Wayne County, Ohio

Sequential Intercept Mapping Final Report

August 24-25, 2017

Wayne County Core Planning Team

Name	Position	Agency
Chief Matthew Birkbeck	Chief	Orrville Police Department
Diane DeRue	Vice-President/Chief of Recovery Services	The Counseling Center of Wayne-Holmes County
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Vicky Hartzler	Associate Director	Wayne Holmes Mental Health & Recovery Board
Ann Obrecht	Commissioner	Wayne County
Captain James Richards	Jail Administration	Wayne County Sheriff's Office
Helen Walkerly	Executive Director	NAMI of Wayne and Holmes Counties

Workshop Facilitators and Consultants

David Brown	Attorney at Law	David H. Brown, LLC
Haley Durig	Dissemination Coordinator	Criminal Justice Coordinating Center of Excellence
Daniel Peterca	Retired Pretrial Services and Special Projects Manager	Cuyahoga County Court of Common Pleas Probation Department
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OHIO CRIMINAL JUSTICE
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Sequential Intercept Mapping

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Wayne 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 Wayne County, Ohio on August 24 & 25, 2017. The workshops were sponsored by the Wayne Holmes Mental Health and Recovery Board (WHMHRB), 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 Wayne 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 Wayne County Community Corrections Board requested the *Sequential Intercept Mapping (SIM)* and *Taking Action for Change* workshops. Following the county's formal commitment to the *Stepping Up* Initiative, an application to SAMHSA's GAINS Center for Sequential Intercept Mapping was not awarded, and the Criminal Justice Coordinating Center of Excellence was asked to provide a presentation on the SIM model to the Corrections Board at their June 2017 meeting. The Board requested SIM at the close of that meeting and followed up with a formal letter of request to provide assistance to Wayne 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 37 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, corrections, consumers and consumer support/advocacy, law enforcement, and probation. A complete list of participants is available in the resources section of this document. David Brown, Daniel Peterca 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, the belief that Recovery is Possible, and Teamwork/Collaboration.

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 Wayne County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The Wayne County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

Wayne County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. There is currently one primary cross-system collaborative team/coalition: Opiate Task Force. Wayne 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 Community Corrections Board was assigned the oversight duties and decided to start with Sequential Intercept Mapping as a step in this process.

Consumer Involvement

The local planning team included the Executive Director of the local NAMI Chapter, with additional representation during the workshop consisting of two Peer Recovery Coaches; however, consumers whose primary lived experience is with mental illness were not represented.

Representation from Key Decision Makers

◪ The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
◪ Key players that were missing at the workshops: Municipal Court leadership, Common Pleas leadership, hospital representation, veterans' services, Adult Parole Authority, and the district attorney.

Data Collection

- ◘ The Wayne 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
  - Wayne County Jail Data for 2016
  - Mental Health and Substance Abuse Screening Tool

- ◘ Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
  - Wayne County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, July 1, 2017
 - Wayne County CIT Officers Roster Project Summary Report, September 2015

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 Wayne 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. For example, the Brief Jail Mental Health Screen could easily be inserted into the existing assessment and replace similar untested questions.

Sequential Intercept Mapping

Wayne County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Wayne County August 2017

Crisis Intervention Team Training

Intercept 1
Law enforcement
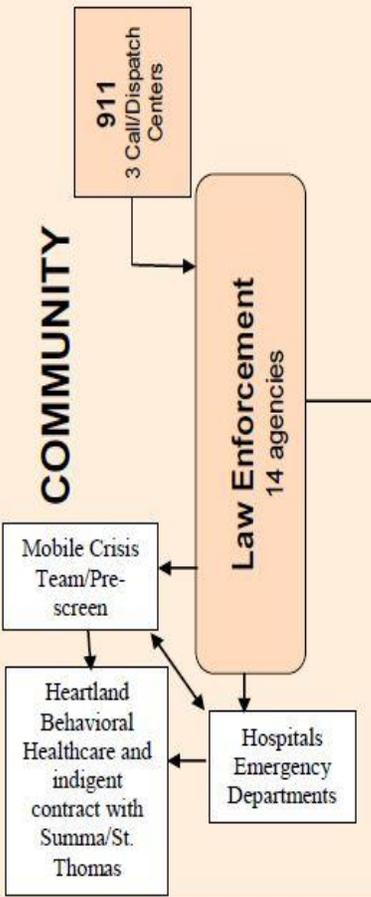
Intercept 2
Initial detention / Initial court hearings
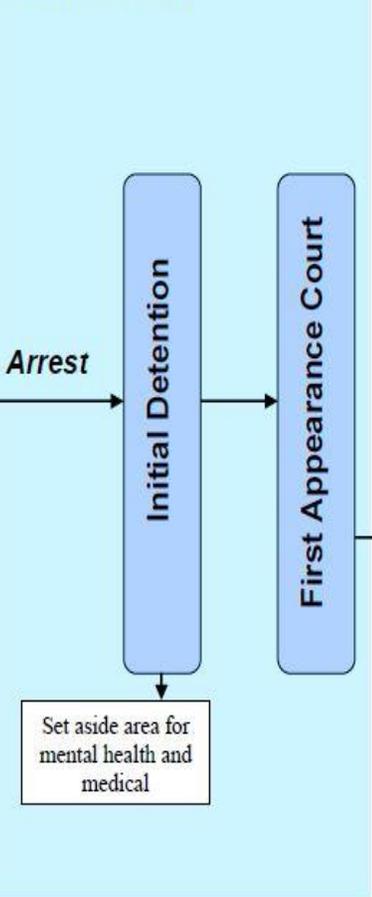
Intercept 3
Jails / Courts
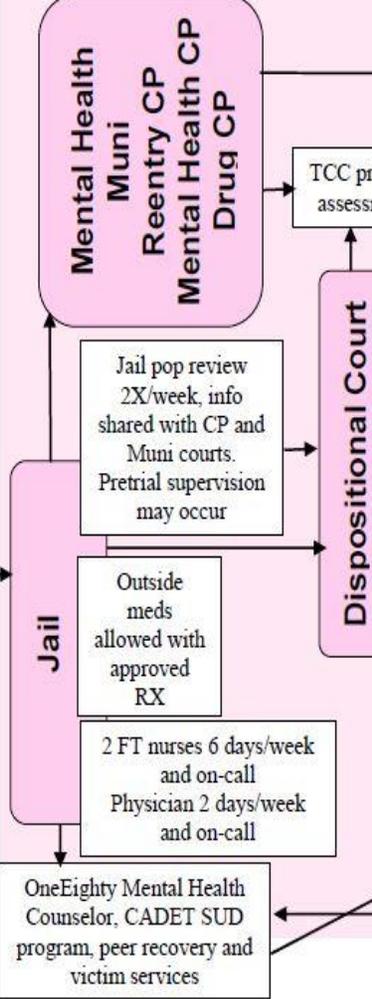
Intercept 4
Reentry

Intercept 5
Community corrections

COMMUNITY

911
3 Call/Dispatch Centers

Law Enforcement
14 agencies

Mobile Crisis Team/Pre-screen

Heartland Behavioral Healthcare and indigent contract with Summa/St. Thomas

Hospitals Emergency Departments

Arrest

Initial Detention

Set aside area for mental health and medical

First Appearance Court

Mental Health
Muni
Reentry CP
Mental Health CP
Drug CP

TCC provides assessments

Jail

Jail pop review 2X/week, info shared with CP and Muni courts. Pretrial supervision may occur

Outside meds allowed with approved RX

2 FT nurses 6 days/week and on-call Physician 2 days/week and on-call

OneEighty Mental Health Counselor, CADET SUD program, peer recovery and victim services

Dispositional Court

Prison/Reentry

Stark Regional CBCF

Jail Re-entry

Discharge with 2/week RX and appt. with psychiatrist

Wayne/Holmes Reentry Coalition. Anazao - monthly service coordination, in reach, 2X/monthly support group, Medicaid app processed through JFS

Medicaid app processed through JFS

Violation

Parole

Violation

Probation

CP specialized caseloads

30 DD group homes. MOCA House drop-in center. TCC: SAMI services, IDDT, supportive employment, group homes and scattered site apts.

OneEighty *Choices* SUD program, mental health counseling, SUD residential

COMMUNITY

Wayne 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 Wayne 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 I: Law Enforcement / Emergency Services

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

Dispatch / 9-1-1

- Wayne County has three call and dispatch centers: Wayne County Justice Center, Rittman Police Department and Wooster-Ashland Regional Council of Governments (WARCOG); each center is responsible for dispatching Fire and EMS for their jurisdiction. Those present at the workshop noted that each center operates separately, and community members may experience varying interactions.
- Rittman Police Department and Wayne County Justice Center utilize matching mental health codes; however, if a mental health concern is discovered on scene, codes are not revised, but Law Enforcement will make a notation in their report. Orrville Police Department and others in WARCOG can pull reports from mental health codes; however, there is not a formal data collection process re: mental illness and/or CIT.
- WARCOG and Wayne County Justice Center have scheduled CIT training for dispatchers soon. The Wayne County Justice Center 911 Supervisor recently joined the CIT Steering Committee.
- NAMI provides information on CIT in their Family-to-Family training but without countywide dispatcher training and knowledge of CIT, the ability to request CIT officers may be somewhat limited.

Intercept 1
Law enforcement

9-1-1

COMMUNITY

Law Enforcement

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued April 21, 2017, Wayne County has 13 Law Enforcement Agencies: Apple Creek Police Department, Creston Police Department, Dalton Police Department, Doylestown Police Department, Marshallville Police Department, Mount Eaton Police Department, Orrville Police Department, Rittman Police Department, Shreve Police Department, Smithville Police Department, Wayne County Sheriff's Office, West Salem Police Department and Wooster
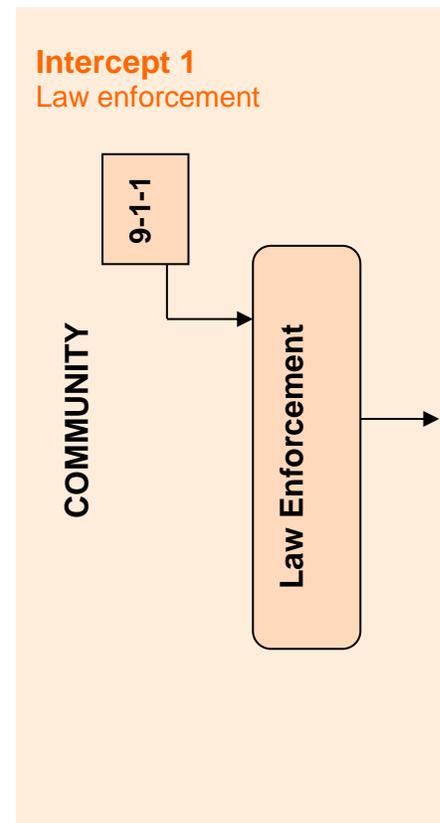
Police Department, with an estimated 138 full-time officers. In addition, the Ohio State Highway Patrol has a patrol post in Wooster.

- As of July 1, 2017, the Wayne County CIT training program has held 11 courses. Most 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 89 full-time officers have completed CIT training. Two Law Enforcement agencies have not participated in CIT training: Marshallville and Mount Eaton Police Departments.
    - o EMS and fire personnel are not incorporated in the 40-hour CIT training course. In the past EMS and fire had separate training; however, that has not occurred in several years.
- Law Enforcement do exercise their authority to pink slip; however, there was some discussion on Law Enforcement needing to clarify their role.
- Law Enforcement can contact The Counseling Center of Wayne-Holmes Counties to discuss services and request mobile crisis.
- Law Enforcement estimated that most encounters result in arrest and transport to Wayne County Jail. Typically, if an individual is intoxicated Law Enforcement will transport to local hospitals for screening prior to incarceration.
- The use of citations/summons in lieu of arrest is dependent upon offense. There is no formal agreement with the court but officers exercise discretion. Typically, if an individual is intoxicated Law Enforcement will transport to local hospitals for an assessment. All felonies require arrest.
- Law Enforcement normally co-responds with EMS for suicide attempts and threats or other situations involving harm or potential harm.
- There is currently no formal or widespread collection of CIT data.

Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center.
- The Counseling Center of Wayne-Holmes Counties operates a 24-hour crisis hotline and 24/7 mobile crisis team. The mobile crisis unit serves Wayne and Holmes Counties and consists of one staff person per shift. If Law Enforcement is involved, staff asks for safety clearance prior to response; however, there are no other restrictions on response.
- Mental Health First Aid is offered to local crisis services and community residents.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Heartland Behavioral Healthcare Hospital in Massillon.
- Local hospitals include Aultman Orrville Hospital and Wooster Community Hospital; both have Emergency Departments, which serve as the typical after-hours access to mental health care. No psychiatric beds are available in the County.
    - o Wooster Community Hospital receives most of the mental health transports and generally experiences high volume utilization. Individuals brought in for a mental health assessment will have their belongings stored and are issued a medical gown. Typically, the responding officer is required to stay at the hospital until a disposition is determined, which at times can take six hours or more. One E.R. nurse has completed the full 40-hour CIT course. The hospital has a Resource Officer; however, the officer is not available 24/7 and transfer of custody does not occur. If an arrest is needed, staff will contact Wooster Police Department, their local agency, rather than the initiating agency.
    - o Aultman Orrville Hospital is typically the hospital utilized by Orrville Police Department. Typically, the responding officer is required to stay at the hospital until a disposition is determined; however, law enforcement does not consider this a concern.
    - o Hospital staff will contact The Counseling Center of Wayne-Holmes Counties for pre-screening. If inpatient care is needed, Heartland Behavioral Healthcare Hospital and Summa Health System-St. Thomas Campus will be contacted. Depending upon circumstances, an individual may wait at the local hospital or be transported to the Wayne County Jail to wait for an inpatient bed.
    - o Summa Health Wadsworth-Rittman Medical Center is typically the hospital utilized by Rittman Police Department for individual with mental health needs.

Detoxification

- Currently there are no detoxification units in Wayne County; however, if criteria are met Wooster Community Hospital through its New Vision initiative makes medical beds available Monday-Friday 8-5 on a very limited basis for withdrawal management and detox needs.

Intercept I Gaps

- Utilization of peer supports
- 24/7 coverage of CIT officers
- Lack of psychiatric beds in WHMHRB area
- Dispatch knowledge and access to CIT
- Uniform record-keeping/codes for dispatch and law enforcement
- EMS and fire training re: CIT/mental illness
- Availability of mobile crisis afterhours and weekends
- Clarification of pink-slip process
- Wait time for clearance at Wooster Community Hospital
- Detox services

Intercept I Opportunities

- Mental Health First Aid offered to local crisis services and community residents
- Dispatcher training re: CIT/mental illness
- NAMI Family-to-Family training
- Data collection regarding mental health from call/dispatch center codes

Recommendations:

- Implement an encounter form to be used by all Law Enforcement agencies. Work toward a consistent procedure across all law enforcement agencies for collecting and analyzing law enforcement data on mental health calls and dispositions and sharing encounter information with the mental health system. This will enable earlier mental health response for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crisis, as well as a means for evaluating law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness.
- Consider developing Peer Recovery/Support Services that can be utilized at various points of intercept, including in hospital emergency departments.

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

Initial Detention

- Wayne County Jail is the only full-service detention facility and averages eight bookings per day. The jail will refuse individuals who are not handcuffed upon arrival.
- The jail pre-screens all potential inmates before acceptance into the facility.
    - The arresting officer completes the top section of an intake form, which includes questions pertaining to offense information and officer observations.
    - The booking officer completes an intake assessment, which includes suicide and medical questions.
- Upon acceptance, the booking process occurs. The process includes demographic questions and a 100-question medical screen including medication, mental health, hospitalization, and suicidality questions. The jail does not utilize a validated screening tool for mental illness or co-occurring disorders. If determined that an individual requires mental health attention, referral to mental health staff occurs. Mental health staff is available Monday-Friday; therefore, individuals are seen within 24-48 hours.

- The JAMIN automated system does not allow staff to flag individuals with mental illness or distinguish whether they are current clients with local agencies; therefore, all booking and release information is provided to the courts, local agencies and WHMHRB every morning.
- The Jail employs the medical staff, which consists of two full-time nurses on-site six days/week and on-call at other times, and one physician twice/week. Referrals to mental health are made as needed, in-house or to external providers.
- Individuals may have access to outside medications once the medications are verified, and family may be contacted to get medications if needed. If an inmate does not come in with medication, medical staff will verify their medications and order medications from an outside pharmacy utilizing the jail formulary.

Intercept 2
Initial detention / Initial court hearings

Arraignment/Initial Hearing

- Wayne County has one Municipal Court located in Wooster. All misdemeanor and roughly 70% of felony initial hearings take place in this court via video the next business morning (Monday-Friday); no hearings are held on the weekends. The remaining 30% go straight to grand jury by direct indictment.
- There are no formal pretrial services at the Municipal level.
- Typically, no information is relayed to the court from the jail during the initial detention.
- Referrals are not made to specialty courts at this stage in the process.
- The Public Defender's office represents both misdemeanor and felony cases, although typically, individuals do not have legal representation at the initial hearing unless they are familiar with the criminal justice system and have retained counsel. While apprised of their right to counsel, there are no proactive measures to encourage early counsel. The judge will instruct the individual to obtain legal representation after the initial hearing or assign public defense; however, public defenders do not receive referrals for 48-72 hours.
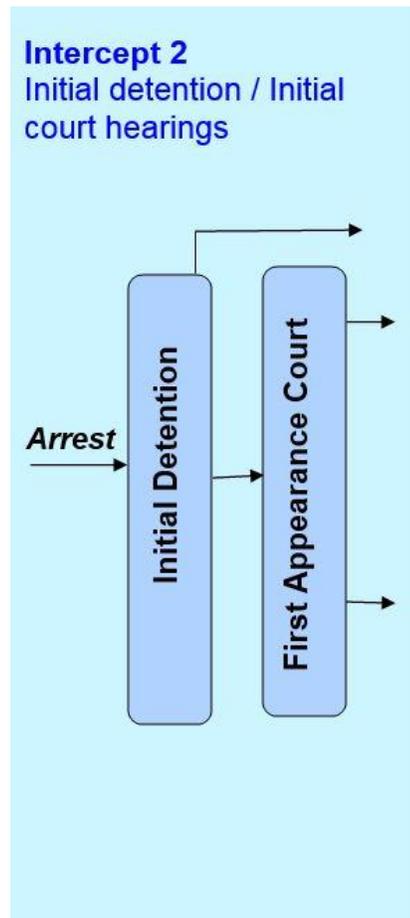
Veterans

- There is a screening question included in the jail intake; however, no follow-up occurs.

Intercept II – Identified Gaps

- ◘ Validated screening tools and risk assessments in jail
- ◘ Communication between jail and court
- ◘ Unable to flag mental health consumers in jail automated system
- ◘ Lack of legal representation at initial hearing
- ◘ Pretrial services
- ◘ No Veteran specific referrals or services
- ◘ Lack of jail mental health staff during weekends

Intercept II – Identified Opportunities

- ◘ Veteran Justice Outreach program can be contacted based off of jail identification

Recommendations:

◪ Implement an evidence-based screening instrument for mental illness at booking at the regional jail. The Brief Jail Mental Health Screen could easily be inserted into the existing assessment and replace similar untested questions. Data from the screening instrument can be used to prioritize which defendants/inmates are accessing the jail mental health services.

◪ The jail and courts should be urged to define a process for information sharing, so that meaningful information can be provided to the court to aid in decision-making pertaining to addressing health needs.

◪ 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-appearance. 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 CJ CCoE, along with other resources and publications.

◪ Explore options of how the Pretrial Services functions (bail investigation, risk assessment and information sharing) could be developed with existing staff for in-custody defendants.

Intercept III: Jails / Courts

Jail

- The Wayne County Jail's rated capacity is 120; the census on the day of the workshop was 124. An estimated 41% are pretrial and 7% probation detainees.
- 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. At the time of the workshop, jail administration estimated on average 67% of the inmates have a mental illness. Mental illness is defined as having any diagnosable mental illness in the DSM-V.
- Individuals with serious mental illness can be separated from the general population but only when the individual's mental health has declined; there is not a dedicated housing unit specific to mental illness. The goal is to stabilize the individual and return them to general population.
  - o A designated area by booking is available for three or four inmates experiencing a medical or mental health crisis.
- OneEighty provides two liaisons to offer substance use screening and assessments, mental health services, crisis services, counseling, and CADET substance use treatment eight hours/week and one hour/week of treatment education. There is often a wait for mental health services; however, OneEighty received a grant to increase services.
  - o The CADET program can be seamlessly continued if in treatment prior to incarceration.
- OneEighty Peer Recovery Coaches provide in-reach.
- Agency case managers and victim advocates provide in-reach.
- The jail will transport individuals to The Counseling Center of Wayne-Holmes Counties for psychiatric treatment.
- Individuals that are known to be staying 10-days or more receive a mental health screen within two weeks to determine what services may be beneficial.
- The jail also hosts AA and NA meetings.

Intercept 3
Jails / Courts
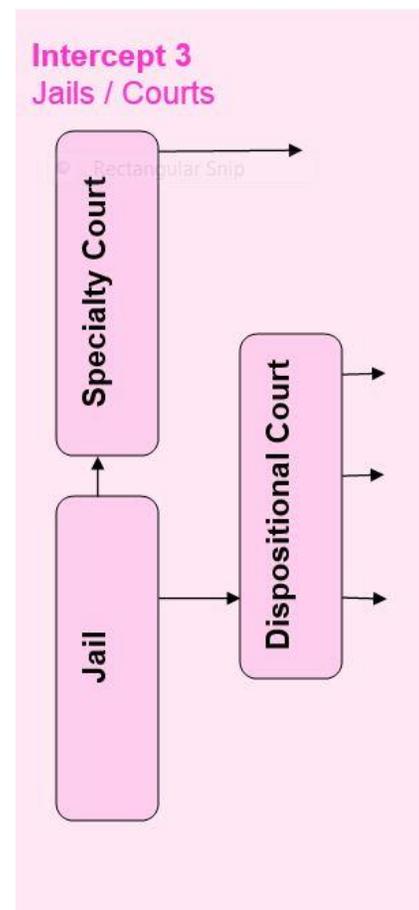
Court

- Public Defenders are present at the preliminary hearing.
- The courts review the jail population twice/week for conditional release to manage the population; however, mental health concerns are not discussed as part of this decision-making process.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of September 11, 2017, Wayne County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status September 11, 2017
Corey E. Spitler	Common Pleas	Drug	Certified
Mark Wiest	Common Pleas	Mental Health	Certified
Mark Wiest	Common Pleas	Reentry	Certified
Carol White Millhoan	Municipal	Mental Health	Certified

- Typically, specialty court referral occurs at presentence investigation.
- Municipal Mental Health Court has a capacity of ten (five for each judge) assigned to one probation officer. Criteria includes voluntary participation, drug testing and treatment compliance. The program excludes individuals with primary substance use disorders and learning disorders. The Counseling Center of Wayne-Holmes Counties provides the assessments, and individual and group treatment services.
- Common Pleas Mental Health Court is post-adjudication and has a capacity of 20 with a current caseload of 4-5 assigned to one probation officer. Participants are referred based in part on ORAS scores during the presentence investigation. Criteria includes voluntary participation, drug testing and treatment compliance. The program excludes individuals with primary substance use disorders and learning disorders. The Counseling Center of Wayne-Holmes Counties provides the assessments, and individual and group treatment services. Probation Behavioral Management System is utilized for sanctions and incentives.
- Typically, individuals that are non-compliant or have a history of non-compliance are not accepted to mental health courts due to The Counseling Center of Wayne-Holmes Counties' wait-list for psychiatric services.
- Common Pleas Drug Court utilizes peer recovery coaches.

Intercept III – Identified Gaps

- Jail data collection
- Capacity of mental health services in jail
- Separation of risk level in community service groups
- Counseling staff not aware of judicial releases from jail – release coordination
- Fourteen days to complete mental health screen
- Capacity of mental health providers to serve specialized docket candidates (general capacity and workforce)
- Capacity of psychiatry services
- Individuals with mental illness are unable to utilize CBCF (i.e. costs of medication, transportation)
- Lack of involvement of legal counsel in the staffing of the specialized dockets
- Peer support services in the mental health courts
- Lack of gender specific services in jail

Intercept III – Identified Opportunities

- Telepsychiatry
- OneEighty grant for additional mental health liaison
- Certified specialized dockets

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 and data points for measuring the target population. Data from the screening instrument could aid in this measurement.
- Implement peer support services in the mental health specialty courts and at reentry from jail or other institutions.

Intercept IV: Prisons / Reentry

Prison/Jail

- Anazao Community Partners implements the county Reentry Coalition, which provides monthly reentry service coordination, monthly video in-reach, and a twice/monthly support group to individuals being released within six months and 100 miles of Wayne County.
- Ninety-nine percent of the supervised population utilizes the Common Pleas Reentry Court.

Prison

- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services (OMHAS) regarding individuals returning from prison to the community are sent to The Counseling Center of Wayne-Holmes Counties and WHMHRB. In the past year, OMHAS completed eleven referrals to Wayne County.
    - Parole does not receive information regarding Community Linkage referrals.
    - The Counseling Center of Wayne-Holmes Counties provides information on show/no show to OMHAS; however, information is not tracked pertaining to recidivism, service retention, etc.
- The CareSource Community Transition Program referrals are sent to Catholic Charities.
- OneEighty provides a reentry support group twice/monthly, which is required of CADET participants.
- The county utilizes the Stark Regional Community Corrections Center (SRCCC) in Canton as its primary Community-based Correctional Treatment Facility (CBCF).
    - SRCCC can house 106 males and 24 women. Roughly 60% of the total population has a mental illness, many with serious mental illness and complex trauma; however, SRCCC does not have specialized programming or resources to help with medications but do have some experienced staff that are available for support.
    - Individuals are released with a release plan.

Intercept 4
Reentry

Prison/Reentry

Jail Re-entry

Jail

- Jail staff is not consistently informed of release dates; therefore, there are challenges to discharge planning.
- Individuals are released with a two/week prescription for medications. If inmates bring outside medication with them, they are not able to be released with all that remains.
- OneEighty attempts to have appointments in place for other providers prior to release and refers to Anazao Community Partners for reentry services.
- OneEighty CADET program can be seamlessly continued upon release; however, group services are not separated by risk level due to insufficient numbers.
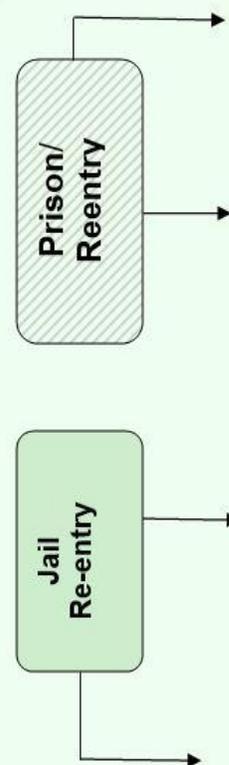
- Wayne County Job & Family Services (JFS) receives a list of upcoming releases and provides Medicaid applications to the Jail Administrator; completed applications are handed in to the Jail Administrator and returned to JFS.

Veterans

- The Reentry Coalition refers to the Louis Stokes Cleveland VA Medical Center in Cleveland and Mansfield Multi-Specialty Outpatient Clinic in Mansfield.

Intercept IV – Identified Gaps

- ◘ No-show from Community Linkage individuals until Probation prompts them – unless ordered to do so
- ◘ No streamlined process for release notification – those on parole and judicially released do not come through community linkage; CareSource referrals go to a different provider; non-community linkage individuals are referred to Anazao Community Partners Reentry Coalition
- ◘ SOAR/Housing and lack of local resources
- ◘ Anazao Community Partners Reentry Coalition in-reach outside 100-mile radius, capacity and stakeholder participation
- ◘ Medication upon release from jail – two-week prescription only

Intercept IV – Identified Opportunities

- ◘ T-CAP (Targeted Community Alternatives to Prison) resources for reentry

Recommendations:

- Anazao Community Partners Reentry Coalition should define the local referral process and points of contacts for the APA, ODRC, and OMHAS and submit information to all contacts at the same time.
- 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 provider appointments.

Intercept V: Community Corrections / Community Support

Probation

- Common Pleas has seven Probation Officers including the supervisor. Six have specialized caseloads - two for Intensive Supervised Probation (ISP) with an average caseload of 25, one for Intervention in Lieu of conviction serving 80+, two for low-moderate risk serving 80+, one day reporting case manager providing basic supervision for high risk individuals especially females with a max caseload of 15, and one for sex offenders. ORAS results are used to determine supervision level and service referral.
- Municipal Court has six Probation Officers including the supervisor, each with a caseload average of 130. Three officers have specialized caseloads – one for first offense DUIs and two for domestic violence. One officer is assigned to the mental health docket with the supervisor. Validated screening for criminogenic risk is not utilized.

Intercept 5
Community corrections

Violation

Parole

Violation

Probation
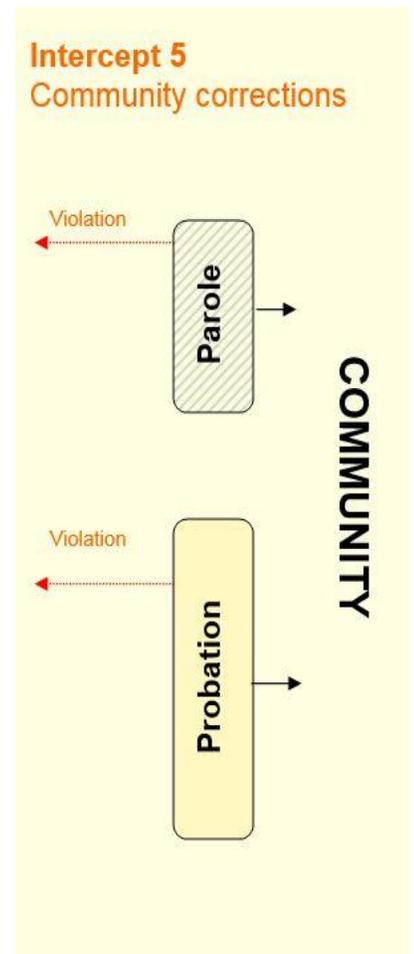
COMMUNITY

Parole

- Currently, there are two Parole Officers assigned to Wayne County; however, they do not have specialized caseloads or specialized training.

Community Supports

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

- NAMI offers Family-to-Family training and MOCA House, a consumer drop-in center five days/week, which provides transportation daily for Wayne County residents.
- OneEighty offers dual certified peer coaches.
- The Wayne County Schools Career Center offers vocational training.
- The Counseling Center of Wayne-Holmes Counties offers Supportive Employment Services, and Integrated Dual Disorder Treatment (IDDT).
- Transportation access varies by resources. In some cases, agencies will provide transportation for their services, and Probation Officers will provide taxis.
- Housing was identified as a gap for Wayne County. These existing services were highlighted:
    - Scattered apartments with 44 beds for transitional housing
    - One 42-bed homeless/domestic violence shelter for men, women and families
    - Five Recovery Houses totaling 17 beds and two residential facilities with 16 beds for men and 12 beds for women for addiction recovery for substance use disorders and mild to moderate mental illness; SPMI is ineligible for services due to the lack of on-site psychiatry services. Usually, there is a wait list for men and if a child needs to be housed, they utilize a treatment bed.
    - The Counseling Center of Wayne-Holmes Counties offers five group homes for 18 men and 14 women.
    - Thirty group homes for developmental disabilities that serve 100 men and women.
    - Volunteers of America of Greater Ohio in Mansfield (Richland County) provides a halfway house for sex offenders and dual disorders.
    - Oriana House in Akron (Summit County) provides a halfway house.
- Other services that were listed as available in the community, but not specifically itemized included Rapid Rehousing programs, OneEighty housing programs, and Salvation Army services.

Veterans

- NAMI provides Warriors' Journey Home Healing Circle

Intercept V – Identified Gaps

- ◘ Municipal officers utilization of a validated screening for criminogenic risk
- ◘ Access to CBCF when medication is a need and money is needed to cover costs
- ◘ Funds for placement after release with treatment follow-up
- ◘ Sex offender and arson offender services
- ◘ Transportation – no public transportation
- ◘ Employment and vocational services
- ◘ Recovery Housing
- ◘ Child care
- ◘ Working with people that have severe cognitive limitations, including probation accessibility

Intercept V – Identified Opportunities

◪ Grant funds to build additional residential treatment beds for women
◪ Mental Health First Aid
◪ Analysis of recovery housing
◪ Faith based programming interested in supporting recovery housing and transportation
◪ Transportation Coalition
◪ The Wayne County Schools Career Center

Recommendations:

• Probation officers providing supervision and services to individuals with mental illness should receive special training related to mental illness identification and best practices in supervision.

Priorities for Change

Wayne County,
Ohio

Wayne 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.

At the close of the workshop, it was agreed that the WHMHRB would serve as the convening entity for the stakeholder group and for the workgroups as needed.

Top Priorities for Change

1. Transportation
2. Pink slip process and wait
3. Psychiatric bed capacity
4. Expand reentry coalition and service coordination

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

◘ Availability of mobile crisis afterhours and weekends (5 votes, Intercept 1)
◘ Utilization of peer supports (5 votes, Intercept 1)
◘ Uniform record-keeping/codes for dispatch and law enforcement; EMS and fire training re: CIT/mental illness; dispatch knowledge and access to CIT (5 votes, Intercept 1)
◘ Employment and vocational services (4 votes, Intercept 5)
◘ Recovery Housing (4 votes, Intercept 5)
◘ Unable to flag mental health consumer in jail automated system (4 votes, Intercept 2)
◘ Sex offender and arson offender services (3 votes, Intercept 5)
◘ No streamlined process for release notification – those on parole and judicially release do not come through community linkage; CareSource referrals go to a different provider; non-community linkage individuals are referred to Anazao Community Partners Reentry Coalition (2 votes, Intercept 4)
◘ Counseling staff not aware of judicial releases from jail – release coordination (2 votes, Intercept 3)
◘ Separation of risk level in community service groups (2 votes, Intercept 3)
◘ Individuals with mental illness are unable to utilize CBCF (i.e. costs of medication, transportation) (2 votes, Intercept 3)
◘ Lack of jail mental health staff during weekends (2 votes, Intercept 2)
◘ Child care (1 vote, Intercept 5)
◘ Capacity of mental health providers to serve specialized docket candidates (general capacity and workforce (1 vote, Intercept 3)

Additional Resources

Arnold Foundation	www.arnoldfoundation.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
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
National Association of Pretrial Services Agencies	https://napsa.org/eweb/startpage.aspx
National Alliance on Mental Illness (NAMI) NAMI Ohio	www.nami.org www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.store.samhsa.gov/home
National Criminal Justice Reference Service	www.ncjrs.gov
National GAINS Center/TAPA Center for Jail Diversion	www.gainscenter.samhsa.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
Partners for Recovery	www.samhsa.gov/partners-for-recovery
Partnership for Prescription Assistance	www.pparx.org
Policy Research Associates	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
Stepping Up Initiative	www.stepuptogether.org
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
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
Wayne County, Ohio | August 24-25, 2017

Participant Roster

Name	Title	Organization	Email
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Judy Wood	Director	WHMHRB	jwood@whmhrb.org
Craig Prysock			
Bridgette Lempner	Program Director, Employment Services	The Counseling Center of Wayne-Holmes Counties	blempner@ccwhc.org

Scott Schrader		The Wayne County Board of Developmental Disabilities	sschrader@waynedd.org
Jerome Fatzinger		Wooster Police Department	jfatzinger@woosteroh.com
Sue Smail			

Priority Area 1: Transportation			
Objective	**Action Step**	**Who**	**When**
1. Evaluate current transportation resources	A. Contact PRC, Gilcrest, cab pass, Wooster transit, grant (Leslie)	Bridget	September 14
2. Modify and/or expand current transportation	A. Based on results from number 1 and pursue other	All	When we meet
3. After ORAS training pursue grant for transportation	A. Grant search of specialized docket application (round up)	Angi Shand	September 14
4. Peer Support	A. Utilize peer support for transportation for clients	Marsha	

5. Pursue Faith communities to provide one-on-one transportation to clients	A. Contact various faith communities/churches to investigate volunteers and From Behind Bars and Beyond.
	B. Certain eligible things:
	   I. Create list of eligible
	   II. Transportation needs
	   III. Forms/paperwork/ROI criteria
		Mike Smucker
		
		Marsha
			September 14

Priority Area 2: Pink slip process and wait			
Objective	**Action Step**	**Who**	**When**
1. Create collaboration between law enforcement, emergency department and crisis	A. Contact ER Directors crisis team for meeting B. Schedule meeting for work group (tent. 10/12) at MHRB	Judy Wood Judy Wood	By 9/8/17 By 10/13/17
2. Disseminating info to law enforcement chiefs	A. Contact chiefs to set meeting (schedule meeting) B. Hold meeting before (11/17) C. Schedule room for meeting	Matt Birkbeck Jerome Fatzinger	By 10/31/17 11/17/17 8:00 AM By 8/25/17
3. Complete next CIT training	A. Registration for CIT training thru NAMI B. Provide training at the Safety SVC building	Helen Walkerly/NAMI CIT Committee	Until full capacity By 10/30/17 – 11/3/17
4. Training of area law enforcement officers in pink slip procedures	A. Train law enforcement officers	Jerome Fatzinger	TBD by chiefs

Priority Area 3: Psych bed capacity			
Objective	**Action Step**	**Who**	**When**

1. Provide support and advocacy for persons with severe mental illnesses while in the emergency department (medical issues and psychiatric evaluation)	A. Develop a program for offering support
	  I. Type of staff: peer, volunteer, intern
	  II. Qualifications and training
	  III. Funding
	  IV. Protocols for access
	B. Needs assessment
	C. Research models
	
	D. Medical
		Diane DeRue, Gina Patterson, Vicky Hartzler, Helen Walkerly, Ryan Murphy, ED staff, Joanna Edwards, WCH resource officer, family member, patient, CPST worker
		
		Diane DeRue, Gina Patterson, Vicky Hartzler, Helen Walkerly, Ryan Murphy, ED staff, Joanna Edwards, WCH resource officer, family member, patient, CPST worker
			1st meeting: results, needs assessment and research October 1, 2017

2. Collaboration with EDs to assure effective communication between crisis therapists, in-patient facilities and family/pt	A. Define issues that arise in role. Specific interaction between ED and crisis
	B. Discover ED procedures and protocols and understand rationale for them
	C. Education both for and between ED, crisis and psych hospital staff
	  I. Trauma informed care
	  II. Cross training
	D. What can mental health do to assist ED personnel/procedures
		Ryan/crisis staff, Jackie Kraps, Joanna Edwards, family(NAMI)/patients, ED nurse, Vicky Hartzler	1st meeting: define roles, issues, problems and suggested solutions November 1, 2017

3. Building better rapport with private psych hospitals to improve access and continuity of care	A. Intake protocols defined and written B. Develop follow-up procedures and expectations during hospitalization C. After care expectations and linkages	Psych hospital staff, Jackie Kraps, Karen Berry, Judy Wood, crisis staff, psych services staff	December 1, 2017

| 4. | Investigate possibility of developing/building a "safe site" | A. Define what a safe site is
    I.   Population served
    II.   Uses
    III.   Purposes
    IV.   Staffing
    V.   Funding | Diane DeRue, Karen Berry, law enforcement, Jamie Richards | January 1, 2018 |

Priority Area 4: Expand reentry coalition and service coordination

Objective		Action Step	Who	When
1.	Identify current programs	A. Identify program overlaps B. Resource guide via County web	Wooster Hospital, United Way, New Vision	At large coalition meeting in October
2.	Increase information sharing	A. Maintain HIPAA compliance B. Review universal release C. Engage additional representation D. Seek administrative support from agencies	United Way, Mark (Anazao)	Exec. Committee meeting in September
3.	Increase participation in coalition meetings	A. Disseminate information on specific committees and roles for each B. Promote client participation C. Sharing of meeting minutes via email D. Target participators within human resource limitations E. Identify positive data	Interns and students Exec. Director support Interns and students Exec. Director support	1-2 weeks out
4.	Increase client participation	A. Co-coordinate with peer support B. Promote reentry support groups C. Identify no-shows for TCC D.A. in electronic record via "flags" D. Identify positive data measurements for clients	Diane DeRue and TCC	At large coalition meeting in October