

Geauga County, Ohio

Sequential Intercept Mapping Final Report

May 2-3, 2024

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*Please note that agencies and personnel may 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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Geauga 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 Geauga County, Ohio, on May 2-3, 2024. The workshops were hosted at the Geauga County Office Building with Geauga County coordination provided by the Geauga County Board of Mental Health and Recovery Services, along with a Geauga County Planning Team comprised of representatives from behavioral health and criminal justice agencies. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Geauga 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

Together, the Geauga County Board of Mental Health and Recovery Services, Geauga County Court of Common Pleas, and the Geauga 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 Geauga County in responding to the overrepresentation of individuals with behavioral health needs in the justice system. The Sequential Intercept Mapping exercise was meant to aid Geauga County with:

- Creation of a map indicating points of interface among all relevant Geauga 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 33 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. Dan Peterca, Teri Gardner, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for justice-involved individuals with mental illness and co-occurring disorders. Participants agreed that the following values and concepts were important components of their discussions and should remain central to their decision-making: *Hope, Choice,*

Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, and the belief that Recovery is Possible.

Objectives of the Sequential Intercept Mapping Exercise

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

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Geauga 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 Geauga 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

Gauga County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently multiple cross-system collaborative teams/coalitions that were identified by the Geauga County Planning Team and workshop participants: LOSS Team, HUB, New Leaf Drug Court, the Adult Collaborative, Housing Coalition, Crisis Response Team, Suicide Prevention Coalition, Geauga Citizens Circle, and the Quick Response Team (QRT).

Individual with Lived Experience Involvement

The Geauga County Planning Team did not include an 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 stakeholders that were missing at the workshops: law enforcement beyond the Sheriff's Office and CIT Program Coordinators.

Data Collection

- The Geauga County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and/or to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Geauga County Jail Data for January 1, 2023 – December 31, 2023
 - CLIMB Memorandum of Understanding (MOU)
 - Drug Court Memorandum of Understanding (MOU)
 - Thinking for a Change Memorandum of Understanding (MOU)
 - Ravenwood Health Year End Report 2023 CIT and Court Program
 - Ravenwood Health FY24 Half Year CIT and Court Program

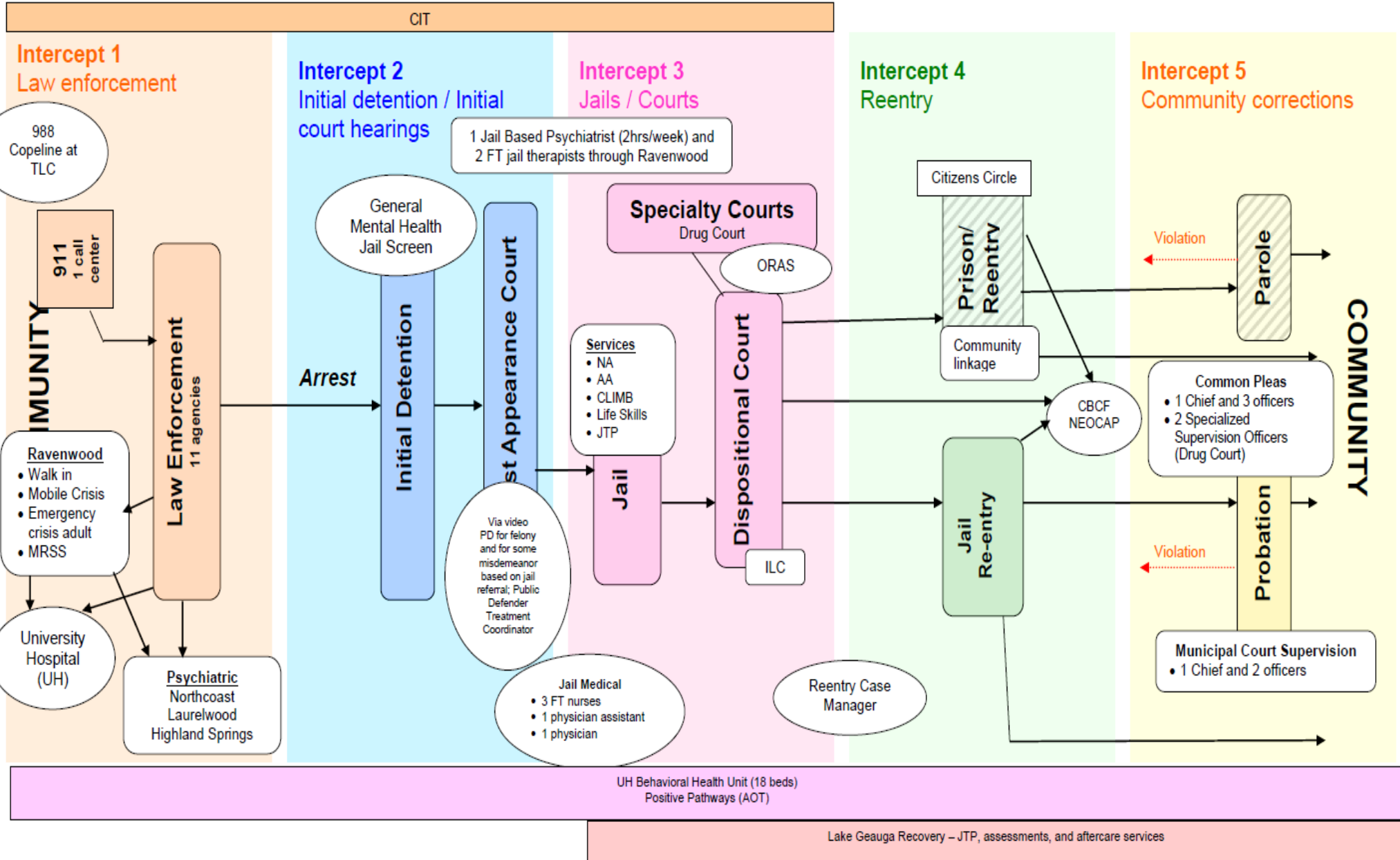
Recommendations

- 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 Geauga County criminal justice system and promoting use of alternatives.
- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.

Sequential Intercept Mapping

Geauga County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Geauga County, Ohio 2024



Geauga 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 Geauga 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 Geauga County Sequential Intercept Map. The cross-systems Geauga 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 Geauga 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 evidence 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 Geauga County.

- 988 operated by the Transitional Living Center (TLC)
 - Approximately 20-30 calls per month
 - Both number of calls and referrals to types of services are tracked
 - TLC has 9 beds for adults with serious mental illness and may expand to 16 beds
- CopeLine (Gauga County Helpline)
 - Call takers trained in de-escalation and have an on-call therapist available
 - Received 12,049 calls in 2023
 - Both number of calls and referrals to services are tracked
- Adult Collaborative
 - Provides financial support/funding option for a variety of needs with funds from the United Way. There is an income eligibility for access to funds.
- Assertive Community Engagement (ACE)
- Clozapine prescribers
- Cognitive Behavioral Therapy (CBT)
- Cognitive Behavioral Therapy for Psychosis (CBT-P)
- Dialectal Behavior Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Integrated Dual Disorder Treatment (IDDT)
- FIRST Coordinated Specialty Care for First Episode Psychosis
- LOSS Team – run by Victim Advocacy through the Geauga County Sheriff’s Office
- Opiate HUB
- Medication Assisted Treatment (MAT) – Vivitrol, Sublocade, Suboxone
- Mental Health First Aid (MHFA)
- Mobile Response and Stabilization Services
 - Serve youth up to 20 years old and their families
 - Co-response with 2 clinicians and 1 case manager
- Motivational Interviewing (MI)
- Peer Support Specialists
- Suicide Prevention Coalition
- Quick Response Team (QRT)

- Crisis Response Team
- Bridges at Work (Catholic Charities)
- John Murray Clubhouse (Ravenwood Health)

Intercept 0 Gaps

- ▣ Housing
 - No shelter for women
 - Limited shelters for families and men
 - Lack of landlords
 - 60-day time constraint to use housing vouchers; unused housing vouchers
- ▣ Transportation
 - Lack of services for evenings and weekends (current schedule is M-F 6AM-9AM only)
 - It is a dial/call for service and costs \$6 each way (more if out of county)
 - Limited hours for transportation, must be scheduled, and no set routes

Intercept 0 Opportunities

- ▣ Increase advertising of the 988 and Copeline strategically to providers and stakeholders
- ▣ Explore ways to use Access to Wellness Funds (OhioMHAS)
- ▣ Housing vouchers are available – challenge is finding landlords/rentals that will work with vouchers/ rent is high
- ▣ University Hospital is developing a protocol for detox

Recommendations

- ▣ Copeline can explore implementing support policies for frequent callers who have mental health service providers.
- ▣ Clarify data on numbers of unhoused people with mental illness

Intercept I: Law Enforcement / Emergency Services

In Geauga County, law enforcement is provided by the Geauga County Sheriff's Office 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 out of county), or a combination of these options.

Dispatch / 9-1-1

- Geauga County has one dispatch center located in the Geauga County Sheriff's Office. The dispatch center uses Computer Aided Dispatch (CAD) system, which allows for comments and alerts on calls.
- 911 does not make referrals to 988

Law Enforcement and Crisis Intervention Team model

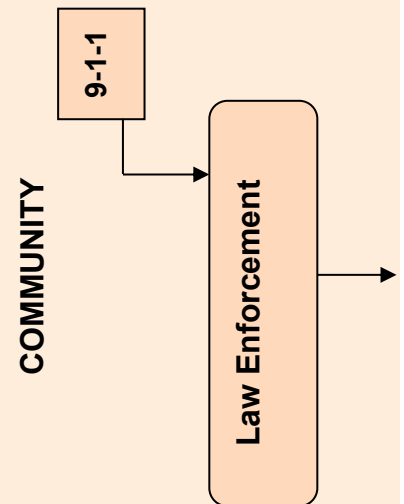
According to the 2022 Ohio Peace Officer Training Commission (OPOTC) County Agency Report Geauga County has 11 law enforcement agencies: Bainbridge Township Police Department, Burton Police Department, Chardon Police Department, Chester Township Police Department, Geauga County Sheriff's Office, Geauga Parks Department, Middlefield Police Department, Russell Township Police Department, South Russell Police Department, Thompson Township Police Department, and University Hospital Geauga Medical Center Police Department.

- The Geauga County Crisis Intervention Team (CIT) Program held its first CIT Patrol Officer Training Course in 2007, with the latest training on record held in 2023. Nine of the eleven 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. All eleven law enforcement agencies participate in the Geauga County CIT Collaborative. Refresher CIT, Advanced CIT, and Role-Specific CIT Training Courses are not currently offered in the Geauga County CIT Program.
- Bainbridge Township Police Department participated for the first time at the most recent CIT Patrol Officer Training Course.
- The Geauga County Sheriff's Office states that all their personnel are CIT trained.
- In Geauga County, there is limited use of emergency hospital admission (pink slipping) by law enforcement.
- If an individual is voluntary, law enforcement may transport them to University Hospital Geauga for an up to 3-day evaluation period. If the individual is voluntary and an existing client of Ravenwood Health, law enforcement may also transport the individual to that facility. After dropping off, law enforcement will leave unless the individual is combative.

Crisis Services

- Law enforcement will assist with transportation during crises.
- Mobile Response and Stabilization Services (MRSS) operated by Ravenwood Health
 - Serve youth up to 20 years old and their families
 - Co-response with 2 clinicians and 1 case manager
- 24/7 Emergency Services – focused on adults but has limited support overnight – operated by Ravenwood Health
 - Identified Health Officers on staff (can write pink slips)
 - Coordinate and perform evaluations for higher level of care
 - Individuals are taken to University Hospital of Geauga Emergency Department for medical clearance
- Walk-in Clinic at Ravenwood Health

Intercept 1 Law enforcement



- Transitional Living Center (TLC) 9 beds for males/females with a possible expansion coming to 16 beds

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- University Hospital Geauga Emergency Department and Behavioral Health Unit
 - If an individual is voluntary, they are seen in the Emergency Department for evaluation. Law enforcement provides a verbal report to the staff. In the Emergency Department, the individual will meet with Ravenwood Health staff to ensure they have a safety and follow up plan, place to stay, review medications, and address other presenting needs.
 - The quick turnaround within the Emergency Department can pose challenges, including Ravenwood Health staff not having all the hospital's paperwork in time for discharge.
 - If an individual is pink slipped, they are taken directly to the Behavioral Health Unit.
 - Law enforcement will leave after dropping off and providing report unless the individual is combative.
 - Behavioral Health Unit
 - 8 semi-private units and 2 seclusion rooms
 - Average daily number of patients is 12-13
 - 2 social workers and 1 therapist are on the unit
 - Accepts admissions from multiple counties (Geauga, Lake, and Ashtabula)
- Out of county facilities also utilized, including Highland Springs (Cuyahoga) and Windsor-Laurelwood (Lake)
 - Geauga County Board of Mental Health and Recovery Services has a contract with Highland Springs for indigent individuals in need of hospitalization.
- Northcoast Behavioral Healthcare is the Regional Psychiatric Hospital and is utilized when individuals do not have insurance

Detoxification

- Not formally available within the county
- Available at Windsor Laurelwood (Lake), New Day Recovery (Mahoning), and Lake-Geauga Recovery Centers (Lake)
- University Hospital Geauga is developing a protocol for detox and building a new detox

Probate

- It was noted that Assisted Outpatient Treatment is being developed

Intercept I Gaps

- CIT Steering Committee focus on training only
- EMS CIT Training
- Peer Support
- Information handoff from police to ER lacking
- Knowledge of admission criteria across agencies
- Underutilization of Ravenwood walk-in services

Intercept I Opportunities

- Continued collaboration about Admission criteria & information sharing
- Add University Hospital Geauga to CIT Steering Committee
- AOT in process
- Pink slip training for Probation & Health Providers

Recommendations

- The CIT program is strongly encouraged to develop and engage a more robust steering committee that reviews all core elements of the CIT program and its relationship with the county's crisis response system. This would include giving consideration to additional role specific trainings, such as EMS, and reviewing the

quality of procedures for law enforcement transfer of custody to the hospital emergency department or other entities, along with other programmatic issues.

- It appears there's an opportunity to enhance public awareness about crisis services, e.g., 988, Copeline, MRSS, and Ravenwood walk-in services.
- There is growing information and guidance available on the interoperability of 911 and 988. The county is encouraged to learn more about this opportunity to redirect behavioral health calls for service.

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

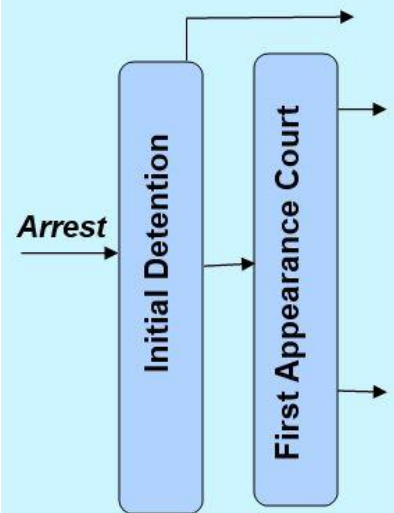
Initial Detention

- After arrest, all individuals are transported to and detained at the Geauga County Jail (GCJ).
- During booking, the arresting officer gives a receipt form to the Booking Officer. This form includes information about the individual's veteran status, circumstances of the arrest, and any suicidal concerns. The Spillman Jail Management System is utilized, and questions were added to the booking portion for screening for mental health concerns. The individual is searched, and a body scan conducted. Individuals are then classified for their detention.
 - After booking and classification, the individual is taken to their unit. If there is a concern from their mental health screening, Ravenwood Health staff can be contacted Monday-Friday 8am-4pm to complete a more thorough assessment.
 - If there are concerns regarding suicide, the inmate is kept in Booking for observation with checks every 10-20 minutes.
 - Booking information has been shared with judges and mental health agencies that have requested it.
- Medications for inmates can be brought to the jail and can be used if the name of the inmate matches the name on the prescription bottle.
 - If an inmate needs a new prescription or new medication, it can be up to a 3 day wait.
 - While a list was not provided, it was confirmed that the jail does not allow some medications due to misuse concerns on the units.
- The GCJ has nursing services for 10 hours per day, 7 days a week. A contract physician visits the jail 3 days a week. A psychiatrist from Ravenwood Health visits the jail 1 day a week to assess, monitor and prescribe medications.
- Detainees can be pink slipped from the jail to the University Hospital Geauga Emergency Department/Behavioral Health Unit.

Arraignment and Initial Hearing

- All inmates that are booked have an initial hearing in municipal court.
- Inmates appear via video for their initial hearing for felonies, but not misdemeanors. An initial meeting for felonies is held via video regarding counsel.
- Informal pre-trial process currently exists. Public Defenders are assigned for felony cases. If it is a misdemeanor case, inmates must retain their own counsel. The judge decides if a mental health or risk assessment is needed. These are completed by Ravenwood Health.
- Prior to a hearing, the jail alerts the court clerk and/or judge to any known mental health related issues or concerns.

Intercept 2 Initial detention / Initial court hearings



Veterans

- Law enforcement and booking officers ask individuals about their veteran status. There are two different areas of the booking process in which veteran status is asked about. If a veteran is identified, they are referred to Veteran Affairs or Family Pride of Northeast Ohio for services. It was noted that it was rare to encounter a veteran that was not eligible for services.

Intercept II – Identified Gaps

- Additional time for physician/psychiatry services to meet with inmates in detention to address issues as needed
- Ability to report the number of persons identified with mental health issues; data elements required/discussed for Stepping Up
- Gap between bind over from Municipal Court to Common Pleas and bond/pre-trial oversight lacking
 - Delays in testing drugs creates issues
 - Delay in individuals getting to specialized docket sooner

Intercept II – Identified Opportunities

- None reported

Recommendations

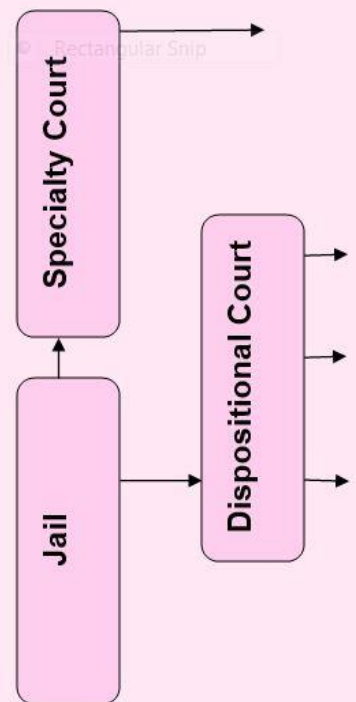
- Consider using a validated screening instrument at booking to get a reasonable estimate of the number of people with mental illness and co-occurring disorders. This will help determine services needed in the jail and can provide the court and probation department with meaningful information for potential linkages to services or referral to specialized court programs.
- Consider tracking the reported needs of inmates for a set period of time regarding psychiatric or mental health services to determine what level of additional care is needed in the jail, what days/times of day, and how many estimated hours.

Intercept III: Jails / Courts

Jail

- The Geauga County Jail capacity is 182, with a current average daily population of 90-120. The jail also includes inmates from Cuyahoga County and U.S. Immigration and Customs Enforcement (ICE).
 - Approximately half of the inmates are from outside of the county and/or outside the country.
 - Pocket Talk devices are used by some law enforcement and personnel for translation.
- The average number of daily bookings can be as high as 15.
- Per Ravenwood Health records, 260 inmates received either an assessment, counseling, group counseling, and/or re-entry services between July 1 – December 31, 2023.
 - The daily population of persons with mental illness and booking average of persons with mental illness are unknown.
- The jail utilizes the Spillman Jail Management System for its records and tracking of inmate information.
- There are 3 full-time nurses at the jail who are available 10 hours a day/ 7 days a week. A Physician's Assistant (PA) is available 24 hours a week over 3 days. A physician is contracted for 2 days a week. Ravenwood Health is at the jail once a week for 2 hours; however, they can also be called in as needed due to suicidal concerns.
 - The jail does not administer forced medications, nor does it have an infirmary.
- All programming at the jail is separated by gender and includes:
 - Changing Lives Incorporating Mental Health Balance (CLIMB) – Group run by Ravenwood Health for inmates with more severe diagnoses. The group runs in 8-week cycles.
 - Church services
 - NA/AA
 - Job transition services
 - Parenting
 - Jail Treatment Program (JTP) – 4 weeks long program with follow-up support from Aftercare.
 - It was noted by attendees that when inmates attend both CLIMB and JTP at the same time, they do well.
 - Follow-up contacts are completed at 6 months, 1 year, and 18 months
 - Life Skills program is 6 weeks long
 - Individual therapy
 - Community therapists do not see their clients when they are incarcerated
 - Requests for therapy can be made via CopeLine
 - In-reach services done by Job and Family Services
 - University Hospital Tripoint (Lake County) – there was some discussion around challenges in getting discharge information

Intercept 3 Jails / Courts



Court

- Intervention in Lieu (ILC) was noted as being used frequently.
- Geauga County has one Municipal Court and one Common Pleas Court.
 - The New Leaf Program is through the Common Pleas Court for high risk and high need individuals. The program has a capacity for 30 participants and currently has 21 participants. The program runs over 16-24 months and includes 6 phases.
- Forensic Monitor currently has 15 cases, 8 of which are Not Guilty by Reason of Insanity (NGRI)

Specialty Courts

- Certified Drug Court in Common Pleas – Judge Paschke; Team includes case managers, through Family Pride of Northeast Ohio, and Probation Officers. Each Probation Officer carries a caseload of up to 25 probationers.
- Referral process:
 - Application through an attorney recommendation
 - Criteria: high risk/ high need, felony case, nonviolent (unless approved by the Judge and Prosecutor), 21 years of age or older, and may be from out of county
- Voluntary program and includes a public defender on the treatment team.
 - 16-24 months, with an average length of 18-19 months
 - 6 phases
 - Graduation rate is over 50%
 - Sanctions include verbal sanction, written sanction, increased Probation Officer visits, electronic monitoring, relapse prevention, and return to the jail
 - Incentives include spin on the prize wheel, social activities, community garden, gift cards, t-shirts, certificates, and verbal praise
- A treatment assessment, completed by Ravenwood Health, and an Ohio Risk Assessment System (ORAS) are conducted.

Veterans

- There is a robust program for veterans with mental health issues; however, few are justice involved. If more were, the Judge would be amenable to creating a track for them.

Intercept III – Identified Gaps

- Detox – lack of it in county resources – impact on specialty court participants and overall system
- Mental health stabilization and crisis services in the county – not existing
- Forced medication/high acuity resources/challenges/process
- Discharge communication & coordination with Tri-Point Hospital (Lake County)

Intercept III – Identified Opportunities

- New Leaf Program – increased family support programming
- Buy more Pocket Talk devices
- Positive Pathways (AOT) will be started in 2024 and will gather data about those with criminal justice involvement.

Recommendations

- As University Hospital builds out detox protocols and services, this group is encouraged to convene necessary partners to help inform that process, including criminal justice and behavioral health entities. This may also be an opportunity to include Tri-Point Hospital to discuss communication and coordination more broadly across the hospital system.

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. Geauga County does not participate in this program and therefore does not receive funding for referrals to assist with recovery support. OhioMHAS still completes the linkage but only for a treatment appointment with Ravenwood Health.

○ MH clients:	4 participated	0 refused	Total: 4
○ MH/CTP:	3 participated	0 refused	Total: 3
○ CTP:	0 participated	3 refused	Total: 3
○ Totals:	7 participated	3 refused	Total eligible: 10

- Adult Parole Authority (APA) coordinates reentry services and support.
- NEOCAP serves 5 counties, including Geauga County, for high-risk releases for up to 4-6 months and has 125 male beds and 60 female beds (185 beds total)
 - It was stated that 60% of residents are on medication and 3% were identified as being diagnosed with a severe mental illness.
- Returning Home Ohio services are provided through Eden (housing provider)

Jail

- Reentry services program provides support for up to 6 months after release. Jail staff will reach out to community mental health provider(s) to schedule appointments to start or continue services. The program has 1 staff member but will be taking on an intern.
- Inmates are provided with 7 days of medication upon release.
- Citizens Circle meets every 3rd Wednesday.

Intercept IV – Identified Gaps

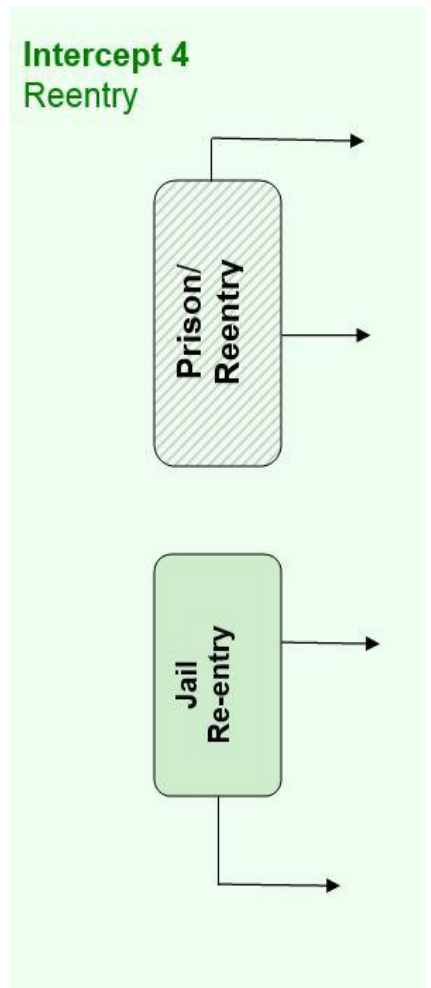
- Referral process for housing for returning citizens (coming from non-ODRC entities & out of county residents)
- Unrestorable population - resources/access
- Bridge medications needs from jail to community

Intercept IV – Identified Opportunities

- None reported

Recommendations

- None reported



Intercept V: Community Corrections / Community Support

Probation

- Risk assessments are completed for probationers.
- Specialty docket staff receive additional training
- The Geauga County Municipal Court has 3 Probation Officers (PO's). Currently, none of the POs are trained in ORAS; however, they do receive other training. There are currently 180 individuals on the Pre-Trial Services caseload and 460 total probationers. There is no specialized supervision.
- The Geauga County Common Pleas Court has a Chief Probation Officer and 2 POs, a secretary for Pre-Trial Services, and a Drug Court Coordinator and a PO. Currently, there are 80-100 individuals on the Pre-Trial Services caseload and 300 total probationers. Individuals on probation receive a risk assessment screening, but the individuals on pretrial do not receive a risk assessment screening.

Parole

- Adult Parole Authority provides reentry services

Community Supports

- Oriana House has a half-way house, but this is not highly utilized.
- Sober/recovery houses in Geauga County (5) and in Lake County (7).
 - The five in Geauga County include two for men, two for single women, and one for women with up to two children

Intercept V – Identified Gaps

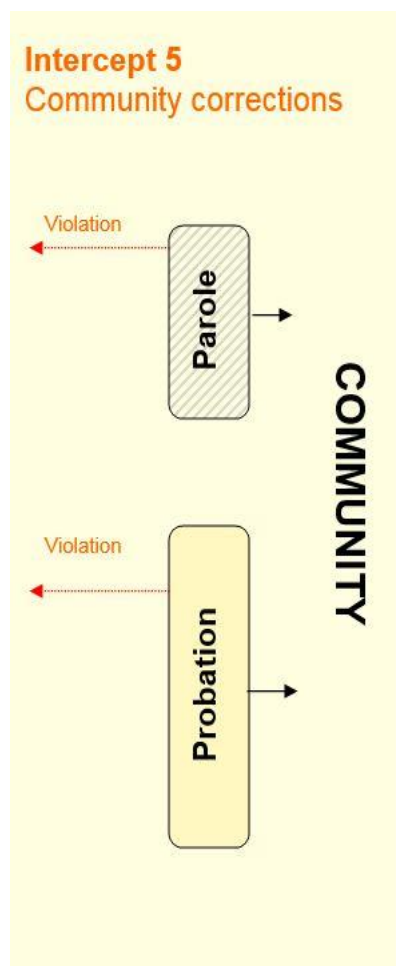
- Pink slip training for court staff / probation

Intercept V – Identified Opportunities

- None identified

Recommendations

- Risk assessments at the pre-trial phase can be informative and assist the court in making determinations of release/detention and community support for those released. Models for this practice exist in Ohio and connections can be made to those programs to determine what components may be replicable in Geauga County.



Priorities for Change

Geauga County,
Ohio

Geauga 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. Transportation and Housing
2. Service Access at Intercept 1
3. Mental Health Stabilization and Unrestorable
4. Detox Services

Within each of the Priority areas, the group agreed that the following issues were important to address:

1. Transportation and Housing
 - a. Hours of operation (transportation)
 - b. Cost (transportation and housing)
 - c. Routes – specific needs for this specific population (transportation)
 - d. Scheduling options (transportation)
 - e. Health Insurance (transportation)
 - f. Family & childcare considerations (transportation)
 - g. Shelter needs (housing)
 - h. Landlords (housing)
 - i. Time constraints and unused vouchers (housing)
 - j. Coordinated entry (housing)
 - k. Data: GMHA issued vouchers; cross walk with mental health clients (housing)
 - l. Location (housing)
 - m. Stigma (housing)
2. Service Access at Intercept 1
 - a. Information hand-off from police to emergency department/hospital
 - b. Knowledge of admission criteria across agencies
 - c. Under-utilization of Ravenwood walk-in services
 - d. Integration of 911 and 988
3. Mental Health Stabilization and Unrestorable
 - a. In-county crisis services
 - b. Unrestorable population – services and access
 - c. Need specific definition of the gap
 - d. Considerations/resources for violent clients
 - e. Where/how will Assisted Outpatient Treatment be useful?
 - f. Outreach and education
4. Detox
 - a. Lack of in-county resources; impacts specialized docket and whole system
 - b. Inpatient vs. outpatient criteria
 - c. Explore other provider options
 - d. Eligibility for the services
 - e. Smoother transition from acute care to medication assisted treatment

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

- Referral process for returning citizens home for housing (coming from non-ODRC entities & out of county residents) (2 votes, Intercept 4)
- Unrestorable population resources/access (7 votes, Intercept 4)
- Detox – lack of it in county resources – Impact Spec. court and overall system (7 votes, Intercept 3)

- Mental health stabilization and crisis services in the county – not existing (7 votes, Intercept 3)
- Forced medication/high acuity/resources/challenge/process (3 votes, Intercept 3)
- Additional time for Psych. To meet with folks in detention to address issues as needed (6 votes, Intercept 2)
- Ability to report the number of persons identified with mental health issues; data elements required/discussed for Stepping Up (2 votes, Intercept 2)
- Gap between bind over from Municipal Court to Common Pleas and bond/pre-trial oversight lacking (1 vote, Intercept 2)
 - Delays in testing drugs creates issues
 - Delay in folks getting to specialized docket sooner
- CIT Steering Committee focus on training only (3 votes, Intercept 1)
- EMS CIT Training (4 votes, Intercept 1)
- Information handoff from police to ER lacking (3 votes, Intercept 1)
- Underutilization of Ravenwood walk-in services (11 votes, Intercept 1)

Parking Lot Issues

- High acuity treatment
- Medication over objection options
- Unrestorable & returned to the community with case dismissed
- 1115 Waiver – allows Medicaid use while incarcerated

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
Geauga County, Ohio | May 2-3, 2024**

Participant Roster

First Name	Title	Organization/Agency	Email
Abigail Pierce, LISW	Jail Therapist	Ravenwood Health	piercea@ravenwoodhealth.org
Amanda Jonovich	Correctional Officer	Geauga County Sheriff's Office	ajonovich@co.geauga.oh.us
Angi Daugherty	Executive Director	Family Pride of Northeast Ohio	angidaugherty@familyprideonline.org
Beth Tady, LPCC-S	Supervisor, Legal Assurance Department	Northcoast Behavioral Healthcare	elizabeth.tady@mha.ohio.gov
Beth Williams	Director of Youth Services	Geauga County Juvenile Court	bwilliams@geaugapjcourt.org
Brittain Paul	Chief Operating Officer	Ravenwood Health	paulb@ravenwoodhealth.org
Carolyn Paschke	Judge	Geauga County Common Pleas Court	cpaschke@geaugacourts.org
Casandra Zouhary, LPCC-S	Director of Engagement & Crisis Intervention Services	Ravenwood Health	zouharyc@ravenwoodhealth.org
Christina Charlillo	Engagement & Community Resource Coordinator	Ravenwood Health	charliloc@ravenwoodhealth.org
Christine Lakomiak	Executive Director	Geauga County Board of MHRS	clakomiak@geauga.org
Cindi Haycox Wellman	Program Director, Victim/Witness Program	Geauga County Prosecutor's Office	chaycox@co.geauga.oh.us
Dawn Thompson, CDCA	JTP Coordinator/CD Counselor (Geauga Safety Center)	Lake-Geauga Recovery Centers	dthompson@lgrc.us
Elizabeth Doran, LISW-S	MAT and Criminal Justice Coordinator	Ravenwood Health	dorane@ravenwoodhealth.org
Erin Moonesawmy	Reentry Case Manager	Family Pride of Northeast Ohio	emoonesawmy@familyprideonline.org
Jane Bagnall	Peer Recovery Specialist	Lake-Geauga Recovery Centers	jherder@lgrc.us
Jeff Svendsen	Investigative Agent	Geauga County Board of Developmental Disabilities	jsvendsen@geaugadd.org
Jennifer Marut, LPCC-S	Clinical Supervisor	Family Pride of Northeast Ohio	jmarut@familyprideonline.org

Judy Thrasher	Chief of Probation	Chardon Municipal Court	jthrasher@co.geauga.oh.us
Kathy Johnson		Geauga County Board of MHRS	kjohnson@geauga.org
Karen Demko	Geauga Coordinator	Lifeline	karend@lclifeline.org
Kristina Hanik	Clinical Director	NorthEast Ohio Community Alternative Program	k.henik@neocap.org
Mark Colella	Volunteer Program Facilitator	NAMI Geauga	gobotsrock@hotmail.com
Matt Cebron	Supervisor	Geauga County Job and Family Services	matt.cebron@jfs.oh.gov
Maureen Maruna	Specialized Docket Coordinator	Geauga County Common Pleas Court	mmaruna@geaugacourts.org
Michelle Maneage	Clinical and Compliance Manager	Geauga County Board of MHRS	mmaneage@geauga.org
Sarah Welch	Case Manager for Self-Sufficiency	Catholic Charities Geauga County	skwelch@ccdoacle.org
Shelby Shields	Treatment Coordinator	Geauga County Public Defender's Office	sshields@co.geauga.oh.us
Stacie Malone	CVSO	Geauga County Veterans Services	stmalone@co.geauga.oh.us
Steven Oluic		Geauga County Board of MHRS	Steven.oluic@gmail.com
Susan Parker	Vice President, Board of Directors	NAMI Geauga	realtorsusanparker@gmail.com
Tanya Fox, PMHNP-BC	Director of Psychiatric and Primary Care Services	Ravenwood Health	foxt@ravenwoodhealth.org
Thomas Rowan	Chief Deputy	Geauga County Sheriff's Office	trowan@co.geauga.oh.us
Tim Kehres	Coordinator	Geauga Family First Council	tim.kehres@jfs.ohio.gov
Victoria D'Ambrosia	Participant	New Leaf Program	victoriadambrosia65@gmail.com
Victoria Utt	Forensic Monitor	Ravenwood Health	uttv@ravenwoodhealth.org

The Final Participant list is based off the at-event sign-in sheets and Action Planning rosters.

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

Action Planning Matrix for Geauga County, Ohio

Priority Area 1: Transportation				
Objective		Action Step	Who	When
1	Obtain examples from other similar counties for both transportation and housing	Contact Northeast Ohio Medical University (NEOMED)	Michelle Maneage	By next meeting
2	Schedule next meeting	Get suggestions from all committee members	All	June 3 rd noon – Ravenwood
3	Collect data	Bring to next meeting	All (Brittain Paul)	By next meeting
4	Collect information from other countries			
5	Make list of other persons who should be at next meeting	Contact those agencies/persons – invite to next meeting	Brittain Paul	

Action Planning Matrix for Geauga County, Ohio

Priority Area 1: Housing				
Objective		Action Step	Who	When
1	Data collection	<ul style="list-style-type: none"> a. Contact COHHIO (Coalition on Housing and Homelessness in Ohio) to discuss creating a Geauga County based information system b. Identify others who should be at the table c. Address the lack of coordinating intake d. Who would fund the intake process e. Who to add to Adult Collaborative to begin collecting data 	<p>Michelle Maneage & Sam Jackson Sarah Welch & Sam Jackson</p> <p>Erin Mooneesawmy & Sam Jackson</p>	<p>Within 30 days</p> <p>Within 2 weeks</p> <p>By next meeting</p>
2	Identify who we need to target to proceed	<ul style="list-style-type: none"> a. Make a list of groups in county of who to schedule meetings b. Engage & Educate 	All members contact Michelle Maneage & Sam Jackson	Next meeting
3	Schedule next meeting		Michelle Maneage & Sam Jackson	June 14 th @ 1PM
4	Bring others to the next meeting	<p>Schedule after initial COHHIO (Coalition on Housing and Homelessness in Ohio) meeting (Housing and Urban Development – HUD)</p> <ul style="list-style-type: none"> a. Make list of agencies to add 	All	Mental Health Recovery Services Board with virtual option

Action Planning Matrix for Geauga County, Ohio

Priority Area 2: Service Access at Intercept 1

Objective	Action Step	Who	When
<p>1 Determine subcommittee members needs (identify agents of change “spark plugs”)</p>	<ul style="list-style-type: none"> • Connect key stakeholders <ul style="list-style-type: none"> ○ University Hospital Emergency Department (UH ED) <ul style="list-style-type: none"> ▪ Manbeth Leone ▪ Dr. Hues ▪ Dr. Miano (Chief Medical Officer) ○ Emergency Psychiatric Access Team (EPAT) – Kayla ○ 911 – Brandon Reed ○ Geauga County Sheriff’s Office (GCSO) – Chief Deputy Thomas Rowan ○ Northcoast Behavioral Health Hospital (NCBH) ○ EMS/Fire representative – UH Coordinator? Chardon Fire (Allie Haefke)? ○ Peer Specialist with lived experience? ○ Mental Health Board – Michelle M. ○ Job and Family Services (JFS) (Adult specific) – Kristina Miller • Address communication limitations (see referral form in #3) • Plan to reconvene <ul style="list-style-type: none"> ○ Identify who and when for each objective (#2-#5) ○ Discuss – foster law enforcement buy-in 	<p>Kristen Schiros and Kayla Fischer</p> <p>Casandra Zouhary</p> <p>Kayla</p> <p>Kristen Schiros Kristina Miller</p> <p>Casandra Tim Kehres</p> <p>Tim Kehres</p> <p>Christina Charlillo</p>	<p>~July 1</p>
<p>2 Share knowledge of admission criteria/scope of service for each agency provider (marketing) and training</p>	<ol style="list-style-type: none"> 1. Collect information (map) from each stakeholder re: scope of services 2. Meet as subcommittee to refine map of services and distribute 3. Interagency and community marketing/trainings 		

Action Planning Matrix for Geauga County, Ohio

3	Get all systems/agencies on the same page re: emergency admission process including coordination of specific and ongoing trainings	<ul style="list-style-type: none"> • Identify gap/need for specialized trainings • Plan and provide trainings on: <ul style="list-style-type: none"> ○ Expansion of health officers ○ General emergency admission training • Best practices/preferences for communication • Report back to subcommittee to distribute information from training 		
4	Develop best practices/procedures re: referrals between/coordination across systems/providers	<ol style="list-style-type: none"> 1. Research what is out there 2. Identify gaps <ul style="list-style-type: none"> • What does each service/provider need from their referral source to complete their process? • Develop a universal referral form to promote data sharing 		
5	Co Response models/teams	<ul style="list-style-type: none"> • Assess specific time/coverage demand • Determine need for specialized subcommittee re: this objective <ul style="list-style-type: none"> -develop procedures for referring/accessing services • Research successful programs in other counties <ul style="list-style-type: none"> -Criminal Justice Coordinating Center of Excellence (CJ CCoE) can provide resources for this process 		

Action Planning Matrix for Geauga County, Ohio

Priority Area 3: Mental Health Stabilization and Unrestorable				
Objective	Action Step	Who	When	
1	Determine individuals that need higher level of care	<ol style="list-style-type: none"> 1. Ask community partners who serves Serious and persistent mental illness, (SPMI) population/high acuity 2. Determine what services are available/what is needed 	<p>Jail, courts, probation, Ravenwood Health, Family Pride, Lake-Geauga Recovery Centers, Catholic Charities, National Alliance on Mental Illness (NAMI), Board of Developmental Disabilities (DD)</p> <p>Mental Health Board for Survey</p>	30-60 days
2	Improving relationship and communication with community partners	<ol style="list-style-type: none"> 1. Monthly meetings with University Hospital (UH)/ Emergency Psychiatric Access Team (EPAT)/jail/Ravenwood/mental health board 2. UH/EPAT define what they need for hospitalization criteria 3. Increase psychiatric services in jail 4. Streamlining process for IP assessment/hospitalization 5. Creation of hospital liaison 6. Flow chart of community partners 	<p>Jail, courts, probation, Ravenwood Health, Family Pride, Lake-Geauga Recovery Centers, Catholic Charities, National Alliance on Mental Illness (NAMI), Board of Developmental Disabilities (DD)</p>	<p>Monthly; next meeting 5/7</p> <p>Monthly; next meeting 5/7</p> <p>30 days</p> <p>5/7 meeting</p> <p>5/7 meeting</p> <p>90 days</p>
3	Establish aftercare community plan for SPMI population	<ol style="list-style-type: none"> 1. Explore enhancing ACE team 2. Educating community on available services 3. Referring to Assisted outpatient treatment AOT (when appropriate) 4. Utilizing/encouraging use of Transitional Living Center (TLC) 	<p>Melissa Bishop, Ravenwood Health,</p>	<p>30 days</p> <p>30 days</p> <p>PRN</p> <p>PRN</p>

Action Planning Matrix for Geauga County, Ohio

			Kayla Noce Mental Health Board Community Partners Jail Staff Court/jail/TLC	
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Priority Area 4: Detox Services

Objective		Action Step	Who	When
1	Survey need of service	<ul style="list-style-type: none"> a. Create survey questions b. Determine who to send to (community partners) c. Send (in 2 weeks due) 	Liz Doran	7 days
2	Determine barriers of other detox and current service options	<ul style="list-style-type: none"> a. Research other models of inpatient, jail, ambulatory detox for county similar in size <ul style="list-style-type: none"> -Northeast Ohio Medical University (NEOMED) -Substance Abuse and Mental Health Services Administration (SAMHSA) -Signature Health -Ashtabula County Medical Center (ACMC) -Glenbeigh/Lorain b. Connect with University Hospital (UH) to better understand their plans for inpatient detox model 	Liz Doran Tanya Fox Dawn Thompson Tanya Fox/Liz Doran	45-60 days By July 10, 2024 30 days June 3, 2024
3	Follow up plan	<ul style="list-style-type: none"> a. Set up meeting of this group b. Determine who is missing and invite agencies for committee c. Determine meeting schedule/frequency 	This group	By end of June

Appendix

Appendix A

JAIL BOOKINGS	<i>Please report most recent data available (12-36 months)</i>
Person Completing Form <i>(name/title)</i> Lieutenant Kathy Rose	
Time period being reported _____	

	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?	182	Yes	
What is the average daily total population of the jail?	120 90		From Jan 1 2023- Dec 31, 2023 From Jan 1 2022 – Dec 31, 2022
What is the average number of total daily bookings?	0-15 avg		
What type of automated system is used to collect Jail Booking, classification, health and release information?			Spillman
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>			All the same type of booking
Pretrial Misdemeanor			unknown
Pretrial Felony			unknown
Probation Violation			unknown
Sentenced local			unknown
Sentenced awaiting transport			unknown
Other			
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?	Not exactly		Depends on the severity. Some are housed at Intake (booking) if they are on precautions. Some are housed up in housing in an ad seg situation. Some are in general population if possible
<i>How many people are identified as having mental health issues?</i>			
By jail booking staff			unknown
While incarcerated (by corrections officers, health staff or others)	260		as per Ravenwood Health records, 260 either received an assessment,

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
			counseling, group counseling, and/or re-entry services.
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	Yes		
What is the average daily population of persons with mental illness?			unknown
What is the average number of daily bookings of people with mental illness?			unknown
What percentage of the pre-trial population represents persons with mental illness?			unknown
What percentage of the sentenced population represents persons with mental illness?			unknown
CROSS TABULATION OF MULTI-SYSTEM DATA			
<i>For the entire population of persons booked into jail during the identified time period (open or closed cases):</i>			
Is Jail Booking information shared on a regular basis with public funded Mental Health, AOD or Developmental Disability Agencies?---if so how?	Yes		Yes to Mental Health counselors that are here in the jail.
How many were known to the publicly funded mental health system?	260		As per Ravenwood Health BHCJ Linkage Program outcomes
How many accessed acute crisis services during the specified reporting period?			unknown
How many were known to the publicly funded substance abuse treatment system?	260		As per Ravenwood Health BHCJ Linkage Program outcomes
How many were known to the Developmental Disabilities system?			unknown
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			unknown
Felonies			unknown
Violent Behavior			unknown
Violations of Probation			unknown
Frequency - How many arrests / bookings per person? (average)			unknown
Length of stay in the jail for each episode of incarceration (average)			unknown
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:			

	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?			
How many people left the jail with a shelter as the identified residence?			
How many people had no known residence?			
How many people left the jail with an appointment at a mental health or other treatment service?	<ul style="list-style-type: none"> • 40% of clients were released from jail followed up with a mental health/substance use provider. • 49% followed up with Ravenwood Health • 55% did not follow up with services • 6% unknown 		Outcomes from Ravenwood Health BHCJ Linkage Program
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	37		Referrals from Ravenwood Health does not include Family Pride #'s

Community Collaboration Questionnaire

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

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

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

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

Community: Geauga County		
Contact Person: Teresa Slater	Phone 440.285.2282	Email: tslater@geauga.org

	Please check the appropriate box for each and provide descriptions as necessary.	YES	NO
1	<p>Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?</p> <p>Positive Pathways (Assisted Outpatient Treatment Court); Jail Treatment Program (Assessments, Psychiatry, Counseling and IOP); New Leaf Program (Drug Court), CLIMB Program, Re-Entry</p>	✓	
2	<p>Does your community have a cross-system collaborative team or task force?</p> <p>LOSS Team, HUB, Crisis Response Team, Suicide Prevention Coalition, Geauga Citizens Circle, QRT (Quick Response Team)</p>	✓	
3	<p>Does your community provide for cross-training of mental health, substance abuse, criminal justice and other providers?</p> <p>Ravenwood Health provides CIT Training for New Leaf Program Team, Probation Departments at Municipal and Common Pleas Courts, and Law Enforcement. NAMI is working on certifications to teach Mental Health First Aid to the community. Geauga Growth Partnership provides mental health awareness training to Geauga County businesses and its workforce at their "GEL Breakfast". Jail staff receives training on SUD and Mental Health.</p>	✓	

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
4	<p>Does your community have resources identified to work with people with mental illness and co-occurring disorders in the criminal justice system?</p> <p>Jail Treatment Program includes (Family Pride/LGRC/Ravenwood Health) Assessments, (LGRC) IOP, (Ravenwood Health and LGRC) Counseling, (Ravenwood Health) Psychiatry; (LGRC) Peer Support; (LGRC) Nurse Practitioner to provide vivitrol and sublocade in the jail; (Family Pride) Re-Entry Case Manager certified in MRT in the jail; (LGRC) Prevention Specialist in IOP; Geauga Citizens Circle to identify resources as they transition back to the community, (Ravenwood Health and LGRC); Case Manager and Peer Support Specialists in the New Leaf Program; (Ravenwood Health) CLIMB Program in jail; Positive Pathways (AOT Court); (Ravenwood Health) Thinking for a Change Program; (Family Pride) Seeking Safety Class.</p>	✓	
5	<p>Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population?</p> <p>Lake Geauga Recovery Centers, Ravenwood Health, Family Pride, Catholic Charities, and New Leaf Drug Court Program, WomenSafe all have programming that supports clients involved in the criminal justice system in conjunction with behavioral health services. NAMI, JFS, Next Step, and CASA for Kids are agencies that provide supportive non-clinical services that support those residents involved in the criminal justice system.</p>	✓	
6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system?</p> <p>Positive Pathways (AOT Court) will be rolled out in 2024 and will gather data about those with criminal justice involvement; LGRC measures the success rate of the Jail Treatment Program with a 6-month follow-up survey; Ravenwood Health tracks outcomes for clients treated while in jail, Family Pride gathers data for the re-entry program, specifically # of referrals, # of persons assisted while in jail, # of re-arrests, # achieving continued sobriety, # of court ordered assessments.</p>	✓	

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
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)? <i>Please describe the position and the person(s):</i></p> <p>Common Pleas and Municipal Court Probation Departments; Emergency Services Department at Ravenwood Health; Lt. Kathy Rose is instrumental in connecting those with mental illness and/or SUD with providers for assessments and treatment; Common Pleas and Municipal Court Judges order assessments of individuals they suspect may have mental health and/or SUD challenges; Case Manager of Geauga County Probate Court and the Probate Judge order assessments and also treatment referrals; Law Enforcement assist in transporting individuals to the Emergency Services Department at Ravenwood Health and also the Emergency Room at University Hospitals for a psychiatric evaluation. Family Pride, LGRC and Ravenwood Health all have peer support specialists, case managers, and counselors that are embedded in the behavioral health systems but work specifically with those also involved in the criminal justice system.</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? <i>Please describe or if possible, provide copies of MOUs:</i></p> <p>MOU's provided for: New Leaf Program (Drug Court) CLIMB Program Thinking for a Change Seeking Safety Program</p>	✓	
9	<p>Are there any local agencies that have not participated in collaboration efforts?</p> <p>Doors of Hope Geauga, Geauga Faith Rescue Mission, both relatively new homeless shelters that are just beginning to involve themselves in community collaborations and coalitions.</p>	✓	
10	<p>Does your community have any jail or court diversion programs at this time?</p> <p>New Leaf Program – Drug Court; Intervention in Lieu of Conviction Program; Positive Pathways – Assisted Outpatient Treatment Court; IOP; CLIMB Program and intensive mental health class with curriculum specific to mental health challenges.</p>	✓	
11	<p>Does your community have a mental health, drug or other specialty court?</p> <p>New Leaf Program – Drug Court; Positive Pathways – Assisted Outpatient Treatment Court; Mike Link Driver Intervention Program</p>	✓	

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? <i>Please describe or if possible, provide copies of MOUs.</i> Judy Thrasher from Municipal Court for MOU, Maureen Common Pleas</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?</p> <p>Judges at Municipal Court, Probate Court, and Common Pleas order assessments of individuals to identify SUD/MH challenges. Assessments may include ORAS; HCR-20; MH/SUD Assessment; SO Quick/MH; MH screening tool; ACE assessment to score for trauma.</p>	✓	
14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness?</p> <p>ORAS – New Leaf Program at Common Pleas; Risk Assessments, MH/SUD Assessments at Municipal Court.</p>	✓	
15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison?</p> <p>We have a re-entry case manager from Family Pride that is also trained in MRT that provides case management services throughout their time in jail to assist in providing linkage to resources upon their return to the community. She also facilitates the Geauga Citizens Circle monthly meetings with collaborative agencies that meet directly with those in jail or recently released to assist in resource navigation.</p>	✓	
16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <p>Trauma Informed Care plays an important role in the behavioral health agencies which plays an important role in understanding how violence and trauma play in the lives of people in the criminal justice system seeking services. Also, police culture is characterized by three norms: secrecy, solidarity, and social isolation should be respected by those in collaboration with law enforcement. Also, resiliency and strength are pervasive themes in First Responder culture, therefore, developing an understanding of this culture when treating and/or collaborating with this population will lead to successful partnerships. Court culture with Judges, Prosecutors, and Public Defenders in general have different expectations and a desire for cases to be resolved fairly and expeditiously. In many ways, culture shapes and defines what is possible in the work environment, and so a deeper understanding of what we are all hoping to accomplish can be beneficial to the collaboration for those we serve.</p>	✓	

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
17	<p>Do you have examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health?</p> <p>New Leaf Program has consistent monthly meetings with the treatment teams to foster collaboration and support for each other, the participant, and the program as a whole. The Jail Staff, Lt. Kathy Rose, and all behavioral health staff with programming in the jails communicates constantly to best serve those in jail and to support each other's roles.</p>	✓	
18	<p>What would you list as your community's strengths?</p> <p>Cross-system collaboration is a strength in Geauga County. There are over 15 active coalitions and collaborations to support those with mental health/SUD and criminal justice involvement. The Geauga County Board of Mental Health and Recovery Services hosts Opiate HUB and Suicide Prevention Coalitions to bring all organizations in the field of human services together to share ideas and expertise in their field to best serve those in need. Overall, the criminal justice systems collaborate with the behavioral health agencies very well and have done so for many years.</p>		
19	<p>What would you list as your community's biggest challenge at this time?</p> <p>We do not have reliable inpatient hospitalization access due to Northcoast Behavioral Center operating at capacity the majority of the year. Our county lacks low-income housing and access to transportation which is difficult in a rural landscape such as Geauga. We lose track of those leaving jail due to a lack of step-down housing and a lack of affordable housing, therefore, many that leave the county also walk away from their established providers and access to psychiatry that allows them to continue their medications.</p>		

COVID-19 ADDENDUM

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

		Yes	No
21	<p>Has the Covid-19 pandemic affected any planning or implementation activities related to Sequential Intercept Mapping? If yes, please explain.</p>		✓
22	<p>In response to the COVID-19 pandemic, have there been any new responses or changes in your approach to meeting the needs of people with mental illness and co-occurring substance use disorders in the criminal justice system? Please include impacts to law enforcement, jail, court, probation and/or reentry processes.</p> <p>We have implemented telehealth and virtual court appearances.</p>	✓	
23	<p>Has the COVID-19 pandemic impacted community-based services, practices or policies in any way? If yes, please explain the nature of the changes.</p> <p>In order to protect our community from spreading the virus to those most vulnerable, community-based services are limited to those not showing COVID-19 symptoms, which limits the ability to provide care to those in need of services. Group services may also be limited due to positive tests within the group as we have to do our part in limiting the spread of the virus to protect the community at large.</p>	✓	
24	<p>What impact, if any, has the COVID-19 pandemic had on people living with mental illness and co-occurring substance use disorders who are involved in the criminal justice system?</p> <p>In many ways the fear and isolation has exacerbated symptoms. Access to care has decreased due to staff shortages now that the universal impact of the pandemic has increased the awareness that mental health and SUD care is an important part of health.</p>		

Evidenced Based Practices Check List for Communities

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

Assertive Community Treatment (ACT) We have Assertive Community Engagement (ACE); works with those with SMI and comparable to ACT	✓
Clozapine Prescribers	✓
Cognitive Enhancement Therapy (CET)	
Cognitive Behavioral Therapy (CBT) Name Specific Practices:	✓
Cognitive Behavioral Therapy for Psychosis (CBT-P)	✓
Dialectical Behavior Therapy (DBT)	✓
Eye Movement Desensitization and Reprocessing (EMDR)	✓
FIRST Coordinated Specialty Care for First Episode Psychosis	✓
Medication Assisted Treatment (MAT) Specify Which Medications Are Available: vivitrol, sublocade, suboxone	✓
Mental Health First Aid	✓
Motivational Interviewing	✓
Peer support specialists	✓
Whole Health Action Management (WHAM)	
Other:	

Crisis Response Continuum Check List for Communities

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

What crisis response continuum services are available within your county? Agency/location: Hours/Limitations/Comments:	
Hotline/24-hour call center (not 911)	✓
Crisis center (hub/access point, drop-off, pre-hospitalization screening)	✓
Mobile crisis	✓
Crisis residential services	✓
○ Crisis stabilization	✓
○ 23-hour observation	
○ Crisis residential	✓
○ Peer respite/sobering support	✓

Hospitals (psychiatric and medical) and emergency rooms





Ph: 440-285-3568 • Fax: 440-285-4552
12557 Ravenwood Drive • Chardon, Ohio 44024

MEMORANDUM OF UNDERSTANDING
Between
Ravenwood Health
And
Geauga County Court of Common Pleas

This MOU between Ravenwood Health and Geauga County Court of Common Pleas outlines the agreed upon conditions for the Jail Expansion Mental Health Group Programming.

Ravenwood will provide the following:

- Intensive group programming for inmates 3x week for a total of 6 hours. Rates as follows:
 - [redacted] per client per group (based on 4+ clients in group)
 - [redacted] per client based on 3 clients (if more than two weeks)
 - [redacted] per client based on 2 clients (if more than two weeks)
- Assessment and individual programming as needed
 - [redacted] per hour of individual counseling or assessment
 - [redacted] per hour of case management
- Pharmacological services as needed
 - [redacted] per hour of pharmacological services
- Monthly invoices to Nicole Walker; Chief Probation Officer.

Geauga County Court of Common Pleas will provide the following:

- Referrals to the Program.
- Financial reimbursement up to [redacted] for programming for court ordered CLIMB participants.

This MOU will expire 6.31.2024

Vicki Clark 5/24/2023
Vicki Clark Date
President and CEO
Ravenwood Health

Nicole Walker 5/25/23
Nicole Walker Date
Chief Probation Officer
Geauga County Common Pleas Court

RAVENWOOD HEALTH

Vicki Clark, LPCC-S, Chief Executive Officer

Funded by the Geauga County Board of Mental Health & Recovery Services and United Way Services of Geauga County
We Are An Equal Opportunity Employer and Equal Provider of Services • accredited by The Joint Commission

The Drug Court Coordinator will:

1. Facilitate the specialized docket in accordance with the written program description;
2. Assist in identifying potential participants;
3. Create and maintain a data collection system to monitor compliance, trends, and provides basis for evaluations of the program;
4. Monitor service provider agreements, contracts, and services of participants;
5. Attend regular professional education seminars, inform the treatment team of continuing education opportunities and updates from the Ohio Supreme Court Standards;
6. Coordinate random drug screening and monitor compliance with the sanctions;
7. Assist the participant in the development, utilization, and coordination of the individual case plan;
8. Monitor compliance with supervision plan;
9. Attend treatment team meetings and status review hearings;
10. Provide progress reports to the Judge and assists in recommendations of any sanctions or incentives;
11. Advise treatment team of any specialized docket violations;
12. Assist the supervising officer with supervision plan and compliance.

The Drug Court Probation Officer will:

1. Ensure that conditions of supervision are followed;
2. Provide copies of all court judgements, orders, and violation reports;
3. Provide community corrections case management, including home visits, addressing participant's needs, behavior and criminogenic risk factors, and taking the appropriate action concerning compliance issues that provide for public safety.
4. Conduct random, frequent, and observed drug screens;
5. Provide weekly updates to the Drug Court Coordinator or treatment team on compliance of the participant.

The Drug Court Prosecutor will:

1. Identify eligible persons for the specialized docket in accordance with the written criteria;
2. Protect the rights of victims of participants involved in Drug Court;
3. Attend treatment team meetings and status review hearings;
4. Participate in discussions regarding incentives, sanctions, phase advancement, successful completion, and termination.

MEMORANDUM OF UNDERSTANDING

Between

The Geauga County Common Pleas Court, Prosecutor's Office, Public Defender's Office,
Gauga County Sheriff's Department, Family Pride Agency, Lake Geauga Recovery Center,
Ravenwood Health, and NEOCAP

For the

GEAUGA COUNTY DRUG COURT PROGRAM

The parties agree to uphold the mission, goals and objectives of the Geauga County Drug Court Program, also known as the New Leaf Program. The program seeks to:

1. Reduce substance abuse
2. Reduce criminal recidivism;
3. Monitor a participant's recovery with frequent and random drug testing, court appearances, and other program requirements;
4. Increase the overall well-being of the participants, including stable housing, employment and/or educational programs;
5. Provide an alternative to traditional criminal justice system case management.

The parties agree to:

1. Contribute to making the participant's case plan and support implementation and revisions to the plan;
2. Attend treatment team meetings to determine progress and make decisions concerning positive incentives and/or sanctions;
3. Attend status hearings when available;
4. Participate in continuing education regarding Drug Courts and evidence based practices if funding is available.

The Drug Court Judge will:

1. Attend and chair all treatment team sessions and status hearing;
2. Determine the admission into or termination from the program;
3. Make decisions regarding incentives, sanctions, and phase advancement;
4. Maintain contact and discuss progress with each participant at status review hearings;
5. Ensure consistency throughout the participant's term of participation.

The Drug Court Public Defender will:

1. Attend treatment team meetings and status review hearings;
2. Protect the rights of the participants and advocate for the best outcomes of the participants;
3. Participate in discussions regarding incentives, sanctions, phase advancement, successful completions and terminations;
4. Explain possible sanctions that may be imposed to the participant;
5. Explain the effect that termination from the drug court may have on the participant's case.

The Treatment Team Providers will:

1. Conduct substance abuse and/or mental health assessments to verify the participant's needs and level of treatment (individual or group);
2. Provide immediate access to services;
3. Perform random, frequent, and observed drug screens and provide copies of the results to the Drug Court Coordinator;
4. Provide individual case plans to ensure appropriate service linkages, service planning, and monitoring for participants to maximize their ability to live in the community while receiving necessary services offered by the community;
5. Participate in discussions regarding incentives, sanctions, phase advancement, successful terminations and terminations;
6. Provide weekly progress reports to the Drug Court Coordinator at least 24 hours prior to the treatment team meetings;
7. Ensure a representative from their agency is present for the treatment team meetings and status hearings;

The Family Pride Agency will:

1. Provide reentry services to participants who are eligible to receive services;
2. Provide case management services to Drug Court participants if eligible;
3. Ensure appropriate service linkages, service planning, and monitoring for participants to maximize their ability to live in the community while receiving necessary services;
4. Submit weekly progress reports to the Drug Court Coordinator at least 24 hours prior to the treatment team meetings.
5. Attend treatment team meetings and status review hearings;
6. Provide input on incentives, sanctions, phase advancement, successful completions and terminations.

The Law Enforcement Officer will:


1. Serve as a liaison between the Drug Court Program and the law enforcement agencies for the purpose of developing a networking system for monitoring the participants in the community;
2. Provide input as it relates to issues of accountability and treatment;
3. Provide input on incentives, sanctions, phase advancement, successful completions and terminations.

The NEOCAP representative will:

1. Conduct interviews of the participants in order to decide program acceptance;
2. Provide information to the treatment team regarding NEOCAP;
3. Utilize video for the participants to attend Drug Court status hearings while in the facility;
4. Attend treatment team meetings and status review hearings if available;
5. Provide recommendations for incentives, sanctions, phase advancement, successful completions and terminations;
6. Ensure progress reports are provided to the Drug Court Coordinator at least 24 hours prior to the treatment team meetings.

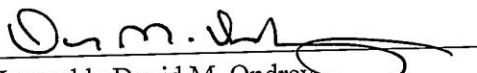
The Parties Agree to the Duties and Responsibilities Outlined in this MOU.

GEAUGA COUNTY COMMON PLEAS COURT

By: 

Honorable Carolyn J. Paschke

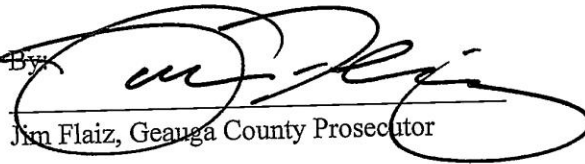
3/27/19
Date



Honorable David M. Ondrey

3/28/19
Date

GEAUGA COUNTY PROSECUTOR'S OFFICE

By: 

Jim Flaiz, Geauga County Prosecutor

3/29/19
Date

GEAUGA COUNTY PUBLIC DEFENDER'S OFFICE

By: 

Robert Umholtz, Geauga County Public Defender

27 Mar 19
Date

GEAUGA COUNTY SHERIFF'S OFFICE

By: 

Scott A. Hildenbrand, Geauga County Sheriff

4-01-19
Date

FAMILY PRIDE AGENCY

By:

Angela Daugherty 4/1/19
Angela Daugherty, Family Pride Executive Director Date

LAKE GEAUGA RECOVERY CENTER

By:

Larry Kappler, MHA, CCOE-CS 3/27/19
Larry Kappler, Chief Operating Officer, Date
Lake Geauga Recovery Center

RAVENWOOD HEALTH

By:

Vicki Clark 4/1/2019
Vicki Clark, President of Ravenwood Health Date

NEOCAP

By:

Kim Massary 3/27/19
Kim Massary, Assistant Director of NEOCAP Date

GEAUGA COUNTY PROBATION DEPARTMENT

By:

Nicole Walker 3/29/19
Nicole Walker, Chief Probation Officer Date

Maureen Maruna 3/27/19
Maureen Maruna, Specialized Docket Coordinator Date

Program Report First Half FY24

To: Megan Mackura

From: Liz Doran LISW-S and Kate Gehlfuss LPCC-S

Re: Ravenwood Health Year End Outcome Report 2024 CIT and Court Program

Date: February 1, 2024

OUTCOME EVALUATIONS for FY2024

Goal 1: Clinician will complete the DLA-20 on clients at admission, every 90 days and at discharge to monitor level of functioning. Client's level of functioning will increase as evidenced by improved scores on the DLA-20. 60% will meet this target

Results: A total of 88 CJ Dual Clients were administered the DLA-20 from 7/1/2023– 12/31/23.

- 47/88 (54%) clients showed an improvement in their daily living activities
- Average rate of improvement per client is -0.3%
- Average number of administrations is 2.7

Results: A total of 14 CJ Mental Health Clients were administered the DLA-20 from 7/1/2023– 12/31/23.

- 10/14 (72%) clients showed an improvement in their daily living activities
- Average rate of improvement per client is 2.07%
- Average number of administrations is 2.7

Goal 2: Individuals involved in the Outpatient Criminal Justice Program who initiate treatment and who had two or more additional services within 30 days of the initiation visit. 75% will meet this target

- Results: There were 49 Criminal Justice Dual admissions and 36 Criminal Justice Mental Health admissions
 - 32/49 (65%) CJ Dual clients had at least two or more additional services within the 30 days of admission.
 - 20/36 (56%) CJ MH clients had at least two or more additional services within the 30 days of admission.
 - We have seen an increase in clients from out of county. They may start services with RH for the assessment however due to proximity in addition to reoffending during the assessment has resulted in disengagement.

Goal 3: Individuals who are court ordered to a risk assessment will follow through with the assessment process. 75% will meet this target

- Results: We received 89 referrals from Chardon Municipal Court for Court Ordered Risk Assessments. 53/89 (60%) followed through with completing their risk assessment.
- We have seen a decrease in engagement post referral from the courts as there are several agencies in the county who are now able to complete Violence Risk Assessments.

Goal 4: Individuals in the Jail Counseling Program will pursue follow up with mental health and/or substance use services as clinically indicated upon their release from jail. 50% will meet this target

- Results:
 - 273 Number of inmates who participated (13 of those clients were ICE and not counted in this grant)
 - 260 clients were counted towards this grant
 - 1,906 activities were kept in the jail during FY24
 - 23 were reincarcerated during the fiscal year
- Percentages of inmates who completed treatment while incarcerated?
 - 96% of clients were considered successful in their treatment while incarcerated
 - 30 of clients are still in treatment/ in jail
 - 4% of clients were considered unsuccessful

Clients are identified as successful in treatment if they made progress towards goals while incarcerated and did not terminate treatment prematurely. If the client was seeking services for crisis, success is considered when the client is able to manage their

symptoms in general population. For court ordered assessments, clients are considered successful if they complete assessment while incarcerated.

Clients are considered unsuccessful in situations when they refuse court ordered assessments, refuse treatment recommendations or were unable to manage symptoms /Mental health symptoms decompensated/ intensified and client declined services/ Consistent refusal to meet with providers/ Refused assessment or court order

- Percentage of inmates who engaged in recommended services upon release?
 - 40% of clients were released from jail followed up with a mental health/substance use provider.
 - 49% followed up with Ravenwood Health
 - 55% did not follow up with services
 - 6% unknown
- Individuals in the in the jail program will complete the DLA-20 monthly to monitor level of functioning. Client's level of functioning will increase as evidence by improved scores on the DLA-20. 60% will meet this target
 - Results: A total of 36 Jail Clients were administered the DLA-20 from 7/1/2023– 12/31/23.
 - 29/36 (81%) clients showed an improvement in their daily living activities
 - Average rate of improvement per client is 7.1%
 - Average number of administrations is 2.8
- Support services such as housing and employment
 - Ravenwood referred a total of 37 clients to work with the Re-Entry Case Manager from Family Pride on services such as housing, linkage to community resources, and ongoing monitoring/support. This number was lower than usual due to the position being empty for several months.

Goal 5: Individuals in the in the CLIMB program will complete the DLA-20 monthly to monitor level of functioning. Client's level of functioning will increase as evidence by improved scores on the DLA-20. 60% will meet this target

- Results: A total of 29 CLIMB Clients were administered the DLA-20 from 7/1/2023– 12/31/23.
 - 26/29 (90%) clients showed an improvement in their daily living activities
 - Average rate of improvement per client is 7.6%
 - Average number of administrations is 2.6
- 58 inmates at Geauga County Safety Center were admitted into the CLIMB program.
 - 3 individuals are still in treatment
 - 34 individuals successfully completed the program
 - 20 individuals were unsuccessful in the program
 - 10 were sent to NEOCAP/ prison/ another correction facility
 - 8 released early
 - 8 stopped attending on their own
 - 1 were not appropriate for group due to their risk and/or behaviors

Submitted by: Kate Gehlfuss

1st Half Program Report SFY2023

To: Megan Mackura
From: Kate Gehlfuss LPCC-S and Jeniffer Marut LPCC-S
Re: Ravenwood Health Year End Outcome Report 2023 CIT and Court Program
Date: August 1, 2023

OUTCOME EVALUATIONS for FY2023

Goal 1: Clinician will complete the DLA-20 on clients at admission, every 90 days and at discharge to monitor level of functioning. Client's level of functioning will increase as evidenced by improved scores on the DLA-20. 60% will meet this target

- Results: A total of 74 Criminal Justice Dual Diagnosis Clients were administered the DLA-20 from 7/1/2022– 6/30/23.
 - 46/74 (62%) clients showed an improvement in their daily living activities
 - Average rate of improvement per client is 2.8%
 - Average number of administrations is 2.50
- Results: A total of 10 Criminal Justice Mental Health Clients were administered the DLA-20 from 7/1/2022– 6/30/23.
 - 7/10 (70%) clients showed an improvement in their daily living activities
 - Average rate of improvement per client is 1.4%
 - Average number of administrations is 2.90

Goal 2: Individuals involved in the Outpatient Criminal Justice Program who initiate treatment and who had two or more additional services within 30 days of the initiation visit. 75% will meet this target

- Results: There were 127 Criminal Justice Dual admissions and 58 Criminal Justice Mental Health admissions
 - (103/127) 81% CJ Dual clients had at least two or more additional services within the 30 days of admission.
 - (46/58) 79% CJ MH clients had at least two or more additional services within the 30 days of admission.

Goal 3: Individuals who are court ordered to a risk assessment will follow through with the assessment process. 75% will meet this target

- Results: We received 143 referrals from Chardon Municipal Court for Court Ordered Risk Assessments. 111(78%) followed through with completing their risk assessment. 67 were completed outpatient and 44 were completed in the Geauga Safety Center.

Goal 4: Individuals in the Jail Counseling Program will pursue follow up with mental health and/or substance use services as clinically indicated upon their release from jail. 50% will meet this target

- Results: Number of inmates who participated
 - 2,125 activities were kept in the jail during FY23
 - 323 clients were seen in the Geauga County Safety Center by Ravenwood staff (6 of those clients were ICE and not counted in this grant)
 - 317 clients were counted towards this grant
 - 58 were reincarcerated during the fiscal year
- Percentages of inmates who completed treatment while incarcerated?
 - 265(82%) of clients were considered successful in their treatment while incarcerated
 - 43 (13%) of clients are still in treatment/ in jail
 - 14 (4%) of clients were considered unsuccessful
 - Clients are identified as successful in treatment if they made progress towards goals while incarcerated and did not terminate treatment prematurely. If the client was seeking services for crisis, success is considered when the client is able to manage their symptoms in general population. For court ordered assessments, clients are considered successful if they complete assessment while incarcerated.
 - Clients are considered unsuccessful in situations when they refuse court ordered assessments, refuse treatment recommendations or were unable to manage symptoms
 - Not Successful

- Mental health symptoms decompensated/ intensified and client declined services
- Consistent refusal to meet with providers
- Refused assessment or court order
- Percentage of inmates who engaged in recommended services upon release?
 - 94 (34%) of clients were released from jail followed up with a mental health/substance use provider.
 - 69 (25%) followed up with Ravenwood Health
 - 73 (26%) did not follow up with services
 - 137 (49%) unknown
- Administration of outcomes to monitor for progress. The jail program started utilizing the DLA-20 in January 2023.
- Results: A total of 30 Clients were administered the DLA-20 from 7/1/2022– 6/30/23.
 - 27/30 (90%) clients showed an improvement in their daily living activities
 - Average rate of improvement per client is 15%
 - Average number of administrations is 2.50
- Support services such as housing and employment
 - Ravenwood referred a total of 44 clients to work with the Re-Entry Case Manager from Family Pride on services such as housing, linkage to community resources, and ongoing monitoring/support. This number was lower than usual due to the position being empty for several months.

Goal 5: Individuals in the in the CLIMB program will complete the DLA-20 monthly to monitor level of functioning. Client’s level of functioning will increase as evidence by improved scores on the DLA-20. 60% will meet this target

- Results: Since October 2022, a total of 13 clients in the CLIMB Program were administered the DLA-20 from 7/1/2022– 6/30/23.
 - 12/13 (92%) clients showed an improvement in their daily living activities
 - Average rate of improvement per client is 11%
 - Average number of administrations is 2.50
- 37 inmates at Geauga County Safety Center were admitted into the CLIMB program.
 - 4 individuals are still in treatment
 - 17 individuals successfully completed the program
 - 16 individuals were unsuccessful in the program
 - 4 were sent to NEOCAP/ prison/ another correction facility
 - 2 released early
 - 7 stopped attending on their own
 - 3 were not appropriate for group due to their risk and/or behaviors

Submitted by: Kate Gehlfuss

MEMORANDUM OF UNDERSTANDING

Between

Geauga County Adult Probation

And

Ravenwood Health

This MOU between Geauga County Adult Probation, and Ravenwood Health outlines the agreed upon conditions for the Thinking for Change program in Geauga County.

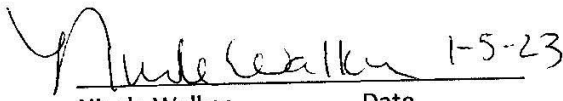
Ravenwood will provide the following:

- The Thinking for a Change Program, two days per week, up to two hours per class for court-ordered individuals.
- Allow staff to attend needed training to provide the "Thinking for a Change" program.
- Monthly invoices to Nicole Walker; Chief Probation Officer.

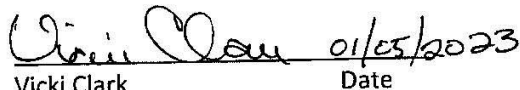
Geauga County Adult Probation will provide the following:

- Referrals to the Program.
- Payment of [REDACTED] per hour completed.

This MOU will expire 12.31.2023

 1-5-23

Nicole Walker Date
Chief Probation Officer
Geauga County Common Pleas Court

 01/05/2023

Vicki Clark Date
President and CEO
Ravenwood Health