

Crawford County, Ohio

Sequential Intercept Mapping

May 23-24, 2023

Crawford County Core Planning Team

Name	Position	Agency
Mary Jo Carle		Together We Hurt, Together We Heal
Brad DeCamp	Executive Director	Crawford-Marion Alcohol, Drug Addiction and Mental Health (ADAMH) Board
Monica Gearhart	Community Representative	Crawford County
Jennifer Jennette	Executive Director	NAMI Marion and Crawford Counties
Scott Kent	Sheriff	Crawford County Sheriff's Office
Amber Sheets	Counselor	Family Life Counseling
Tom Walker	Captain	Bucyrus Police Department

Workshop Facilitators and Consultants

Ashley Eads	Dissemination Coordinator	Criminal Justice Coordinating Center of Excellence
Teri Gardner	Facilitator	Retired, Ohio Department of Mental Health and Addiction Services
Dan Peterca	Facilitator	Retired, Cuyahoga County Court of Common Pleas Probation Department
Ruth H. Simera	Executive Director	Coordinating Centers of Excellence



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Sequential Intercept Mapping

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Crawford 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 Crawford County, Ohio on May 23-24, 2023. The workshops were hosted at the Bucyrus Nazarene Church with Crawford County coordination provided by the Crawford-Marion ADAMH Board and the Crawford County Sheriff's Office, along with a Crawford County Planning Team comprised of representatives from behavioral health and criminal justice agencies and the community. 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 Crawford 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 Crawford-Marion ADAMH Board and the Crawford County Sheriff requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops. Crawford County joined the Stepping Up initiative in October 2022 and was prepared to take the next step in the process. The Sequential Intercept Mapping exercise was meant to aid Crawford County with:

- Creation of a map indicating points of interface among all relevant Crawford County 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 workshop included 20 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, persons with lived experience and support/advocacy, law enforcement, and courts. A complete list of participants is available in the resources section of this document. Dan Peterca, Teri Gardner, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for justice-involved individuals with mental illness and co-occurring disorders. Participants agreed that the following values and concepts were important components of their discussions and should remain central to their decision-making: *Hope, Choice, Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, and the belief that Recovery is Possible.*

Objectives of the Sequential Intercept Mapping Exercise

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

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Crawford 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 and what services and supports are available to help prevent criminal justice contact, i.e., Intercept 0 resources including crisis response, outpatient services, social service supports, community-based resources and evidenced-based treatment options.
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 Crawford County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success

In addition to the items below, communities are strongly encouraged to A) identify or develop agencies and/or individuals who are champions to the cause and can serve as **boundary spanners** – spanning the gap between systems, understanding and effectively representing the needs and concerns of individuals being served and of the multiple systems involved, and effectively assisting in articulating and reconciling different points of view, B) create early opportunities for **momentum** by addressing manageable action items early in the change process, developing measurable and reasonable action plans, and recognizing that change is necessary while resisting temptation to tackle global, pervasive problems; and C) utilize and implement **evidence-based or evidenced-informed practices** whenever possible and practical.

Cross-Systems Partnerships; Task Force

Crawford County stakeholders and service providers, like those from most Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently two primary cross-system collaborative teams/coalitions that were identified by the Crawford County Planning Team and workshop participants: Public Safety Drug Abuse Task Force, which has been rolled into the Crawford Prevention Coalition, and a OneOhio Advisory Board which consists of first responders, law enforcement, county commissioners, public health, and persons with lived experience. Crawford County Board of Commissioners also passed a Stepping Up resolution, a commitment on the part of the county's governmental offices to address the issue of over-representation of individuals with mental illness in the county criminal justice system. If an overarching task force does not currently exist, the Sequential Intercept Mapping participant group could serve as the foundation for a Stepping Up group, and the previously mentioned teams could be incorporated into that structure. The OneOhio Advisory Board may be an opportunity to enhance or add to work already being started within the criminal justice system. Participants at the Sequential Intercept Mapping workshop agreed that they would reconvene on September 23, 2023.

Individual with Lived Experience Involvement

The Crawford County Planning Team included one peer supporter, with additional representation during the workshop consisting of one individual with lived experience. The Sequential Intercept Mapping group is strongly encouraged to solicit participation from additional community members and individuals with lived experience; ideally each work group/committee will include persons with lived experience with mental illness and justice involvement, family members and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key stakeholders that were missing at the workshops: 911/dispatch, transportation, veteran services, and Adult Parole.

Data Collection

- The Crawford County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Crawford County Jail Data for 1/1/21-12/31/22
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Crawford County Crisis Intervention Team (CIT) Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, March 2023
 - Crawford County CIT Officers Roster Project Summary Report, March 2023

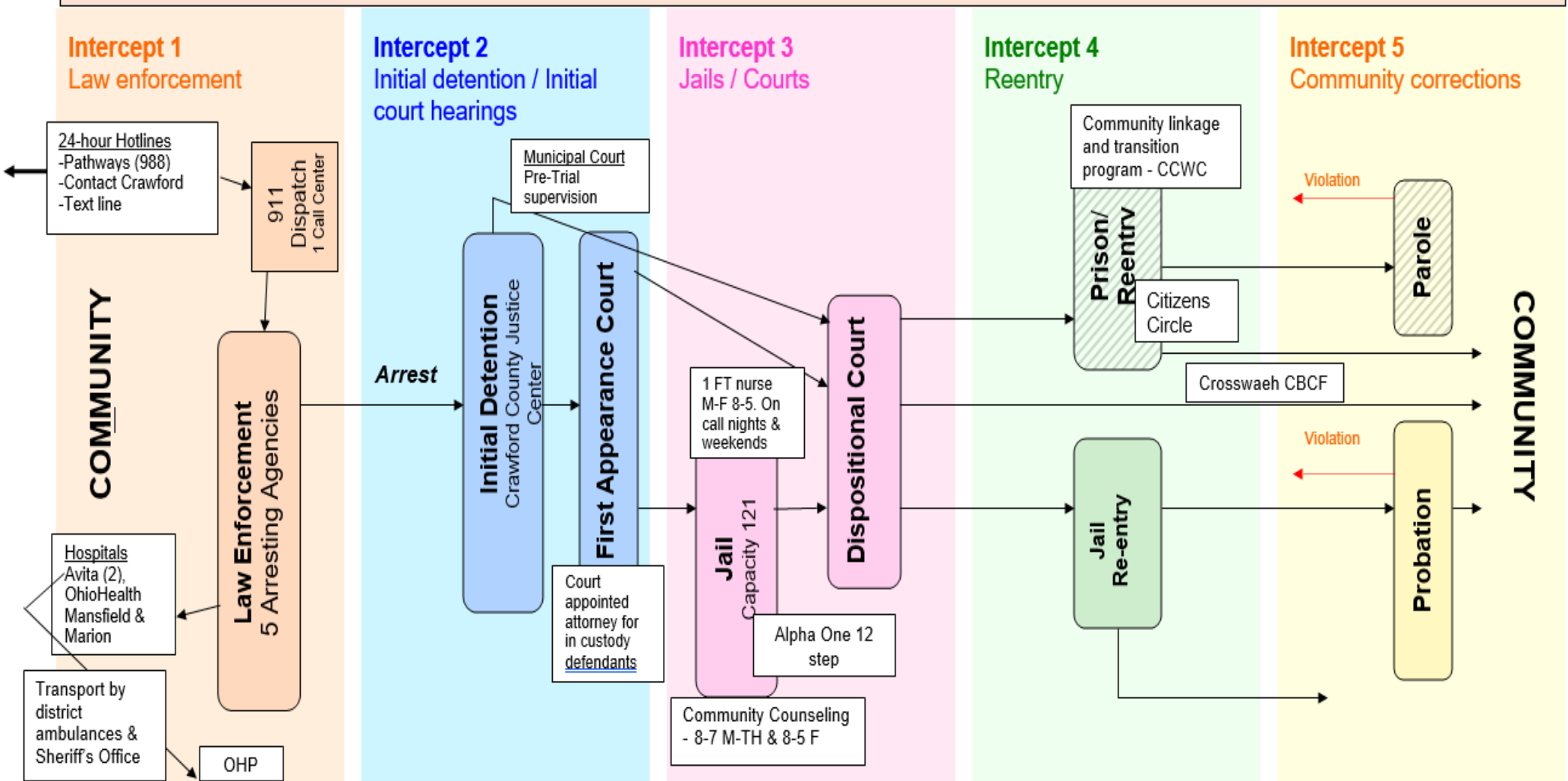
Recommendations

- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Crawford County criminal justice system and promoting use of alternatives.
- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.
- Outreach the key stakeholders that were identified as missing from the workshops to share this report, map, priorities for change, and action plans for their involvement and participation.
- Outreach and engage persons with lived experience, family members and/or advocate representatives across all stages of the Intercept Model and Action Plan work groups/committees.
- Take steps to begin screening, identifying, and linking to services those military veterans who become justice involved. Crawford County has a significant enough military veteran population to warrant proactive measures.

Sequential Intercept Mapping
Crawford County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Crawford County May 2023

Crisis Intervention Team (CIT) Training



Crawford 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 and as part of the discussion of Intercept 0.

This narrative reflects information gathered during the *Sequential Intercept Mapping* Exercise. It provides a description of Crawford County 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 Crawford County Sequential Intercept Map. The cross-systems Crawford County 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. In some instances, the Crawford County task force may need to seek further information from participants to clarify the context or scope of the comments.

Intercept 0: Ultimate Intercept

The following represents evidenced based practices (EBP) and services that were highlighted during discussion of the Ultimate Intercept. This list is not meant to be an exhaustive or comprehensive roster of all EBPs and services available in Crawford County.

- 988 - operated by Pathways of Central Ohio
- Contact Crawford County – warm line answered by volunteers
- Peer respite/sobering support
- Mental health services and programs in the schools
 - Mental health counselor in each school
 - Signs of Suicide (SOS) – universal, school-based suicide prevention program designed for middle and high school students
 - Digital Footprints – anti-cyberbullying program
 - Handle with Care is being developed
- Clozapine Prescribers
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- FIRST Coordinated Specialty Care for First Episode Psychosis (FEP) being initiated with Ohio State University virtual team for ages 15-35
- Medication Assisted Treatment (MAT) for substance use disorders – Vivitrol and Buprenorphine
- Mental Health First Aid (MHFA) through Crawford-Marion ADAMH Board
- Question Persuade Refer (QPR) suicide prevention training
- Motivational Interviewing (MI)
- Peer support specialists
- Bariatric Surgery (this was noted because the only psychiatrist in the county is with this service)
- Sex Reassignment Surgery
- Crawford Works and Marion Matters employment assistance programs (located at Community Counseling and Wellness)
- Family to Family NAMI program (NAMI located at Community Counseling and Wellness)
- Case management services
- Housing for those with severe mental illness:
 - Radiance House (5 beds)
 - Del-Mor Dwellings
 - Together We Hurt, Together We Heal

Intercept 0 Gaps

- 24/7 Mobile Crisis Response
- 24/7 Assessment/Drop-Off Center
- Assisted Outpatient Treatment (AOT)
- Utilization of NAMI programs
- Housing Capacity and Affordability
 - Supportive Housing
- Local resources and workforce turnover create barriers to implementing programming. More services and providers are needed to address wait lists and address stigma.

Intercept 0 Opportunities

- First Episode Psychosis (FEP) programming may be open to jail-based referrals and service delivery. There are currently three people in jail they would like to refer for assessment.
- Crawford County health partners (hospitals, health departments, social services) do a community health assessment every three years (Crawfordhealth.org). Mental health is identified as a top priority in the current plan.

Recommendations

- Discussion with the planning team indicated there may be gaps in connecting those in mental health crisis to counseling services, including following an event and post-sentencing at the court. If this remains the case, it is recommended that key stakeholders come together to discuss opportunities for connecting people earlier.

Intercept I: Law Enforcement / Emergency Services

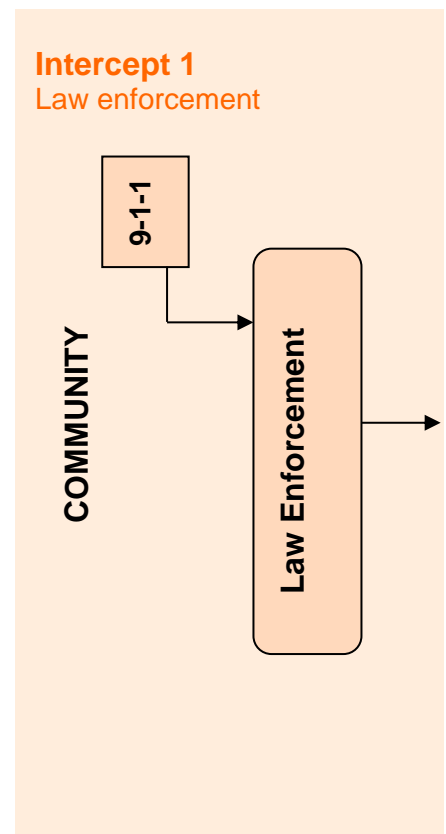
In Crawford County, law enforcement is comprised of the Crawford County Sheriff's Office, Ohio State Highway Patrol, and law enforcement agencies in various towns or cities. Law enforcement options for responding to people with mental illness include advise, summons, arrest, transport to county jail, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options.

Dispatch / 9-1-1

- Crawford County has two primary dispatch centers: Crawford County Sheriff's Office and Galion Police Department. All cell/wireless calls (80% of total calls) are routed through Crawford County Sheriff's Office and then forwarded to the caller's local jurisdiction. All copper line calls route directly to local call centers.
- Public Safety Telecommunicators from the Crawford County Sheriff's Office and Galion Police Department attend the patrol officer Crisis Intervention Team (CIT) training course. Public Safety Telecommunicators dispatch a CIT Officer for cases involving individuals with mental illness. However, in most cases, any officer that is available will respond.

Law Enforcement and Crisis Intervention Team model

According to the 2021 Ohio Peace Officer Training Commission (OPOTC) County Agency Report, Crawford County has five Law Enforcement Agencies: Bucyrus Police Department, Crawford County Sheriff's Office,



Crestline Police Department, Galion Police Department, and New Washington Police Department. Crawford County employs an estimated 75 full-time officers.

- The Crawford-Marion Counties Crisis Intervention Team (CIT) program held its first CIT Patrol Officer Training Course in 2014, with the latest training course being held in 2022. The CIT program is coordinated by the local NAMI affiliate. Annual CIT training averages 25-30 participants. All Law Enforcement Agencies have participated in CIT training, which is a 32-hour course composed of lectures, interactions with individuals with lived experience and mental health services providers, and scenario-based roleplays including practice of de-escalation skills. Records indicate that 83 full-time officers have completed CIT training.
- The Crawford-Marion CIT program has not completed a CIT Peer Review. The cursory review of the program during this process elucidated that a steering committee is not currently in place; no statistical or law enforcement encounter forms are in use; and no policies or procedures exist to guide the participating agencies.
- The use of summons by arresting officers is used in all traffic offenses, a good portion of misdemeanors, and about half of individuals with a domestic violence charge. Summons is seldom used, and perhaps could be used more frequently, for felony cases, and is typically not used for mental health related cases.

Crisis Services

- Pathways of Central Ohio and 988 are 24/7 crisis lines.
- Contact Crawford County is a local, 24/7, warm line staffed by volunteers.
- Community Counseling & Wellness Centers (CCWC) operates the crisis response services for Crawford County; the agency is open 8am-6pm with limited services after hours.
 - CCWC reported that there are 30-32 suicide or safety-based crisis referrals per month. Of these, 60% are hospitalized and 40% return/remain home. Peer respite/sobering support
- Hospitals and emergency departments are utilized for after hours, weekends, and holiday crisis needs.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- Crawford County hospital Emergency Departments include Mansfield Hospital, OhioHealth Marion General Hospital and Emergency Department, OhioHealth Urgent Care, OhioHealth Shelby Hospital, and Avita Health System (Bucyrus and Galion).
- Hospital Emergency Departments serve as the typical after-hours access to mental health care.
 - There are approximately 30-32 calls and transports for service per month for suicidal ideation and other safety concerns. Roughly 60% result in hospitalization, and 40% are released home with referral for follow-up with CCWC.
- OhioHealth Marion General and Mansfield Hospital have behavioral health services on site and accept involuntary civil commitments/pink slips.
- Avita Hospital will hold individuals for appropriate assessment. If psychiatric hospitalization is recommended from the assessment, Avita Hospital will coordinate an admission to an inpatient psychiatric facility.
- Ohio Hospital for Psychiatry in Columbus (Franklin County) is also utilized.
- Jurisdiction based ambulance (fire/EMS) and the Sheriff's Office provide transportation between hospitals.
- Overdose and suicide fatality review completed last year indicated 100% of people who completed suicide were justice-involved.

Detoxification

- Detoxification services are provided by Recovery Works (Worthington) through a contract with the Crawford-Marion Alcohol, Drug Addiction and Mental Health (ADAMH) Board.

Probate

Veterans

- Crawford County has a Veterans Service Office in Bucyrus.

Intercept I Gaps

- ▣ Adoption of Stepping Up definitions, specifically recidivism
- ▣ Role-specific dispatch/public safety telecommunicator CIT training course
- ▣ Community promotion of CIT
- ▣ CIT Steering Committee
 - Data collection
 - Policies and procedures
- ▣ Crisis stabilization option
- ▣ Caring contacts within 72 hours of leaving hospital
- ▣ Information flow between law enforcement, courts, and hospital
 - Release of information
- ▣ Training/education of involuntary civil commitment/pink slip for law enforcement
- ▣ Transportation of involuntary individuals for crisis assessment

Recommendations

- ▣ Consider adoption of a role-specific CIT course for public safety telecommunicators, which would be briefer in length than the patrol officer CIT training course and might engage the currently non-participating agencies.
- ▣ Encourage the CIT Steering Committee to review CIT program information, e.g., core elements, policy guide, etc. and identify next steps for local program development. The Criminal Justice Coordinating Center of Excellence can also assist if outside help is desired. This can be done through technical assistance provided to the steering committee once a next step has been selected, or through the coordination of a Peer Review.
- ▣ Training on involuntary civil commitment/pink slip is likely already provided through CIT training. The same training block could be provided to non-CIT officers and should ideally be offered annually to ensure that new officers have adequate training and understanding of the law and local expectations or protocols. The county could consider partnering with other counties for this much needed training or ensure that officers can participate in statewide webinars or conferences where this training is made available.

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

Initial Detention

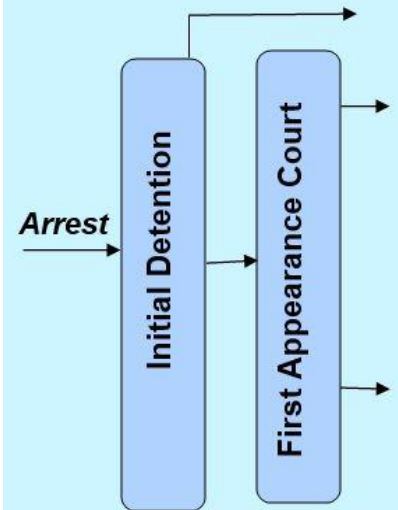
- After arrest, all individuals are held at the Crawford County Justice Center (CCJC).
- The individual is booked into the jail using the Web Jamin automated system and a medical questionnaire is completed by the corrections officer and individual. If the arresting officer indicates that the individual needs a mental health evaluation, a note can be made to that effect. Additionally, if the individual is brought in by a CIT officer, more information is informally exchanged.
 - Information gathered at booking is not automatically shared with service providers. However, Community Counseling & Wellness (CCW) Centers is notified when an inmate has identified as being their client, and the CCW jail provider sees most inmates soon after booking.
- If an individual arrives at the jail with medications, those medications are verified same day, or next business day if arrival is on a weekend. If immediate psychotropic medications are needed, a pink slip is issued, the person is referred and transported to Twin Valley Psychiatric Hospital for evaluation and then returned to the jail. Family members may also bring an individual's medications to the jail on their behalf. Medications for opioid use disorders (MOUD) are not provided in jail.

- If the individual is suicidal, they are held in a single cell in booking and Community Counseling & Wellness Centers is notified immediately. Checks are done by officers every 10 minutes.
- Those identified as having a serious mental illness can be referred or transported to Twin Valley on an involuntary commitment/pink slip.

Arraignment

- Within 24 hours, the individual is arraigned either in person or via video (if the person is detained). The Municipal Court holds initial hearings on Monday-Friday and Common Pleas on Monday and Thursday.
 - 25-33% of arraignments are by direct indictment, of which a good portion are drug related offenses.
 - roughly 5-10 hearings are held on Monday, and 3-4 hearings on other days in Municipal Court.
- If appearing at the initial hearing via video, a bond attorney is present. Individuals appearing for arraignment or via summons will not have legal representation unless retained by the individual.
- The Magistrate is informed of individuals with serious mental illness prior to hearing by the booking officer.
- There are no pre-trial investigation services for Municipal Court, however court personnel will take as much information into account as possible, and rely heavily on police, prosecutor, defense counsel and direct observation to make referrals for evaluation. Options for pretrial release and monitoring include SCRAM, GPS, alcohol monitoring, and possible referral to Community Counseling & Wellness Centers for evaluation with cash bond. The head bailiff/probation officer oversees the pre-trial monitoring in these cases.

Intercept 2 Initial detention / Initial court hearings



Veterans

- Currently, there is no screening to identify military veterans at initial detention or arraignment.

Intercept II – Identified Gaps

- Weekend mental health services at jail
- Psychiatric services in jail
- Lack of mental health services/screenings for out of county inmates at the jail. This was estimated to be 25% of inmates.
 - Community Counseling and Wellness Centers (CCSC) can be reimbursed by Crawford-Marion Alcohol, Drug Addiction and Mental Health (ADAMH) Board for out of county encounters and brief crisis visits within the jail.
- Lack of screening for veterans
 - There are 4,000 veterans in Crawford County
- Lack of defense bar services for inmates with severe mental illness
- Forensic evaluation wait time

Recommendations

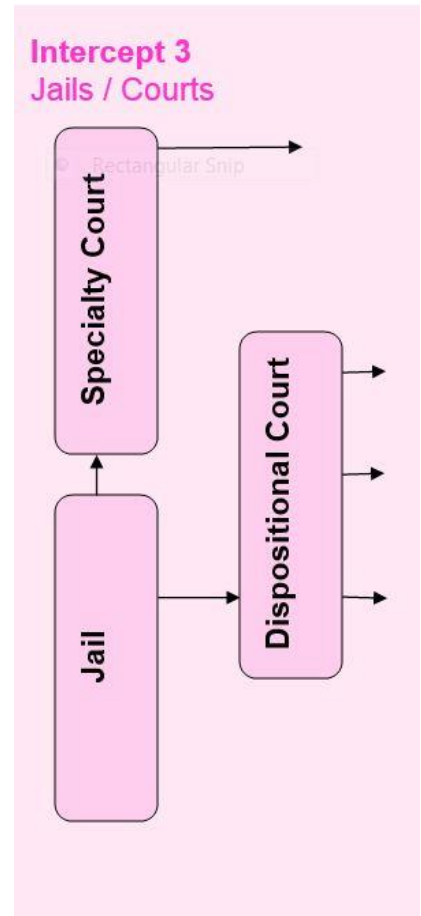
- Assigned counsel who provide legal services to individuals with mental illness and co-occurring disorders should be strongly encouraged, if not required, to complete special training to increase their understanding of the legal pathways that can be most beneficial to their clients and to increase their familiarity with symptoms and presentations of mental illness and interaction strategies to better equip them to serve the target population.

- ADAMH Board indicated they would reach out to neighboring ADAMH Boards that have had clients in the jail to discuss coordination and reimbursement of services. The Criminal Justice CCoE could also partner with the county to identify other counties that have addressed how to screen/access services for out-of-county individuals that are in custody.

Intercept III: Jails / Courts

Jail

- The Crawford County Justice Center (CCJC) has a capacity of 121. The center is fully staffed with 30 corrections officers, of which 25 are CIT trained. All Correction Officers are required to complete CIT training.
- Average daily population: 96
 - 80% of population is male and 20% is female. There are 60 beds available for females, however, average use is only 24.
- Average daily bookings: 5-6
- There is one full-time nurse contracted through the Health Department on site Monday-Friday from 8:00AM-5:00PM and on call during nights & weekends. Psychiatry services are on-call for emergencies.
- The automated system used for jail booking, classification, health, and release information is the Web Jamin system. It was installed in 2014, and the jail administrator indicated satisfaction with it.
- Community Counseling & Wellness Centers (CCWC) provide counseling and mental health services, including diagnostic and crisis assessments, within the jail either in person or via video Monday through Thursday 8am – 7pm and Friday 8am – 5pm. There is a kiosk available to inmates at which they may request to see a counselor, and an announcement about the availability of community counseling is made daily in the jail. The jail will also transport inmates across the street to Community Counseling & Wellness Centers for case management and/or psychiatric services.
- If an inmate needs psychiatric evaluation or crisis assessment, psychiatric services are on-call through CCWC for emergencies; otherwise, people wait to be seen unless the need rises to the level of referral and pink slip to Twin Valley Behavioral Healthcare. If placed on involuntary commitment/pink slip and transported to Twin Valley Behavioral Healthcare for evaluation and treatment, inmates will then be transported back after evaluation/care and will bring medications with them to continue at the jail. If an inmate is suicidal, they stay in an individual cell in booking for observation and/or assessment to be coordinated.
- The Jail offers multiple programs that are available for both male and female inmates. These include:
 - 12-step programs run by local faith-based individuals, and a pastor is available at the jail
 - 12 Steps Recovery Alpha One, which includes cognitive restructuring
 - Anger management
 - Other services are based on criteria provided by other agencies (e.g., SOQIC, SASSI, the ASA patient placement protocol)
- Medication Assisted Therapy (MAT) is not available in the jail.
- Mental health services are not available to non-Crawford County resident inmates due to other county mental health boards not providing support/assistance nor funding to ensure mental health care.
- The county does not consistently access the psychotropic medication funding available through OMHAS. The jail subcontracts the nursing service from the Health Department and was told the vendor cannot break out the psychotropic medications from other medications. The ADAMHS Board has only received a couple of invoices for roughly under \$5,000.



Court

- Diversion is available to first time offenders but not frequently offered to those with serious mental illness.
- Intervention in lieu of conviction is not utilized by the court.

- Municipal Court has a Fitness Program

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of March 10, 2022, Crawford County does not have any specialized dockets. Since 2017, multiple informal attempts have been made to create specialized dockets in both the Municipal and Common Pleas Courts.

Veterans

- Currently, there is not a specialized screening for veterans.

Intercept III – Identified Gaps

- ▣ Adoption of Stepping Up definitions, specifically recidivism
- ▣ Explore more opportunity for mental health treatment and services within the jail
- ▣ No evidence-based mental health screening tool used at booking. Information sharing from booking is not shared formally with the court and other providers.
- ▣ Lack of specialty courts
- ▣ 4-6 month wait time for bed after found incompetent to stand trial finding. During this wait time, the individual remains incarcerated at the jail.
- ▣ No local competency restoration services

Intercept III – Identified Opportunities

- ▣ The jail can take quick and easy steps to improve the sharing of information with the courts.
- ▣ Because it involves safety concerns, the hospitals can share safety plans with other entities, e.g., court, jail, other providers to improve case plans and dispositions.

Recommendations

- ▣ The jail administration and the Crawford-Marion Alcohol, Drug Addiction and Mental Health (ADAMH) Board may want to collaborate on a meeting with the health department to review the medical services, especially as they pertain to detailed reporting of expenses for psychotropic medications. By increasing the reimbursement from the state, the savings to the county could help support additional services within the jail and/or for discharge planning and support.
- ▣ The Stepping Up Steering Committee is encouraged to address the adoption of definitions, re: mental illness and recidivism to ensure that providers across systems are working from the same definitions and can therefore track data based on the same definitions. The state Stepping Up Steering Committee adopted definitions for Ohio, which can be adopted by local initiatives.
- ▣ There was some interest expressed, re: determining if a mental health court would be beneficial to the county. The court, or a subset of the Stepping Up Committee, could convene the appropriate local partners to review the two years of experience to discuss what worked and what did not work, and review current data to make a recommendation. The group can also reach out to those counties that are having success with mental health courts to learn from them.

Intercept IV: Prisons / Reentry

Prison

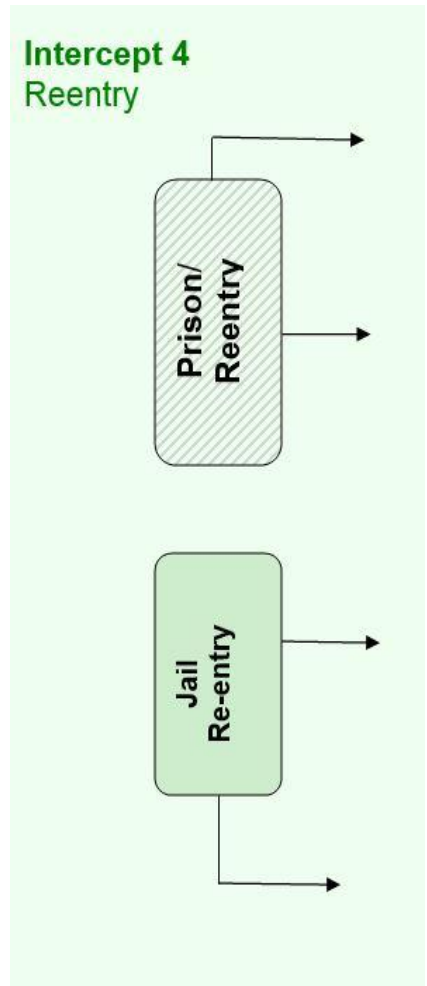
- Through the Community Transition Program (CTP), community linkage referrals from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) regarding individuals with serious mental illness returning from prison to the community are sent to Community Counseling and Wellness Centers (CCWC), which provides both mental health and substance use treatment. During state fiscal year 2022, OhioMHAS completed 21 referrals to Crawford County:
 - Mental Health clients: 6 participated 1 refused Total: 7
 - Mental Health/CTP: 2 participated 0 refused Total: 2
 - CTP: 7 participated 5 refused Total: 12
 - Totals: 15 participated 6 refused Total eligible: 21
 - There is no outcome data available on service retention, recidivism, or other metrics for individuals returning from prison with a community linkage or transition program referral. There are some attempts to contact individuals prior to their appointment.
- Crosswaeh Correctional Facility is the area Community Based Corrections Facility (CBCF) and serves nine counties.
- The ADAMH Board received a grant from Ohio Department of Rehabilitation and Correction to enhance reentry programming for individuals returning from state prison institutions. There have been challenges in hiring staff to fill the position(s), so they are currently focused on Marion County only and plan to update the strategic plan, start a reentry focused website and start educational programming in Marion Correctional Institution.
- A reentry service in the prison is the Citizens Circle operated by Crawford County Job and Family Services.

Jail

- Individuals are typically released from jail at 8:00 AM with documentation of terms and conditions of release and any appointments that have been scheduled.
- Individuals are released from jail with 10 days of medication for a fee. If the individual came in with the medication, they are released with it at no charge. A prescription is not given to the individual.
- Some probation officers will meet with the inmate prior to release.
- Community Counseling & Wellness Center provides information and linkage to treatment services and assistance with applying for benefits only to those who engage with them.
- Family Life Counseling and Psychiatric Services provide peer support for individuals willing to participate. This service is rarely utilized by the population.

Intercept IV – Identified Gaps

- Community Transition Program (CTP)
 - Staff time or protocols to outreach to individuals
 - local/community data tracking outcomes
- Jail releases individuals with 10 days of medication, for a fee, and no prescription to continue medications; Lack of access to medications after release from jail,
- Inconsistent use of psychotropic medication reimbursement program
- Supportive housing, specifically for those with a dual diagnosis
- Engagement in available peer support services



Recommendations

- The Community Linkage and Transition Programs are excellent opportunities to be proactive with returning citizens. The ADAMH Board and Community Wellness Center might want to consider enhancing the approach to these individuals: a) reaching in to individuals prior to release when discharge dates are known to schedule appointments, offer peer support, review a discharge checklist to ensure that the person's needs are known and in the process of being addressed, b) communicating with individuals upon release for the same reasons, and c) maintaining contact with individuals to identify their goals and to track their outcomes.
- Explore how to identify and engage the veteran population that is justice-involved (ideally much earlier than intercept 4, but this intercept can often provide more abundant information), and work with key partners to review data on where veterans are appearing across the intercepts and how they might better be diverted to more appropriate services or options.

Intercept V: Community Corrections / Community Support

Probation

- There are three probation officers at the municipal court. The Bailiff/Chief position is investigative and conducts pre-trial monitoring. There are currently 1,200 active cases under municipal court supervision.
 - Municipal Court is not consistently using ORAS and indicated desire to do so.
- There are three full-time probation officers and one part-time probation officer at the common pleas court with a total caseload of 352.

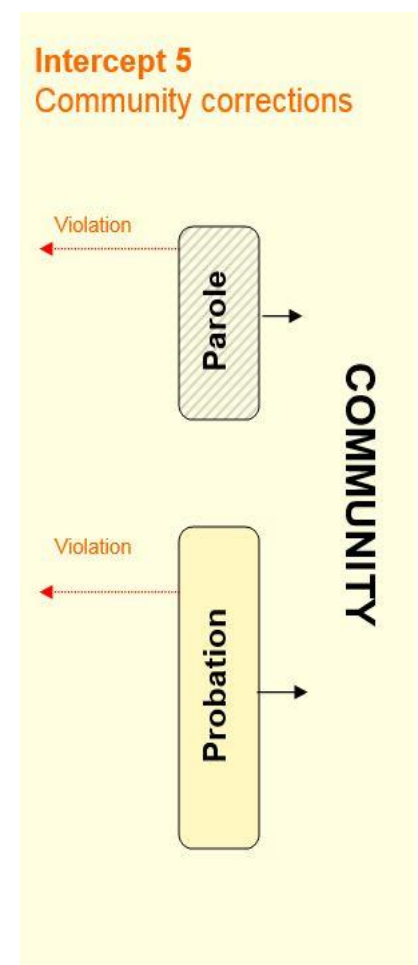
Parole

- There are three adult parole officers with 300 individuals currently under supervision.

Community Supports

The following represents services, agencies and programs that were highlighted during this portion of the workshop and is not meant to be an exhaustive or comprehensive roster of all community support available in Crawford County. Many other community support services were identified in the Intercept 0 section.

- Recovery Housing
 - Together We Hurt, Together We Heal has five male and five female beds. Supportive services are included. 90% of residents have a mental health concern, although likely individuals with a serious mental illness would only be eligible if stable enough to participate in services. They also assist people on Medication Assisted Treatment (MAT). They are currently in the process of Ohio Recovery Housing certification.
- Peer Support
- NAMI Family to Family Program



Intercept V – Identified Gaps

- ▣ Lack of specialty courts
- ▣ Inconsistent use and implementation of the Ohio Risk Assessment System (ORAS) in pretrial investigation and probation
- ▣ Lack of specialized training and supervision for individuals with serious mental illness and mental health docket in probation and court
- ▣ Lack of defense bar training and representation

Recommendations

- ▣ Consider how to find more support for Probation Officers with large caseloads and how to increase the mental health specific training for officers. If at all possible, work toward offering specialized probation to individuals with serious mental illness and substance use disorders. This would involve specialized training for the officers, reduced case sizes, and a problem solving, case navigation approach to probation services.

Priorities for Change

Crawford County,
Ohio

Crawford 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 three priorities.

Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues or information associated with each priority as brainstormed by the large group which all agreed need to be considered by each sub-committee.

Top Priorities for Change

1. Housing
2. Crisis Response Continuum
3. Mental Health Screening & Services – Jails to Court Medication at Jail Discharge

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

- Crisis stabilization option (5 votes/Intercept 1)
- Weekend mental health services for incarcerated individuals (5 votes/Intercept 2)
 - Including psychiatric services at the jail, addressing the need for mental health services and treatment for non-county inmates, and screening for veterans
- 24/7 mobile crisis response (4 votes/Intercept 0)
- Utilization of NAMI programs (3 votes/Intercept 0)
- Jail released individuals with 10 days of medications, for a fee, and no prescription to continue medications; Lack of access to medications after release from jail. (3 votes/Intercept 4)
 - Includes inconsistent use of psychotropic medication reimbursement program
- 24/7 assessment and drop-off center (2 votes/Intercept 0)
- Information flow between law enforcement, courts, and hospital (release of information) (2 votes/Intercept 1)
- Assistant Outpatient Treatment (AOT) (1 vote/Intercept 0)
- Caring contacts within 72 hours of leaving hospital (1 vote/Intercept 1)
- Training and education of involuntary commitment/pink slip usage for law enforcement (1 vote/Intercept 1)
- No mental health screening toll used at booking. Information sharing from booking is not shared formally with the court and other providers. (1 vote/Intercept 3)
- Peer support acceptance (1 vote/Intercept 4)
- Inconsistent use and implementation of the Ohio Risk Assessment System (ORAS) in pretrial investigation and probation (1 vote/Intercept 5)

Parking Lot Issues

- Workforce challenges
 - Wages
 - Medicaid rates
 - Constant changes
 - Turnover
- Environmental challenges
- Pop-up agencies
 - Processes are inconsistent with other agencies
- Juvenile threat assessment is costly

Additional Resources

Arnold Ventures	www.arnoldventures.org/
BeST Practices in Schizophrenia Treatment Center (BeST Center)	www.neomed.edu/bestcenter/
CIT International	www.citinternational.org
Coalition on Homelessness and Housing in Ohio	www.cohhio.org
Community Oriented Correctional Health Services	www.cochs.org
Corporation for Supportive Housing	www.csh.org 40 West Long Street, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	www.csgjusticecenter.org/mental-health
Crisis Text Line	www.crisistextline.org/
The Federal Bonding Program	www.bonds4jobs.com
Lutheran Metropolitan Ministry Health & Wellness	www.lutheranmetro.org/home-page/what-we-do/health-wellness-services/ Phone: 216-696-2715 Email: mail@lutheranmetro.org
Medicine Assistance Tool	https://medicineassistancetool.org/
National Association of Pretrial Services Agencies	https://napsa.org/eweb/startpage.aspx
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	www.nccc.georgetown.edu
National Criminal Justice Reference Service	www.ncjrs.gov
National Institute of Corrections	www.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	www.drc.ohio.gov/reentry-office
Ohio Ex-Offender Reentry Coalition	www.drc.ohio.gov/reentry-coalition
Ohio Housing Finance Agency	www.ohiohome.org Phone: 888-362-6432
Policy Research Associates/SAMHSA's GAINS Center	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org
Pretrial Justice Institute	www.pretrial.org
SOAR: SSI/SSDI Outreach and Recovery	https://soarworks.prainc.com/
The Source for Housing Solutions - Ohio	www.csh.org/oh Phone: 614-228-6263 Email: ohioinfo@csh.org
Stepping Up Initiative	www.stepuptogether.org
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	Phone: 330-615-0569
Supreme Court of Ohio Specialized Dockets Section	www.supremecourt.ohio.gov/JCS/specdockets/default.asp

Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	www.cit.memphis.edu
Vera Institute of Justice	www.vera.org
Veterans Justice Outreach	www.va.gov/HOMELESS/VJO.asp

Sequential Intercept Mapping
Crawford County, Ohio | May 23 – 24, 2023

Participant Roster

Name	Title	Organization	Emails
Paula Brown	Associate Director	Crawford-Marion ADAMH Board	paula.brown@mcadamh.com
Jette Cander	Director	Crawford County Emergency Management Agency	ccema@crawford-co.org
Mary Jo Carle	Team Member	Together We Hurt, Together We Heal	rcarle7@columbus.rr.com
Jeff Click	Deputy	Crawford County Sheriff's Office	jclick@ccso-oh.org
Matthew Crall	Prosecuting Attorney	Crawford Municipal Court	mattc@crawford-co.or
Ashley Crawford	House Manager	Together We Hurt, Together We Heal	ashleyh@crawford-co.org
Brad DeCamp	Executive Director	Crawford-Marion ADAMH Board	brad.decamp@mcadamh.com
Jennifer Jennette	Executive Director	NAMI of Marion and Crawford Counties	jennifer.jennette@yahoo.com
Carol Lantz	Lived Experience	NAMI of Marion and Crawford Counties	lantz_cjs@hotmail.com
Rachel Odey	Manager	Radiance House	odeyrachael@gmail.com
Tim O'Leary	Magistrate	Crawford County Municipal Court	Timothy.t.oleary@gmail.com
Kent Rachel	Jail Administrator	Crawford County Sheriff's Office	krachel@ccso-oh.org
Crystal Scott	Nurse	Avita Health System	cscott11@avitahs.org
Amber Sheets	Counselor	Family Life Counseling and Psychiatric Services	asheets.flcps@gmail.com
Kate Siefert	Director of Environmental Health	Crawford County Public Health	kate.siefert@crawfordhealth.org
Kylie Sinclair	Probation Officer	Crawford County Adult Probation Department	kylies@crawford-co.org
Joe Stafford	Faith Leader and CCWC Board Member	Community Counseling and Wellness Centers (CCWC)	pastorjoewesleychapel@yahoo.com
Tom Walker	Captain	City of Bucyrus Police Department	twalker@cityofbucyrusoh.us
Cindy Wallis	Director of Programming and Clinical Operations	Community Counseling & Wellness Centers (CCWC)	cwallis@ccscrawford.org
Miki Ziegler	Community Outreach Manager	Brightview	m.zeigler@brightviewhealth.com

Action Planning Matrix for Crawford County, Ohio

Priority Area 1: Housing				
Objective	Action Step	Who	When	
1	Assessment/different levels of capacity	Identify a group of people to do housing assessment. Existing capacity → needed capacity.	Contracted party: Del-Mor or Coleman Health Services	3-6 months
2	Develop an educational program for mental health housing	Inquiries into educational services for landlords, identify supportive churches/faith-based programs	DRC, community action, corporation for supportive housing	6-12 months (maybe ongoing)
3	Develop a financing plan	Different routes of getting financed through different institutions	CHS, OhioMHAS, ADAMH, Ohio Housing Finance Agency, and other lenders	6-12 months
4	Staffing	How would we staff a facility	Include as part of assessment	
5	Determine housing level and location	Assess different models in other communities (site visits) Determine best locations within Crawford County to file project	Housing committee	6-12 months
6	Explore homeless shelter concept	Assess models from other communities	Heart of Ohio Community Action	12 months
7	Explore single home concepts (conversion)	Engage potential interest from individual owners	Carol	12 months
8	Develop data collection and QI process to support models	Engage other housing projects to determine current methods	Committee	Aligned with assessment process

Action Planning Matrix for Crawford County, Ohio

Priority Area 2: Crisis Response Continuum – Mobile Response Pilot Project focused on zip code 44820 weekly on Mondays

Objective		Action Step	Who	When
1	Identify funding	<ul style="list-style-type: none"> - Contact ADAMH - Research funding and billing options 	Family Life and ADAMH	January 2024
2	Identify existing mobile crisis response units	<ul style="list-style-type: none"> - Reach out to Richland and Huron Counties and NEOMED - Develop protocol for dispatch - Develop process for response team - Develop assessment/screening process 	Family Life and ADAMH	March 2024
3	Train team	<ul style="list-style-type: none"> - Identify provider(s) - Train dispatch/jurisdictions - ER training/awareness - Create MOUs 	Providers	June 2024
4	Community awareness	<ul style="list-style-type: none"> - Press releases/social media/podcasts/flyers to all parties - Present to city council 		July 2024
5	Data review and protocol review	<ul style="list-style-type: none"> - Quarterly output and review of data 		Beginning September 2024
6	Update protocol process	<ul style="list-style-type: none"> - Quarterly review 		
7	Recognition of emergency event by mobile response	<ul style="list-style-type: none"> - Develop protocol - Define threshold of need - Create MOUs 	Provider	January 2025
8	Transportation	<ul style="list-style-type: none"> - Develop screening for ability to voluntary vs involuntary transport - Private transportation vs law enforcement/EMS - Develop protocol/flowchart 		March 2025

Action Planning Matrix for Crawford County, Ohio

9	Continuity of Care (feedback for mobile response)	<ul style="list-style-type: none">- Each hospital needs information on how/who to provide follow up to mobile response upon discharge- Maintain current contact information for mobile response- Develop protocol for allowing mobile response follow up while still under hospital care		June 2025
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Action Planning Matrix for Crawford County, Ohio

Priority Area 3: Mental Health Screening & Services – Jails to Court Medication at Jail Discharge

Objective	Action Step	Who	When
1 Identify mental health and substance abuse issues for all offenders	a) Research with WebJam if we can add SOS questions on booking form <ul style="list-style-type: none"> o Get a report of SOS specific data b) Include more people on team. Representation from courts and probation department c) Expand veteran questions <ul style="list-style-type: none"> o Highlight report for veterans d) IT staff consulted for flow/continuity of data sharing	Major Kent Rachel or Jeff Click Magistrate/Court staff Cindy will get SOS form	September 15, 2023
2 Out of county residents in jail need services	a) Talk to other board area directors b) Work with OACBHA and OHMAS c) Meet with court, prosecutor, Brad DeCamp, Richland Board	Brad DeCamp Cindy – Meeting Connection Matt Crall	December 31, 2023 For meeting July 15, 2023
3 Explore opportunities for more treatment and mental health services in jail	a) Look at data for veterans after 6 months b) Expand connection with VA c) Reintroduce 12-step program – AA needed d) Meth programming or other needed programing e) Explore use of peers f) Look into billing for peer support	Major Kent Rachel Miki with VA Brightview Cindy Paula	September 30, 2023
4 Medication gap when leaving jail	a) Explore Genoa Pharmacy for Rx linkage for Community Counseling & Wellness Centers (CCWC) and patient b) Explore Narcan options upon release	Jail nurse and CCWC nurse Miki and Paula	December 31, 2023
5 Discharge materials	a) Add different materials in their tote/property in discharge box <ul style="list-style-type: none"> o Local agency information flyer o Community resources 	Jennifer Jennette	

Appendix

Appendix A

JAIL BOOKINGS

Please report most recent data available (12-36 months)

Person Completing Form *(name/title)* Sgt. Jeff Click

Time period being reported 1/1/21-12/31/22

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
What is the rated capacity of the jail?	121	No	
What is the average daily total population of the jail?	96	No	
What is the average number of total daily bookings?	N/A	No	
What type of automated system is used to collect Jail Booking, classification, health and release information?			
Please provide the number and types of booking that are used for the following categories: <i>(If unable to provide objective data on booking types, please provide average percentage of each population)</i>			
Pretrial Misdemeanor	1119	No	
Pretrial Felony	1594	No	
Probation Violation	2703	No	
Sentenced local	1119	No	
Sentenced awaiting transport		No	
Other		No	
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?			N/A
<i>How many people are identified as having mental health issues?</i>			
By jail booking staff			
While incarcerated (by corrections officers, health staff or others)			
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?			No
What is the average daily population of persons with mental illness?			
What is the average number of daily bookings of people with mental illness?			
What percentage of the pre-trial population represents persons with mental illness?			
What percentage of the sentenced population represents persons with mental illness?			

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
CROSS TABULATION OF MULTI-SYSTEM DATA			
<i>For the entire population of persons booked into jail during the identified time period (open or closed cases):</i>			
Is Jail Booking information shared on a regular basis with public funded Mental Health, AOD or Developmental Disability Agencies?---if so how?			DD and MH are in contact with jail and courts. No booking information is shared.
How many were known to the publicly funded mental health system?			N/A
How many accessed acute crisis services during the specified reporting period?			
How many were known to the publicly funded substance abuse treatment system?			
How many were known to the Developmental Disabilities system?			
ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION			
For those who are identified as persons with mental illness or co-occurring substance abuse or developmental disabilities (by jail, other criminal justice, or treatment systems), what are the nature of the charges?			
Misdemeanors			
Felonies			
Violent Behavior			
Violations of Probation			
Frequency - How many arrests / bookings per person? (average)			
Length of stay in the jail for each episode of incarceration (average)			
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:			
How many people left the jail with financial benefits or entitlements in place?	N/A		
How many people left the jail with a shelter as the identified residence?	N/A		
How many people had no known residence?	N/A		
How many people left the jail with an appointment at a mental health or other treatment service?	N/A		
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	N/A		

Community Collaboration Questionnaire

Effective and efficient services for people with mental illness and co-occurring substance use disorders in the justice system require meaningful cross-system collaboration. The *Community Collaboration Questionnaire* provides the CJCCoE with background information about your community's experience in collaborating across systems. It is recommended that one questionnaire be completed in consultation with all of the key stakeholders.

Please note that it is preferable not to have separate questionnaires filled out by various key stakeholders.

Note: We have added an addendum to gather information on the impact of the COVID-19 pandemic as it relates to Sequential Intercept Mapping.

This information helps prepare the CJCCoE for providing the best direction during the training about the points of intervention most useful in your community. This document can be filled in and returned by way of email to rsimera@neomed.edu

Community: CRAWFORD COUNTY		
Contact Person: BRAD DeCAMP	Phone: 419-562-7288	Email: BRAD.DECAMP@MCADAMH.COM

	Please check the appropriate box for each and provide descriptions as necessary.	YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?	IIII	I
2	Does your community have a cross-system collaborative team or task force? <i>If yes, please attach the membership list by agency and/or title, listing mental health providers, criminal justice services, substance abuse services, consumers, family members, elected officials and others.</i> PUBLIC SAFETY DRUG ABUSE TASK FORCE WAS ROLLED INTO THE CRAWFORD PREVENTION COALITION. WE ALSO HAVE A ONEOHIO ADVISORY BOARD WHICH CONSISTS OF FIRST RESPONDERS, LAW ENFORCEMENT, COUNTY COMMISSIONERS, PUBLIC HEALTH, AND CONSUMERS.	I	III
3	Does your community provide for cross-training of mental health, substance abuse, criminal justice and other providers? <i>If yes, please list recent programs:</i> CIT (3) CISM OPERATION HOPE MATRIX MODEL	IIII	II
4	Does your community have resources identified to work with people with mental illness and co-occurring disorders in the criminal justice system? <i>Please describe:</i> -COMMUNITY COUNSELING & WELLNESS CENTERS, BRIGHTVIEW, OPERATION HOPE -CCWC SERVICES PROVIDED AT THE JAIL	IIII	I

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
5	<p>Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population?</p> <p><i>Please describe:</i></p> <p>-EACH OFFICER AT BPD IS TRAINED IN CIT, BUT NOT DEDICATED ONLY TO THAT ASSIGNMENT.</p> <p>-CCWC HAS DESIGNATED/TRAINED STAFF ARE ASSIGNED TO JAIL</p> <p>-THIS IS PROVIDED ON AN 'AS NEEDED' BASIS. IT IS CHALLENGING TO FIND TIME.</p>	II	III
6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system?</p> <p><i>Please describe:</i></p> <p>-LIMITED DATA BASED ON OFFICER CONTACT.</p> <p>-ON A VERY LIMITED BASIS</p>	IIII	II
7	<p>Does your community have one or more boundary spanners (individuals whose identified role is to link the criminal justice and mental health systems)?</p> <p><i>Please describe the position and the person(s):</i></p> <p>-DESIGNATED STAFF HAVE DAYS/TIMES SCHEDULED TO LINK WITH SERVICES</p> <p>-NO, BUT THIS IS UNDER DEVELOPMENT</p>	I	IIII
8	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance safety across agencies or systems?</p> <p><i>Please describe or if possible, provide copies of MOUs:</i></p> <p>-COMMUNITY COUNSELING & WELLNESS CENTERS (JAIL)</p> <p>-OUR AGENCY HAS AN UNWRITTEN COLLABORATION WITH ALL LOCAL AGENCIES AND WILL RESPOND/REFER ON AS-NEEDED BASIS.</p> <p>-WE HAVE THE CRAWFORD COUNTY HEALTH PARTNERS MOU. THIS GROUP COLLABORATES ON THE COMMUNITY HEALTH ASSESSMENT AND THE COMMUNITY HEALTH IMPROVEMENT PLAN EVERY 3 YEARS AND ALSO HOLDS QUARTERLY MEETINGS. THE MAIN MEMBERS INCLUDE AVITA HEALTH SYSTEM (HOSPITAL), CRAWFORD COUNTY PUBLIC HEALTH, ADAMH BOARD, BOARD OF DD, AND TOGETHER WE HURT TOGETHER WE HEAL.</p> <p>-THE COUNTY IS IN PROCESS OF IMPLEMENTING THE HANDLE WITH CARE PROGRAM IN ALL OF THE PUBLIC SCHOOLS IN CRAWFORD COUNTY. ALL OF THE SCHOOLS HAVE COMPLETED THEIR TRAININGS AND THERE ARE JUST A FEW MORE LAW ENFORCEMENT AGENCIES THAT NEED TO FINALIZE THEIR TRAINING.</p> <p>-WORKING AGREEMENTS WITH MUNICIPAL COURT TO REFER PERSONS TO INPATIENT TREATMENT (RESIDENTIAL OR DETOX)</p> <p>-CRAWFORD COUNTY SUICIDE PREVENTION COALITION</p>	IIII	II
9	<p>Are there any local agencies that have not participated in collaboration efforts?</p> <p><i>Please describe:</i></p>	I	I

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
10	<p>Does your community have any jail or court diversion programs at this time? <i>Please describe:</i></p> <p>MUNICIPAL COURT – FITNESS PROGRAM</p>	II	II
11	<p>Does your community have a mental health, drug or other specialty court? <i>Please describe:</i></p> <p>-IT'S MY UNDERSTANDING THIS IS IN PROCESS, BUT I'M NOT PRIVY TO ITS STATUS -THERE HAVE BEEN DISCUSSIONS TO REINSTITUTE THE INTENSIVE SUPERVISION ADDICTION TREATMENT (ISAT) PROGRAM AND A MENTAL HEALTH DOCKET</p>		III
12	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? <i>Please describe or if possible, provide copies of MOUs.</i></p> <p>WE DO THIS AS NEEDED. WE ARE ACTIVELY WORKING WITH LAW ENFORCEMENT TO DEVELOP A DEFLECTION PROTOCOL SO THAT PERSONS TAKEN TO THE ED FOR A MH ISSUE CAN DIRECTED TO ANOTHER FACILITY UNDER CERTAIN CRITERIA</p>	III	II
13	<p>Have screening or assessment procedures been instituted in the mental health, substance abuse and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i></p> <p>-WE HAVE CRITERIA PROVIDED TO US BY OTHER AGENCIES AND FOLLOW THEIR GUIDELINES FOR SERVICES -SOQIC, SASSI -ASAM PATIENT PLACEMENT PROTOCOL</p>	III	II
14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? <i>Please describe:</i></p> <p>-UNKNOWN IF THIS ASSESSMENT TOOL IS USED BY LOCAL COURTS; HOWEVER, NOT BY OUR AGENCY.</p>		III
15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe:</i></p> <p>-UNKNOWN -CCWC PROVIDES CPST, CRISIS SERVICES AT JAIL -NO, BUT THIS IS UNDER DEVELOPMENT. ADAMH HAS RECEIVED A GRANT FROM DRC TO EXPAND REENTRY SERVICES TO CRAWFORD COUNTY</p>	I	III

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <ul style="list-style-type: none"> -OTHER THAN MONETARY/PERSONNEL ISSUES (WHICH ARE BEYOND OUR CONTROL), THERE SEEMS TO BE CORRESPONDING "CULTURES" OF A DESIRE TO HELP THOSE IN NEED -LANGUAGE AND BEHAVIOR THAT REFLECTS RESPECT FOR MH CONSUMERS -TRAINING -REASONABLE/ACCESSIBLE HOURS OF OPERATION -CONSISTENCY AMONG PROVIDERS -HOW TO NETWORK WHEN APPROPRIATE/NEEDED -WORKFORCE 		
17	<p>Do you have examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> -BEGINNING PROCESS TO ID GAPS AND ADDRESS THOSE -THE CRAWFORD COUNTY SUICIDE & OVERDOSE FATALITY REVIEW TEAM IS COMPRISED OF REPRESENTATION FROM LAW ENFORCEMENT (SHERIFF), THE COUNTY PROSECUTOR, PUBLIC HEALTH, AND THE ADAMH BOARD. THEY HOLD QUARTERLY MEETINGS AND RELEASE AN ANNUAL REPORT THAT INCLUDES IDENTIFIED TRENDS AND RECOMMENDATIONS. -OCCASIONALLY ADAMH, NAMI, & CCWC CHECK WITH EACH OTHER FOR REFERRALS -SCREENING/REFERRAL TO INPATIENT TREATMENT FOR BOTH MH/SUD FROM HOSPITALS OR JAIL 	II	I
18	<p>What would you list as your community's strengths?</p> <ul style="list-style-type: none"> -OFFICERS' ABILITY TO INTERACT WITH INDIVIDUALS -SENSE OF CARING/CONCERN. -OVERWHELMING SUPPORT OF SERVICE AGENCIES. -DESIRE TO FIND ANSWERS. -DESIRE TO GIVE ADVICE. -DESIRE FOR ACCOUNTABILITY AND DOCUMENTED SUCCESS -DEDICATED STAFF -THERE ARE A LOT OF COMPASSIONATE PEOPLE/AGENCIES THAT SINCERELY WANT TO PUT IN THE WORK TO IMPROVE CRAWFORD COUNTY. THE MAJORITY OF THE COUNTY AGENCIES KNOW ONE ANOTHER WELL AND HAVE HISTORY OF WORKING TOGETHER -WILLINGNESS TO COME TOGETHER FOR COMMON GOOD -DEDICATED PROVIDERS AND FIRST RESPONDERS 		

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
19	<p>What would you list as your community's biggest challenge at this time?</p> <ul style="list-style-type: none"> -HAVING ADEQUATE FACILITIES TO RECEIVE MH PATIENTS; NO MH SERVICES AT LOCAL HOSPITAL -STRATEGIC FOCUS -LACK OF ENGAGEMENT -FUNDING -PERSONNEL ISSUES -LACK OF TRAINING TIME -LACK OF KNOWLEDGE -WORFORCE ISSUES – LOST GOOD LEADERS -STAFF BURNOUT AND RETENTION -FUNDING SPECIFIC TO MEDICAID -A "BURNOUT" BY THE FIRST RESPONDERS THAT OFTEN DEAL WITH THE SAME INDIVIDUALS REPEATEDLY AND A LOSS OF EMPATHY FOR THOSE ON A STRUGGLING PATH. WE ALSO HAVE SOME RESISTANCE BY ELECTED OFFICIALS AND THE JUDICIAL SYSTEM TO RECOGNIZE THE COMPLEX NATURE OF SUBSTANCE MISUSE AND THEY ARE UNABLE TO UNDERSTAND/ACCEPT THAT PEOPLE CAN'T "JUST STOP". THERE IS SOME RESISTANCE TO UTILIZING HARM REDUCTION PRACTICES SUCH AS SYRINGE EXCHANGE PROGRAMS AND THE DISTRIBUTION OF FENTANYL TEST STRIPS AND NALOXONE. -OUR COMMUNITY NEEDS A BETTER UNDERSTANDING OF THE IMPACT TRAUMA CAN CREATE AND PUT INTO MOTION. -FINDING QUALIFIED STAFF WITH INTEREST IN DEVELOPING COMPREHENSIVE SERVICES THAT ARE NEEDED 		

COVID-19 ADDENDUM

To help us tailor our technical assistance to best meet your needs, we want to learn about your community's response to the COVID-19 pandemic and how that might relate to Sequential Intercept Mapping. Please respond to the following questions regarding the impact of COVID-19 on your community.

		Yes	No
21	<p>Has the Covid-19 pandemic affected any planning or implementation activities related to Sequential Intercept Mapping? If yes, please explain.</p> <p>-THE FINANCIAL IMPACT OF COVID ON BUCYRUS HAS CLOSED FACTORIES, RESULTING IN LOSSES OF JOBS AND FUNDING FOR SERVICE AGENCIES</p> <p>-COVID HAS IMPACTED MARION'S IMPLEMENTATION OF STEPPING UP, SPECIFICALLY FOR NAMI</p>	I	I
22	<p>In response to the COVID-19 pandemic, have there been any new responses or changes in your approach to meeting the needs of people with mental illness and co-occurring substance use disorders in the criminal justice system? Please include impacts to law enforcement, jail, court, probation and/or reentry processes.</p> <p>-ONLY FROM HOSPITAL TO LAW ENFORCEMENT</p> <p>-WITHOUT A DOUBT, COVID TRANSFORMED A SLIPPERY SLOPE OF FINANCIAL HARDSHIP INTO A DOWNWARD, OUT-OF-CONTROL SPIRAL</p> <p>-TOUGHER TO GET INTO JAILS DUE TO RESTRICTIONS</p> <p>-CRAWFORD COUNTY HAS RECENTLY STARTED THE PROCESS</p>	II	
23	<p>Has the COVID-19 pandemic impacted community-based services, practices or policies in any way? If yes, please explain the nature of the changes.</p> <p>-LIMITED RESOURCES AVAILABLE</p> <p>-EXPANDED USE OF TELEHEALTH (2)</p> <p>-LESS FUNDING = LESS PERSONNEL AND RESOURCES ALTOGETHER. WHILE, "DOING MORE WITH LESS," IS A GOOD BUSINESS MODEL, IT'S A HORRIBLE WAY TO HELP THOSE SUFFERING FROM MENTAL ILLNESS AND ADDICTION.</p> <p>-PEOPLE ARE MORE UNEASY ABOUT SOCIAL AND GROUP MEETINGS FRO EDUCATION AND SUPPORT. TRUST LEVELS HAVE CHANGED SINCE COVID.</p>	III	
24	<p>What impact, if any, has the COVID-19 pandemic had on people living with mental illness and co-occurring substance use disorders who are involved in the criminal justice system?</p> <p>-IT INCREASED THE NEED FOR INTERVENTION FOR INDIVIDUALS WITH MH/SUD</p> <p>-SIMPLY PUT, LACK OF SERVICES</p> <p>-INCREASED STRESS AND FEAR</p> <p>-INCREASED ISOLATION DUE TO LACK OF VISITORS</p>	II	

Evidenced Based Practices Check List for Communities

Please check each evidenced based practice that has been implemented in your community

Assertive Community Treatment (ACT)	
Clozapine Prescribers	I
Cognitive Enhancement Therapy (CET)	
Cognitive Behavioral Therapy (CBT)	
Name Specific Practices:	
Cognitive Behavioral Therapy for Psychosis (CBT-P)	II
Dialectical Behavior Therapy (DBT)	II
Eye Movement Desensitization and Reprocessing (EMDR)	II
FIRST Coordinated Specialty Care for First Episode Psychosis	I
Medication Assisted Treatment (MAT)	II
Specify Which Medications Are Available: (VIVITROL,BUPRENORPHINE)	
Mental Health First Aid	III
Motivational Interviewing	I
Peer support specialists	
Whole Health Action Management (WHAM)	
Other: BARIATRIC SURGERY SEX REASSIGNMENT SURGERY	

Crisis Response Continuum Check List for Communities

Please answer/check each crisis response that is available in your community

What crisis response continuum services are available within your county? Agency/location: COMMUNITY COUNSELING & WELLNESS CENTERS Hours/Limitations/Comments:8A-6P; LIMITED AFTER HOURS	
Hotline/24-hour call center (not 911)	IIII
Crisis center (hub/access point, drop-off, pre-hospitalization screening)	I
Mobile crisis	
Crisis residential services	
o Crisis stabilization	
o 23-hour observation	
o Crisis residential	
o Peer respite/sobering support	IIII
Hospitals (psychiatric and medical) and emergency rooms	III