

Shelby County, Ohio

Sequential Intercept Mapping

November 1 - 2, 2023

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*Please note that agencies and personnel have changed since the workshop. For updates since the workshop, readers should inquire with county and agency directors.

Sequential Intercept Mapping

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Shelby County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* (SIM) and *Taking Action for Change* workshops held in Shelby County, Ohio, on November 1-2, 2023. The workshops were hosted at the Sidney Police Department with Shelby County coordination provided by Karla Pleiman, Jail Administrator with the Shelby County Sheriff's Office, and Julie Ehemann, County Commissioner, in co-sponsorship with and support from the Tri-County Board of Recovery and Mental Health Services (Miami, Darke, and Shelby counties), along with a Shelby County Planning Team comprised of representatives from behavioral health and criminal justice agencies and the community. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Shelby 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 Tri-County Board of Mental Health and Recovery Services and the Shelby County Sheriff's Office requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops. The request was made to identify strengths and areas of opportunities for Shelby County in responding to the overrepresentation of individuals with behavioral health needs in the justice system. Shelby County previously completed a Sequential Intercept Mapping in 2014. Participants wanted to complete a new Sequential Intercept Mapping due to turnover in several systems and service organizations, increased interest in mental health diversion work for their courts, continued transportation concerns, ensuring collaboration across the systems, and having a Community Needs Assessment (CNA) being completed and its upcoming associated strategic planning. The Sequential Intercept Mapping exercise was meant to aid Shelby County with:

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

The participants in the workshop included 40 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, corrections, individuals with lived experience and support/advocacy, law enforcement, and courts. A complete list of participants is available in the resources section of this document. Dr. Jenny O'Donnell, Psy.D., Douglas Powley, and Ruth H. Simeria 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*. Participants highlighted the values of *Hope* and *Respect*.

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 Shelby County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support and what services and supports are available to help prevent criminal justice contact, i.e., Intercept 0 resources including crisis response, outpatient services, social service supports, community-based resources and evidenced-based treatment options.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

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

Keys to Success

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

Cross-Systems Partnerships; Task Force

Shelby County service providers and invested partners, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There is currently one primary cross-system group that meets regularly to address issues related to the involvement of people with mental illness in the criminal-legal system: the Bi-weekly Stepping Up Case Discussions Meeting group. The Shelby County Board of Commissioners passed a Stepping Up resolution, a commitment on the part

of the county's governmental offices to address the issue of over-representation of individuals with mental illness in the county criminal justice system. The community intends to incorporate the Sequential Intercept Mapping participant group and action planning work groups into the Stepping Up framework and other existing specific planning groups based on the priority areas.

Individual with Lived Experience Involvement

The Shelby County Planning Team included one individual with lived experience/peer support. The SIM group is strongly encouraged to continue to solicit participation from additional community members and individuals with lived experience; ideally each work group/committee will include lived experience, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key partners that were missing at the workshops: NAMI Darke, Miami, and Shelby Counties

Data Collection

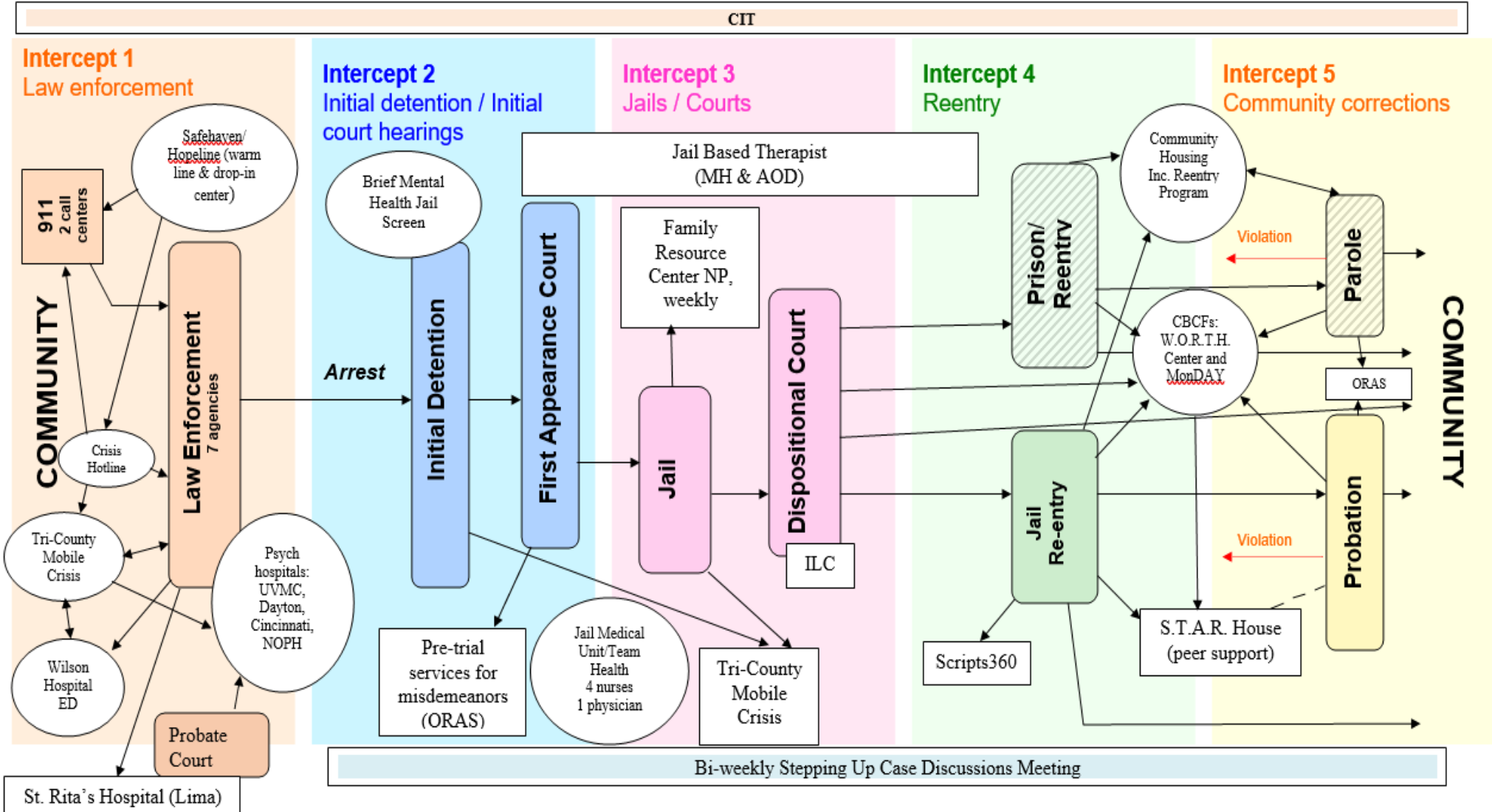
- The Shelby County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Shelby County Jail Data for January 1, 2022 – July 31, 2023
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Darke/Miami/Shelby County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, March 2023
 - Darke/Miami/Shelby County CIT Officers Roster Project Summary Report, March 2023

Recommendations

- At all stages of the Sequential 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 Shelby County criminal justice system and promoting use of alternatives.
 - Monthly and annual data reports by provider agencies shared with all partners can improve communication and understanding between the various involved agencies. If the group can start by sharing their existing aggregate data and reports, it may help in identifying other data or information that is useful to cross-system problem solving and improvement efforts.
- 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
Shelby County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Shelby County, Ohio 2023



Shelby County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping* exercise is based on the Sequential Intercept Model developed by Mark Munetz, MD and Patty Griffin, PhD in conjunction with the National GAINS Center (Munetz & Griffin, 2006). During the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points and as part of the discussion of Intercept 0.

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

The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus. In some instances, the Shelby County task force may need to seek further information from participants to clarify the context or scope of the comments.

Intercept 0: Ultimate Intercept

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

- 988 (Suicide and Crisis Lifeline)
- 24/7 Crisis Hotline (serves Darke/Miami/Shelby Counties) – Operated by Recovery & Wellness
 - Serves as point of access to Tri-County Mobile Response
 - One person on duty at a time to cover all three counties
- Tri-County Mobile Crisis (serves Darke/Miami/Shelby Counties) – Operated by Recovery & Wellness
 - Provides remote assessments at the jail, Wilson Health, and police departments
 - Does not provide assessment at other community locations nor residences
 - One therapist on duty at a time
- Hopeline – Operated by SafeHaven Inc.
 - Peer run warmline and drop-in support center
- Clozapine Prescribers
- Outpatient Open Access (OA) at Family Resource Center (FRC)
 - Varies by day: MWF in the mornings and TR in the afternoons; Individuals are seen on a first come, first served basis
- Cognitive Behavioral Therapy (CBT)
- Medication Assisted Therapy (MAT)
- Mental Health First Aid (MHFA)
- Peer Support Specialists
 - Family Resource Center has a family peer supporter and an opening for a substance use/mental health peer supporter
- Out-of-county contracts for stabilization and detox by referral – Contracts operated by Tri-County Board of Mental Health and Recovery Services
- Upper Valley Medical Center (Miami County) – 24/7 access with adult psychiatric beds
- Homeless shelter receives people from law enforcement and/or after hospital emergency department drop-off. Individuals are randomly drug tested, verifying that very few are substance using. Population indicates mental health needs. The shelter is hiring a counselor because of this identified need.

Intercept 0 Gaps

- Recovery and Wellness Crisis Hotline does not have text capability; nor does it keep data on referrals sources or residence of callers (beyond county)

- No crisis drop-off center nor in-county stabilization services
- Limited evidence-based and evidence informed practices in the outpatient mental health system
- Transportation to Upper Valley Medical Center
- Limited peer support services
- Tri-County Mobile Crisis is not conducting assessments face to face (utilizes remote), not going to residences, not fully accessible to the community, does not have enough staff, and does not go to the shelters

Intercept 0 Opportunities

- Increase scope of Tri-County Mobile Crisis
- Emergency Department at Upper Valley Medical Center as a potential drop-off
- Veteran Peer Support
- Increase peer support presence
- Mercy Mission House/Homeless Shelter hiring a mental health counselor to address gaps in mental health system for their residents
- Tri-County Board listed 3 projects for housing for which they are looking for sites

Recommendations

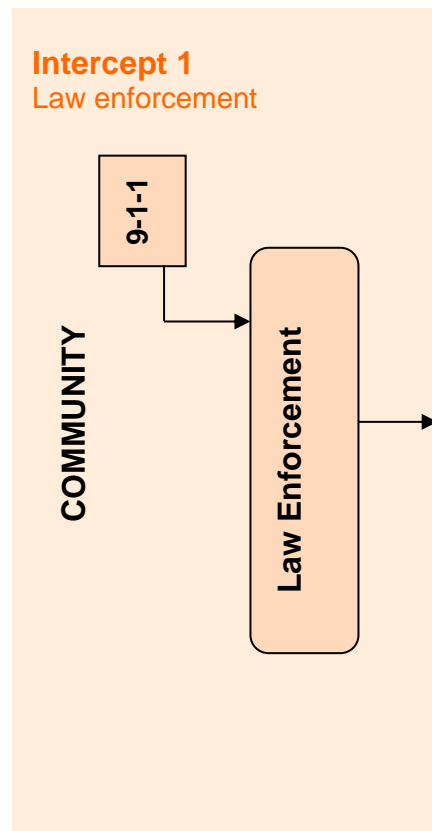
- The homeless shelter is serving in a crisis capacity for many clients. Shelter staff should be included in the CIT Steering Committee and/or any crisis response planning in an effort to improve coordination and agreed upon roles across agencies.

Intercept I: Law Enforcement / Emergency Services

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

Dispatch / 9-1-1

- Shelby County has two dispatch centers. Sidney Police Department has its own dispatch center. The Shelby County Sheriff's Office dispatch center answers calls for the other 6 law enforcement jurisdictions and Fire/EMS. All departments utilize a computer-aided dispatch (CAD) system and have dispatchers that are CIT trained.
 - Dispatch centers report that the biggest hurdle they have with crisis calls is identifying the type of crisis call (mental health vs. substance use vs. something else). The calls are initially coded for dispatching, and this is the information in their data from the CAD systems. The call can be recoded on scene by responding officers, but this is not always reflected in the CAD system.
 - Public Safety Telecommunicators (PSTs) can "flag" calls, locations, and callers. Typical flags include for mental health (frequent callers), dementia, dealt with previously/multiple times, and for 2-officer response due to a history of violence.
- The 24/7 Crisis Hotline can and does transfer calls to the dispatch centers. However, dispatch does not refer calls to the 24/7 Crisis Hotline nor calls for Tri-County Mobile Crisis. Dispatch centers only dispatch law enforcement response to calls.



Law Enforcement and Crisis Intervention Team model

According to the 2022 Ohio Peace Officer Training Commission (OPOTC) County Agency Report Shelby County has 7 law enforcement agencies: Anna Police Department, Botkins Police Department, Fort Laramie Police Department, Jackson Center Police Department, Port Jefferson Police Department, Shelby County Sheriff Office, and Sidney Police Department.

- The Darke/Miami/Shelby Counties Crisis Intervention Team (CIT) program held its first CIT Patrol Officer Training Course in 2008, with the latest training course held in 2023. Six of the seven Law Enforcement Agencies in the county have participated in CIT training, which is a 40-hour course composed of lectures, interactions with individuals with lived experience and representatives from mental health service providers, and scenario-based roleplays including practice of de-escalation skills. Advanced CIT and Role-Specific (Public Safety Telecommunicators and Behavioral Health Professionals) CIT training is also offered. Corrections and Probation Officers are invited to attend the CIT Patrol Officer Training Course. Records indicate that 76 full-time officers have completed CIT training. One law enforcement agency has not participated in CIT training: Port Jefferson Police Department. The Darke/Miami/Shelby Counties Crisis Intervention Team (CIT) program has not completed a CIT Peer Review. Crisis Intervention Contact sheets are not currently being utilized by any Shelby County Law Enforcement Agencies.
- While law enforcement creates reports for all calls for service, none are currently able to be flagged, and crisis intervention contact sheets are not utilized. The Sheriff's Office and other jurisdictions will track how many people are transported to the Emergency Department for assessment per month through reviewing their established reports. Law Enforcement present also advised that incidents including pink slips and suicide have a specific report that is filled out.
- Law enforcement jurisdictions have the option to transport an individual out of county to a variety of service providers including St. Rita's Hospital, Coleman Services, Upper Valley Medical Center, and the Dayton or Cincinnati area. However, Law Enforcement present advised that this option is utilized based on geography, volume of service calls, and availability of officers to provide area coverage while a transport out of county is being completed. Therefore, this option is not utilized by all Law Enforcement Agencies consistently.
- Sidney Police Department has an Addiction Assistance Team who conduct outreaches to individuals that have been referred for follow-up due to mental health and/or substance use concerns. The Addiction Assistance Team keeps their data in their Deflection Inventory.
- Police reports/narratives are sent to the courts, but the Public Defender's Office does not have access prior to arraignment. In the Municipal Court, the prosecutor will not approve a charge without the police report/narrative.

Crisis Services

- 24/7 Crisis Hotline is the point of entry to request Tri-County Mobile Crisis.
- Assessments are done remotely at the jail, hospital, and law enforcement departments for hospitalization at Upper Valley Medical Center or psychiatry facilities in Dayton and Cincinnati. Emergency Department and hospital staff at Wilson Health can call Tri-County Mobile Crisis directly to request an assessment. Tri-County Mobile Crisis can also refer eligible clients to Northwest Ohio Psychiatric Hospital (NOPH), the region's state inpatient psychiatric facility. They also have the option to engage in one-time MOUs/contracts for other inpatient facilities if necessary for admissions.
- After assessments are completed, Tri-County Mobile Crisis coordinates inpatient admission. It was noted that admission criteria, policies, and practices vary among the utilized inpatient facilities.
- Tri-County Mobile Crisis does not currently provide assessments at residences or other community locations.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- Wilson Health Emergency Department
 - Wilson Health Emergency Department physicians have conducted their own assessments without contacting Tri-County Mobile Crisis. Currently, there is also no data collection or tracking of how many individuals law enforcement brings to the Emergency Department for mental health crisis/assessment. In the past, physicians have asked law enforcement to arrest individuals; however, Wilson Health recently contracted with a new group of physicians for its emergency department.

- Law enforcement stated that officers are staying at Wilson Health Emergency Department due to hospital staff concerns about violence after bringing an individual in for assessment. Shelby County Sheriff's Office provides security at the hospital 7 days a week from 8pm until 4am.
- If an individual is voluntary, law enforcement will stay until the individual has at least gone through registration before leaving.
- If an individual is admitted to NOPH, the Sheriff's Office provides transportation. If an individual is admitted to any other facility, Wilson Health coordinates the transportation. This is typically through a private ambulance agency.
- Law enforcement will transport directly to St. Rita's Hospital Emergency Department (in Lima); however, this varies among the departments.
- The Tri-County Board of Mental Health and Recovery Services has contracts with out of county entities, including Coleman Services, for additional crisis and stabilization services.

Detoxification

- New Vision at Wilson Health provides inpatient medical stabilization for adults with drug, alcohol, and related health issues.

Probate

- Probate court has three options: Application for Guardianship, Application for Determination of Mental Illness, and Application for Mental Health Disability. Each option has criteria and an associated process.
 - Application for Guardianship: Guardianship is typically awarded to someone the individual knows. There are limited cases of guardianship being assigned to an agency.
 - Application for Determination of Mental Illness: Once the affidavit is filed, the individual must be seen within 5 days. The person will have an attorney assigned to them and an evaluation completed. Typically, the hearings for this option end in hospitalization.
 - Application for Mental Health Disability: Affidavit must be filed to start the process.
- The Probate Court is not currently utilizing Assisted Outpatient Therapy (AOT).

Veterans

- No formal protocol for screening for veterans and connecting to VA services

Intercept I Gaps

- No local drop off site
- Effective response for misdemeanants
- Limited data regarding law enforcement's CAD systems, pink slips, and hospital transports
- Wilson Health does not have "pink slip" policy, cannot place to hospital directly, it's unknown how many drop offs at Wilson don't get a mental health assessment, and limited security (provided by the Sheriff's Office from 8pm-4am) at hospital with law enforcement having long wait times for both physical and mental health evaluations
- Wilson Health does not always call upon Tri-County Mobile Crisis for evaluation of those brought in by law enforcement on a pink slip; sometimes emergency department staff is utilizing safety planning and releasing the individuals
- Geolocator for 988
- 988 doesn't know local resources
- Awareness of probate court role, services
- Shelter can't utilize Tri-County Mobile Crisis
- Open Access (FRC) has limited capacity
- Unclear to community the best way to enter or make first contact with the local mental health system

Intercept I Opportunities

- Training for emergency department staff (CIT Training inclusion)
- New physician group at emergency department, that has a rural health focus, will be reviewing protocols, expectations, and needs of the community

Recommendations

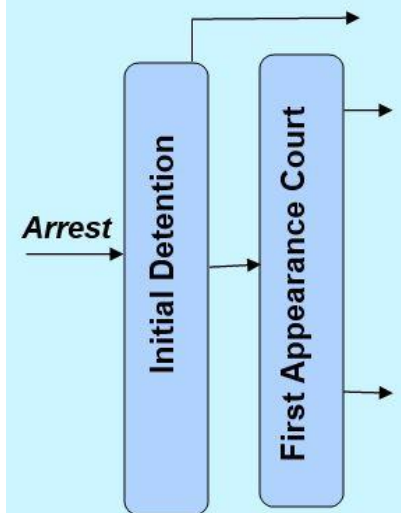
- The CIT program is encouraged to use the model CIT Contact Sheet, in whatever format is possible to maintain accurate accounting of crisis encounters by law enforcement, including disposition and referrals. The CJ CCoE is available to provide guidance and technical assistance on this.

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

Initial Detention

- After arrest, all individuals are transported to and detained at the Shelby County Jail (SCJ). There are no other holding cells elsewhere in the county.
- During booking, a corrections officer completes the Brief Jail Mental Health Screen (BJMHS). After booking, all detainees are then further assessed for medical, mental health, and substance use issues by jail medical staff. The jail has 4 full-time, contracted nurses and 1 full-time therapist.
 - From their assessment, a nurse can refer the detainee to the jail-based therapist, have the detainee sign a Release of Information to verify medications and other services, and can also contact Tri-County Mobile Crisis for an emergency mental health assessment (via FaceTime or phone). The goal of the medical staff is to maintain continuity of care for the detainee.
 - Detainees must have an active prescription to be provided with medications immediately during their detention. The onsite pharmacy can assist with verifying medications, and the medical staff has a stockpile of medications that can be distributed for a detainee to cover any gaps while the pharmacy is filling their prescription.
 - Detainees can come to the jail with medications or have medications dropped off for them. Medications are confirmed prior to being distributed. Liquid and crème medications cannot be brought into the jail nor prescribed while at the jail.
 - Jail medical staff will also notify the court system (probation officers, judges, prosecutor, public defenders, Tri-County Board of Mental Health and Recovery Services, and Family Resource Center) if a detainee will need mental health services during detention and/or after release for continuity of care.
 - The jail medical staff has, at times, asked for delayed releases to complete setting up services.
 - The jail posts a daily, online roster of inmates and detainees. By request, the jail can also provide notifications regarding an inmate's release. The daily jail roster is not currently sent to the local mental health or developmental disabilities systems.

Intercept 2 Initial detention / Initial court hearings



Arraignment and Initial Hearing

- All arraignments are completed by video. Misdemeanor arraignments are done 4-5 days per week and felony arraignments are completed 3 days per week.
- Judges are provided with daily information from the jail by 10am. However, this information is not given to either the prosecutor or the public defender prior to the arraignment.
- Public defenders are not present at arraignments, nor do they meet with clients prior to their arraignment. Once assigned, public defenders can ask questions to determine if mental health concerns are present. Public defenders are provided with intake information from the jail for bond.
 - If Public defenders have a concern regarding mental health issues or competency, they refer the client to Family Resource Center's Open Access (OA) for assessment.
- Municipal Court will screen defendants with a shortened Ohio Risk Assessment System (ORAS) prior to bonding them over. This screening is only for bond and not for pre-trial services.
 - If mental health issues are identified, the client is referred to the in-jail therapist.

- There are pre-trial services for misdemeanors.
 - Probation oversees the pre-trial services program. This includes reviewing the BJMHS and conducting an Ohio Risk Assessment System (ORAS) assessment. Probation officers also contact the jail-based therapist for additional information.
- Pre-trial investigative services are not conducted for felony charges. The Common Pleas judge is most interested in the prosecutor's recommendations and does not want to pre-judge the case with additional information.
- For felonies, probation does not have interaction until after adjudication. The BJMHS is utilized to assist with bond recommendations. Global positioning system (GPS) monitoring is utilized for felony probation, but it is rare. Pre-trial probation meetings occur daily.
- Prosecution will provide recommendations for a Recognizance Bond or O.R. for felony summons because their department has the offense information. Neither mental health nor substance use information is considered due to no pre-trial investigations for felonies. Law enforcement provides input regarding risk and bond.
 - Victim Services is pleased with the prosecutor's inclusion of victims in their processes.
- Participants reported that up to 85% of court cases are drug-related or drug-involved.

Veterans

- Detainees are asked about their veteran status. Any jail staff member may ask this, and it is asked during booking. Jail staff have a contact with Veterans Affairs for services for veterans at the jail.

Intercept II – Identified Gaps

- ▣ Public Defender's office does not get the investigation/incident report prior to felony arraignments
- ▣ Public defender does not meet defendant before arraignment
- ▣ Public defender does not appear in Municipal Court on felony arraignments

Intercept II – Identified Opportunities

- ▣ Notification of inmate release to law enforcement; Potential for automated notification to law enforcement
- ▣ Is there an opportunity for earlier screenings for severe mental illness (SMI) for felony defendants

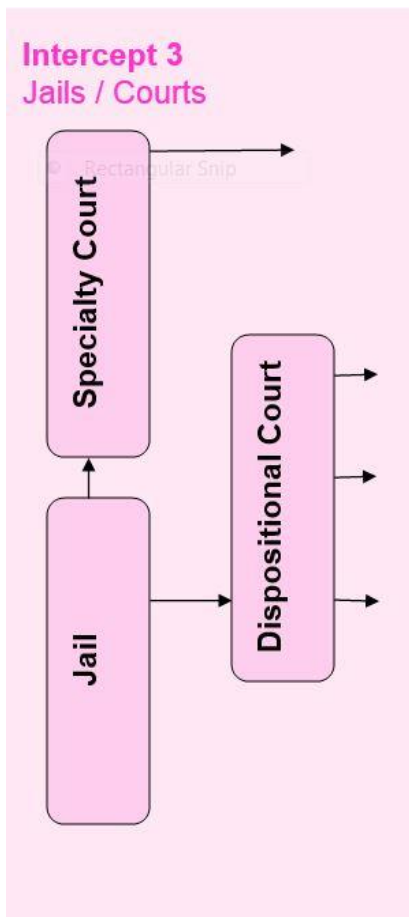
Recommendations

- ▣ Outcomes for individuals with serious mental illness and co-occurring substance use disorders can be improved with timely and earlier legal counsel. The courts and public defender's office are encouraged to consider how legal counsel can receive case information earlier, how to improve the video arraignment process so that counsel can hear better, and how to create opportunities for direct observation and conversation with clients before or at the time of arraignment hearings. In addition, if law enforcement is sending the police report to the prosecutor's office or court, perhaps the report could be transmitted at the same time to the public defender's office.
- ▣ Each intercept point is an opportunity to screen for possible mental illness and substance use disorders and connect individuals with need resources. The BJMHS is a helpful tool in alerting jail medical services and the court that a person may warrant further assessment, but the courts and probation are encouraged to complete separate screening, as results of screening can change over the course of days as more information is available.
- ▣ Pre-trial investigations in Ohio typically only verify information about the defendant's background to assess appropriate conditions for setting bail; this can be useful information to the court.

Intercept III: Jails / Courts

Jail

- The Shelby County Jail capacity is 188, with a current average daily population of 95. Approximately 1/3 of the inmates are federal prisoners held on paid contracts.
- Daily bookings average: 3
- Daily population average for persons with mental illness: Approximately 40-50%
- Daily booking average for persons with mental illness: Approximately 2-4 a week
- The jail classifies inmates by misdemeanor vs. felony and violent vs. non-violent. Housing assignments are done within 2-3 days.
- The jail utilizes the JAILVIEW jail information system. Jail staff state that while this system has improved the ease of entering information, it cannot produce reports or pull data easily. They often continue to use handwritten notes for some data. This includes doing head counts on paper to access the information they need day to day. The medical staff keep their own statistics of inmate hospitalizations, mental health referrals, number of inmates on withdrawal protocol, and number of inmates referred for suicide watch. Tri-County Mobile Crisis also provides statistics on how many inmates they have assessed and those dispositions.
 - Per the provided jail data, 406 individuals accessed crisis services during that 19-month period.
 - In the same period, there were 3 individuals identified as having developmental disabilities.
- All staff at the jail receive Crisis Intervention Team (CIT) and/or Mental Health First Aid (MHFA) training.
- The jail contracts with Team Health for its medical unit and personnel. The staff includes 4 nurses (full-time) and 1 physician (on site 1x per week, available as needed and on-call 24/7). Family Resource Center (FRC) also provide a mental health nurse practitioner (available 1 day per week). The jail has one mental health therapist employed by the Sheriff's Office.
 - All inmates are seen by medical staff after booking for additional assessment for mental health concerns. Inmates sign a universal Release of Information (ROI) to assist with confirming medications, contacting service providers, and overall providing continuity of care while detained and incarcerated.
 - Medical staff have an in-jail pharmacy. There is also a separate stock of medications that medical staff can utilize to cover gaps while the pharmacy is filling prescriptions.
 - Medical staff can refer inmates to the in-jail therapist. Medical staff can also contact the court to provide information regarding what services are needed during incarceration or after release to maintain continuity of care.
 - The Tri-County Board of Mental Health and Recovery Services has a grant that assists in covering costs for inmate inpatient psychiatric hospitalizations, psychiatric medications while incarcerated, and the counseling services at the jail.
- Once detained, any jail staff, corrections officer, or attorney can alert the jail to an inmate in need of mental health evaluation or services. Inmates may also request services through kiosks. Tri-County Mobile Crisis will provide assessments remotely (phone or Zoom) for inmates. If an inmate needs psychiatric hospitalization, Tri-County Mobile Crisis will coordinate the admission and the Sheriff's Office will provide transportation.
 - Inmates with mental health concerns that need additional monitoring can be housed in the medical unit or administrative segregation. The jail also has one "book" unit for monitoring if an inmate is suicidal, homicidal, or exhibits other safety issues. Monitoring of inmates in the "book" unit is done with a paper form.
- The jail offers programs that include:
 - Construction certification class (coming soon)
 - GED classes
 - Religious services



- Several programs were discontinued during Covid, including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- There are no peer support services in the jail.
- Bi-weekly Stepping Up Case Discussions Meeting are held to discuss inmates. This group includes the Tri-County Board of Mental Health and Recovery Services, jail medical staff, Family Resource Center (FRC), the jail-based therapist, Department of Development Disabilities, crisis services (Recovery & Wellness), shelters, and community housing services. The average number of cases discussed per week is 14. This meeting acts as a service coordination meeting.

Court

- There are no prosecutor diversion programs.
- Intervention in lieu of conviction (ILC) is available for felony charges and monitored by the probation department. Currently, there are 6 individuals on this caseload for the Common Pleas Court. Typically, these are substance use related.
- Municipal Court is sending approximately 15 individuals for competency evaluation per year. NOPH is the restoration entity for competency. If found incompetent and not restorable, the case is dismissed.
- NOPH is not sending admission information to jail nor courts.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of March 2022, there are no Specialized Dockets in Shelby County.

Veterans

- Jail staff ask inmates if they are a veteran and can contact the local Veterans Justice Outreach (VJO) program.

Intercept III – Identified Gaps

- ▣ No support groups at the jail
- ▣ No peer support at the jail
- ▣ Jail report feasibility
- ▣ Competency evaluation location and timelines
- ▣ Can't get competency evaluation if admitted to NOPH
- ▣ No drug court
- ▣ No mental health court
- ▣ No prosecutor's diversion program

Intercept III – Identified Opportunities

- ▣ AA and NA groups returning soon to the jail
- ▣ An individual has been identified to retain for peer support and the Sheriff's Office is exploring funding and supervision alternatives.

Recommendations

- ▣ The jail, Tri-County Board and Resource Center are encouraged to collaborate on avenues to provide ongoing peer support services in the jail.
- ▣ The Prosecutor's Office is encouraged to use its statutory authority to create a first time offender diversion program for non-violent offenses.

Intercept IV: Prisons / Reentry

Prison

- The Community Transition Program (CTP) and Community Linkage Program of the Ohio Department of Mental Health and Addiction Services (OMHAS) offers voluntary referrals to community substance use disorder treatment and mental health treatment, respectively, for those individuals diagnosed with substance use disorders and mental illness. In Shelby County, referrals are made to the Tri-County Board of Mental Health and Recovery Services and Community Housing upon release from prison, covering both mental health and substance use referrals. Community Housing conducts phone or Zoom assessments and then refers the individual to the appropriate service provider for their needs. Whenever possible, a connection is made while the person is still incarcerated. In the state fiscal year 2023, OMHAS completed 36 referrals to Shelby County.
 - MH clients: 6 participated 1 refused Total: 7
 - MH/CTP: 3 participated 3 refused Total: 6
 - CTP: 14 participated 9 refused Total: 23
 - Totals: 23 participated 13 refused Total eligible: 36
- The Community Based Correction Facilities (CBCF's) are the W.O.R.T.H. Center and MonDAY.

Jail

- The jail-based therapist assists with reentry services.
 - 50-60% of individuals leave the jail with an appointment with a behavioral provider that has been arranged by the jail-based therapist.
 - Prior to release, 70% have contact with a helping professional to facilitate reentry.
- Community Services will provide in-reach services.
- Tokens are available for in-county transportation. Ride Connect, a volunteer-staffed transportation program through Catholic Social Services, also assists with transportation.
- 20% of the jail population has no known address. Jail data indicated that 5 individuals were known to go to a shelter upon release during their reporting period.

Veterans

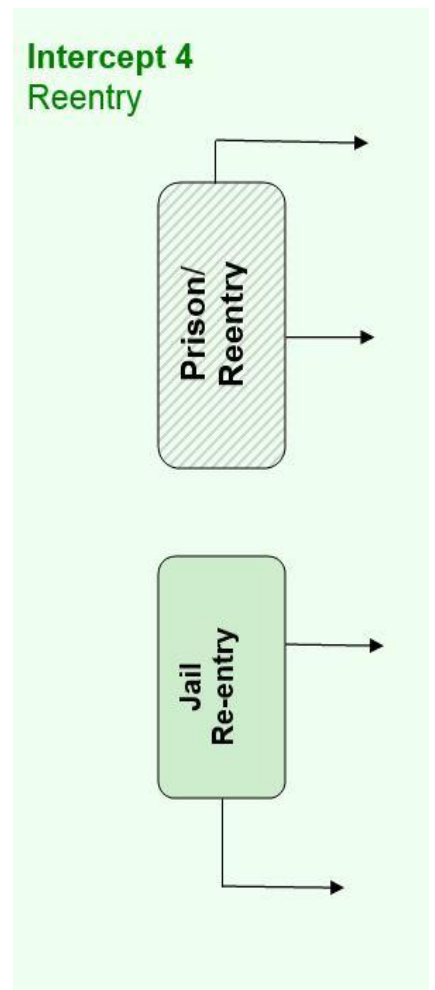
- The Public Defender will contact the Veteran Justice Outreach (VJO) if a client identifies as a veteran. Probation officers also inquire with individuals regarding their veteran status and link them to services.

Intercept IV – Identified Gaps

- ▣ Transportation from prison/jail to services
- ▣ Limited transit hours and work force to meet demand
- ▣ Limited housing capacity and a shortage of group homes in the region

Intercept IV – Identified Opportunities

- ▣ Catholic Services is the Mobility Manager and has a transportation service (Ride Connect). It is a volunteer-based program with 22 volunteers, but a payer of last resort.
- ▣ Tokens are available but each agency or individual needs to purchase, and the Adult Parole Authority (APA) cannot purchase tokens.



Recommendations

- It appears the jail and community partners do a nice job facilitating reentry, or at least some level of support services upon discharge from the jail. It could be useful information to know what the recidivism rate is for returning citizens who have appointments upon release vs. those that do not and for citizens who have facilitated reentry vs. those who do not. This can aide in planning future investments.

Intercept V: Community Corrections / Community Support

Probation

- The Common Pleas Court has 5 probation officers. There are 2 probation officers that carry the intensive caseload, each working with approximately 45-50 people each. There are 2 probation officers (one of which is the probation supervisor) that carry a basic caseload, each working with 50-60+ individuals. There is 1 probation officer that carries the intervention in lieu (ILC) and pre-trial services investigations (PSI) caseload and working with 5-6 individuals.
- The Municipal Court has 5 probation officers. Currently, their caseloads are approximately 40-50 individuals. There is no specialized caseload for mental health.
- The ORAS is used by probation when someone is placed on their caseload to develop case plans for intense supervision.

Parole

- There are 2 parole officers with caseloads of approximately 50 individuals each. There is no specialized mental health caseload with parole.
- Forensic monitoring is provided through Montgomery County Alcohol, Drug Addiction & Mental Health Services.

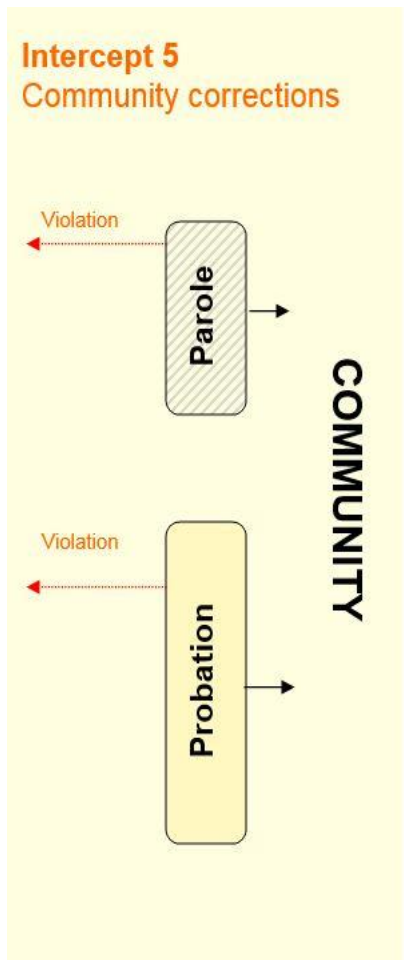
Community Supports

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 support available in Shelby County.

- Life Bridges
- S.T.A.R. House – individuals must be on probation or parole and score as medium to high risk on the ORAS
- Community Housing – Has 4 residences that can house 3-4 people each
- Samaritan House – Amelia (female)/Serenity (male) – sober living houses with a capacity of 6 residents each; waiting lists are unpredictable
 - Per policy, clients can only be on Vivitrol, not suboxone nor methadone, for treatment.
- Recovery & Wellness – Shelby House (males) in Shelby County with 10 beds; Additionally have a female house in Miami County and second male house in Darke County
- Mercy Mission House/Homeless Shelter – currently over capacity
- Transitional housing for those with Severe and Persistent Mental Illness are spread across all three counties. There are 3 houses with a 4th pending. The houses are unstaffed and can accommodate 3-4 individuals each.

Intercept V – Identified Gaps

- Transportation
- Housing; including no group home for individuals with mental illness



Priorities for Change

Shelby County,
Ohio

Shelby 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 four 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. Wilson Health Procedures & Responses to Mental Health Clients in the Emergency Department, Crisis drop off and Mobile Crisis Response
2. Transportation (Reentry, Probation/Parole, crisis transports)
3. Housing (shelter capacity, SPMI, transitional)
4. Jail Services – Peer Support and Groups

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

- Crisis line texting capability (1 vote, Intercept 0)

Parking Lot Issues

- Not enough staffing for mobile crisis response
- 988 geolocation not yet operational
- 988 providers serve large geographic areas in this part of the state and doesn't know local resources
- Workforce capacity and retention
- Effective means for addressing medication non-adherence for misdemeanants who cycle in and out of systems
- Long wait list at NOPH (currently at least 4 weeks)
- NOPH only does restoration, not competency evaluations
- Gap in ORC 51.22 criteria (incompetency)

Additional Resources

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

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

Sequential Intercept Mapping
Shelby County, Ohio | November 1-2, 2023

Participant Roster

Name	Title	Agency	Email
Tricia Alloway	Executive Director	Samaritan House	recovery2022@samaritanworks.org
Jeffrey Beigel	Judge	Shelby County Juvenile Court/Probate	jbeigel@shelbycoprobate.org
Amy Bracken	Clinical Supervisor	Family Resource Center	amy.bracken@frcoho.org
Madison Brinkman	Assistant Prosecutor	Shelby County Prosecutor	mbrinkman@shelbycountyprosecutor.com
Beth Buchanan	Director of Clinical Services	Tri-County Board of Recovery & Mental Health Services	buchannanb@tcbmds.org
Shannan Byers	Executive Director	S.T.A.R. House, Shelby County Sheriff Office	shannan.byers@shelbycountysheriff.com
Lindsey Byers	Chief Probation Officer	Sidney Municipal Court	lbyers@sidneyoh.com
Gary Carter	Judge	Sidney Municipal Court	gcarter@sidneyoh.com
Julie Clay	Addict Assistance Team Coordinator	Sidney Police Department	jclay@sidneyoh.com
Erica Cruse	Adult Parole Officer	Ohio Department of Rehabilitation and Corrections	erica.cruse@odrc.state.oh.us
Dallas Davis	Deputy Chief	Sidney Department of Fire and Emergency Services	ddavis@sidneyoh.com
Julie Ehemann	Commissioner	Shelby County Commissioner's Office	jehemann@shelbyco.net
Darrin Goudy	Chief	Anna Police Department	policechief@villageofannaoh.com
Darrell Henthorn	Jail-Based Therapist	Shelby County Sheriff Office	d.henthorn@shelbycountysheriff.com
Scott Hoelscher	Communications Supervisor	Shelby County Sheriff Office	scott.hoelscher@shelbycountysheriff.com

Tina Hooks	Director	Shelby County Job and Family Services	tina.hooks@jfs.ohio.gov
Donna Hughes	Nursing Supervisor	Shelby County Sheriff Office	donna.hughes@shelbycountysheriff.com
Mark Jordan	Chief	Botkins Police Department	policechief@botkinsohio.com
Tony Kremer	Court Administrator	Sidney Municipal Court	tkremer@sidneyoh.com
Bill Mangas	Emergency Medical Services Coordinator	Wilson Health	wmangas@wilsonhealth.org
Vickie Martin	Crisis Services Director	Recovery and Wellness	vmartin@rwcohoio.org
Sean Martin	Road Patrol Sergeant	Sidney Police Department	smartin@sidneyoh.com
Michelle Mason	Housing Director	Community Housing	masonm@commhousing.org
Erin Meyer	Assistant Director CSSMV/ PASSPORT	Catholic Social Services of Miami Valley - Northern Counties Office	emeyer@cssmv-sidney.org
Phil Mowell	Chief Probation Officer	Shelby County Common Pleas Court	pmowell@shelbycountycommonpleas.com
Emily Neu	Executive Director	Mercy Mission House/Homeless Shelter	director@th MERCYMISSIONHOUSE.COM
Karla Pleiman	Jail Administrator	Shelby County Sheriff Office	karla.pleiman@shelbycountysheriff.com
Brad Pleiman	Road Patrol Lieutenant	Shelby County Sheriff Office	brad.pleiman@shelbycountysheriff.com
Brad Reed	Associate Director and Chief of Community Engagement/ Public Information Officer	Tri-County Board of Recovery & Mental Health Services	reedb@tcbmds.org
Diann Rodrigues	Director/ Ohio Early Intervention Service Coordinator	Shelby County Family and Children First Council/ Shelby County Board of Developmental Disabilities	drodrigues@shelbydd.org
Ron Schalow	Transit Manager/Airport Coordinator	Shelby Public Transit	rschalow@sidneyoh.com

James Stevenson	Judge	Shelby County Common Pleas Court	jstevenson@shelbycocommonpleas.com
Bryce Stewart	Community Resource Officer	Sidney Police Department	bstewart@sidneyoh.com
Marie Strunk	Peer Support		recovery@gmail.com
Danielle Sweitzer	Executive Director	New Choices Domestic Violence Shelter	director@newchoicesinc.org
Brooke Vanover	Homeless Housing Manager	Bridges Community Action Partnership (CAP)	bvanover@bridgescap.org
Laura Waymire	Public Defender	Public Defenders Office	lwaymire@shelbyco.net
Chuck Wirick	Chief	Jackson Center Police Department	cwirick@jacksoncenter.com
Karla Young	President/CEO	Shelby County United Way	kyoung@shelbycountyunitedway.org

Action Planning Matrix for Shelby County, Ohio

Priority Area 1: Wilson Health Procedures & Responses to Mental Health Clients in the Emergency Department, Crisis Drop Off and Mobile Crisis Response				
Objective		Action Step	Who	When
1.	Improve community relationships with first responders	Meeting: Reps from hospital, first responders, and ED physicians	Bill Mangas	Within 30 days
2.	Change in policies in their intake of mental health crises	Bill working with Wilson Health on revising policies after input at mapping	Bill Mangas	After initial meeting with first responders (30-60 days)
3.	Better communication between law enforcement, Mobile Crisis, and hospital staff	Have a consistent documentation standard shared among all parties Follow-up meeting re: above information	Bill Mangas ED physicians Vickie Martin	30-60 days
4.	Follow-up re: protocol for disposition information to law enforcement	Bill & Vickie will explore their protocols to see what can be shared and who will be responsible for sharing the disposition	Bill Mangas Vickie Martin	60 days
5.	Continue ongoing communication with Wilson Health and other stakeholders	Have a representative from Wilson Health who is part of Stepping Up meetings	Bill Mangas or designee	Immediate

Action Planning Matrix for Shelby County, Ohio

Priority Area 2: Transportation (Reentry, Probation/Parole, crisis transports)				
Objective		Action Step	Who	When
1.	Centralized pickup/drop off locations for probation (downtown area)/Family Resource Center/ employed factories and shopping	A. Meet with Shelby Public Transit B. Reach out to Catholic Social Services Mobility Manager re: transportation meeting C. Survey probationers/inmates - Making survey and compiling survey results	D. Erica Cruse/Erin Meyer E. Tony Kremer, Phil Mowell, Erica Cruse F. Tony Kremer, Phil Mowell	Attend quarterly county transportation at 11am Compile survey results by 1/18/2024 for Human Services Transportation Council meeting
2.	Look at hiring practices for transit	A. Review areas to advertise (Indeed, Hometown Opportunity, social media, etc.)	A. Ron Schalow	
3.	Changing transit hours	A. Hiring more drivers B. Add this question to survey	A. Ron Schalow B. Tony Kremer, Phil Mowell, Erica Cruse	A. Ongoing B. By 1/18/2024
4.	Public knowledge of transportation options	A. Educate re: Municipal Court's assistance with obtaining driver's license B. Educate re: Catholic Social Services – Miami Valley Ride Connect program - Connect Ride Connect manager to probation C. Put up more flyers (events/annex, etc.)	A. Tony Kremer B. Erin Meyer	A. Ongoing B. 11/3/2024 C. Ongoing

Next Meeting Date: January 18, 2024 at 9 AM

Priority Area 3: Housing (shelter capacity, SPMI, transitional)

Objective		Action Step	Who	When	Notes
3.0	Create Google Doc for workgroup	Doodle poll for next meeting to be held in mid-December	Brad Reed	TBD	Google Doc done, Doodle Poll done
3.1	Identify location for psychiatric hospital diversion/step-down facility	Contact Ohio Living/Dorothy Love about available wing	Brad Reed	11/2/2023	Meeting set for Nov 17
3.2	Identify housing-related funding opportunities	<p>Research availability of Permanent Supportive Housing grant</p> <p>Research databases and other information sources</p> <p>Contact peers about homeless shelter funding - Strategies to End Homelessness</p>	<p>Emily Neu</p> <p>Karla Young</p> <p>Emily?</p>	11/2/2023	
3.3	Determine number of housing units needed for MH	<p>Reach out to Housing Group about study data</p> <p>Check with Metro Housing about wait list</p>	<p>Julie Ehemann</p> <p>Tina Hooks</p>		

Action Planning Matrix for Shelby County, Ohio

Priority Area 4: Jail Services – Peer Support and Groups				
Objective		Action Step	Who	When
1.	Implement Peer Support in the jail	Meet with Tri-County ADAMHS Board to discuss funding to establish a part-time position for jail based PSS OR revisit splitting a current open PSS position	Amy Bracken, Karla Pleiman, Drallene Fuller, Amanda Hilgefert, Tri-County Board	January 1, 2024 – for all goals ASAP – send email on 11/2/2023 to schedule a meeting by 11/14/2023
2.	Implement case management in the jail	Revisit MOU to determine ability to set hour commitment Staff is hired – train and determine schedule/services	Amy Bracken, Drallene Fuller Amy Bracken with ongoing conversations with Karla Pleiman	ASAP – by 11/14/2023 11/30/2023
3.	Provide support staff to assist with intake packets and paperwork	FRC to meet with enrollment department to determine possibility/availability Set schedule	Amy Bracken, Drallene Fuller	11/14/2023
4.	Re-entry Planning	Meet with jail and FRC to identify re-entry planning process Create document/checklist for accountability Create communication process and point person	Amy Bracken, Drallene Fuller, Darrell Henthorn	Meet 11/14/2023 to discuss process and assign subcommittee

Next Meeting Date: November 14, 2023

Appendix

Appendix A

Planning for Sequential Intercept Mapping

JAIL BOOKINGS	Please report most recent data available (12-36 months)
Person Completing Form (name/title)	<u>Lt Karla Pleimar</u>
Time period being reported	<u>January 2022 - July 31, 2023</u>

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
What is the rated capacity of the jail?	188	Yes	Decline since Covid
What is the average daily total population of the jail?	95	Yes	Decline since Covid
What is the average number of total daily bookings?	3	Yes	Decline since Covid
What type of automated system is used to collect Jail Booking, classification, health and release information?		—	Jail Management System calculates this information
Please provide the number and types of booking that are used for the following categories: <i>(If unable to provide objective data on booking types, please provide average percentage of each population)</i>			
Pretrial Misdemeanor			We identify on All these categories on a daily basis -Numbers vary- They are housed in medical or in administrative seg if they have not been seen for medication/treatment.
Pretrial Felony			
Probation Violation			
Sentenced local			
Sentenced awaiting transport			
Other			
How many people are identified as having mental health issues?			
By jail booking staff			They are identified in a quarterly at BwK in. Medical then refers to our Counselor.
While incarcerated (by corrections officers, health staff or others)			

Planning for Sequential Intercept Mapping

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	N/A	—	Yes
What is the average daily population of persons with mental illness?	Approx.	—	Approx. 40-50%, identify at book in as having mental illness
What is the average number of daily bookings of people with mental illness?	Approx 2-4 a week	—	Identified using brief
What percentage of the pre-trial population represents persons with mental illness?	Approx 2-4 a week	—	mental Health Screening during book-in.
What percentage of the sentenced population represents persons with mental illness?	N/A	—	We have a good amount of inmates that Ask for services and get services.
CROSS TABULATION OF MULTI-SYSTEM DATA			
For the entire population of persons booked into jail during the identified time period (open or closed cases):			
Is Jail Booking information shared on a regular basis with public funded Mental Health, AOD or Developmental Disability Agencies?—if so how?	—	Not currently	Yes - We have a Stepping up meeting every 2 weeks to discuss clients and their mental health and AOD needs.
How many were known to the publicly funded mental health system?	N/A	Crisis calls	many are repeat offenders
How many accessed acute crisis services during the specified reporting period?	406		Crisis was called to give services to these folks
How many were known to the publicly funded substance abuse treatment system?	N/A		
How many were known to the Developmental Disabilities system?	3		A DDD case worker comes to our meetings to address these prisoners
ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION			
For those who are identified as persons with mental illness or co-occurring substance abuse or developmental disabilities (by jail, other criminal justice, or treatment systems), what are the nature of the charges?			
Misdemeanors	—		The charges range in all different capacities, from violent to non-violent
Felonies	—		
Violent Behavior	—		
Violations of Probation	—		
Frequency - How many arrests / bookings per person? (average)	—		to Sex offense etc.
Length of stay in the jail for each episode of incarceration (average)	—		I don't have specific numbers.
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:			

Planning for *Sequential Intercept Mapping*

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
How many people left the jail with financial benefits or entitlements in place?	0	—	WE TYPICALLY CONTACT THE SSA OFFICE AND JFS.
How many people left the jail with a shelter as the identified residence?	APPROX 5	—	
How many people had no known residence?	20% OF POPULATION	—	
How many people left the jail with an appointment at a mental health or other treatment service?	APPROX. 50-60%.	—	THIS IS ARRANGED BY OUR JAIL COUNSELOR
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	APPROX 70%.		COMMUNITY THROUGH REENTRY AND WELLNESS FAC, JAIL COUNSELOR ARRANGE SERVICES.

Community Collaboration Questionnaire

Effective and efficient services for people with mental illness and co-occurring substance use disorders in the justice system require meaningful cross-system collaboration. The *Community Collaboration Questionnaire* provides the CJCCoE with background information about your

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

Planning for Sequential Intercept Mapping

community's experience in collaborating across systems. It is recommended that one questionnaire be completed in consultation with all of the key stakeholders.

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

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

Community: <i>Shelby County</i>
Contact Person: <i>K. Pleidan</i> Phone: <i>937-494-2106</i> Email: <i>Karla.Pleidan@ShelbyCountySheriff.com</i>

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?	✓	
2	Does your community have a cross-system collaborative team or task force? <i>If yes, please attach the membership list by agency and/or title, listing mental health providers, criminal justice services, substance abuse services, consumers, family members, elected officials and others.</i> <i>DRUG TASK FORCE, Stepping Up Initiative</i>	✓	
3	Does your community provide for cross-training of mental health, substance abuse, criminal justice and other providers? <i>If yes, please list recent programs:</i> <i>See Attachment</i>	✓	
4	Does your community have resources identified to work with people with mental illness and co-occurring disorders in the criminal justice system? <i>Please describe:</i> <i>Community Mental Health - Family Resource Center. Scripts 360 provide Nurse Practitioner and services, Recovery Homes.</i>	✓	
5	Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population? <i>Please describe:</i> <i>Jail has retained a mental health and drug and alcohol counselor. Collaboration between him and Family Resource Center, Momentum counselor and Scripts 360.</i>	✓	

Scripts 360.

Planning for Sequential Intercept Mapping

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? Please describe:</p> <p>Tri-County Board tracks hospitalizations of inmates and at the state hospital. Tri-County Board has access to data collected at Community Mental Health/SUD Agency, crisis services + re-entry.</p>	✓	
7	<p>Does your community have one or more boundary spanners (individuals whose identified role is to link the criminal justice and mental health systems)? Please describe the position and the person(s):</p> <p>Stepping Up Initiative Coordinator - Kara Pleiman - Collaborates with Community Partners and has committee meetings.</p>	✓	
8	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance safety across agencies or systems? Please describe or if possible, provide copies of MOUs:</p> <p>- See Attachment -</p>	✓	
9	<p>Are there any local agencies that have not participated in collaboration efforts? Please describe:</p> <p>It has been difficult to get our local hospital, Wilson Health, engaged in services and committee meetings.</p>	✓	
10	<p>Does your community have any jail or court diversion programs at this time? Please describe:</p> <p>In Lieu of Conviction (Common Pleas) CPC and Multi Court of Grants Supporting and Committed to Diversion</p>	✓	
11	<p>Does your community have a mental health, drug or other specialty court? Please describe:</p> <p>However our court system does do diversion programs.</p>		✓

Planning for Sequential Intercept Mapping

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
12	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? Please describe or if possible, provide copies of MOUs.</p> <p>The courts HAS "preferred providers" they use. The jail DOES have MOU's.</p>		✓
13	<p>Have screening or assessment procedures been instituted in the mental health, substance abuse and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? Please describe:</p> <p>The Briet Jail mental Health screening is used by the jail. The courts utilize ORAS (OHIO Risk Assessment System)</p>	✓	
14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? Please describe:</p> <p>Medication Assisted treatment programs, ORAS and CST.</p>	✓	
15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison? Please describe:</p> <p>Tri-County Board and Family Resource Center help support MAT Programs, Community housing services, Appointments w/ local MH services and Recovery Homes</p>	✓	
16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p>		
17	<p>Do you have examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health? Please describe:</p> <p>Stepping Up Initiative Program HAS been in place for over 8 years. HAS proven to assist in jail and community needs of folks that need assistance</p>	✓	

Planning for *Sequential Intercept Mapping*

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
18	What would you list as your community's strengths? <i>See Attachment</i>	✓	
19	What would you list as your community's biggest challenge at this time? <i>See Attachment</i>	✓	

COVID-19 ADDENDUM

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

		Yes	No
21	Has the Covid-19 pandemic affected any planning or implementation activities related to Sequential Intercept Mapping? If yes, please explain.		✓
22	In response to the COVID-19 pandemic, have there been any new responses or changes in your approach to meeting the needs of people with mental illness and co-occurring substance use disorders in the criminal justice system? Please include impacts to law enforcement, jail, court, probation and/or reentry processes.	✓	
23	Has the COVID-19 pandemic impacted community-based services, practices or policies in any way? If yes, please explain the nature of the changes. <i>We have more telehealth appointments now rather than in person. Harder to provide services for groups - Lack of Staffing.</i>	✓	
24	What impact, if any, has the COVID-19 pandemic had on people living with mental illness and co-occurring substance use disorders who are involved in the criminal justice system? <i>Since Covid there is a lack of professionals to help and assist people with mental illness, also a lack of housing.</i>	✓	

Evidenced Based Practices Check List for Communities

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

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

Crisis Response Continuum Check List for Communities

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

What crisis response continuum services are available within your county?	
Agency/location:	
Hours/Limitations/Comments:	
Hotline/24-hour call center (not 911)	<input checked="" type="checkbox"/>
Crisis center (hub/access point, drop-off, pre-hospitalization screening)	<input type="checkbox"/>
Mobile crisis	<input checked="" type="checkbox"/>
Crisis residential services	<input type="checkbox"/>
o Crisis stabilization	<input type="checkbox"/>
o 23-hour observation	<input type="checkbox"/>
o Crisis residential	<input type="checkbox"/>
o Peer respite/sobering support	<input type="checkbox"/>
Hospitals (psychiatric and medical) and emergency rooms	<input checked="" type="checkbox"/>



Sheriff James R. Frye

SHELBY COUNTY SHERIFF'S OFFICE

555 Gearhart Road, Sidney, Ohio 45365

Phone: 937-498-1111

shelbycountysheriff.com

Sequential Mapping: Below are extended answers that I received from our committee.

Question 3:

Does your community provide cross-training of MH, substance abuse, criminal justice and other providers?

- Tri-County Board provides CIT (Crisis Intervention Team) training for first responders and companion courses dispatchers, and behavioral health staff.
- Tri-County Board provides training on wellness and support to first responders.
- Tri-County Board provides Crisis response teams to support organizations including first responder to help with debrief after a traumatic event.
- AAT is the addiction assistance team which the Sidney Police Department facilitates.
- Mental Health First Aid Training

Question 18:

What would you list as your community's strength?

- Linkage and referral
- Strong Community Collaboration with good communication.
- Work together to resolve problems and are not afraid to reach out to one another. Good inter agency communication involving county, city and village level policy makers involved in community health concerns.
- Re-entry coordination for prisoners

Question 19:

What would you list as your community's biggest challenge at this time?

- Transportation
- Housing for people living with mental illness and or co-occurring disorders



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- Identify and implement process improvements on those with mental illnesses who are repeat offenders for misdemeanor charges. We lack guardianship resources for this and population along with the DD identified persons.
- Another barrier is the population of sex offenders are convicted and the ability to find community housing.
- Lack of group homes and resources due to being a smaller rural county
- Job retention and drug use
- Would like to put together a mental health diversion program within the judicial system (Common Pleas and Municipal Court)
- Local Hospital Collaboration (Wilson Health) has been a struggle to get participation in community committees and collaboration.
- The community mental health agency is experiencing difficulty in maintaining adequate staffing and it should be noted that this is a state wide issue in the mental health field. There are not enough professionals in the field to meet the capacity of needs.

Additional Information:

Collaboration:

- The Tri-County Board has staff whom attend bi-weekly MH/Stepping Up meetings. This includes treatment team and the community wide committee. Tri County Board also provides funding for services in the jail. This includes reimbursement for medications through a grant, payment and support through re-entry staffing with Community Housing, payment for crisis services, payment to agencies who provide recovery housing and staff oversight of inmates at the State Hospital and who are on forensic monitoring.
- Common Pleas Court and Municipal Court facilitate Community Corrections Meetings twice a year with community partner. This is grant driven.
- Shelby County has a Drug Task Force that community partners attend and report stats to. These meetings are quarterly.
- Stepping-Up sub-committee meets bi-weekly and Large county wide committee meets twice a year.
- MAT meeting are conducted monthly with Community Partners. This is facilitated by Family Resource Center.



Shelby County Sheriff's Office

555 Gearhart Road
Sidney, Ohio 45365
937-498-1111

Medical Questions From Jamin

Printed on August 30, 2023



BOOKING OFFICER OBSERVATIONS

1) Visible Signs Of Trauma Or Illness Requiring Immediate Emergency Or Doctor's Care?

No

2) Obvious Fever, Swollen Lymph Nodes, Jaundice Or Other Signs Of Infection?

No

3) Poor Skin Condition, Vermin, Rashes, Or Needle Marks?

No

4) Appears To Be Under The Influence Of Alcohol Or Drugs Or Has Visible Signs Of Withdrawal? (Extreme Perspiration, Pinpoint Pupils, Shakes, Nausea, Cramping, Vomiting)

No

5) Behavior Or Statements That Suggest Risk Of Suicide Or Assault?

No

6) Appears Confused Or Disoriented

No

7) Physical Injuries, Deformities, Prosthetic Devices (List):

No

8) Is The Inmate Unconscious?

No

OFFICER-DETAINEE QUESTIONNAIRE

1) Allergies?

No

2) Arthritis?

No

3) Asthma?

No

4) Do You Have Any Current Or Previous Dental Issues?

No

5) DT's (Delerium Tremors)?

No

6) Diabetes?

No

7) Epilepsy?

No

8) Fainting?

No

9) Physician Prescribed Diet?

No

10) Urinary Tract Problems?

No

11) Ulcers?

No

12) Venereal Disease (VD)?

No

13) Ever Tested Positive For Aids, TB, Or Hepatitis?

No

14) Any Type Of Heart Or High Blood Pressure Problems?

No

15) Are You Or Have You Previously Been Treated For Mental Health Problems?

No

16) Have You Ever Tried To Kill Or Harm Yourself? If Yes, How Long Ago Was Your Most Recent Attempt?

No

17) Do You Feel Depressed Or Suicidal Now?

No

18) Do You Currently Believe That Someone Can Control Your Mind By Putting Thoughts Into Your Head Or Taking Thoughts Out Of Your Head?

No

19) Do You Currently Feel That Other People Know Your Thoughts And Can Read Your Mind?

No

20) Have You Currently Lost Or Gained As Much As Two Pounds A Week For Several Weeks Without Even Trying?

No

21) Have You Or Your Family Or Friends Noticed That You Are Currently Much More Active Than You Usually Are?

No

22) Do You Currently Feel Like You Have To Talk Or Move More Slowly Than You Usually Do?

No

23) Have There Currently Been A Few Weeks When You Felt Like You Were Useless Or Sinful?

No

24) Are You Currently Taking Any Medication Prescribed For You By A Physician For Any Emotional Or Mental Health Problems?

No

25) Have You Ever Been In A Hospital For Emotional Or Mental Health Problems?

No

26) Are You Taking Any Medication? If Yes, What?

No

27) Who Prescribed The Medication?

No

28) Do You Have The Medication With You?

No

29) Female Only: Are You On Birth Control Pills?

No

30) Female Only: Are You Pregnant? If So, How Many Months?

No

31) Do You Have Any Other Current Or Previous Medical Problems?

Yes - BROKE HAND A MONTH AGO, SIDE HURTS THINKS ITS HIS PAMCREAS

PREA Questionnaire

1) Do You Know What PREA (Prison Rape Elimination Act) Is?

YES

2) Do You Have A Mental, Physical, Or Development Disability?

No

3) Is Your Criminal History Exclusively Nonviolent?

No

4) Are You Detained Solely For Civil Immigration Purposes?

No

5) Have You Previously Been Incarcerated?

Yes - SCSO

6) Have You Previously Experienced Sexual Victimization?

No

7) Do You Have A History Of Prior Institutional Violence Or Sexual Abuse?

No

8) Do You Feel At Heighten Risk Of Being A Victim Of Sexual Abuse?

No

9) Do You Have Any Prior Convictions For A Sex Offense Against An Adult Or Child?

No

10) Do You Feel Like You Could Be A Victim Of A Sex Crime Based On Being Gay, Bi-Sexual, Transgender, Intersex Or Gender Non-Conformity?

No

Additional Information

1) Age?

56

2) Have You Ever Been A Victim Of Human Trafficking In Exchange For Goods And Services, Labor Or Sex?

No

3) Reassessment Date

ALCOHOL/DRUG QUESTIONNAIRE

1) Do You Use Alcohol?

No

2) If Yes, How Often?

No

3) When Did You Drink Last

No

4) Do You Use Street Drugs? If So, What Type?

No

5) Mode Of Use?

No

6) Date And Time Of Last Use?

No

7) Do You Have Any Problems When You Stop Taking Them?

No

1) SUBSTANCE ABUSE TREATMENT QUESTIONS, IF YES TO FIRST QUESTION MUST ANSWER REST OF QUESTIONS.

2) Are you currently undergoing treatment for substance use disorder?

No

3) Who is your provider? What facility are you going through?

No

4) Where do you have your prescription filled for Substance use disorder?

No

5) Where do you have your non-SUD prescriptions filled?

No

6) Are you currently using any illegal substances or prescriptions not prescribed to you?

No

7) Are you willing to submit to a urinalysis to demonstrate your compliance to the SUD treatment?(If positive for any illegal substances let the nurse know)

No

DISPOSITION/REFERRAL

1) General Population?

No

2) Sick Call?

No

3) Mental Health?

No

4) Mental Isolation?

No

5) Place Under Close Observation, Personal Checks Every___ Minutes.

6) Refuse To Admit Until Examined By A Physician?

No

7) Other

8) Comment

9) Detainee Refused Answer Questions?

No

10) Detainee Was Unable To Answer Medical Questions? If So, State Reason.

No

11) Are You On Probation Or Parole?

No

12) Probation or Parole Officer's Name?

13) Do You Have Medical Insurance Or Coverage

Yes

14) If Yes, Who Is The Carrier? What Is The Card Number?

ANTHEM

15) Emergency Contact Information? Name, Address, And Phone Number?

SON, 270-491-0184, EARL RICHARDSON JR

Inmate Signature

Signed _____ Date _____



Sheriff James R. Frye

SHELBY COUNTY SHERIFF'S OFFICE

555 Gearhart Road, Sidney, Ohio 45365

Phone: 937-498-1111

shelbycountysheriff.com

Stepping Up Initiative Bi -Weekly Committee Members

Lt. Karla Pleiman: Stepping Up Initiative Coordinator: Shelby County Jail Administrator

Sgt. Nick Palmisano: Assistant Jail Administrator

Darrell Henthorn: Shelby County Jail Mental Health and AOD Counselor

Amy Bracken: Clinical Director at Family Resource Center

Drallene Fuller: Site Manager

Vickie Martin: Crisis Services Director: Tri-County Crisis

Cathy French: Crisis Counselor: Tri-County

Beth Buchanan: Director of Clinical Services: Tri-County Board

Emily Neu: Director of Mercy Mission House Homeless Shelter

Darrell Henthorn: Shelby County Jail MH and AOD Counselor

Shannan Byers: Star House Director (Sheriff's Treatment and Recovery House)

Donna Hughes: Nursing Supervisor for Shelby County Jail : Team Health

Loretta Stroud: Shelby County Board of Developmental Disabilities

Michelle Mason: Director of Community Housing



Psychotropic Drug Reimbursement Program Guidelines and Assurances SFY 2023

A. Overview

Am. Sub. H.B. No. 49 established the psychotropic drug reimbursement program to provide reimbursement to counties for the cost of psychotropic drugs that are dispensed to inmates of county jails in Ohio. Am. Sub. H.B. No. 166 states each county shall ensure that inmates have access to all psychotropic drugs that are prescribed drugs covered by the fee-for-service component of the Medicaid program. The amount of \$3 million has been allotted for each fiscal year in the biennium (SFY 2022 and 2023). O.R.C. 5119.19(B) requires that the program be administered by the Ohio Department Mental Health and Addiction Services (OhioMHAS).

O.R.C. 5119.19(A)(1) defines psychotropic drug as including the following:

- Antipsychotic medications, including those administered or dispensed in a long acting injectable form;
- Antidepressant medications;
- Anti-anxiety medications; and
- Mood stabilizing medications.

Stimulants prescribed for the treatment of attention deficit hyperactivity disorder are specifically excluded from the definition of psychotropic drug.

The total reimbursement amount available for SFY 2023 is \$3,000,000.00. Of the total amount, \$1,500,000.00 is available for each reimbursement period. A county jail will receive reimbursement based on their jail's percentage of the total amount of reimbursement requested across all jails participating in the program. For example, if a county jail accounts for 1% of the total amount requested for the reporting period, the jail would receive \$15,000.00.

B. Reimbursement Periods

Reimbursement for SFY 2023 shall be submitted by the county Sheriff's Office for the following periods identified below. Failure to submit reimbursement requests by the identified dates will result in the reimbursement request being denied.



PDRP Guidelines and Assurances SFY 2023
pg. 2 of 2.

- July 1, 2022 – December 31, 2022 – submitted by February 15, 2023
- January 1, 2023 – June 30, 2023 – submitted by August 15, 2023

C. Reimbursement Process

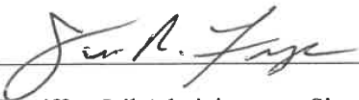
The reporting template must be complete including the jail profile and the assurance below signed by the Sheriff or Jail Administrator. The reimbursement request shall be itemized on the attached psychotropic drug reporting template including the number of prescriptions for each allowable drug and the cost. The template should be submitted to OhioMHAS at jailreimbursement@mha.ohio.gov. OhioMHAS will notify the jails and the local ADAMHS Board the amount that each jail will receive for the reporting period and upload funds to the applicable Alcohol Drug and Mental Health Services Board in the Grants and Funding Management System.

D. Questions

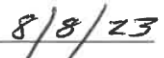
Contact Chris Nicastro at Christopher.Nicastro@mha.ohio.gov or at 614-466-9969.

E. Assurances

By signing this report, I certify that the reimbursement request is true and accurate. All financial records will be kept in a manner consistent with generally accepted accounting principles or other basis of accounting acceptable to the Auditor State of Ohio and the Department of Mental Health and Addiction Services. The jail agrees to provide access to records requested related to psychotropic drug program reimbursement no later than five (5) business days after requested by the state or any party with audit rights. If an audit or review reveals any material deviation, misrepresentation or overcharge to the State from paid amounts, the jail will refund to the State the amounts determined to be disallowed.



Sheriff or Jail Administrator - Signature



Date



Sheriff or Jail Administrator – Printed Name

AGREEMENT

This AGREEMENT made on July 1, 2023, between the Tri-County Board of Recovery and Mental Health Services, 1280 N. County Road 25A, Suite #1, Troy, Ohio, 45373 (the "Board") and the Shelby County Sheriff's Office, 555 Gearhart Road, Sidney, Ohio 45365 (the Sheriff); in consideration of the mutual covenants and agreements set forth below, the parties agree as follows:

- 1.01 **Term.** The Sheriff hereby agrees to provide one to two (1-2) Deputies and a marked cruiser for hospital transportation purposes for Miami, Darke, or Shelby County residents from July 1, 2023 to June 30, 2024; subject, however, to prior termination of this Agreement as provided below.
- 1.02 **Duties.** The Deputies assigned to perform work under this agreement shall perform off-duty security hospital transportation duties as assigned subject to the following:
- A. Under this agreement Deputies shall follow the Shelby County Sheriff's policies, objectives, rules and uniform requirements as well as policies and directives pertaining to the usage of county property and vehicles.
 - B. The Sheriff and Board will mutually determine the method of communication to activate this agreement including response time and contact points and will from time to time meet to determine adjustments to the methodology. Clients who are under a Pink Slip, Order to Convey, or who are otherwise determined by the Sheriff or his designee to need transport by a deputy are eligible for utilization of this Agreement.
- 1.03 **Termination.** This Agreement may be terminated by any of the parties giving a written 30 day notice of termination to the other parties. Termination shall not prejudice any other remedy that the terminating party may have either at law, in equity, or under this Agreement.
- 1.04 **Liability.** It is hereby understood that any employee performing work for the Sheriff's Office hereunder is an employee of the Sheriff's Office and not the Board during all hours for which the employee is paid by the Sheriff's Office. The Sheriff's Office is further liable for all acts of the employees so employed and agrees to maintain liability insurance to cover any claims arising out of the performance of duties under


this Agreement and shall further indemnify, hold harmless, and defend the Board and its officials from any claims arising from any act or omission of any employee performing services hereunder.

1.05 Compensation. In compensation for hospital transportation services provided under this Agreement, the Board agrees to pay the Shelby County Sheriff's Office a grant in the amount of \$5,000. The grant will be paid to the Sheriff in equal quarterly amounts. The Sheriff shall provide the Board a quarterly report that describes the hospital transportation services provided under this agreement. The Sheriff and Board shall review the terms and usage of this agreement annually. The Sheriff shall pay all of its employees for their services performed hereunder.

1.06 Entire Agreement. This Agreement supersedes any and all agreements between the parties hereto with respect to the subject matter hereof, and no other agreement, statement, or promise relating to the subject matter of this Agreement that is not contained herein shall be valid or binding.



Tri-County Board of Recovery & MH Services
Terri Becker, Executive Director



Shelby County Commissioner



Shelby County Commissioner



Shelby County Commissioner

Celina Office
401 East Market Street
Celina, OH 45822



Sidney Office
500 East Court Street
Sidney, OH 45365

Phone: (419)584-5123 Fax: 567-890-7217
www.momentumcounselingandconsultation.com

MEMORANDUM OF AGREEMENT

Momentum Counseling and Consultation, LLC is pleased to provide a Memorandum of Agreement (referred to as the MOA) describing an Agreement between the Shelby County, Ohio Jail and Momentum Counseling and Consultation, LLC (collective parties). Momentum Counseling and Consultation, LLC shall provide supervision of comprehensive counseling services to individuals incarcerated in the Shelby County, Ohio jail. Accordingly, parties understand and agree to the following:

I. The purpose of the MOA is to establish roles and responsibilities of the Parties in order to execute the Agreement to supervise mental health services for individual inmates incarcerated at the Shelby County Jail.

II. Roles and Responsibilities : Parties agree to the following roles and responsibilities:

a. Responsibilities of Momentum Counseling and Consultation, LLC include:

- 1) Provide supervision of site specific services to individuals in the Shelby County, Ohio jail for a broad scope of mental, emotional and substance use issues.
- 2) Assigned Therapist will provide under Clinical Supervision, the following:

- * Mental Health and Substance Use Consultations
- * Comprehensive Diagnostic Assessments
- * Individual Counseling
- * Educational Group Counseling
- * Substance Abuse Counseling
- * Mental Health Counseling
- * Case Management
- * AOD and Anger Management Education Groups

Above services shall be performed at the discretion of the Therapist and based upon medical necessity. In addition, the Therapist shall work collaboratively with jail personnel, probation services, community stake holders, parole officers and its contracted services providers to assist in meeting the needs of inmates in custody and discharge from jail.

b. Responsibilities of the Shelby County, Ohio Jail include:

- 1) Provision of confidential office space, printer, paper, computer, desk, chair, WIFI and telephone/fax and copier.
- 2) Jail staff will be advised of and adhere to confidentiality laws and guidelines and will adhere to them.

3) Jail Administration and staff will participate in scheduled meetings with Momentum Counseling and Consultation, LLC to evaluate and monitor behavioral services delivered described herein this MOA.

III. Fee Services

Momentum Counseling and Consultation LLC shall not charge any fees to the Shelby County Oh jail or any third party for supervision of services delivered by the Therapist described herein the MOA.

IV. Independent Contractor:

a. In the provision of supervision of services delivered by Momentum Counseling and Consultation, LLC to the Shelby County Jail, Momentum Counseling and Consultation, LLC shall at all times operate as an independent contractor and shall have no authority to make any arrangements or incur any liabilities on behalf of the Shelby County Jail.

b. Momentum Counseling and Consultation, LLC is responsible for providing supervision of a Therapist who meets the minimum qualifications as so established by all applicable State and Federal Regulations.

c. Supervision of services delivered shall conform to all requirements, including , but not limited to the following:

1) HIPPA

2) All Federal and State statutes and regulations.

3) The Ohio Revised Code

4) American with Disabilities Act

5) All applicable professional standards, rules and regulations, including, but not limited to the Ohio Counselor and Social Worker Board.

d. Therapist shall maintain at his/her expense, professional liability insurance.

e. Momentum Counseling and Consultation, LLC shall provide an Electronic Medical Record and Therapist shall document and maintain clinical records of services delivered as outlined in the MOA.

f. Momentum Counseling and Consultation, LLC Therapist shall be familiar with all jail policies pertaining to its inmate population.

V. Duration and Termination of MOA:

a. The Agreement between the Parties is the period beginning January 3, 2023 and will be in effect for one year from date indicated. Either party may terminate the Agreement for non-performance after first giving written notice of breach to the other party and an opportunity for the other party to cure the non-performance within 10 business days of receipt of the written notice. Notice shall be deemed effective when delivered via certified mail to the following:

Shelby County Jail
Attention: Sheriff James Frye
555 Gearheart Road Sidney, Ohio 45365

Momentum Counseling and Consultation, LLC
Attention: Michelle Salazar/Owner
401 E. Market Street Celina, Ohio 45822

IN WITNESS WHEREOF, parties have executed this Agreement in their official capacities with legal authority to do so.

Date January 3, 2023

Shelby County Jail

By:

James Frye, Sheriff

Date: 02 / 01 / 2023

By: Michelle Salazar Date: 1 / 27 / 23
Michelle Salazar, Momentum Counseling and Consultation, LLC

By: Darrell Henthorn LSU Date: 1 / 28 / 23
Darrell Henthorn, Therapist

MEMORANDUM OF AGREEMENT

We are pleased to provide this Memorandum of Agreement (the “MOA”) describing an Agreement between Shelby County Jail and Family Resource Center of Northwest Ohio, Inc (“FRC”) (collectively “Parties”) where FRC will provide comprehensive counseling services to individuals for a broad range of mental, emotional and substance abuse issues (“Agreement”). The points below summarize the principal terms of the proposed Agreement, and this MOA, upon your execution and return, will confirm the understanding among the Parties regarding the terms and conditions of the Agreement.

- I. Purpose: The purpose of this MOA is to establish roles and responsibilities of the Parties in order to execute the Agreement to deliver services at the Shelby County jail.
- II. Roles and Responsibilities: the Parties would agree to the following roles and responsibilities:
 - a. Responsibilities of FRC:
 - i. Provide community-based services to individuals in the Shelby County Jail for a broad range of mental, emotional and substance abuse issues.
 - ii. Services may be delivered onsite at the Shelby County Jail or via telehealth arrangements.
 - iii. Therapist:
 - Will provide Mental health consultation to determine level of need and determine if Comprehensive Diagnostic Assessment is needed for further services.
 - Will complete a Comprehensive Diagnostic Assessment on clients who meet the criteria determined through mental health consultation and through direct referrals made by FRC.
 - iv. Case Manager:
 - Will provide services in the jail and in the community.
 - Will provide case management/ TBS services to open clients.
 - Services will focus on Reentry and recidivism.
 - Case Management services will be determined through the Comprehensive Diagnostic Assessment, DLA 20, and the GAINS Re-Entry Checklist form.
 - v. Peer Support:
 - Will provide services in the jail and in the community
 - Will provide peer support services to open clients and unopened clients
 - Services will focus on engagement and support to address mental health and SUD.
 - vi. Medical Provider:
 - Will provide services remotely including provider time and nursing support.
 - Medical services will be provided to open clients that have a completed Comprehensive Diagnostic Assessment or Comprehensive Diagnostic Assessment Update prior to scheduling of the assessment.

- APRN time will be provided weekly for follow-up and new client assessment including emergent cases based on availability and/or by rescheduling of stable clients.
- Jail service schedule will be established and maintained by FRC.
- Any appointment time that is not scheduled by noon on the day prior to the clinic will be released back to FRC to schedule clients in the community.

- b. Roles and Responsibilities of Shelby County Jail:
- i. Provide thorough and complete FRC enrollment paperwork prior to the initial assessment to the FRC Site Director.
 - ii. Provide confidential space that includes access to WIFI and a computer for telehealth services.
 - iii. Jail staff understands confidentiality laws and guidelines and agree to abide by the same.
 - iv. Jail staff will coordinate regularly scheduled meetings among the parties of the contract to discuss and monitor behavioral services provided to the jail.
 - v. Jail staff will follow the agreed upon referral process as attached.

III. Funding Agreement

- a. Payment for services shall be provided by the Tri County Board.
- b. The Provider shall complete all billing requirements through the Tri County Board for purposes of determining billing.
- c. In the event that it appears to Provider that it may reach the maximum amount of fees to be billed through the Tri County Contract, the provider will contact an authorized representative for Tri County Board so that steps can be taken to avoid exceeding the maximum amount of fees to be billed under the providers Contract through the Board.

IV. Independent Contractor:

- a. In providing services to Shelby County Jail, FRC shall at all times operate as an independent contractor and shall have no authority to make any arrangements or incur any liabilities on behalf of the Shelby County Jail.
- b. FRC is responsible for providing counselors who meet the minimum standards established by OhioMHAS and all other applicable State and Federal regulations.
- c. FRC shall perform all services in accordance with governing OhioMHAS certification and licensure requirements and has the right to: (i) control and direct the means, manner and method by which services are performed, and (ii) coordinate services delivery with appropriate personnel and community resources.
- d. Services by FRC shall conform to all requirements, including, but not limited to the following:
 - i. HIPPA and FERPA;
 - ii. All applicable Federal and State statutes and regulations;
 - iii. The Ohio Revised Code;
 - iv. Americans with Disabilities Act;

- v. All applicable professional standards, rules and regulations, including but not limited to the Ohio Counselor, Social Worker and Marriage and Family Therapist Board;
- vi. The culture of the clients served, age and gender appropriate, and be provided in the least restrictive and most natural environment; and
- vii. Adapts to the meet the needs of persons with sensory challenges (i.e., deaf, blind or visually impaired).
- e. FRC, at its expense, shall maintain general liability coverage, professional liability coverage, workers compensation coverage, automobile liability insurance and directors and officers' liability insurance.
- f. FRC shall offer appropriate referrals for intensive behavioral health services, for alternate services, and/or services better suited to more appropriately meet the clinical needs of the client.
- g. FRC shall maintain complete and accurate accounting to substantiate FRC's payment for services and clinical records that document services provided.
- h. FRC retains responsibility for all personnel matters.
- i. Personnel hired under any proceeding Agreements between the Parties regarding medical services provided by FRC are subject to all of FRC's policies and procedures, wages and benefits package; and
- j. FRC shall be familiar with all jail policies pertaining to its inmate population.

V. Duration and Termination:

- a. The Agreement between the Parties is for the period beginning July 1, 2023 and will be in effect one year from date indicated. Either party may terminate the Agreement for non-performance after first giving written notice of breach to the other party and an opportunity for the other party to cure the non-performance within fifteen (15) days of receipt of written notice. Notice shall be deemed effective when delivered via certified mail to the following:

Shelby County Jail

Attn: Sheriff James Frye

555 Gearhart Rd., Sidney, Ohio 45365

Family Resource Center of Northwest Ohio, Inc.

Attn: John Bindas, President/CEO

530 S. Main Street, Lima, Ohio 45804

- VI. Insurance: FRC shall purchase and maintain during the term of any resulting Agreement the following:

- a. Commercial General Liability Insurance of at least \$1,000,000.00 combined single limit coverage written on an occurrence basis covering all premises and operations and all of its agents and employees shall be named as an additional insured.
- b. Worker's Compensation Insurance benefits to include Employers' Liability coverage with limits of at least \$100,000.00 each accident, \$100,000.00 each employee disease, and \$500,000.00 disease policy limit.
- c. Professional Liability Insurance with limits of at least \$1,000,000.00 each occurrence and \$3,000,000.00 aggregate.


VII. Whole Agreement:

This MOA shall not be construed in any manner as a definitive agreement or any other legally binding agreement upon any party hereto, and no binding obligation shall be created on the part of any party thereto, except that the provision of Sections II, III, IV, V shall bind parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF, the parties have executed this Agreement in their official capacities with legal authority to do so.

Date: June 30, 2023

Shelby County Jail

By: 
James Frye, Sheriff

Date: 8/28/23

Family Resource Center of Northwest Ohio, Inc:

By: _____
John Bindas, President

Date: _____