

Clermont County
Ohio

Sequential Intercept Mapping
Final Report

November 21 - 22, 2013

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OHIO CRIMINAL JUSTICE
COORDINATING CENTER
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Sequential Intercept Mapping

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Clermont 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 Clermont County, Ohio on November 21 & 22, 2013. The workshops were sponsored by The Clermont County Criminal Justice Coordinating Council and organized by the Clermont County Mental Health and Recovery Board. 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 Clermont 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 Clermont County Criminal Justice Coordinating Council and the Clermont County Mental Health and Recovery Board requested the *Sequential Intercept Mapping and Taking Action for Change* workshops to provide assistance to Clermont 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 workshops included 32 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections, county jail, developmental disabilities, a consumer, law enforcement, courts, vocational, hospital, veteran, and county administration services. A complete list of participants is available in the resources section of this document. David Brown, Douglas Powley, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

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 Clermont 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 Clermont 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

Clermont County has a Criminal Justice Coordinating Council (CJCC) appointed by the County Commissioners, which serves as the Steering Committee for implementing the Sequential Intercept Model. The Council established a sub-committee to serve as the local Planning Team for the Sequential Intercept Mapping workshops. In addition to the CJCC, the following cross-systems teams or collaborative efforts are in place in Clermont County:

- TASC Advisory Board
- Opiate Task Force
- OVI Court Team and Advisory Committee
- RSC Recovery to Work Stakeholders Team
- CIT Steering Committee
- Mobile Crisis
- Ad-hoc teams are formed as necessary for grant planning and/or to address specific issues. There is a strong history of collaboration in applying for and obtaining grant funding in Clermont County.

Consumer Involvement

The local planning team had some difficulty identifying and engaging consumers who had experience with both mental health and criminal justice services to participate in this process. There was no consumer representation on the planning committee, and only one consumer of services participated in both days of the workshop. Three consumers had been identified during the planning phase and unfortunately two of the three were unable to attend when the date arrived. The consumer who participated in both days had direct experience with the criminal justice system, but reported no experience with the mental health system, leaving a gap in important areas of discussion and planning. This was also reflected in the workshop evaluation, related to the degree to which the content was consumer-focused. There was also no NAMI representative in attendance during the mapping workshop; however, NAMI will be participating in work groups to address the priority areas moving forward.

Because of the opiate epidemic, which seems to have affected Clermont County even more greatly than other areas of Ohio, there has been a heavy focus in the community on drug and alcohol issues, which has overshadowed the identification of persons with mental illness and related service delivery.

Recommendations:

- Build interaction and ongoing relationships with consumers and family members who have shown interest in collaborating to improve the continuum of criminal justice and behavioral health services.

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. During the second day of the workshop, a representative from the transportation system was contacted and joined the group to enable further discussion around the transportation priority action item.
- Key players that were missing at the workshops: Adult Parole, consumers with experience in both mental health and criminal justice systems, family members of consumers, consumer advocacy groups, human services, and social services.

Data Collection

- The Clermont County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - 2013 Clermont County Mobile Crisis Team Referrals, with law enforcement/criminal justice referral outcomes
 - Clermont County Crisis Hotline call data 2004 - present
 - Clermont County Jail data, 9/1/12 – 8/31/13
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Clermont County Community Collaboration Focus Group Summary Table, 5/18/12
 - Clermont County Crisis Intervention Team Training Data, updated 11/1/13
 - Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, 11/1/13
 - Clermont County Peer Review Summary (CIT program), 6/27/11

Recommendations:

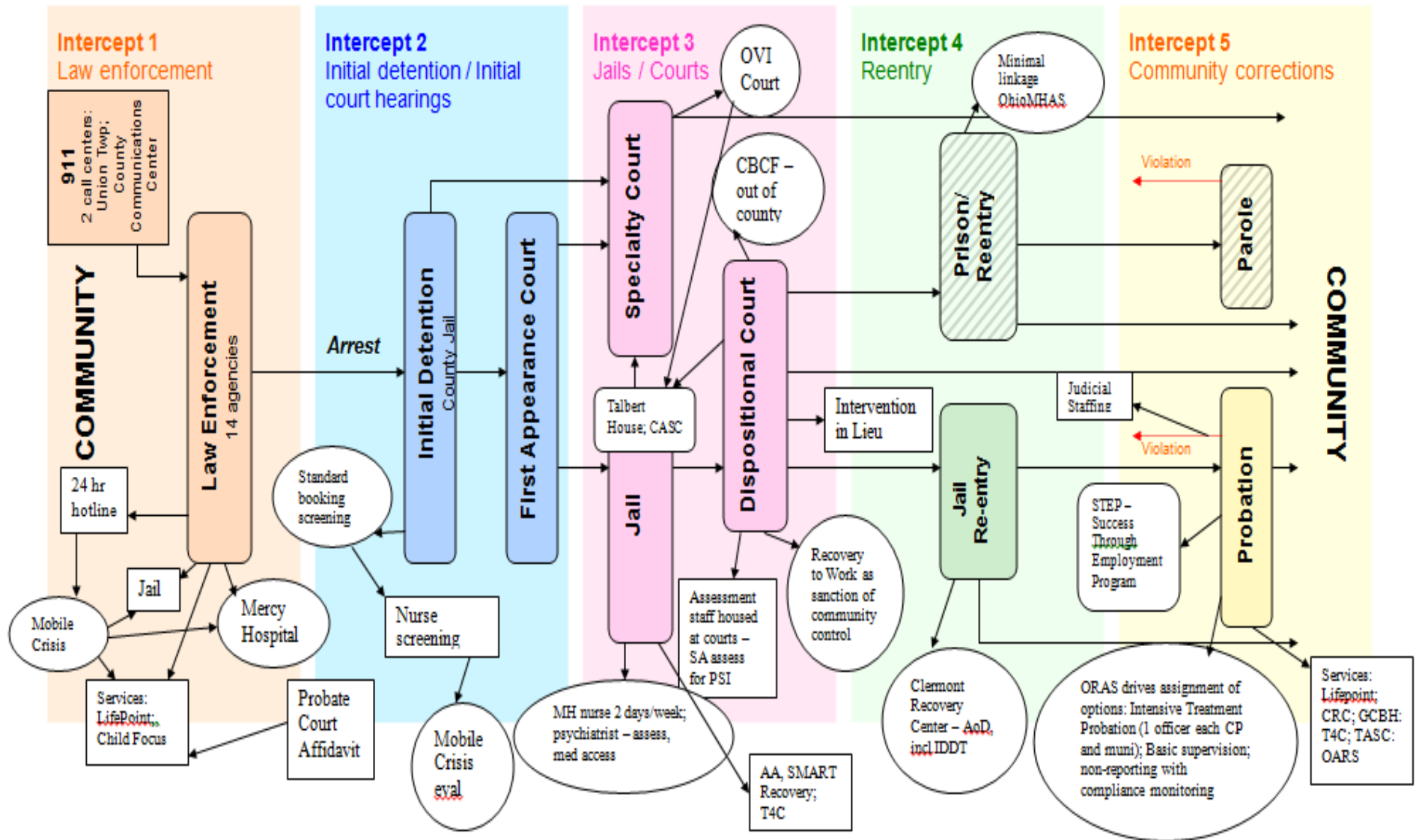
- At all stages of the Intercept Model, data should be developed, shared and analyzed to document the involvement of people with severe mental illness and often co-occurring disorders in the Clermont County criminal justice system.
- Be strategic in collecting data. Identify clearly what data will help to inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.
- Implement a common CIT encounter form to be used by all Law Enforcement agencies. This will enable more targeted communication with mental health providers, as well as a means for evaluating law enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness. Mobile Crisis currently maintains and reports data from LE/CIT referrals; however, this data does not capture any information on encounters that do not result in a referral to mobile crisis.
- There is clear hesitation on the part of the jail administration to report census data, because like so many other jail facilities, there is risk in reporting a census population in excess of the official capacity of the jail. This data should be used for meaningful discussion and planning within the CJCC, to address alternatives for those individuals who may be better served in other settings.
- The criminal justice and mental health systems need to come to a clear and common understanding of terms and definitions associated with mental illness and serious mental illness

and utilize commonly understood terms to determine service eligibility and address individual needs.

Sequential Intercept Mapping

Clermont County, Ohio

Clermont County, Ohio Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships



Clermont 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 Clermont County Sequential Intercept Map. The cross-systems local task force 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.

Intercept I: Law Enforcement / Emergency Services

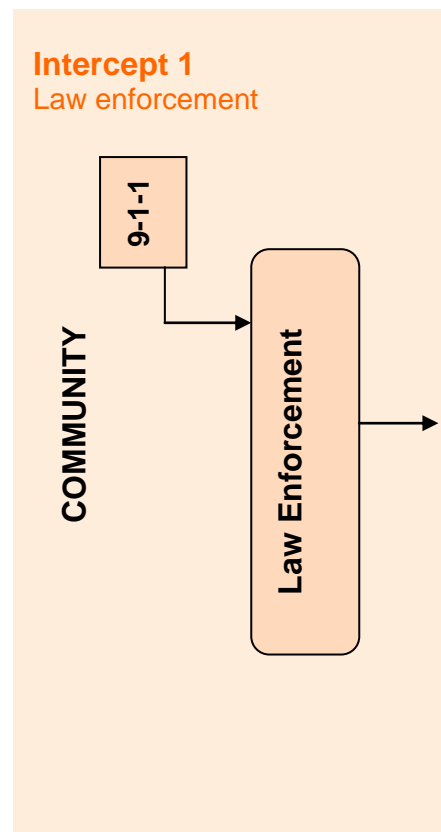
In Clermont County, law enforcement is accomplished by the County Sheriff’s Department, Ohio State Highway Patrol, and local law enforcement in various towns or cities. Law enforcement options for responding to people with mental illness include arrest, transport to county jail, referral to mobile crisis, or referral to provider agencies. There is no formal crisis stabilization unit, and while police may transport to the hospital, admission is restricted.

Dispatch / 9-1-1

- There are 2 dispatch centers in Clermont County, operated by the Clermont County Corrections Center and Union Township.
- Dispatch provides initial screening and then refers callers to law enforcement, the mental health hotline, or mobile crisis. The fields in the CAD system are used to organize the screening of callers.
- Union Township 911 workers are trained by mental health professionals utilizing a CIT companion curriculum developed specifically for dispatch workers. This training began in April 2012.

Law Enforcement

- According to the Ohio Peace Officer Training Commission County Agency Report issued March 1, 2013, Clermont County has 14 Law Enforcement Agencies: Amelia Police Department, Batavia Police Department, Bethel Police Department, Clermont County Sheriff’s Office, Felicity Police Department, Goshen Township Police Department, Miami Township Police Department, Milford Police Department, New Richmond Police Department, Newtonsville Police Department, Owensville Police Department, Pierce Township Police Department, Union Township Police Department, and Williamsburg Police Department.
- Law Enforcement can currently use the following options for persons with mental illness in crisis:



- Release to family or community – Some individuals are cited and released or simply released to the community or family members.
- Hotline services or hotline to access Mobile Crisis.
- Contact Mobile Crisis en route or on scene for on scene evaluation, plan for safety and referral to least restrictive services. Law enforcement may also fax or email information, re: a frequent caller to Mobile Crisis for follow-up linkage and referral. Mobile Crisis reports a good relationship with law enforcement, and law enforcement seems satisfied with the availability of mobile crisis.
- Clermont County Jail – Some individuals are arrested and taken to jail pending court activity.
- Hospital Emergency Department – Officers have the option of taking people with mental illness in crisis to the hospital for medical clearance.
- LifePoint Solutions is sometimes contacted by law enforcement, especially if an individual is a known client. LifePoint Solutions has after-hours services for their clients. Law Enforcement may also transport directly to LifePoint Solutions.
- Child Focus also has after-hours availability to their clients. This is separate from hotline and mobile crisis.
- An option exists for affidavits for outpatient commitment. Law Enforcement may transport to LifePoint Solutions for evaluation for hospitalization. This occurs roughly ten times per year.
- Clermont County Crisis Intervention Team training began two years ago and has accomplished a great deal in a short amount of time. The Associate Director of the Clermont County Mental Health and Recovery Board is the CIT Coordinator. Most Law Enforcement Agencies have participated in CIT training, including Amelia PD, Bethel PD, Clermont County Sheriff's Office, Felicity PD, Goshen PD, Miami Township PD, Milford PD, Owensville PD, Pierce Township PD, Union Township PD, Williamsburg PD, and the Clermont post of the Ohio Highway Patrol, with only a few, very small law enforcement agencies not yet participating. The training program is a 32 hour course composed of lectures, interactions with mental health consumers and services, and practice of de-escalation skills.
- Currently, Clermont County has 105 CIT trained officers, which represent 46% of all full time officers in the county. Only two small jurisdictions do not have ample CIT officers to cover all shifts.
- The Sheriff's Office covers 75% of the unincorporated area in the county. 40% of the Sheriff's Office patrol is CIT trained.

Crisis Services

- Mobile Crisis Team – This program was developed in conjunction with the implementation of the CIT program and is operated by Child Focus, Inc. Mobile Crisis was initially linked specifically to police officers, but has undergone several expansions in scope and availability to address crises at agencies and community organizations. Mobile Crisis does not respond unless law enforcement is on scene, except in the case of juveniles. Mobile Crisis workers can stay on scene without law enforcement if deemed safe. Hours of operation are Monday through Friday, 8:30am – 10pm, and weekends 12pm – 8pm. Mobile Crisis performs the county's pre-hospitalization screenings and typically completes the pink slip.
- There is no crisis stabilization unit or crisis beds in Clermont County, except what can be accessed at the hospital.
- Hotline – Child Focus also operates the community hotline (528-SAVE) which operates 24 hours/7days. The hotline screens for Mobile Crisis and is the only way to access Mobile Crisis.

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- The local hospital is Mercy Hospital. The average daily mental health census is 22 individuals. The hospital provides a significant amount of charity care; roughly 25% have no payer source. Many individuals do not meet criteria for serious mental illness, and the majority present with co-occurring substance abuse.
- On July 1, 2013 the contract between Mercy Hospital and Clermont County Mental Health and Recovery Board ended, so there is no guarantee of service or admission.
- There are no beds for voluntary admission.
- There are no psychiatric hospital beds in Clermont County.

Detoxification

- There are no formal detox services in Clermont County. Intoxicated individuals are often held in jail until sober enough to be assessed at a hospital.

Intercept I Gaps

- ▣ 911 call-takers lack training regarding mental illness
- ▣ 911 does not contact mobile crisis directly
- ▣ Ample CIT trained first responders
- ▣ Mobile Crisis is possibly under-utilized
- ▣ Probate hearings have decreased – unaware where clients are going
- ▣ State hospital threshold for Clermont County is 1.
- ▣ Lack of detox center
- ▣ Lack of crisis stabilization site
- ▣ Hospital admissions are difficult to come by, creating a gap in level of care
 - community mental health providers are not given full professional consideration, i.e., their evaluation is not necessarily accepted
 - hospital criteria for admission is not meeting needs
 - hospital criteria for admission does not match mental health system criteria for admission – difference in professional judgments
 - Change in hospital policy adds to difficulty in admission. Mercy policies changing to corporate level policies and covering larger catchment area.

Intercept I Opportunities

- ▣ Sheriff's Office and Union Township provide dispatch to multiple jurisdictions.
- ▣ Clermont County has a full CIT program, and training is offered regularly.
- ▣ Mobile Crisis hours of operation have increased and this service can be utilized more frequently.
- ▣ Funding for CIT – the county has been successful in obtaining grant awards and leveraging technical assistance.

Recommendations:

- Implement a procedure for collecting and analyzing law enforcement data on mental health calls, encounters, and dispositions.

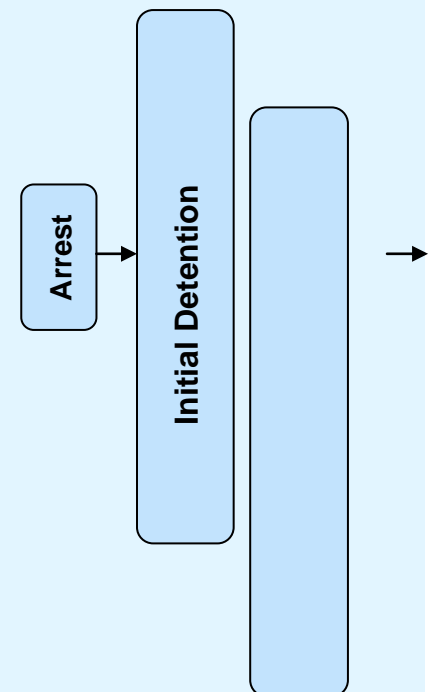
Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

Initial Detention

- Clermont County Jail is a full service jail and is the only lock-up option for both misdemeanors and felonies. On average, 7,000 individuals are booked per year.

Intercept 2

Initial Detention / Initial Court Hearings



- Screening for mental illness and suicide is completed by an officer through a medical questionnaire and observation. If there are red flags, referral is made to nursing for assessment. Jail data indicates that slightly more than half of the individuals booked are identified as having mental health or drug/alcohol issues. The participating consumer reported that initial screening does not always occur before arraignment.
- Some mental illness is missed because of clouding due to alcohol and drug abuse. Nearly a third of the individuals booked were known to have experienced detoxification services. If an individual is intoxicated or under the influence of drugs, the jail will not complete the booking and the nurse must monitor them until booking can occur.
- Medical services consist of daily nursing staff at the jail and a psychiatrist on site once every 2 weeks. The function of nursing staff is to assess, monitor, assist with medication access, and link to needed services or resources. Linkage can be made to community service providers or to Summit Behavioral Hospital for stabilization.
- If suicide watch is warranted, individuals are monitored every 10 minutes and evaluated by the psychiatrist (once every other week) or mental health nurse (2 days/week)
- Information is obtained on needed medications and the source of the prescription. Information for care is sought from LifePoint Solutions and/or pharmacist. Non-formulary medications may be provided through family members, or if necessary a prescription can be issued by the psychiatrist.

Arraignment

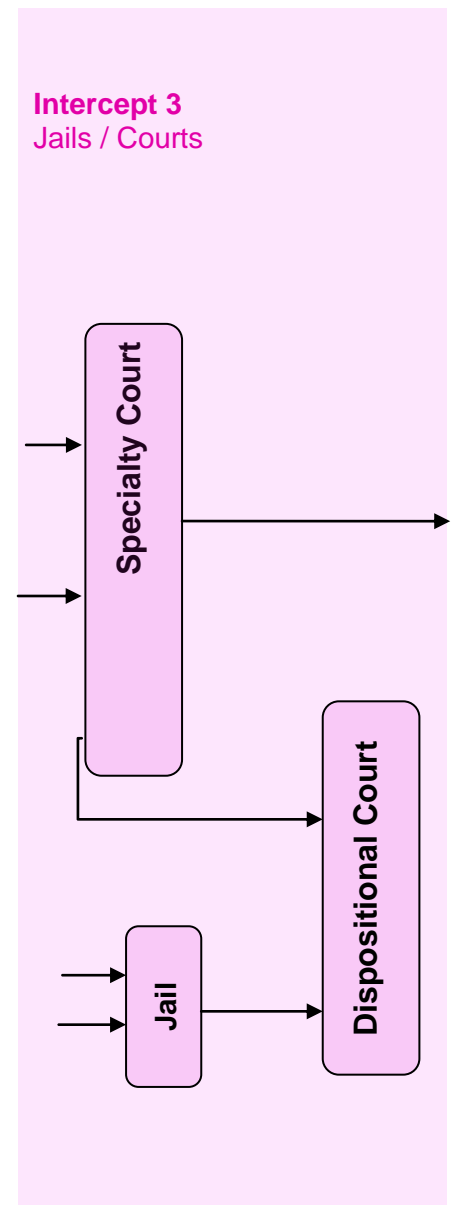
- Evaluation for competency at bond stage
- Bond hearing occurs “next day”
- Summit Behavioral Institution is the state psychiatric hospital utilized for competency restoration
- Court gets information from public defenders or prosecutor, both of whom are at bond hearing. Rarely is mental health status addressed. If it does come up, the defense attorneys often raise the issues/concerns. No formal communication process exists between jail and court, unless unusual or significant issues are identified by the jail nurse and the nurse informs the court; however, information does not flow from jail to the public defender’s office
- Release on recognizance is a commonly used release option

Intercept II – Identified Gaps

- ▣ Communication from jail (nurse) to Public Defender’s office
- ▣ Psychiatrist only on site at jail every other week – need additional resources
- ▣ Discrepancies between what jail staff identify as mental illness and what mental health system defines as mental illness

Intercept II – Identified Opportunities

- ▣ Grant application by Mobile Crisis for liaison position at jail was awarded. Mobile Crisis will be hiring a full time position to begin work July 2014. This position will have the primary responsibility of assessing individuals who are exhibiting the symptoms of a mental health disorder with accompanying high risk behavior that may warrant the need for hospitalization. This position will also collaborate with any current service providers and the courts to identify individuals who are in need of mental health treatment prior to sentencing in an effort to divert



individuals to treatment, if appropriate.

- Public Defender's Office could be a resource if they are informed of suspected or confirmed mental health issues. Could establish conditions of bond.

Recommendations

- Consider using a validated screening tool in the jail, such as the Brief Mental Health Jail Screen, to identify individuals with possible mental illness.
- For the screening being done now, establish a mechanism for informing the public defender and the court when jail screening indicates the likely presence of meaningful mental health issues. Even if only upon a guilty adjudication, the defendant and community may benefit if the Court's sentence considers beneficial treatment. Further, if a defendant is sentenced to prison, can the jail inform the ODRC of screening results?

Intercept III: Jails / Courts

Jail

- Capacity of the jail is 320 beds. The typical census range is 330 - 340. 32 beds are individual cells used as "supermax", for stabilization of various difficult or complex cases, including mental illness. Individuals with serious and persistent mental illness are often held in 4 units of the supermax section of the jail – an area for people who need intensive monitoring. Often individuals identified as having a serious mental disorder by jail staff do not meet the criteria for a serious disorder per the mental health system.
- Medical services are provided daily by a nurse, twice a week by a mental health nurse, and every other week by a psychiatrist.
- Inmates can access previously prescribed medications if non-narcotic and they can be filled by a family member or other outside person. Nursing staff will verify and allow. If medications are filled by the jail, inmates are limited to the jail formulary. If necessary, a non-formulary prescription will be issued.
- Screening is done for mental illness, but services are primarily for alcohol and drug related disorders, including AA, NA, drug treatment, and SMART Recovery (described as an AA alternative minus the higher power concept). No mental health services are available, although the nurse does some individual counseling on an acute basis.
- Thinking for a Change is provided by probation staff, post-conviction for both misdemeanors and felonies, and is used as a reentry model and sentence reduction program. Mental illness is not an automatic disqualifier. Thinking for a Change is also available in the community.
- Community Based Correction Facility is also available.
- The Community Alternative Sentencing Center (CASC) is a community drug and alcohol treatment program for women, operated by Talbert House and housed in a wing of the jail. The program is a residential lock-down, community control sanction for misdemeanor offenders and is capped at 30 days, except for OVI offenders, who can stay longer. Program time counts toward jail time. This is a pilot program, first of its kind in Ohio.
- 12 Corrections Officers from Clermont County Jail have completed Crisis Intervention Team (CIT) training.

Court

- Intensive Treatment Program is available.
- Misdemeanors can be probated instead of criminal charges.
- Court utilizes intervention in lieu of conviction.
- Recovery to Work program includes coordinated Day Treatment services for 6 weeks and is provided by LifePoint Solutions and Clermont Recovery Center. The program is for people returning from county jail, with occasional Common Pleas cases.
- The court uploads pre-sentence investigation and ORAS information to DRC.

- Pre-sentence Investigations are commonly used at Common Pleas, but rarely at Municipal Court which is usual with misdemeanors.
- Behavioral health agency staff is housed at the court for the purpose of performing assessments. Primarily substance abuse assessments are used in pre-sentence investigations, with occasional mental health assessments.

Specialty Courts

- There are no adult specialty courts in the county for persons with mental illness, nor a perceived need within the current framework of doing business; however, the courts do use individual results of the Ohio Risk Assessment System (ORAS) tools to make decisions.
- There is an OVI Court, and significant mental illness is a rule out for eligibility.
- Intervention in Lieu of Conviction is utilized.
- Dismissal and move to probate court is not common, but can be a useful tool.
- Community based correction facility in Warren County is utilized.

Intercept III – Identified Gaps

- ▣ Cross-system agreement on terms and definitions related to serious mental disorders
- ▣ Long term model
- ▣ Treatment between hospital and home
- ▣ Mental health treatment in jail
- ▣ Community Alternative Sentencing Center (CASC) for males
- ▣ None of the workshop participants had completed trauma informed care training
- ▣ People in supermax in jail may be limited as to services they can participate in or receive (based on classification system)
- ▣ Many gaps identified related to where people can receive services and under what circumstances

Intercept III – Identified Opportunities

- ▣ Sanctuary training to occur soon

Recommendations:

- Utilize the appropriate ORAS tool for jail inmates and use results to select participants for Thinking for a Change program based on level of risk, i.e., use the risk-needs-responsivity model for decision making and inclusion in jail-based and reentry services.
- Revised jail standards, including new standards which integrate health and mental health, have been drafted and are currently under review. New standards could go into effect early in calendar year 2014. Jail staff should review the drafted standards as early as possible and begin to plan for required changes as well as identify additional opportunities for improvements.
- Address the discrepancy that exists between jail and mental health, re: individuals identified by jail staff as having a significant mental health problem (especially those being housed in supermax) but do not meet criteria in the mental health system, and identify appropriate services for these individuals.
- Identify at minimum a core team of individuals across systems to participate in trauma informed care training.
- Similar to the work being done to assess for AoD issues, the mental health system could be screening jail rosters and court dockets for known clients. Behavioral health staff frequenting the court can identify individuals who are in treatment or would benefit from mental health services and can help provide liaison between mental health and criminal justice entities.

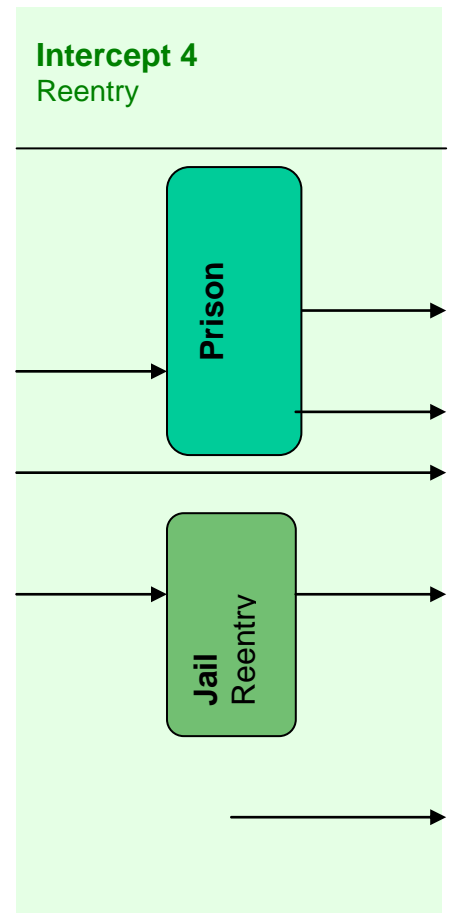
Intercept IV: Prisons / Reentry

Prisons-

No prisons located in the county.

Reentry

- Recovery to Work/Horizons program focuses on rehabilitation for individuals with substance use disorders, especially opiate addictions, while helping them transition back into society from jail. The program provides necessary treatment, including Medication Assisted Treatment and intensive vocational rehabilitation services.
- There is inconsistent information flow from Adult Parole Authority.
- Housing is an identified need within the community. LifePoint Solutions assists with housing, and referrals are made regarding housing. Many clients do not have a permanent address, so cannot get the help they need. The Shelter will not accept people with a history of violence.
- Transportation is an issue.
- From jail, 7 days dosage of medication is provided, but often there is a lapse of 30 days to assessment. Individuals are given a pamphlet on resources to help with medication.
- 21 individuals currently reside in group homes that the Mental Health and Recovery Board pays for.
- Lifepoint Solutions operates apartments.
- 5 Shelter plus Care beds are available through HUD funding.



Intercept IV – Identified Gaps

- ▣ Inconsistent communication with OhioMHAS Community Linkage Program and DRC. From community perspective this system is currently not working well.
 - Coordination for appointments with local providers has been inconsistent.
 - Information on linkage packets is slightly improving, but is still not good.
 - Insufficient notification to local community of release from prison has created issues (e.g., homeless sex offenders).
 - Upon release from prison, it is not easy to navigate needed services.
- ▣ Assessment on release from county jail is not timely.
- ▣ Lack of housing options; most options do not work well with criminally adjudicated population.
- ▣ Communication with CBCF.
- ▣ Lack of information provided to consumers, re: mental health, housing, job training and other services.
- ▣ Gap in common definitions and Mental Health and Recovery Board definition of SPMI is currently more restricted than the state or other definitions because they lack funding to serve all.
- ▣ Lack of health insurance limits options greatly. Must have SPMI and/or insurance to get psychiatric care, which creates gap in medications.

Intercept IV – Identified Opportunities

- ▣ Clermont Recovery Center operates AoD and IDDT services.

- Health Source is a Federally Qualified Health Center.
- Lifepoint Solutions operates programming for federal releases, most of which are sex offenders.

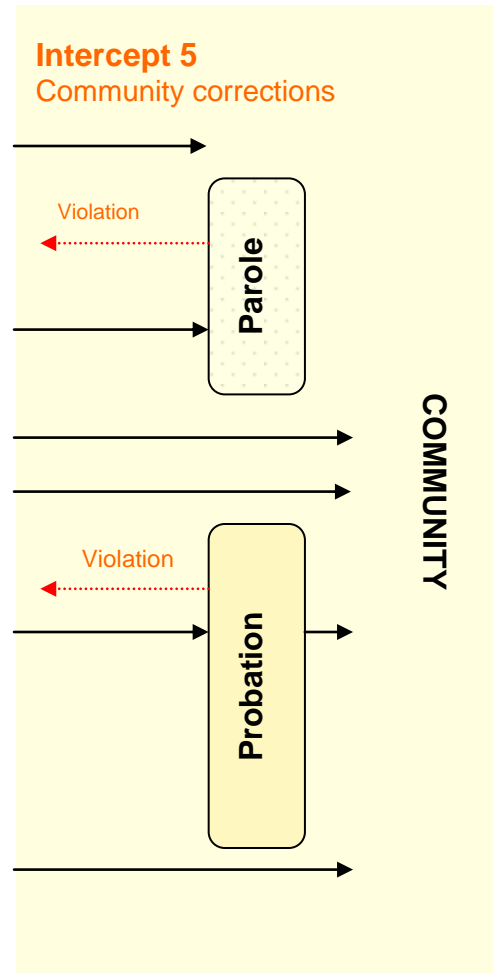
Recommendations:

- Utilize a valid screening tool in jail to identify individuals who may need further assessment.
- Incorporate mental health assessments and basic services into the jail setting.

Intercept V: Community Corrections / Community Support

Probation

- Level of supervision and referral to services is driven by ORAS results.
- S.T.E.P. program = Success Through Employment
- Municipal Court – Options range from non-reporting to Intensive Treatment Probation. Non-reporting misdemeanor probation is conditioned on treatment compliance and monitored by a compliance officer. General (basic supervision) probation is an option. ITP links with service providers, is court monitored, and has IDDT programming available. The large majority of ITP caseload has co-occurring disorder. Caseloads for ITP are 40-50, but have been as high as 70.
- Felony options are the same as municipal and include ITP through Common Pleas probation. Caseloads are 35-40. Basic probation is available if deemed appropriate.
- Judicial staffing is used as a step short of probation violation.
- Clermont Recovery Center provides most of the outpatient AoD services for the courts (estimated 80%). Includes IDDT.
- CASC – programming for female misdemeanants.
- LifePoint Solutions is the agency used for mental health services. Also recently began using a smaller provider, Greater Cincinnati Behavioral Health, for mental health services.
- Relationships are fairly good among probation and agencies. A lot of work has been done in the past few months to shore up communication between LifePoint Solutions and probation/courts. Normal tensions occur, re: views and expectations of what case managers and Probation Officers should do.



Parole

- Parole was not represented at the workshop.

Community Supports

- CASC
- Community Based Correction Facility
- Clermont Recovery Center – outpatient AoD, includes IDDT
- LifePoint Solutions
- Mobile Crisis
- TASC
- Greater Cincinnati Behavioral Health

Intercept V – Identified Gaps

- ▣ Communication and common expectations between treatment providers and probation
- ▣ Timeliness of access to treatment, availability of medication and other services
- ▣ Cross training deficit – understanding abilities, definitions, expectations, professional opinions, and limitations
- ▣ Job support – eligibility for services
- ▣ Transportation
- ▣ Access to feedback on treatment , i.e., collaboration
- ▣ Specific people or programming for criminal justice involved persons with mental illness at LifePoint Solutions
- ▣ Trauma informed care

Intercept V – Identified Opportunities

- ▣ Sanctuary – trauma treatment model

Recommendations:

- Identify a mechanism for meaningful exchange of information and case planning across treatment providers and probation

Priorities for Change

Clermont County,
Ohio

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

Top Priorities

1. **Timeliness of assessment and treatment, including availability of medication and other services – identified as an important gap at Reentry and for Community Corrections & Supports – combined under one umbrella priority (28 votes)**
2. **Difficulty attaining hospital admission (11 votes)**
3. **Transportation (7 votes)**
4. **Common understanding of terms and definitions (8 votes)**
5. **Lack of housing options (7 votes)**

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

- ▣ 911 training regarding mental illness
- ▣ Long term model
- ▣ Treatment between hospital and home
- ▣ Mental health treatment in jail
- ▣ Job support – eligibility for services
- ▣ Access to feedback on treatment, i.e., collaboration

Additional Recommendations

Cross-Intercepts Recommendations:

- Identify specific ways to incorporate trauma informed care into the sequential intercept model. Policy Research Associates created a handout with intercept by intercept examples, which can be found at http://www.prainc.com/?attachment_id=1787
- Expand forensic peer counseling, support, and specialists to promote recovery.

Parking Lot Issues

Available mental health services are inadequate as a result of inadequate funding

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Additional Resources

CIT International	citinternational.org
Coalition on Homelessness and Housing in Ohio	http://cohhio.org/
Corporation for Supportive Housing	40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	http://csgjusticecenter.org/mental-health/
Lutheran Metropolitan Ministry Community Re-entry	http://www.lutheranmetro.org/Community-re-entry/
National Association of Pretrial Services Agencies	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	http://store.samhsa.gov/home
National Criminal Justice Reference Service	https://ncjrs.gov/
National GAINS Center/TAPA Center for Jail Diversion	http://gainscenter.samhsa.gov/
National Institute of Corrections	http://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	http://www.drc.ohio.gov/web/reentry_resource.htm
Ohio Ex-Offender Reentry Coalition	http://www.reentrycoalition.ohio.gov/
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Policy Research Associates	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org/
Pretrial Justice Institute Diversion Programs	http://pretrial.org/DiversionPrograms
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
Supreme Court of Ohio Specialized Dockets Section	http://www.supremecourt.ohio.gov/JCS/specdockets/
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	http://cit.memphis.edu/
Veterans Justice Outreach	http://www.va.gov/HOMELESS/VJO.asp

Sequential Intercept Mapping
Clermont County, Ohio | November 21 & 22, 2013

Participant Roster

Municipal Court
4436 State Route 222, Batavia OH 45103

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513-732-7914

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Lee Ann Watson, Associate Director
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Judge Victor Haddad
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Consumer

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Clermont County Sheriff
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Steve Leahy
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Action Planning Matrix for Clermont County, Ohio

Priority Area 1: Timeliness of assessment and treatment, including availability of medication and other services			
Objective	Action Step	Who	When
1. Assist consumers to get access to services from jail	Establish peer group to orient offenders to services	CRC and consumers? CASC	November 29, 2013
2. Access information more quickly	Establish court collaboration committee to meet needs	LPS and CRC	
3. Improve time from referral to treatment – access to services within a week	Walk in assessments	LPS and CRC	
4. Response from treatment providers	Establish contact person to contact to get information	LPS and MHRB	
5. Availability of medications/continuity of medications	Investigate whether jail would allow meds from the hospital.	CCJ (Willis) and LPS and Hospital	
6. Work group continue to meet	Issue schedule for next meeting within a week of the workshop	Steve	

Action Planning Matrix for Clermont County, Ohio

Priority Area 2: Difficulty in attaining hospital admissions				
Objective	Action Step	Who	When	
1.	All parties understand limitation and criteria for admittance to hospital			
2.	Have physicians/psychiatrists give weight to Mobile Crisis unit evaluations			Meeting Monday (11/25) already set.
3.	Learn/share alternatives for psych care other than admission.	Send packet of information and specifics to jail, probation depts., mobile crisis (hopefully expand list)	Ann Hoffman Ruther	Within 30 days of workshop
		Explore possibilities for future consideration, e.g., de day care treatment, crisis stabilization unit, in-house (jail) psychiatric counseling	Ann and Chris Willis	
		Share new ideas and concerns with parent group of hospital in upcoming organization	Ann	
		Invite Greater Cincinnati Behavioral Health to be involved	Probation - Neimyer	Contact within 30 days
		Bring Summit Psych Hospital into conversation as well		
		Convene next meeting of work group		

Action Planning Matrix for Clermont County, Ohio

Priority Area 3: Transportation			
Objective	Action Step	Who	When
1. Establish each organization's population needs around Clermont	Pull in demographics and research with resources that already exist	Dan – Board of DD Jamie – Adult Probation Kasandra – Common Pleas Andrea – Mental Health Tom Eigel – facilitate GIS analysis of info	End of January
2. Analyze Data	GIS reports: establish any potential early, easy fixes; share info with CTC. Any creative fixes – funding needed?	GIS, CTC	
3. Establish connections to areas in need	CTC (any solutions?) – availability of staff and resources	Lisa Gatwood	End of February
4. Seek other alternatives, potential funding (grants) to assist in cohesively covering each population	Grant writing; county funds For now, share schedules	Cohesive effort by committee members representing each population	

Action Planning Matrix for Clermont County, Ohio

Priority Area 4: Common understanding of terms and definitions			
Objective	Action Step	Who	When
1. Define treatment eligibility	Hold trainings at agencies, ORAS at agencies. At court, talk about services.	Lee Ann Watson (LA)	Jan. 26, 2014
2. Define SMD	Board definition. Also define what is MI.	LA	
3. Define quads		LA	
4. Glossary of terms	Include county and state. SMD, SPMI, criteria for admission, CTST, agency/court acronyms, co-occurring, CIT, Criminal level of offense, ORAS, SST, homelessness, public/HUD housing	All – each agency (Julie F. to gather and distribute)	Prior to next CJ meeting (1/26?)
5. Define difference between treatment and counseling		LA	
6. Define what qualifies person for CPST or Psych		LA	
7. Define what services are not SMD	Specifically, if not SMD and need services with no \$, describe how to obtain services, what is available, how prioritized, eligibility, and how to communicate with courts.		
8. Define limitations of LPS			
9. Define expectations of all (court-need to know)	Communication Plan: policy on return calls, email, prioritization of court clients, point person, chain of contact to get info	Julie P., Julie F.	1/26/14
10. Define hospital definition of criteria vs. community	Include information on why criteria is not held in writing; share screening instrument and information on how level of suicide risk is determined.		
11. Define success	Include definitions for treatment, probation, and LPS,. Include information on prognosis, recommendations given, and stages of change.		
12. Define MHRB priorities			

Action Planning Matrix for Clermont County, Ohio

Priority Area 5: Lack of Housing Options

Objective		Action Step	Who	When
1.	Clarification of public housing and HUD	Contact affordable housing to see if anyone wants to join group.	Kathy Burbage	1/31/14
		Contact Hamilton County Re-Entry Coordinator and reach out to them to see if we can join forces	Ann Kruse	1/31/14
		Contact Faith based organizations reaching out for assistance	Linda Ellis	1/31/14
		Contact Legal Aid, Ohio Justice and Policy Center or CC PD Department for assistance with definition or interns.	Ann Kruse and Kathy Burbage	1/31/14
2.	Send out Veterans Resource Manual	Obtain resource manual and email out to group for reference	Kathy Burbage	12/15/13
3.	Define homelessness	Obtain HUD's definition of homelessness	Kathy Burbage	12/15/13