coordinators meeting</p>	<p>Planning Team members</p> <p>Coalition members</p> <p>CIT Coordinators</p>	<p>9/19/13</p> <p>9/13/13</p> <p>10/17/13</p>

Additional Recommendations

Cross-Intercepts Recommendations:

- Identify individuals who tend to cycle repeatedly through the mental health, substance abuse, and criminal justice systems without long-term improvement in order to address fragmentation and breaks in continuity of care; focus on improving current linkages and continuity of care to break the cycle of repeated admissions and high use of crisis/emergency services.
- Increase information sharing to enhance rapid identification of current mental illness and history of services so diversion can be immediately initiated.
- Establish formal collaboration with the Department of Veterans Affairs by including a VA representative in local planning groups.
- Engage in cross-systems Trauma Informed Care training.

