

# Summit County, Ohio

## *Sequential Intercept Mapping*

### FINAL REPORT

October 24 – 25, 2024

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Emily Ribnik	Director	Criminal Justice Coordinating Center of Excellence



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# Sequential Intercept Mapping

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# Summit 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 Summit County, Ohio, on October 24 – 25, 2024. The workshops were hosted at the Summit Emergency Communications Center with Summit County coordination provided by Alex Burt, attorney with the Summit County Executive Department of Public Safety office, in co-sponsorship with and support from the County of Summit Executive's Office, Summit County Alcohol, Drug Addiction and Mental Health Board, Summit County Sheriff's Office, and Summit County Court of Common Pleas, along with a Summit County Planning Team comprised of representatives from behavioral health and criminal justice agencies and the community. This report includes:

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

Recommendations contained in this report are based on information received prior to or during the *Sequential Intercept Mapping* workshops. Additional information is provided that may be relevant to future action planning.

### Background

The County of Summit Alcohol, Drug Addiction and Mental Health Board, County of Summit Executive's Office, Summit County Court of Common Pleas, and the Summit County Sheriff's Office requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops. The request was made to gain a greater understanding of the capacity and capabilities of mental health services agencies working with justice-involved individuals, understand their ability to expand these services, and identify strengths and areas of opportunity for Summit County in responding to the overrepresentation of individuals with behavioral health needs in the justice system. Summit County previously completed an Adult Mental Health Sequential Intercept Mapping in May of 2016. Participants wanted to complete a new Sequential Intercept Mapping due to the ongoing work of the Summit County Criminal Justice Advisory Board (CJAB) focusing on evaluating system resources and the needs of and solutions for individuals involved in the adult criminal justice system.

The Sequential Intercept Mapping exercise was meant to aid Summit County with:

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

The participants in the workshop included 40 individuals representing multiple community partners and systems, including mental health, substance use treatment, human services, corrections, individuals with lived experience and support/advocacy, law enforcement, and courts. A complete list of participants is

available in the resources section of this document. Dr. Jenny O'Donnell, Psy.D., Teri Gardner, and Dr. Emily Ribnik 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 Summit 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 Summit 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

Summit County service providers and invested partners, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. Summit County Council passed a Stepping Up resolution in 2020, a commitment on the part of the county's governmental offices to address the issue of over-representation of individuals with mental illness in the county's criminal justice system. The community intends to incorporate the Sequential Intercept Mapping (SIM) participant group and action planning work groups into the Stepping Up framework and other existing specific planning groups based on the priority areas. The Summit County Criminal Justice Advisory Board (CJAB) helps coordinate justice system change at the county level. The CJAB is multi-disciplinary, bringing together representatives from law enforcement, defense attorneys, prosecutors, courts, probation, community corrections, community-based organizations and others. Meetings are held quarterly to evaluate system resources and the needs of justice-involved individuals and to implement solutions within the adult criminal justice system.

Additionally, Summit County also identified the following as other cross-system collaborative teams and task forces: Criminal Justice System Processing Team, Jail Transfer meeting (formally the Jail Capacity Subcommittee), Specialized docket subcommittee, I-Team for Older Adults, and the Opiate and Addiction Task Force (SCOATF).

## Individual with Lived Experience Involvement

The Summit County Planning Team did not include an individual with lived experience/peer support. Workshop participants included one individual with lived experience that attended the first day only and representation from NAMI Summit County. 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, community corrections, prosecution and defense, law enforcement, Fire/EMS, crisis response and mental health system.
- Key partners that were missing at the workshops: individuals with lived experience that could participate both days.

## Data Collection

- The Summit County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
  - Completed Community Collaboration Questionnaire
  - Summit County Jail Data for July 1, 2023 – June 30, 2024
  - List of Summit County Stepping Up contacts
  - Mobile Crisis Unit Pilot Program Overview (10/8/2024)
  - Proposal for Summit County Jail Case Management Transitional Services being used for funding applications
  - THRIVE (Transition Help Restore Independence Value Empower) Outcomes Report for Second Quarter 2023 through First Quarter 2024

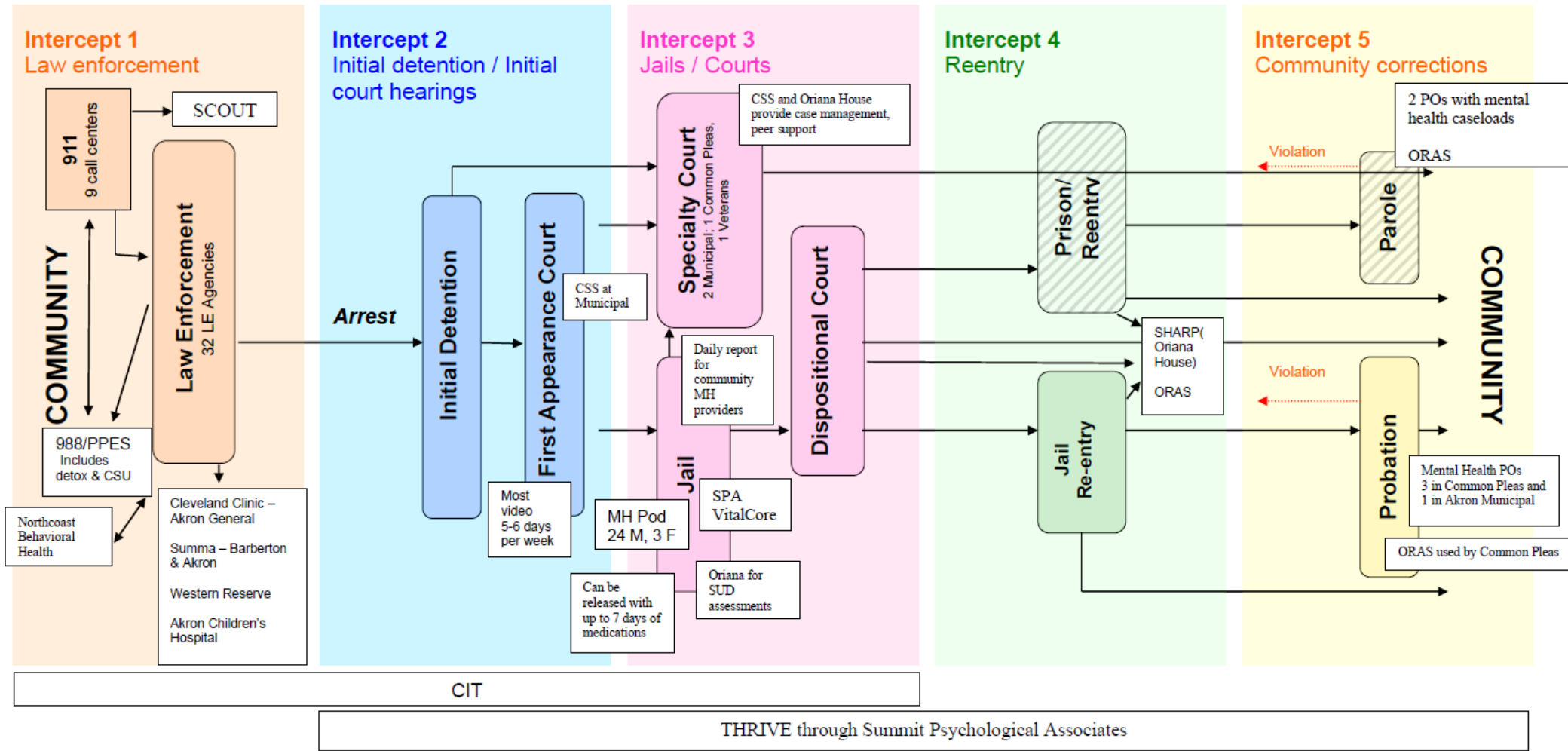
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
  - Summit County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, September 2024
  - Summit County CIT Officers Roster Project Summary Report, March 2023

### **Recommendations**

- At all stages of the Sequential Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Summit 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  
Summit County, Ohio

# Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships Summit County October 2024



## Summit 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 Summit 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 Summit County Sequential Intercept Map. The cross-systems Summit 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 Summit County task force may need to seek further information from participants to clarify the context or scope of the comments.

### Intercept 0: Ultimate Intercept

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

- 24/7 crisis hotline run by Portage Path Emergency Services (PES)
- 24/7 drop-off and detox center with Portage Path Emergency Services (PES) and Oriana House
  - Mental health and substance use
- 988/911
  - Can hand off calls to one another
  - Have current protocols for phone calls
- Summit County Outreach Team (SCOUT) (launched in March 2024)
  - Monday-Friday 8am-4:30pm
  - Crisis Intervention Team (CIT) trained law enforcement officer, paramedic, and clinician
    - Have ability to fill out pink slips
  - Must be non-violent and not actively suicidal
    - If violent, CIT trained law enforcement is dispatched
  - Can be dispatched to scene but also do follow-up contacts
    - Have been dispatched over 650 times since inception
  - Both 911 and 988 can refer call to SCOUT
    - Approximately 10% of EMS calls now referred to SCOUT
  - Has an after-hours email referral option for non-emergencies
  - Collecting data
    - Decrease in 911 calls for service
    - CIT stat sheet and other tracking within fire department system
- Assertive Community Treatment (ACT)
- Clozapine Prescribers
- Cognitive Enhancement Therapy (CET)
- Cognitive Behavioral Therapy (CBT)
  - The Summit ADM Board previously engaged The Beck Center to train clinical personnel at multiple agencies.
- 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 (FEP)

- Medication Assisted Treatment (MAT)
  - Methadone, Suboxone, Subutex, Sublocade, Vivitrol, Brixadi
- Mental Health First Aid (MHFA)
- Motivational Interviewing (MI)
- Peer Support Specialists
- Whole Health Action Management (WHAM)
- Integrated Dual Diagnosis Treatment (IDDT) at Oriana House
- Community Support Services Outreach
  - Transitional program focused on outreach to chronically homeless individuals with serious mental illness and substance use that reside within Summit County. The program utilizes a harm reduction model and a housing first model to engage the individual in behavioral health treatment, with a secondary aim to assist the individual in achieving housing stability.
- Dual Diagnosis Capable (DDC) Trained agencies
  - The Summit ADM Board has funded training through Case Western Reserve University for several agencies to assess their capability (or capacity) to provide treatment for people diagnosed with a substance use disorder who also have a mental illness and to develop and implement a plan to do so with increasing capacity over time.
- Suicide Fatality Review Board (SFRB)
  - County-level advisory board chaired by the Summit County Health Department to review data, discuss cases, and identify trends of deaths by suicide.
- Opiate Fatality Review Board (OFRB)
  - County-level advisory board chaired by the Summit County Health Department to review data, discuss cases, and identify trends related to opiate and other drug overdoses.
- Shared database with County Medical Examiner's Office
  - Allows the Summit ADM Quality Improvement Coordinator to examine data from autopsies and death investigations in real-time, identifying trends and pinpointing areas for further exploration and discussion with community partners.
- Universal Release of Information via Versaterm (company that owns CaseWorx)
  - Data system utilized to enter and search for Releases of Information (ROI) by authorized personnel in community agencies and organizations. The Summit ADM Board receives the releases from the jail and enters these into the system.

### Intercept 0 Gaps

- Community knowledge of resources/ how to access
- Private ambulance (contract) was not renewed by Akron – crisis transport to Portage Path if not EMS transport
- Emergency transport for mental health has a 4-hour wait, on average, each way to/from Emergency Departments
- Legislation for 5<sup>th</sup> criteria on pink slip; Participants identified the pink slip form not having a 5<sup>th</sup> criteria for deterioration was a state level gap impacting their community but was not for the community to directly address as this time.

### Intercept 0 Opportunities

- None reported

### Recommendations

- Promote the helpline and Summit ADM website to a larger community to promote prevention and direct care services.

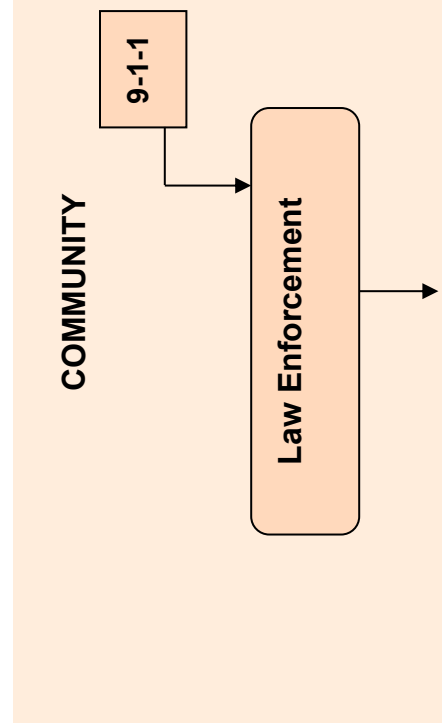
## Intercept I: Law Enforcement / Emergency Services

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

### Dispatch / 9-1-1

- Summit County has nine dispatch centers: Akron, Bath, Hudson, Macedonia, Richfield, South Summit, Twinsburg, Summit Emergency Communications Center (SECC), and Southwest Summit Communications (SWSCOM).
  - The SECC dispatches Stow, Cuyahoga Falls, Silver Lake, Summit County Sheriff's Office, Copley, Fairlawn, Boston Heights, Mogadore, Munroe Falls, Summit County Metro Parks and Tallmadge.
  - 911 can and does transfer calls to 988. When this happens, the 911 operator remains on the line until the call is connected. 911 has established protocols for what calls to transfer to 988 as a warm hand off.
  - Public safety telecommunicators/dispatchers can attend the Summit County Crisis Intervention Team (CIT) Program's Patrol Officer CIT Training Course.

### Intercept 1 Law enforcement



### Law Enforcement and Crisis Intervention Team model

According to the Active Agencies section of the Ohio Attorney General's Office public records resource pulled in March 2024, Summit County has 31 law enforcement agencies plus the Attorney General's Office Bureau of Criminal Investigation (not a LE agency with officers who respond to citizens), including Akron Children's Hospital, Akron Police Department, Barberton Police Department, Bath Township Police Department, Boston Heights Police Department, Copley Township Police Department, Cuyahoga Falls Police Department, Fairlawn Police Department, Hudson Police Department, Lakemore Police Department, Macedonia Police Department, Metro Transit Police Department, Mogadore Police Department, Munroe Falls Police Department, New Franklin Police Department, Northcoast Behavioral Health Police Department, Northfield Village Police Department, Norton Police Department, Peninsula Police Department, Reminderville Police Department, Richfield Police Department, Sagamore Hills Township Police Department, Silver Lake Police Department, Springfield Township Police Department, Stow Police Department, Summa Health Police Department, Summit County Sheriff's Office, Summit Metro Parks, Tallmadge Police Department, Twinsburg Police Department, University of Akron Police Department, and a post of the Ohio State Highway Patrol.

- The Summit County Crisis Intervention Team (CIT) program is co-coordinated by the Summit ADM Board and a representative from the Tallmadge Police Department.
  - The Summit County Crisis Intervention Team (CIT) Program held its first CIT Patrol Officer Training Course in 2000, with the latest training on record held in 2024. All 31 law enforcement agencies with officers who respond in the county have participated in the CIT Patrol Officer Training Course, 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. Summit County holds a CIT Patrol Officer Training Course four times per year and an annual CIT one-day Refresher Training Course. While Summit County does not currently provide Role-Specific CIT Training Courses, other roles, including public safety telecommunicators, corrections, probation, Fire/EMS and behavioral health professionals, are invited to and attend the CIT Patrol Officer Training Courses. Currently, no Advanced CIT Training Courses are offered.
  - The Summit County CIT Program completed a CIT Peer Review in 2012.

- Currently, 15 law enforcement agencies utilize the Model Crisis Intervention Contact Sheet to record interactions of law enforcement officers with individuals experiencing a crisis in their community. Additional data is collected through CaseWorx (Versaterm) with a “CIT widget” from the criminal justice system regarding interactions with those experiencing a crisis.
- Law enforcement have discretion and can take individuals to Portage Path Emergency Services for a mental health assessment /or Oriana House Detox Center. Law enforcement can also take individuals to one of the hospital emergency departments.

### **Crisis Services**

- Portage Path Emergency Services (PES)
  - 988, separate hotline, mobile response, and drop off center
    - Has a law enforcement drop off form and try to cycle law enforcement through the drop off process in under 5 minutes.
  - Provides both mental health and substance use treatment and services
  - Includes 23-hour observation and crisis stabilization, as well as assessments for higher level of care and hospital admission arrangements
- Summit County Outreach Team (SCOUT)
  - Launched in March of 2024, currently provides services Monday-Friday 8am-4:30pm. Members of the team include a CIT trained law enforcement officer, paramedic, and mental health clinician. SCOUT members can pink slip and transport individuals if needed.
  - Utilizing the Model Crisis Intervention Contact Sheet and additional indicators to collect data.
- Summit County Board of Developmental Disabilities consumer hotline

### **Hospitals / Emergency Rooms / Inpatient Psychiatric Centers**

- Cleveland Clinic Akron General Hospital – Emergency Department (ED) Central Intake
  - Does a complete assessment
    - Has own triage process for mental health cases
    - Discharges with a list of resources; but not always set up with a next appointment or warm hand-off
- Summa Health
  - Completes assessment
  - Has separate area for psychiatric evaluations and an ED Psychiatrist
- Akron Children’s Hospital
- Multiple stand-alone Urgent Care facilities and none are equipped for psychiatric emergencies
- Hospital Navigators (Community Support Services and Portage Path Behavioral Health) – Provides outreach and linkage; fosters relationships with hospital entities to improve coordination for civil admissions, including discharge planning, and aids in the processes related to the Assisted Outpatient Treatment (AOT) program, specifically connecting individuals to care and treatment providers.

### **Detoxification**

- Oriana House

### **Probate**

- Provides legal representation at each step of the civil commitment process.
- Approximately 650 civil commitments are made annually by the Summit County Probate Court.
- Provides a Civil Commitment for Substance Abuse Checklist online and a form for the Ohio Declaration for Mental Health Treatment.
- Assisted Outpatient Treatment (AOT)/ New Day Court
  - As of the date of the workshop, there were 106 people on the caseload for AOT/New Day Court.
  - When an individual is pink slipped and admitted to a facility and they cannot be stabilized within 3 court days, the psychiatrist will send an affidavit of mental illness to Probate Court. A mental illness hearing is conducted to determine whether the person is a mentally ill person subject to court order. If so, they are then committed to the County of Summit ADM Board.
  - After commitment, the individual will be ordered into AOT and possibly New Day Court.

- Information below was provided by a representative of New Day Court:

<b>2023</b>	
Carried over from 2022 New Day Court	161 People
New People entered New Day Court in 2023	104 People
Total	265 People
Re-Hospitalizations	25 People
New People who were inappropriate & terminated	33 People
Deaths	2 People
Graduates	57 People
Moved out of AOT to OPC	49 people
Moved out of county/state	8 people
<b>2024 (As of May 23, 2024)</b>	
Total Participants	105 people
New People entered New Day Court in 2023	29 people
Graduates	18 people
Moved out of AOT to OPC	23 people
Re-Hospitalizations	6 people (all entered AOT in 2023, 0 that entered AOT in 2024)
Deaths	1 person (he was on OPC not AOT)

### Veterans

- National Veteran Hotline can refer locally
- Veterans Affairs Center located in south Akron

### Intercept I Gaps

- ▣ Identify CIT coordinator for each (community) jurisdiction
- ▣ Unpredictable experience at emergency rooms at initial drop off
- ▣ Crisis response feedback loop and communication
- ▣ Inconsistencies regarding what constitutes medical clearance
- ▣ Lacking reentry support with discharge planning from crisis centers/emergency departments
- ▣ First responder training for pink slip process – how to manage “gray area” policy for on-scene

### Intercept I Opportunities

- ▣ Identify smaller communities that can utilize CIT contact forms, etc.
- ▣ Explore (initial drop off) instructions with emergency departments and law enforcement
- ▣ ED and Summa would like to set up discharge appointments, not just providing referral information at hospital discharge.

### Recommendations

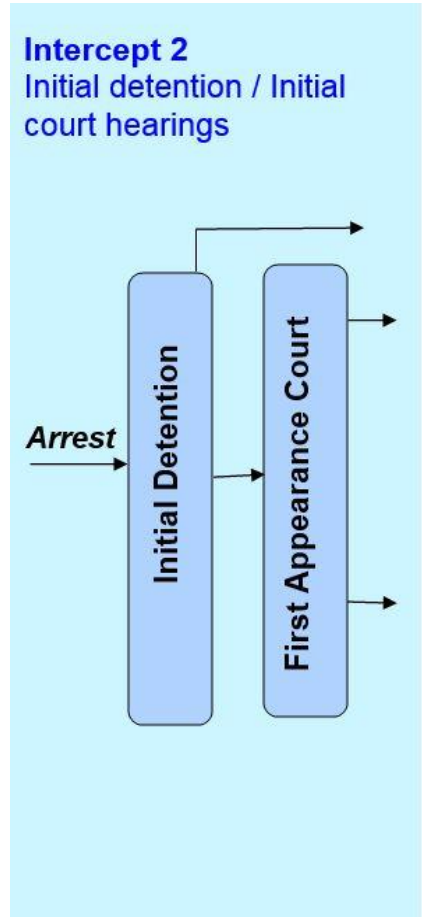
- ▣ Emergency Department and Summa could build more informal and formal relationships to facilitate the ease of warm handoffs/transfer of care.
- ▣ The Criminal Justice Coordinating Center of Excellence (CJCCOE) and other community partners work very hard to support communities in establishing pink slip policies and practices across Ohio. Identify what training needs to be offered and for which stakeholders.

- Establish a process for information sharing regarding the pink slip process and outcomes to identify appropriate policy or process enhancements and assist in identifying training needs and opportunities.
- With key community partners, establish a clear definition for medical clearance as it relates to Intercept 1.
- Revisit the suggestion to set up discharge appointments between Emergency Department and Summa; consider tracking individuals even further than first provider appointment, to inform providers on continuity of care progress/issues.

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

### Initial Detention

- After arrest, individuals are transported to the Summit County Jail (SCJ). Some jurisdictions have holding cells but will ultimately transport all individuals to the jail. The jail will accept all felonies but not all misdemeanors.
  - Acceptance of misdemeanors is based on whether the individual is part of a bed contract or if the individual is violent.
- Upon arrival, all individuals go through a pat down, body scan, and a first medical screening with nursing staff. Booking staff will talk to law enforcement, but do not receive a crisis contact sheet from officers upon drop off.
  - “Receiving screen” conducted by nursing staff.
    - Includes questions about mental health and intellectual/developmental disabilities. The nurse will attempt to contact families and providers for more information. The individual or family may bring in their prescribed medications. Once verified, the medications will be provided in jail.
  - Inmates are classified at booking. Suicide watches may be also conducted at booking, as well when concern is raised by jail staff. Any individual with a mental health issue is supposed to be classified to D1 and assigned to the mental health pod. However, the space is limited, so only the most severely mentally ill or those unmanageable in the general population will be assigned there.
- Summit Psychological Associates (SPA) provides mental health services and can be contacted to conduct a further mental health assessment after the receiving screen is completed.
  - Felony offenders – Mental health services may assess individuals as needed. Individuals may sign a release of information (ROI) to share/request records. The screening questions required by the jail management system (JMS) are utilized and data is provided to the local Summit County Stepping Up Committee.
  - Misdemeanors may bond-out before the SPA assessment is completed.
  - Pretrial Services screens with a tool customized for Summit County that is based off the Virginia Pretrial Risk Assessment Instrument (VPRAI)



### Arraignment and Initial Hearing

- Municipal – hearings Monday-Saturday and via video within the jail
  - Akron, Barberton, and Stow offer diversion programs
- Common Pleas Court has a pretrial services officer who may flag individuals for the MH or Valor court
- Court-appointed attorneys can talk to individuals over the phone during court hearings.
- Akron Police Officers may use their discretion to summons defendants.
- Public defenders meet with inmates in person at the jail for misdemeanors in the mornings and felonies in the afternoon before their first court appearances.

## **Veterans**

- Identified by Pretrial Services and this information is included in reports to the court and judge.
- Jail staff can add a military flag to the jail management system.
- It doesn't appear that the Veterans Justice Outreach (VJO) Program is notified about veterans being in the jail until later in the criminal justice process.

## **Intercept II – Identified Gaps**

- ▣ Time is too long/or not at all result when requesting health/mental health records
- ▣ Better understanding of the JMS and who can access the information
- ▣ Mental Health medications being changed at the jail
- ▣ Municipal Court has an issue with Public Defender referring to Diversion Programs
- ▣ It was noted that the prosecutor's office personnel have had some training about intellectual/ developmental disabilities, but not about mental illness.

## **Intercept II – Identified Opportunities**

- ▣ Explore utilizing the universal ROI (Release of Information) developed in Summit County
- ▣ Explore educating court appointed attorneys about SMI (severe mental illness), reduce stigma, support/resources
- ▣ Need to explore a process to alert the VJO that a veteran is in the jail

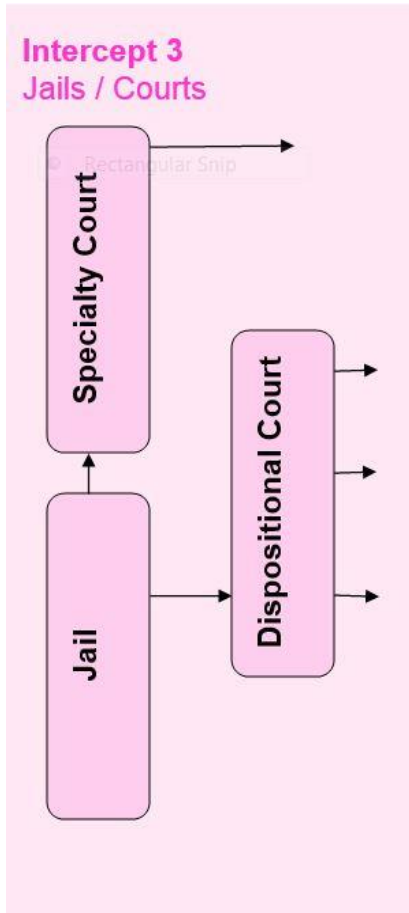
## **Recommendations**

- ▣ Determine what mental health training is necessary for Prosecutors and develop a plan for how to support this effort.
- ▣ Invite the VJO (Veterans Justice Outreach) to join the Summit County Stepping Up Committee and/or engage the VJO in collaborative planning.

## Intercept III: Jails / Courts

### Jail

- The Summit County Jail capacity is 791, with a current average daily population of 560. All jail information is for the period of July 1, 2023 – June 30, 2024.
- Daily bookings average: 25.3
- Daily population average for persons with mental illness: 241
- Daily booking average for persons with mental illness: 47
- Percentage of pre-trial population with mental illness: 56%
- Percentage of sentenced population with mental illness: 20%
- Average length of stay: 22.16 days.
- The Summit County CIT Program holds 4 spots in each CIT Patrol Officer Training Course for deputies. It was noted that many of the deputies in the jail are CIT trained or will be.
- Mental health pod (1D) = 24 male beds (6 beds with cameras), 3 female cells
  - Designed for those whose psychiatric symptoms are significantly deteriorated, unstable, or are suicidal, developmentally disabled, or otherwise cannot be managed in the general population.
  - It was noted that due to its small size, this pod prioritizes those whose symptoms are the most severe, leaving many inmates with less severe mental health issues in the general population.
  - Mental health services provided by Summit Psychological Associates are conducted in the mental health pod, in a classroom or through the cell door.
- The jail utilizes Jail Management Systems (JMS). There is an option to flag inmates to identify them as having mental health needs, but it is not used formally nor consistently. During the time listed, the jail stated that 6 individuals were identified as having mental health needs by the booking staff.
  - Monthly data is shared with community partners via email, including some of the jail statistics.
- Over 400 inmates with F1, F2 and F3 charges. It was also noted that some inmates may pick up additional charges due to staff interactions, including spitting, physical altercations, etc.
- It was noted that inmates are rarely moved around the facility. Services come to the pods or to the individual inmate.
- Medical services are provided by VitalCore
  - Manages substance use withdrawal with comfort meds only and has two cells for observation/care
  - Participates in the reimbursement program through OhioMHAS for long-term injectables
- Mental health services are provided by Summit Psychological Associates (SPA)
  - Services available Monday-Thursday 7am-7pm, Friday-Saturday-Sunday 7am – 4pm, and on call
  - MH intake assessment completed, after booking intake assessment
  - Most services held in a classroom
  - Uses tablets to provide outside programs on ENDOVO server
  - It is estimated that 80% of inmates receive mental health services
  - Mental health clinicians can pink slip inmates for emergency psychiatric assessment. It was noted that this will sometimes happen as an inmate is getting released due to mental health or suicide risk concerns.
- THRIVE (Transition, Help, Restore, Independence, Value, Empower) program
  - Voluntary program to participate in and participants must agree to mental health and substance use treatment
  - Unless the defendant discloses their involvement with THRIVE to their attorney, the attorney will not receive notifications or information from the program.
  - Case Management will begin working with an inmate while they are at the jail to complete a needs assessment and connect to appropriate community resources. The case manager also assists with setting up appointments, educational program referrals, and linkage to group supports. Once a release date is determined, the case manager will follow the individual into the community to help with connecting and remaining connected to services, help with transportation, and assist with warm hand-offs to a variety of community services partners.



- Universal Release of Information are utilized via Versaterm
  - Data system utilized to enter and search for Releases of Information (ROI) by authorized personnel in community agencies and organizations. The Summit ADM Board receives the releases from the jail and enters these into the system.
- Summit ADM Forensic Monitor visits the jail regularly.
- Other services available at the jail:
  - Growing and more diverse religious services (individual meetings and a few small gatherings)
  - AA/NA available via tablets
  - GED classes available via tablets
  - K-12 Endover Server classes are available via tablets
- Services not available at the jail include peer support, discontinued Life Skills group, and other live or in-person programs and groups.

## Court

- Public defender's office has two social workers on staff. The plan is for both to attend conferences to be better educated on how to work with criminal justice involved individuals with mental illness.

## Specialty Courts

- There are 15 certified adult criminal justice specialty dockets in Summit County:

Court	Docket Type	Judge
Akron Municipal	Mental Health (FACT)	Judge Williams
Akron Municipal	OVI	Judge TBD
Akron Municipal	Substance Use	Judge Oldham
Akron Municipal	Substance Use – Domestic Violence	Judge Cable
Akron Municipal	Substance Use – Human Trafficking Victims	Judge Cable
Akron Municipal	Substance Use – Veterans Treatment	Judge Larson
Barberton Municipal	Substance Use	Judge McKenney
Stow Municipal	Mental Health (STRIDE)	Judge Coates
Summit County Court of Common Pleas	Mental Health (HOPE)	Judge Breaux
Summit County Court of Common Pleas	Substance Use (Turning Point)	Judge Oldfield
Summit County Court of Common Pleas	Substance Use – Domestic Violence	Judge Michael
Summit County Court of Common Pleas	Substance Use – Reentry	Judge McCarty
Summit County Court of Common Pleas	Substance Use – Reentry	Judge O'Brien
Summit County Court of Common Pleas	Substance Use – Reentry	Judge Rowlands
Summit County Court of Common Pleas	Substance Use – Veterans Treatment (VALOR)	Judge Baker-Ross

## Municipal Court Specialty Dockets

- Stow Municipal Court Successful Treatment Results in Development Excellence (STRIDE) mental health specialty docket.
  - Currently, there are 13 individuals on the docket's caseload. The docket does not have a set caseload capacity. It can take 12-18 months to complete the program.
  - 1 Probation Officer (PO)

- Akron Municipal Court FACT mental health specialty docket.
  - Currently, there are 6 individuals on the docket's caseload. Eligible participants must be diagnosed with a severe mental illness, typically with psychosis symptoms. Participants are on probation for about a year.
- CONNECT is an uncertified docket diversion program for individuals with a developmental disability and mental health or substance use, or a co-occurring diagnosis. Currently, there are 15 individuals in the program.
- **Court of Common Pleas Specialty Dockets**
  - Healing Opportunity Progress & Empowerment (HOPE) Court
    - Individuals with serious mental illness (SMI) and Co-Occurring disorders with non-violent felonies (3, 4, and 5) are eligible. As part of the program, individuals plead guilty, are sentenced, and prison is held off while in the program
    - Capacity is 40, currently has 41 participants; However, are receiving 25 referrals per month to review for acceptance into the program
      - 1 Probation Officer for HOPE Court with a current caseload that is 2/3 male.
      - Includes peer support
    - The program starts every 2-4 weeks and can take 15 months – 3 ½ years to complete.

### **Veterans**

- There are two Veterans Specialty Courts: Alpha and Bravo
  - Current caseloads:
    - Dual diagnosis/co-occurring (mental health and substance use disorder) is approximately 70% of the caseload and Severely mentally ill is approximately 25%

### **Intercept III – Identified Gaps**

- ▣ Not enough mental health beds; have to triage
- ▣ Programs in the jail (staffing)
- ▣ Peer support services in the jail
- ▣ Process for THRIVE clients to tell the defense attorney about eligibility– THRIVE program information sharing with the criminal justice system
- ▣ There is no statutory deterioration law in the county.
- ▣ At times, families will choose not to bail an individual out of the jail so that they receive mental health treatment while in the jail.

### **Intercept III – Identified Opportunities**

- ▣ THRIVE information sharing as part of pretrial assessment? To inform bond?
- ▣ New MH unit in the jail, specifically designed for services

### **Recommendations**

- ▣ Incorporate more programming into general and special populations via tablets, peer support, etc.
- ▣ Contact local bar association regarding a presentation about THRIVE and how their clients can access it and what it means for them.
- ▣ Survey the in-reach effort at the jail to identify who visits and what is happening with inmates with severe and persistent mental illness. Specifically, seek to answer: Are inmates with severe and persistent mental illness able to receive services that are virtual /electronic with success? Is there a need for more face-to-face interactions with real service providers, law enforcement and legal counsel?

## Intercept IV: Prisons / Reentry

### Prison

- The Community Transition Program (CTP) and Community Linkage Program of the Ohio Department of Mental Health and Addiction Services (OMHAS) offers voluntary referrals to community substance use disorder treatment and mental health treatment, respectively, for those individuals diagnosed with substance use disorders and mental illness. In Summit County, referrals are made to the County of Summit ADM Board and Oriana House. In the state fiscal year 2024, OMHAS completed 215 referrals to Summit County.

• MH clients:	66 participated	16 refused	Total: 82
• MH/CTP:	33 participated	7 refused	Total: 40
• CTP:	116 participated	65 refused	Total: 181
• Totals:	215 participated	88 refused	Total eligible: 303

- Ohio Department of Rehabilitation and Correction's (DRC) Bureau of Community Sanctions only releases individuals on community supervision.
  - There are no judicial releases
- Inmates do receive some resources from DRC staff prior to release
- All inmates should have a release summary
- Oriana House is the halfway house and Community Based Correctional Facility (CBCF)
  - Will not accept someone with C1 classification
  - Receive packet for inmate from Ohio Department of Rehabilitation and Correction
  - Peer support services are available
  - If prescribed medications, these may be mailed to them from the correctional facility

### Jail

- Per the data provided by the jail regarding the whole jail population:
  - 326 people left the jail with financial benefits/entitlements in place
  - 70 people left the jail with a shelter as their identified residence
  - 291 people left the jail with no identified residence
  - 150 people left the jail with an appointment at a mental health or other treatment provider
  - 150 people at the jail with mental illness had contact with a helping professional from the community to assist in facilitating reentry

### Veterans

- Veterans Justice Outreach (VJO) Program is not always able to work with veterans in the jail because they are not aware they are there. Participants were unable to describe the process of communication between the jail, Veterans Affairs, and the Veterans Justice Outreach Program.

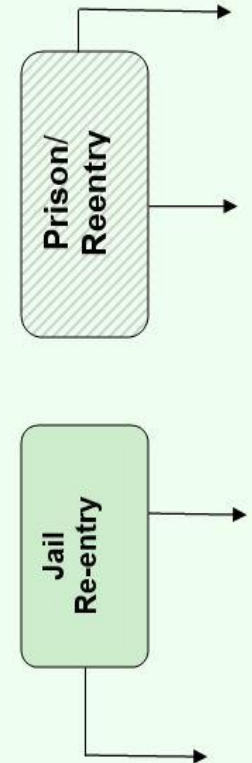
### Intercept IV – Identified Gaps

- Community Transition Program (CTP) communication needs revisited; 7-8 packets a week, not a lot of follow-ups with appointments
- Community Based Correctional Facility (CBCF) – no funding for mental health services

### Intercept IV – Identified Opportunities

- Pretrial Services reported they were aware of veterans, so if they could increase communication with VJO for the Valor Court option, or even if not eligible for the Valor Court, identification and potential support.

## Intercept 4 Reentry



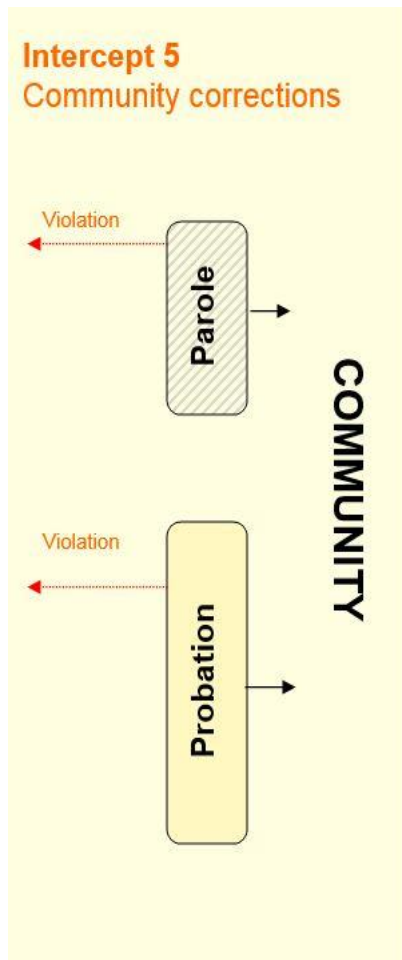
## Recommendations

- Consider identifying a point person to coordinate the linkages for individuals with severe and persistent mental illness. Review the current criteria for how decisions are made for who gets the current beds and explore what other options are available.
- Consider continued formalization of the Assisted Outpatient Treatment (AOT) program and explore other opportunities for referrals to the program throughout the Intercepts.

## Intercept V: Community Corrections / Community Support

### Probation

- The Summit County Jail tracks lengths of stay for probation violations and shares this information with the court.
  - It was noted that there is a processing backlog, which is resulting in probationers potentially having longer stays at the jail.
- Municipal Court Probation
  - Also conducts pretrial services
  - 10 Probation Officers with caseloads of 40-60 each.
  - There is no specialized mental health caseload; however, some probation officers have attended a CIT Patrol Officer Training Course, and others have special professional mental health licenses.
  - In the past, probation officers have tried both the Level of Service Inventory (LSI) and the (Ohio Risk Assessment System (ORAS) but felt neither worked for their purposes.
  - A Community Support Services (CSS) liaison is on staff and conducts mental health screenings, which are then provided to the probation officers. Other mental health assessments and treatment are done through referrals to community-based mental health agencies.
  - No peer support services are available.
- Court of Common Pleas Probation
  - 2 Probation Officers with specialized mental health caseloads of up to 76 individuals each. Caseloads consist of moderate to high-risk and needs. A third Probation Officer was completing training at the time of the mapping.
    - Two of the Probation Officers have a master's degree and one is a Licensed Social Worker. Another probation officer has experience with civil commitment.
  - Utilize Ohio Risk Assessment System (ORAS) and typically attend several trainings a year focused on mental health. None of the probation officers are CIT trained.
  - Greenleaf Family Center conducts mental health assessments for Intervention in Lieu (ILC); Competency and other mental health assessments are conducted by the Psycho-Diagnostic Center.
  - Probation contracts with Oriana House to provide Cognitive Behavioral Therapy (CBT) classes. Community Support Services and Portage Path Behavioral Health also accept referrals and are provided with individual case plans.



- Residential Access List (RAL)
  - Meets bi-monthly and reviews clients that have been referred to residential substance use treatment from the jail, probation or the community. Works with the RAL coordinator and probation to successfully clear clients and place them into treatment.

## Parole

- Adult Parole Authority (APA)
  - Sex offender specialized caseload
    - Can help with prison ID/state ID; parolees often in halfway homes
  - Mental health specialty caseload
    - Approximately 40 parolees currently on the caseload.
    - These are high risk offenders that must contact PO four times a month
  - Parole Violations – Taken to Lorain facility for holding before either being transferred back to prison or re-released on parole.

## Community Supports

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

- Oriana House
  - Multiple classes, including Cognitive Behavioral Therapy (CBT)
  - Housing at Special Housing Adjustment Residential Program (SHARP)
    - 25 male beds and 6 female beds
    - Must be criminal justice involved and diagnosed with a severe and persistent mental illness
    - Waitlist is currently 4-6 weeks
    - The Summit County Board of Developmental Disabilities contracts to have 2 beds available at SHARP.
- Frederick Avenue
  - Collaboration with Community Support Services (CSS), Summit Psychological Associates (SPA), and Summit County Jail to offer transitional housing for inmates coming out of the jail and getting linked to services in the community. CSS manages the housing program. SPA begins working with the inmates in Summit County Jail prior to release and all referrals are linked with the THRIVE program. All referrals are deemed homeless while incarcerated. This is to help with the overflow in the jail and connect clients with behavioral health services upon release.
- South Street Ministries:
  - Citizen's Circle: Meets on the second Thursday of every month, South Street Reentry Services co-facilitates a citizen's circle with Ohio Department of Rehabilitation and Correction, wherein returning citizens receive support from a 'circle' of advisors.
  - Reentry Meeting: Every Tuesday at 4:00pm, South Street Reentry Services hosts a weekly peer-to-peer led Reentry meeting where services are shared, redirection is discussed, and hope is fostered. The goal is to provide a community where short-term needs can be addressed quickly, while long-term aspirations are developed.
- Summit County Reentry Coalition
  - Community partners work together so that adult felony ex-offenders can overcome the many challenges to their success. The goal is to reduce the rate of recidivism, increase community safety, help reunite families and make the local economy stronger. Meetings are held the third Wednesday of the month.
- Akron-Urban Minority Alcoholism Drug Abuse Outreach Program (UMADAOP) Circle for Recovery Ohio (CFRO) program
  - Funded through Ohio MHAS and the objective of the CFRO program is to prevent relapse of substance use disorder and criminal recidivism primarily among African American parolees. Services offered include vocational, GED/educational, health education including STD/HIV/AIDS education, relationship skills, peer support, violence prevention, crisis intervention.

- Truly Reaching You
  - Reentry program that focuses on vocational training that offers hands on training in four high-demand areas: lawncare, commercial cleaning, housing rehab & construction and hauling & manual labor. Partners with multiple organizations in the community to help transition back into the workforce and community.
- Veterans' Services Commission
  - Connection to Veteran Affairs services, including mental health and substance abuse.

### **Intercept V – Identified Gaps**

- None reported

### **Intercept V – Identified Opportunities**

- Probation officer CIT training

### **Recommendations**

- Recommend that the partners continue to develop CIT role specific training courses and programming for Probation Officers and others who may benefit from mental health specific training/education.
- The specialized mental health caseloads in probation are quite large, and it was indicated the officers do not have specialized training. It might be worth reviewing the caseloads to determine what the caseload sizes should be, how many probation officers are needed to adequately serve the clients, and what specialized training would be useful to support the specialized nature of the service.

Priorities for Change  
Summit County, Ohio

## Summit 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. First responder training on pink slips
2. Emergency transport for mental health concerns/crises
3. Enhance programming and peer supports in the jail
4. Increase mental health beds in the jail

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

- Community knowledge of resources/ how to access (4 Votes, Intercept 0)
- Emergency transport for mental health has a 4-hour wait (14 Votes, Intercept 0)
- Legislation for 5<sup>th</sup> criteria on pink slip (10 Votes, Intercept 0)
- Identify CIT coordinator for each (community) jurisdiction (3 Votes, Intercept 1)
- Unpredictable experience at emergency rooms at initial drop off (1 Vote, Intercept 1)
- Inconsistencies regarding what is medical clearance (4 Votes, Intercept 1)
- Lacking reentry support with discharge planning from crisis center/emergency departments (5 Votes, Intercept 1)
- Peers services in the jail (7 Votes, Intercept 3)
- Process for THRIVE clients to tell the defense attorney – THRIVE program information sharing with criminal justice (1 Vote, Intercept 3)
- CBCF – no funding for mental health services (6 Votes, Intercept 4)

### Parking Lot Issues

- Funding

## Additional Resources

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

Treatment Advocacy Center	<a href="http://www.treatmentadvocacycenter.org">www.treatmentadvocacycenter.org</a>
University of Memphis CIT Center	<a href="http://www.cit.memphis.edu">www.cit.memphis.edu</a>
Vera Institute of Justice	<a href="http://www.vera.org">www.vera.org</a>
Veterans Justice Outreach	<a href="http://www.va.gov/HOMELESS/VJO.asp">www.va.gov/HOMELESS/VJO.asp</a>

**Sequential Intercept Mapping**  
**Summit County, Ohio | October 24-25, 2024**

**Participant Roster**

<b>Name</b>	<b>Title</b>	<b>Agency</b>	<b>Email</b>
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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.

**Priority Area 1: First Responder Training on Pinkslips**

Objective		Action Step	Who	When
1.	Provide cross system training on the definition and use of a “pinkslip” and importance of keeping and evaluating the individual and a back-end protocol.	<ol style="list-style-type: none"> <li>1. Develop training</li> <li>2. Provide training to: law enforcement, ER staff, EMS, attorneys, prosecutors, other hospitals, judges, other behavior health administrators</li> <li>3. Record training to be used as needed</li> <li>4. Add to training if/when language on pinkslip changes</li> </ol>	<p>Dr. Doug Smith, County of Summit ADM Board</p> <p>Sergeant Ralph Stover Tallmadge Police Department</p> <p>Judge Stormer Summit County Court of Common Pleas</p>	<p>Training developed by May 2025</p> <p>Begin trainings by Spring/Summer 2025</p> <p>Ongoing – CE/annual requirement</p>
2.	Expand experts to support the use of pinkslip in the moment.	<ol style="list-style-type: none"> <li>1. Look at Akron’s SCOUT as an example</li> <li>2. Identify additional community resources to consult (i.e. Portage Path Emergency Services) and then train to use.</li> </ol>	<p>Dr. Doug Smith, County of Summit ADM Board</p> <p>Sergeant Ralph Stover Tallmadge Police Department</p> <p>Judge Stormer Summit County Court of Common Pleas</p>	<p>March 2025</p>
3.	Transportation	<ol style="list-style-type: none"> <li>1. Discuss with Priority 2 Action Group</li> </ol>		<p>TBD</p>

4.	Develop a one stop shop (crisis system)	1. Continue to support the development of one place for people to go (not ER's) – such as the model in Arizona		TBD
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Next Meeting Date: TBD



### Priority Area 3: Enhanced Programming and Peer Supports in the Jail

Objective		Action Step	Who	When
1.	Identify best practices of peer support in jails	<ol style="list-style-type: none"> <li>Will contact jails in comparable counties to see how has peers in jail setting</li> <li>Will contact National Institute of Corrections (NIC) on recommendations regarding peer in jail</li> <li>Will consult with American Jail Association (AJA)</li> </ol>	Major Kaalima/ Andrea Whitaker  Makor Kaalima	December 1, 2024
2.	Enhance mental health intake to improve early intervention and to address needs	<ol style="list-style-type: none"> <li>Identify # of intakes and breakdown of time when they come in (90 days)</li> <li>Identify # that were referred to mental health services (Summit Psychological Associates)</li> <li>Identify length of stay (LOS) for mental health inmates</li> </ol>	Abbey Leonard Kimberly Ward	December 1, 2024
3.	To offer programming to meet the behavioral health needs of inmates in the Summit County Jail	<ol style="list-style-type: none"> <li>Will explore best practices of jail programs for mental health and substance use disorder programming while also addressing need for both individual and group services</li> <li>Explore resource list to be provided at release</li> </ol>	Whole group	
4.	To increase inmates' awareness on the technology available to them in the Summit County Jail	<ol style="list-style-type: none"> <li>Explore and identify what is currently available on client tablets</li> <li>Have increased messaging on the TV's for inmates about technology available</li> <li>Will determine data points to measure utilization</li> </ol>	1 & 2. Abbey Leonard Deborah Walsh  Whole group	December 1, 2024  December 3, 2024 (next meeting)

**Next Meeting Date: 12/3/2024 at 1:00 pm**

## Priority Area 4: Increase Mental Health Beds in the Jail

Objective		Action Step	Who	When
1.	Define the qualifications for placement in a mental health bed	<ol style="list-style-type: none"> <li>Continue current diagnostic assessments</li> <li>Determine who needs to be on the mental health pod</li> <li>Establish risk levels/system – treatment</li> <li>Involve legal counsel of individual and Pre-Trial Services</li> </ol>	<p>Clinicians/LSW</p> <p>Clinicians/LSW</p> <p>Clinicians/LSW</p> <p>Attorney/Pre-Trial Services</p>	<p>Ongoing</p> <p>Ongoing</p> <p>New/ASAP</p> <p>New/ASAP</p>
2.	Determine the actual number of beds needed	<ol style="list-style-type: none"> <li>Current 24 male and 3 female beds is not adequate; Currently people are moved on and off the pod based on severity of condition and based on treatment needs.</li> <li>Evaluate based on new risk/treatment assessment</li> <li>Sheriff sign-on to classification changes</li> </ol>	<p>Clinician/LSW</p> <p>Sheriff</p>	<p>March 2025</p> <p>March 2025</p>
3.	Determine the best location for these beds	<p>Prepare plan and present to Sheriff, Chief and Major:</p> <ul style="list-style-type: none"> <li>- With existing</li> <li>- New construction</li> <li>- Outside location</li> <li>- Existing or new partner</li> </ul>	<p>Clinicians and partners, including Oriana House, Developmental Disabilities Board of Summit County, Municipal and Common Pleas Courts, County of Summit ADM Board, prosecutors and defenders</p>	<p>September 2025</p>
4.	Create the needed space	<p>Determine the cost:</p> <ul style="list-style-type: none"> <li>- No cost (existing)</li> <li>- Bids/design (new construction)</li> <li>- Outside location (outside location)</li> <li>- Funding (partner)</li> </ul>	<ul style="list-style-type: none"> <li>- Jail movement</li> <li>- County Council/ County Executive, Sheriff</li> <li>- County Council/ County Executive, Sheriff</li> </ul>	<ul style="list-style-type: none"> <li>- Immediate</li> <li>- Up to 10 years</li> <li>- 5 years</li> <li>- Year +</li> </ul>

			- Various agencies, County Council/ County Executive, Sheriff	
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**Next Meeting Date: 10/29/2024 at 1:00 pm**

## **Appendix**

## Appendix A

### JAIL BOOKINGS

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

**Person Completing Form** *(name/title)* Abbey Leonard Jail Pop. Coordinator / Ruthann Paulus-Bland, Jail Mental Health

Time period being reported July 1, 2023-June 30, 2024

	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?	791		
What is the average daily total population of the jail?	560		
What is the average number of total daily bookings?	25.3		
What type of automated system is used to collect Jail Booking, classification, health and release information?	JMS		
Please provide the number and types of booking that are used for the following categories: <i>(If unable to provide objective data on booking types, please provide average percentage of each population)</i>	9222 549		Total Booked Confined 6-30-2024
Pretrial Misdemeanor	125		Confined 6-30-2024
Pretrial Felony	424		Confined 6-30-2024
Probation Violation	175		Confined 6-30-2024
Convicted	118		Confined 6-30-2024
Not - convicted	431		Confined 6-30-2024
Other Parole	63		Confined 6-30-2024
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?	1D		
<b><i>How many people are identified as having mental health issues?</i></b>			
By jail booking staff	6		
While incarcerated (by corrections officers, health staff or others)			
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	Yes, there is currently a flag to		This has not been used formally yet.

	insert number	Has this metric been affected by COVID-19? (Yes / No / I don't know)	Comments
	identify MH		
What is the average daily population of persons with mental illness?	241		
What is the average number of daily bookings of people with mental illness?	47		
What percentage of the pre-trial population represents persons with mental illness?	56%		
What percentage of the sentenced population represents persons with mental illness?	20%		
<b>CROSS TABULATION OF MULTI-SYSTEM DATA</b>			
<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-->		Some agencies have access to JCM  Monthly data is shared with stakeholders via email that includes some jail stats
How many were known to the publicly funded mental health system?			Unable to obtain
How many accessed acute crisis services during the specified reporting period?			Unable to obtain
How many were known to the publicly funded substance abuse treatment system?			Unable to obtain
How many were known to the Developmental Disabilities system?	14		So far in 2024.
<b>ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION</b>			
For those who are identified as <b>persons with mental illness</b> or co-occurring substance abuse or developmental disabilities (by jail, other criminal justice, or treatment systems), what are the nature of the charges?			
Misdemeanors	125		
Felonies	424		
Violent Behavior	228		
Violations of Probation	238		
Frequency - How many arrests / bookings per person? (average)			In 2023, 1275 were booked 2x, or more. 29 were booked 5x, or more. Of the two we have reviewed, both involved MH
Length of stay in the jail for each episode of incarceration (average)	22.16 days		
<b>DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:</b>			
How many people left the jail with financial benefits or entitlements in place?	326 for the year		
How many people left the jail with a shelter as the identified residence?	70		
How many people had no known residence?	291		
How many people left the jail with an appointment at a mental health or other treatment service?	150		
How many people with mental illness had contact with a helping professional from the community to facilitate reentry?	150		

## 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](mailto:rsimera@neomed.edu)

<b>Community: Summit County</b>			
<b>Contact Person: Aimee Wade</b>	<b>Phone</b>	<b>330-564-4088</b>	<b>Email: <a href="mailto:wadea@admboard.org">wadea@admboard.org</a></b>

<b>Please check the appropriate box for each and provide descriptions as necessary.</b>		<b>YES</b>	<b>NO</b>
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?	X	
2	Does your community have a cross-system collaborative team or task force?  CJS Processing Team Jail Capacity Subcommittee Criminal Justice Advisory Board (CJAB) Stepping Up - <i>List of active participants attached</i> I-Team for Older Adults Opiate and Addiction Task Force (SCOATF)	X	
3	Does your community provide for cross-training of mental health, substance use, criminal justice and other providers? <i>If yes, please list recent programs:</i>  Crisis Intervention Team (CIT) CIT 8-hour Advanced/Refresher Trainings	X	

Please check the appropriate box for each and provide descriptions as necessary.	YES	NO
<p>4 Does your community have resources identified to work with people with mental illness and co-occurring disorders in the criminal justice system?  <i>Please describe:</i>            CIT- Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other partners to improve community responses to mental health crises.</p> <p>SCOUT – Summit County Outreach Team is a mobile outreach team comprised of Akron Fire, Akron Police, and a clinician from PPBH that goes out and responds to individuals in the community. Calls are to come through 911 and dispatch, however the team is also actively looking at calls and responding to calls they deem appropriate and connect the person to appropriate resources which can be a community BH provider, PES or hospital or simply can be resolved after talking with the SCOUT team members.</p> <p>CSS Outreach – Transitional program focused on outreaching chronically homeless persons with serious mental illness and SUD that reside in Summit County. Utilize a harm reduction model and housing first model to engage and the primary goal is to engage the individual into BH treatment, and the secondary aim is to assist the person in achieving housing stability.</p> <p>SPA-Thrive – is a case management program through SPA and the SCJ. Eligible inmates need to have a MH or SUD diagnosis and work with the MH unit at the jail. The Thrive case managers begin working with them while in the jail to build trust, connect with support systems, get a commitment for the program, complete a needs assessment/treatment plan, and begin to put this plan into action prior to release (set up appointments, identify where they can go to meet their needs).</p> <p>CSS-Frederick Avenue – Collaboration with CSS, SPA and SCJ to offer transitional housing for inmates coming out of the jail and getting linked to services in the community. CSS manages the housing program. SPA begins working with the inmates in SCJ prior to release and all referrals are linked with the THRIVE program. All referrals are deemed homeless while incarcerated. This is to help with the overflow in SCJ and connect clients with BH services upon release.</p> <p>DDC Trained agencies – ADM has funded training through CWRU for several agencies to assess their capability (or capacity) to provide treatment for people diagnosed with a substance use disorder who also have a mental illness and to develop and implement a plan to do so with increasing capacity over time.</p>	X	

5	<p>Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population?  <i>Please describe:</i></p> <p>SCOUT- Summit County Outreach Team is a mobile outreach team comprised of Akron Fire, Akron Police, and a clinician from PPBH that goes out and responds to individuals in the community. Calls are to come through 911 and dispatch, however the team is also actively looking at calls and responding to calls they deem appropriate and connect the person to appropriate resources which can be a community BH provider, PES or hospital or simply can be resolved after talking with the SCOUT team members.</p> <p>CSS Outreach – Transitional program focused on outreaching chronically homeless persons with serious mental illness and SUD that reside in Summit County. Utilize a harm reduction model and housing first model to engage and the primary goal is to engage the individual into BH treatment, and the secondary aim is to assist the person in achieving housing stability.</p> <p>CSS Frederick Ave – Collaboration with CSS, SPA and SCJ to offer transitional housing for inmates coming out of the jail and getting linked to services in the community. CSS manages the housing program. SPA begins working with the inmates in SCJ prior to release and all referrals are linked with the THRIVE program. All referrals are deemed homeless while incarcerated. This is to help with the overflow in SCJ and connect clients with BH services upon release.</p> <p>SPA with jail population – Works in the SCJ on the MH unit to assess, provide groups and treat while incarcerated. They also connect inmates to services upon release such as SUD residential or BH services in the community, as needed. THRIVE is a case management program through SPA and the SCJ. Eligible inmates need to have a MH or SUD diagnosis and work with the MH unit at the jail. The Thrive case managers begin working with them while in the jail to build trust, connect with support systems, get a commitment for the program, complete a needs assessment/treatment plan, and begin to put this plan into action prior to release (set up appointments, identify where they can go to meet their needs).</p> <p>Oriana House – Works with several specialty dockets to provide case management and peer support services for docket participants to ensure improved outcomes. Manage several programs such as RIPP, CBCF, CASC, CRC and halfway houses.</p> <p>South Street Ministries – Reentry at South Street Ministries is a transformative journey for individuals returning from incarceration, aimed at fostering a successful transition back into the community. Led by those who have navigated this path themselves, the Reentry program focuses on redirection and restoration, helping returning citizens reshape their lives and integrate into society. This process begins from the day of sentencing, offering support, guidance, and community engagement to pave the way towards a restored life of family, home, business, and faith.</p> <p>Akron UMADAOP Circle for Recovery Ohio (CFRO) program – Funded through Ohio MHAS and the objective of the CFRO program is to prevent relapse of SUD and criminal recidivism primarily among African American parolees. Services offered include vocational, GED/educational, health education</p>	X	
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Please check the appropriate box for each and provide descriptions as necessary.	YES	NO
<p>including STD/HIV/AIDS education, relationship skills, peer support, violence prevention, crisis intervention.</p> <p>Truly Reaching You – Reentry program that focuses on vocational training that offers hands on training in four high-demand areas: lawncare, commercial cleaning, housing rehab &amp; construction and hauling &amp; manual labor. Partners with multiple organizations in the community to help transition back into the workforce and community.</p> <p>ADM Board Clinicians – Forensic Services Coordinator is a dedicated position within the ADM Board that works closely with the criminal justice system to monitor clients both pre and post adjudication. Chief Clinical Officer provides consultation on an as needed basis and helps bridge gap with medical services in SCJ to ensure behavioral health medications are administered to individuals while at SCJ.</p>		
<p>6 Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? <i>Please describe:</i></p> <p>Daily Jail Reports – ADM staff send daily to PPBH, SPA, CSS, SC Probation, Akron Municipal Court, SCCP. Summary also sent to SCSO and Alex Burt.</p> <p>THRIVE program data – <b>see attached</b></p> <p>SPA Quarterly Reports - submitted to ADM on a quarterly basis, by program, to evaluate effectiveness.</p> <p>Oriana Quarterly Reports – submitted to ADM on a quarterly basis, by program, to evaluate effectiveness.</p> <p>Ohio State Highway Patrol Pilot - Pilot program through the Ohio State Highway Patrol to provide outreach to individuals that are cited for OVI offenses. The Quick Response Teams (QRT) will be forwarded a list of Summit County residents from ADM that received offenses so they can provide resources and work to engage them in services.</p> <p>Residential Access Meeting – Meets bi-monthly and reviews clients that have been referred to residential SUD treatment from SCJ, probation or the community. Works with the RAL coordinator and probation to successfully clear clients and place them into treatment.</p>	X	

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)? Please describe the position and the person(s):</p> <p>SPA- Jail Services and Thrive program – <b>see attached proposal</b></p> <p>CIT-trained officers and deputies</p> <p>CSS – Forensic monitoring for NGRI, ISTU-CJ, conditional release</p>	X	
8	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance safety across agencies or systems? Please describe or if possible, provide copies of MOUs:</p> <p>Suicide Fatality Review Board (SFRB) – County advisory Board chaired by Summit County Health Department that reviews data, discusses cases and any trends that are evident.</p> <p>5-Points – Data tracking system that connects both clinical staff and criminal justice system for clients that are civilly committed to the ADM Board.</p> <p>Hospital Navigators (CSS and PPBH) – Provides outreach and linkage; fosters relationships with hospital entities to improve coordination, including discharge planning and aids in the processes related to AOT court.</p> <p>SCOUT- Summit County Outreach Team is a mobile outreach team comprised of Akron Fire, Akron Police, and a clinician from PPBH that goes out and responds to individuals in the community. Calls are to come through 911 and dispatch, however the team is also actively looking at calls and responding to calls they deem appropriate and connect the person to appropriate resources which can be a community BH provider, PES or hospital or simply can be resolved after talking with the SCOUT team members.</p> <p>Universal Release - We have a data system (Versaterm) where the releases are being entered and are searchable by authorized people in the community. Currently, access has not been opened yet. The jail is sending the releases to ADM and they are being entered manually into the system.</p> <p>ADM Forensic Monitor ADM Client Rights Coordinator</p> <p>Opiate Fatality Review Board (OFRB) - County advisory Board chaired by Summit County Health Department that reviews data, discusses cases and any trends that are evident.</p> <p>Shared database with Medical Examiner's office – Allows Quality Improvement Coordinator at ADM to examine data in real time to point out any trends that we should be aware of or explore further.</p>	X	

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
9	<p>Are there any local agencies that have not participated in collaboration efforts?  <i>Please describe:</i></p> <p>Direction Home/Area Agency on Aging – Recently became engaged in the I-Team for older adults</p>	X	
10	<p>Does your community have any jail or court diversion programs at this time?  <i>Please describe:</i></p> <p><u>Common Pleas:</u>  Intervention in Lieu of Conviction</p> <p><u>Municipal Court Diversion:</u>  Akron- Discretionary Rehabilitation Program (DRP)  The following also have diversionary tracks if eligible:  Family Intervention (DV), Mental Health and Valor Court  Stow Muni- Underage alcohol diversion program</p>	X	
11	<p>Does your community have a mental health, drug or other specialty court?  <i>Please describe:</i></p> <p><u>Common Pleas Courts:</u>  HOPE-MH Court  Turning Point-Drug Court  Domestic Violence  Reentry  Valor- Verteran’s Court  SCORR- Summit County Offender Recidivism Reduction</p> <p><u>Akron Muni:</u>  Family Intervention Court  Mental Health Court  Recovery Court  Valor Court  ARCH Court- Active Recovery Creates Hope- repeat OVI  RISE Court – Restore Individual Self-Empowerment- Victims of human trafficking</p> <p><u>Stow Muni:</u>  STRIDE Court- Successful Treatment Results in Developing Excellence- MH court</p> <p><u>Barberton Muni:</u>  Drug Court  Mental health Court</p> <p><u>Summit County Juvenile Court:</u>  Family Reunification through Recovery Court (FRRC)</p>	X	

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></p> <p>Residential Access List - Meets bi-monthly and reviews clients that have been referred to residential SUD treatment from SCJ, probation or the community. Works with the RAL coordinator and probation to successfully clear clients and place them into treatment.</p> <p>SCOUT – Summit County Outreach Team is a mobile outreach team comprised of Akron Fire, Akron Police, and a clinician from PPBH that goes out and responds to individuals in the community. Calls are to come through 911 and dispatch, however the team is also actively looking at calls and responding to calls they deem appropriate and connect the person to appropriate resources which can be a community BH provider, PES or hospital or simply can be resolved after talking with the SCOUT team members.</p> <p>OSHP Pilot - Pilot program through the Ohio State Highway Patrol to provide outreach to individuals that are cited for OVI offenses. The Quick Response Teams (QRT) will be forwarded a list of Summit County residents from ADM that received offenses so they can provide resources and work to engage them in services.</p> <p>CIT (data sheet participation) – Any call that comes in that is CIT-related, the officer completes this data sheet and submits it to ADM.</p>	X	
13	<p>Have screening or assessment procedures been instituted in the mental health, substance use and criminal justice systems to identify people with mental illness and co-occurring substance use disorders?  <i>Please describe:</i></p> <p>Yes, the jail screens everyone for mental health and substance use during booking.</p>	X	
14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness?  <i>Please describe:</i></p> <p>Yes, the community uses ORAS.</p>	X	

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison? Please describe:</p> <p>Prison: Community Transition Program (CTP). People that participated in alcohol, drug and/or mental health treatment while in prison are identified by the staff at the Ohio Department of Mental Health and Addiction Services prior to release. The returning person is given a follow-up appointment with a community behavioral health agency before release.</p> <p>Frederick Avenue – Collaboration with CSS, SPA and SCJ to offer transitional housing for inmates coming out of the jail and getting linked to services in the community. CSS manages the housing program. SPA begins working with the inmates in SCJ prior to release and all referrals are linked with the THRIVE program. All referrals are deemed homeless while incarcerated. This is to help with the overflow in SCJ and connect clients with BH services upon release.</p> <p>South Street Ministries: Citizen’s Circle – The second Thursday of every month, South Street Reentry Services co-facilitates a citizen’s circle with Ohio Department of Rehabilitation and Correction, wherein returning citizens receive support from a ‘circle’ of advisors.</p> <p>Reentry Meeting – Every Tuesday at 4:00pm, South Street Reentry Services hosts a weekly peer-to-peer led Reentry meeting where services are shared, redirection is discussed, and hope is fostered. The goal is to provide a community where short-term needs can be addressed quickly, while long-term aspirations are developed.</p> <p>Summit County Reentry Coalition: Community partners work together so that adult felony ex-offenders can overcome the many challenges to their success. The goal is to reduce the rate of recidivism, increase community safety, help reunite families and make the local economy stronger. Meetings are held the third Wednesday of the month.</p>	X	
16	<p>To be successful, what aspects of each agency’s culture do the other agencies need to be sensitive?</p> <p>Unions Human and financial Capacity Missions Priorities</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? <i>Please describe:</i></p> <p>Asia Services in Action and Stow Municipal Court are starting a pilot project with the Nepali refugee community to focus on alcohol use awareness. There has been an increase in traffic and domestic violence incidents in the refugee community that has been linked with alcohol use. The curriculum will focus on:</p> <ol style="list-style-type: none"> <li>1. How alcohol consumption affects our health and mind?</li> <li>2. Health Risk associated with excessive alcohol consumption.</li> <li>3. Cultural attitude and beliefs around alcohol and substance use.</li> <li>4. Are you well? Are you sick? How to tell?</li> <li>5. Ways to handle stress and sleep disturbance.</li> <li>6. Consequences of alcohol use and available resources.</li> <li>7. Process of getting SUD treatment, why or why not?</li> <li>8. Relationships with loved ones.</li> </ol>	X	
18	<p>What would you list as your community's strengths?</p> <p>Collaboration Resources</p>	X	
19	<p>What would you list as your community's biggest challenge at this time?</p> <p>Communication Understanding differing legal responsibilities and parameters Cooperation Capacity Staffing Data coordination</p>	X	

## 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> <p>The meetings were cancelled during the pandemic. It was difficult to re-engage committee members. We are doing better now.</p>	X	
22	<p>In response to the COVID-19 pandemic, have there been any new responses or changes in your approach to meeting the needs of people with mental illness and co-occurring substance use disorders in the criminal justice system? Please include impacts to law enforcement, jail, court, probation and/or reentry processes.</p> <p>The jail stopped having groups due to COVID. They still have not been able to pull for groups due to construction at the jail. Behavioral Health staff must see people individually as deputies can pull them off the units.</p> <p>Psycho-diagnostic changed to seeing inmates in person for competency evaluations due to COVID. They have not returned to in person evaluations. There have been problems with deputies pulling the inmates to participate in the call. There is lack of privacy and background noise. If the client or deputy is not able to pull the inmate the court orders a 20-day inpatient evaluation. Increasing forensic beds at the state hospital.</p>	X	
23	<p>Has the COVID-19 pandemic impacted community-based services, practices or policies in any way? If yes, please explain the nature of the changes.</p> <p>Many staff liked working from home and did not want to return to an in-person work environment. There have also been issues around case management staff not wanting to transport clients for fear of contracting illness.</p>	X	
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>The courts became backed up during COVID and are still digging their way out to the backlog, especially murder trials. These delays lead to longer length of stay in jail, or if they are in the community, longer case processing times.</p>	X	

## Evidenced Based Practices Check List for Communities

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

Assertive Community Treatment (ACT)	X
Clozapine Prescribers	X
Cognitive Enhancement Therapy (CET)	X
Cognitive Behavioral Therapy (CBT) <b>Name Specific Practices:</b> ADM paid the Beck Center to train staff at multiple agencies.	X
Cognitive Behavioral Therapy for Psychosis (CBT-P)	X
Dialectical Behavior Therapy (DBT)	X
Eye Movement Desensitization and Reprocessing (EMDR)	X
FIRST Coordinated Specialty Care for First Episode Psychosis	X
Medication Assisted Treatment (MAT) <b>Specify Which Medications Are Available:</b> Methadone, Suboxone, Subutex, Subloclade, Vivitrol, Brixadi	X
Mental Health First Aid	X
Motivational Interviewing	X
Peer support specialists	X
Whole Health Action Management (WHAM)	X
Other: Crisis Intervention Team (CIT) Supported Employment Assisted Outpatient Treatment (AOT)	

## 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: ADM Crisis Center-Oriana House and PPBH Hours/Limitations/Comments: 24/7	
Hotline/24-hour call center (not 911)	X
Crisis center (hub/access point, drop-off, pre-hospitalization screening)	X
Mobile crisis	X
Crisis residential services	
○ Crisis stabilization	X
○ 23-hour observation	X
○ Crisis residential	X
○ Peer respite/sobering support	X
Hospitals (psychiatric and medical) and emergency rooms	X

## Summit County Stepping Up List Serve (2024)

[nickb@admboard.org](mailto:nickb@admboard.org); Nick Baechel, ADM Research and Quality Improvement

[kathy.barnhart@cssbh.org](mailto:kathy.barnhart@cssbh.org); Kathy Barnhart, CSS CIT Outreach

[mblank@bgsu.edu](mailto:mblank@bgsu.edu); Officer Carly Snyder, Bowling Green University

[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org); Marquette Broddie, Summit County CoC

[bogdand@summahealth.org](mailto:bogdand@summahealth.org); Dennis Bogdan, Summa

[carol.bowes@uops.org](mailto:carol.bowes@uops.org); Carol Bowes, Urban Ounce of Prevention

[ABreaux@cpcourt.summitoh.net](mailto:ABreaux@cpcourt.summitoh.net); Judge Allison Breaux, Common Pleas

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# Mobile Crisis Unit Pilot Program

## Overview

Updated 10/8/24

**Purpose:** To reduce the number of psychiatric calls that APD and AFD are responding to, freeing up resources while also reducing the number of hospital admissions and incarcerations

Team:

- Behavioral Specialist/Clinician (PPBH)
- Akron Fire Paramedic – professional polo
- All team members will be wearing the same uniform: Police, Cargo pants. Akron Police to help identify suppliers for uniform including Jackets for winter and rain, long and short sleeve polos.
- Akron Police Officer -overtime. number of CIT officers rotating? Expecting 5-10 officers rotating. Possibly one officer for a month at a time.
  - Police will have a complete duty and usual items, belt worn as discreetly as possible.
- APD and AFD discussing the algorithm for which calls to send mobile crisis to as Chief Karakis and Lt. Simcox are working with dispatch to determine how calls will be identified. More details below under Schedule.
- Final name = Summit County Outreach Team (SCOUT)
- Logo determined and shown below.

### Schedule:

- Five 8.5-hour days with 30-minute lunch (08:30 – 16:30) (AFD = 0700 – 1700)
  - Both APD and AFD will work 10-hour days. Any time difference between the APD/AFD schedule and the clinician's schedule will be used to complete paperwork, reports, etc.
- Potential launch in January 2024, after vehicle and apparel are available.
- Logistics of how and who will call the mobile team out
  - Fire department will dispatch team through 911 using ProQA algorithm (low medical priority, not dangerous, no injuries), and then track run number
  - Team will reside at Fire Department Training Center
  - Expect ~6 calls per day in Akron
  - Outreach calls (TBD) during times with no calls
  - Radio will get both fire and police calls for increased communication.
  - iPad in vehicle for directions, form completion, telehealth w PES

### **Model:**

- Respond to select low acuity psychiatric calls covering entire city.
- Assess patient.
- Assure medical stabilization.
- Utilize telehealth for face to face with Psychiatric Physician/Clinician at PES
- If absolutely necessary, transport if able to sit in a seat in the vehicle or have transported to appropriate facility.
- When time allows, follow up on calls to the 988-line including welfare checks for individuals who have agreed.
- Unions have agreed to team plan.

### **Equipment Needed:**

- Large SUV with separating screen between front and back seat, and separating 2<sup>nd</sup> row seats. **Contract** finalized, with signatures.
- Oxygen, BP cuff, pulse oximeter, glucometer, thermometer, penlight, airway equipment, wound care supplies, Instant Glucose and disinfectant supplies, Narcan, snacks- granola bars, water
- **Signage:** APD, AFD, PPBH, ADM, plus ADM. Top 3 choices decided today by the steering committee. Broader base voting to get top choice over the next 10 days.
- **ADM:** Vehicle with light/siren, barrier, and lettering, on-board radio, 2 hand-held radios,. Vehicle is in process of being purchased.
- ADM Board has allotted funding for cell phones and data plans-2 phones for the team.

### **DATA:**

**Data points** similar to CIT stat sheet plus any prior contact with police/fire/mobile. Known clinical agency. All captured in AFD EPCR plus supplemental. Key software “Image Trend.” Start will be using EPCR and supplemental sheet until Image Trend software is ready in February 2024.

Later will integrate, from Tyler, with StreetSmart and only pull desired data points.

### **Training/Team Building completed:**

Meet and Greet at PPBH

Ride-alongs for Autumn with CIT officers – Autumn has done multiple ride-alongs.

Narcan training for Autumn completed.

Training with Sgt. Donohue (who takes the lead on scene, de-escalation)

Training by AFD (CPR, AED, Stop the bleed, etc.)

CIT training 11/13 – 11/17/23 completed.

### **STAFFING:**

PPBH – Autumn plus backup

AFD – 1 main, 1 backup

APD –Diverse group of CIT officers.

Unclear whether major holidays will be included.

### **Technical Assistance:**

Council of State Governments (CSG) - Virtual meetings with at least 4 team members.

### **LOGO:**



### **Current Issues:**

**Official MOU/legal agreement: Now fully agreed and almost fully signed.**

**Apparel “fitting” and color choice done, Coyote tan pants and gray polo for paramedic and clinician. Usual vest and duty belt for officer, with body cam turned on only if officer needs to intervene. SCOUT logo plan to apply on outside of police vest.**

**Data platform went live on 1/29/24 . AFD shared 5 screenshots with the team today. Team has a laptop with all necessary programs.**

**Streetsmart logistics: Demonstrated on 3/12/24. Versaterm and iCarroll completed NDA to allow pursuit of Streetsmart pilot with “only” the SCOUT Team and 988 and 911 interoperability (pulls together 1<sup>st</sup> responder data, connects to CAD system, and will connect with iCarroll at PES). Holly is gathering names of individuals from the 4 partners who would need access. Awaiting cost estimate from Versaterm to allow for fiscal considerations.**

## Scenarios to which SCOUT would respond through 911:

Algorithm will select low-acuity calls

Adults

Youth vs MRSS for youth – meeting needed to solidify an agreement on communication about calls on individuals between age 17.5 to age 22.

Transports only for calm individuals, seated. No barrier in the vehicle. Have transported Twice so far.

988-911 interoperability, pulls together 1<sup>st</sup> responder data, connects to CAD system, and will connect with iCarroll at PES.

## Vehicle

Being picked up on 2/7 and will then be outfitted with equipment (several weeks)



Planning to put the above logo on vehicle. High resolution logo should be available this week. Same Logo, with placement positioning on back of vehicle still TBD. Other logos, if any, are still under discussion.

No barrier will be added to the back seat at the start.

The vehicle will be housed at Fire Station #6 at 2460 East Market St in Akron.

The team will start each day at 8:00am and end the day at 4:30pm at that location. Team may spend non-call time at Fire Station #2 due to more space.

**Launched on 3/4/24, with great press conference on 3/5!**

## **LEARNING:**

**Good:**

Homeless outreach groups discussing finding situations where SCOUT may be valuable.

Team using laptop to monitor 911 calls in real time and volunteer to get to those that

appear appropriate.

Team is in constant communication with multiple inputs, so “calls” coming from 911, 988, laptop with 911 log, etc.

DATA: Fruitful meeting 2 weeks ago that showed the value of the EPCR, with a plan to remove as much data entry redundancy from the 3 Team members as possible and ultimately have one weekly report. Current report version already good, and now data entry is all digital. 2<sup>nd</sup> tablet added to the vehicle to allow Clinician to see the EPCR. CAD info now more accurate.

Updated and improved MCU Weekly report sheet and now working to make this accessible to everyone. A paper copy will be left in the vehicle. There's an extra space in the flooring of the trunk were this will be held in a binder.

116 runs in the first 6 weeks as of 4/19, with 9 transports (PES, ED, PPBH).

MCU Medic now able to create an ePCR for Follow-up or Jumped calls to better track MCU utilization (should no longer see “blank” in CAD response moving forward).

Working with AFD IT to create a shared folder so MCU Medics can have access to Daily log and other material from Station 2 or 5.

AFD radio has been updated to allow scanning of AVD and EMS to reduce the constant refreshing of the tablet by the Medic.

MCU form now digital in ePCR and will automatically populate information once entered.

Team fully scheduled for each weekday in April and May already. Ryan/alternate on Mondays, Marlon Tu-F, Autumn with Brianna backup, CIT officers daily in two 4-hour shifts.

About 10 officers fill most slots now, in 4-hour blocks, creating a core group.

### **Opportunities for improvement:**

Working on fax capability to send EPCR data sheet to PPBH/others when helpful. Likely doable for a minimal cost of \$200 a year.

Working on a SCOUT logo moveable patch for the CIT officer on the team.

Potential to improve Dispatch of SCOUT and avoid unnecessary “down time.”

### **05/07/24:**

1. 152 Calls in the first 9 weeks: Majority are “well-checks.” Busy at times, but still gaps. Potential to visit CSS 60-unit buildings during “slow” times. Team desires to increase calls from Dispatch and Brianna will visit there with Captain Garrett on 5/8.
2. The MCU vehicle will be needing service soon. Our Maintenance team has requested the vehicle be at their facility at about 3800-4000 miles, currently it’s just above 2800 miles. They will be installing

an ignition override switch like APD and AFD vehicles and additional emergency lights include the recommended service/oil change. This will take a full day.

3. Vehicle maintenance: Initial plan is to coordinate with AFD and determine either a day without SCOUT or use of another vehicle such as the REACH vehicle on a Friday when that is not in use.
4. Radio Communications has ordered the APD computer MDB mount. When this arrives, they will need to install that plus requested additional charging receptacles for all the other electronic devices. This will also take a full day.
5. Plan to create a document that outlines what types of calls SCOUT is responding to, using prior documents, the AFD algorithm, etc.

#### **5/21/24:**

1. Discussed data, with 200 encounters as of 5/17/24! Great work.
2. Plan to create a 3-month report, potentially similar to current annual CIT encounter report.
3. Planning for how to handle vacations of the paramedic and/or clinician.
4. Vehicle maintenance needed and in planning now. Will require 2 days for engine immobilizer, grill lights, oil change, etc.
5. Potential for SCOUT logo t-shirts for the paramedic and clinician as the weather gets hot. In discussion.
6. Large SCOUT logo velcro patch is complete and will be given to SCOUT.

#### **6/4/24:**

1. Plan to create a first 3-month report for Mayor Malik, with lessons learned and opportunities for improvement. PPBH, ADM, AFD, and APD will each give input in writing.
2. The Department of Public Safety reached out looking for details with a potential plan to help promote more teams across the state. Possible funding?
3. Discussed that SCOUT is not a transport service and how to set that expectation with all agencies in the community. Dispatch may also need the expectation set, so Chief Karakis plans to invite a lead dispatcher to attend our Tuesday meetings.
4. SCOUT patches for law enforcement now in the vehicle.
5. Once a protocol is complete it can also be used to help set expectations.
6. Working on billing and discussed potential for winter wear within current fiscal.

#### **6/18/24:**

Awaiting 3-month final report, which is on route to Mayor Malik.

Need to determine more concrete protocols

Potential for 8-hour (or 40-hour) CIT training for dispatchers

Waiting to hear about potential APD grant

### **07/02/24:**

- (1) Concerns that the good publicity of the SCOUT has led to calls from many locations for: “transport our person, we have already done a pink slip.” Education is occurring per facility when these calls are responded to.

It appears that a new transport team must be created by the county/Akron for pink slip situations. May need Mayor Malik and Executive Shapiro to work on a plan.

Another option is to minimize need for “medical clearance” and avoid multiple transports. Perhaps legal at Summa, CCAG, etc. can agree on a lower bar.

- (2) Team members, including clinicians, first responders, REACH, etc. have been collaborating very well and many citizens have received great outcomes.
- (3) Data: being streamlined. Will be sent to the group once more finalized.
- (4) Meeting every 2 weeks has been working well. Next meeting 7/16/24.

### **07/16/24:**

- (1) 327 runs since the start! Data is now solid, with much work by Captain Garrett verifying each run. 143 were “Psych problem” followed by 128 “Welfare Check.”
- (2) Dispatched by AFD, APD, or by jumping a call on the 911 computer list.
- (3) SCOUT desires LEADS in vehicle, grill lights, and (new suggestion) a trunk organizer.
- (4) ADM is awaiting the invoice for the vehicle from AFD.
- (5) A tablecloth for SCOUT has been ordered for tabling events.
- (6) Working with Dispatch to not send SCOUT to calls for transportation.
- (7) Team members working on ordering a winter jacket with the SCOUT logo.
- (8) Protocol now in draft form, awaiting vetting by Rita and Dr. Raubenolt.

### **07/30/24:**

- (1) 414 runs on the continuum report since start date! ReportWriter numbers are higher, since it includes manually collected data, and this will become the standard data.
- (2) Vehicle still awaiting grill lights, with plan to do it in 2 parts. Laptop mount installed and awaiting APD to add LEADS. Team will get trunk organizer.
- (3) ADM did receive the invoice for the vehicle.
- (4) Tablecloth has arrived.
- (5) Meeting set for 8/12 to discuss transportation in Akron and avoid SCOUT as transport.
- (6) Still working on SCOUT jackets.
- (7) Protocol still in progress.

### **08/13/24:**

- (1) Main discussion around response protocols for APD and AFD and plan to use AV-1 preferentially for PPBH at 340 S Broadway.
- (2) Awaiting word on the APD grant.

(3) Brief discussion about expansion to the Southern or Northern part of the county, or Sheriff department in all areas except Akron.

**08/27/24:**

- (1) Per a meeting with AFD Chief Henderson, AFD will use AV1 to respond to calls to PPBH at 340 S Broadway, including transport when necessary. Official as of 8/26.
- (2) Captain Garrett has refined the data to an official report, "MCU Dispositions Year." As of 8/26/24 there have been at least 463 runs. 192 "Psychiatric Prob..." and 186 "Welfare Check" and 54 "follow-up" make up the bulk of runs. 92 required transport.
- (3) Unfortunately, our main paramedic sustained an injury, so other paramedic/firefighters are filling the team until at least November. We wish him a speedy recovery.
- (4) Team members will be obtaining winter wear through the uniform shop.
- (5) ABJ interviewed Team members last week. Article pending.
- (6) Success stories are occurring and Captain Garrett shared one in particular.

**9/17/24:**

- (1) Plan to complete a 6-month report.
- (2) Community is asking for SCOUT. Very positive reputation.
- (3) SCOUT team met briefly with Peg's Foundation and the Lee foundation, visiting from Buffalo.
- (4) Data shows 530 runs so far, with 219 "Psychiatric Problem..." 212 "Welfare Check," with 111 transports.
- (5) Working on some staffing and location changes, to help avoid vacancies.
  - a. If a vacancy occurs, SCOUT has done follow-ups that add value and are safe.
  - b. Team will be consulted on whether 2 members will go out if the 3<sup>rd</sup> is unavailable.
- (6) Winter apparel will be necessary.
- (7) ADM is awaiting the invoice for the SCOUT vehicle.
- (8) Next meeting 10/8/24.

**10/8/24:**

- (1) AFD did receive a grant for personnel and Street Smart!
  - a. Looking to expand team hours, possibly adding a Saturday, same hours?
  - b. Will plan for Streetsmart for team and 911/988 interoperability.
- (2) Data shows 583 runs so far, with 240 "Psych Problem..." and 232 "Welfare Check," with 125 transports.
- (3) More data refinement will occur during a meeting on 10/16/24.
- (4) SCOUT team now based out of the Fire Training Academy.
- (5) After hours referral system for SCOUT yields 5-10 per week, going well so far.
- (6) Winter apparel in process.
- (7) SCOUT vehicle invoice was sent to ADM. Resolved.
- (8) SCOUT will not run, per the MOU, if all 3 members are not available.
- (9) 6-month report in process.
- (10) Next meeting 10/22 at 3pm.

## **Roles/Responsibilities:**

### Clinician :

- Use triage, engagement, assessments, and trauma-informed behavioral health interventions to foster crisis intervention.
- Conduct psychiatric and psychosocial assessments to evaluate danger to themselves and others.
- Provide crisis intervention.
- De-escalate, stabilize, and link to services.
- Determine the need for higher level of care.
- Maintain collaborative relationships with community referral resources, hospitals and community stakeholders.

### Paramedic:

- Provide medical oversight of patient.
- Initiate thorough assessment.
- Identify and correct any immediate medical concerns.
- Provide life-saving measures if required.
- Coordinate treatment with Medical Control
- Assist Clinician in patient evaluation.
- Accompany Clinician with all patients.
- Act as liaison team and APD/AFD for needed resources.

### Police Officer:

- Evaluate safety of the situation
- Request additional officer(s) if necessary.
- Help evaluate and de-escalate both the patient and the situation.
- Pink Slip if necessary

**For additional details about the program, please see below**

### **Purpose:**

The intended purpose of the proposed program is to reduce the number of hospital admissions and incarceration for people with mental health needs and/or substance use disorders. The goal of the program is connecting people in mental health crisis and with substance abuse disorders with the appropriate services. The Summit County Outreach Team (SCOUT), which consists of a paramedic, a police officer and a behavioral health specialist, approaches these incidents in a less authoritative way than the traditional response of one to two police officers and an ambulance staffed with two paramedics. The team, all trained in crisis intervention and with the police officer in plain clothes as opposed to a uniform, will appear much less confrontational and more willing to

be helpful in the most effective manner. A secondary benefit will be a reduced number of law enforcement and EMS responses to these situations while being able to guide these individuals more effectively into treatment programs.

### **Description:**

This model will respond to low acuity psychiatric calls in the City of Akron when there is no report or history of the individual showing any outward signs of violence. These calls will originally be selected after a careful review of EMD (Emergency Medical Dispatch) codes and their eventual outcomes. These include patients who are off/or out of their prescribed medications, depressed without thoughts of homicide or suicide, and who exhibit no signs of violence but need to be seen by a psychiatric specialist as opposed to an emergency department physician. Additionally, by utilizing the Street-Smart software, SCOUT will be able to listen to the dialog of the 911 calls between the caller and call taker to determine if the situation warrants a team response as opposed to a traditional response. The team will also perform follow-ups and welfare checks for individuals who have called the 988 mental health hotline where an immediate response is not indicated, but the patient needs attention for various reasons.

When either dispatched by Safety Communications or self-dispatched, the team will respond to the location of the incident. If the CAD (Computer Aided Dispatch) notes indicate that the incident has the potential to become unstable, the team will request an APD unit be dispatched as well to ensure a safe scene. Once the scene is determined to be safe, the team will approach and interact with the patient. A quick assessment will be conducted by the paramedic, following a pre-determined protocol to ascertain if a medical condition is present in addition to the psychiatric issue. If it is determined that the patient's condition is beyond the scope of the team, a med unit will be dispatched, and the patient will receive a complete handoff to the responding medics. If the patient is deemed stable and non-violent with no underlying medical condition, the Mobile Crisis Clinician will take over the patient interaction. The clinician and/or paramedic will have the ability to contact either an emergency department or Portage Path Behavioral Health (PPES) via telehealth to determine if the patient should be transported directly to PPES or to receive additional counseling from PPES to avoid a transport. SCOUT will have the ability to transport a patient to either an emergency department or PPES if necessary.

The SCOUT response vehicle will be a large SUV with a separating screen between the front and back seat. At a minimum the unit will be equipped with the following:

- iPad
- On-board radio
- 2 handheld radios
- Lights and siren
- Oxygen
- Basic medical assessment equipment including BP cuff, Pulse oximeter, Glucometer, thermometer, penlight, airway equipment, and or wound care supplies.
- Instant Glucose
- Narcan and Suboxone
- AED

- Disinfecting supplies

## **Job Description and Responsibilities**

### **Paramedic**

In this role, the paramedic would be responsible for providing medical oversight on patients visited. The paramedic would assess each patient to ensure that there are no existing medical concerns outside of the mental health issue. They would be equipped with the necessary equipment to evaluate all typical vital signs including temperature, blood pressure, pulse and oxygen saturation. They will have the medication and supplies to handle minor medical issues which can be treated on site. In the case of a major emergency found either on initial presentation or during the assessment, the paramedic would begin treatment while requesting that an AFD med unit respond and take over patient care. The paramedic would be equipped with an iPad with telehealth capabilities to contact our medical control about any medical concerns. The paramedic would provide insight to the behavioral health specialist based on their education and experience to help in the mental health evaluation and for any signs of potential violence.

Roles/Responsibilities:

- Provide medical oversight of the patient.
- Initiate a thorough assessment
- Identify and correct any immediate medical concerns.
- Provide life-saving measures if required.
- Coordinate medical treatment with medical control.
- Assist the BHS in patient evaluation.
- Always accompany BHS and with all patients.
- Act as liaison between team and APD/AFD for needed resources.

### **SCOUT Clinician**

The role of the mobile crisis clinician is to assist individuals experiencing a psychiatric crisis; many of whom have a co-occurring substance use disorder while working with a team of professionals including a paramedic in The County of Summit Alcohol, Drug Addiction and Mental Health Services Board (ADM) approved vehicle. This position's primary responsibility is to provide emergency mental health assessments, de-escalation, stabilization, crisis intervention, referral to resources, and treatment planning for clients in the community. Mobile crisis clinicians must be comfortable providing a broad array of crisis prevention and intervention strategies to assist in managing, stabilizing and minimizing crisis situations. This position requires an ability to provide rapid assessments of crisis situations, the ability to triage the severity of the crisis, and provide focused crisis intervention services as necessary.

## Roles/Responsibilities:

- The clinician is a member of SCOUT which consists of an AFD paramedic, a clinician employed by Portage Path Behavioral Health and an APD police officer.
- Use triage, engagement, assessments and trauma-informed behavioral health interventions to foster crisis intervention.
- Conduct psychiatric and psychosocial assessments and evaluate the danger to self and others with significant mental health and co-occurring needs.
- Provide crisis intervention by intervening and managing the acute crisis phase of mental illness in the community.
- De-escalate, stabilize and link – Effectively reduce danger to self or others by providing therapeutic interventions, arranging for immediate services, and connecting to services/support in the community until the danger is eliminated and the person is engaged in therapeutic services while working collaboratively with a multidisciplinary team to connect individuals to correct behavioral health services.
- Determine the need for a higher level of care and coordinate referral to appropriate psychiatric facility including Portage Path Psychiatric Emergency Services (PES), or an emergency department.
- Maintain collaborative relationships with community referral resources, hospitals and community stakeholders.

### Police Officer

The role of the police officer will be to evaluate the safety of the scene as well as their opinion of the stability of the patient. With their training, they will have the ability to evaluate and de-escalate the situation if necessary. Throughout the duration of the incident, they will remain vigilant as to changing conditions with the patient as well as the overall scene. They will have the ability to pink slip the patient if warranted. If it is determined that the patient needs transported to a facility and the patient is stable, the police officer will ride in the back with the patient to ensure the safety of the team.

## Proposal for Summit County Jail Case Management Transitional Services

Proposal Summary: Annually, a significant number of Summit County residents enter the Summit County Jail. While incarcerated they receive mental health and/or substance abuse treatment either for the first time or after their existing behavioral health or substance use disorder was exacerbated due to inadequate outpatient treatment. Typically, these individuals are incarcerated for relatively short periods of time before being returned to the community. Without adequate behavioral health intervention, they become acutely ill again and return to the Summit County Jail. The purpose of this proposal is to connect inmates with appropriate mental health or substance use treatment services in the community and to increase the likelihood of inmates following through with outpatient appointments. The purpose is also to maintain communication and contact with inmates in the community after release and to identify and ameliorate any barriers they experience in receiving outpatient services.

Despite efforts to connect inmates with outpatient programming prior to release, few inmates follow through with outpatient appointments which increases their risk to decompensate, return to substance use and recidivate. Unfortunately, inmates who return to their prior pattern of substance use are at higher risk for overdose and death. Summit Psychological Associates is proposing to hire five case managers who will be housed at the Summit County Jail but who will work half time in the jail and half time in the community. These case managers will build a relationship with behavioral health inmates in the jail and develop a plan for transitional services for each inmate. Each released inmate will remain on a case manager's caseload indefinitely and the case manager will be responsible for maintaining contact with the individual after release, ensuring that he/she receives adequate services, and monitoring his/her progress. In addition, the proposed jail clinician will enable all of the inmates in the transitional program begin mental

health and substance abuse treatment while in the jail. Finally, the Remote DA clinician will enable previously unconnected inmates to connect with an outpatient agency prior to release.

Organizational Capacity: Summit Psychological Associates, Inc. (SPA) has provided the mental health and substance use treatment at the jail for more than a decade and during that time it has focused on solving a long-term issue of individuals being stabilized in the jail but not receiving adequate behavioral health treatment after being released. This lack of adequate treatment takes many forms but results in ex-inmates “falling through the cracks” until being re-arrested and being placed back in jail. This systematic failure is costly not only to these Summit County residents but to the behavioral health and criminal justice systems. Summit Psychological Associates, Inc. currently employs one Re-Entry Coordinator who works full time at the Summit County Jail. The Re-Entry Coordinator provides mental health and substance abuse case management services to inmates and works in conjunction with the counselors, psychiatrists and psychiatric nurse who provide mental health and substance abuse treatment. The addition of five case managers to work in the jail and follow the inmates into the community after their release will assist SPA in meeting its goal of connecting the inmates to outpatient services immediately at release and providing outpatient support so that participation in services continues.

2/3. Funding Priority/Target Population

The target population for the funding is individuals who have begun treatment services in the Summit County Jail and who are being released into the community. The proposed funding will be used to hire five case managers who will be housed at the Summit County Jail and who will continue to work with their assigned inmates after their release. The case managers will provide support and identify and reduce any barriers to the individual continuing with mental

health and substance abuse services on an outpatient basis. In addition, the proposed funding will enable an additional jail clinician to be hired and an outpatient remote DA clinician. This project will increase the number of released inmates who follow through with outpatient services and will reduce the chances of decompensation and recidivism. This project will also reduce the number of released inmates who immediately return to substance use, thus reducing the likelihood of overdose and death in this population. The program is estimated to serve 250 clients in the first year of service with each case manager serving 50 inmates per year both when they are incarcerated and after release and in the community. In the first half of 2022, the jail has served 632 individuals. Of this 16% were women and 84% were male. In regard to race and ethnicity, 0.01% were Asian, 41% were Black, 0.01% were Hispanic, and 58% were Caucasian.

4. Measurable Goals and Objectives: This project is an expansion of the Re-Entry Coordinator position which served to connect inmates to outpatient services but who's services end when the inmate is released from the SC Jail. A previous outcome collected for this position was the monitoring of referrals for continued services to outpatient agencies. This outcome was put on hold due to the inability to obtain accurate data. For the expanded program, the following outcomes will be measured:

- Percentage of eligible inmates who agree to completing an application will be assisted in applying for Medicaid
- Percentage of inmates that will identify family and/or support systems and will allow the case manager to contact with a signed release of information.
- Percent of inmates will attend at least three sessions of outpatient treatment following release from jail.

- The number of released inmates with whom the case managers will maintain contact either through direct contact with the individual or through contact with the individual's support system (as permitted through a signed ROI).
- The number of individuals involved in this project who have a new legal charge within six months of release will be reduced.
- For the individuals involved in this project, there will be a reduction in reported overdoses.

5.Strategies for the Project: The target population are inmates who begin treatment services at the Summit County Jail and who are being released into the community. Historically, 75% of the inmates released do not follow through with the outpatient services they were linked to while incarcerated. In not continuing treatment services, these individuals are at higher risk to have their mental health symptoms exacerbated and to engage in activities that lead them to be re-incarcerated. Inmates being released from a jail have a higher risk of overdose and death, with one study showing that in the first two weeks after being released from incarceration, former inmates were 40 times more likely to die of an overdose than someone in the general population.

- SPA will hire five case managers who will be housed at the Summit County Jail but who will work half time in the jail and half time in the community.
- These case managers will build a relationship with behavioral health inmates in the jail and develop a plan for transitional services for each inmate.
- The case managers will facilitate completing Medicaid applications for each inmate.
- The case managers will attempt to establish a relationship with each inmate's support system, with a signed release of information, to help coordinate compliance with future outpatient appointments.

- The jail clinician will provide MH/AoD treatment to the increased number of inmates who are being served in the transitional program.
- If not connected to another agency, the case managers will schedule a remote DA with SPA so that they can be linked to the outpatient provider prior to release.
- If working with an inmate who will be homeless following release, the case manager will work with housing services through the ADM Board to facilitate appropriate housing for the inmate.
- When possible, the case managers will facilitate transportation to a first outpatient appointment at SPA directly from the jail. When this is not possible, case managers will coordinate and provide transportation to first and subsequent appointments from the individuals residence.
- Each released inmate will remain on a case manager's caseload indefinitely and the case manager will be responsible for maintaining contact with the individual, ensuring that he/she receives adequate services, monitor his/her progress and collecting outcome data.
- If an ex-inmate is already involved in treatment at another agency or prefers to be treated at agency other than SPA, the case manager will facilitate and monitor treatment through a collaborative agreement.
- One case manager will serve as the coordinator for the program and will collect all outcome data and ensure that each case manager is providing the services as outlined. Additionally, under the supervision of the Assistant Clinical Director at the Jail, he/she will identify any barriers to providing services and generate and implement solutions to these barriers.

6.Collaboration with Community Agencies: The SPA case managers will identify the most appropriate services available for the inmate and connect them to those services regardless of

whether those services are at SPA or with another agency. SPA works closely with Oriana House Inc. and will refer inmates with substance abuse concerns to programs that will best meet their needs upon release, including intensive outpatient services, employment services or services for inmates who need temporary shelter. SPA is currently working with Community Support Services to develop a transitional housing program that will focus on inmates who will be homeless at release. This case manager project will intersect with the transitional housing project with the case managers providing the same services to the inmates who are placed at the transitional housing after release. In addition to these two collaborations, SPA will develop collaboration agreements with Summit County agencies so that inmates who have established services at other community agencies can continue services there and the case managers from the jail will facilitate them re-engaging in services and will assist those agencies in connecting with the individuals should they stop attending outpatient services prematurely. Further, these collaborations will include communication from the agencies to SPA regarding client attendance and engagement so that outcomes can be more accurately collected.

SPA collaborates with the Summit County Jail to provide mental health and substance abuse treatment to inmates housed in the jail. The sheriff is supportive of the new transitional project to assist in reducing recidivism in the jail. This program will have a positive impact on all community agencies as they will have additional support in engaging and maintaining treatment services with clients who have been released from jail.

7. Sustainability Plan: SPA has an established relationship with the Summit County ADM Board who funds the mental health and substance abuse treatment services provided at the Summit County Jail. The Summit County ADM Board has been involved in the creation of this project and has agreed to fund the additional case management services while at the jail once the project

is running and has shown good outcomes and after the Opiate Abatement Funding ends. Summit Psychological Associates, Inc. is certified to provide case management and CPST services for Ohio Medicaid and after the Opiate Abatement Funding ends, SPA will bill services to Medicaid. Additional funding will be sought from the ADM Board to provide case management services for released inmates who have insurance coverage that does not provide case management/CPST coverage.

8. Baseline Data and Projected Outcome Data: For the past few years, SPA has attempted to improve the transition from the jail services to outpatient services by providing remote Diagnostic Assessments (DA) for inmates while they were still incarcerated. After completing the DA, inmates are then given an appointment for their second outpatient appointment at SPA immediately after release from the jail, thereby, eliminating any wait list for an agency intake. Unfortunately, despite these efforts, only 24% of the inmates who participated in the remote DAs followed through with outpatient appointments.

For the outcomes identified for the case management transitional program, the projected outcomes are as follows:

- 75% of eligible inmates who agree to completing an application will be assisted in applying for Medicaid.
- 75% will identify family and/or support systems that they will allow the case manager to contact with a signed release of information.
- 50% of inmates will attend at least three sessions of outpatient treatment following release from jail.

- The case managers will maintain contact with 75% of the released inmates either through direct contact with the individual or through contact with the individual's support system (as permitted through a signed ROI).
- For the individuals involved in this project, fewer than 50% will obtain a new legal charge within six months of release.
- For the individuals involved in this project, fewer than 20% will have a reported overdose.

#### 9. Detailed Budget:

Please see the detailed budget on the final page.

#### 10. Detailed Timeline:

- August 15, 2022 – Begin hiring process for case managers/coordinating case manager
- September 15, 2022 – Have at least two case managers hired and begin training process with pilot services to begin by September 30, 2022. Begin preliminary collection of outcome data.
- September 2022 – Have all agency collaboration agreements signed.
- October 30, 2022 – Have all case managers hired and trained. Identify Coordinator for the program.
- November 1, 2022 – Have all services begin for all identified inmates – begin collection of outcome data.
- December 30, 2022 – Initial outcome data to ADM Board and Summit County.
- March 30, 2023 – Complete first full quarter outcome data to ADM Board, Summit County.

Goal	Outcomes						
	2023		2024				
	2nd Q April 1-June 30	3rd Q July 1-Sept. 30	4th Q Oct. 1 - Dec. 31	1st Q Jan 1-March 31	2nd Q	3rd Q	4th Q
No. Participants			149	75			
No. Released during Q		32	23				
Percent of eligible inmates receiving assistance to complete Medicaid application	75%	100%	100%	94.33%	100%		
Percent of completed Medicaid apps sent to Medicaid upon released if the inmate is in agreement	80%	100%	100%	100%	100%		
Percent of inmates that agree to a Rol so there can be contact with family/supports	100%	100%	100%	100%	100%		
Case manager will verify contact info with family/support, obtain agreement to be a support, and establish communication	65%	69%*	100%	100%	100%		
Percent of Program participants will attend at least 3 appointments within 30 days of being released	50%	59%	63%*	80.83%	87%		
Percent of participants that case managers maintain contact with after their release (direct or through support system)	75%	82%	94%	81.60%	85%		
Percent of clients that maintain engagement with TCM for at least 3 months getting a new charge	50%	unable to obtain due to program length	0	2%	44%*		
Percent of clients that maintain engagement with TCM for at least 6 months getting a new charge	30%	unable to obtain due to program length	unable to obtain due to program length	unable to obtain due to program length	9%		
Percent of clients who have maintained engagement with TCM for at least 6 months, and have reported an overdose	20%	unable to obtain due to program length	unable to obtain due to program length	unable to obtain due to program length	1%		
		* 31% unable to be reach include the following situation: inmate unable to identify a support person, the support person declined to participate as a support, lack of contact information	*13% attended 2 sessions within 30 days		*There was an increase in the amount of time between release and reincarceration. Average length of time with Thrive is 4 months without Thrive it is less than 30 days.  Reports from the jail indicated improvement in overall function and behaviors of those who were in the program and reincarcerated.		

2nd Q
Example of positive outcomes the TCM have identified
Client indicated that word of the new TCM Program was spreading throughout the women's POD and what was being said was good and positive.
Client stated that she has been living on the streets since she was 15 and no one has reached out and tried to assist helping with her needs and situation as much as I have.
Client asked me why I was doing what I was doing in helping her since it appeared I was "pretty well off" and could be doing something else with my time at this point in my life. I told her I was doing it because I cared and wanted to help make a difference. She began to cry.
Client was excited to be accepted into the TCM Program since he has no family in the area and really needs the assistance from myself and what the program has to offer.
Client was sentenced to prison and was wanting (hoping) to be assured that I would be here and still able to assist him with his needs when he is released.
Client has developmental delays and we were able to get him connected into services with Summit DD along with establishing a payee for his SSD income.
Client is a SO and we were able to locate, inspect, procure and rent housing for him in a safe, secure, convenient and accessible nearby location. Client indicated he has never lived on his own and is excited about having the opportunity to do so.
When I first met with H to complete her needs assessment, I was not able to get complete answers from the client. She did not trust me or anyone else and she didn't talk about her release or future. Since working with client H, I have established a relationship with the client in which she most importantly trusts me. Client KITES to talk or see me and has/makes plans for her release now.
J is a client who is not from the state of Ohio but found himself incarcerated within hours of coming to the state. During my first meeting with client, I discovered he had no support here in Ohio, and no way of contacting any of his family from his home state. Upon his release from SCJ I was able to get the client to our Broadway office where he was able to make some phone calls which secured him a place to stay as well as contact his family. Client Js family was able to send him some funds, so he was able to get some things while he figured his court case out. J has since been given permission by the courts to return to his home state with weekly follow ups and the need to return for his trial.
When client I was first released, he missed a couple of his appointments with me, but he remained in contact and rescheduled. I was contacted by my clients Grandpa who is his support person I have contacted and spoke with a few times. Client I is checked in to A New Day rehab facility. I just had a follow up call with client's grandpa. The client is still at the facility and is making plans for employment fueling aircraft for his future.
Since clients release case manager has been able to assist client with getting a new bank card, requesting a new SNAP card, and obtaining a valid state ID. Client has been set up with psychiatry to insure he continued to receive mental health medication needed, as well as individual counseling. Case manager was able to collaborate with the client and Have of Rest and come to an agreement with a case manager at the Haven for client to able to stay at the shelter. Case manager and client continue to work towards clients housing and employment goals.

2023 3rd Q	
Example of positive outcomes the TCM have identified	Barriers to Services
Case manager connected with FM while he was in SCJ and he expressed he would be transported to Stark County after his SCJ release. Case manager continued communicating with the client when he was in Stark County Jail. When released from Stark County Jail, the client was able to find his way back to Akron and to the SPA offices in Akron. He asked for his Thrive CM to be contacted when the office opened in the morning. Our client worked with the case manager to complete the intake process for a sober living facility and was accepted in the program that day. He is still working and living at the sober facility. He has a goal of becoming a crew lead for the program. Client states "I think I can help someone else the way that they have helped me."	The case managers continue to identify lack of suitable housing options for clients as being the biggest barrier to successful re-integration to the community. .
Client has been with the Thrive program through a couple of setbacks, but he has not given up on his recovery. After an escape from one of the Oriana House facilities, the client returned to the SCJ. The case manager resumed working with the client and was accepted into the Turning Point Court. He has been at IBH for several months now and has been successful in the programming. Client is wanting to enter a sober facility upon completion with IBH.	In addition, they identified the need for access to basic living needs, such as hygiene products and appropriate clothing if entered jail in a different season than released
Case manager connected with the client when he was transferred to SCJ for a judicial release after a 6-year sentence at ODRC. Client received mental health services at ODRC and continued with services at SCJ. After release, the client has complied with all of his probation and parole appointments as well as Oriana electronic monitoring. Client has been active in working toward his mental health goals with outpatient SPA clinicians. The client has gained full-time employment and has since completed work testing and received a raise.	Also, clients are needing to obtain birth certificates for employment and driver's licenses or permits that they do not have funding for when they are first released.
JR was released from SCJ on September 15, 2023. JR was homeless with substance use problems, his car was impounded with all of his belongings in it, and he was put on max pretrial supervision. I was able to place JR in a sober living house and we have been able to find clothing for JR. JR has remained compliant with pretrial supervision and he has been placed in HOPE court since released. JR just got a job through Triad staffing.	
Client was sentenced to prison and is praying that the program will still be around and able to assist with her needs once released.	
Client has developmental needs and is also a SO. We have been able to get him transferred to safe, stable housing. He is current on all appointments which are counseling, psychiatry and probation.	
Client was released on bond and continues to be in compliance with all court supervision and scheduled appointments.	
Client has been released on bond and is in compliance with all court supervision appointments, counseling, mental health and probation.	
Client was released on bond and continues to be following all probation, mental health and case management appointments.	

2023 4th Q	
Example of positive outcomes the TCM have identified	Barriers to Services
Client's case has been dismissed and is now on full probation. Client has secured stable housing and is now living independently (which in the past has been a major barrier). Client is compliant with all appointments consisting of probation, mental health and case management. Client is in the process of obtaining driver's license reinstatement.	The case managers continue to identify lack of suitable housing options for clients as being the biggest barrier to successful re-integration to the community, with this being a particular barrier for female inmates released from the jail.
TC, prior to being arrested was a homeless drug addict. When I met him in the jail, he wanted stated he wanted help but didn't know how to get it. We were able to facilitate him into Sky Point recovery when he was released. He is currently there working his program and continues to THRIVE.	they identified the need for access to basic living needs, such as hygiene products and appropriate clothing if entered jail in a different season than released.
DH became a part of the Thrive Program in August 2023. She was released to Oriana House RCC and successfully completed the programming. While at RCC, the Oriana case managers were able to assist with obtaining an ID and file for social security. The Thrive CM was able to secure sober living housing which she moved to immediately upon release from RCC. Prior to working with the Thrive CM, the client was not meeting with her probation officer for the year she had been on probation but is now attending PO appointments and complying with court requirements.	Even with the 2-hour hold placed on the inmates prior to release, some inmates are still being released without the Thrive case manager being notified.
Client's case has been dismissed and is now on full probation. Client is compliant with all appointments consisting of mental health counseling and probation. Client is actively seeking part time employment and is focusing on his recovery.	Despite discussions with some agency administration, some resource agencies have not been responsive.
Client is current on all appointments consisting of counseling, psychiatry and probation. Client has appointed a new payee regarding SSD benefits and is attending day programs twice a week.	
Client has obtained his Ohio Identification Card, Social Security Card and SNAP Benefits. Client is actively engaged in individual counseling at Summit Psychological Associates and would like to obtain employment.	
Client has secured a position as a SCJ jail trustee and is looking forward to being released in January. Client desires to be accepted into a sober living program.	
CA started working with his THRIVE case manager in April 2023. He was transferred to Oriana CBCF from SCJ where he completed their programming and was released in September 2023. Since his release in September, he has continued to work with his case manager towards his goals. CA has been able to obtain proper identification and has also gained employment since his release. He continues to work with his probation officer and is currently compliant with his requirements. He is registered to start his Conflict Solutions group at Summit Psych which is one of his last requirements needed to successfully complete his probation in November 2024.	
FM has been a part of the THRIVE program since July 2023 when Frank met his THRIVE case manager just prior to being transferred to Stark County Jail. After his release, he walked back to Summit County and waited at Summit Psychological for their offices to open. He has been at TRY (Truly Reaching You) since that day and continues to thrive in their program and on his recovery. Since being at TRY, he has started to set goals for himself and has even started to meet some of those goals. One of his goals was to work and become part of TRYs leadership program, he is now a crew lead with TRY. FM has been compliant with his mental health treatment at Summit Psych and continues to meet with his THRIVE case manager.	
KF was released on maximum pretrial supervision to stay with a friend. She and her friend had a falling out and she ended up homeless. We were able to secure her housing, while keeping her compliant with pretrial supervision. We continue to feed her through food pantries. She has recently been able to look for employment and has turned in applications and she is hoping to have employment soon and she continues to THRIVE.	
JR has relocated out to Warren Ohio. He is in a sober house, working 3rd shift, and doing his aftercare. Jeremy was accepted into, in leu of conviction. He continues to THRIVE.	
Client is interested in obtaining part time employment.	

2024 1st Q	
Example of positive outcomes the TCM have identified	Barriers to Services
The client has been with the THRIVE program for just a few months, but he continues to show improvement and interest. He met with his THRIVE case manager and was eager to learn about sober living facilities and options. He was released to one of the Oriana facilities and then to IBH but continued to reach out and communicate with his case manager. THRIVE case manager was able to continue to build the client/staff relationship checking in with the client at both facilities. The client still expresses to his case manager that upon his completion of IBH he would still like to go to a sober living facility to continue to work on his recovery. He is looking forward to obtaining some job training so he can learn work skills to better equip himself in the workforce.	Homelessness for females is a continued barrier to success, however, female housing will be a goal once the male housing is running smoothly.
The Client continues to work with her THRIVE case manager and work towards her recovery. She was released from RCC to a sober living facility where she experienced some roadblocks and bumps in her journey. The client continued to work with her THRIVE case manager during trials once stating to her case manager "I wanted to drink this morning, but I didn't because I knew you were coming to get me, and we would figure this out together". She has since found a sober living that is a better fit for her and her recovery and continues to work towards her mental health as well and is also compliant with probation. The client has also been able to start repairing and rebuilding her relationship with her kids and has been able to take them out for dinner.	With the opening of the housing for homeless male clients being released from the SC Jail, the case managers will be better able to address client needs for re-entering the community with knowing they are in a safe therapeutic environment
Client just 18 years old. She was released from SCJ on intense probation. She has to attend counseling, get her GED, gain employment, and attend weekly probation. We have been able to keep her has been compliant with all probation requirements except employment. She continues to try and gain employment. Even though she struggles at some points, she still tries to THRIVE.	The need for access to basic living needs, such as hygiene products & appropriate clothing
Client has obtained an Ohio ID, Social Security Card, Birth Certificate and has applied for reinstatement of SS benefits. Client has successfully obtained employment with a local manufacturing company.	Engaging resources.
Client is compliant with all appointments consisting of mental health counseling, psychiatry, probation and case management. The client's driver's license has been reinstated and is actively seeking employment. Client states "I am focusing on my recovery and looking forward to getting off probation".	Even w/ the 2-hour hold placed on the inmates prior to release, some inmates are released w/o the TCM being notified.
Client was released from ODRC and reached out to begin receiving case management and mental health services.	
Client has agreed to receive residential treatment at IBH and has successfully completed the intake assessment for admission.	
Client has since been released from pretrial supervision and her legal case has closed. Client is employed at Dave and Buster's and continues to pay rent. Client is hoping to relocate to North Canton, and she continues to THRIVE.	
Prior to being arrested, the client was homeless and had a drug addiction. He expressed wanting help but didn't know how to get it. We were able to facilitate getting him into Sky Point Recovery when he was released. He is currently there working his program and continues to THRIVE.	
Client was released from SCJ to CBCF. While in CBCF we were able to get his license back & get him back into the carpenters' union. When he was released from CBCF he was able to regain employment through the union. He continues to save for his own apartment & THRIVE.	
Client has obtained an Ohio ID, Social Security Card and is compliant with all appointments consisting of psychiatry, probation, case management and court ordered programing. The client has recently started full time employment and is looking forward to being able to rent an apartment and live independently.	
Client has been with the THRIVE program since April 2023. He met with his case manager just 5 days prior to his release to CBCF. The THRIVE case manager kept in contact with him while he was at CBCF making monthly check ins with him there. He completed his program at CBCF, was released from there on probation. He continues to work with his TCM and other staff at SPA, and is also compliant with probation. He moved in with his father upon his release and has continued to rebuild his relationship with him, they enjoy working on motorcycles together. The client has also gained full-time employment & continues to take steps building a sober life.	
Client remains compliant with all appointments (post 8 months release) consisting of group counseling, psychiatry, probation, and case management. The client desires part-time employment and hopes to live independently in the future.	
Client was current on all appointments consisting of mental health counseling, psychiatry, probation and case management. Client's driver's license has been reinstated however, client has re-offended and is back in Summit County Jail. Jail staff and Deputies have commented on how client's behavior and attitude have changed so much for the better in comparison to previous incarcerations.	