



Ohio

**Department of
Mental Health**

COMMUNITY LINKAGE PROGRAM MANUAL

Distributed by the
Office of Forensic Services
Ohio Department of Mental Health

2012



Dear Colleagues:

This is the fourth edition of the Community Linkage Program Manual. Revising the manual became a necessity to keep pace with the changes the program has made since it started in 1995.

The Ohio Department of Mental Health (ODMH) Community Linkage Program provides a valuable component in the continuum of mental health services provided in Ohio Department of Rehabilitation and Correction (ODRC) prisons by linking offenders with severe and persistent mental illness to community mental health services and supports upon release. While the process of linking an offender to community mental health services sounds simple, it is actually complex. The goal of this manual is to provide information to the reader regarding this linkage process. An agreement between ODRC and the ODMH is executed every two years that governs the operation of the program. General elements of this agreement are included in this manual.

This manual is intended to provide a practical reference for those working directly with the linkage program and educate those wishing to know more about the program. It is hoped that you will find it useful.

If you have questions about the manual or the Community Linkage Program, feel free to contact the ODMH Office of Forensic Services at: 30 East Broad Street, Columbus, Ohio, 43215, (614) 466-1099.

Table of Contents

I. The Community Linkage Program and System Overview	5
A. Introduction to the Community Linkage Program	5
B. Program Background	5
C. Community Linkage Vision, Mission and Goals	6
II. The Community Linkage Program	7
A. Program Design and Elements	7
Agreement Between ODMH and ODRC	7
Offender Eligibility	7
Community Linkage	7
Adult Parole Authority	8
B. Organization of Linkage Services	8
C. System Coordination	9
Offender Benefit Information	10
D. Community Linkage Procedures	10
Community Notification	10
Release of Information Guidelines	11
Linkage Procedures for Offenders Entering the Prison System	11
Linkage Procedures for Offenders Leaving the Prison System	11
Offenders Paroled to a Halfway House	13
Procedures for Offender Refusal	13
Special Circumstances	14
Duty to Protect Procedures	15
Weekend/Holiday Releases	15
Transportation	15
Out-of-State Linkages	15
Additional Resources	16
E. Documentation and Tracking Requirements	16
Community Linkage File Format	17

File Retention 17

F. Program Evaluation Component 18

III. Glossary.....19

Appendices

- Appendix 1: Community Linkage Packet Guidelines
- Appendix 2: ODMH Release of Information
- Appendix 3: Cover Letter for Out of County Halfway House Placement
- Appendix 4: Refusal of Community Linkage

I. The Community Linkage Program and System Overview

A. Introduction to the Community Linkage Program

The Community Linkage Program is operated by the Office of Forensic Services (OFS) of the Ohio Department of Mental Health (ODMH). This program operates in accordance with the guiding principles and identified priorities of ODMH.

ODMH developed the program in coordination with the Ohio Department of Rehabilitation and Correction (ODRC) as a response to an identified need. The primary purpose of the Community Linkage Program is the improvement of continuity of mental health care for offenders entering and leaving the prison system.

The Community Linkage Program, under the supervision of the Chief of the Office of Forensic Services, consists of a Community Linkage Manager (CLM) and Community Linkage Social Workers (CLSWs). The duties of the CLM include supervision of the CLSWs, collaboration and liaison with the area Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards or Community Mental Health (CMH) Boards and other stakeholders on linkage procedures, and program coordination with the prisons, jails, psychiatric hospitals, and community mental health and substance abuse service providers within their areas. Each ODRC prison has an assigned/designated CLSW who is responsible for providing linkage services to that prison's mental health population.

This manual will provide information on the development of the Community Linkage Program, the program's Vision, Mission and Goals and related procedural information. Additional information about the relationship and interactions between the ODMH Community Linkage staff and the staff of the ODRC institutions, and their relationship with representatives from the community mental health system are also described in this manual.

B. Program Background

Two concurrent events lead to the development of the ODMH Community Linkage Program. In 1994, the National Coalition for the Mentally Ill in the Criminal Justice System sponsored a National Policy Academy that convened in Aspen, Colorado. Ohio was one of several states invited to participate. Teams of experts from the areas of criminal justice, mental health, substance abuse, youth services, and corrections were assembled to discuss ways to better manage offenders in the criminal justice system who have mental health and/or substance abuse problems. As a result of the National Policy Academy, representatives from Ohio agencies including ODMH, ODRC, the Ohio Department of Youth Services (ODYS) and the Ohio Department of Alcohol, Drug Addiction Services (ODADAS) continued to meet to identify methods to bridge the system gaps locally. One of the barriers to continuity of care for offenders identified at the Policy Academy was the statewide operation of the prison system, versus the local provision of mental health services through Community Mental Health (CMH) and/or Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards and their contract agencies. It seems apparent that this type of system could lead to substantial geographic, economic, political, and communication barriers. It was out of these discussions that the concept

of a Community Linkage Program was developed to provide continuity of care between the prison and community systems for this population.

Concurrently, these same state agencies pooled funds to provide grant dollars to local communities who were interested in developing pilot programs to better serve youth and/or adults with either mental health and/or substance abuse problems and were involved in the criminal justice system. Five pilot programs were developed to address the Policy Academy concerns, including jail diversion and mental health screening and treatment.

At about the same time as the National Policy Academy occurred, a class action lawsuit was filed on behalf of offenders incarcerated in the Ohio prison system alleging that mental health services in the prison system were inadequate for offenders diagnosed as mentally ill. The *Dunn vs. Voinovich* lawsuit resulted in a consent decree effective July 1, 1995, which mandated changes in the delivery of services to offenders with mental illness.

Prior to the consent decree, the Department of Mental Health provided mental health care to offenders in Ohio's prison system through the Office of Psychiatric Services to Corrections. After July 1, 1995, ODRC assumed responsibility for the provision of these services. The Community Linkage Program was created to help bridge the gap between state and local criminal justice and mental health services. Improvement in continuity of care was needed to reduce recidivism, improve information flow, improve services to offenders with mental illness, and reduce risk to prison and community service providers, the public and the offender. Although no longer under the consent decree, ODMH and ODRC are committed to high standard mental health services, inclusive of continuity of care upon entry and release.

C. Community Linkage Vision, Mission, and Goals

Vision Statement

The ODMH Community Linkage Program strives to aid all offenders with severe and persistent mental illness in their mental health recovery and stability by providing high quality, holistic and timely continuity of care services upon entering and leaving prison.

Mission Statement

The Community Linkage Program will facilitate continuity of mental health care for persons entering or leaving the prison system by assisting in policy development, sharing of information, identifying and addressing needs, monitoring outcomes, and providing problem-solving assistance. This will promote reduced recidivism rates for persons with mental illness who are leaving the prison system and reduce the number of persons incarcerated due to their illness.

Program Goals

1. Provide continuity of mental health care for offenders entering or leaving an ODRC prison who are identified with serious and persistent mental illness (SPMI).
2. Reduce recidivism of persons with mental illness who are involved in the criminal justice system.

3. Reduce de-compensation rates of released offenders to increase chances at recovery and successful reintegration.
4. Build and strengthen information sharing and alliances across systems.
5. Facilitate problem solving between the corrections and mental health systems and offenders related to accessing community mental health services.
6. Enhance public safety by arranging post-release mental health services, recovery supports and benefits.

II. THE COMMUNITY LINKAGE PROGRAM

A. Program Design and Elements

Agreement Between ODMH and ODRC Mental Health Services and Offender Services Network

The Departments of Mental Health and Rehabilitation and Correction have a signed partnership agreement that describes the roles and responsibilities of their department representatives as they relate to the Community Linkage Program. This is a working agreement that is updated and renewed every two years.

Offender Eligibility

Request for Information Upon Entry to ODRC or ODYS Institution: When an offender is identified during the initial intake screening as having received community mental health services, an ODRC staff person will ask the offender to sign a release of information form. The release of information form should identify the pertinent mental health information to be released as well as identify a specific facility. This might include past mental health treatment history, psychiatric examination(s), status reports, diagnostic information, medication history, etc.

Facilitation of Linkage Upon Discharge: Most offenders on ODRC's institutional mental health caseload who are SPMI, are eligible for Community Linkage. Example of exceptions of individuals that would not be eligible for community linkage include 1) offenders on the caseload who leave ODRC and go to court and are released directly to the community from court 2) offenders who have a detainer and will not be released to the community and 3) offenders who are being deported to another county. ODMH will consider linking offenders with other mental health histories, if referred to the program by ODRC mental health staff, and based on severe clinical impairment. Offenders are linked for an initial appointment for mental health services in the community when ready for release. The level of service required in the community is determined by the functional ability of the individual offender. Factors affecting level of service include current medication and counseling regimen, pre and post-release housing arrangements, previous hospitalizations or community service provision, dangerousness, family support, substance abuse history, independent living skills and other factors as determined on a case-by-case basis. The local mental health agency serving the offender will determine the appropriate level of service based upon the information provided by the community linkage referral packet.

Community Linkage

Ohio's community mental health services are provided through 50 CMH/ADAMHS. Each board has designated a contact person for Community Linkage in its Board area. The contact person may be a board employee, a contract agency employee or Community Support Network (CSN) staff. The CLSW will send a community linkage referral packet to the designated contact person prior to the release of an offender, and assists in arranging initial mental health services in the board area. The Office of Forensic Services maintains an updated list of each board's identified contact person. In addition, CLSW's may also assist in coordinating other services, when a need has been identified, such as transportation, housing, or other community recovery supports. Specifically, the CLSW may facilitate benefit application (Social Security Insurance, Disability Insurance, or Medicaid) for those offenders who meet the eligibility criteria pursuant to the expedited social security project.

Adult Parole Authority

The Adult Parole Authority (APA) has the responsibility for community supervision of offenders. There are six Parole Regions in the state of Ohio and each region is responsible to coordinate substance abuse, mental health, reentry and sex offender treatment for offenders released on parole or post release control. It is the intent of this program to share community linkage information with the assigned parole region, when a release of information is signed by the offender to share such information. The CLSW will explain the benefits of sharing the linkage information, which is to improve continuity of care and successful reentry. The designated regional parole staff and CLSW will work together in arranging services and supports for offenders subject to post release supervision, and if unforeseen circumstances arise. The CLSW and parole staff will collaborate to identify appropriate referrals to the parole funded Assertive Community Treatment (ACT) teams (see page 17).

B. Organization of Linkage Services

The CLSWs maintain contact with the prison staff and community mental health providers to ensure that offenders entering the prison system and in need of prison mental health services are identified. In these cases the CLSW's role is to facilitate information sharing from the community to the prison. The sharing of treatment information assists prison service providers in identifying an offender's mental health needs, treatment history, suicide tendencies and risk for violence among other things. Continuity of care and information sharing upon entry into the prison are central to reducing liability in managing these tasks and providing better treatment to offenders. The CLSW maintains regular communication with the ODRC staff and the community staff to provide the linkage service.

The CLSWs serve as a conduit of information flow for offenders ready for release from prisons. The primary duties of the CLSWs include monitoring the release dates of offenders receiving mental health services and arranging for initial community services and supports post-release. The CLSWs coordinate with the prison staff, the community mental health representatives, the offender and others to ensure that information is shared with the community mental health agency. They also provide offenders leaving the prison setting with an established community

mental health appointment when possible. When applicable, CLSWs will also assist with benefit application and linkages to other community recovery and supports as appropriate.

In order to ensure access to offenders, prison treatment providers and the most current treatment records, the CLSWs are based in ODRC institutions. All ODRC prisons have Community Linkage services available. Placement of the CLSWs in the prisons is accomplished through a cooperative agreement between ODMH and ODRC and involves ODMH Forensic Services, the Warden and Deputy Warden of Special Services at the base institution, the Mental Health Administrator (MHA) or Mental Health Manager (MHM), the Community Linkage Manager, and central office staff of ODMH and ODRC.

The CLSWs attend the pre-service training at the ODRC Corrections Training Academy and all institution pre-service training as required. The CLSWs are expected to conform to all ODRC Standards of Conduct policies as well as other pertinent ODRC policies and procedures. The CLSWs are given workspace, access to offenders and their mental health records, access to a telephone, computer and fax machine to properly perform their duties. The Community Linkage Program has established bases for the CLSWs in certain institutions, and coverage has been arranged for all of the other institutions. The Linkage program is prepared to respond to prison system changes as they develop.

The Community Linkage Manager (CLM) is assigned to supervise all CLSWs. The role of the CL Manager includes providing the CLSWs with updated and accurate information and assisting in problematic linkages. The CLM is responsible to provide orientation on ODMH policies and procedures for the CLSWs and to respond to problems, questions, and issues that they encounter in the prison or with the community. The CLM plays a prominent role in assisting the CLSW in situations involving an offender who is being considered for involuntary hospitalization to an inpatient psychiatric facility or is in crisis upon release from prison. The CLM is responsible for performing quality assurance/improvement activities on the community linkage program.

The CLM also liaisons with the CMH or ADAMHS Board representatives and other stakeholders to ensure that the program is working effectively and that the required information is being provided. The CLM is key in the development of policies and procedures to ensure that the program is efficient and effective.

C. System Coordination

The Community Linkage Program is funded by ODMH, but the program and services are developed in collaboration with numerous partners. Representatives from various systems participate in regularly scheduled Community Linkage Management meetings. Participants represent the ODMH Office of Forensic Services leadership, ODRC's Bureau of Mental Health Services (BOMHS) and Division of Parole and Community Services (DPCS), the Ohio Association of County Behavioral Health Authorities (OACBHA), and the Ohio Council of Behavioral Health and Family Services Providers. The purpose of this team is to (1) problem solve ongoing systemic issues, (2) provide oversight to the Community Linkage process, (3) plan interagency meetings, and (4) manage other mental health reentry issues as they develop.

As needed, other meetings with program constituents including community board and agency

representatives to gather input on program development and the community perspective are held.

Offender Benefit Information

When offenders with mental illness leave the correctional system they are given a 14-day supply of their prescribed medication. It is extremely important for individuals eligible for Social Security benefits to realize those benefits as soon as possible after their release from prison. The CLSWs receive a list from ODRC of offenders that have been screened and considered eligible for the SSI Pre-Release Program based upon their mental health issues. The CLSW will then facilitate the completion of the SSA application documents prior to the offender's release. The CLSWs also monitor offenders with mental illness sentenced for one year or less to see if they are eligible for Reinstatement of Medicaid for Public Institution Recipients Project (ROMPIR).

It is expected that there will soon be a process in place for the CLSWs to complete Medicaid applications for offenders who meet CLSW criteria and have been approved for SSA Benefits while incarcerated.

D. Community Linkage Procedures

Community Notification

Through planning with the various CMH/ADAMHS boards, each board area has determined a process for community linkage to occur. In some cases, the CLSW shall notify the appropriate board where the offender has indicated that s/he will be living after release. The CLSW does not determine residency. In other cases, the board area has determined that the CLSW will notify the agency directly. ODMH Office of Forensic Services is responsible for tracking the procedure for each board area in order to meet the needs of that particular board.

When an offender meets any of the criteria identified below, the CMH and ADAMHS boards should receive additional advance notice of offender releases than would normally be provided. When possible, the boards are to be notified 30-60 days prior to release if any of these circumstances are present, when the appropriate release is signed:

1. The offender is a sex offender with SPMI receiving mental health services; or
2. The offender is SPMI and likely to need intensive community services and supports which could include hospitalization; or
3. The offender will be going to an ODRC-contracted halfway house in a county where he/she does not intend to make permanent residence. (Both the county where the halfway house is located and the county where the offender plans to make his/her permanent residence, if known, are to be notified.)

The CLSW will proceed with the linkage following the usual process. The involved board may request additional information, including an in-person evaluation. The CLSW or CLM will assist in arranging any special requests.

Release of Information Guidelines

Community Linkage services and supports are voluntary in most cases. The CLSW will talk with the offender about signing a release of information (ROI) form as part of the linkage process. The CLSW explains the purpose of the release, the information to be shared, and with whom the information will be shared. If an offender refuses linkage, the CLSW will make several attempts to get the offender to participate.

As permitted by law and as permitted by the offender, ODMH Community Linkage program is committed to sharing information in order to enhance the offender's likelihood to succeed in the community and receive supports needed.

Linkage Procedures for Offenders Entering the Prison System

If an offender is identified during detailed intake screening as having received community mental health services, a representative of ODRC will complete and ask the offender to sign an ODRC "Authorization for Release of Information" form. After the offender signs the form, the ODRC representative will forward this to the ODMH Community Linkage Social Worker (CLSW) to request assistance in obtaining community mental health records. The CLSW will obtain, to the extent possible, records/information on incoming offenders from Regional Psychiatric Hospitals (RPH) and community mental health agencies. ODRC MHA/MHM will forward the information to the parent institution or records office when appropriate. At any institution, upon the request of the mental health treatment team, the CLSW at that institution may assist in gathering information.

The following outlines procedures for obtaining an incoming offender's mental health treatment records from a mental health agency and/or hospital. The steps are:

1. The CLSW receives ODRC "Release of Information." The "Release of Information" form should include the complete name, address, telephone number (if known) of the community provider and pertinent mental health information to be released, for example: past mental health treatment history, psychiatric examination, status reports, diagnosis, prescribed medication, etc.
2. The CLSW completes the agency and/or hospital address, if possible and sends "Release of Information" form with cover letter to agency and/or hospital to request information.
3. If the information is not secured or received while the offender is at the Reception Center, it will be forwarded to the offenders' parent institution.

Linkage Procedures for Offenders Leaving the Prison System

The following procedures will be followed when linking offenders to the community, including those under the supervision of the Adult Parole Authority (APA).

1. Obtain a list of the offenders being released either through the SSI screen or the Mental Health Classification list, attempt to cross reference with any other known source including, when necessary, discussing with treatment team members. Run a release list from the ODRC Departmental Offender Tracking System (DOTS) Portal; SSI list of current offender eligibility.
2. Utilizing available ODRC offender screens, determine if the offender is leaving at End of Determinant Sentence (EDS), Post Release Control or Parole. The CLSW will utilize DOTS to verify placement location and release date.
3. Review the offender's mental health file and interview the offender. Ask the offender to sign appropriate Release of Information forms. Mental Health information will be released to the ADAMHS/CMH Board, DRC, community mental health center (CMHC), and ODMH, and if applicable, designated Halfway House. If the offender refuses linkage services and supports, CLSWs will follow the refusal process outlined in this manual.
4. Complete the community linkage referral packet.
5. Call the CMHC or the ADAMHS/CMH Board/designee and get an appointment for the offender.
6. Send the referral packet via a secured method to the board contact person and/or the ADAMHS and CMH board.
7. Determine from the mental health treatment team whether the offender is capable of traveling on his or her own safely. If they are not, notify the appropriate institution staff that transportation may be needed. Once notification has been completed, the CLSW will document in the offender's file to whom the information was shared.
8. Specific linkage instructions shall be prepared and given to the offender prior to release. Linkage instructions may include but are not limited to name, location of CMHC, the date and time of the linkage appointment. A copy should be included in the APA linkage packet and forwarded to the appropriate APA designated staff if a proper ROI is completed.
9. When an offender is being released to a Halfway House, the CLSW shall contact the halfway house facility to coordinate and arrange the community linkage referral.
10. The CLSW will document linkage information in the ODRC mental health file under the "Third Party" section. If a ROI is signed, the referral packet itself will be placed in the file.
11. When the CLSW is not available and an offender requires continued mental health services including involuntary civil psychiatric hospitalization, the ODRC MHA/MHM at the institution will notify the Manager of the Community Linkage Program at 614-466-1099.
12. CLSWs will follow the Community Linkage Hospitalization and Crisis Service Referral Protocol outlined in this manual.

Offenders Paroled To A Halfway House

1. Community Linkage staff will work with ODRC staff and Halfway House staff when a person with a severe and persistent mental illness is going into an ODRC-funded Halfway House for community mental health services.
2. Offenders on Transitional Control (TC) are still considered offenders and ODRC will assist with the payment of their community mental health services while they are maintained in a Halfway House. TC offenders are not involved with the Community Linkage Program. All such services are organized through ODRC.
3. When an offender is being released to a Halfway House located in last known “home” county, Community Linkage staff will make a community appointment and send a copy of the Linkage packet to the Halfway House, home county ADAMH/CMH Board and to the appropriate APA staff (if there is a ROI signed).
4. When an offender is being released to a Halfway House located in a county other than the “home” county, Community Linkage staff will attempt to make the appointment in the county where the Halfway House sits and notify the “home” county of this Linkage referral. Community Linkage staff will send a copy of the referral packet to the Halfway House, the ADAMH/CMH Board, and to the appropriate APA staff. Since this is considered an out-of-home county referral, the Community Linkage staff will notify all parties by a cover letter.
5. If Community Linkage staff receive complaints from ADAMH/CMH Boards regarding the residency determination of mentally ill offenders, refer them to the Residency Dispute Process.

Procedures for Offender Refusal

If the offender refuses linkage services and supports, the CLSW will notify the Mental Health Liaison (MHL). After an offender’s refusal, the ODRC mental health services staff may intervene and try to gain the offender’s involvement in the linkage process. CLSW will make at least two attempts at gaining the offender’s agreement to participate in the CL program. All such attempts will be documented in the offender’s ODRC mental health file under 3rd party information, and a copy provided to the MHL.

However, if the offender still refuses linkage services and has an extensive criminal background (including a violent or sex offense), severe mental illness, or is taking psychiatric medications, the CLSW will notify the CL Manager. The CL Manager will explore options that may be available to inform the appropriate CMH/ADAMHS and/or providers.

All of the information that is allowed by law will be shared, in accordance with the Ohio Revised Code, Section 5120.17 (K)(6). (See page 11 for additional information on this topic).

Special Circumstances

Community Linkage Hospitalization and Crisis Service Referral Protocol:

The following steps are to be used when a person with a severe and persistent mental illness is being released from prison but is in crisis or possibly in need of inpatient psychiatric services (involuntary hospitalization).

1. The MHA/MHM shall make referrals to the CLSW at least 30 days prior to release when hospitalization or crisis services in the community are anticipated, if feasible. When crisis services are anticipated, referrals should be made as soon as possible. The CLSW shall notify the ADAMHS/CMH designee as soon as they receive the referral. The CLSW shall send a referral packet along with a copy of the Hospitalization Service Request and the Medical Release form, if completed, to the ADAMHS/CMH Board's designee within three working days following receipt of such referral from the MH Administrator/Manager.
2. The CLSW shall notify the CL Manager of all anticipated hospitalization and/or crisis situations. The CLSW will fax a copy of the Hospitalization Services Request form to the CL manager. The CL manager will monitor the progress of all hospitalizations or crisis service referral processes and assure communication to all parties involved throughout the process.
3. The CLSW and/or the CLM shall assure that the ADAMHS/CMH Board contact persons, designated to receive the offender and be financially responsible for the offender's hospitalization if required, are aware of the following prescreening options:
 - The ADAMHS/CMH Board can send a pre-screener to the institution to pre-screen the offender. The option of videoconferencing is available through the local Division of Parole and Community Services offices (DPCS). Boards can choose this option by contacting their local DPCS Administrative Assistant to make arrangements. CLSWs shall notify the institution MHA/MHM to assist with arrangements in the institution, when the Board indicates its intention to use video-conferencing to pre-screen the offender.
 - The CLSW can request the ODRC institution to transport the offender to the Board's pre-screening agency where the offender will be released without further involvement by DRC staff.
 - The ADAMHS/CMH Board can accept the institution's decision to hospitalize the offender and request the institution to file an affidavit in Probate Court in the county where the institution sits and the offender will be probated to the county Mental Health Board of residence. The CLSW will work with the Health Care Administrator to get a current medical assessment. The CLSW will request transportation from the ODRC Warden's office to the hospital designated by the county Board of residence. (If that option is chosen, the institution would need approval from the Board at least 15 working days prior to release to allow for the local court needs. Approval for this must be made in writing and faxed to the CLSW).

- The ADAMH/CMH Board of residence can contact the county Mental Health Board near the DRC institution and make arrangements for them to pre-screen the offender and make the decision regarding probating. If involuntary hospitalization is required and approved by the Board of residence, the offender will be transported to the designated hospital for the Board of residence. (Approval for this must be made in writing and faxed to the CLSW).

CLSWs should contact the CL Manager and the Chief, Office of Forensic Services, when problems arise with these procedures.

The designated ADAMHS or CMH Board must be notified, make a decision and give approval of a plan to the institution prior to any contact or action with the Probate Court.

Duty to Protect Procedures

When a “Duty to Protect” potential victim issue arises, the CLSW is to notify the appropriate institutional mental health professionals/investigator, the CL Manager and the Chief of the Office of Forensic Services so that they can take the necessary action.

Weekend/Holiday Releases

When a weekend or holiday release is being planned and may be problematic, the ODRC CLSW staff should contact the CL Manager who will follow-up on these cases. The ODRC CLSW staff will contact the Office of Forensic Services to initiate discussions regarding the date/time of the planned release. The CL Manager will collaborate with the CMH/ADAMHS Board to develop a comprehensive plan for the offender’s transition into the community.

Transportation

While preparing the community linkage packet, if the CLSW believes that special transportation should be arranged due to the offender's level of functioning, this information shall be verbally communicated with the MHA/MHM, or in the absence of the MHA/MHM, the treating staff. The CLSW will document the sharing of this information in the offender's file under the third party section, specifically listing the date, time and to whom the information was shared. In addition, when feasible, the CLSW will attempt to assist with arranging transportation assuring any such arrangements are communicated to the appropriate ODRC staff.

Out-of-State Linkages

At times, an offender may indicate that s/he is moving to another state and is requesting linkage to community mental health services in that state. The CLSW will email the Office of Forensic Services Administrative Assistant (AA) for agencies in the county to which the offender will return. The AA will provide a list of agencies and/or phone number to the CLSW who will then attempt to link for an appointment or at the minimum will provide the agency information to the offender.

Additional Resources for Offender Reentry:

Housing

Through the interview of the offender, the CLSW will attempt to identify if the offender has housing needs. For individuals that do not have housing established, the CLSW may attempt to secure appropriate housing accommodations for the offender. The CLSW may share the offender's housing needs with the CMH/ADMHAS contact, and identify resources for the offender. At times, offenders may be referred to a community shelter or emergency housing, pending verification of residency, securing of benefits, and/or in other circumstances. It should be noted, that this is not a primary function of community linkage but rather a primary function of ODRC staff, when applicable. CLSW staff, as appropriate and resources allow, may assist with housing issues.

Education and Employment

The CLSWs will attempt to identify the offender's education and employment history and future goals in these areas. The CLSW may offer referrals to education and/or employment services and supports to the offender in collaboration with the CMH/ADAMHS contact. The CLSW may refer the offender to the Ohio Benefit Bank (OBB), local Ohio Rehabilitation Services Commission/Bureau of Vocational Rehabilitation (RCS/BVR) programs, Supported Employment and Education Programs, or other services in the community where available. The CLSW can provide information to the community program when the offender signs a Release of Information approving the sharing of information.

Reentry Coalitions

Many communities have developed Reentry Coalitions or Networks that offer individuals returning to their community from prison services and supports. The ODRC supported Reentry Coalition is committed to assisting offenders as they reenter communities in an effort to become law-abiding and productive citizens. Their goals include reintegrating the offender into society, reducing recidivism, and maintaining public safety. The CLSW staff are able to offer information about Reentry Coalitions or Networks to offenders who will be returning to a community where this is available. <http://www.reentrycoalition.ohio.gov/>

Offender Re-Entry Resource Center

The ODRC web site also offers information about many services and supports that are available in local communities. The link for "Making Use of Services Can Lead to Empowerment" or MUSCLE offers resources and information that can be offered to offenders preparing for release. <http://drc.ohio.gov/web/offenderreentry.htm>

In addition, the CLSWs encourage the offenders to seek services and supports from their local Ohio Benefit Bank (OBB). The Ohio Benefit Bank is an Internet-based, and counselor assisted service in local communities and in some prisons and parole offices to connect low- and moderate-income families and individuals to services and supports. Their website is: www.thebenefitbank.com/TBBOH

Federally Qualified Healthcare Centers

CLSWs may provide referral information for a Federally Qualified Healthcare Centers (FQHCs) and/or free clinics in the local community. These entities offer affordable healthcare services, which may include physical healthcare, medication, testing, etc. Information about Ohio's FQHCs can be found at : www.ohiochc.org.

Consumer Operated Services

The offender may be provided with information regarding a Consumer Operated Services (COS) in the community where they will be living. The COSs provide individuals with mental illness an opportunity to participate in a range of social, recreational, educational events, and additional activities. Participation in a COS can offer the offender returning to the community the connection to peers and/or additional resources and supports.

Veterans Affairs

If the offender is a Military Veteran the CLSW may access information regarding Veterans Services in the area where the offender will be released.

Special Projects/Programs/Grants

When applicable, the CLSW may assist in identifying and making referrals to special projects that may be occurring within ODRC and/or the community for offenders. Such projects could include Assertive Community Treatment Teams (ACT) and grant funded, time-limited projects, etc.

E. Documentation and Tracking Requirements

Any information received by the CLSW and all community linkage documentation is filed in the third party section of the ODRC mental health file.

The CLSW staff shall document all of the linkage information in the ODMH Linkage Data Base, and maintain updated records.

Community Linkage File Format

The following file order is to be followed when the linkage process is completed and the offender's file is sent to OFS for filing/closure.

1. Signed release of information forms (ODRC to ODMH, ODMH to Community, and Community to ODMH).
2. Signed release instructions.
3. If refusal, refusal form.
4. Any and all fax confirmation sheets.
5. Any other pertinent information pertaining to offender's release.

File Retention

All Community Linkage Program files are to be retained in accordance with the State of Ohio File Retention Policy.

The CLSWs are not authorized to store files at ODRC institutions.

F. Program Evaluation Component

The CLSWs will participate in the quality improvement/assurance team process of the ODMH Office of Forensic Services. Statistical reports will be shared with ODRC's Bureau of Mental Health Services (BOMHS) and the Division of Parole and Community Services.

The following program evaluation processes may be utilized:

1. Quarterly review of Community Linkage packets by the CL Manager
2. Identification of trends in the program
3. Identification of potential program barriers/solutions
4. Surveys of stakeholders and customers
5. Recidivism studies

It is the responsibility of the Chief of the Office and Forensic Services and the CL Manager to develop and implement a plan to determine customer satisfaction, program effectiveness and efficiencies and outcomes.

GLOSSARY & ACRONYMS

Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS/CMH) –is the body constituted according to Section 340.02 of the Ohio Revised Code, and shall serve as the entity responsible for providing the alcohol, drug addiction and mental health services in the county. Community Mental Health Board is the body constituted according to Section 340.02 of the Ohio Revised Code, and shall serve as the entity responsible for providing mental health services in the county. In most areas, these are combined. In a small number of counties, these are separate bodies.

Adult Parole Authority (APA) – A division of the Ohio Department of Rehabilitation and Correction whose goal is to protect the public from violence and other crimes by supervising offenders who are in the community through strategies aimed at rehabilitation and when necessary punishment.

Base/Primary Institution – The base or primary institution is the home facility listed for the Community Linkage Social Worker.

C1 – Seriously Mentally Ill (SMI) and/or Offender with Serious and Persistent Mental Illness (SPMI).

C2 – Non-SMI/SPMI: Offender does not meet the criteria for SMI/SPMI but has a DSM-IV diagnosis and is receiving mental health services.

C3 – Provisional mental health diagnosis/pending status.

Community Linkage Manager CLM – Has direct responsibility for the Community Linkage Program and supervises the Community Linkage Social Workers

Community Linkage Social Worker CLSW – Individuals employed by ODMH housed at an Ohio Department of Rehabilitation and Correction Prison to facilitate continuity of mental health care for offenders entering and leaving prison.

Community Mental Health Center and/or Agency – Any agency, program, or facility with which an ADAMHS or CMH Board contracts to provide services listed in Section 340.09 of the Ohio Revised Code.

Community Control – A sanction that is not a prison term and that is described in sections 2929.15, 2929.16, 2929.17, and 2929.18 of the Ohio Revised Code. Community Control replaces the term “probation” and applies to all offenders given non-prison sanctions for felony offenses committed after July 1, 1996. The maximum period of Community Control is five (5) years.

Division of Parole and Community Services –The community corrections division of the Ohio Department of Rehabilitation and Correction, consisting of four primary areas: The Adult Parole Authority, the Bureau of Adult Detention, the Bureau of Community Sanctions, and the Office of Victim Services.

Expiration of Definite Sentence (EDS) – The offender has served the time s/he was sentenced and is free to leave the prison. The expiration of the definite sentence imposed by the sentencing judge after reduction of jail credit per ORC 2967.19.1 and good time per ORC 2967.19.

Expiration of Stated Term (EST) –The expiration of the stated term imposed by the sentencing judge after reduction of jail credit per ORC 2967.19.1.

Forensic – Involvement with the criminal justice system.

General Population – General population (GP) refers to the general prison population exclusive of specialized housing units.

Mental Health Administrator (MHA) or Mental Health Manager (MHM) – ODRC mental health staff responsible for the oversight of mental health services for a particular institution and in some cases for several institutions (MHA).

Ohio Department of Mental Health ODMH – State Agency designated as the responsible entity to assure access to quality mental health services for Ohioans at all levels of need and life stages.

Ohio Department of Rehabilitation and Correction (ODRC) – State Agency designated as the responsible entity to assure adult felony offenders are effectively supervised in environments that are safe, humane, and appropriately secure.

Office of Forensic Services (OFS) – An office within the ODMH designated as having some responsibility and oversight for services to individuals with a forensic status specifically related to community linkage, forensic monitoring, forensic centers, and reentry/diversion activities.

Parole - The release from confinement in any state penal or reformatory institution by the Adult Parole Authority (APA) that is created by Section 5149.02 of the Ohio Revised Code and under any terms and for any period of time that is prescribed by the APA in its published rules and official minutes, pursuant to Section 2967.16 of the Ohio Revised Code. The above applies to all persons who have committed felonies and were sentenced prior to July 01, 1996.

Parolee – An offender who has served a term of incarceration for a felony crime and has been released to the community under the supervision of the Adult Parole Authority. Legal custody of a parolee shall remain in the Department of Rehabilitation and Correction until a final release is granted, by the APA and only applies to felonies committed prior to July 01, 1996.

Parole Officer (PO) – An ODRC employee responsible for supervising offenders in the community under the authority of the APA.

Parole on or after (POA) – The earliest date upon which an offender may be released on parole supervision. Given the individual requirements of each case, the actual release may be extended to a date after the POA Date.

Post Release Control (PRC) - A period of supervision for an offender by the Adult Parole Authority following release from imprisonment that includes one or more post-release control sanctions imposed pursuant to section 2967.28 of the Revised Code.

Pre-Hospitalization Screening Service – The assessment of an individual’s need for psychiatric hospitalization in order to assure that less restrictive alternative placements are considered and used when appropriate. This service may be provided in the individual’s natural environment or any setting where the need for such an intervention occurs. Also referred to as pre-screening service.

Probate – Refers to the civil commitment of an individual for hospitalization pursuant to Sections 5122.11 to 5122.15 of the Ohio Revised Code.

Residential Treatment Unit (RTU) – A secure treatment environment within an institutional setting that has a structured clinical program for offenders with mental illness or offenders who are experiencing a crisis.

Unit Management - A decentralized management system that sub-divides an institution into units in order to improve security and the delivery of correctional services. The unit management system has several basic requirements: 1. offenders are housed in the same unit for a major portion of their confinement; however, an exception to this may be participation in a residential program or a transfer due to placement in segregation. 2. offenders assigned to a unit work in close relationship and meet with a multi-disciplinary team of staff who are regularly assigned to the unit and whose offices are located within the unit or in a centralized area accessible to offenders.

Unit Management Administrator (UMA) –, an administrator for the unit management system whose duties include assuring the unit management concept is implemented.

Community Linkage Packet Guidelines

Client Demographic Information

- Client Name
- Address
- Residing with: Relationship:
- Phone number
- SS#: Institution #
- DOB; Sex; Race; Marital Status
- Name of last community mental health agency
- Emergency Contact: Relationship: Address: Telephone #

Release Type

Diagnosis History

- Current diagnosis by and date
- Axis I-V
- Current medications prescribed by psychiatrist
- Name of treating psychiatric care provider
- Issues regarding Timeliness of Report
- Status of SSI/SSDI
- Health Insurance Coverage/ Other Benefits Available on Release
- Sexual Offender Classification/Registration Requirements

Behavioral Status

- Where information was obtained, currently in RTU, recent discipline problems
 - Why in RTU or N/A
- Eating/Sleeping Patterns, Hygiene description/issues
- Sociable, Isolated, or Withdrawn
 - Are they coherent and cooperative?
 - Did they have notable tendencies during interview?
- How are medications helping?
- Audio/Visual Hallucinations, Speech (*i.e. pressured, normal, understandable, volume*), Feelings of Paranoia/Anxiety, Memory loss

Behavior History

- Suicide Attempts (*ideations: current/past*) (*how many attempts*)
 - Year?
 - How? Why?
 - Where (*incarcerated or not*)?
- Developmental Disability/MR
- Identified problematic Sexual Behavior (*i.e. promiscuity*), Eating Disorders
- Behavior within Institute (interactions with other offenders, etc.)

Social History

- Where was client raised? Who was client raised with?
- Client's description of their own childhood
 - Parents married, divorced, never married
 - Siblings (*birth order and if living*)
 - Family Hx Mental Illness, Who, Diagnoses
- Relationship with Parents, Caretaker, Siblings
 - Foster Care, Group Home, Why placed out of home?
 - When and if returned to home
 - Visits/Calls with outside during incarceration?
- Client's children, Contact with children
 - Who does child reside with?
- Juvenile incarcerations of client, Incarcerated family members

Violent Behavior

- History of Fire Setting, Animal Abuse, Gang Involvement
- Temper/Anger/Rage issues
- Domestic Violence (*client as perpetrator*)
 - Physical Assaults (*who was the victim(s)/ approximate age of victim(s)*)
 - Verbal Assaults and Threatening Behavior
- Recent Discipline Problems (*any tickets, involvement in fights in institution, time in "the hole"*)
- Ever committed any violent crimes? (*examples: battery, rape, murder, assault, manslaughter, assault on peace officer, ever shot/cut/stabbed anyone?*)

Mental, Physical or Sexual Abuse/Victimization History

- Was client a victim? (*mental/sexual/physical abuse, ever shot/cut/stabbed?*)
 - Time/Age of Abuse
 - Who victimized?
- Did client witness abuse to others in their family?
- Client History of Victimizing Others
 - Age/Length of Time Client Victimized
 - Was it reported, an adult informed, or support received?
 - Was client arrested/convicted/apprehended for abusive crimes?

Education/Vocation/Work History

- HS graduate (*was offender in special classes?*)/ Highest Grade Completed
 - GED? If yes, date received
 - IQ score if file gives information (*if identified include type of test*)
- College/Vocational Training
 - Area of Study
 - Graduate or time attended
- Military History

- Employment
 - Length of time, why job ended, does offender have a job to go back to?
 - What will offender do for money to support themselves/live upon release?

- History of Benefits (SSI, SSDI, VA, welfare, hospitalization)

Criminal History

- Date admitted to ODRC and charges
 - Length of current sentence
- Prior prison incarcerations in Ohio and any other state
 - State or Federal
 - How many incarcerations as an adult in Ohio?
 - List crimes and years in known
- Prior convictions or arrests as an adult
 - Misdemeanor offenses/ DUI arrests
 - Result of convictions/arrests (*jail, probation, community monitoring, etc.*)
- Juvenile incarcerations, arrest, or convictions
 - List crimes and years if known

Mental Health Treatment History

- Start date of mental health services in prison (*current incarceration*)
 - Why was treatment first sought?
- Side effects of current medications
 - Changes in health since treatment/medications began
- Any MH/TX relative groups
- Treatment prior to incarceration or outside of facility
- Summary from Mental Health Chart

Mental Health Agency/Hospitals

- Have they had MH Tx on the streets? How many years?
 - Name of facilities attended (*prior mental health agency involvement/prior hospitalizations*)
 - Dates/Years (*if known*)
 - Length of stay (*for hospitalization*)
 - Reasons for Treatment

Medication Compliance

- Reasons for lack of compliance (*if applicable*)

Medical History

- Surgeries, Head Injuries, other major medical problems that could influence care/treatment?
 - Miscarriages (*if female*)
- Diabetic, Thyroid problems, Allergies (*especially medications*)?
- HIV Positive? TB or Hepatitis?
 - If yes...
 - Treatment client reports
 - Have they been seen by the ODH HIV Community Linkage Program staff?
- Blackouts, Dizziness, Loss of Consciousness (*medical or substance abuse related*)
- Seizures, Tremors, Shaking (what causes and helps)
- List past medications
 - Include dosage, frequency, benefits, side effects or severe reactions, compliance or noncompliance and reasons for past noncompliance

Substance Abuse

- Age usage began- may differ with substance (*include starting amount and frequency*)
 - Family substance abuse history
- Drug/Substances of choice to abuse
 - Longest period of abstinence (*list dates if known*)
 - Periods of heaviest usage and life events at this time
- Last Use/ Withdrawal Symptoms
 - Were drugs used at time of arrest?
- Prior drugs tried in the past
- Plan to use/not use (how) upon release (*i.e.- are they having a desire to use, cravings, or something similar to Crack dreams, etc.?*)

Substance Abuse Treatment

- Kind of Treatment (*inpatient or outpatient*)
 - Was a non-institutional form of treatment used (*i.e. will power, religion, change of environment, etc.*)
- Name of facility and dates of treatment (*if dates unknown, put approximate years*)
- Was treatment completed?
- Was treatment court mandated?

Conditions of Release

- List any parole or post release control stipulations
- List any information re: if the offender has a classification as a sex offender, predator, etc./ registration requirements
- List name and telephone number of parole officer and/or regional services coordinator (*if known*)

Discharge Plan

- Date and time of client's mental health appointments
- Name of agency and name of intake worker
- Treatment recommendations from prison mental health staff
- Plan for residency upon release
- Plans for employment/financial support upon release

Appendix 2: ODMH Release of Information

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, state of _____

being authorized

to release my medical information to

Specify Identification of Person or Company/Institution to Release Information

I authorize the following information to be released

Area of treatment

- | | | |
|---|--|--|
| <input type="checkbox"/> Name Summary | <input type="checkbox"/> Pregnancy Notes | <input type="checkbox"/> Records from other providers (specify or "all") |
| <input type="checkbox"/> After Care Services Plan | <input type="checkbox"/> Lab Results | |
| <input type="checkbox"/> Psychiatric Examination | <input type="checkbox"/> Treatment Plan | |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Consultant | |
| <input type="checkbox"/> Psychology Evaluation | <input type="checkbox"/> Orders | Other (specify) |
| <input type="checkbox"/> Social Work Assessment | | |

The information includes release of records relating to ("X" appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> Diagnosis and/or treatment for alcohol and/or drug abuse | <input type="checkbox"/> HIV test results |
| <input type="checkbox"/> AIDS/RISKS Related Complications (ARC)-diagnosis and/or treatment | <input type="checkbox"/> Diagnosis and/or treatment relating to other serious health diseases |

Indicate any SPECIAL exceptions or EXCLUSIONS, if any, in additional spaces

This authorization or release of information is for the following purpose

My refusal to sign this authorization will NOT affect my ability to obtain treatment, payment, or enrollment in a health plan. This authorization will remain effective for 90 days (three months) unless an earlier date or condition/event is specified here.

However, I understand that I have the right to revoke this authorization, in writing, at any time, and that the revocation will be effective except to the extent that ODMH has already taken action in reliance on my authorization. My written statement that I want to revoke my authorization should be delivered to:

Name and Address

Signature of individual who has provided authorization	Date Signed	Print Name
--	-------------	------------

If this authorization has been signed by a personal representative on behalf of an individual, proper authority to act on behalf of the individual must be set forth here:

NOTE: This information has been disclosed to you from records where confidentiality is protected from disclosure by State and Federal law. ORS 6122.31, 43 CFR Part 2, and/or ORS 378.243 prohibit you from making any further disclosure of it without the explicit and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is NOT sufficient for this purpose.

FOR OFFICE USE ONLY
Staff Person Releasing Information
Date Information Released

Appendix 3: Cover Letter for Out of County Halfway House Placement

To: Involved ADAMHS/CMH Boards

FROM: (Insert CLSW Name), Community Linkage Social Worker

SUBJECT: Offender Released to Halfway House Out of Home County Residence

DATE: April 18, 2012

Please be informed that «FName» «MName» «LName» a mentally ill offender, is being released to a Halfway House in COUNTY, but the offender has 1) expressed an intent to reside or 2) their last known “home” county is in COUNTY. This has been determined from the best available information given by the offender and from information contained in their ODRC file.

This is being sent to you so that arrangements can be made for financial responsibility for community mental health services and enrollment in MACSIS for billing purposes.

If you have residency disputes, please follow the current residency dispute process for CMH/ADAMHS Boards. If you have any questions, please do not hesitate to contact the Office of Forensic Services at 614-466-1099.

Appendix 4: Refusal of Community Linkage

Refusal of Community Linkage Services

Date:

Time:

I, _____, do not wish to receive Mental Health After-Care Services at the present time. If there is a need for me to seek counseling and/or psychotropic medications, in the future, I will schedule an appointment for myself after I am released from _____.

CL Worker

Inmate/Inmate #