Union County, Ohio

Sequential Intercept Mapping
Final Report

September 25-26, 2018

Union County Core Planning Team

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OHIO CRIMINAL JUSTICE
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Sequential Intercept Mapping

Table of Contents

Union 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 Union County, Ohio on September 25-26, 2018. The workshops were sponsored by the Mental Health & Recovery Board of Union County, who provided staff to coordinate the effort along with a local 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 Union 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 Mental Health & Recovery Board of Union County requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops as a component of a Justice Mental Health Collaboration Program application and subsequent award. Because the jail which serves Union County is a tri-county jail also serving Champaign and Madison Counties, the Board determined it would be beneficial to have a dedicated funding source for this initiative, to enable parallel and subsequent conversations and efforts with the two collaborating counties. The Sequential Intercept Mapping exercise with Union County was meant to aid Union County with:

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

The participants in the workshop included 16 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, corrections, individuals with lived experience, support/advocacy, law enforcement, and Common Pleas Court. A complete list of participants is available in the resources section of this document. Daniel Peterca, Jenny O'Donnell 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 Union County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each criminal justice intercept and within the public mental health system 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 Union County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success: Cross-System Task Force, Individuals with Lived Experience Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

Union County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. There are currently five primary cross-system collaborative teams/coalitions: Crisis Intervention Team (CIT) training, criminal justice navigators, Criminal Justice Planning Board, West Central Reentry Program and specialized dockets. Union County Board of Commissioners also recently 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 Criminal Justice Planning Board meets twice per year and provides oversight to the Stepping Up Initiative, which is the umbrella structure for the Justice Mental Health Collaboration Program grant, Sequential Intercept Mapping and resulting priorities and work groups.

Individuals with Lived Experience Involvement

The local planning team and workshop included one individual with lived experience working within a support/advocacy center; however, individuals with lived experience that were not serving additional roles were not represented. Nor was there an individual with lived experience with the local jail system.

Representation from Key Decision Makers

- ◘ The group composition provided reasonable cross-system representation with key decision makers present for the Common Pleas Court system, jail, and mental health system.

◘ Key players that were missing at the workshops: Municipal Court representatives, local Dispatch, local defense counsel, and Prosecutors.

Data Collection

◘ The Union 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
  ▪ Tri-County Jail Data for January 1, 2017 – December 31, 2017

◘ Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
  ▪ Union County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, September 1, 2018
  ▪ Union County CIT Officers Roster Project Summary Report, September 2015
  ▪ Union County CIT Peer Review Report, 2014
  ▪ Union County Standard Operating Procedure for Crisis Intervention Team (CIT): Data reporting & Information sharing

General 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 Union 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.

Sequential Intercept Mapping

Union County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Union County September 2018

Crisis Intervention Team

Intercept 1
Law enforcement

Intercept 2
Initial detention / Initial court hearings

Intercept 3
Jails / Courts

Intercept 4
Reentry

Intercept 5
Community corrections

COMMUNITY

911 — 1 Call Center, 2 Dispatch Centers

Hotline/211

Mental Health First Aid

Law Enforcement — 4 Arresting Agencies

Wings Recovery and Support

Para-medicine

Maryhaven

-Twin Valley
-Dublin Springs
-Columbus & Cincinnati

Memorial Hospital

Hope Center

Assisted Outpatient Treatment

Arrest

Initial Detention — Tri-County Jail

Booking Screen

Medical Staff

Consolidated Care Mental Health Triage

First Appearance Court

Specialty Court
Common Pleas – Drug Court
Juvenile – Drug Court
Juvenile – Family Dependency Court

Maryhaven Liaison for Drug Court

Wings Recovery and Support

Jail

Dispositional Court

Pretrial Services (only Common Pleas)

4 Nurses Physician

-Celebrate Recovery
-Faith Based Programming

Community Linkage and Community Transition Program

Prison/ Reentry

JRIG -ORAS and T4C

West Central

Jail Re-entry

-One Muni Officer
-One Common Pleas Officer

Violation

Parole

Probation

-Wings Recovery and Support (peer supporters/drop-in center)
-Transitional and permanent supportive housing
-Recovery housing
-Hope Center
-Lower Lights

COMMUNITY

Union County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping* exercise is based on the Sequential Intercept Model developed by Mark Munetz, MD and Patty Griffin, PhD in conjunction with the National GAINS Center (Munetz & Griffin, 2006). During the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

This narrative reflects information gathered during the *Sequential Intercept Mapping* Exercise. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Union County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

The gaps and opportunities identified in this report are the result of "brainstorming" during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus. In some instances, the local 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 programs and evidence-based practices are available in Union County prior to contact with the criminal justice system:
- Screening, Brief Intervention and Referral to Treatment (SBIRT) is available at multiple sites throughout the county, using a variety of screening tools, e.g., DAST-10 (Drug Abuse Screening Test), pHQ9 (depression), GAD7 (anxiety), CAGE (substance abuse screening) and ACES (trauma)
- Mental Health First Aid is available for public safety, criminal justice, and the general public.
- Maryhaven offers Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR) and the Zero Suicide initiative.
- Consolidated Care, Inc. offers EMDR and dialectical behavior therapy.
- Pending final approval, Memorial Hospital will begin using the Patient Health Questionnaire (PHQ9) to screen for depression, which is expected to increase referrals for assessment.
- The following school-based prevention programs are currently in most local school districts:
    - Botvin LifeSkills Training in middle and high school
    - PAX Good Behavior Game (social emotional learning) in all three districts
    - Signs of Suicide (SOS) Prevention Program in middle schools of all districts and high schools of two districts
- Other services and evidenced-based practices that were listed as available in the community, but not specifically itemized included Medication Assisted Treatment, Community Psychiatric Supportive Treatment, crisis services, cognitive behavioral approaches (including Thinking for a Change), and trauma-informed therapists.

Intercept I: Law Enforcement / Emergency Services

In Union County, law enforcement is accomplished by the County Sheriff's Office and three local law enforcement agencies. Law enforcement options for responding to people with mental illness include advise, summons, arrest, transport to Tri-County Jail, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency department, or a combination of these options.

Intercept 1
Law enforcement

9-1-1

COMMUNITY

Law Enforcement
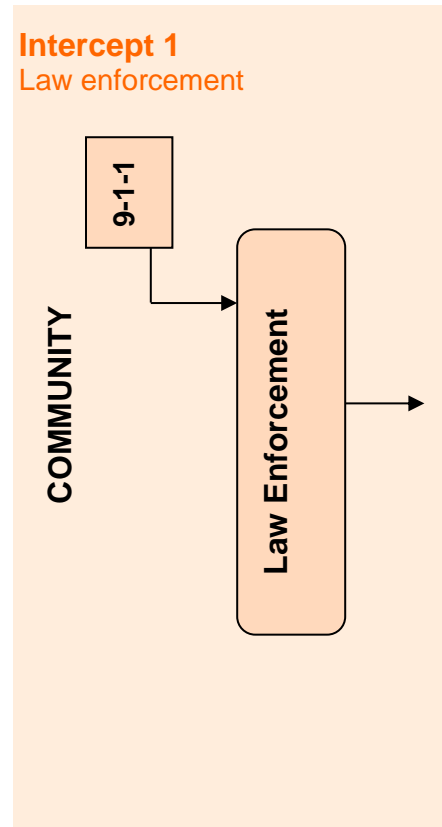
Dispatch / 9-1-1

- Union County has one call center operated by the Union County Sheriff's Office and two dispatch centers: Union County Sheriff's Office and Marysville Police Department.
- One CIT dispatch training has been held for Union, Logan and Champaign counties.
  - Two dispatchers from the Union County Sheriff's Office have completed the full 40-hour CIT course.
- Marysville Police Department dispatch utilizes mental health codes.
- There is currently no formal data collection process re: mental illness and/or CIT.

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 2018, Union County has three Law Enforcement Agencies: Marysville Police Department, Richwood Police Department and Union County Sheriff's Office, with an estimated 86 full-time officers. In addition, part of Plain City is within Union County and has their own Law Enforcement Agency.

- As of September 1, 2018, the Union County Crisis Intervention Team (CIT) training program has held nine courses, with bi-annual CIT training in collaboration with Logan County averaging 25-30 participants. All 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 69 full-time officers have completed CIT training.
  - Emergency Medical Services (EMS) and fire personnel are not incorporated in the 40-hour CIT course.
- Law Enforcement can drop off individuals at Maryhaven for assessment during business hours.
- CIT stat sheets are completed at Memorial Hospital and Marysville Police Department has an electronic CIT stat sheet within their reports. However, workshop participants did not know where or how the data was utilized after collection.
- At the time of the workshop, Mental Health First Aid for Public Safety was available; however, the trainer left Union County, leaving a void.
- The Marysville Fire Division has a community paramedic program where paramedics visit residents, on a non-emergency follow-up basis, who have called for emergency medical services greater than ten times per year, with the goal to decrease the number of times the individual calls 911. Paramedics will attempt to assist with referrals to community resources, fall prevention measures, and coordination of medical providers. The program has collaborated with Wings Recovery and Support for peer support services.

Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center or mobile crisis team.
- Maryhaven provides assessments during business hours and one respite bed.
- Wings Support & Recovery will be piloting a peer support service whereby peer supporters will be on-call for law enforcement and the hospital for those who experience an overdose or are in the emergency room as a result of a substance use related crisis.
- Union County contracts with Delaware County 211 for 24/7 hotline services.
- The Mental Health & Recovery Board of Union County contracts crisis stabilization services to Dublin Springs in Dublin and other units in Columbus and Cincinnati. Individuals must receive an assessment from Maryhaven to access these services.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Twin Valley Behavioral Health in Columbus.
- The only hospital and Emergency Department in Union County is Memorial Hospital, which serves as the after-hours access to mental health crisis assessment.
  - The Behavioral Health De-escalation Team will conduct a medical screen. After medical clearance, the hospital will contact Maryhaven for an assessment. Hospital security will monitor individuals; however, if

the individual is violent, the responding officer is required to stay at the hospital until a disposition is determined.
- o Nine hospital security officers have completed the full 40-hour CIT course.
- o Hospital staff is trained in SBIRT and pending approval will utilize the PHQ9.
- Upon discharge, individuals are provided a resource guide and are referred to Hope Center (meals and food pantry) and Maryhaven.

Detoxification

- Memorial Hospital, through its New Vision program, provides three days detox for individuals who meet medical criteria.

Probate

- Assisted Outpatient Treatment (AOT) is contracted with Maryhaven; two individuals have utilized the process.

Veterans

- Union County has a Veterans Service Office.
- The county has a relationship with the Columbus Veterans Association Ambulatory Care Center.

Intercept I Gaps

- ◘ Lack of 23-hour observation services
- ◘ Lack of homeless shelter
- ◘ Wait time for Law Enforcement at Memorial Hospital for violent individuals
- ◘ Inconsistent utilization of CIT stat sheet and process, including data collection, storage, and sharing stat sheet information with the Mental Health & Recovery Board of Union County and other agencies
- ◘ Psychiatry time wait list for new clients

Intercept I Opportunities

- ◘ CIT training for dispatchers
- ◘ Two CIT trainings per year in collaboration with Logan County
- ◘ Mental Health First Aid training for additional segments of the population
- ◘ Hope Center services
- ◘ Potential use of telemedicine for Law Enforcement
- ◘ CIT stat sheet utilized at Memorial Hospital
- ◘ Hotline/211 expansion
- ◘ Paramedicine data collection and outcome evaluation
- ◘ Assisted Outpatient Treatment (AOT)
- ◘ Peer support within Memorial Hospital
- ◘ Memorial Hospital resource guide

Recommendations:

- Work toward a consistent procedure across all Law Enforcement agencies for utilization of CIT stat sheets, collecting and analyzing Law Enforcement data on mental health calls and dispositions, and sharing encounter information with the mental health system. The Standard Operating Procedure should be reviewed and revised to reflect current and planned practice. More timely sharing of mental health calls for service with the mental health community could enable earlier mental health response for all individuals and

provide a means for evaluating Law Enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness.

- Add companion courses to the routine CIT course offerings. These courses, often for EMS and fire, range in length but are typically shorter than the 40-hour course.
- Consider incorporating peer support services more consistently and at various points of intercept, including in hospital emergency departments.
- Consider sharing the Memorial Hospital resource guide to other agencies, Tri-County Jail, etc.

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

Initial Detention

- Tri-County Jail is the only full-service detention facility for Union County and averages 20 bookings per day. An estimated 60% of the jail population are pretrial detainees. The jail serves Champaign, Madison and Union counties.
- The jail pre-screens all potential inmates before acceptance into the facility. The arresting officer completes intake forms. All individuals are searched and scanned through metal detectors before acceptance. The 126-questions intake screening is conducted by booking officers and includes past and present medical information, hospitalizations and medications. Wait time to complete the booking process is dependent on booking volume and whether an individual is under the influence of substances or heavily intoxicated. Typical wait time is less than an hour but can be up to several hours when complicating circumstances exist.

  Intercept 2
  Initial detention / Initial court hearings

  o During the intake screening process, if an individual is in crisis or suicidal, referral to mental health occurs via a checkbox on the medical screen. Individuals will wait for mental health staff in a holding or medical cell. All significant medical issues are referred to Memorial Hospital.
- Upon acceptance to the jail, classification occurs as part of the booking process and the medical screen is provided to nursing staff for review. Individuals wait in a holding cell during nursing review.
  o Data is not available to report on the percentage of individuals that are referred for mental health triage by Consolidated Care following the initial screening; however, those in attendance estimated this occurs for 50% or fewer individuals. Inmates are given a suicide gown, blanket, placed on suicide watch and prioritized for screening based on past attempts, past hospitalizations, and psychiatric medications. Mental health staff completes the Columbia Suicide Severity Rating Scale. Individual requests for mental health services are honored after prioritized clients are assessed. For individuals on suicide watch, Consolidated Care either does a consult note, a consult note with Mental Status Exam, lethality assessment and safety plan, or complete pre-hospitalization screen within 48 hours. Others may undergo a mental status exam. Most of this process occurs before the initial hearing.
  o As of 12/6/18, 19.08% of individuals booked self-reported receiving mental health counseling in the past. During the workshop, jail staff indicated they believe the self-report figure significantly underestimates the portion of inmates with a mental illness, which they suggest is closer to 75%.
- The JAMIN automated system does not allow staff to flag individuals with mental illness or distinguish whether they are current clients with local agencies.
- The jail is in the process of preparing for implementation of an electronic health record system through Securus Technologies.
- The Jail employs its own medical staff, four full-time nurses and a general practitioner physician. Mental health staff (counselor or social worker) is contracted through Consolidated Care, Inc. for 24-40 hours per week, primarily for assessments and linkages.
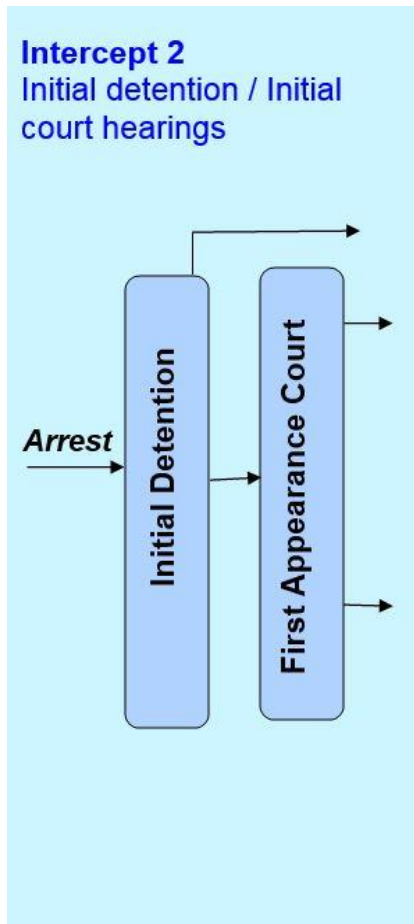
- Individuals may have access and continue with existing medications that are verified, including clozapine, but the jail does not continue long acting injectable medications and medication assisted treatment. If medications are not available via the jail formulary, the jail will utilize jail funds to use an external pharmacy. The county does take advantage of funding available through the Ohio Department of Mental Health and Addiction Services to offset the cost of medications for individuals that are incarcerated.
- Typically, no information is relayed to outside agencies unless a release of information is signed.

Arraignment

- Union County has one Municipal Court located in Marysville. All misdemeanor and new felony charged individuals have initial hearings via video Monday through Friday; all are within 48 hours, barring a holiday or long weekend. A Judge may request a face-to-face hearing depending upon the offense and probation violations.
- There are no formal pretrial services at the Municipal level. Referral to pretrial supervision may occur at second hearing or if released on own recognizance with conditions and supervision until sentencing. There is only one probation officer that provides pretrial supervision through the Common Pleas Court, and the ORAS pretrial tool is not currently utilized.
- Specialty court referral does not occur at initial hearing.
- The county does not have a Public Defender's office. Typically, individuals do not have legal representation at initial hearing unless counsel is retained.
- Typically, no information is relayed to the courts from the jail during the initial detention, unless the individual is previously known to the court; however, individuals on suicidal watch will be wearing the suicide gown on the video. This is the only visual cue to potential special needs.
- Referrals for an evaluation can occur at arraignment; however, this typically occurs if the individual is previously known to the court.

Intercept II – Identified Gaps

- ◘ Validated screening at the jail
    - ▪ Screening for veterans
- ◘ Lack of data on individuals with mental illness in the jail
- ◘ Lack of supportive services within the jail due to difficulty maintaining the services
- ◘ Information sharing with court, Adult Parole Authority, or other agencies: how, who and what
- ◘ Lack of pretrial services
    - ▪ Not available at misdemeanor level
    - ▪ Not using standard risk assessment
    - ▪ Do not have a formal review of bail; therefore, individuals are remaining in custody longer

Intercept II – Identified Opportunities

- ◘ Tri-County Jail is exploring utilizing the Brief Jail Mental Health Screen and other validated screening tools
- ◘ Pending electronic health records in Tri-County Jail
- ◘ Utilization of a release of information

Recommendations

- Select and implement a valid screening tool to be administered at the time of booking in the jail. Not only will this aid in collecting baseline date, but screening results can help inform the level of need for assessments and prioritize those individuals to receive assessment services.
- Request mental health agencies provide aggregate data/information back to the jail regarding inmate roster and/or inmates referred for services– percentage of inmates known to the mental health system; percentage of individuals referred previously known to agency; assessment results and diagnostic categories. This

combined with booking screening results will provide a reasonable baseline and ongoing measure for the number of individuals in the jail with serious mental illness and the number connected to services.

- Consider ways to increase early access to legal counsel for individuals with mental illness. Legal counsel is important as early as possible in the criminal justice process, ideally at first court appearance, especially for individuals with serious mental illness. Addressing issues related to rights, bond, bail, negotiations with Law Enforcement and prosecutors and collateral consequences of plea decisions are best addressed early on and with appropriate counsel. Contra Costa County, California provides access to counsel pre-appurtenance. Paralegals at the Public Defender's Office engage in a screening interview with individuals to assess dynamic risk factors. Their assessment report is sent to the probation department, where a screening of static factors is performed. The two assessment reports are combined in a report to the court. The Constitution Project National Right to Counsel Committee issued a report in March 2015, "Don't I need a Lawyer: Pretrial Justice and the Right to Counsel at First Judicial Bail Hearing", which will be included in the Community Packet from the Criminal Justice Coordinating Center of Excellence, along with other resources and publications.
- Explore options for developing pretrial services functions (bail investigation, risk assessment and information sharing) with existing staff, and establish a process for sharing meaningful information with the court.

Intercept III: Jails / Courts

Jail

- The Tri-County Jail rated capacity is 160; actual population was 214 at the time of the workshop. The average daily population this year is 187.5. The jail exceeded 200 individuals on 38 separate occasions in the past year. The jail averages 55 female inmates. Average length of stay across all counties is 11 days. Roughly, 50% of individuals from Union County are in jail 30 days or more. Each county is allotted 52-beds; however, Union County averages 75 beds, while Champaign County typically stays under their allotment.
- Roughly, 60% of the Correction Officers have received CIT training.
- Individuals with serious mental illness can be separated from the general population into two medical cells when the individual's mental health has declined, with the goal to stabilize the individual and return them to general population; however, these cells are usually full.
- Vivitrol may be continued externally with transportation or furlough to outside agencies, although this is not the norm and has presented problems in the past.
- The jail does not currently capture data on individuals with mental illness; as a result, recidivism and length of stay information is not available for this target population.
- Due to the brief average length of stay, a limited amount of services is available for individuals. Other than Consolidated Care mental health services, programming includes faith-based Celebrate Recovery and religious programming. AA was available in the past but is not currently.
- Wings Recovery and Support peer supporters can/could provide support to individuals in the jail. Visitation outside of the routine visitors' schedule would need to be coordinated with the jail and decided on a case by case basis. Discussion surrounded hesitance of some peers to make jail visits and hesitance of jail staff to permit some peers as visitors. In the meantime, some peers will make visits through the standard visiting schedule.

Court

- Intervention in Lieu of Conviction is utilized, as are monitoring mechanisms.
- After the second hearing, the pretrial services officer through the Common Pleas Probation Department may provide pre-sentence services, including criminal history check, and if released on own recognizance with conditions, supervision until sentencing.
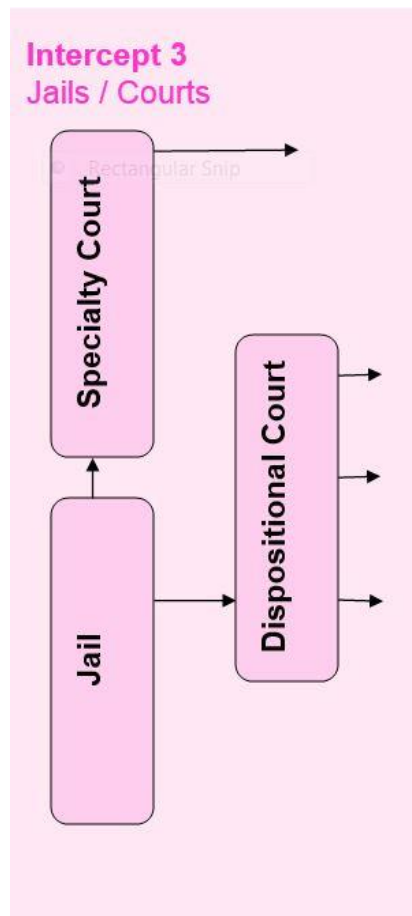
- Individuals can access the JRIG program and receive the Ohio Risk Assessment System and *Thinking for a Change*.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of August 17, 2018, Union County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status August 17, 2018
Don Fraser	Common Pleas	Drug	Certified
Charlottee Eufinger	Juvenile	Drug	Certified
Charlottee Eufinger	Juvenile	Family Dependency	Certified

- The Common Pleas Drug Court has a caseload of 60-70 and provides treatment in-house. Representatives indicated they are beginning to have a capacity concern. Individuals with serious mental illness are eligible but must be able to participate in the program.
- The Maryhaven Criminal Justice-Mental Health Navigator provides services to Drug Court participants. This position, and a navigator position in the juvenile system, is funded through a Criminal Justice Behavioral Health Linkage Grant from the Ohio Department of Mental Health and Addiction Services.
- Wings Recovery and Support will provide peer support services to Drug Court participants.

Intercept III – Identified Gaps

- Lack of dedicated mental health housing within the jail
- Lack of access to a psychiatrist or telepsychiatry in the jail
- Lack of ongoing treatment services in the jail
- Lack of short-term programming in the jail
    - Lack of AA proctors
- Inconsistency with continuity of medications:
    - Long acting injectable medications are not continued or otherwise utilized in the jail
    - Medication assisted treatment is not continued or otherwise utilized in the jail
- Drug Court capacity
- Criminal Justice-Mental Health navigator capacity
- Criminogenic risk assessment

Intercept III – Identified Opportunities

- Wings Recovery and Supports – peer services
- Ohio Risk Assessment System (ORAS) training is readily available

Recommendations

- To improve and verify estimates of the numbers of individuals with mental illness in the jail, stakeholders should agree on a working definition of the target population or adopt the state's *Stepping Up* definition and agree upon data points for measuring the target population.
- Identify a model for use of peer support services in the jail that will be acceptable and manageable for jail administration.
- Review best practices for continuation and administration of psychotropic and medication assisted treatment medications in the jail and consider crafting a stage wise plan to work toward optimum practices.
- Consider using validated criminogenic risk assessment tools, such as the Ohio Risk Assessment System, for misdemeanor and felony court individuals to aid in release decision making, referrals for services as conditions of release, and level of probation supervision and related requirements.

Intercept IV: Prisons / Reentry

Prison

- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services regarding individuals returning from prison to the community are sent to the Criminal Justice-Mental Health Navigator at Maryhaven, who sets up counseling appointments and case management services. From August 1, 2017 – August 31, 2018, OMHAS completed four referrals to Union County.
- The Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction completes screening and assessment for substance use disorders and sends referral packets to the Criminal Justice-Mental Health Navigator at Maryhaven.
- The county utilizes the West Central Community Correctional Facility in Marysville, a 144-bed CBCF that houses males and females, as its primary Community-based Correctional Facility (CBCF).
- The Maryhaven Criminal Justice-Mental Health Navigator provides in-reach services to West Central Community Correctional Facility and to prisons via in-person visit or telephone contact with a prison linkage contact. The navigator attempts to do in-reach for all Community Linkage and CTP referrals.
- Individuals can access the JRIG program and receive the Ohio Risk Assessment System and *Thinking for a Change*.
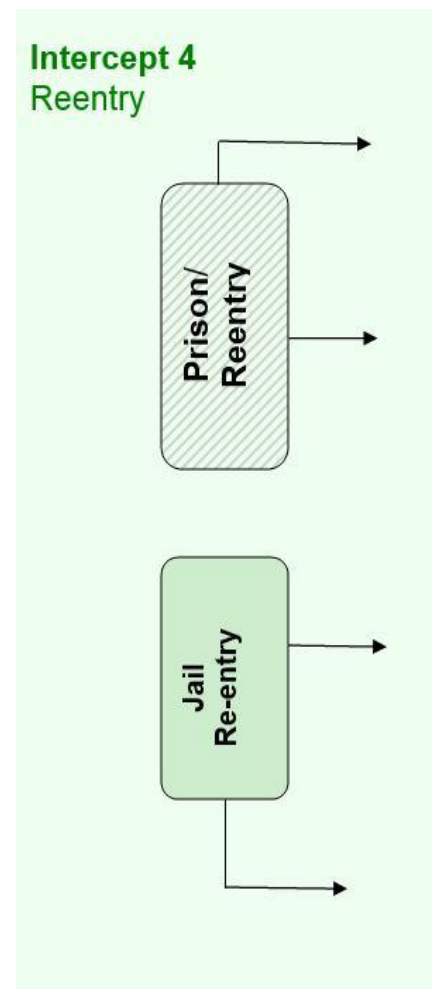
Jail

- Jail staff is not consistently informed of release dates; therefore, there are challenges to discharge planning. Currently the jail does not provide a formal discharge process or reentry plan.
- There is no official medication aftercare policy. If individuals bring outside medication with them, they can be released with all that remains; however, individuals that begin medication while incarcerated will only be provided what is deemed necessary, possibly a prescription, possibly some medication to tide them over until a community-based appointment, or possibly nothing.
- Memorial Hospital reported that upon release from jail, inmates will often go to the hospital emergency and present themselves as homeless, knowing that they will be given food and a place to sit overnight. Upon discharge, individuals receive a resource guide.
- West Central Community Correctional Facility provides comprehensive release planning and linkage to probation and parole-based case management services through the Justice Reinvestment Incentive Grant. Individual services include scheduling and monitoring mental health appointments, medication assisted treatment, filing for Medicaid, assistance obtaining detox services, transportation, assistance with employment searches, and crisis intervention. Group classes may include substance abuse, emotional well-being, parenting and addiction, LifeSkills, Thinking for a Change, and Computer-Based Training for Cognitive Behavioral Therapy.

Intercept IV – Identified Gaps

- Lack of jail reentry services
- Typically, the Maryhaven Criminal Justice-Mental Health Navigator does not visit the Tri-County Jail
- Affordable, accessible housing
- Homelessness response, estimated at 25 people on any given day
- Transportation – Marysville is a twenty-minutes care drive from the jail

Intercept IV – Identified Opportunities

- Drug Court grant allows coordination and transportation

Recommendations:

- Review the jail's release policies pertaining to the provision of medications upon release. If needed, shore up practices to ensure that all individuals with significant health and mental health needs have ample medications to bridge the gap from release to provide appointments.

Intercept V: Community Corrections / Community Support

Probation

- Municipal Court has one Probation Officer with a caseload average of 300-400.
- Common Pleas has one Probation Officer, who has been CIT trained. The officer's caseload was estimated as 40 individuals post-dispositional drug court, 50 pretrial, 30 active Drug Court, and 10 high-risk or higher profile cases/individuals.
- The Common Pleas Probation Department contracts with an individual to complete pre-sentence investigations. Investigations consist of a detailed history, risk assessment and recommendation for sentencing.
- Individuals can be referred to the JRIG program, screened through the Ohio Risk Assessment System and placed in group classes, including *Thinking for a Change*.

Parole

- The Adult Parole Authority (APA) provides the felony probation supervision, except drug court, and supervises some mental health cases. APA does not have specialized caseloads or specialized training.
- Individuals can be referred to the JRIG program, screened through the Ohio Risk Assessment System and placed in group classes, including *Thinking for a Change*.

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 Union County.

- Wings Recovery and Support offers a peer support program, peer drop-in center and aid in completing applications.
- Hope Center offers clothing, furniture, meals, pantry and showers.
- Housing was identified as a significant gap for Union County. These existing services were highlighted:
  - o Six individual permanent supportive housing units
  - o Maryhaven offers a six-bed transitional housing unit
  - o The Mental Health & Recovery Board of Union County provides two recovery houses; one for men and one for women
- Housing Coalition is multi-county and shared with at least Delaware and Madison counties. Representatives stated that most attention is given to Delaware County.
- Transportation access varies by geography and agency resources
- Other services that were listed as available in the community, but not specifically itemized included the Salvation Army, Lower Lights and United Way.
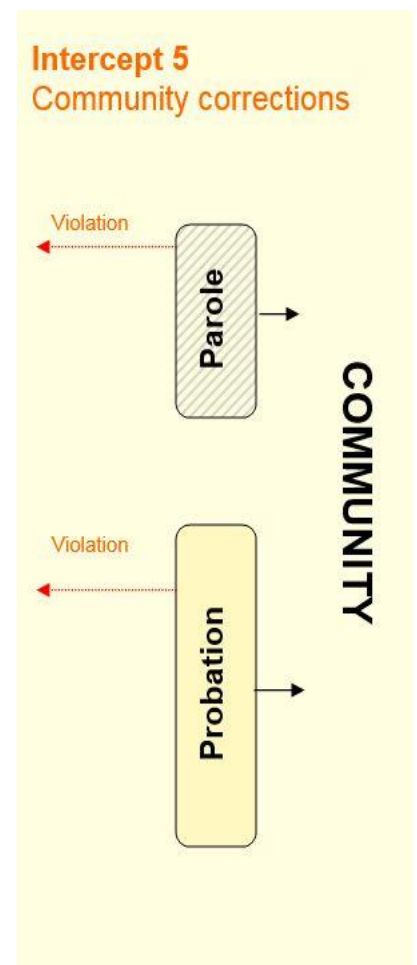
Intercept V – Identified Gaps

◻ Lack of specialized caseload and specialized training at Municipal Probation
◻ Lack of specialized caseload and specialized training in APA
◻ Transportation
◻ Capacity of Common Pleas Probation

Recommendations:

• Any probation or parole officers providing supervision and services to individuals with mental illness should receive special training related to mental illness and best practices in supervision.
• Utilize valid risk assessment tools to inform decisions related to community supervision, i.e., the need for supervision and the level/type of supervision indicated.

Priorities for Change

Union County,
Ohio

Union 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. Information sharing
2. 23-hour observation
3. Affordable, accessible housing

Other Priorities – items receiving one or more votes during the prioritization process after condensing related items within and across intercepts:

◻ Lack of homeless shelter (6 votes, Intercept 1)

◻ Transportation (6 votes, Intercept 5)

◻ Lack of access to a psychiatrist or telepsychiatry in the jail (3 votes, Intercept 3)

◻ Formalize the CIT stat sheet process. Provide the Mental Health & Recovery Board of Union County and other agencies with CIT stat sheets (1 vote, Intercept 1)

◻ Wait time for Law Enforcement at Memorial Hospital for violent individuals (1 vote, Intercept 1)

◻ Lack of pretrial services (1 vote, Intercept 2)
   o Not available at misdemeanor level
   o Not using standard risk assessment
   o Do not have a formal review of bail; therefore, individuals are remaining in custody longer

◻ Validated screening at the jail (1 vote, Intercept 2)
   o Screening for veterans

◻ Criminal Justice-Mental Health navigator capacity (1 vote, Intercept 3)

◻ Long acting injectable medications are not utilized in the jail (1 vote, Intercept 3)

Additional Recommendations

Cross-Intercepts Recommendations/Comments:

- With services and coalitions operating in a regional and therefore multi-county framework, is Union County lacking impetus or strength to assert their needs or well equipped with data to express their county's needs? For example, the point in time homeless count identified only one individual, but those at the workshop estimated that a 25-bed homeless shelter would likely be full much of the time if they had one. The Stepping Up Committee identified a data dashboard as a potential priority, which is being incorporated into the #1 priority item, Information Sharing. It will be important to identify the key metrics to be included in such a dashboard and to be as inclusive as possible without overwhelming stakeholders and delaying more immediate data needs.
- The Criminal Justice-Mental Health Navigator position was identified in the Community Collaboration Questionnaire as a boundary spanning position. This position seems to have specific functions which clearly help to bridge the criminal justice and mental health systems for specific individuals with identified needs at specific crossroads in the criminal justice system. The position that is currently funded by the JMHCP planning grant and which Mackenzie Poling currently fills, seems to be filling a broader boundary spanning function by coordinating cross-systems efforts and projects at multiple intercepts. If possible,

we encourage the county to maintain this position, or something like it, beyond the life of the grant project to ensure that multiple systems continue to work collaboratively in serving justice-involved individuals with mental illness and other special needs and those at risk.

Additional Resources

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
Laura and John Arnold Foundation	www.arnoldfoundation.org
Lutheran Metropolitan Ministry Health & Wellness	www.lutheranmetro.org/home-page/what-we-do/health-wellness-services/ **Phone:** 216-696-2715 **Email:** mail@lutheranmetro.org
National Association of Pretrial Services Agencies	www.NAPSA.org
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	www.nccc.georgetown.edu
National Center for Trauma Informed Care and Alternatives to Seclusion and Restraint	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.store.samhsa.gov/home
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
Partners for Recovery	www.samhsa.gov/partners-for-recovery
Partnership for Prescription Assistance	www.pparx.org
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	www.prainc.com/soar
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	www.uwsummit.org/programs/summit-county-reentry-network
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
Union County, Ohio | September 25-26, 2018

Participant Roster

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Observer Roster

Name	Title	Organization	Email
Aly DeAngelo	Director, Health Economics and Policy	Ohio Hospital Association	Aly.deangelo@ohiohospitals.org
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Adam Sorensen		Mental Health, Drug and Alcohol Services Board of Logan and Champaign Counties	asorensen@mhdas.org

Priority Area 1: Information Sharing			
Objective	Action Step	Who	When
1. Permission (note: we recognize that an MOU/MOA is not synonymous with a Data Sharing Agreement)	A. Inventory of existing MOAs/MOUs across the system to determine what is already in place	Holly Zweizig and MacKenzie Yonek and Gretchen Hammond	To Be Determined
	B. Gather ones that do not exist from key partners a. Make a list of missing/needed	Holly Zweizig and MacKenzie Yonek and Gretchen Hammond	To Be Determined
	C. Gather a standardized data sharing agreement for key partners to review/consider	Molly O'Neil and Partner Solutions	To Be Determined
	D. Gather a standardized consent agreement for key partners to review/consider	Molly O'Neil	To Be Determined
	E. Develop a list of key people who need to be engaged	Phil Atkins and MacKenzie Yonek	To Be Determined
2. Baseline data	A. Gather data to determine a baseline number for the target population. Total numbers from 2017:	Board to gather information from parties and Gretchen Hammond will review	Possibly done prior to meeting on 10/25/18

	a. Tri-County Jail
	    b. Memorial Hospital
	    c. Hotline/211
	    d. Paramedicine
	    e. Board/Smartcare
	    f. CIT Forms
		MacKenzie Yonek and Gretchen Hammond will draft email request for data	By 10/4/18 – Email Draft

	B. Look at duplicated vs. unduplicated numbers from this data set		If data comes in prior to 10/25/2018
3. Process: What do we know? Method: Conduct case study walk through at different	A. Determine which key data elements each party is already collecting B. Determine how each key partner is currently sharing this information	Gretchen Hammond can facilitate with MacKenzie Yonek	Likely set dates after the meeting on 10/25/18 to do case studies

	intercepts to map the process and find gaps	C. Determine the gaps in this sharing process – when do things break down? D. Examine the feasibility of integrating the CIT form into various points of entry into system		After meeting on 10/25/18 (Gretchen Hammond and Molly O'Neil can develop an inventory checklist)
4.	Equipment or software	A. Inventory existing hardware/software systems currently utilized by key partners B. Narrow down key data points wanted by each partner to create a core data element list C. Begin the process of laying out a data dashboard	Gretchen Hammond and Molly O'Neil Gretchen Hammond and Molly O'Neil Gretchen Hammond and Molly O'Neil	

Priority Area 2:	23-Hour Observation		
Objective	**Action Step**	**Who**	**When**
1. Data Collection	A. Hospital data a. Number and disposition from emergency department b. Where are referrals from?	23-Hour Observation Workgroup	November 6, 2018 at 2:00 PM
	B. Law Enforcement data and number of mental health responses	23-Hour Observation Workgroup	November 6, 2018 at 2:00 PM
	C. CIT data – form format	23-Hour Observation Workgroup	November 6, 2018 at 2:00 PM
	D. Utilize review of previous cases	23-Hour Observation Workgroup	November 6, 2018 at 2:00 PM

	E. Target/special population
	 a. How to handle outliers?
	 b. Intoxicated patients
	  i. Where do they come from?
	   1. Mental Health and Recovery Board of Union County
	   2. Maryhaven
		23-Hour Observation Workgroup	November 6, 2018 at 2:00 PM

	F. Who are super utilizers?	23-Hour Observation Workgroup	November 6, 2018 at 2:00 PM
2. Credentialing/policies	A. Standards	23-Hour Observation Workgroup	Within 6 Months
	B. CARF	23-Hour Observation Workgroup	Within 6 Months
	C. Law Enforcement Policies/Laws/Law Enforcement	23-Hour Observation Workgroup	Within 6 Months
	D. Scott Springhetti/Tri-County Jail	23-Hour Observation Workgroup	Within 6 Months
3. Best practice models that work	A. Staffing pattern	23-Hour Observation Workgroup	Within 1 Year

		B. Regional vs. local	23-Hour Observation Workgroup	Within 1 Year
		C. Location	23-Hour Observation Workgroup	Within 1 Year
		D. Transportation Needs	23-Hour Observation Workgroup	Within 1 Year
4.	Community partners "who need to be around the table"	A. MOUs – protocols	Gretchen Hammond and Holly Zweizig	Within 6 Months
		B. Universal release	Gretchen Hammond and Holly Zweizig	Within 6 Months
5.	Community Education	A. Population definition	23-Hour Observation Workgroup	Within 6 Months (prior to "Go Live")
		B. Appropriate care pathway	23-Hour Observation Workgroup	Within 6 Months (prior to "Go Live")
		C. Poverty simulation	23-Hour Observation Workgroup	Within 6 Months (prior to "Go Live")

Priority Area 3: Affordable/Accessible Housing			
Objective	Action Step	Who	When
1. Connect with housing coalition (regional)/ create Union County specific coalition	A. Connect with Salvation Army (environmental scan) B. Identify mental health advocate to provide leadership C. Disseminate housing resource list D. Educate agencies about availability of beds	West Central, Justice Reinvestment and Incentive Grant, Maryhaven, Mental Health and Recovery Board of Union County, Wings and Hope Center Salvation Army, Bridges, United Way, Ohio Reformatory for Women, Probation and Drug Court (Kevin, Tracie, Scott and Deb). Job and Family Services, National Alliance on Mental Illness, Elected Official and Faith Community	First meeting by November 30, 2018
2. Get baseline data to debunk myth of lack of need for program	A. Determine gap between need and capacity B. Data collection method (survey) C. Engage coalition to design survey D. Determine employed criminal justice individuals with unstable housing	Tri-County Jail, Maryhaven, Wings, Hope Center and Probation	First coalition meeting