

Lorain County, Ohio

Sequential Intercept Mapping Report

June 15-16, 2022

Lorain County Core Planning Team

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Sequential Intercept Mapping

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Lorain 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 Lorain County, Ohio on June 15-16, 2022. The workshops were hosted at the Amy H Levin Conference and Learning Center at 1165 N Ridge Rd, Lorain, OH 44055 with local coordination provided by the Mental Health, Addiction and Recovery Services Board of Lorain County, along with a Lorain County planning team comprised of representatives from behavioral health and criminal justice agencies. 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 Lorain 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 Lorain County Common Pleas Court, in co-sponsorship with The Nord Center, requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops. Lorain County stakeholders previously participated in two Sequential Intercept Mapping exercises, - April 2017 focused on the adult mental health and criminal justice systems and April 2018 focused on response to the opioid epidemic. At the time of those exercises, Lorain County had two separate boards, the Lorain County Board of Mental Health and the Alcohol and Drug Addiction Services Board of Lorain County. Those boards have since merged, and local stakeholders were interested in reestablishing the Stepping Up initiative in the county. The Sequential Intercept Mapping exercise served as an opportunity to reinvigorate that work and was meant to aid Lorain County with:

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

The participants in the workshop included 26 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, and support/advocacy. A complete list of participants is available in the resources section of this document. Dan Peterca, Jenny O'Donnell, Psy.D., 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 Lorain 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 Lorain 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

Lorain County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. The cross-system collaborative teams/coalitions that were identified by the Lorain planning team and workshop participants include Stepping Up, Crisis Intervention Team program (CIT), Coordinated Specialty Care for First Episode Psychosis (FIRST), and CBT-P. Lorain County Board of Commissioners 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. The community is strongly encouraged to consider how best to incorporate the Sequential Intercept Mapping participant group and action planning work groups into the Stepping Up framework and task force. If an overarching task force

does not currently exist or is not currently meeting with regularity, the SIM participant group could serve as the foundation for a Stepping Up group, and the previously mentioned teams could be incorporated into that structure.

Individual with Lived Experience Involvement

The Lorain County planning team did not include an identified person with lived experience or peer support. The SIM group is strongly encouraged to solicit participation from additional community members and individuals with lived experience; ideally each work group/committee will include consumer, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation of all Intercepts except Intercept 1, with key decision makers present for the court system and mental health system.
- Key players that were missing at the workshops: law enforcement, defense counsel, prosecution, public safety telecommunication, hospital, crisis services, and municipal courts. The courts, while not represented directly by judiciary, communicated strong support for the mapping and planning activities. The mapping of Intercept 1 may occur at a future date and be incorporated into the final report after that time.

Data Collection

- The Lorain 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.
 - Lorain County Jail Data for 2019-2021.
 - Lorain County Sheriff's Office whitepaper, authored by Andy Laubenthal: "Is Re-Entry Service the Next Evolution in County Jails? "
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Lorain County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, March 2022.
 - Lorain County CIT Officers Roster Project Summary Report, April 2022.

Recommendations

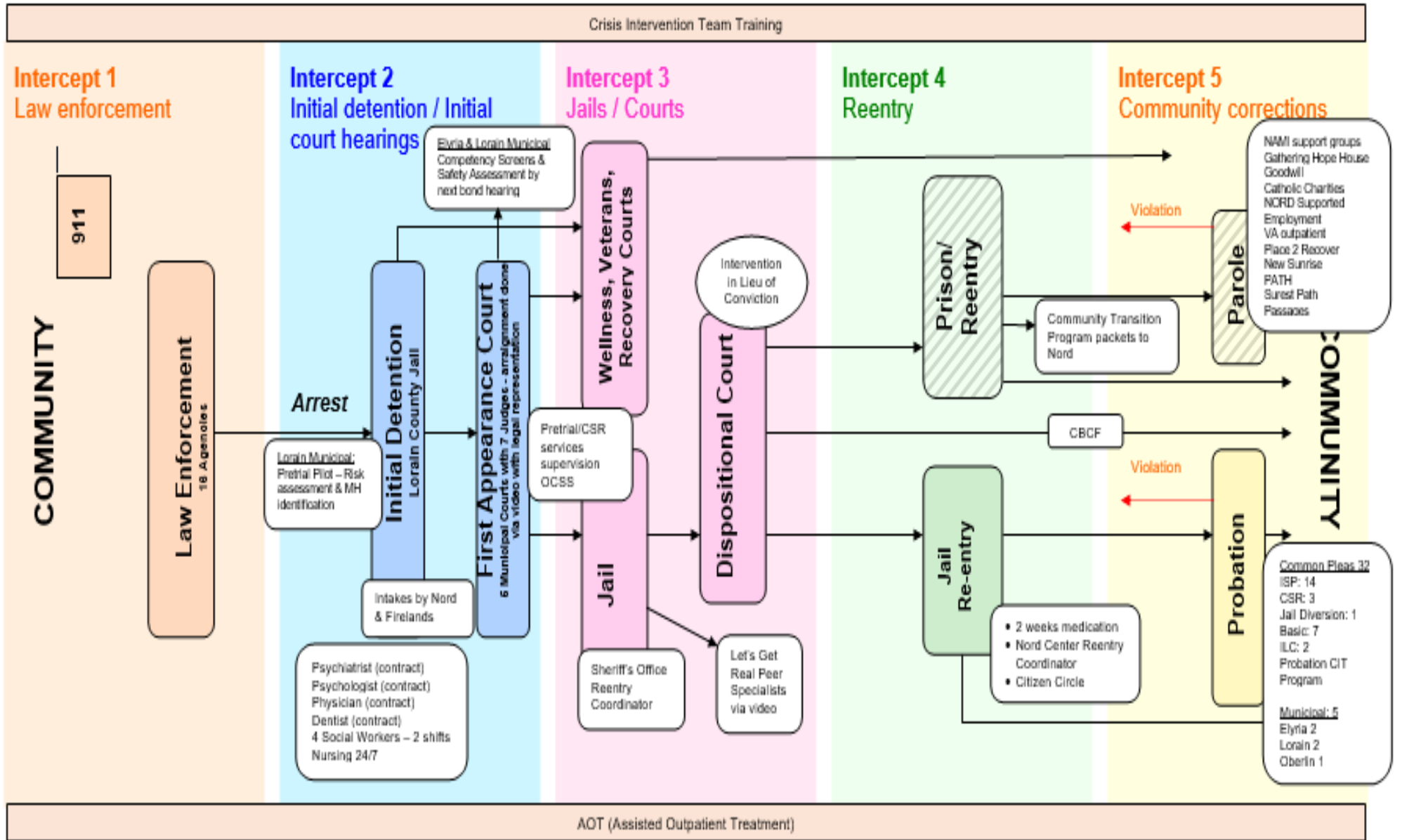
- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Lorain County criminal 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.
- The county does not have an identified boundary spanner, or champion, of the Stepping Up Initiative and associated work. Many people are devoted to efforts to address the needs of justice involved individuals with mental illness, and a lot has been done in the community to make strides toward improving responses to people with mental illness. Yet, the collaboration questionnaire and the workshop experience suggest that the stakeholders are challenged to organize their

efforts, and no one is identified to coordinate meetings and follow up on the action plans. This will be an important role to identify to establish and maintain momentum.

Sequential Intercept Mapping

Lorain County, Ohio

Sequential Intercepts for Change: Criminal Justice – Mental Health Partnerships – Lorain County 2022



Lorain 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 Lorain 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 Lorain County Sequential Intercept Map. The cross-systems Lorain 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 Lorain 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 Lorain County.

- Cognitive Processing Treatment (CPT)
- Assertive Community Treatment (ACT)
- Clozapine Prescribers
- Cognitive Enhancement Therapy (CET)
- Cognitive Behavioral Therapy (CBT)
- Cognitive Behavioral Therapy for Psychosis (CBT-P)
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- FIRST Coordinated Specialty Care for First Episode Psychosis
- Medication Assisted Treatment (MAT)
- Mental Health First Aid
- Motivational Interviewing
- Peer support specialists

Intercept 0 Gaps

- Transportation
- Accessibility of Clozapine based on geography
- Collaboration with evidence base of methadone treatment
- Medication access and coordination at treatment, sober living, and jail facilities.
- Insufficient number of mental health peers

Recommendations

- This community has a solid array of evidence-based treatment practices and is working to build out a more robust crisis response system. While in the current workforce climate, it is challenging for mental health systems to take on additional responsibilities, it may be useful to invest in clinical practices that aid in earlier identification and treatment of criminogenic risk factors.

Intercept I: Law Enforcement / Emergency Services

In Lorain County, law enforcement is accomplished by the County Sheriff's Office, Ohio State Highway Patrol, and law enforcement agencies in various towns or cities. Unfortunately, aside from statistical information on law enforcement and CIT, Intercept 1 is not included in this report because law enforcement representatives and crisis representatives were not able to attend the workshop.

Law Enforcement and Crisis Intervention Team (CIT) model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued September 29, 2021, Lorain County has 17 Law Enforcement Agencies: Amherst, Avon Lake, Avon, Elyria, Grafton, Kipton, LaGrange, Lorain, Mercy Health/Lorain Hospital, North Ridgeville, Oberlin, Sheffield Lake, Sheffield Village, South Amherst, and Wellington Police Departments, Lorain County Metro Parks, and Lorain County Sheriff's Office, with an estimated 467 full-time officers.

- As of September 2022, the most recent CIT training report, the Lorain County Crisis Intervention Team (CIT) training program has held courses for twenty years, spanning 2002 - 2022, with an average of 15 full-time officers completing CIT training per year. All but two of the listed Law Enforcement Agencies have participated in CIT training, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. Records indicate that 299 full-time officers have completed CIT training.

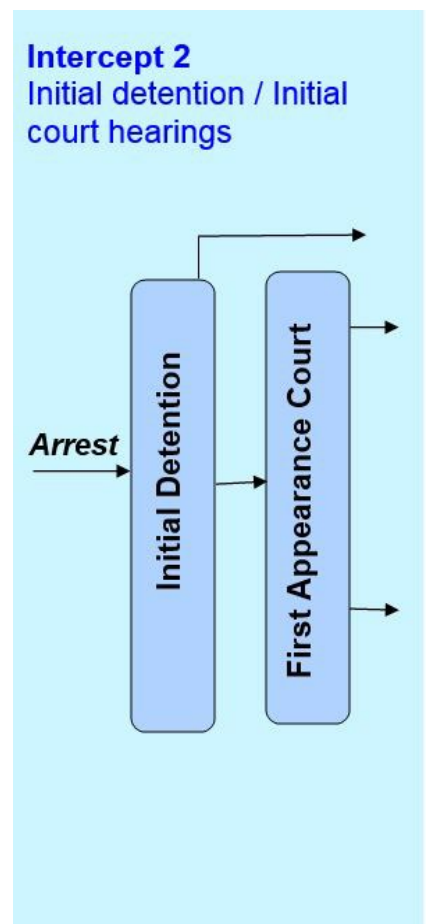
Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

Initial Detention

- Individuals are taken to the Lorain County Jail.
- The medical screening questionnaire includes questions associated with veteran status, medication, substance use, suicide, medical history, and Serious Mental Illness (SMI). The Jail Mental Health Screen (JMS) is used at booking. The jail re-entry coordinator does a mental health and substance abuse screen upon intake. In addition, mental health, and substance abuse partners both screen for co-occurring disorders.
- If an individual is on a SMI medication, the jail will reach out to The Nord Center for verification.
- There are four full time mental health staff employed by the jail with two employees on each of the 1st and 2nd shifts. If an individual appears to be in crisis, mental health staff are called to assess.
- Classification of male inmates is by low security (misdemeanors), medium security, high risk, and special needs pod for SMI (open dorm style). Females have only one pod.
- The booking roster is posted on the website and updated hourly. The Nord Center and Firelands monitor the booking roster daily; PATH monitors the roster weekly.

Arraignment and Initial Hearing

- Initial hearing occurs on the next business day via video. There are no hearings on Saturdays.
- At the initial hearing, mental health information is shared with the Judge.
- There are five municipal courts: Lorain, Oberlin, Vermilion, Elyria, and Avon Lake.
- There is court appointed representation for misdemeanor or felony charges at the initial hearing. The individual will continue with the same court appointed representation up until disposition at which point a



more specialized attorney will be assigned if needed for persons with serious mental illness. Anyone at the common pleas level can request a competency evaluation.

- Intervention in Lieu of Conviction (ILC) is available to eligible persons at the pretrial phase, including use of the community based correctional facility.

Veterans

- There is a screening for Veterans at initial detention and arraignment. Veterans can be referred to Veterans Court.
- When a Veteran is in custody, jail personnel send an email to the VA to let them know.

Intercept II – Identified Gaps

- ▣ Booking into behavioral health agencies.
- ▣ Communication between social work staff at the jail, probation/court, and behavioral health agencies
- ▣ Forensic Evaluations - lack of resources/staff
- ▣ Identification of veterans prior to disposition other than Lorain Court.

Intercept II – Identified Opportunities

- ▣ The jail roster is posted online but not all agencies check routinely

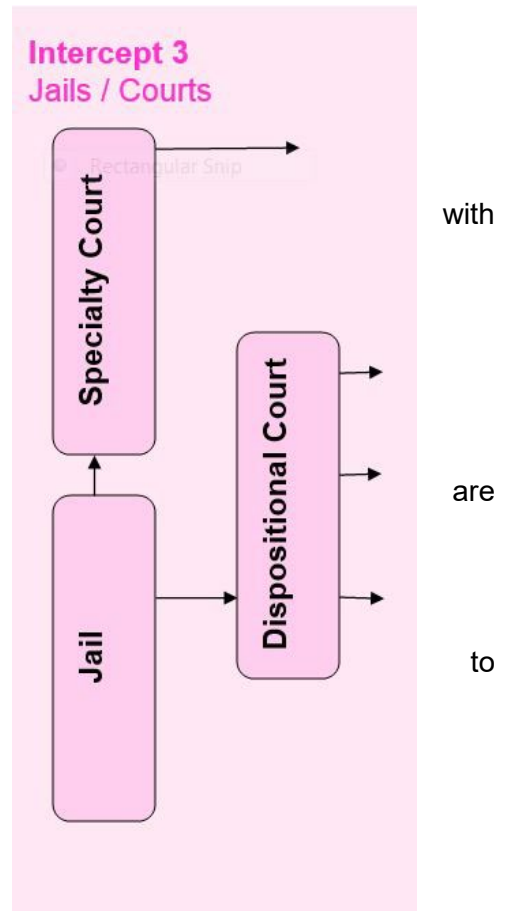
Recommendations

- ▣ Mental health provider agencies could assign intake, case management or other staff to daily or routinely review the jail roster for current clients to aid in case planning, consultation, and continuity of care,

Intercept III: Jails / Courts

Jail

- Rated capacity of Lorain County Jail: 422
- The average daily population is 262 with 15% representing persons charged with misdemeanors and 85% representing persons charged felonies. 69% of felonies were for violent offenses.
- Average daily bookings: 17; due to COVID, these numbers were likely lower in 2020.
- Average length of stay is 13.7 days.
- Violations of Probation make up approximately 27% of the population.
- There is a separate mental health pod for males. There is not a separate mental health pod for women. All female housing options utilized for women with mental health concerns.
- In a six-month period, from January 1, 2021 – June 30, 2021, 39% of inmates required a mental health response. which is also the estimated daily population of inmates with mental illness. An estimated 20% of inmates during the same time period were known the publicly funded mental health system.
- Roughly 23% of the jail population during the same time period required detox, not including cocaine, meth, spice, or THC. It was noted on the jail data report that the jail houses more individuals needing detoxification per month than all other county resources combined.
- All jail staff are CIT (Crisis Intervention Team) trained.



- Nursing staff at the jail are shared by the community based correctional facility.
- Due to Covid, programming by external agencies within the jail has halted; however, peer specialists through Let's Get Real are available via video.

Court

- Lorain County has five municipal courts with seven judges, six common pleas court judges, and one probate judge.
- At Common Pleas Court, most individuals come in as bind-overs, seldom as direct indictment. It takes approximately six weeks for the grand jury process to be complete. Attorneys can file for a bond reduction during the waiting period, and individuals are referred to court supervised release.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of May 31, 2021, Lorain County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status May 31, 2021
Judge John R. Miraldi	Lorain	Drug	Certified
Judge James L. Miraldi	Lorain	Mental Health (Wellness)	Certified
Judge James Walther	Lorain	Veterans	Certified
Judge Frank J. Janik, III	Lorain	Juvenile Drug	Certified
Judge Lisa I. Swenski	Lorain	Juvenile Mental Health	Certified
Judge Sherry L. Glass	Lorain	Domestic Relations/Juvenile Family Dependency	Certified
Judge Robert C. White	Lorain (Elyria MC)	Municipal Drug	Certified
Judge Thomas J. Elwell, Jr.	Lorain (Elyria MC)	Municipal Drug	Certified

- The Wellness Court currently has 21 participants with eight pending. The capacity of the court is 40.
 - Intake from Wellness Court to Firelands can occur via telehealth. Wellness Court is the only specialty docket that serves individuals with serious mental illness, including co-occurring disorders. The treatment team includes probation, judge, MHRS Board, Nord Center and Firelands case management and supervisor, prosecutor, and defense attorneys.
- Veteran's Court (Common Pleas) currently has ten participants. Often veterans are not identified and referred until placed on community control/supervision.
- Elyria Recovery Court (Judge White) and Lorain Recovery Court (Judge Elwell) both serve individuals with co-occurring disorders but not serious mental illness.
- Most specialty dockets have 4-5 phases, primarily behavior-based as opposed to time-driven, though some phases may have minimal time commitments. In Recovery Courts individuals can go back in phases, e.g., relapse may require repetition of phases
- Diagnostic assessments can be obtained Nord or Firelands by the client's choice. The completion time is reportedly good with both agencies. Nord provides only mental health treatment. Firelands provides both mental health and substance use disorder treatment. Some clients may already be active in their substance use treatment at LCADA Way and may choose Nord for mental health treatment if needing treatment for both mental illness and substance use. Nord also has one Spanish speaking case manager.

Veterans

- Lorain has a felony veteran's court with a specialized docket in the Probate/Common Pleas Court.

Intercept III – Identified Gaps

- ▣ Lack of mental health peer support.
- ▣ Formal communication lines between jail and court

- Timely access to and completion of NGRI and Competency evaluations
- Validated behavioral health screening tools at jail booking

Intercept III – Identified Opportunities

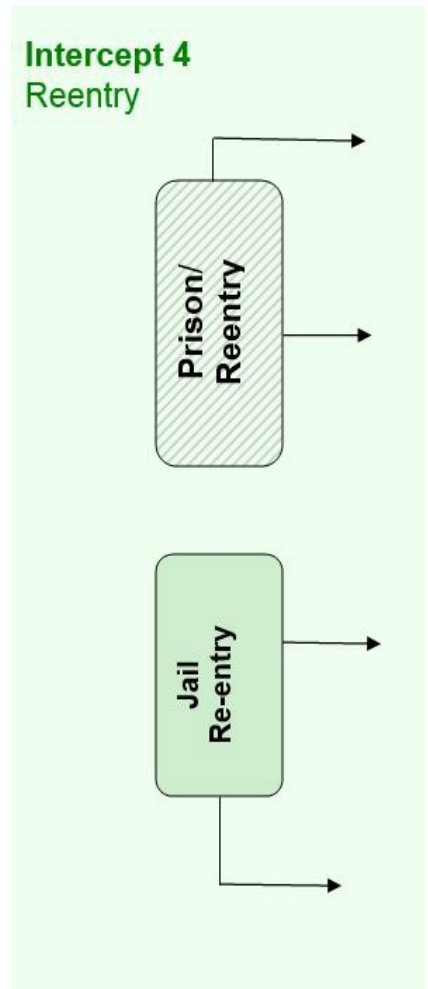
Recommendations

- There are screening tools for mental illness, substance use, trauma and suicide risk validated for the target population. Jail administration should consider incorporating at least a screening tool for mental illness to aid in early identification of individuals who may warrant additional assessment. Given that the jail has robust in-house mental health services, the screening tool may be most useful for the many individuals who are released soon after booking, to enable referrals to the mental health system.

Intercept IV: Prisons / Reentry

Prison

- The Community Linkage and Community Transition Program of the Ohio Department of Mental Health and Addiction Services (OMHAS) in collaboration with the Ohio Department of Rehabilitation and Correction (ODRC) completes assessments for voluntary individuals and provides referrals to community-based organizations regarding individuals with serious mental illness and/or substance use disorders returning from prison to the community. In Lorain County those referrals are sent to The Nord Center and managed by the reentry coordinator. Clients can upon discharge select their mental health provider. In the past year, OMHAS completed 10 referrals for individuals with serious mental illness, 17 referrals for individuals with substance use orders and 5 referrals for individuals with co-occurring mental illness and substance use disorders to Lorain County.
- Some in-reach occurs with these individuals prior to release via phone calls, structured interviews, and provision of information. Connections to services are made after release. If individuals do not meet with the reentry coordinator within a week of release, then the coordinator seeks to find them.
- Individuals with medication prescriptions are discharged with at least two weeks of medications.
- The Community Based Correctional Facility and Adult Parole Authority units are located on the same campus as the Lorain County Jail.
- The Citizens Circle is a monthly, virtual gathering of providers to enable reentry services and linkages.
- Workshop participants were uncertain whether service providers are trained in the Risk Needs Responsivity Model or in strategies to interrupt criminal thinking.



Jail

- The case manager within the facility connects individuals with outside agencies, including peer supports.
- If/when confirmed by the mental health staff, individuals leave jail with a two-week supply of medication.
- Place 2 Recover (P2R) staff reentry peers that help individuals find jobs and work through barriers that may be faced when leaving jail.

- Court release paperwork is sent in a bundle at the end of the court day, so most discharges occur during the afternoon/evening shift of the jail. Dependent on the day and number of releases, discharges can continue into the late night, creating a variety of problematic circumstances, e.g, connection to services, transportation, timing of medication distribution. One person with lived experience at the workshop described being woke up from sleep to be released after taking a sedating medication.
- Provider agency staff can visit clients in jail in person or via video connection.
- Two weeks supply of medication is supplied if verified and known by mental health staff.
- During COVID, in-jail visits with probation, parole or community corrections officers increased and that is working well.

Intercept IV – Identified Gaps

- Jail releases occur after court closes at end of day, so individuals may be released late at night with no warm hand off to services. There is also inconsistent timing of referrals in relation to release dates.
- Transportation from the jail.
- Individuals' access to documentation such as social security card, identification card, birth certificate, etc.
- Housing when discharged is challenging. There is a shelter for men only, and one family shelter that is not sufficient to meet needs. If referred to a shelter, people must be entered in coordinated entry, which puts them in the Housing Management Information System.
- PATH previously went into jail for intakes and referrals, but no longer.
- Consistent coordination of reentry services and resources. It was noted that individuals in specialized dockets get more resources and are easier to coordinate.
- Time lapse between Citizen Circles
- Providers not trained in criminogenic factors and interrupting criminal thinking
- Communication lacking from the Community Based Correctional Facility

Intercept IV – Identified Opportunities

- Probation and Wellness Court will assist with individual documentation; the individual does not need to be a Wellness Court participant
- Nord Center reentry coordinator plans to begin using a document of questions to help guide discharge interviews
- Housing/HUD units can be held for 90 days while in jail, including sober living.
- The jail administration and staff do a nice job of collecting and reporting characteristics of the jail population, including individuals released with financial benefits in place, homelessness and shelter referrals (self report and collateral information), and mental health service referrals. This aggregate information can be used to inform community-based service development and resources to include in a reentry resource center.

Recommendations

- It was not clear why PATH no longer goes to the jail for intakes and referrals but based on the participants' anecdotal descriptions of how in-person visits and interviews seem to help individuals, it may be worth exploring renewing this practice.
- The jail leadership, jail staff that manage discharges, and court staff that coordinate the release orders should convene to thoroughly explore the timing and process of jail releases with an eye toward releasing more individuals during business hours when services are accessible, transportation is more available, shelter referrals are possible, and outdoor circumstances are less dangerous.
- Jail staff expressed interest in having an on-site resource center separate from the jail but on the same campus so that individuals who are discharged can get assistance and referrals immediately upon discharge. Franklin County, Ohio is planning a similar model with their new jail facility, and Lorain County jail administrators may want to seek information from them.

Intercept V: Community Corrections / Community Support

Probation

- Common Pleas Court has approximately 32 probation officers. Three are for Community Supervised Release; two Intervention in Lieu of Conviction; 14 Intensive Supervision Probation (ISP) over two units with an average caseload of 50 and should be closer to 35; one pretrial pilot; seven basic probation officers that have caseloads of 80-90 with the highest caseload around 100, and five specialized docket officers. One ISP position and one Wellness Court officer position were open at the time of the workshop.
- Officers in the Common Pleas Court have specialized training in Cognitive Behavioral Therapy (CBT), CIT, and graduated sanctions.
- There are five municipal courts. Participants reported that Lorain and Elyria Courts each have two probation officers, and Oberlin has one probation officer. The other two courts have no probation services.
- In terms of measured responses to violations, the courts do not use incarceration for violations associated with fees or fines.

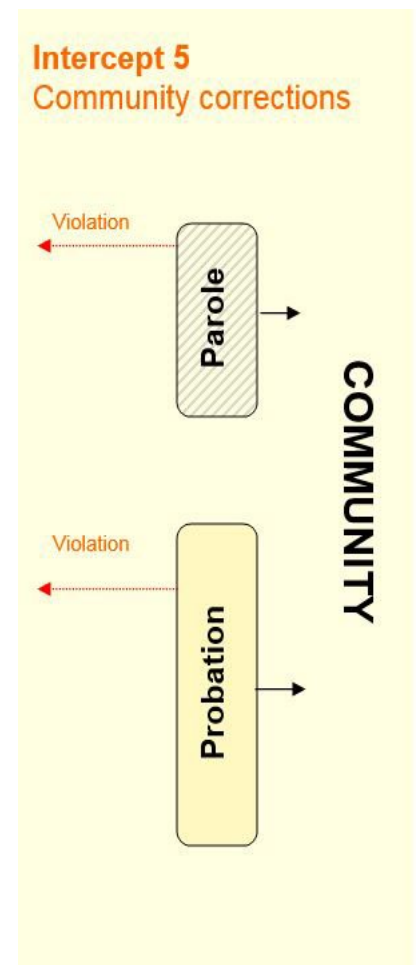
Parole

- Parole no longer supervises probation cases.
- Communication with parole is deemed appropriate and reasonable.

Community Supports

The following represents services, agencies and programs that were highlighted during the workshop and is not meant to be an exhaustive or comprehensive roster of all community supports available in Lorain County.

- Housing:
 - Coordinated entry requires that the caller leave a message at a central number and get a call back. If clients do not have a phone or consistent number for access, they may be lost in the process. Also, they are not eligible for coordinated entry until homeless, so they must call after leaving a placement or other shelter. Shelters are open on weekends, and people can access in-person as walk-ins if eligible. Coordinated entry is not open on weekends. The after-hours procedure is to go the shelter.
 - New Sunrise Housing – the landlord is present
 - Gathering Hope House
 - PATH
- NAMI support groups
- Goodwill
- Catholic Charities
- NORD Supported Employment
- VA outpatient
- Place 2 Recover
- Surest Path – substance use treatment, residential, male/female. Individual does not have to go through court but can. (LCADA Way cannot serve SPMI population)
- Passages – fatherhood, employment preparation
- Oriana House
- Service providers with Memorandums of Understanding are Nord Center, LCADA Way, Psych & Psych, Firelands, Nora



Veterans

- Lorain Veterans Affairs

Intercept V – Identified Opportunities

- The case management system for Common Pleas probation does allow for text/ appointment reminders. This was not known until the time of the workshop, and they plan to implement this function in the future.
- Coordinated entry, which is the access route to housing, is not open on weekends.

Priorities for Change

Lorain County,
Ohio

Lorain 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. Homeless Services
2. Transportation
3. Improving the Release Process from the Jail

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

- Medication allowances
 - Coordination at treatment facilities, sober living, and jail.
- Insufficient number of mental health peers.
- Communication between jail, social workers, behavioral health, and court.
- Training transitional population with treatment providers.

Parking Lot Issues

- Workforce – capacity
 - Supply and demand
 - Specialty higher end
- Funding, costs, and reimbursement for Evidence Based Practices (EBP)
- Time commitment for EBP training

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
Lorain County, Ohio | June 15 & 16, 2022**

Participant Roster

Name	Position	Agency	Email
Aaron Coleman	Wellness Court Case Manager	The Nord Center	acoleman@nordcenter.org
Alyssa Koricke	Re-entry Coordinator	Lorain County Sheriff's Office	akoricke@loraincountysheriff.com
Amanda Divis	Director of Adult BH Services	MHARS Board	adivis@mharslc.org
Arielle Edwards	Program Officer	MHARS Board	aedwards@mharslc.org
Ashley Hernandez	Re-entry Coordinator	The Nord Center	ahernandez@nordcenter.org
Barb Hammond	Shelter Director	Catholic Charities St. Elizabeth Center	bhammond@ccdogle.org
Dr. Christy McCrone	ACT Team Manager	The Nord Center	cmccrone@nordcenter.org
Dana Santo	Chief Clinical Officer	The Nord Center	dsanto@nordcenter.org
Darci Tellep	Program Coordinator	Firelands Counseling	tellepd@firelands.com
Deborah Donald	Not Listed	Catholic Charities - St. Elizabeth	dldonald@ccdogle.org
Isrom Johnson	Place 2 Recover (P2R)	P2R	isromjohnsonp2r@gmail.com
James Branson	Case Manager	Catholic Charities/Coordinated Entry	jbranson@ccdogle.org
Jennifer Parker	Wellness Court Coordinator/PO	Lorain County Adult Probation	jparker@loraincounty.us
Kathryn Maimone	Director of Case Management	The Nord Center	kmaimone@nordcenter.org
Kelli Boda	Jail Liaison	The Nord Center	kboda@nordcenter.org
Kelly LaRose	Executive Director	NAMI	execdirnamilc@gmail.com
Lisa Stevens	Director	The LCADA Way	lstevens@thelcadaway.org
Mindy Wright	Compliance and Housing Manager	New Sunrise Properties	mindy@newsunriseproperties.org
Rebecca Jones	Child and Adolescent Services Director	MHARS Board	rjones@mharslc.org
Rebecca Seel	Peer	The Nord Center	beckbrodka@gmail.com
Shenequa Epps	Path Coordinator	Neighborhood Alliance/PATH	shenequae@myneighborhoodalliance.org
Sherry Clouser	Court Administrator	Lorain County Common Pleas Court	sclouser@loraincounty.us
Spencer Grummel	Recovery/Wellness Court PO	Lorain County Adult Probation	sgrummel@loraincounty.us
Whitney Oliver	Executive Director	Gathering Hope House	whitneyoliverghh@gmail.com

Action Planning Matrix for Lorain County, Ohio

Priority Area 1: Homeless Services				
Objective		Action Step	Who	When
1.	Coordinated Entry Intake Process	Identify a 24-hour employee/staffer to: <ul style="list-style-type: none"> - assist calls - access paperwork, vouchers, etc. - “User friendly” process 	<ul style="list-style-type: none"> - - Stacy Slack - - Debra Donald - - Wendy Dial 	<ul style="list-style-type: none"> - - Long process - - 3 months - - 30 days conversation
2.	Designated beds for mental health from Lorain County Correctional Facility (LCCF)/custody	<ul style="list-style-type: none"> - Prioritize beds from 9AM-9PM at Haven Center and St. Elizabeth Center - Prioritize/improve hotel and alternative habitation 	<ul style="list-style-type: none"> - - Lorain County Sheriff - - A Grant Coordinator through the County - - Andy Laubenthal 	<ul style="list-style-type: none"> - - 3 months at most - - 30 days conversation
3.	Centralized paperwork specific to housing; Release of Information (ROI) included	Involving all agency and creating shared documentation <ul style="list-style-type: none"> - “One stop shop” 	<ul style="list-style-type: none"> - Courts, Social Services, Housing Agency, Directors 	<ul style="list-style-type: none"> - 30 days conversation

Action Planning Matrix for Lorain County, Ohio

Priority Area 2: Transportation				
Objective		Action Step	Who	When
1.	Transport clients engaged in mental health services that are not in crisis	<ul style="list-style-type: none"> - Obtain phone chargers for phones for clients leaving jail - Encourage booking officers to tell clients to turn off phones when they are at intake - Utilize 440 Ride, Uber; provide a ride if possible 	<ul style="list-style-type: none"> - Alyssa Koricke - Alyssa Koricke 	ASAP Within 30 days
2.	“Mental Health Services Reception Center”	Contact Men’s Micah House <ul style="list-style-type: none"> - Identify other possible places/agencies - Contact Lorain County Mobility Management/United Way - Identify transport options (vans, etc.) - Contact jail to coordinate possible discharge times 	Ed Garcia Sharon Pearson Probation/Dave Moore Wendy Calowell Alyssa Koricke, Alisa	

Action Planning Matrix for Lorain County, Ohio

Priority Area 3: Improving the Release Process from the Jail				
Objective		Action Step	Who	When
1.	Identify problem/focus of problem/process	<ul style="list-style-type: none"> - Set meeting with corrections /social workers/mental health at Lorain County Sheriff's Department (LCSD) 	<ul style="list-style-type: none"> - Sherry to schedule meeting at jail 	<ul style="list-style-type: none"> - Contact today (6/16/2022) to schedule meeting within 30 days
2.	After initial meeting, identify key players needed for group	<ul style="list-style-type: none"> - Identify players/send emails to schedule meeting 	<ul style="list-style-type: none"> - Sherry to send emails 	<ul style="list-style-type: none"> - Sent within 60 days
3.	Continue with meetings to help change/improve process	<ul style="list-style-type: none"> - Schedule meetings with stakeholders, assign tasks, follow up. 	<ul style="list-style-type: none"> - Team leader to send meeting invites 	<ul style="list-style-type: none"> - Ongoing

Appendix

Appendix A

JAIL BOOKINGS

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

Person Completing Form Andy Laubenthal Project Specialist Lorain County Sheriff's Office

Time period being reported: Since this data requires significant pulls from various sources, the data is not from one consistent period, generally 2019 to 2021 unless otherwise noted.

	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?	422	No	
What is the average daily total population of the jail?	262	Yes	Periodic reductions and restricted Acceptance due to covid spikes
What is the average number of total daily bookings?	17	Yes	
What type of automated system is used to collect Jail Booking, classification, health and release information?	Tyler Technology New World JMS		
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>	Data here is collected from the most recent SNAPSHOT Taken on 11/3/21		Our JMS system s not capable of producing this data cleanly due to the many variables that exist within our 5 municipal courts and 6 common please judges, 3 domestic relation judges, and a probate judge
Pretrial Misdemeanor	14		
Pretrial Felony	198		
Probation Violation	72		
Sentenced local	45		
Sentenced awaiting transport	5		
Other			
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?	Separate Unit for Men No Separate Unit for Women		All female housing options are utilized for MH Women
<i>How many people are identified as having mental health issues?</i>			
By jail booking staff	NA		We don't have that split off.
While incarcerated (by corrections officers, health staff or others)	39%		1-1-21 to 6-30-21 = 39% of inmates required MH actions
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	NO		

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
What is the average daily population of persons with mental illness?	99		
What is the average number of daily bookings of people with mental illness?	7		
What percentage of the pre-trial population represents persons with mental illness?	39%		81% of inmates are pre-trial (includes non-sentenced probation case violators)
What percentage of the sentenced population represents persons with mental illness?	39%		We just can split that data effectively
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?	YES		OUR JMS has an interface that links directly to our website. The data is updated hourly. We no longer push booking and release data to agencies via daily email. However, they now have access to so much more information by just visiting the site
How many were known to the publicly funded mental health system?	305 20%		1-1-21 to 6-30-21
How many accessed acute crisis services during the specified reporting period?	Unknown	5345 Jail MH encounters 1196 Required more than encounter 39% 935 met with Psychologist 31%. 87 met w/ Psychiatrist 3%	1-1-21 to 6-30-21
How many were known to the publicly funded substance abuse treatment system?	Unknown	684 Required Detox 23%, does not included Cocaine, Meth, Spice, THC	1-1-21 to 6-30-21 This facility Detoxes more people per month than all other county resources combined.
How many were known to the Developmental Disabilities system?	Unknown	Estimate less than 3	1-1-21 to 6-30-21
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	15%		We can't separate as
Felonies	85%		requested here.
Violent Behavior	69% of Felonies were for		These numbers represent all inmates in custody on 11/3/21

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
	violent offenses		
Violations of Probation	27%		
Frequency - How many arrests / bookings per person? (average)	1.8		From 19-20-21
Length of stay in the jail for each episode of incarceration (average)	13.7 days		From 19-20-21
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:			
How many people left the jail with financial benefits or entitlements in place?	54 33 42 7	Approved Denied Already Active Pending	136 applications submitted between 7/19 and 7/21
How many people left the jail with a shelter as the identified residence?	63 20 18 12 9 8	Rel prior to serv Denied a need Placed in sheltr Rel to oth dept. Wanted no help Rel to res TX	127 inmates self-identified as homeless between 12/20 to 4/21
How many people had no known residence?	127		
How many people left the jail with an appointment at a mental health or other treatment service?	186		186 were referred to local community TX support between Aug 2019-July 2021
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	Not tracked	Nord Liaison impacted heavily by Covid	Our 4 full time MH Clinicians coordinate SMI release plans at release and make referrals

1/1/19 to 12/31/21 totaled 20,400 bookings
There were 20,400 bookings during 2019-2020-2021

There were 11,261 Unique Persons Booked during 2019-2020-2021
11,261 is 55% of 20,400; meaning 9,139 or 45% of Bookings were duplicates
In 2019-2020-2021 11,261 Unique Persons were Booked and Averaged 1.8 Bookings Each
7,105 (63%) Persons were booked Only ONCE during 2019-2020-2021
4,156 (37%) Persons were booked More Than Once during 2019-2020-2021

13.7 was the Average Length of Stay across all 20,400 bookings

Persons booked only Once AVG LOS = 9.6

Persons booked More than once AVG LOS = 16.2
The 37% of Persons who were booked more than once caused 65% (13,293) of the Bookings

38 persons were booked MORE than TEN TIMES, their AVG LOS = 16.5

We're still working on qualifying those 38 highest utilizers, but it is known at this time that the highest utilizer at 20 bookings during that 3 year span is SMI and his AVG LOS is 23.9. It's also known that the second highest utilizer at 19 bookings is SMI and his AVG LOS is 32.5. It's also known that 8 of those 38 are SMI and as many as 20 are AoD, several are co-occurring.

AVG LOS can be misleading: 2019-2020-2021 40% stayed One day or less, 63% stayed Five days or less, 75% stayed Ten days or less, 85% stayed Twenty days or less. The facility snapshot of 11/3/21 revealed that 262 inmates were present. 85% had at least one active Felony offense. 26 (10%) were currently incarcerated on murder/manslaughter offenses. An additional 102 (39%) were currently incarcerated on Felony Offenses of Violence. That's 49% of inmates here for violent felony offenses. Yet only 50 inmates out of 262 were sentenced here and had no un-adjudicated charges pending (19%), of those 25 were sentenced for Felonies (5 awaiting transport to prison, 20 sentenced here). These violent felony pre-trial inmates tend to skew the AVG LOS. We currently have 17 pre-trial inmates in custody who have been here more than one year. Here is the actual number of days in custody for our top twenty current longest stays:

1706	1286
1279	1086
949	984
617	602
592	575
522	518
443	438
427	424
407	352
331	326

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: Lorain County		
Contact Person:	Arielle Edwards	Phone: (440) 787-2123
		Email: aedwards@mharslc.org

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?	X	
2	Does your community have a cross-system collaborative team or task force? Yes, Stepping Up members denoted by * on SIM invite list <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>	X	
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: Crisis Intervention Training, Mental Health First Aid</i>	X	
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: Citizen Circle, Re-Entry Coalition, Place to Recover (P2R), Community Transition Program (CTP)</i>	X	
5	Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population? <i>Please describe: Re-entry Coordinator (Jail), Re-Entry Coordinator/Community Transition Program (The Nord Center), Jail Liaison (The Nord Center)</i>	X	
6	Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? <i>Please describe: Jail gathers data, CTP data</i>	X	
7	Does your community have one or more boundary spanners (individuals whose identified role is to link the criminal justice and mental health systems)? <i>Please describe the position and the person(s): We have this informally through our jail coordinator and the positions mentioned in Question #5.</i>		X

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
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> Nord-Lorain County Sheriff's Office (LCSO)-MHARS Board MOU- this agreement outlines the services that will be completed by the Nord Jail Liaison, the LCSO, and the MHARS Board for persons with SPMI needs/linkages in Lorain County Jail</p>	X	
9	<p>Are there any local agencies that have not participated in collaboration efforts?</p> <p><i>Please describe:</i></p>		X
10	<p>Does your community have any jail or court diversion programs at this time?</p> <p><i>Please describe: Intervention in Lieu of Conviction (ILC)</i></p>	X	
11	<p>Does your community have a mental health, drug or other specialty court?</p> <p><i>Please describe: Wellness Court (mental health), Recovery Drug Court, Assisted Outpatient Treatment Court, Veteran's Treatment Court</i></p>	X	
12	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement?</p> <p><i>Please describe or if possible, provide copies of MOUs.: Quick Response Teams</i></p>	X	
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?</p> <p><i>Please describe: The jail re-entry coordinator does a mental health and substance abuse screen upon intake. In addition, mental health, and substance abuse partners both screen for co-occurring disorders.</i></p>	X	

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
14	Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? <i>Please describe: ORAS used in Lorain County Adult Probation</i>	X	
15	Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe: Citizen Circle, Re-entry Coalition, Place to Recover, Community Transition Program</i>	X	
16	To be successful, what aspects of each agency's culture do the other agencies need to be sensitive? -It would be important to know actual services and goals of each agency and the eligibility and level of care requirements for programs. -It would also be helpful for others to know the referral process and waitlist for other agencies.		
17	Do you have examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health? <i>Please describe:</i>		X
18	What would you list as your community's strengths? -One of our community's strength is collaboration. All of our providers are passionate about the work being done in the County to better serve our residents. -Another strength would be resources. While we still may be lacking in some areas, we tend to have more resources than other smaller communities.		

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> <p>-Having so many partners who are passionate about the work is great, but it is sometimes hard to get everyone at the table at the same time.</p> <p>-Covid has also changed the way these meetings occur and deciding whether to do them in person or virtually is challenging and sometimes the effectiveness decreases when done virtually/ hybrid.</p> <p>-We still struggle with finding adequate housing for persons with MH/SUD challenges AND criminal justice involvement.</p>		

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> <ul style="list-style-type: none"> -Deciding whether to meet in person or meet virtually -Taking into account current Covid variants and local case numbers 	X	
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> <ul style="list-style-type: none"> -telehealth -lack of black robe effect -Meetings with court, mental health, probation, etc. sometimes less effective when not face to face -not as many sanctions available when jail was restricting reasons persons could be booked into jail -longer waits for beds at state hospital 	X	
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> <ul style="list-style-type: none"> -telehealth -smaller group sizes -access to internet/ technology challenges for clients -what the workspace/group space looks like -confidentiality with telehealth challenges 	X	

		Yes	No
24	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? -increased housing challenges -longer waits for hospital/treatment beds which mean longer jail stays -having to meet with prescribers and treatment team virtually instead of in person -jail liaisons not allowed in the jail during Covid so help with discharge planning and reaching community resources more challenging		

Evidenced Based Practices Check List for Communities

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

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

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: Hours/Limitations/Comments:	
Hotline/24-hour call center (not 911)	X
Crisis center (hub/access point, drop-off, pre-hospitalization screening)	
Mobile crisis	X
Crisis residential services	
o Crisis stabilization	X
o 23-hour observation	X
o Crisis residential	X
o Peer respite/sobering support	X
Hospitals (psychiatric and medical) and emergency rooms	X