

Summit County, Ohio

Sequential Intercept Mapping FINAL Report

May 17 - 18, 2016

Summit County Core Planning Team

Jerry Craig	Executive Director	County of Summit ADM Board
Tammy O'Brien	Judge	Summit County Court of Common Pleas
Candy Pallante	Director of Operations	Portage Path Behavioral Health-Psychiatric Emergency Services (PES)
Lori Pesci	Senior Administrator – Justice Affairs Division of Public Safety	Summit County Executive Russell M. Pry
Linda Robinson	Consumer	
Frank Sepetauc	VP of Rehabilitation Services	Community Support Services
Dale Soltis	Captain	Summit County Sheriff's Office-SCJ Director of Corrections
Aimee Wade	Associate Director of Clinical Services	County of Summit ADM Board
Gert Wilms	Prosecutor	Chief City Prosecutor

Workshop Facilitators and Consultants

Teri Gardner
Daniel Peterca

Training Officer, Ohio Department of mental Health and Addiction Services
Retired Pretrial Services and Special Projects Manager, Cuyahoga County Court of Common Pleas Probation Department

Ruth H. Simera, M.Ed., LSW

Program Administrator, Criminal Justice Coordinating Center of Excellence



OHIO CRIMINAL JUSTICE
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Sequential Intercept Mapping

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Summit County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* and *Taking Action for Change* workshops held in Summit County, Ohio on May 17 & 18, 2016. The workshops were sponsored by the Summit County ADM Board, who provided staff to coordinate the effort 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 Summit County achieve its goals

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

Background

The Summit County ADM Board and the Summit County Court of Common Pleas requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops during a period of Invitation for Letters of Interest, to provide assistance to Summit County with:

- Creation of an updated 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 continued progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

Summit County participated in Sequential Intercept Mapping in 2009 through Policy Research Associates. The local planning team made the 2009 report available to the facilitators for review prior to the current exercise. The participants in the current workshop included 40 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections, county jail, county government, consumers, advocates, law enforcement, courts, and community healthcare. A complete list of participants is available in the resources section of this document. Teri Gardner, Daniel Peterca, 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 Summit County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

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

Keys to Success: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

Summit County stakeholders and service providers have been involved in a variety of collaborative relationships and initiatives over the years. Examples have included specialty court development and treatment teams, Crisis Intervention Team training and steering committee, cross-systems training, Mental Health and Criminal Justice Collaboration, and more. Summit County Council also recently 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.

Consumer Involvement

The local planning team included one consumer who also participated in the full workshop. This individual had direct experience with both the criminal justice and mental health systems. Consumer and advocacy representation during the workshop consisted of one consumer, one NAMI member, and a couple participants with dual consumer-professional roles. It was obvious that Summit County justice and mental health systems are accustomed to and highly value active participation and input from consumers and advocates.

Representation from Key Decision Makers

- 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: Hospitals, Defense bar, Developmental Disabilities, Family Recovery Court, Parole, Dispatch, Homeless Shelters, Veterans Services and Victim Advocacy.
- Those present at the workshop described a lack of connection between public agencies and private providers, e.g., private practice psychiatrists generally lack awareness of CIT, mental health courts, and other diversion alternatives, and noted difficulty engaging private practitioners.

Data Collection

- The Summit County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Summit County Jail Data for calendar year 2015
 - County of Summit Mental Health and Criminal Justice Collaboration Summary
 - Summit County Multi-Agency Crisis Intervention Team Training Schedule and brochure, April 2016
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Summit County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, May 1, 2016
 - Summit County CIT Officers Roster Project Summary Report, September 2015
 - Summit County CIT Peer Review Report, 2012

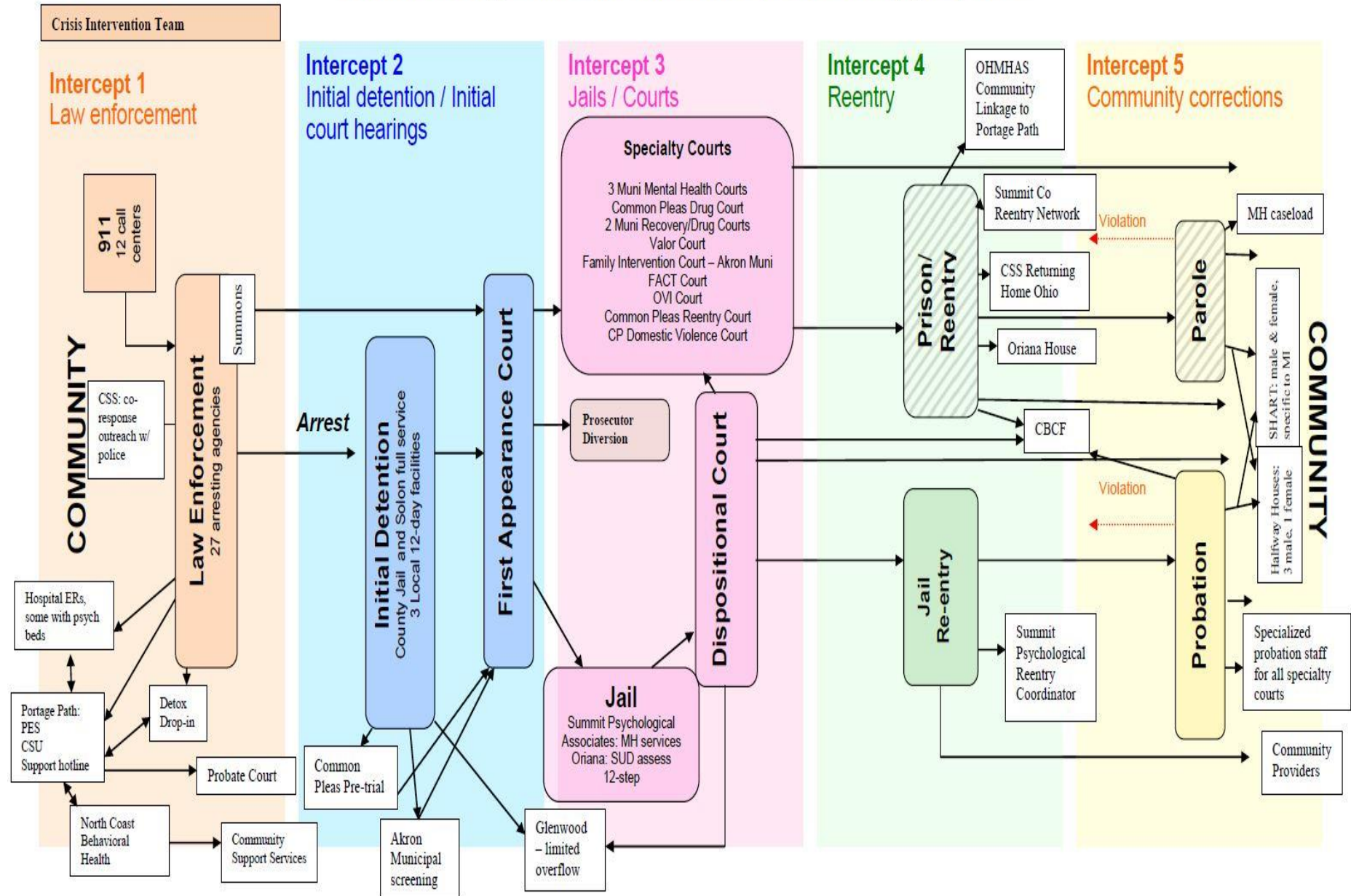
Recommendations:

- 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 Summit County criminal justice system and promoting use of alternatives. While multiple avenues will likely be needed to reach a broad scope of stakeholders, participants suggested using Grand Rounds, currently offered by both hospital systems, more effectively to reach a wider audience.
- 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.
- Hospitals are clearly key stakeholders and important providers of service for both the justice and mental health systems. Hospital representatives should be invited and strongly encouraged to participate in future Collaboration and work team meetings as appropriate.
- The Board of Developmental Disabilities is a key provider within the system that should also be invited and strongly encouraged to participate in Collaboration meetings and work groups, as challenges in providing services to individuals with developmental disabilities was clearly identified as an area of common interest.
- During the workshop, an attempt was made by facilitators to recap the accomplishments of the Mental Health and Criminal Justice Collaboration at each point of Intercept and get feedback from the group on the status of each activity. In hindsight, this review may have been more effective as a distinct activity within the workshop, giving participants dedicated time to review the original priorities and action plans and review the accomplishments aligned with each priority or other noted gaps. There were numerous people in attendance who were not involved in the previous mapping exercise and some who have not been actively engaged in the Criminal Justice/Mental Health forum, where such a review had recently occurred and was the basis for seeking a mapping exercise at this point in time.

Sequential Intercept Mapping

Summit County, Ohio

Summit County, Ohio Sequential Intercepts for Change, May 2016



Summit County Sequential Intercept Map Narrative

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

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 Summit 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 several instances, the local forum may need to seek further information from participants to clarify the context or scope of the comments.

Intercept I: Law Enforcement / Emergency Services

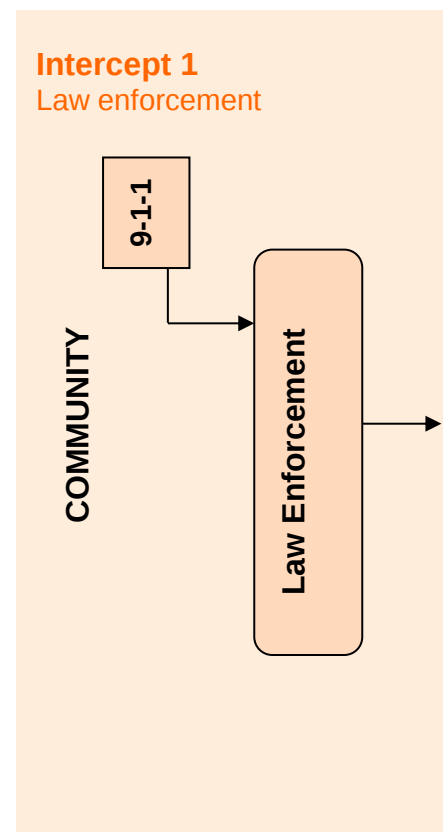
In Summit County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement agencies in various towns or cities. Law enforcement options for responding to people with mental illness include advise, summons, arrest, transport to Psychiatric Emergency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

Dispatch / 9-1-1

- Summit County has 12 call and dispatch centers: Akron, Bath, Cuyahoga Falls, Fairlawn, Hudson, Macedonia, New Franklin, Richfield Village, Stow, SWSCOM (Copley, Norton and Barberton), Twinsburg, and the Summit County Sheriff’s Office. Participants indicated there has been informal discussion of additional mergers of call centers, but no official movement in that direction.
- Some training of dispatchers has occurred, re: mental illness and CIT; however, training has not been consistent or recent and currently each center is individually responsible for training of their dispatchers.
 - Six dispatchers (two Akron dispatch supervisors, two Bath PD dispatchers, one Twinsburg PD dispatcher, and one University of Akron Dispatcher) have completed the full 40-hour CIT course; it is unknown how many others have completed a shorter companion course.

Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 21, 2016, Summit County has 28 Law Enforcement Agencies: Akron, Barberton, Bath Township, Boston Heights, Copley, Cuyahoga Falls, Fairlawn, Hudson, Macedonia, Mogadore, Munroe Falls, New Franklin, Northcoast Behavioral Healthcare Northfield Campus, Northfield Village, Norton, Peninsula, Reminderville, Richfield, Sagamore Hills Township, Silver Lake,



Springfield Township, Stow, Summa Health Protective Services, Summit County Sheriff's Office, Summit Metro Parks, Tallmadge, Twinsburg, and University of Akron Police Departments.

- Summit County Crisis Intervention Team (CIT) training began in 2000. All Law Enforcement Agencies have participated in CIT training, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. According to the 1/21/16 OPOTC County Agency Report Summit County has an estimated 1,357 full-time officers. Since inception of CIT, 634 have completed CIT training. Through the Ohio CIT Officer Roster Project, the Criminal Justice Coordinating Center of Excellence partnered with the Ohio Attorney General's Office and the National Alliance on Mental Illness of Ohio (NAMI Ohio) to collect up to date information on the span of the Crisis Intervention Team (CIT) model across the state of Ohio, including how many sworn officers and deputies have received Crisis Intervention Team (CIT) training in each county and law enforcement jurisdiction and how many remain active. All Law Enforcement Agencies listed on the Ohio Peace Officer Training Commission County Agency report were contacted between March and August of 2015. All but four Summit County agencies responded to the request for information. That information, combined with the fall 2015 and spring 2016 Summit County CIT training rosters verified 427 current, active CIT officers in Summit County. The four departments not represented in the data include Mogadore, Northcoast Behavioral Health, Silver Lake, and University of Akron.
 - EMS and fire personnel are incorporated in the 40-hour CIT training course; 20 personnel (17 Akron Fire EMS officers, one AFD/EMS Supervisor, one Copley F.D. Captain, and one Emergency Services Coordinator) have been trained.
- Akron Police Department (APD) has used CIT encounter sheets and collected basic CIT data since program inception; however, utilization has varied over time and is currently not consistent across officers. Completed CIT encounter forms are forwarded to the Summit County Alcohol, Drug Addiction, and Mental Health Services (ADM) Board after initial review by the APD CIT supervisor. Some encounter forms are also submitted by the Sheriff's Department and Norton P.D.; however, the majority come from APD.
- There is no formal CIT coordination at the local jurisdictions or county level. Each agency has a representative, with varying levels of participation in county-wide meetings. Mike Woody (retired Akron P.D.) and Mike Yohe (Training Lt. Akron P.D.) have worked together to cover the training coordination for law enforcement, and Doug Smith (Chief Clinical Officer at ADM Board) has been overseeing the mental health coordination, but also primarily focused on training.
- Client outreach activities occur collaboratively between Community Support Services (CSS) and APD, and at times between CSS and Cuyahoga Falls P.D., but the focus is primarily Akron. Discussion identified a desire to expand this activity to additional communities and to be more proactive and enhance the capacity of the service. There is also an Engagement Team at CSS. Barberton P.D. expressed an interest in establishing a way to follow up with community members.
- Akron Police Department's policy is to have (private) EMS transport on involuntary commitments. The consumer is then billed. Voluntary transport is typically done by police.
- Cuyahoga Falls Police Department indicated that police will transport 95% of time; EMS is only utilized if gurney restraint is needed. Police in this jurisdiction may or may not restrain, dependent on need.
- Other than Barberton, remaining police jurisdictions were not represented at the workshop; however, PES staff indicated that the bulk of incoming clients arrive via police transport (except APD which uses ambulance).
- EMS will co-respond to an incident involving a change in mental status in larger jurisdictions. If the individual is combative, police respond first, but the squad would then transport. Differences exist across jurisdictions. For example, law enforcement in Akron will not carry DAWN kits because EMS is typically first on the scene. In smaller communities law enforcement needs to carry the kit because they are typically first on the scene.
- Stow Police Department officers may write "Stride" (Stow Mental Health Court) or "mental health issues" on documents as a means of referral to services.

Crisis Services

- Psychiatric Emergency Services (PES) has 3 hold, observation and treatment (HOT) beds. Data is available on deferrals, i.e., frequency of "shut down" and referrals of cases based on all beds being full.

- The Crisis Stabilization Unit (CSU) within the same facility has 16 beds and accepts voluntary patients only. The question was raised whether a guardian could execute a voluntary placement; Portage Path staff indicated that the psychiatrist would have to approve the placement.
- Portage Path has six Deputy Probate Clerks to take affidavits and investigate referrals for possible civil commitments.
- The Support Hotline at Portage Path is certified by the American Association of Suicidology and linked to Veterans services.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- Individuals being transported on a pink slip can go to local Emergency Departments, where individuals can spend up to 23 hours for evaluation. There are numerous Emergency Departments in Summit County, and any can act on a pink slip. If a hospital has a psychiatric unit (Summa/St. Thomas, Akron General Medical Center (AGMC)/Cleveland Clinic, Northcoast Behavioral Healthcare), ambulances transport between facilities. Individuals can also go to PES. A decision for involuntary inpatient admission triggers a 3 business day clock to stabilize and determine whether civil commitment should be filed for due to clinical need. If so, then the physician files an affidavit. Participants indicated that clarification of this process is needed by many stakeholders, i.e., courts, probation, other social service providers.
- Officers can choose which facility to take individuals. The general feeling is that officers are doing a good job of determining when a person can go directly to PES without medical screening at a hospital ER. Those in attendance noted that it would be helpful to have data to determine how many individuals have been transported to an ER that could have gone to PES and how many to PES that then had to be transferred to an ER.
- There has been strong participation by hospital security and/or protective services in CIT training: SUMMA Health Systems Protectives Services (16 officers); Akron General Medical Center Security (19 officers); and Northcoast Behavioral Health (13 officers).

Detoxification

- ADM Crisis Center serves as a drop-off site for detox and assessment. There are 18 drop-in beds, and there is typically space available. There is often a wait for detox (also 18 beds) for non-acute withdrawal.

Intercept I Gaps

- CIT Enhancement – Dispatch call centers need consistent, ongoing and enhanced CIT training; incorporate EMS into CIT training; county-wide and agency specific coordinators; establish a contact or coordinator at each law enforcement agency; expansion of CIT follow-up and outreach for individuals not hospitalized
- Clarification of process of inpatient commitment needs to be provided to stakeholders. Judges specifically requested training on the civil commitment process; CLEs should be provided
- Training of faith based community
- Collaborative outreach efforts in jurisdictions other than Akron
- Disconnect between private mental health practitioners and community psychiatrists, re: understanding CIT and mental health courts and the sharing of information re: patients in jail, etc... Also in the reporting requirements for patients who are on outpatient civil commitment.
- Possible need for additional HOT beds

Intercept I Opportunities

- EMS and dispatch are connected – could establish a coordinated, county level CIT training for both
- Possibly suggest CIT as a topic for Grand Rounds
- Support Hotline – may be an opportunity to increase awareness that the hotline is part of PES and can serve as the front door to a crisis; with additional financial support there is potential for greater follow-up, warm hand-offs and transition following a crisis; also potential for improved service to foreign language speaking individuals through interpreter services

- Develop resource to inform people about probate options and civil commitment opportunity. Written materials could be made available through law enforcement, NAMI, other first responders and gatekeepers
- A process has been developed to allow the 5th criteria for civil commitments to be operationalized, but has not been fully tested. 3 families have attempted to utilize the process and on each occasion their loved one clinically required hospitalization at the time the process started.
- CIT data collection
- NEOMED is working on a judges' guide to civil commitment and an implementation guide to Court-ordered Outpatient Treatment as part of a project with the Treatment Advocacy Center. A presentation was also slated to occur at the June 13 Probate Judges forum
- Outreach could be coordinated between CSS and SCSO

Recommendations:

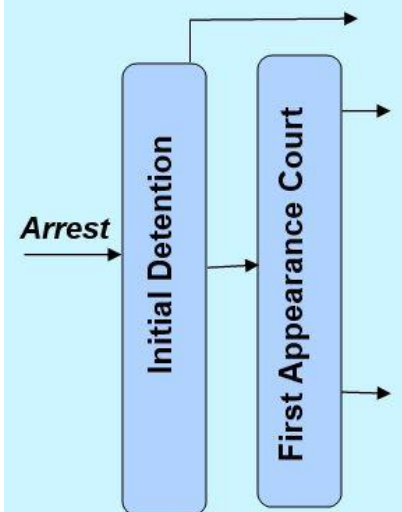
- Establish dedicated CIT Coordinators to work together to oversee all aspects of CIT development in Summit County. Ideally, there should be at least two co-coordinators, one from law enforcement and one from mental health. Some communities are successful in coordinating CIT through NAMI affiliates; however, the support and active engagement of the mental health system is important in making either approach successful. The CJ CCoE can provide a host of resources to coordinators to aid in understanding their role and developing various program components.
- Add companion courses to the routine CIT training offerings. These courses, often for dispatchers, EMS, and fire, range in length but are typically shorter than the 40-hour course. The average length of dispatcher CIT companion training in other Ohio communities is 8-16 hours.
- Provide routine offerings of refresher and advanced training for existing CIT officers. It can be helpful to ask CIT officers to provide input on these topics.
- Expand on the CIT data collection to implement an encounter form to be used by all Law Enforcement agencies. Work toward a consistent procedure across all law enforcement agencies for collecting and analyzing law enforcement data on mental health calls and dispositions and sharing encounter information with the mental health system. This will enable earlier mental health response for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crisis, as well as a means for evaluating law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness.
- The outreach activities currently conducted by Community Support Services (CSS) with accompaniment from Akron Police officers seems to be of interest to other jurisdictions; however staff availability is limited, thereby restricting expansion of this activity. Currently CSS employs the officers for this specific function, placing the financial burden on the mental health system. Other Specialized Police Response models exist wherein law enforcement agencies employ mental health workers or law enforcement and mental health systems each provide personnel to carry out a co-responder model. In the city of Delaware, Ohio, a Multi-Agency Crisis Intervention Team (MACIT) with cross-systems representation meets regularly to address the needs of individuals with mental illness who are high utilizers of police services. Any combination of partnership can be successful and mutually beneficial if carried out as a component of the community's CIT program, with a focus on sharing client information to improve individual case planning and community response. Two publications from the Council of State Governments Justice Center may be useful references: *Improving Responses to People with Mental Illness: Tailoring Law Enforcement Initiatives to Individual Jurisdictions* and *Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives*.
- Provide a refresher training for stakeholders across systems on the civil commitment process and related resources in Summit County.

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

Initial Detention

- Summit County Sheriff's Office (SCSO) and Solon Detention Facility are full service jails.
 - The Summit County Jail has a rated capacity of 671; actual capacity was 550 at the time of the workshop; however, the capacity was in process of returning to 671 through the use of double bunking. 89% of beds/inmates are felony level, except for 100 contracted male beds for pre-trial and sentenced inmates from the city of Akron. 100 beds are for females; the remaining 571 are male beds. Pre-trial detainees make up roughly 65% of the inmate population.
 - The Solon Detention Facility is a 26-bed jail. Fourteen of the beds are considered single cell maximum-security housing and 12 beds are dormitory style housing. The jail houses pre-sentenced and sentenced prisoners. Sentenced misdemeanor offenders can be incarcerated in the facility for up to one year and sentenced 4th & 5th degree felony offenders can be incarcerated for up to 1 ½ years. Workshop participants indicated that all northern Summit County communities transport to the Solon Facility, some under contract.
- Macedonia, Cuyahoga Falls, and Barberton have 12-day holding facilities. Barberton can accommodate six to eight males and two females. Cuyahoga Falls' capacity is ten individuals (eight males and two females) and Macedonia is reportedly similar.
- Glenwood Jail is not meant to be used for initial detention, however it is at times used for overflow of non-violent F4 and F5 offenders. The capacity at Glenwood is 136, with 30 female beds. Pre-trial accounts for 10-15 beds; 90% of inmates are sentenced misdemeanants.
- General medical screening at the county jail is conducted by Corrections Officers and includes mental health questions. Jail staff coordinate with judges for emergency furloughs or signature bond for crisis services. Each jail has a contract with a hospital; inmates may also go directly to PES.
- All facilities allow validated prescription medication to be brought in by inmates or a third party. At the 12-day facilities, there is no access to medications unless it is brought in. Glenwood and SCSO use the same policy regarding verification and compliance of incoming medications before inmates are permitted to continue the medication. Medications must be approved by the psychiatrist and medical doctor. Compliance checks are fairly strict and can cause delay in issuance of medications. Medical staff is involved at booking, so the delay may only be a couple hours. If clients do not bring in medication, staff will try to access medication through the client's current pharmacy. If that does not work, jail staff seeks a Release of Information for mental health providers and refers the inmate to the jail psychiatrist, which can occur in no more than 4 days, if urgent, or may take longer if non-urgent. There is data from SPA that is tracked quarterly on the wait to see a psychiatrist at the jail.
- Summit County Jail sends the booking roster every day to Community Support Services. Until a software change, ADM Board staff were able to access the jail roster and cross-reference inmates with agency rosters and notify agencies. A process to reconnect ADM to this information was in process at the time of the SIM and has since been completed.
- Average length of jail stay for misdemeanor cases is 14 days until sentencing. Average length of stay for pre-trial felony detainees is unknown.

Intercept 2 Initial detention / Initial court hearings



Arraignment

- Municipal Courts are located in Akron, Barberton, and Stow.

- Initial hearings are typically held next day, and within 24-48 hours. Akron and Barberton hold Saturday morning court. Stow hearings occur Monday-Friday.
- Typically clients do not have legal representation at arraignment, unless counsel is retained.
- Akron and Barberton have pre-trial services, which provide bond recommendations for felony cases. All felony cases – Municipal and Common Pleas – undergo pre-trial screening.
- Screening at the municipal level occurs only in Akron and consists of background record check and criteria for specialized dockets. The arraignment docket is also provided to Community Support Services to compare with their client roster.
 - Akron and county probation have access to court records and can look at history as part of screening.
- No formal risk assessment occurs at this stage of the process. Judges will place conditions on bond if client is to be released.
- Estimated time from arrest to appearance in Common Pleas Court is 30 days.

Intercept II – Identified Gaps

- ▣ Validated screening tool at booking
- ▣ Sharing of booking rosters with mental health providers other than CSS was done in past, and a process to reconnect to bookings was in process at the time of the workshop.
- ▣ Clear process on what courts can/should do when court identifies possible mental health problems
- ▣ Turn-around time for medication for misdemeanor offenders who are released more quickly: there are occasions when individuals do not get medications during a short stay, because they are on list to see the doctor and are waiting on validation of medications
- ▣ Data sharing – current lack of practice to share screening information at initial hearing with court, re: mental health concerns that are observed at arrest, pre-booking, booking and initial screening
- ▣ Use conditions of bail to order mental health assessments at Portage Path intake. Need to identify supervision entity to follow up. Mental health providers require release of information to provide assessment results to the court
- ▣ Pre-trial services at municipal court
- ▣ Gap between initial hearing and pre-trial: mental health screening and assessment, engagement, and referral to treatment services

Intercept II – Identified Opportunities

- ▣ Provide a handout to families on jail policies, including medication, etc...
- ▣ Screening information from booking could/should be shared with the court
- ▣ ADM Board working with attorney on a global release of information
- ▣ Jail has a new data management system that interrupted connectivity with ADM Board. Work is under way to fix that connection
- ▣ Look at data on number/percentage of individuals in need of medication, especially misdemeanor offenders, who never receive it during a jail stay. This data could likely be compiled and reported back to the group. Municipal judges expressed concern for medication continuation for misdemeanant defendants; data not currently available.

Recommendations

- ▣ The jails, especially Summit County and Solon Jail, should be urged to implement validated screening instruments, such as the Brief Jail Mental Health Screen, to identify individuals with possible mental illness or co-existing disorders, and refer those with positive screens for further assessment. The results of the initial screening, and assessment if available, should be shared with the court. SAMHSA's 2016 publication, "Screening and Assessment of Co-occurring Disorders in the Justice System," was provided to the Summit County Jail's contracted mental health director and ADM Board staff on 6/14/16 to begin reviewing validated tools for possible use in the jail.

- Jail administrators may want to review a sample policy for incoming medications and compare the sample to the existing Summit County Jail policy. The sample and corresponding forms were created to meet the requirements of the 2015 revised jail standards and promote adopting a policy that could reduce jails' medication costs and help to ensure continuity in care for inmates with chronic medical conditions, mental illness and/or addiction disorders. Moreover, it is thought to have the potential to prevent some inmates from engaging in behavior that could endanger themselves or others and result in additional criminal charges. The sample policy and related forms were sent to members of the Priority 4 workgroup on 7/15/16 and will be included in the follow-up Community Packet to be provided to Summit ADM Board for further dissemination.
- Consider completing risk assessments, e.g., ORAS, and using results of the risk assessments to inform pre-trial decision-making in place of charge-based decision making. It is further recommended to use mental health and substance use screening or assessment results in conjunction with risk assessment results to link individuals with needed services and treatment. Individuals on pre-trial release can be ordered by the court to participate in indicated treatment as a condition of release. In conjunction, it can be helpful when standardizing screening and referral at municipal court to employ or expand the role of the existing liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs.
- Develop basic materials and procedures for informing inmates, as well as their family members, what to expect during the criminal justice process. Peers, mentors, advocates, or case managers can be trained to fulfill this function, in conjunction with written materials.
- Establish expectations for meaningful, appropriate, and timely sharing of information across systems to improve continuity of care of clients and decrease barriers to effective management of cases where clients have a high level of need. Summit County has been working with attorney Christina Shaynak-Diaz on this matter, which could help create significant opportunities for improvement. Written information is available to educate system stakeholders, some of which will be included in the Community follow-up packet. Also, the Council of State Governments Justice Center sponsored an Information Sharing Webinar for the Justice Mental Health Collaboration Program grantees. Interested parties can listen to the recording of this webinar at www.csjjusticecenter.org/mental-health/webinars/sharing-information-between-behavioral-health-and-criminal-justice-systems.

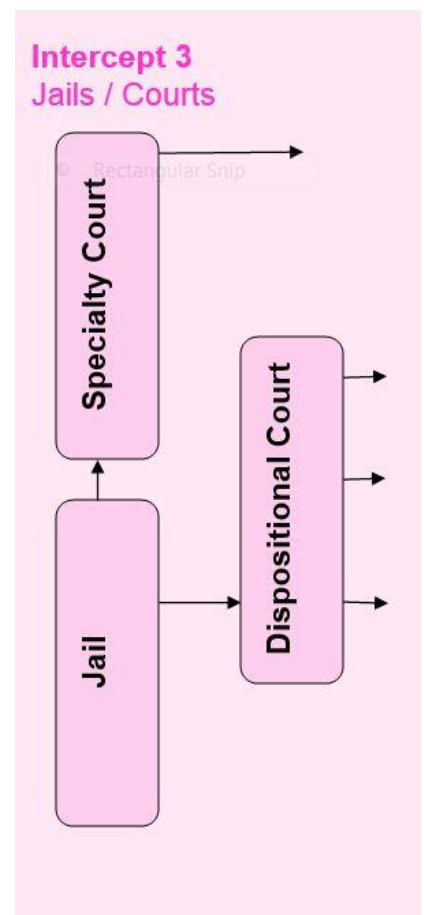
Intercept III: Jails / Courts

Jail

- The Summit County Jail provides 24/7 contracted medical services through Advanced Medical.
- Psychiatry and other mental health services are provided by Summit Psychological Associates seven days/week, extended hours Monday through Thursday and eight hours each day Friday through Sunday. Staff are also on call.
- Additional group offerings are voluntary and include life skills, mental health, faith-based, and 12-step recovery.
- The average length of stay for felony offenses is 54 days; misdemeanor offenses 14 days.

Court

- Community Support Services provides a liaison to Akron Municipal Court to identify existing CSS clients and communicate with the court, as well as a Case Manager for the Stow Mental Health Court.
- There is no centralized public defenders' office. Clients generally appear at arraignment without counsel, at which time an attorney is appointed from a



roster maintained by the local bar association.

- There is a notable refugee population in North Hill. Participants expressed concern for the suicide rate and cultural competence of services. Homeless Outreach has had training and is working through language barriers. Interpretation services budget has doubled in past couple years as Akron and the prosecutor's office are seeing more refugees coming through their systems. The language barrier can disqualify individuals from the prosecutor's diversion services, as interpretation services are required for every step of service.
- Four judges in the county (one Cuyahoga Falls Municipal Court and three Akron Municipal court), as well as six bailiffs (four Summit County Common Pleas/Probate Courts and two Akron Municipal Court) have completed the 40-hour CIT course.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of July 15, 2016, Summit County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status as of July 15, 2016
Judge Paul J. Gallagher	Common Pleas	Domestic Violence	Certified
Judge Thomas A. Teodosio	Common Pleas	Drug	Certified
Judge Linda Tucci Teodosio	Juvenile	Family Dependency	Certified
Judge Linda Tucci Teodosio	Juvenile	Human Trafficking	Initial Certification
Judge Linda Tucci Teodosio	Juvenile	Juvenile Treatment	Certified
Judge Lynne S. Callahan	Common Pleas	Reentry	Certified
Judge Alison McCarty	Common Pleas	Reentry	Certified
Judge Mary Margaret Rowlands	Common Pleas	Reentry	Certified
Judge Amy Corrigan Jones	Common Pleas	Veterans Treatment	Certified
Judge Katarina V. Cook	(Akron) Municipal	OVI	Certified
Judge Kathryn Michael	(Akron) Municipal	Domestic Violence	Certified
Judge Joy Malek Oldfield	(Akron) Municipal	Drug	Certified
Judge Annalisa Stubbs Williams	(Akron) Municipal	Mental Health	Certified
Judge Gerald K. Larson	(Akron) Municipal	Veterans Treatment (Valor)	Certified
Judge Jill Flagg Lanzinger	(Barberton) Municipal	Drug	Certified
Judge David E. Fish	(Barberton) Municipal	Mental Health	Certified
Judge Lisa L. Coates	(Stow) Municipal	Mental Health	Certified

- Akron Municipal Mental Health Court had a caseload of 20 at the time of the workshop.
- In 2013, the Forensic Assertive Community Treatment (FACT) program was developed at Community Support Services to serve individuals who have severe and persistent mental illness with psychosis, extensive criminal history and risk factors for reoffending, and a current misdemeanor charge. Persons eligible for FACT are court-ordered by Akron Municipal Court to participate in the program and must be assessed by the FACT team to determine eligibility prior to the court ordering the person to FACT. Once an individual enters the FACT program, their case is transferred to Judge Annalisa Stubbs Williams for court oversight.
- Common Pleas Domestic Violence Court participants are not voluntary.
- Summit County Probate Court implemented "New Day" Court for Outpatient commitment.

Veterans

- In addition to Akron Municipal Valor Court, Barberton Court connects veterans with local services. Courts generally describe good working relationship with Veterans Administration services.
- Common Pleas identifies veterans as they book into jail.

- Earliest screening for veteran status is at jail booking; however, 12-day lock-up facilities do not screen for veteran status. The judges in the ancillary courts do the screening.

Intercept III – Identified Gaps

- ▣ Temporary vacancy of CSS liaison position at Akron Municipal Court has created a lapse in communication
- ▣ Access to state hospital for NGRI competency assessment
- ▣ Need a clear process to ensure continuity of care and communication of evaluation results for offenders that have been at Northcoast Behavioral Health (NBH) for evaluation and are returned to jail and go back to court;

Intercept III – Identified Opportunities

- ▣ Judges can refer to medical staff at jail to answer questions for family members.
- ▣ Potential for more proactive involvement by the CSS liaison at Akron Municipal Court
- ▣ Akron Probation will notify court of offenders receiving services

Recommendations

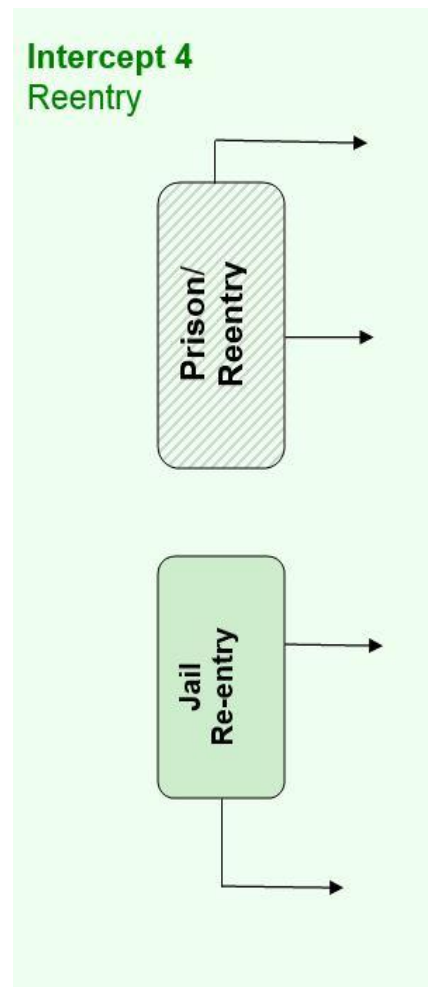
- Explore with state hospital possible avenues for coordinating continuity of care between hospital, jail and courts, including timely dissemination of evaluation results. Could video conferencing be used in some circumstances rather than a transfer to the jail for a hearing?
- Establish continuity plan for when staff turnover creates vacancies in key positions

Intercept IV: Prisons / Reentry

Reentry

Prison

- Community Linkage referrals from OhioMHAS regarding individuals returning from prison to the community are sent to three identified staff persons at Portage Path and to the ADM Board. Appointments are then scheduled through Portage Path. Many individuals returning to the community from prison are then referred to Oriana House. They typically have two weeks of medications and receive an appointment within 3-4 weeks.
- Community Support Services offers the Returning Home Ohio program for homeless individuals returning from prison.
- A pink slip to PES may occur from prison when a sentence is complete and the individual is displaying active symptoms of mental illness.
- The program at Oriana House for returning offenders with serious mental illness (SMI) currently has a 6-weeks wait time. Capacity is 18 male beds and 6 female beds. Everyone is sentenced for up to 180 days. Average stay for low-moderate risk individuals is 100-110 days; moderate risk individuals 120-130 days; and high risk individuals 130-180 days.
- Individuals with less-severe illness can use regular halfway house facilities.
- Shelters include Haven of Rest (160 males), Harvest Home (130 women and children), Access (women), and Salvation Army.
- In-reach is done regionally (Summit, Portage, Stark) via adult parole and



video in-reach at 90 days from release for 6-12 facilities. The video in-reach is used to review resources and make introductions. APA also participates in prison reentry fairs.

Jail

- The Summit County Jail provides a voucher for a 4-day supply of medications at release that can be filled by Klein's pharmacy, and most individuals have an appointment on the books with a community mental health provider.
- Summit Psychological Associates has a reentry coordinator for the jail and can pink slip to PES or NBH if necessary.

General

- Linkage to Medicaid is running smoothly; linkage to SSI and SSD is a longer process.
- Infoline provides Re-link, a reentry hotline for all returning citizens.

Intercept IV – Identified Gaps

- ▣ There is no state-wide mechanism to suspend Medicaid benefits so jailed clients are required to re-apply
- ▣ Local peer support linkage needs a fresh look – not as effective as originally hoped
- ▣ Communication gap between jail and court, re: docket and dates of release. Reentry coordinator and treatment providers need release dates to enable appropriate treatment options, e.g., Vivitrol & Invega Sustenna
- ▣ Access to state hospital from jail for civil commitments due to high medical screening demands
- ▣ Timeliness of competency reports from state hospital
- ▣ Continuity of care from hospital to jail
- ▣ Representation by defense bar
- ▣ Better coordination for access to medication and services

Intercept IV – Identified Opportunities

- ▣ Video hearings with Northcoast Behavioral Healthcare are used by Common Pleas Court – equipment and space can be used by other judges. Defense bar has been reluctant to use this technology.

Recommendations:

- It would be helpful if the courts would assign someone to routinely transmit docket information to the reentry coordinator.
- Explore possibility of other video applications to improve continuity of care with Northcoast Behavioral Health.
- There may be future opportunities in Ohio for specialized mental health and diversion training for public defenders. In the meantime, it could be beneficial to consider ways to further engage local attorneys who have expressed particular interest in providing services to individuals with mental illness. The Mental Health Public Defender program in Travis County, TX may provide some interesting ideas for more holistic involvement with some cases: <https://www.traviscountytx.gov/criminal-justice/mental-health-public-defender>

Intercept V: Community Corrections / Community Support

Probation

- Akron Municipal Court has 12 Probation Officers and two aides. Total number of supervised individuals is 2000. Specialized dockets account for 500 of that total, with 55 on mental health caseloads (35 FACT and 20 mental health docket).
- Common Pleas has 35 Probation Officers with 3,000 supervisees. Two officers are assigned to the Mental Health unit. Cases are assigned by severity of illness. Caseload of clients requiring a high level of contact is currently at 155, while the caseload of clients requiring less frequent contact is 135.
- Stow Municipal Court has three Probation Officers and six total staff members. Mental Health Court averages a caseload of 10-15, currently at 13. Overall caseload of supervisees is 400 individuals, including probation and monitoring.
- Barberton Municipal Court has three Probation Officers and a total caseload of 700, not including specialty dockets. Drug Court caseload is 20, with 70 in process of assessment. An additional four or five individuals are under consideration for Mental Health Court. Judge Fish reported that the court is currently experiencing resistance from potential clients, i.e., clients not choosing to voluntarily participate.
- Six probation officers in the county have completed the 40-hour CIT course (three Summit County, two Barberton Municipal and one Stow Municipal STRIDE program).

Parole

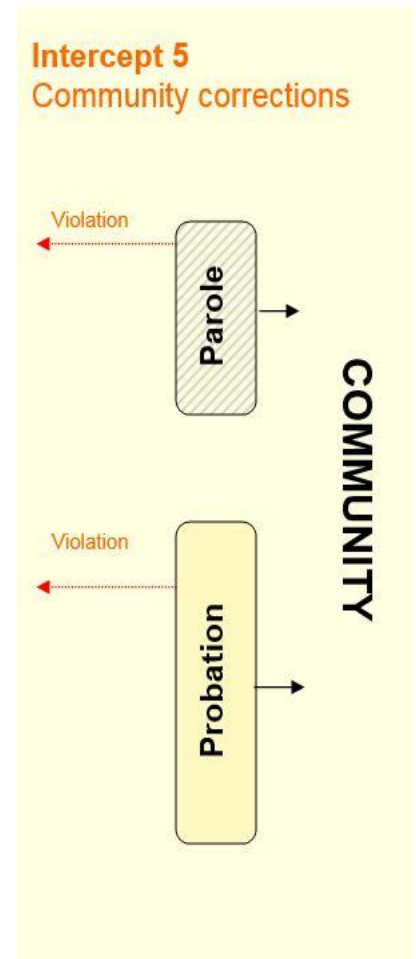
- Adult Parole Authority has a specialized mental health caseload.
- Two officers from Akron Adult Parole Authority have completed the 40-hour CIT course.

Community Supports

- Halfway Houses:
 - SHARP houses males and females; census of 19, including 7 female (RCC) and 3 DD
 - RIPP has 134 male beds
 - TMRC has 124 male beds
- CBCF: City of Akron has contract for beds, so can serve municipal court clients, including ten on Vivitrol. Capacity is 130 males and 60 females.
- CSS provides day programming for up to 55 misdemeanor and felony clients, including the evidence-based program, *Thinking for a Change*, specifically adapted for individuals experiencing psychotic illness.

Intercept V – Identified Gaps

- ▣ Caseloads are too high for the specialized caseloads.
- ▣ CIT training for probation officers; unclear what is available
- ▣ Some agencies expressed that they are not as included as others in the work being done to serve justice-involved individuals with mental illness, i.e., not receiving as many referrals as they can manage
- ▣ Transportation in the northern part of the county is difficult
- ▣ Affordable housing for persons with criminal charges and especially felony convictions is a challenge



- ▣ Wait time for Section 8 Housing is two years
- ▣ Emerging issues related to translation services and programming; cultural competency concerns
- ▣ Challenges with developmental disabilities population

Intercept V – Identified Opportunities

- ▣ Revisit current activities of the Chief P.O. Association to determine what opportunities or resource may be available
- ▣ County wide cultural competency training held on July 8, 2016.

Recommendations:

- The specialized probation caseloads are too high to ensure effective supervision. Assuming resources do not exist to hire existing staff, strategies should be employed to attempt to reduce the caseload sizes or minimize the burden on officers while improving outcomes for clients. Some possible strategies:
 - Utilize valid risk assessment tools to inform decisions related to community supervision, i.e., the need for supervision and the level/type of supervision indicated.
 - Utilize peer support services on a broader scale to supplement supervision.
 - Consider regular cross-system team meetings for case planning and evaluation, and to render recommendations for changes in status.
- Develop a stronger infrastructure for referrals to a broader range of agency providers, to capitalize on existing capacity and services

Priorities for Change

Summit County,
Ohio

Summit County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top 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. Screening, Assessment, and Information Sharing across systems for initial hearing stage
2. Better coordination for access to medication and services at the reentry point from jail and prison
3. County-wide CIT Coordinator(s) and enhancement of CIT (training, data, etc...)
4. Medication protocols and timeliness at initial detention, especially for misdemeanor detainees

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

- Disconnect between private mental health practitioners' understanding of CIT and mental health courts and the sharing of information, re: clients in jail, etc... (5 votes, Intercept 1)
- Probation staffing and capacity (5 votes, Intercept 5)
- Affordable housing for individuals with felony convictions (5 votes, Intercept 5)
- Access to state hospital for NGRI competency assessment: identify a process for offenders that have been at NBH for evaluation and are returned to jail and back to court - continuity issues, evaluation results, etc... (2 votes, Intercept 3)
- State hospital access – civil (2 votes, Intercept 4)
- Emerging issues related to translation services and programming; cultural competency concerns (2 votes, Intercept 5)
- Challenges with developmental disabilities population (2 votes, Intercept 5)
- Resolving the connectivity issue, re: sharing information between ADM Board and jail's newer computer system (1 vote, Intercept 2) *** this connectivity was reported restored shortly following completion of the mapping workshop***

Additional Recommendations

Cross-Intercepts Recommendations:

- Participants commented that often many stakeholders are unaware of services or of changes in services. Events such as the mapping workshop present opportunities to renew discussion and learn about updates in the community. It was suggested that a clearinghouse point be established for updated information. Specifically, ABIA created a resource book in 2012 for mental health resources, cross-referenced with eligibility criteria and funding sources. Perhaps this resource book could be updated and distributed, as well as housed in a central, electronic, easily accessible location. A resource sheet was also recently updated for Change Direction that could be used for overall services.
- The cross-systems training that ceased several years ago may be worthwhile to reinstate; there were generally very positive comments about it.
- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services along multiple points of intervention
- In conjunction, utilize the shared framework for reducing recidivism and promoting recovery among adults with behavioral health needs under correctional supervision as a decision-making guideline for appropriating effective services to individuals with the highest risk and needs. The framework is applicable at all points of intercept in the justice system provided that validated assessment information is available related to risk for recidivism, risk of violence, and mental health risks and needs. Jails and

courts have a greater opportunity for organized use of the framework with the existing requirement for felony probation to utilize the Ohio Risk Assessment System (ORAS) and the existing screening mechanisms already in place in the county corrections facility, which can fairly easily be supplemented or enhanced with validated tools. Print copies of the publication issued jointly by the National Institute of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance which outlines this framework and provides general guidance on decision making were made available in limited quantities at the mapping workshop. Additional electronic copies can be obtained at no cost from the Justice Center website (www.csgjusticecenter.org)

Parking Lot Issues

- The number of presentations by juveniles with developmental disabilities is increasing in the juvenile justice system; this same concern was echoed by police. ADM is working on a joint crisis plan with the Board of DD, so could perhaps incorporate this issue into the discussions in the future.

Additional Resources

Arnold Foundation	www.arnoldfoundation.org
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.csjusticecenter.org/mental-health
The Federal Bonding Program	www.bonds4jobs.com
Lutheran Metropolitan Ministry Community Re-entry	www.lutheranmetro.org/Community-re-entry Phone: 216-696-2715 Email: mail@lutheranmetro.org
National Association of Pretrial Services Agencies	www.NAPSA.org
National Alliance on Mental Illness (NAMI) NAMI Ohio	www.nami.org www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.store.samhsa.gov/home
National Criminal Justice Reference Service	www.ncjrs.gov
National GAINS Center/TAPA Center for Jail Diversion	www.gainscenter.samhsa.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/academics/criminal-justice-coordinating-center-of-excellence
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	www.drc.ohio.gov/web/reentry_resource.htm
Ohio Ex-Offender Reentry Coalition	www.reentrycoalition.ohio.gov
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Partnership for Prescription Assistance	www.pparx.org
Policy Research Associates	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org
Pretrial Justice Institute	www.pretrial.org
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Stepping Up Initiative	www.stepuptogether.org
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
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
Veterans Justice Outreach	www.va.gov/HOMELESS/VJO.asp

Sequential Intercept Mapping
Summit County, Ohio | May 17 & 18, 2016

Participant Roster

Name	Agency	Contact Information
1. Aimee Wade	ADM Board	wadea@admboard.org
2. Ayana Comrie	Summit County Re-entry Network	acomrie@summitoh.net
3. Bernie Rochford	Oriana House	BernieRochford@orianahouse.org
4. Candy Pallante	Portage Path Behavioral Health	cpallante@portagepath.org
5. Chris Richardson	AxessPoint Community Health Center-FQHC	crichardson@axesspointe.org
6. Cpt. Dale Soltis	Summit County Sheriff's Office	DSoltis@sheriff.summitoh.net
7. Dr. Doug Smith	ADM Board	dougsmith@admboard.org
8. Dr. Fred Frese	NEOMED	fresef@admboard.org
9. Dr. James Orlando	Summit Psychological Associates	jao522@aol.com
10. Frank Sepetauc	Community Support Services	Frank.Sepetauc@cssbh.org
11. Gertrude Wilms	Akron City Prosecutor's Office	gwilms@akronohio.gov
12. Gwendolyn Owens	Community Support Services	Gwendolyn.Owens@cssbh.org
13. Jamie Chew	Oriana House	JamieLChew@orianahouse.org
14. Jeffrey Dennis	Mt. Calvary Baptist Church	agapejad@yahoo.com
15. Jerry Craig	ADM Board	craigg@admboard.org
16. Jim Dawson	Barberton Police Department	JDawson@cityofbarberton.com
17. Judge Annalise Williams	Akron Municipal Court	
18. Judge David Fish	Barberton Municipal Court	DFish@CityofBarberton.com
19. Judge Elinore Stormer	Summit County Probate Court	ESTormer@cpcourt.summitoh.net
20. Judge Joy Malek Oldfield	Akron Municipal Court	joldfield@akronohio.gov
21. Judge Lisa Coates	Stow Municipal Court	coates@stowmunicourt.com
22. Judge Tammy O'Brien	Summit County Common Pleas Court	tobrien@cpcourt.summitoh.net
23. Keith Stahl	Community Support Services	stahlkei@cssbh.org
24. Kerri Defibaugh	Summit County Pre-trial	kdefibaugh@cpcourt.summitoh.net
25. Laurie Fisher	Summit County Probation	lfisher@cpcourt.summitoh.net
26. Leslie Stoyer	NAMI	lstoer@namisummit.org
27. Linda Robinson	Consumer	Lyntcup42@msn.com
28. Lisa-Disabato Moore	Summit County Juvenile Court	ldisabato-moore@cpcourt.summitoh.net
29. Lori Pesci	Summit County Executive Russell M. Pry	lpesci@summitoh.net
30. Lt. Chad Johnson	Cuyahoga Falls Police Department	johnsonca@cityofcf.com
31. Lt. Mike Yohe	Akron Police Department	MYohe@akronohio.gov
32. Magistrate George R. Wertz	Summit County Probate Court	GWertz@SummitOhioProbate.com
33. Mike Sales	Community Support Services	salesmic@cssbh.org
34. Penny Moore	Community Support Services	Penny.Moore@cssbh.org
35. Pete Daly	Summit County Prosecutor's Office	daly@prosecutor.summitoh.net
36. Rebecca Dilbeck	Barberton Probation Department	RDilbeck@cityofbarberton.com
37. Robert Stokes	Community Health Center	robert.stokes@commhealthcenter.org
38. Ruthann Paulus-Bland	Summit Psychological Associates	rpaulus-bland@summit-psychological.com
39. Tammy Jensen	Oriana House	TammyJJensen@orianahouse.org
40. Tony Ingram	Akron Municipal Probation	Alngram@akronohio.gov

Action Planning Matrix for Summit County, Ohio

Priority Area 1: Screening, Assessment, and Information Sharing across systems for initial hearing stage				
Objective		Action Step	Who	When
I.	Establish a common and appropriate platform for information sharing	A. Create a format that asks who, what, how: Who needs to know? What do agencies need to know? How do agencies share information at present? B. Conduct meta-analysis of what agencies are doing C. Gather information with respect to all agencies D. Identify best practice models to enhance information sharing E. Explore financial opportunity to enhance database	ADM/law enforcement/CIT coalition University of Akron/Tony Ingram ADM Board Bernie Rochford/Dr. Fred Frese County Exec/Barberton Court	Mental Health Forum, July 2016 Judge Fish coordinated first work group meeting - Wednesday, June 1, 2016 at 10:30 a.m. at Community Support Services (CSS), 150 Cross Street, Akron, OH.
II.	Establish a 360° feedback loop	A. Patient survey B. Following up to law enforcement and ADM C. Explore financial opportunity to enhance database	ADM/Dr. Doug Smith	
III.	Screening	A. Explore tools that meet CJ, MH and SA needs B. Explore financial opportunity to enhance database	Tony Ingram ADM/County Exec	
IV.	Assessment	A. Develop process that involves coordination from initial onset with ability to receive follow-up from referring agency (tx recommendation, no-show, etc) within time needed B. Review process and determine what basic information is needed once assessment is complete	ADM Barberton Judge Fish	

Action Planning Matrix for Summit County, Ohio

Priority Area 2: Better coordination for access to medication and services at the reentry point from jail and prison

Objective		Action Step	Who	When
I.	Coordination upon release to include the following: - One intake for all agencies - Leave with medications and prescription - Leave with next appointment within 3-5 days - Housing? - Discharge to case manager, family member, or peer - Discharge with treatment plan	A. Add social workers to cover 16 hours/day – for 7 days/week - Perform comprehensive, compatible assessment for all agencies (CSS/PPMH) - Discharge and treatment plan to follow individual to treatment, placement, and community supervision providers - Reinstate with agency and appointment without going through a new system intake - Medicaid/SS reinstatement	Summit Psych (Sheriff, Oriana) w/ ADM funding. Jim Orlando and Doug Smith in charge of meeting	NOW – by end of 2016
		B. Psychiatrist at jail to provide medications for 5 days and prescriptions for 30 days C. Explore possibility of calling in Rx D. Add peer to peer component E. Work out procedure for jail to hold discharge until planned time F. Create a mental health resource packet	SOAR on site at jail Pick up by families/HH through Central Pharmacy CSS – Jail Courts/Sheriff, Summit Psychological	Daily. Start by end 2016
II.	Treatment Plan from agency to jail	A. Inform CSS, PPMH, Coleman (any treatment, placement, or community supervision providers as needed) B. Address HIPPA concerns		

Priority Area 3: County-wide CIT Coordinator(s) and enhancement of CIT (training, data, etc...)

Action Planning Matrix for Summit County, Ohio

Objective		Action Step	Who	When
I.	Establish a viable model for CIT Coordination	A. Form a committee to work through these steps B. Assess buy-in of each law enforcement agency C. Determine the role of the coordinator D. Map, by jurisdiction, number of persons with mental health treatment history (general, crisis, adult, youth)	ADM/Woody (already have done some of this) In progress ADM Board	
II.	Data Collection	A. Determine what data is needed and from who (police, agency providers) B. Establish a mechanism to collect and format data into reports C. Determine how to format data collection to be able to query (segregate elements)	Feedback information from consumers, agencies, law enforcement	
III.	Develop a plan to educate and train stakeholders	A. Establish a community needs assessment process B. Prioritize and establish a schedule C. Develop resource guides for dissemination to families and agencies		
IV.	Assess and appropriately develop resources to expand CIT outreach	A. Assess need/interest B. Assess resources needed to implement based on hours and cost of personnel		
V.	Establish a viable funding model to implement above steps	A. Identify activities requiring funding B. Identify available resources both monetary (e.g., grants) and non-monetary (volunteers, in-kind) C. Develop plan to sustain and data to determine value of investment		
VI.	Establish schedule of meetings of group to implement these changes and assess membership needs	A. Schedule meetings B. Identify membership needs not already included based on objectives C. Invite participants D. Establish dates to accomplish action steps at first meeting	ADM Group	July 31, 2016

Action Planning Matrix for Summit County, Ohio

Priority Area 4: Medication protocols and timeliness at initial detention, especially for misdemeanor detainees				
Objective		Action Step	Who	When
I.	Screen for mental illness at the jail by identifying history of mental health treatment or demonstrated behaviors	A. Summit County Jail to incorporate validated screening tools at booking/assessment	Soltis Ruth Ann Bland	6-30-16
II.	ADM Board identify and share information on individuals booked in jail with open and closed MH files	A. Re-implement role of Forensic Monitor to review booking list and communicate with jail, municipal courts so that captured information is available at the time of arraignment	ADM; Ruth Ann Bland Stow: Clerk Akron: Emily Smith Barberton: Rebecca Dilbeck	6-15-16
III.	Flag and prioritize misdemeanors, F4s and F5s due to short-term stay in custody	A. Send release of information to relevant providers for purposed of immediate medication verification and administration B. Prioritize in-jail psychiatry referral for more timely medication orders C. Potentially detail until evaluation and medication are addressed	Ruth Ann Bland ADM Board	6-30-16 6-30-16
IV.	Establish clear communication among jail, courts, and mental health providers	A. Jail to communicate with courts and ADM re: offenders who have been denied medication because of behaviors at jail B. Communicate with provider agencies between arraignment/summons and first pretrial to have recovery specialist or caseworker in court at first hearing with counsel	Ruth Ann Bland; ADM Stow: clerk Akron: Emily Smith Barberton: R. Dilbeck Akron: personal bailiff/Emily Smith Stow: bailiffs/CSS liaison Barberton: ADM?	6-30-16 6-30-16