

Marion County, Ohio

Sequential Intercept Mapping Final Report

November 17 – 18, 2021

Marion County Core Planning Team

Name	Position	Agency
Dominic Berg	Mental Health/Substance Use Disorder Provider	Marion Area Counseling Center (MACC)
Kasey Bisch	Mental Health/Substance Use Disorder Provider	Ohio Guidestone
James Boleyn	Specialized Dockets Coordinator	Municipal Court
Nicole Brown	Peer Support	NAMI
Brad DeCamp	Executive Director	Alcohol, Drug Addiction and Mental Health Board (ADAMH)
Alena Fox	NAMI	NAMI
BJ Gruber	Major	Marion Police Department
Lisa Meddles	Deputy Chief Probation Officer	Adult Probation
Melissa Meyer	Mental Health/Substance Use Disorder Provider	Maryhaven
Heath Ring	Director	Heart of Ohio Homeless Shelter
Dean Schilling	Counselor	Multi-County Correctional Center
Desiree Sharp	Substance Use Disorder Provider	Brightview

Workshop Facilitators and Consultants

Ashley Eads	Dissemination Coordinator	Criminal Justice Coordinating Center of Excellence
Haley Farver	Program Coordinator	Criminal Justice Coordinating Center of Excellence
Teri Gardner	Facilitator	Retired, Ohio Department of Mental Health and Addiction Services
Dan Peterca	Facilitator	Cuyahoga County Court of Common Pleas Probation Department
Em Ribnik	Director	Criminal Justice Coordinating Center of Excellence
Ruth H. Simera	Executive Director	Coordinating Centers of Excellence



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Sequential Intercept Mapping

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Marion County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* and *Taking Action for Change* workshops held in Marion County, Ohio on November 17 -18, 2021. The workshops were hosted at Marion Naz Kensington Campus at 369 Kensington Place, Marion, OH 43302. Planning and coordination for the workshop was by the Marion County Alcohol Drug Addiction and Mental Health Board and the Municipal Court along with a Marion County planning team comprised of representatives from behavioral health, 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 Marion 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 Marion County Alcohol Drug Addiction and Mental Health Board and the Municipal Court requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in August 2021. The request was made following the Marion County Commissioners' approval to join the Ohio Stepping Up Initiative. The Sequential Intercept Mapping exercise was meant to aid Marion County with:

- Creation of a map indicating points of interface among all relevant Marion 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 27 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, corrections, individuals with lived experience and support/advocacy, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. Dan Peterca, Teri Gardner, and Haley Farver 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 Marion 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 Marion County Sequential Intercept Map created during the workshop can be found in this report on page 7.

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

Marion County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. Examples of current initiatives include Crisis Intervention Team (CIT), Specialty Dockets and Doug Marlowe training. Marion County Board of Commissioners also passed a Stepping Up resolution, a commitment on the part of the county's governmental offices to address the issue of over-representation of individuals with mental illness in the county criminal justice system. The community is strongly encouraged to consider how best to incorporate the Sequential Intercept Mapping participant group and action planning work groups into the Stepping Up framework and, if possible, into an existing structure instead of creating a new task force. If an overarching task force does not currently exist, the SIM participant group could serve as the foundation for a Stepping Up group, and the previously mentioned teams could be incorporated into that structure.

Individuals with Lived Experience Involvement

The Marion County planning team included both the Board President and Board Secretary of the Marion County NAMI. However, there was no additional representation during the workshop by a family member or consumer with lived experience. The group is strongly encouraged to solicit participation from additional community members and individuals with lived experience; ideally each work group/committee will include a person with lived experience, a family member and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key players that were missing at the workshops: Individuals with lived experience, peers, hotline, Common Pleas probation, Veterans Affairs and transportation.

Data Collection

- The Marion 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
 - Marion County Jail Data for October 2020-October 2021
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Marion County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, November 2021
 - Marion County CIT Officers Roster Project Summary Report, September 2015

Recommendations

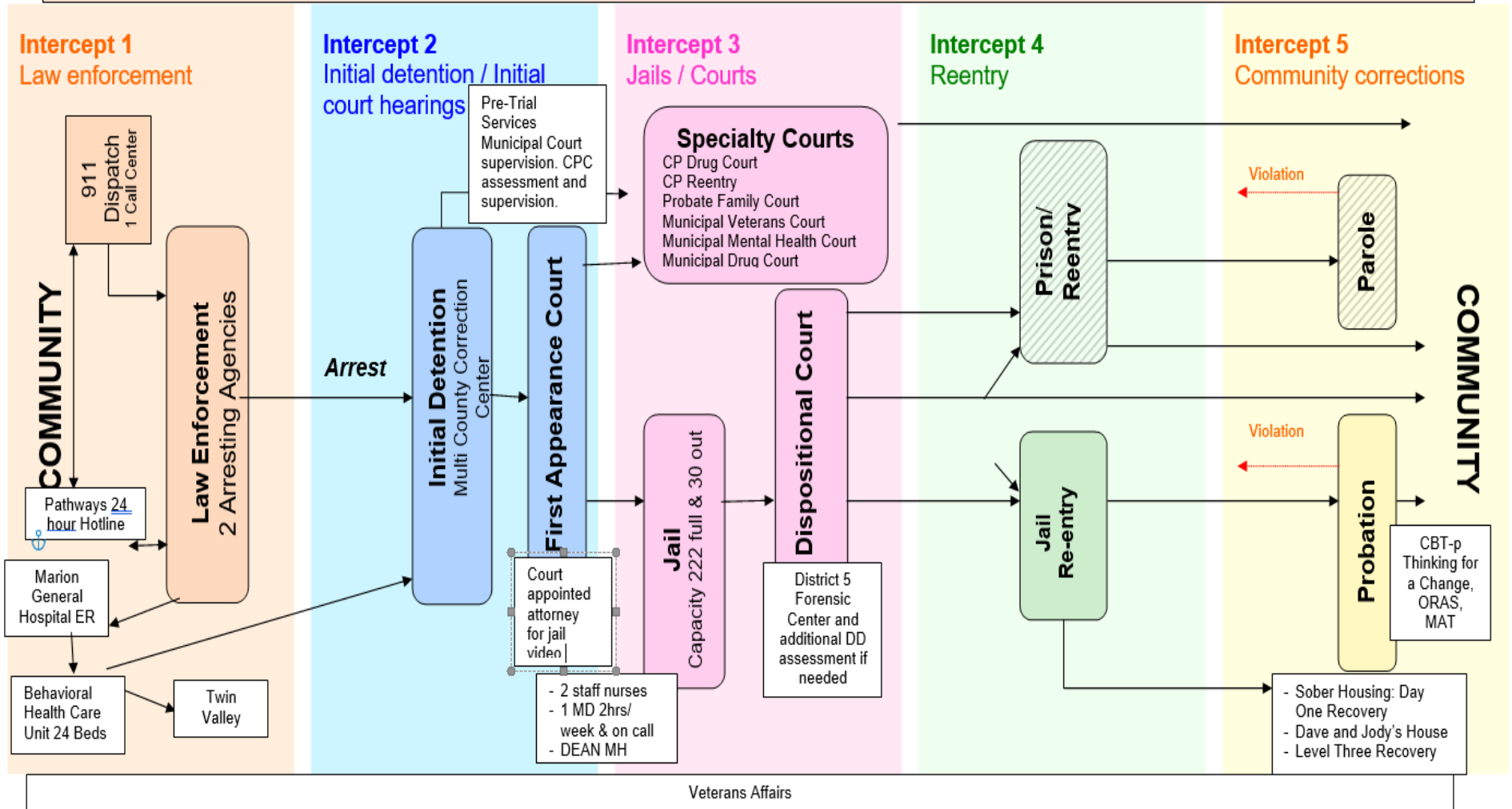
- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Marion County criminal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

Marion County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Marion County November 2021

Crisis Intervention Team (CIT) Training



Marion 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 Marion 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 Marion County Sequential Intercept Map. The cross-systems Marion 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 Marion 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 practices (EBP) and services that were highlighted during discussion of the Ultimate Intercept. This list is not meant to be an exhaustive or comprehensive roster of all EBPs and services available in Marion County.

- Mental Health First Aid (MHFA)
- Question Persuade Refer (QPR)
- PAX Good Behavior Game
- Signs of Suicide (SOS)
- Cognitive Behavioral Therapy (CBT): Thinking for a Change, Decision Points, EPICS, Carey Guides, Motivational Interviewing
- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Intensive Outpatient Treatment (IOP) and Partial Hospitalization Program (PHP) – The IOP includes a co-occurring disorders group
- Medication Assisted Treatment (MAT) – Vivitrol, Suboxone
- 24-Hour Hotline – operated by Pathways (serves multiple counties)

Intercept 0 Gaps

- No local Assertive Community Treatment (ACT) Teams
- Workforce shortage
- No local (in-county) inpatient psychiatric hospital options or detox services. Detox services are available through a contracted provider in Columbus, Ohio, which also provides transportation.
- Peer support programs and services focused on mental health
- No current Peer to Peer Trained individuals (NAMI)
- Limited space at Twin Valley state psychiatric hospital resulting in long wait times for bed availability
- Communication between Marion Area Counseling Center (MACC) and hospital about releases/discharges
- No Guardians/Attorneys available
- Information sharing and communication between systems
- Cross-systems education (i.e. Roles in response, “pink slips”, resources, etc.)
- School districts select their own programming, and there is no coordination in planning across districts

Intercept 0 Opportunities

- Thrive – new peer support services agency branch opening in Marion County
- Marion Hospital hired individuals for new peer support program as part of an emergency services grant
- More individuals needed for NAMI's peer support program – training available
- The ADAMH Board is a strong proponent of Assisted Outpatient Treatment (AOT). Both probate court judges are well informed on AOT. They hospital is prepared to refer cases to the court for AOT.

Recommendations

- Consider the needs that could be met through peer-based services across all intercepts. Once an appropriate needs assessment is complete, the work group addressing this action plan should review the evidence-informed models and associated outcomes that align with local needs to assist in planning and implementation goals.
- Given the strong support and preparation for AOT, the Probate Court, ADAMH Board and hospital should take the next step and pilot a few AOT cases. This will provide an opportunity to work out any programmatic issues before embarking on a fully operational program.
- Explore options for increasing and formalizing information sharing across the system, specifically for crisis services, assessment, and discharges.

Intercept I: Law Enforcement / Emergency Services

In Marion County, law enforcement is accomplished by the County Sheriff's Office and Marion County Police Department. Law enforcement options for responding to people with mental illness include advise, summons, arrest, transport to county jail, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options.

Dispatch / 9-1-1

- There is one dispatch center for Marion County that dispatches for all Law Enforcement, EMS, and Fire.
- When a call comes into dispatch, Law Enforcement is the first contact. Dispatch will stay on the line with the caller until a Law Enforcement Officer arrives to the scene.
- Depending on the nature of the call, EMS will be dispatched when the scene is cleared by Law Enforcement.
- If a mental health concern is called into dispatch, all necessary information will be entered into the Computer Aided Dispatch (CAD) system. After a call, Law Enforcement Officers can add additional information to the call entry. Dispatch does have "mental health codes" for calls but these were not available at the time of the workshop.
- Call data is available upon requests. Data reports can be pulled either as a single caller report or aggregate calls report at any time. Data reports are not pulled on a scheduled nor a consistent basis.
- Dispatch will, at times, coordinate, consult or even transfer calls to the Pathways 24-hour hotline. This is done informally and without a standard practice or procedure at this time.
- Dispatch does not differentiate between Crisis Intervention Team (CIT) trained officers or non-CIT trained officers when requesting response to the community.
- Some dispatchers have attended the 32-hour CIT Patrol Officer Training Course.

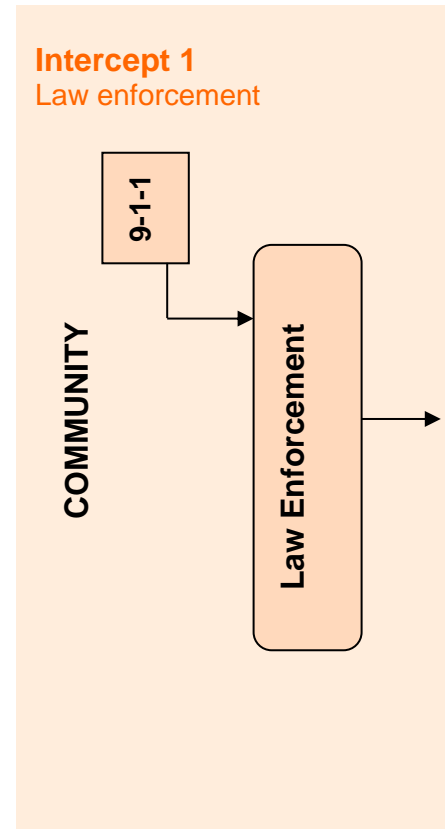
Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC)

County Agency Report issued September 29, 2021, Marion

County has two Law Enforcement Agencies: Marion County Sheriff's Office and Marion Police Department, with an estimated 88 full-time officers.

- The Marion County Crisis Intervention Team (CIT) training program was started in 2014, is coordinated by a member of NAMI Marion and Crawford Counties, and held its most recent CIT Patrol Officer Training Course in October 2021. This course is 32-hours long and is composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays that incorporate the practice of de-escalation skills. On average, 15 participants attend the annual CIT Patrol Officer Training Course. Records indicate that both Law Enforcement Agencies have participated in CIT training and 31 law enforcement officers have been trained.
- Other participants in the CIT training have included Corrections Officers, Public Safety Telecommunicators (PST's)/Dispatch, Probation Officers, EMS/Fire and other health and mental health professionals.
- Currently the CIT Program is focused primarily on the patrol officer training, with limited attention to other programmatic core elements.
- Both law enforcement agencies utilize Lexipol and its standard mental health policies. They do not utilize a CIT contact sheet; nor do they routinely collect or analyze data from mental health or persons in crisis calls.
- Law enforcement will discuss cases with the mental health system however this is informal and there is not a standard or consistently followed process or procedure for this.
- Both law enforcement agencies have also sent officers to trainings focused on mental illness, crisis intervention and veterans held by the Ohio State Highway Patrol (OSHP), however there is not a formal process of how this is done.
- All school districts, except for private educational institutions, have School Resource Officers (SROs) which are monitored by the Marion County Sheriff's Office. The SROs will attend specialized training regarding youth mental health if they can find a training resource; however, there is no formal process or set expectations for specialized training.
- Marion General Hospital's Emergency Department is the only option in the county for law enforcement to transport individuals for emergency psychiatric services and assessment. Typically, unless there is a charge pending and the individual will be arrested if not hospitalized after assessment, the law enforcement officers can leave the individual at the ER after verbal report has been made to the attending professionals. However, if the individual is known to be intoxicated or if intoxication is suspected, the individual will be taken to jail to "detox".
- The law enforcement agencies also reported that they can and will also contact the closest Veterans Affairs hospital for information about individuals and to assist in linking those persons in crisis to appropriate, veteran oriented resources, supports and services. This appears to be done informally.
- The law enforcement agencies are also able to leave a citation or summons with the individual, either on scene or at the emergency department, and additionally have the discretion to choose whether to charge the individual if it was a victimless crime.



Crisis Services

- Pathways 24-hour hotline is operated by a provider that works in multiple counties. Dispatch and law enforcement can call and/or connect individuals to the hotline directly.
- There is currently no mobile crisis response service in Marion County.
- There is no Crisis Stabilization Unit (CSU), mental health respite services, nor 23-hour bed/observation options in the county.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The Marion General Hospital Emergency Department serves as the only after-hours access to mental health care. There are no other after-hours mental health service providers nor mental health respite services in the county.
- Marion General Hospital has a 24-bed psychiatric unit. However, this unit is available to receive admissions from multiple counties and is often at capacity. Additionally, the unit will not accept violent individuals.
- Ohio Health SUN Program is new at Marion General Hospital. The program has navigators that will assist individuals with co-occurring disorders to link with resources. The navigators will meet with individuals in the Emergency Department.
- Twin Valley is the nearest state psychiatric hospital. Evaluations and referrals to Twin Valley are conducted by the Marion Counseling Center. Twin Valley is also often at capacity, so wait times for a bed can be 2-3 days. Individuals waiting for a bed typically remain at the Marion General Hospital Emergency Department or the jail.

Detoxification

- There are no detox services within Marion County. If an individual is intoxicated, or if intoxication is suspected, law enforcement will take them to the jail to detox.

Probate

- Although being discussed, the county does not currently have an Assisted Outpatient Treatment (AOT) program.

Veterans

- If law enforcement identifies a person as a veteran, they will attempt to contact the Veterans Affairs Police Department for potential linkage to services. However, law enforcement is unable to transport the individual to the Veterans Affairs Medical Center in Columbus. If the identified veteran is in crisis, they will be transported to the Marion General Hospital Emergency Department for crisis assessment.

Intercept I Gaps

- CIT Training for Public Safety Telecommunicators
- Utilization of CIT contact sheet and data collection/analysis
- Another option for people to receive crisis evaluations
- Mobile crisis unit

Intercept I Opportunities

- Formalizing the coordination between the Pathways hotline, dispatch and law enforcement
- The board will be convening a meeting to discuss behavioral health services
- Both law enforcement agencies expressed support for sending more officers to CIT Patrol Officer Training Courses in the future and would also like to have School Resources Officers (SROs) attend
- Increase the number of CIT Patrol Officers Training Courses offered per year
- It appears that the CIT program has not developed far beyond the training phase, although there are committed stakeholders interested in expanding the program who will be added to the statewide CIT Coordinators email distribution list.

Recommendations

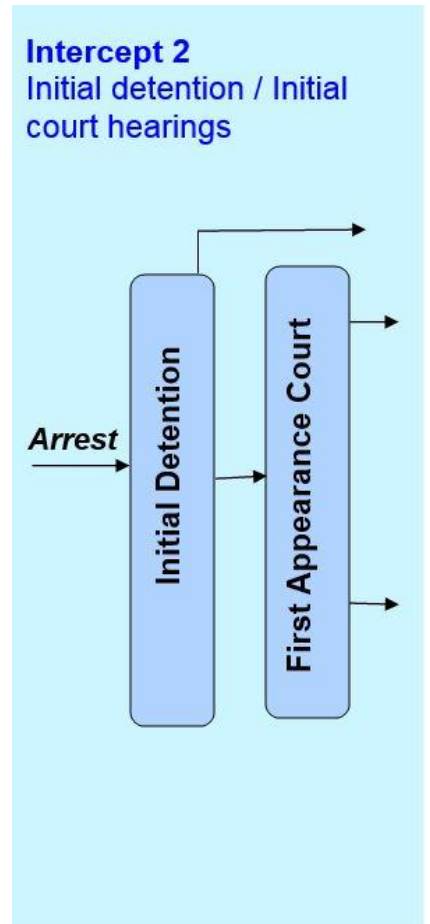
- Compare the CIT Patrol Officer Training Course 32-hour curriculum with the previous 40-hour curriculum to determine what content was removed. This will assist in evaluating the content of the training and ensuring

that it contains the essential elements of a CIT Patrol Officer Training Course, attends to the needs of the participants, and dedicates enough time to de-escalation skills, consumer perspectives, etc. The CJ CCoE and Law Enforcement Liaison are available for assistance with review or development of any CIT program element, including CIT training curriculum reviews, Steering Committee development, contact sheet utilization, development of Public Safety Telecommunicator (PST) and Refresher CIT Training Courses, and more.

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

Initial Detention

- Individuals are held at the Multi-County Correctional Center (MCCC) for Marion and Hardin counties. The MCCC has a capacity of 222.
- The MCCC has two nurses on staff, one RN and one LPN, and one contracted physician. The contracted physician provides two onsite hours per week and is available via phone for consultations regarding medications and treatment.
- At booking, law enforcement will conduct a verbal exchange of information on the individual however this is an informal process. If there is a reported or known mental health concern from the law enforcement officer bringing in the individual, the individual is placed on observation until the jail representative can meet with them to determine housing assignment. Due to staffing, the individual may wait over 48 hours to be seen by the jail counselor for a housing assignment.
- Booking officers receive in-house training but do not currently attend Crisis Intervention Team (CIT) training. Beyond what is described above, there is no other formal information exchange regarding the booking roster or the “in-house” screening information.
- There is a booking screening consisting of more than 100 questions that include medical history, medications, and mental health information. The booking officer does not utilize a validated screening tool for individuals that may present with a mental health concern. During the workshop, the screening instrument was referenced as an internal “Mental Health Observation Form” which is then given to the jail counselor.
- Any jail staff at any time may refer an individual to speak with the jail counselor.
- If an individual reports that they are prescribed medications, jail staff will work with their family or Probation Officer (PO) to have the medications brought to the jail for review and consultation for continuance. If medications are brought with the individual, the nurse will review these and contact the prescribing doctor to determine if current medication is active. If the prescription is determined to be active, the nurse then consults with the contracted jail physician and will continue to administer unless it is an addictive medication. However, it was noted that there are concerns regarding continuing medications including type and dosage of the medication, possible side effects, and community safety concerns for specific medications.
- Currently, there are no diversion programs in Marion County.
- The MCCC does have an automated system called XJail however it was repeatedly stated that the staff are dissatisfied with the system and unable to pull appropriate data from the system.



Arraignment

- Within 48-hours, the individual is arraigned. The Municipal Court is operational Monday-Friday.
- If the individual is in custody, they are arraigned via video. Roughly 10-20 arraignments occur per day. If not in custody, the arraignment is in-person.
- Marion County does not have a Public Defender’s Office. A court appointed attorney will sit in on the arraignment video if the individual is incarcerated. These attorneys will only make recommendations

regarding bond. Court appointment attorneys are not provided to individuals that are not incarcerated. In those cases, individuals will only have legal representation if they have retained an attorney on their own.

- There is no felony, prosecutor-based diversion programming.
- There is no formal linkage to community-based services and supports, nor involvement of family/friends.
- Municipal Court does not conduct pretrial investigations nor risk assessments prior to arraignment for defendants charged with misdemeanors.
- As a condition of Released on Recognizance (ROR) bond, the individual can be put under pretrial supervision with the Municipal Court Probation Office. Once a Probation Officer assumes the supervision of an individual on release, the judge can then recommend assessments. It is also possible that the judge, if they are familiar with the individual or has been provided with appropriate information, may refer them to one of the specialized dockets. This appears to be an informal process.
- Common Pleas Court conducts Pretrial Services investigations that included risk assessments and provides pretrial supervision for defendants charged with felonies.
- Competency assessments currently take a very long time with the local forensic center, and if an individual has a developmental disorder, the Marion County Board of Developmental Disabilities will be contacted to conduct an assessment. During the time that individuals are awaiting an assessment, they will continue to be in custody.

Veterans

- Municipal court has the Veterans Court and Common Pleas may refer individuals.
- The Veterans Re-Entry Search Services (VRSS) is not currently being utilized, however participants expressed interest in this program. Interactions with Veterans Affairs appears informal but does occur.

Intercept II – Identified Gaps

- ▣ Formal mental health screening at booking
- ▣ Communication of booking information to judge/court/specialized dockets
- ▣ Reportedly poor automated jail information system
- ▣ Lack of diversion programs
- ▣ Lack of pretrial investigations and risk assessments for defendants charged with misdemeanors
- ▣ Lack of defense attorneys for Common Pleas
- ▣ The timeframe for competency and developmental disabilities evaluations taking 6-8 weeks while individual remains in custody
- ▣ Correction staff does not receive formal training about mental health

Intercept II – Identified Opportunities

- ▣ VRSS is being explored
- ▣ Booking officers could be invited to attend CIT Patrol Officer Training Courses

Recommendations

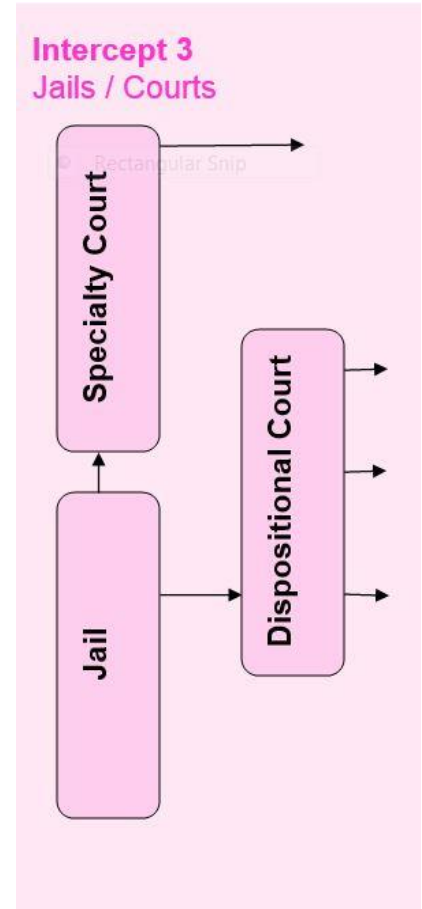
- ▣ Several informal processes exist that, while helpful to individuals when engaged, should be formalized/standardized to ensure more consistent utilization and sustainability through staff and leadership transitions.
- ▣ Formal, evidence-based screening tools used at booking would assist with standardizing what and how information is gathered, and with prioritizing follow up with individuals identified as having a possible mental illness, substance use disorder, suicide risk, significant trauma history, etc. This of course requires having some resources designated for such follow up, so it may be wise to prioritize the screening and follow up based on what is known about the jail population.

- Consider expansion of pretrial investigations and risk assessments for targeted misdemeanor charged defendants (examples of potential targeted populations: charged with offenses of violence and/ or misdemeanor defendants remaining in custody three days after Initial/ Arraignment Hearing especially for defendants with mental health concerns).
- VRSS is easy to use and could be a helpful tool at jail booking to identify individuals with military service who may be eligible for supportive services
- It may be helpful to discuss XJail capacity and opportunities with other jails using the same system

Intercept III: Jails / Courts

Jail

- The jail census typically meets or exceeds capacity. 30-50 people with lower level offenses and no significant mental health or medical concerns are housed out of county, usually at Morrow County Jail or Mercer County Jail.
- No data is currently tracked on how many inmates report a mental health or substance use concern or history, how many request mental health services, how many are on psychiatric medications, nor how many report mental health concerns during booking or while at the jail. Overall, data is not available from the jail.
- On average, there are 11 daily bookings and the average length of stay is 8 days.
- There is no mental health ward or pod at the jail. Inmates are housed in the medical pod, administrative segregation or booking if on mental health observation or waiting to be seen for assessment.
- The MCCC does not currently have Medication Assisted Treatment (MAT) program with long-term injectables, however, if an individual is currently engaged with this program through a community provider, the jail will coordinate transportation for the individual to continue to receive their injectables, thus supporting compliance with this treatment regimen.
- The jail utilizes a kite system which allows inmates to request mental health services, which is a referral to the jail representative. The jail representative is the primary source of informal linkage to mental health care upon release.
- There have been past attempts to hold mental health groups but with the length of stay so brief, such services really were not useful.
- 12-step support groups were resumed during the summer but have stopped due to COVID-19 precautions



Court

- There is not a felony diversion program. There are also no forensic or certified peer specialists involved with the court system.
- Within the Municipal Court, there is a 90-day diversion program, but this is not utilized for people with mental health conditions.
- Intervention in lieu of conviction is not often utilized due to a high rate of failure in the county
- District 5 Forensic Center and the Marion County Board of Developmental Disabilities are utilized for further assessment. However, it was previously noted that the wait time for these assessments is several weeks while the person remains at the jail.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of May 31, 2021, Marion County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status May 31, 2021
Judge Warren T. Edwards	Marion Common Pleas	General Drug	Certified
Judge Warren T. Edwards	Marion Common Pleas	General Drug-Reentry	Certified
Judge Robert D. Fragale	Marion Family	Family Dependency	Certified
Judge Teresa Ballinger	Marion	Municipal Drug	Certified
Judge Teresa Ballinger	Marion	Municipal Mental Health	Certified
Judge Teresa Ballinger	Marion	Municipal Veterans Treatment	Certified

- Additional detail about the specialty courts:
 - Marion Municipal Court Drug Court currently has 10 open cases. Drug court staff receive “in house” training.
 - Marion Municipal Court Mental Health Docket (WIN) has a capacity of 15 cases and currently has 9 open cases. WIN will accept referrals from the Common Pleas Court and mutually make referrals with the drug court based on individual’s stabilization and needs to find best fit. Two case managers have been hired for this court and funding has been acquired to hire additional case managers. The case managers assist with monitoring individuals and assisting with linkage to services.
 - Marion Municipal Court Veterans’ Court has a capacity of 15 cases.
 - Common Pleas Court Re-Entry Court has a capacity for 45 cases and currently has 16 open cases.
 - Common Pleas Family Court has ten cases and includes an accessible Resource Center.
 - Common Pleas Drug Court currently has ten people on the docket. There is space for more.
- Eligibility for the mental health court focuses on whether severe and persistent mental illness and its symptoms were the driver of the criminal activity that took place. As with other processes discussed in the county, there is a level of informality with the referrals. Participants noted that formalizing criteria and a referral process between and across the courts has been discussed.
- Maryhaven provides services and linkage with all specialty dockets from both Municipal and Common Pleas Courts. Individuals are not required to utilize Maryhaven services and may be referred to other provider agencies based on need, best fit, and preferences of the individual when appropriate.

Veterans

- Participants commented on the success of the Veterans Court and specifically the mentor program. The Veterans Court has a dedicated coordinator that recruits, trains and manages the mentors.

Intercept III – Identified Gaps

- Peer support resources for specialized dockets/mental health peers
- Lack of counseling, assessment, and case management services in jail
- Family services for specialized dockets
- Lack of formalized criteria and referral processes
- Data from the jail

Intercept III – Identified Opportunities

- Expansion of mental health services (including assessment, case management, counseling and psychiatry) within the jail. Zoom, as utilized by providers, could be explored as an option to address this opportunity.
- Strong peer resources in veteran court could be utilized as a model for the growth of services in other specialty courts
- Expansion of NAMI family services
- Expansion of case management resources; 2 more staff

Recommendations

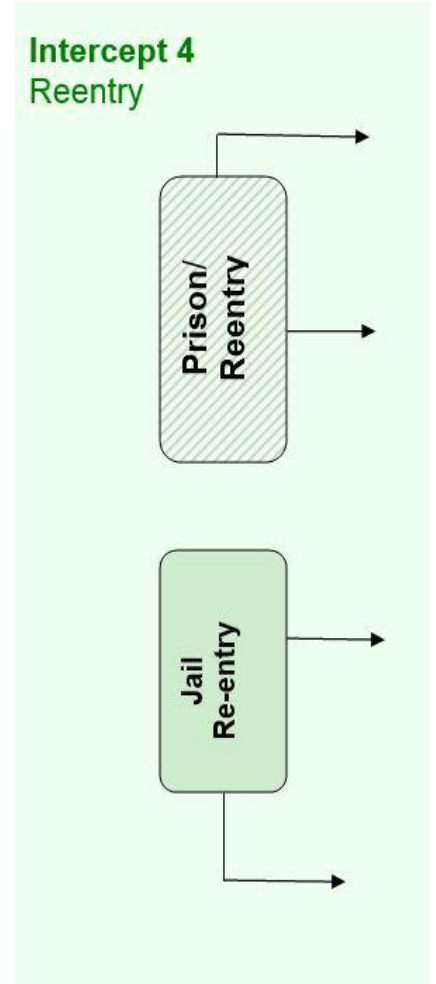
- Continue to develop formalized criteria and referral processes to and between specialty courts

- Explore options for expanding mental health services within the jail and formal processes for linkage to outside providers

Intercept IV: Prisons / Reentry

Prison

- There is limited engagement or involvement with APA (Adult Probation Authority).
- West Central Community Correctional Facility is the area Community Based Corrections Facility (CBCF) serving eight counties. The current capacity is 144 beds, and the facility is in the process of adding 25 new beds. There are 44 beds for women and the new beds will have some additional female beds.
 - Inmates will receive bio/social/psych assessments while in custody. Cognitive Behavior Therapy (CBT) is available through contracts with mental health providers and Medication Assisted Treatment (MAT) with Vivitrol is available.
 - Release and case plans are based on the Ohio Risk Assessment System, judicial release, aftercare, housing, and requirements for probation or parole. Copies of this assessment are sent to probation/courts. A 30-day supply of medications is provided upon release.
 - The CBCF and Common Pleas probation department have a positive working relationship.
 - Maryhaven goes to the facility one day a week to provide linkage and substance use treatment services. Marion County Counseling Center provides linkage to mental health services.
- There have been five Community Linkage referrals to Marion County Counseling Center and 14 Community Transition Program referrals to Maryhaven from the Ohio Department of Mental Health and Addiction Services (OMHAS) for individuals reentering the community from a state prison facility. There were reportedly three referrals for individuals with co-occurring disorders; however, it was unclear which agency receives these referrals. Inmates utilizing these linkage programs are provided with a prepared packet for re-entry with reminders about their parameters, upcoming appointments and other resources. On the community side, the service linkage appears to be primarily referral and not a formal process to set up appointments or intakes into services.
- Marion Matters is an organization focused on pathways out of poverty and works with returning citizens and families through education, employment, and Getting Ahead programming.
- Goodwill Industries will in-reach to prisons to provide classes, e.g., interview preparation. These are available via video-conference.



Jail

- There is currently no formal planning for releases or reentry, no formal linkage to treatment or community services, and no in-reach services other than the exception noted below.
- Individuals are released from the jail by 6AM unless the individual is being picked by CBCF or Probation. Some limited planned release, e.g., timing of release and provision of medication or prescription, may occur for individuals entering a specialty court docket but is not consistent.
- Inmates are not released with medications nor a prescription for medications from the jail. There are two exceptions to this:

- If the inmate came to the jail with medications, these will be released to them with their personal belongings.
- Mary Haven may provide a prescription for inmates on their caseload, however due to lack of release planning, there have been situations in which an individual remained in the jail for extra time for a prescription to be prepared to not interrupt a medication regimen.

Veterans

- Veteran Affairs may be contacted informally however there are no in-reach services for veterans.

Intercept IV – Identified Gaps

- The APA has inconsistent relationship/communication with local entities and providers
- No jail release/reentry planning due to 8-day average length of stay and large pretrial population
- Sober living and housing resources
- Access to medication on release from jail

Intercept IV – Identified Opportunities

- Residential options for 16 men and 16 female dual diagnosis (18 cottages) exist in the county and are underutilized for women

Recommendations

- Consider formalizing a process for reentry and service linkage from the jail that could be instituted even with short stays
- Explore options for medication access or prepared prescriptions for medication upon release from jail
- Consider increased in-reach opportunities to the jail from community providers

Intercept V: Community Corrections / Community Support

Probation

- Probation Officers generally receive training through attending national conference, local speakers, local training opportunities, etc. They do not receive specialized training for specialized caseloads. The probation officers assigned to specialized dockets may receive more training than other probation officers, but it is limited to whatever is available through the Supreme Court.
 - Municipal Court Probation: Participants noted that one judge oversees the municipal court and all specialized dockets. A current shortage of Probation Officers limits caseload capacities of the specialized dockets.
 - There are 4 Intensive Supervision Probation (ISP) Officers, each with a caseload of 125 probationers
 - First time DUI Probation Officer has a caseload of 200
 - Restitution Probation Officer has a caseload of 100
 - Compliance Probation Officer has a caseload of 75
 - Division Probation Officer has a caseload of 50
 - The caseload of individuals with a severe mental illness is approximately 25
 - Drug Court Probation Officer has a caseload of 25
 - Mental Health Court Probation Officer has a caseload of 15
 - Veterans Court Probation Officer has a caseload of 15
 - Cognitive Behavior Therapy (CBT), specifically Thinking for a Change, is utilized

- Common Pleas Probation
 - There is one specialized docket supervisor and two Probation Officers (one per docket) for the two specialized dockets
 - There are approximately 14 other Probation Officers for Common Pleas. Some of these have specialty training in pretrial monitoring, ISP, etc.

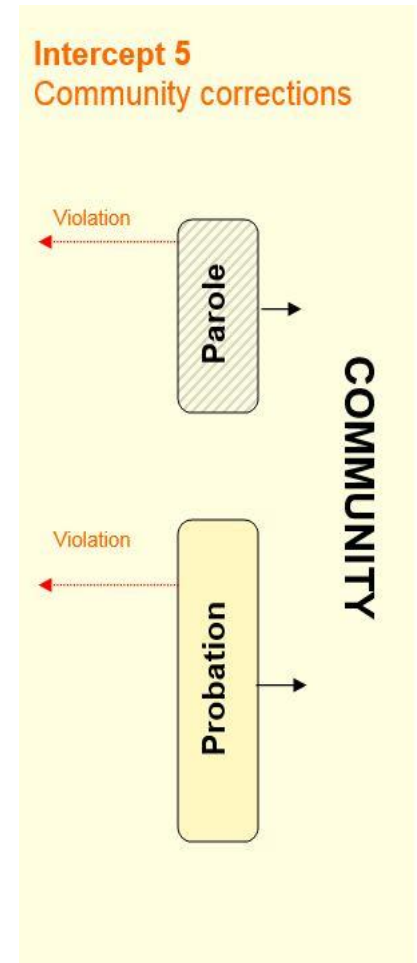
Parole

- Parole Officers work out of the Mansfield (Richland County) office and do not have a well-established relationship with the Probation Offices.
- Parole caseloads are limited.

Community Supports

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

- Day One Recovery (Transitional supportive housing)
 - Level 3 recovery house for mental health and substance use disorders. Current capacity is 16 male and 16 female beds. Male beds are always full but female beds are rarely full. Most referrals for the target population are from attorneys.
 - Recovery campus with 8-10 houses that could be utilized for men or women
- Shelters
 - Hands of Hope Housing
 - Turning Point (Domestic violence shelter)
- NAMI of Marion and Crawford Counties offers a recovery support group called CONNECTION and the Family-to-Family program
- Leaping Ministries provides clothing, free showers and are currently working on housing options. Participants noted that there are several faith-based organizations in Marion county that offer a variety of supports and services in the community.
- Marion County Counseling Center provides Medication Assisted Treatment, Eye Movement Desensitization and Reprocessing (EMDR), a day treatment group available for those with severe and persistent mental illness, a day recovery coach, psychiatry services one day a week, and one full time and one part time nurse. They also offer long and short-term housing through Jody's and Dave's Houses for Recovery.
- Board of Developmental Disabilities provides assessments, services, and an investigative agent that works closely with law enforcement. The investigative agent averages 125 cases per year.



Veterans

- Marion County has a Veterans Affairs Department outpatient clinic and the Marion County Veterans Services office. The Marion County Veterans Services office works with VA eligible veterans and provides benefits application assistance, emergency financial assistance, referrals, and assistance with connecting with other federal, state and local aid organizations.

Intercept V – Identified Gaps

- ▣ Capacity exceeds current resources within the Municipal Court System
- ▣ Common Pleas underutilization of Specialty Courts
- ▣ Capacity for housing people with mental illness and expansion of housing for individuals with higher risk
- ▣ Sober housing options

Intercept V – Identified Opportunities

- Marion Metropolitan Housing Authority could be engaged in further discussions regarding housing

Recommendations

- Explore future housing options with the Marion Metropolitan Housing Authority
- Increase peer support and peer-based services across intercepts
- Explore options for increased and enhanced information sharing and communication across all intercepts

Priorities for Change

Marion County,
Ohio

Marion County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top three priorities.

Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues or information associated with each priority as brainstormed by the large group which all agreed need to be considered by each sub-committee.

Top Priorities for Change

1. Crisis Drop-In and Assessment (Intercept 1; 12 votes)
2. Housing (Intercept 5; 10 votes)
3. Peer Support Services (Intercept 3; 7 votes)
4. Information Sharing/Communication (Intercept 0; 7 votes)

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

- Screenings at booking (Intercept 2; 1 vote)
- Automated system within the jail to report SMI (Intercept 2; 1 vote)
- Length of time for competency/DD evaluation (Intercept 2; 1 vote)
- Ease management services within the jail (Intercept 3; 1 vote)

Parking Lot Issues

- Sensory Motor Psychotherapy

Additional Resources

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

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

**Sequential Intercept Mapping
Marion County, Ohio | November 17 – 18, 2021**

Participant Roster

Name	Title	Organization	Email/Phone
Jody Allton	Director	Marion General Hospital	
Michael Bear	Magistrate	Marion County Common Pleas Court General Division	mbear@marioncountyohio.gov
Dominic Berg	Provider	Marion Area Counseling Center	domberg@maccsite.com
James Boleyn	Specialized Dockets Coordinator	Municipal Court	jboleyn@marionmunicipalcourt.org
Dan Brown	Provider	Pinnacle Treatment Center	dbrown@pinnacletreatment.com
Paula Brown	Associate Director	Alcohol, Drug Addiction and Mental Health Board (ADAMH)	Paula.Brown@mcadamh.com
Courteney Clemons	Provider	Day One Recovery	courteneyc@d1recovery.com
Brad DeCamp	Executive Director	Alcohol, Drug Addiction and Mental Health Board (ADAMH)	brad.decamp@mcadamh.com
Alena Fox	Board Secretary	NAMI	msallayneous@yahoo.com
Lydia Frey	Dispatcher	Marion County	lfrey@co.marion.oh.us
Sam Grisham	Investigative Agent	Marion County DD	sgrisham@marioncountydd.org
Larry Heiser	Probate/Family Court Judge	Marion County Family Court	lheiser@co.marion.oh.us
Carol Lantz	Board President	NAMI	lantz_cjs@hotmail.com
Mitch Libster	Attorney	Marion County	milibster@roadrunner.com
Jay McDonald	Law Enforcement	Marion Police Department	jmcDonald@marionohio.org
Melissa Meyer	Provider	Maryhaven	MMeyer@maryhaven.com
Michele Miley-Scott	Provider	Maryhaven	MMiley@maryhaven.com
Jennifer Morgenstern	Provider	Pinnacle Treatment Center	jmorgenstern@pinnacletreatment.com
Cory Rogers	Pastor	Christ Missionary Baptist Church	coryrogers92@yahoo.com
Renee Rush	Probation Officer	Marion County Juvenile Court	rrsuh@co.marion.oh.us
Dean Schilling	Counselor	Multi-County Correctional Center	
Jon Shaffer	Law Enforcement	Marion County PD	
Desiree Sharp	Provider	Brightview Health	d.sharp@brightviewhealth.com
Ashley Stevens	Employment Specialist	Goodwill Industries	astevens@mariongoodwill.org
Tom Stotts	Chief Probation Officer	Municipal Court	tstotts@marionmunicipalcourt.org
Ryan Zempter	Lieutenant	Marion County Sheriff's Office	rzempter@co.marion.oh.us
Scott Zwiezinski	Court Services Coordinator	West Central Community Correctional Facility	szwiezinski@wcccf.org

Action Planning Matrix for Marion County, Ohio

Priority Area 1: Crisis Drop-In & Assessment			
Objective	Action Step	Who	When
1. "Half Step" Center. Collect data.	<ul style="list-style-type: none"> - Jail data - Court (Municipals for mental health issues) - School system data for mental health - NAMI to collect data for mental health crisis needs/calls - Get data from hospitals on how many are brought in, how many stay, and how many are discharged - Police data on how many trips to Twin Valley - Marion Area Counseling Center (MACC) data on screen assessments/outcomes - Pathways to check data on calls in area that could transition into crisis drop-in 	<ul style="list-style-type: none"> - Ohio Health - Family Court (interviews) - MACC - School Resource Officers (SROs) - Hospital - Police Department 	January 15, 2022
2. Ideal Services	<ul style="list-style-type: none"> - Crisis assessment - 24/7 or late-night hours - Seeing when police department and Pathways get volume of calls and cater to those hours (if not 24/7) - Case management that helps referral process (make sure barriers to navigating mental health is a smooth process) - Peer support services 		3 – 6 months
3. Investigate other counties/models to determine services	<ul style="list-style-type: none"> - Assess existing resources to see if delivering - Check roadmap to ideal crisis services document 		

Action Planning Matrix for Marion County, Ohio

Priority Area 2: Housing			
Objective	Action Step	Who	When
1. Planning stage	- Identifying funding sources and possible partners	Scott Zwiezinski	30+ days/February 2022
	- Identify community partners - Schedule meeting to collaborate/develop committee	Scott Zwiezinski/Michelle Miley-Scott/Corey Rogers/Michael Bear	March 2022
2. Identify locations for housing/living	- Identify landbank opportunities in the area	Scott Zwiezinski/Michelle Miley-Scott/Corey Rogers/Michael Bear	February 2022
3. Certification	- Review Ohio Recovery Housing (ORH) rules and regulations to ensure housing standards are met	Courteney Clemons	February 2022
	- Begin certification process	Housing Committee	June 2022
4. Identify staff to operate housing	- Set qualifications for staff - Identify number of staff required to operate housing	Courteney Clemons	May 2022

Action Planning Matrix for Marion County, Ohio

Priority Area 3: Peer Support Services

Objective	Action Step	Who	When
1.	Research resources and best practices	<ul style="list-style-type: none"> - Explore the veterans' services model in the courts Mitch Libster - Research Marion Area Counseling Center and other area services such as citizen circles that utilize volunteers Ashley Stevens - Research peer support models throughout Ohio that have shown success (NEOMED, NAMI, and other non-profits) Dan Brown - Contact Marion Matter to see their program Carol Lantz - Compile a list of obstacles to expanding and gathering peer supports and utilizing them within courts and other agencies Mitch Libster 	<ul style="list-style-type: none"> By December 31, 2021 By December 31, 2021 By December 31, 2021 By December 31, 2021
2.	Data collection	<ul style="list-style-type: none"> - Create a survey to determine gaps and community need for both the community and other agencies - Send and collect data from surveys - Compile list of who to send surveys to and how to share 	<ul style="list-style-type: none"> Everyone (peer support group) June 2022 Everyone Ashley Stevens June 2022 June 2022
3.	Research ways to expand existing services	<ul style="list-style-type: none"> - Determine various agency requirements for peer support - Research other agencies training models and certification options 	<ul style="list-style-type: none"> Carol
4.	Training/onboarding peer support	<ul style="list-style-type: none"> - Determine community members who would be good candidates to become peer support (recruitment) 	<ul style="list-style-type: none"> Dan Brown
5.	Work on providing a "community hub"	<ul style="list-style-type: none"> - Share this hub with community and partners Carol Lantz - Determine how to maintain - Link to crisis drop-in center Mitch Libster/group 	<ul style="list-style-type: none"> Meet in January 2022 - Establish future meetings at the January meeting TBD
6.	Progress	<ul style="list-style-type: none"> - Meet in January 2022 - Establish future meetings at the January meeting 	<ul style="list-style-type: none"> Everyone to attend January 2022

Action Planning Matrix for Marion County, Ohio

Priority Area 4: Information Sharing and Communication				
Objective		Action Step	Who	When
1.	Develop and form a communications network among both providers and agencies in our community	- Survey agencies using a questionnaire regarding data collection and disbursement	Communications Committee Provider & agencies (TBD) NEOMED (for questionnaire)	Mid-January 2022
2.	Distribute survey to identified partners	- Develop address database	Brad DeCamp, NEOMED	End of January 2022
3.	Process data received	- Committee meeting	Communications Committee	Mid-February 2022
4.	Committee expansion	- Gathering agency and provider partners	Representatives from community	Mid-March 2022
5.	Envisioning community systems and data sharing specifics	- Grants/funding options - Assigning responsibilities - Main communication channels/software - Unidentified opportunities	Agency and providers from community	End of March/first week of April 2022

Appendix

Appendix A

Planning for Sequential Intercept Mapping

Community Collaboration Questionnaire

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

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

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

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

Community:		
Contact Person:	Phone	Email

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?		
2	Does your community have a cross-system collaborative team or task force? <i>If yes, please attach the membership list by agency and/or title, listing mental health providers, criminal justice services, substance abuse services, consumers, family members, elected officials and others.</i>		

Planning for Sequential Intercept Mapping

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
3	<p>Does your community provide for cross-training of mental health, substance abuse, criminal justice and other providers? <i>If yes, please list recent programs:</i></p> <ul style="list-style-type: none"> • CIT • CIT Training for 1st Responders, CONNECTION (Recovery support group), Family-to Family (Education class for Family Members or Caregivers of those with Mental Health Issues) • Not aware of recent programs, but certain that there have been training opportunities in the community • Best Practices in Treatment Courts: Matching community programming to the needs of justice-involved individuals • SCO special dockets trainings • Doug Marlowe Training 	IIIIII	II
4	<p>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></p> <ul style="list-style-type: none"> • Multiple drug courts, behavioral health providers work closely with the probation departments, and jail • Referral by court to Treatment Providers • Thinking for Change classes (T4C) • Marion Matters programs • WIN Court • Mental Health Docket of Marion Municipal Court • In Jail assessments and screenings 	IIIIII	I

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
5	<p>Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> • Several agencies have identified staff to work with the courts • Connection Group in facilities with NAMI trained facilitators is possible and available • The hospital does not have dedicated staff • Agencies, specifically, treatment providers have staff specialized to treatment mental health and criminal health and to collaborate with criminal justice system on client's behalf. • Dean Schilling at Multi-County Correctional Center • Specialized Dockets treatment teams • Multiple agencies partner with the Marion Municipal Court Mental Health Docket (programs need expansion within the various agencies) 	IIIIIIII	I
6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> • The docket courts collect information regarding participants • NAMI-MCC does not at this time • Not sure if the community does but the hospital does not • Our community gathers data on substance use and co-occurring disorders but does not include those populations involved in criminal justice system. • (WIN Court, and other Specialized Dockets, are required to submit data to the Supreme Court of Ohio on a monthly basis • Mental Health Docket only 	II	IIIIII
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)?</p> <p><i>Please describe the position and the person(s):</i></p> <ul style="list-style-type: none"> • Several agencies • Not at this time, would like to • Through Mental Health court-either a PO or liaison with the mental health center and the jail • ADAMH Director • Mental Health Docket Coordinator 	IIII	IIII

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
8	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance safety across agencies or systems? <i>Please describe or if possible, provide copies of MOUs:</i> <i>Through Specialized Dockets</i></p> <ul style="list-style-type: none"> • MOU with Marion Public Health for Naloxone kits • Within the Mental Health Docket and with ADAMH 		
9	<p>Are there any local agencies that have not participated in collaboration efforts? <i>Please describe: Unknown</i></p> <ul style="list-style-type: none"> • NAMI -MCC (would like to!) • Brightview • SperoHealth • First Step Recovery • Ohio Health Marion General 		
10	<p>Does your community have any jail or court diversion programs at this time? <i>Please describe:</i></p> <ul style="list-style-type: none"> • Unknown • Juvenile Diversion • Specialized dockets for drug addiction, mental health, families • Theft Diversion • Diversion Program at Marion Municipal Court • The Marion County Prosecutor's has declined to create a felony diversion program • The Mental health Docket of Marion Municipal Court 		

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
11	<p>Does your community have a mental health, drug or other specialty court? Please describe: <i>Multiple Specialized Dockets</i></p> <ul style="list-style-type: none"> Veterans Court, Drug Court, Mental Health, and Family <p>Mental Health: Judge Ballinger's WIN Court @ Marion Municipal Court Drug Court: Judge Edwards's FIRST @ Marion County Common Pleas Judge Ballinger's MARC @ MMC Judge Fragale's Family Dependency Court @ Family Court</p> <p>Judge Ballinger's Re-Entry Court @ Marion County Common Pleas Judge Ballinger's Veterans Court @ Marion Municipal Court</p> <ul style="list-style-type: none"> The Mental Health Docket of the Marion Municipal Court 		
12	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? Please describe or if possible, provide copies of MOUs.</p> <ul style="list-style-type: none"> Mental Health Docket Certain they would but have no information on this 		
13	<p>Have screening or assessment procedures been instituted in the mental health, substance abuse and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? Please describe:</p> <ul style="list-style-type: none"> Maryhaven has historically provided SBIRT type screenings Family Court Resource Center Assessment procedures for mental health and substance use systems have been implemented but does not appear to be implemented within the criminal justice system. Criminal Justice system tend to rely on treatment providers in the community to assess for mental health and co-occurring disorders Courts may order a Forensic 5 and/or SUD mental health evaluations Municipal Court screenings In jail assessments 		I

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> • Not aware of any • ORAS tools • ORAS 		I
15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> • Staff working within facilities or with treatment courts work on reentry processes • Mid-Ohio Reentry Coalition • Unknown (but can help!) • Not aware of any • Judge Edwards' Common Pleas Re-Entry docket • Re-Entry Coalition led by Family Court Judge Robert Fragale 		
16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <ul style="list-style-type: none"> • Confidentiality constraints, impact of client choice • Unknown • Respect and value each agency providers differences and to work more collaboratively to benefit the main goal of providing the best possible outcomes for our clients. Offering other options and treatment providers that may be more suitable for what that particular client needs. (e.g. Level of care; specific MAT service; case management, peer support; housing etc) • Agencies need to better communicate scope of services and limitations to each other and the community to better identify deficits in programing and create a plan to address 		

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
17	<p>Do you have examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> • Good working relationships between community partners • Law enforcement and Parole Officer for an individual in crisis and eventually in recovery/rehab facility • Before mental health services were provided at the Maryhaven-Marion office, offenders attended AOD treatment at Maryhaven while receiving mental health treatment at Marion Area Counseling Center 	II	IIII
18	<p>What would you list as your community's strengths?</p> <ul style="list-style-type: none"> • Collaborations between courts, law enforcement and treatment providers • Availability of SUD services • Collaboration between courts, law enforcement, and treatment providers <p>Several substance use disorder agencies that also offer MAT and recovery housing, active mental health board who strives to facilitate collaboration among all the services in the community.</p> <ul style="list-style-type: none"> • Free support and education for individuals (and families) with mental health issues. • Numerous treatment providers in the area to provide services • Individuals/staff/professionals passionate about making a change and decreasing barriers within the community • Collection of data in the community • WILLINGNESS TO WORK TOGETHER / COLLABORATION, A COMMON GOAL OF WANTING TO ASSIST THIS POPULATION • A collaborative interest and invested stakeholders committed to making this community safer and healthier • Multiple individuals and entities desiring change for SPMI/Criminal Justice system involved individuals. 		

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
19	<p>What would you list as your community's biggest challenge at this time?</p> <ul style="list-style-type: none"> • Adequate facilities and resources to accommodate increasing mental health and substance abuse issues <p>Access might be one challenge. Many services have gone to virtual but I question the effectiveness with virtual counseling services especially with Substance Use Disorders.</p> <ul style="list-style-type: none"> • Awareness of our organization/free programming • Housing for adolescents in mental health crisis. • Transition from adolescent to adult resources • Communication between agencies • Treatment providers not collaborating/communicating on behalf of what's best for clients • Systemic Racism in criminal justice system • Housing resources for vulnerable populations • Transportation resources • Criminal Justice employees dictating treatment recommendations and use of certain providers for offenders • Healthcare system not providing appropriate care & referrals for SUD patients • Criminal Justice system using punitive approaches versus treating the individual for their disorder/illness • FUNDING, AWARENESS • Poverty, housing, education, AOD use, employment • Mental health resources i.e., case management, programs, treatment • Detox facility • Lack of services for those individuals who are treatment and medication resistant due to the severity of their symptoms. • Lack of housing specific to this population. • Lack of case management and crisis intervention/prevention teams. • Lack of coordinated "in the community" response/interactions with this population. 		

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> <ul style="list-style-type: none"> • Unknown • Programming affects are typically face-to-face, went to ZOOM/virtual-community may have limited access to internet/computer/transportation. • Treatment services being provided in jail due to substantial outbreak in jail. Inmates having to quarantine following release from incarceration which creates a barrier with initiating services immediately following release. • Some discussion/meetings held via Zoom 	II	III
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> <ul style="list-style-type: none"> • Increased virtual/remote participation • Agency converted quickly to telehealth for some time. Have returned to face to face but telehealth impacted OBOT structure greatly. The number of patients that came to the office and is still trying to rebound. • See above • Some programs or hearings have been delayed or handled via video due to COVID outbreaks at the jail and/or within the community • LE was changing how they handled calls, traffic stops, etc. based on COVID conditions • Agencies have had to adapt to COVID related issues and develop new strategies to maintain supervision and deliver best services. This process has been fluid over the past 2 years based on COVID peaks, etc. 	III	II

		Yes	No
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> <ul style="list-style-type: none"> • Reduced in-person contact with treatment providers • We limited the exposure of inmates by not having staff go into the jail and meet with people face to face. Assessments were completed by phone for the safety of the staff. This caused lasting reduction in the number of assessments we now do in the jail. • Limited contact with provider agencies due to hospital restrictions of outside providers coming in. Everything has been virtual until recently. The personal contact, especially with Substance Use Disorder, really enhances the buy-in and follow-up with this group of individuals. • Yes, meeting in person stopped • Increase in providing telehealth services • Many more service delivery has been conducted virtually due to COVID 	III	I
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> <ul style="list-style-type: none"> • Unknown • Tremendous impact. The isolation of the pandemic prevented individuals in recovery from being able to interact with supports as easily. They were now being supported by phone and telehealth. • I would think that the impact of Covid on the mental stability X of anyone has been greatly impacted whether the individual is in the criminal justice system or not. In the hospital setting, we are seeing much more Co-occurring disorders with mental health and substance abuse, and the symptom presentation is much more severe due to social isolation and prolonging care and treatment. • Increase in mental health symptoms and increase in substance use due to increased stress caused by COVID-19 pandemic • Decreased housing options • The COVID-19 pandemic has largely impacted people with existing mental illness and co-occurring substance use disorders and has been a contributing factor to more individuals experiencing such. • Has significantly reduced in person services 	II	

Evidenced Based Practices Check List for Communities

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

Assertive Community Treatment (ACT)	
Clozapine Prescribers	II
Cognitive Enhancement Therapy (CET)	
Cognitive Behavioral Therapy (CBT) Name Specific Practices: Thinking for a Change; Decision Points, EPICS, Carey Guides; Motivational Interviewing	IIII
Cognitive Behavioral Therapy for Psychosis (CBT-P)	
Dialectical Behavior Therapy (DBT)	I
Eye Movement Desensitization and Reprocessing (EMDR)	III
FIRST Coordinated Specialty Care for First Episode Psychosis	
Medication Assisted Treatment (MAT) Specify Which Medications Are Available: Methadone, Buprenorphine, Vivitrol	IIII
Mental Health First Aid	I
Motivational Interviewing	IIII
Peer support specialists	III
Whole Health Action Management (WHAM)	
Other:	

Crisis Response Continuum Check List for Communities

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

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