

Miami County, Ohio

Sequential Intercept Mapping Final Report

December 16-17, 2019

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Sequential Intercept Mapping

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Miami 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 Miami County, Ohio on December 16-17, 2019. The workshops were hosted at Miami County Communications Center with local coordination provided by Miami County Sheriff's Office, along with a local planning team comprised of representatives from behavioral health and criminal justice agencies and the community. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Miami 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 Miami County Sheriff's Office and the Tri-County Board of Recovery and Mental Health Services requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in September 2019 as the next logical step in moving forward with the county's *Stepping Up* initiative. The Sequential Intercept Mapping exercise was the first official activity of the county *Stepping Up* initiative and was meant to aid Miami County with:

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

The participants in the workshop included 28 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, corrections, peer support/advocacy, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. David Brown, Teri Gardner and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for justice-involved individuals with mental illness and co-occurring disorders. Participants agreed that the following values and concepts were important components of their discussions and should remain central to their decision-making: *Hope, Choice, Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, and the belief that Recovery is Possible.*

Objectives of the Sequential Intercept Mapping Exercise

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

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

Miami County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently two primary cross-system collaborative teams/coalitions that were identified by the local planning team and workshop participants: Crisis Intervention Team (CIT) training, and specialized docket teams. Miami 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.

Individual with Lived Experience Involvement

The local planning team included a peer support specialist, with additional representation during the workshop by a representative from NAMI of Darke, Miami and Shelby Counties. Overall, individuals with lived experience that were not serving additional roles were not represented. The SIM group is strongly encouraged to solicit participation from additional community members and individuals with lived experience; ideally each work group/committee will include consumer, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key players that were missing at the workshops: Adult Parole Authority, defense counsel, Prosecutor's Office, and individuals with lived experience that are not currently working in the behavioral health system.

Data Collection

- The Miami 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
 - Miami County Jail Data for January 2019 – October 2019
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Miami County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, July 2019
 - Miami, Darke and Shelby Counties CIT Officers Roster Project Summary Report, September 2015

Recommendations

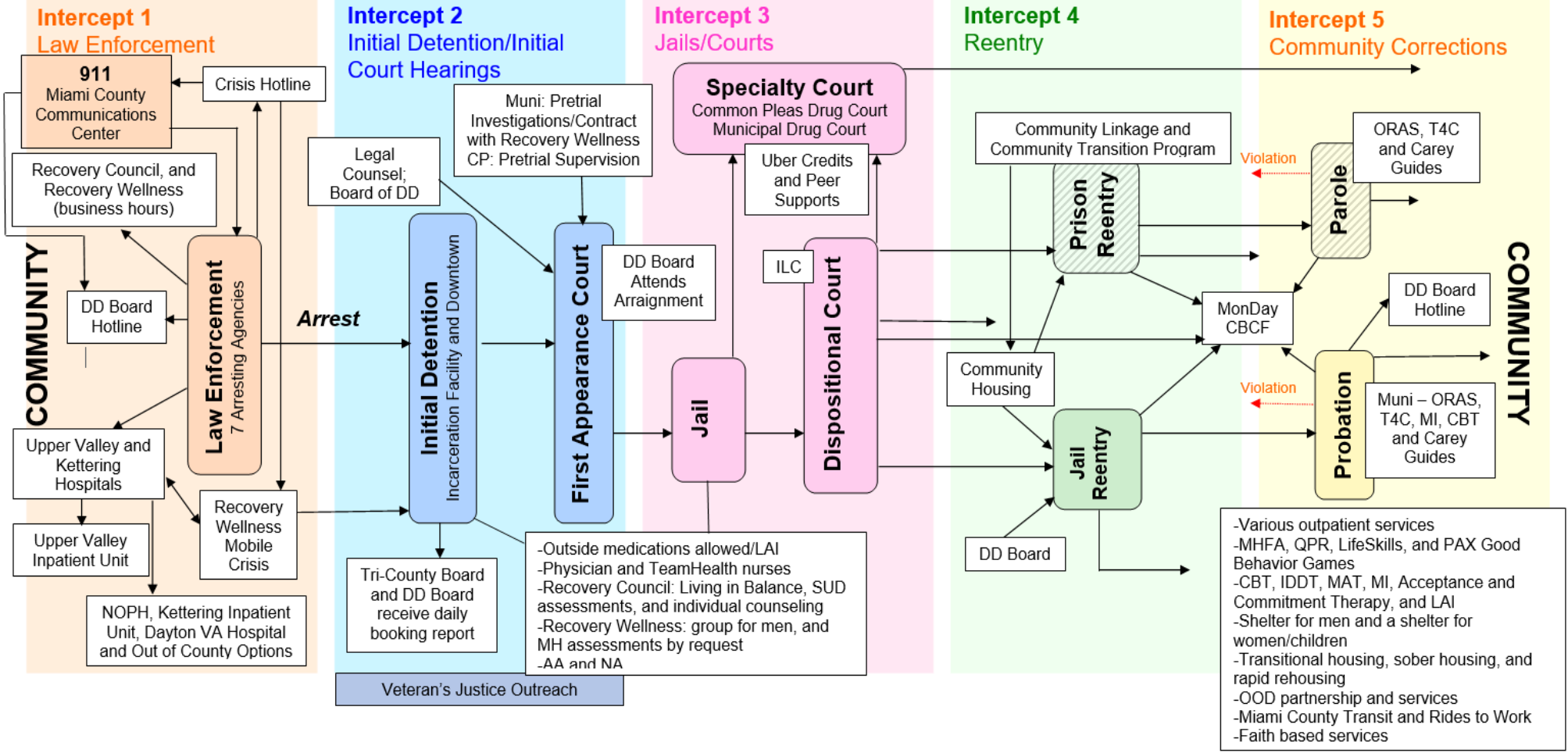
- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Miami County criminal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

Miami County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Miami County December 2019

Crisis Intervention Team Training



*An acronym list for the map is available on Appendix A

Miami 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 local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Miami County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

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

Intercept 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 Miami County.

- Those present at the workshop identified several community-based and school-based prevention programs and activities currently in use:
 - Mental Health First Aid (MHFA) and MHFA for Youth training is available through the Tri-County Board for local school districts and the community.
 - Question, persuade and refer (QPR) training is available by request for local school districts, correction officers at the jail, and the community.
 - Crisis Intervention Team (CIT) training is available for law enforcement, behavioral health professionals, and dispatchers.
 - Training on trauma-informed care and vicarious trauma are available.
 - Continuing education unit (CEU) series is available for social workers and counselors.
 - Samaritan Behavioral Health provides in-school therapeutic services.
 - LifeSkills is offered in middle schools.
 - PAX Good Behavior Games is offered in elementary schools.
 - In 2020, Tri-County Board will sponsor a K-12 Initiative, which will contract with local school districts to complete a survey.
- Prior to the workshop, the CJ CCoE collated a list of services from the Tri-County Board website and Community Collaboration Questionnaire (Appendix B). Below are EBPs and services taken from that list that can service the target population.
 - Miami County Recovery Council provides integrated dual disorder treatment (IDDT), cognitive behavioral therapy (CBT), vivitrol, long acting injectable medications via funding through the Tri-County Board, case management, individual, family and group counseling, psychiatric services, prevention and education activities, walk-in assessments Monday-Friday at 12:15 PM, and services for adolescents. Miami County Juvenile Court predominately utilizes this agency for services. Those present at the workshop indicated that 50% of women and 70% of men in the Family Abuse Shelter are referred by Miami County Recovery Council to residential treatment.
 - Recovery and Wellness Centers of Midwest Ohio provides a 24/7 crisis hotline, mobile crisis team that responds to local hospitals and the jail, acceptance and commitment therapy (ACT), motivational interviewing (MI), CBT, community psychiatric supportive treatment (CPST), a weekly substance use disorder group for women, individual, family and group therapy, and psychiatric services.
 - Samaritan Behavioral Health provides CBT.
 - ViaQuest in Dayton provides case management and in-home counseling for youth and adults.

- Riverside Miami County Board of Developmental Disabilities provides a 24/7 crisis line that is contracted through the Montgomery County 211 system and is utilized for reporting Major Unusual Incidents. Investigative agents are available to respond, and a case supervisor is available on-call 24/7.
- Miami County Public Health provides Project DAWN (Deaths Avoided with Naloxone) training for agencies and community members.
- United Way is implementing 211 in spring 2020 with funding provided by Miami County Commissioners.
- Assisted Outpatient Treatment (AOT) is not yet utilized. Upper Valley Medical Center and Tri-County Board have connected with the Treatment Advocacy Center and Butler County.

Detoxification

- Currently, there are no detoxification units in Miami County. Individuals can be referred to the following:
 - Upper Valley Medical Center will place individuals on the medical floor, provide a one-to-one sitter and aid individuals in withdrawal. Individuals with methamphetamine induced psychosis can be referred to the hospital's behavioral health unit. Those present at the workshop indicated that an estimated 90% of individuals have co-occurring disorders.
 - Miami County Recovery Council through the Hope House program provides detoxification services for methamphetamines and opioids, and IDDT. To be eligible, individuals must screen positive on drug screens; therefore, individuals referred from Upper Valley Medical Center are often ineligible.
 - Sunrise Services will open a facility in spring 2020 that will provide ambulatory detox, suboxone and intensive outpatient treatment in Piqua.
 - Nova House Ohio Intervention Center in Dayton
 - Wilson Memorial Hospital detoxification unit in Shelby County

Veterans

- The county utilizes the Dayton Veteran's Administration (VA) Medical Center. The center provides inpatient and outpatient services, MAT (methadone, buprenorphine, and naltrexone), residential care, inpatient and outpatient detoxification services.
- Miami County Veteran Services aids with food, rent, and transportation to the VA.

Intercept 0 Gaps

- Crisis and detoxification services
- Coordination of services and navigating the behavioral health system
- Evidence-based services for mental illnesses; current focus is substance use disorders
- Hope House does not accept individuals that screen negative on drug screens
- A small number of individuals are diagnosed with mental illnesses; recognizing and diagnosing mental illnesses versus substance use disorders

Intercept 0 Opportunities

- Treatment referral data is likely available but is not currently being generated

Recommendations

- Include a 211 representative into the Stepping Up committee to coordinate with the 24/7 crisis hotline and other service entities.

Intercept I: Law Enforcement / Emergency Services

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

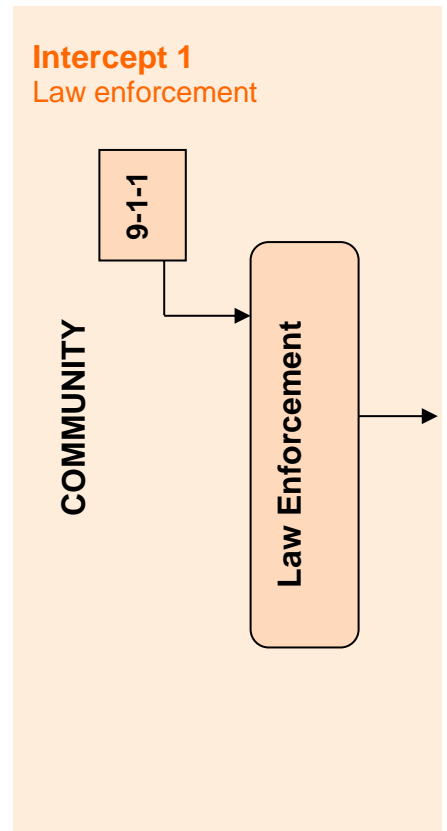
Dispatch / 9-1-1

- Miami County has one call and dispatch center, Miami County Communications Center, which is administered by the Miami County Board of Commissioners and an advisory board.
- An 8-hour CIT companion course for dispatchers/call-takers is offered biennial through the Tri-County Board. All dispatchers/call-takers in Miami County have completed the course except for the two newest staff. Dispatchers/call-takers are trained in emergency medical dispatch (EMD); however, this is typically only utilized when dispatching emergency medical services (EMS).
- Five dispatchers/call-takers are on shift teams; therefore, staff trained in CIT are always available.
- Dispatchers/call-takers will refer individuals to the Riverside Miami County Board of Developmental Disabilities' 24/7 crisis hotline.
- There is currently no protocol for dispatchers/call-takers to specifically dispatch CIT officers. If an individual makes a request for a CIT officer, dispatchers/call-takers will relay the request to the responding law enforcement agency and the agency will determine whether a CIT officer is available.
- The center utilizes a call type for mental health concerns. Otherwise, there is not a formal data collection process re: mental illness and/or CIT.

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued March 2019, Miami County has seven Law Enforcement Agencies: Covington Police Department, Miami County Park District Park Rangers, Miami County Sheriff's Office, Piqua Police Department, Tipp City Police Department, Troy Police Department, and West Milton Police Department, with an estimated 165 full-time officers.

- As of July 2019, the Darke, Miami and Shelby Counties CIT training program has held fourteen courses, with biannual CIT training averaging 25-30 participants. All Law Enforcement Agencies in Miami County have participated in CIT training, which is a 32-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. Records indicate that 98 full-time officers have completed CIT training.
 - The CIT program has a CIT Steering Committee; however, the full committee has not met in several years. A sub-committee meets twice/year to evaluate the CIT training.
 - All law enforcement agencies throughout Miami County utilize Lexipol for policies and procedures. Miami County Sheriff's Office adapted their mental health policy to include CIT information.
- MHFA for Public Safety is available upon request for first responders.
- Law enforcement can drop-off existing clients at Miami County Recovery Council or Recovery and Wellness Centers of Midwest Ohio during business hours for assessment. Both agencies have health officers that can complete pink slips.
- Law enforcement will utilize the Recovery and Wellness Centers of Midwest Ohio and Riverside Miami County Board of Developmental Disabilities' 24/7 crisis hotlines.



- The use of citations/summons in place of arrest is dependent on the offense. There is no formal agreement with the court, but officers exercise discretion.
- EMS co-response is dependent on the circumstance; law enforcement will ask for EMS when needed.
- Miami County has a Quick Response Team (QRT) that responds post-overdose. Team consists of a representative from Troy Fire Department and Miami County Recovery Council; team goes out into the community weekly.

Crisis Services

- Recovery and Wellness Centers of Midwest Ohio provides a 24/7 crisis hotline and mobile crisis team. The mobile crisis team can be requested through the crisis hotline and responds to local hospitals and the jail. Seldom, the team will respond to law enforcement agencies or an individual's residence with law enforcement.
- Riverside Miami County Board of Developmental Disabilities provides a 24/7 crisis line that is contracted through the Montgomery County 211 system that is utilized for reporting Major Unusual Incidents. Investigative agents are available to respond, and a case supervisor is available on-call 24/7.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Northwest Ohio Psychiatric Hospital in Toledo.
- Hospital Emergency Departments serve as the typical after-hours access to mental health care. Local hospitals include Upper Valley Medical Center and Troy Hospital – Kettering Health Network.
 - Upper Valley Medical Center and Troy Hospital – Kettering Health Network hospital staff will conduct a medical screen and after medical clearance will contact the mobile crisis team for an assessment or hospital staff will complete the assessment. Upper Valley Medical Center will also complete the Columbia Suicide Scale. Individuals needing hospitalization are referred to Upper Valley Medical Center's behavioral health unit, Northwest Ohio Psychiatric Hospital, Dayton VA Medical Center, Kettering Behavioral Medicine Center – Kettering Health Network or four different inpatient hospitals in Dayton.
 - Local inpatient psychiatric care is provided by Upper Valley Medical Center's locked behavioral health unit. The unit provides 21 beds for adult low acuity patients; medications can be forced. The average length of stay is 3-5 days. On average, 1-2 probate evaluations per month are completed within the unit.
- If under arrest, law enforcement is required to stay until a disposition is determined. Law enforcement will also stay when an individual is violent. Upper Valley Medical Center is transitioning their security officers to law enforcement officers in 2020.
- The Upper Valley Medical Center representative indicated that the behavioral health unit is rarely full, and the hospital is interested in identifying best practices for suicide watch and suicide evaluations within a hospital setting.

Detoxification

- Currently, there are no detoxification units in Miami County. Individuals can be referred to the following:
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- Miami County Veteran Services aids with food, rent, and transportation to the VA.

Intercept I Gaps

- CIT program development beyond training
 - CIT data collection and information sharing to jail
 - CIT Steering Committee has not meet in a few years
 - Several law enforcement agencies do not consider CIT qualifications when managing law enforcement schedules
- High acuity inpatient beds within the county
- Training for hospital staff, re: mental health and behavioral health placement
- Utilization of Upper Valley Medical Center’s behavioral health unit
- No programming for family and friends
- Peer support specialists at hospitals

Intercept I Opportunities

- A few dispatchers have not completed the CIT dispatch course
- Behavioral health agencies will request CIT officers
- Develop protocols among hospital, law enforcement and behavioral health providers at point of crisis
- SQUARES VA web application – can be utilized by law enforcement to identify veterans
- Upper Valley Medical Center transitioning security officers to law enforcement officers; opportunity to have these new officers CIT trained
- Request a CIT Peer Review from the CJ CCoE
- Adapting Lexipol policies and procedures in all law enforcement agencies to include CIT information
- Upper Valley Medical Center is interested in learning about best practices for suicide watch and suicide evaluations within a hospital setting

Recommendations

- Revitalize the CIT Steering Committee and have the committee devise a plan to address the CIT program development gaps, increasing adherence to core elements.
 - The CIT program should implement a contact form to be used by all law enforcement agencies. Work toward a consistent procedure across all agencies and between systems for collecting and analyzing law enforcement data on mental health calls and dispositions. The program should work toward sharing CIT encounter information with the mental health system to enable earlier mental health response, especially for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crises, but ultimately for all individuals with possible mental illness. Data collection and analysis also aids in evaluating law enforcement strategies and outcomes when intervening with persons in crisis

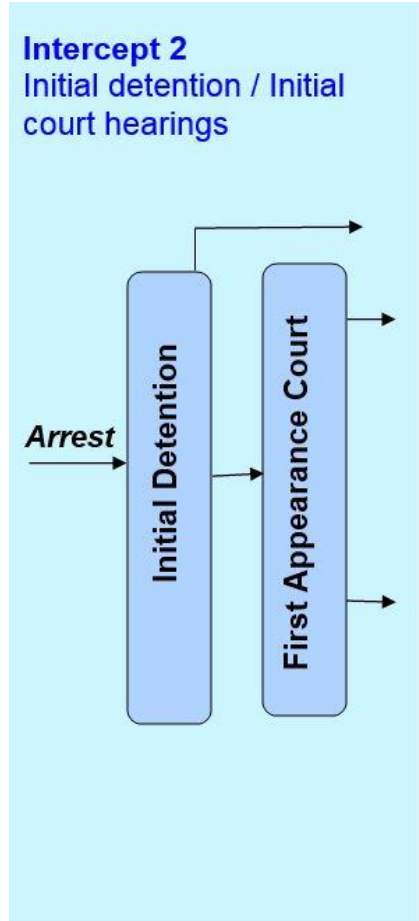
Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

Initial Detention

- Miami County Sheriff’s Office operates two county jail facilities, with a combined capacity rating of 357 and average daily population of 229, the Miami County Jail (AKA Downtown) and Miami County Incarceration Facility. The Incarceration Facility holds inmates with no greater than 4th degree Felony (F-4) charges and

Downtown holds inmates that have a serious and persistent mental illness, are violent, need separated due to safety, and F-1, F-2 and F-3 charges. In 2019, the combined daily census averaged 229.

- Booking occurs in Downtown and averages eight bookings per day. The arresting law enforcement officer completes initial booking information prior to arrival. Upon arrival, staff completes a questionnaire, which includes questions pertaining to mental health, suicidal ideations, and medical concerns, and asks individuals to complete a release of information.
 - If an individual is suicidal, staff will contact the mobile crisis team for an assessment. Individuals that screen positive are either placed in a holding cell and monitored or are referred to Upper Valley Medical Center.
 - Nursing staff receives the booking information each morning and will follow-up with individuals as needed.
- Jail nursing staff is contracted through TeamHealth with three full-time registered nurses, one full-time nurse supervisor, and one part-time registered nurse. The jail contracted with Miami County for a physician available one day/week, who is the TeamHealth Medical Director and has established standing orders for the nursing staff.
- Outside medications are permitted and verified; the facilities contract with Central Pharmacy for new medications. Typically, individuals can receive most medications, including long acting injectable medications and vivitrol; however, amphetamines and sleep aids are not continued.
 - Miami County does take advantage of the funds available through the Ohio Department of Mental Health and Addiction Services to fund medication access in the jail.
- Currently, there is not formalized information sharing between the jail and courts; however, jail staff will try to notify Pretrial Services of mental health concerns.
- The jail disseminates the booking roster to the Tri-County Board and Riverside Miami County Developmental Disabilities.



Arraignment

- Miami County has one Municipal Court located in Troy, which averages 35,000 cases per year with an estimated 80% of cases involving a mental health concern. All felony and misdemeanor initial hearings, except felony direct indictments, take place in this court via video for inmates or in-person within 48-hours barring a holiday. Informal initial hearings can occur via phone on Sundays to enable release. Preliminary hearings occur on Tuesday and Thursday.
- Municipal Court Pretrial Services' pretrial investigators will visit the jail Monday-Friday and on Sunday at 6:00 AM to meet individuals. Pretrial investigators provide the Judge with bond recommendations based on a review of the Spillman, Criminal Justice Information System (CJIS), Law Enforcement Automated Data System (LEADS), law enforcement report and feedback from jail staff. The court contracted with Recovery and Wellness Centers of Midwest Ohio for assessments and treatment referral as a condition of bond; typically, assessments are completed within 24-hours. Individuals that are not incarcerated do not meet with pretrial investigators.
- Common Pleas does not have formal pretrial services; however, release from jail with conditions and referral to pretrial supervision may occur.
- The prosecutor, public defender, or pretrial investigator can recommend a mental health evaluation at the initial hearing.
- The Miami County Public Defender's Office handles all felony and misdemeanor cases and are present at the initial hearing.
- Riverside Miami County Board of Developmental Disabilities are present at the initial hearing.
- Specialty court referral does not occur at initial hearing.

Veterans

- The jail and pretrial investigators utilize the Veterans Reentry Search Services (VRSS) and notify the Veterans Justice Outreach (VJO) for potential linkage.

Intercept II – Identified Gaps

- ▣ Jail does not receive CIT information from CIT officers
- ▣ Validated screening tool at jail booking
- ▣ Jail data collection and utilization; jail medical staff does not have a database or utilize electronic records
- ▣ Time needed to complete effective screening in Municipal Court Pretrial Services

Intercept II – Identified Opportunities

- ▣ Common Pleas Pretrial Services will be implementing the same process as the Municipal Court Pretrial Services

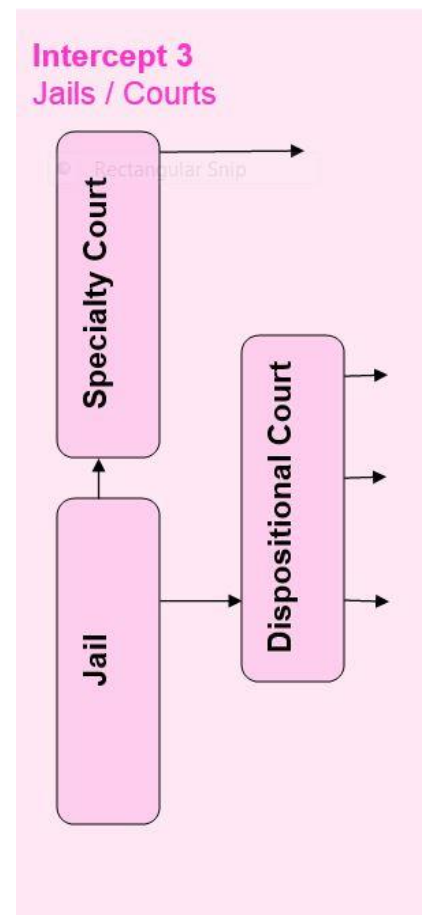
Recommendations

- ▣ Use validated screening tools for mental health and substance use at booking in the jail and use the results of the screening to identify individuals in need of assessment or reconnection to services. The Brief Jail Mental Health Screen is available at no cost on the website of the Substance Abuse and Mental Health Service (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation website. The Texas Christian University Drug Screen V is available at no cost on the website of the Texas Christian University Institute of Behavioral Research. Other validated tools are available as well. A publication outlining options is included in the Community Packet provided to the Miami County Sheriff's Office contact.
- ▣ Consider protocols for enhancing information sharing from the jail and entities providing services in the jail to the court, to enhance meaningful decision making and referrals.
- ▣ To verify the numbers of individuals with mental illness in the jail, stakeholders should agree on a working definition of the target population or adopt the state's *Stepping Up* definition and agree upon data points for measuring the target population.

Intercept III: Jails / Courts

Jail

- Both facilities estimated that in State Fiscal Year 2019, 258 individuals were identified as having a mental illness. Neither facility currently captures data on length of stay or recidivism for individuals with mental illness or co-occurring disorders. The jail automated system is the Jail Management System; however, jail staff is unable to run an aggregate report.
- Twenty-four corrections officers have completed the full 40-hour CIT course.
- Individuals with serious mental illnesses cannot be separated from the general population; however, the Miami County Incarceration Facility has a pod system and individuals have found this separation helpful.
- Both facilities can offer the following programs and interventions; however, Downtown rarely requests these services.
 - Miami County Recovery Council provides Living in Balance, substance use disorder assessments, service referral, and individual counseling four days/week with a female therapist and a male therapist.



- Recovery and Wellness Centers of Midwest Ohio provides substance use disorder assessments upon request from nursing staff, a men’s substance use disorder group on Fridays and referral to Nova House’s Morning Star program.
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), which is often provided by past inmates.
- Celebrate Recovery will begin providing peer support specialists and gender separated groups for substance use disorders, mental health, grief, and trauma after January 2020.
- Currently, peer support specialists are not available within the jail; however, specialists from recovery homes can provide peer support upon request.

Court

- Municipal Court Clerk of Courts identifies all mental health cases with a red file folder. Those present at the workshop indicated that the court would like more in-depth evaluations and information from the mental health system.
- Intervention in Lieu of Conviction is utilized by both Common Pleas Judges.
- The Miami County Prosecutor’s Office provides a prosecutor’s diversion program for first time alcohol offenses.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of October 30, 2019, Miami County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status October 30, 2019
Judge Jeannine Pratt	Common Pleas	Drug	Certified
Judge Gary A. Nasal	Municipal	Drug	Certified

- Both Municipal Drug Court and Common Pleas Drug Court are post-adjudication courts, have a capacity for 25 participants, provide Uber credits for participants, and utilize peer support specialists from Miami County Recovery Council. Those present at the workshop indicated that usually individuals with serious and persistent mental illnesses are ineligible, and most participants have severe health concerns and methamphetamine use disorders. Tri-County Board estimated that in 2018 about \$100,000 was spent on drug screens for both courts.
- Municipal Drug Court has one dedicated Probation Officer and utilizes graduated sanctions.
- Common Pleas Drug Court has two dedicated Probation Officers and typically has a high participant turnover.

Intercept III – Identified Gaps

- Lack of mental health services and peer support specialists in jail
- Lack of inpatient/outpatient psychiatric services available to inmates
- Intensive probation, case management or AOT to address individuals who might otherwise be referred to a mental health specialty docket
- Lack of formalized process between courts and mental health service providers
- Courts are requesting more specific information from mental health assessments
- Common Pleas Drug Court has a high turnover rate; data is needed to understand cause
- Underutilization of VA (VJO and VRSS) services across intercepts

Intercept III – Identified Opportunities

- Mental health training for attorneys and public defenders
- Underutilization of Nova House’s Morning Star program
- A deaf peer support specialist is available from Montgomery County
- Community outreach, re: concerns with forensic cases

Recommendations

- If no psychiatric services are available within the county to serve the jail population, consider exploring tele-psychiatry services.
- Identify a model for use of peer support services in the jail that will be acceptable and manageable for jail administration.

Intercept IV: Prisons / Reentry

Prison

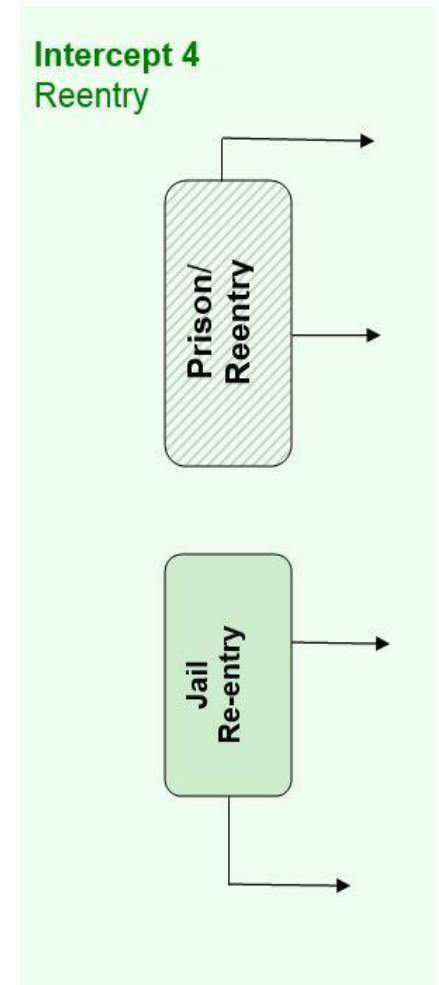
- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services (OMHAS) regarding individuals with serious mental illness returning from prison to the community are sent to Tri-County Board. In calendar year 2018, OMHAS completed five mental health and three dual disorder referrals to Miami County.
- The Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction (ODRC) completes screening and assessment for substance use disorders and sends referral packets to Tri-County Board. In calendar year 2018, CareSource completed fourteen referrals to Miami County (and shared the three dual disorder referrals).
- Tri-County Board sends both Community Linkage and Community Transition Program referrals to Community Housing, Inc. Based on these referrals, Community Housing, Inc. completes a Community Preparation Plan and provides in-reach services to all prisons; however, this is not always possible when staff does not receive the ODRC mandated 45-day notice of release. Community Housing, Inc. indicated that they received forty referrals in 2018 and some diagnostic reports are not face-to-face assessments.
- The county utilizes MonDay as the local community based correctional facility (CBCF). The facility has 250 beds, serves men and women and provides mental health counseling, a psychiatrist, and general educational development (GED) classes.

Jail

- Jail staff is not consistently informed of release dates and individuals are released at various times during the day; therefore, there are challenges to discharge planning.
- Inmates do not receive certificates of disposition upon release; however, an inmate's termination entry is added to their file and can be requested.
- Tri-County Board meets with jail staff twice/month to discuss an individual's case plan, and treatment needs to aid with reentry.
- Community Housing, Inc. provides in-reach services to aid with service referral and creation of Community Preparation Plans.
- Riverside Miami County Board of Developmental Disabilities provides in-reach services to existing clients to aid with service referral.
- Individuals are released with remaining medications.

Intercept IV – Identified Gaps

- Increased daily communication and coordination; information sharing between the courts and jail regarding termination of sentences
- Reentry coalition



- Delay in receiving Community Linkage and Community Transition Program referrals

Intercept IV – Identified Opportunities

- Cross-systems meetings at jail to discuss cases – could be expanded to identify needs during jail stay and enhance services at jail

Recommendations

- The GAINS Reentry Checklist is a helpful tool in coordinating discharge planning from jails and should be instituted to whatever degree possible in Miami County. The checklist can be used by jail staff, probation, or an external entity providing the service but is an important tool in identifying and recording the resources needed and referrals made for inmates being discharged.

Intercept V: Community Corrections / Community Support

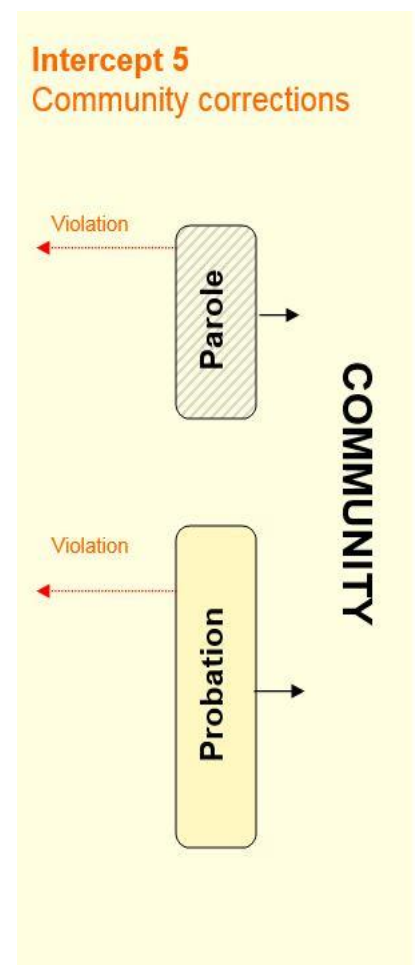
Probation/Parole

- Municipal Court has on average 800 probationers and nine Probation Officers. All officers are trained in cognitive behavioral therapy (CBT), motivational interviewing (MI), and have completed the full 40-hour CIT course. Case plans are based on ORAS (Community Supervision Tool [CST] and pretrial assessment tool [PAT]) and information from various service agencies. Officers serving high risk clients have an average caseload of 35-40 and utilize Carey Guides and Thinking for a Change. Officer serving low risk clients have an average caseload of 200. Officers utilize an evidence-based graduated sanction grid.
- Common Pleas has four Probation/Parole Officers provided by the Adult Parole Authority (APA) through a contract with the county. Each officer has a caseload of 80-100 individuals and there are an estimated 250 community control clients across all officers. Officers utilize an evidence-based graduated sanction grid, ORAS, Thinking for a Change and Carey Guides.
- Mental health counselors from various service agencies will visit the probation/parole offices to assist in service referral.
- Probation/Parole officers will contact the Riverside Miami County Developmental Disabilities' 24/7 crisis hotline for existing clients.

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 Miami County.

- Housing was identified as a gap for Miami County. These existing services were highlighted.
 - Family Abuse Shelter offers rapid rehousing, family rapid rehousing, permanent housing, 15-bed men's homeless shelter, 22-bed women's and children's homeless shelter and a domestic violence shelter. All shelters utilize medication lock boxes.
 - Community Housing, Inc. offers U.S. Department of Housing and Urban Development (HUD) Veteran's Administration Supportive Housing (VASH) vouchers, and four sober housing units (level 1, level 2 and level 3) certified by Ohio Recovery Housing. Individuals can stay as long as needed and the units utilize medication lock boxes and accept medication assisted treatment (MAT).



- Transition to Independence offers an 8-bed transitional housing unit for men and women with serious and persistent mental illnesses and co-occurring disorders. Individuals can stay for ninety days and the program is utilized to transition to permanent housing.
- NAMI of Miami, Darke and Shelby Counties will be offering Family and Friends and Family-to-Family programming soon.
- Piqua Compassion Network provides identification assistance, transportation, money management information, utility assistance, and Celebrate Recovery groups with an estimated 70% of individuals having a co-occurring disorder.
- Partners in Hope in Troy provides minor auto repairs, crisis relief services, Bridges out of Poverty, and Staying Ahead resource development program.
- Miami County Recovery Council provides a pilot vocation program through Opportunities for Ohioans with Disabilities (OOD) and will be placing three individuals in the program.
- Upper Valley Career Center offers adult basic literacy education programming, full-time career-technology programs, short-term classes, and an assessment center.
- Miami County Job and Family Services offers transportation through the Miami County Transit for Title XX and Medicaid clients.
- Miami County Continuum of Care offers the Rides to Work program.

Veterans

- The county utilizes the Dayton VA Medical Center. The center provides inpatient and outpatient services, MAT (methadone, buprenorphine, and naltrexone), residential care, inpatient and outpatient detoxification services.
- Miami County Veteran Services aids with food, rent, and transportation to the VA.

Intercept V – Identified Gaps

- Relationship with APA
- Transportation – limited hours, and not always affordable or reliable
- Blending probation case plan with mental health and substance use needs
- Community outreach for NAMI programming facilitators
- No specialized caseloads for Probation/Parole
- Housing

Intercept V – Identified Opportunities

- Two instructors interested in doing Family-to-Family and Family and Friends courses
- Probation and behavioral health providers could work together to create a common progress report form for mental health to complete at regular intervals in cases of court-ordered treatment; this can be reflected in the information to be exchanged per standard authorization form
- Utilization of the state standard authorization form
- Community Housing, Inc. will be adding two more sober housing units

Priorities for Change

Miami County,
Ohio

Miami 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 and detoxification services
2. Increased daily communication and coordination
3. Transportation
4. High acuity inpatient beds

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

- Lack of mental health services and peer support specialists in jail (4 Votes; Intercept 3)
- No programming for family and friends (3 Votes; Intercept 1)
- Jail data collection and utilization; jail medical staff does not have a database or utilize electronic records (3 Votes; Intercept 2)
- CIT program development beyond training (2 Votes; Intercept 1)
 - CIT data collection and information sharing to jail
 - CIT Steering Committee has not meet in a few years
 - Several law enforcement agencies do not consider CIT qualifications when managing law enforcement schedules
- Reentry coalition (2 Votes; Intercept 4)
- No specialized caseloads for Probation/Parole (2 Votes; Intercept 5)
- Coordination of services and navigating the behavioral health system (1 Vote; Intercept 0)
- Evidence-based services for mental illnesses; current focus is substance use disorders (1 Vote; Intercept 0)
- Treatment referral data is likely available but is not currently being generated (1 Vote; Intercept 0)
- Courts are requesting more specific information from mental health assessments (1 Vote; Intercept 3)
- Lack of formalized process between courts and mental health service providers (1 Vote; Intercept 3)
- Underutilization of VA (VJO and VRSS) services across intercepts (1 Vote; Intercept 3)

Parking Lot Issues

- None identified

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
Miami County, Ohio | December 16-17, 2019**

Participant Roster

Name	Title	Organization	Email
Beth Adkins	Program Coordinator	Tri-County Board	adkinsb@tcbmds.org
Mike Bessler	Community Care Liaison	Miami County Recovery Council	mbessler@mrcinc.org
Tony Blakley	Court Administrator	Miami County Municipal Court	ablakley@miamicountyohio.gov
Jeff Busch	Director	Miami County Communications Center	jbusch@miamicountyohio.gov
Dorothy Crusoe	Director	Community Housing, Inc.	crusoed@commhousing.org
Dave Duchak	Sheriff	Miami County Sheriff's Office	Duchak.dave@miamicountyso.com
Amy Hahn	Manager Behavioral Health Admissions	Upper Valley Medical Center	aahahn@premierhealth.com
Melissa Hall	Veterans Justice Outreach Coordinator	Veteran's Administration	Melissa.hall6@va.gov
Jordan Hodges		NAMI of Darke, Miami and Shelby Counties	hodgesj@tcbmds.org
Cindy Holloway	Clinical Director	Recovery and Wellness	cholloway@rwcoho.org
Barb Holman	Director	Family Abuse Shelter	barb@familabuseshelter.org
Gary Kercher	Chief Probation Officer	Miami County Municipal Court – Probation Department	gkercher@miamicountyohio.gov
Hailey Key	Lead Nurse	Miami County Sheriff's Office	nurse@miamicountyso.com
Megan Landis	Probation Officer	Miami County Juvenile Court	mlandis@miamicountyohio.gov
Kim McGuirk	Director of Clinical Services and Evaluation	Tri-County Board	m McGuirk@tcbmds.org
Shawn McKinney	Captain	Troy Police Department	Shawn.mckinney@troyohio.gov
Joel Misirian	Sergeant	Troy Police Department	Joel.misirian@troyohio.gov
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Stacy Scott	Pretrial Officer	Miami County Common Pleas Court	sscott@miamicountyohio.gov
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Greg Simmons	County Commissioner	Miami County	gsimmons@miamicountyohio.gov
Becky Snell	Quality and Innovations Director	Riverside Miami County Board of Developmental Disabilities	Becky.snell@riversidedd.org
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Gary Stanley	Assistant Fire Chief	Troy Fire Department	Gary.stanley@troyohio.gov
Dawn Thomas	Assistant Jail Administrator	Miami County Sheriff's Office	Thomas.dawn@miamicountyso.com
Bonita VanGorden	Assistant Director	Miami County Job and Family Services	Bonita.vangorden@jfs.ohio.gov
Benjamin Williams	Mental Health Specialist	Miami County Recovery Council	bwilliams@mrcinc.org

Action Planning Matrix for Miami County, Ohio

Priority Area 1: Crisis Drop-Off and Stabilization			
Objective	Action Step	Who	When
1. Crisis center with 23-hour stabilization and detox services	A. Determine list of people to be part of this group a. Schedule meeting	Beth Adkins and Rebecca Sousek will contact to add to group (see list*)	End of January 2020
	B. Identify counties that have a successful crisis centers with 23-hour stabilization/detox		February 2020
	C. Visit and gather information about the existing centers or have them come to meet with our group		
2. Emergency psychiatry appointments. Reasons: a) let prescription lapse, b) need a new doctor, c) do not have money to pay for medications, and/or d) lost insurance	A. Discuss this when the larger group is together B. Explore tele-health option		
3. Community education on crisis intervention/mental health/developmental disabilities	A. Look at Crisis Intervention Team (CIT) model B. Develop training C. Develop marketing/roll out		
4. Identify reports where there were behavioral health issues reported. To be reviewed by the Tri-County Board and Developmental Disabilities Board. This will allow for earlier intervention for people in crisis (Delaware model)	1. Contact someone from Delaware, Ohio to come and explain their process		
5. Available inpatient beds – youth/adult beds in area for next steps (after crisis)			

Action Planning Matrix for Miami County, Ohio

Priority Area 2: Increased Daily Communication and Coordination			
Objective	Action Step	Who	When
1. Flag a jail list for veterans, mental health, and substance use disorders	A. Identify the list (type) B. Populate list Monday-Friday with updates	Dawn Thomas Dawn Thomas	To Be Determined
2. Discuss with Miami County Municipal Court Judges – their needs	A. What information do Judges need for mitigation? i. Veterans ii. Mental health iii. Substance use disorder	Tony Blakley	January 1, 2020
3. Meet again once information is obtained		Tony Blakley, Gary Kercher, Melissa Hall and Dawn Thomas	

Action Planning Matrix for Miami County, Ohio

Priority Area 3: Transportation					
Objective		Action Step		Who	When
1.	Identify modes of transportation	A. Miami County Job and Family Services to meet with continuum of care in January 2020		Miami County Job and Family Services' Transportation Representative	January/February 2020
		B. Miami County Job and Family Services to find out other transportation		Bonnie VanGorden	
		C. Agencies who provide transportation			
2.	Identify key people in transportation	A. Sheriff to schedule meeting with Commissioner and Director, Sarah Baker (contracted with a consultant) of Miami County Transit		Dave Duchak	End of January/February 2020
		B. Sheriff to collaborate with Miami County Drug Free Coalition		Dave Duchak	End of January/February 2020
3.	Collect data from Miami County Job and Family Services and Miami County Transit	A. Work with Miami County Job and Family Services and Miami County Transit to collect data on who is using their services		Bonnie VanGorden will reach out to Sarah Baker	End of 2020
4.	Meet quarterly	A. Schedule a meeting		Jordan Hodges	Quarterly until finished
5.	Who to reach out to?				
6.	Commissioner meeting	A. Vouchers through a mental health agency (Tri-County)?			
		B. Hired a consultant			
		C. Meeting scheduled in early January 2020			
		D. Commissioner will see if sub-committee will join			
		E. Emergency Management Agency, Transportation, Paul Ho?			

Action Planning Matrix for Miami County, Ohio

Priority Area 4: High Acuity Inpatient Beds				
Objective		Action Step	Who	When
1.	Collect data to support need in Miami County	A. Identify individuals/stakeholders already collecting data	Amy Hahn and Cindy Holloway	January 6, 2020- January 31, 2020
		B. Request share of existing data	Amy Hahn and Cindy Holloway	January 6, 2020- January 31, 2020
		C. Compile data	Ashley Silvers	February 14, 2020
		D. Determine if additional data is needed, create collection method	Amy Hahn, Cindy Holloway, Ashley Silvers and Barb Holman	February 14, 2020- February 28, 2020
2.	Create workgroup	A. Create a list	Cindy Holloway and Amy Hahn	February 14, 2020- February 28, 2020
		B. Determine date and time i. Location – create invitation	Barb Holman	
		C. Invite key mental health/substance use disorder members	Ashley Silvers	March 6, 2020
3.	Compile data/develop report	A. Determine important points of topic	Ashley Silvers and Cindy Holloway	April 1, 2020
		B. Develop a PowerPoint with data	Amy Hahn	
		C. Determine presenter	Amy Hahn	April 1, 2020
4.	Present to hospital administration	A. Determine who to invite when and where	Amy Hahn	May 1, 2020

Appendix

Appendix A

1. **AA** = Alcoholics Anonymous
2. **CBCF** = Community Based Correctional Facility
3. **CBT** = Cognitive Behavioral Therapy
4. **CP** = Common Pleas
5. **DD** = Developmental Disabilities
6. **IDDT** = Integrated Dual Disorder Treatment
7. **ILC** = Intervention in Lieu of Conviction
8. **LAI** = Long Acting Injectable
9. **MAT** = Medication Assisted Treatment
10. **MH** = Mental Health
11. **MHFA** = Mental Health First Aid
12. **MI** = Motivational Interviewing
13. **NA** = Narcotics Anonymous
14. **NOPH** = Northwest Ohio Psychiatric Hospital
15. **OOD** = Opportunities for Ohioans with Disabilities
16. **ORAS** = Ohio Risk Assessment System
17. **QPR** = Question Persuade Refer
18. **SUD** = Substance Use Disorders
19. **T4C** = Thinking for a Change
20. **VA** = Veteran's Administration

Appendix B

Miami County Evidenced Based and Best Practices

Community Housing – CCQ and Tri-County Board Website

- Transitional housing
- Cooperative apartments
- Subsidy for independent apartments
- Subsidy for supervised adult care facilities
- Loans and emergency funds for housing placement or homelessness prevention

Miami County Recovery Council – CCQ and Tri-County Board Website

- Walk-in assessments on weekdays at 12:15 PM
- Screening, evaluation, diagnosis and treatment
- Individual, family and group counseling
- Aftercare services
- Case management
- Education series for adults
- Services for adolescents
- Employee Assistance Programs for business and industry
- Prevention and education activities
- Women's services
- Psychiatric services
- Drug Court programs

Recovery and Wellness Centers of Midwest Ohio – CCQ and Tri-County Board Website

- Individual, family and group therapy
- Dual diagnosis treatment
- Anger management
- Skills training
- Crisis intervention
- Psychiatric services
- Diagnostic evaluations
- Community Psychiatric Supportive Treatment (CPST)
- Employee assistance programs

SafeHaven, Inc. – Tri-County Board Website

- Educational classes and support groups (over 95 classes/groups listed on website)
- Monthly field trips
- Daily activities
- Vocational services (partner with OOD)
- Representative payee program
- Hope-Line
- Transportation (to SafeHaven)

Miami County Family and Children First Council – Tri-County Board Website

- Services coordination

NAMI of Darke, Miami and Shelby Counties – Tri-County Board Website

- Family to Family: 12-class course
- NAMI Basics: 6-class course
- Peer to Peer
- Support Groups
 - NAMI Family Support Group
 - NAMI Consumer Support Group
 - NAMI Basics-Caring for the Young Mind Support Group

Appendix C 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 CJ CCoE 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.

This information helps prepare the CJ CCoE 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 hfarver@neomed.edu

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

Community: Miami County		
Contact Person: Dawn Thomas	Phone: 937-440-6000, ext. 8502	Email: thomas.dawn@miamicountyso.com

	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?	X	
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>		
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> <ul style="list-style-type: none"> - CIT training for law enforcement and Corrections - Mental Health First Aid for law enforcement and Corrections 	X	
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> RWC, MCRC, MAT and CHI	X	
5	Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population? <i>Please describe:</i> RWC, MCRC and CHI	X	
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>		

7	Does your community have one or more boundary spanners (individuals whose identified role is to link the criminal justice and mental health systems)? <i>Please describe the position and the person(s):</i> RWC: Jail/Court Liaison Hotline and Hospital pre screen services MCRC: Community Liaison VA Representation	X	
8	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>	X	
9	Are there any local agencies that have not participated in collaboration efforts? <i>Please describe:</i>		
10	Does your community have any jail or court diversion programs at this time? <i>Please describe:</i>		
11	Does your community have a mental health, drug or other specialty court? <i>Please describe:</i> Drug Court	X	
12	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> MCRC	X	
13	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> Mental Health Consults	X	
14	Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? <i>Please describe:</i>		
15	Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe:</i>	X	
16	To be successful, what aspects of each agency's culture do the other agencies need to be sensitive to? Consistent and thorough Communication Primary focus on the Individual being served		
17	Please describe any other examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health.		
18	What would you list as your community's strengths?		
19	What would you list as your community's biggest challenge at this time?		

Evidenced Based Practices Check List for Communities

This Chart is Optional

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

Assertive Community Treatment (ACT)	
Clozapine Prescribers	
Cognitive Enhancement Therapy (CET)	
Cognitive Behavioral Therapy (CBT) Name Specific Practices: RWC, MCRC, Samaritan Behavioral	X
Cognitive Behavioral Therapy for Psychosis (CBT-P)	
Dialectical Behavior Therapy (DBT)	
Eye Movement Desensitization and Reprocessing (EMDR)	
FIRST Coordinated Specialty Care for First Episode Psychosis	
Medication Assisted Treatment (MAT) Specify Which Medications Are Available: Vivitrol	X
Mental Health First Aid	X
Motivational Interviewing	X
Peer support specialists	
Whole Health Action Management (WHAM)	
Other:	

Crisis Response Continuum Check List for Communities

This Chart is Optional

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)	X
Crisis center (hub/access point, drop-off, pre-hospitalization screening)	
Mobile crisis	X
Crisis residential services	
o Crisis stabilization	
o 23-hour observation	
o Crisis residential	
o Peer respite/sobering support	
Hospitals (psychiatric and medical) and emergency rooms	X

JAIL BOOKINGS

Please report most recent data available (12-36 months) and use a consistent time range throughout the report.

Person Completing Form (name/title) **Dawn Thomas Assistant Jail Administrator/Dorothy Crusoe, Director, Community Housing/Cindy Halloway, Clinical Director, Recovery and Wellness**

Time period being reported **01/01/2019-10/01/2019** **FY 2019 – 7-1-18 to 6-30-19** **01/01/2019-10/01/2019**

What is the rated capacity of the jail?	357/ 2 jails
What is the average daily total population of the jail?	229 / 2 jails
What is the average number of total daily bookings?	8
What type of automated system is used to collect Jail Booking, classification, health and release information?	Jail Management System
Based on the total jail population for the time range being reported, please provide the number for each classification of inmate below: (If unable to provide objective data on booking types, please provide estimated average percentage for each booking) Based on one day snap shot – June 30, 2019	
Pretrial Misdemeanor	82/165
Pretrial Felony	83/165
Probation Violation	
Sentenced local	78/165
Sentenced awaiting transport	See above for total for both local and awaiting
Other (specify) Date reported for Veterans 3/6/19 – 10/1/19	50 with 8 being repeat
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?	Yes / No
<i>The following section asks about people who were identified as having mental health issues for the timeframe being reported.</i>	
How many people, total, are identified as having a mental illness?	258 – CHI report
How many people identified as having a mental illness were identified by jail booking staff?	
How many people identified as having a mental illness were identified while incarcerated (by corrections officers, health staff or others)	258 – CHI Report
Is a specific screening tool mechanism used to identify individuals with mental illness? If yes, please name: Jail – we have a mental health assessment that is done at the time of booking Community Housing – County Jail Re=Entry Services – Initial Contact	Yes / No CHI Report
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	Yes / No
What is the average daily population of persons with mental illness?	
What is the average number of daily bookings of people with mental illness?	
What percentage of the pretrial population represents persons with mental illness?	
What percentage of the sentenced population represents persons with mental illness?	
CROSS TABULATION OF MULTI-SYSTEM DATA	
<i>For the entire population of persons booked into jail during the identified time range (open or closed cases):</i>	
Is Jail Booking information shared on a regular basis with public funded Mental Health, Substance Use Treatment or Developmental Disability Agencies? If so, how? Email jail lists every morning CHI Receives daily jail booking information from MCIF	Yes / No CHI Report
How many people were known to the publicly-funded mental health system?	
How many people accessed acute crisis services in the jail during the specified reporting period?	152

How many people were known to the publicly funded substance use treatment system?	26
How many people were known to the Developmental Disabilities system?	
ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION	
For those who are identified as persons with mental illness or co-occurring substance use disorder or developmental disabilities (by jail, other criminal justice, or treatment systems) during the reported time range, what are the nature of the charges?	
Misdemeanors	
Felonies	
Violent Behavior	
Violations of Probation	
Frequency - How many arrests / bookings per person? (average)	
Length of stay in the jail for each episode of incarceration (average)	
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:	
How many people with mental illness or co-occurring disorders left the jail with financial benefits or entitlements in place?	Of the 258 reported by CHI – all 258 either had financial benefits and/or entitlements or had been referred for such
How many people with mental illness or co-occurring disorders left the jail with a shelter as the identified residence?	
How many people with mental illness or co-occurring disorders had no known residence?	Of the 258 reported by CHI, all had an identified residence or confirmed shelter care
How many people with mental illness or co-occurring disorders left the jail with an appointment at a mental health or other treatment service?	Of the 258 reported by CHI, all had a confirmed appt. pr walk-in with MH or SUD
How many people with mental illness or co-occurring disorders had contact with a helping professional from the community to facilitate reentry?	Of the 258 reported by CHI, all had a helping professional from the community to facilitate reentry.
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