

Gallia County, Ohio

Sequential Intercept Mapping Final Report

November 12 - 13, 2015

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OHIO CRIMINAL JUSTICE
COORDINATING CENTER
OF EXCELLENCE

Sequential Intercept Mapping

Table of Contents

<i>Sequential Intercept Mapping</i>	- 2 -
Introduction.....	- 2 -
Background.....	- 2 -
Values.....	-2 -
Objectives of the Sequential Intercept Mapping Exercise.....	- 3 -
Keys to Success	- 3 -
Existing Cross-Systems Partnerships	- 3 -
Representation from Key Decision Makers	- 4 -
Gallia County Sequential Intercept Map.....	- 6 -
Gallia County Sequential Intercept Map Narrative.....	- 7 -
Intercept I: Law Enforcement / Emergency Services	- 7 -
Intercept II: (<i>Following Arrest</i>) Initial Detention / Initial Court Hearing.....	- 9 -
Intercept III: Jails / Courts	- 11 -
Intercept IV: Prisons / Reentry	- 12 -
Intercept V: Community Corrections / Community Support.....	- 13 -
Gallia County Priorities	- 16 -
Top Priorities	- 16 -
Other Priorities.....	- 16 -
Additional Recommendations.....	-16 -
Additional Resources	- 17 -
Participant List.....	- 18 -
Action Planning Matrix	- 20 -

Gallia 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 Gallia County, Ohio on November 12 & 13, 2015. The workshops were sponsored by the Gallia County Sheriff's Office and Gallia County Mental Health and Recovery Services Board, with Woodlands Center providing staff to coordinate the effort along with a local planning team comprised of representatives from behavioral health and criminal justice agencies and the community. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Gallia 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 Gallia County Sheriff's Office and the Gallia County Mental Health and Recovery Services Board requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops during a period of Invitation for Letters of Interest, to provide assistance to Gallia 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 36 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, housing, corrections, county jail, schools, city and county government, a consumer, law enforcement, courts, developmental disabilities, and veteran services. A complete list of participants is available in the resources section of this document. Teri Gardner, Daniel Peterca, and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

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

Objectives of the Sequential Intercept Mapping Exercise

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

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

Gallia County stakeholders and service providers have been involved in a number of collaborative relationships over time, often associated with grant applications, awards or new program initiatives. Examples have included drug court treatment team and advisory board, criminal justice behavioral linkage grant, and jail collaborative group. Some of the participants are involved in the Meigs County Stepping Up resolution and reported that Gallia County intends to pass a Stepping Up resolution in the near future.

Cross-Systems training efforts include, but are not limited to

- Crisis Intervention Team training
- Mental Health First Aid
- Moral Reconation Therapy training

Consumer Involvement

The local planning team included one consumer who also participated in the full workshop. This individual had direct experience with both the criminal justice and mental health systems. There were no other designated family or advocacy representatives at the workshops.

Recommendations:

- Build interaction and ongoing relationships with additional consumers, family members, and advocates 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.
- Key players that were missing at the workshops: Common Pleas Court, Probate Court, Prosecutor's Office, family members of consumers, and advocates.

Data Collection

- The Gallia County Planning Team compiled the following items to be included in the participant manual for the Sequential Intercept Mapping workshops:
 - Completed Community Collaboration Questionnaire
 - Gallia County Jail Data for 9/18/12 through 9/18/15
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Gallia County Crisis Intervention Team Training Data, updated 10/1/15
 - Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, 1/1/15
 - Gallia, Meigs, and Jackson Counties CIT Officers Roster Project Summary Report, September 2015

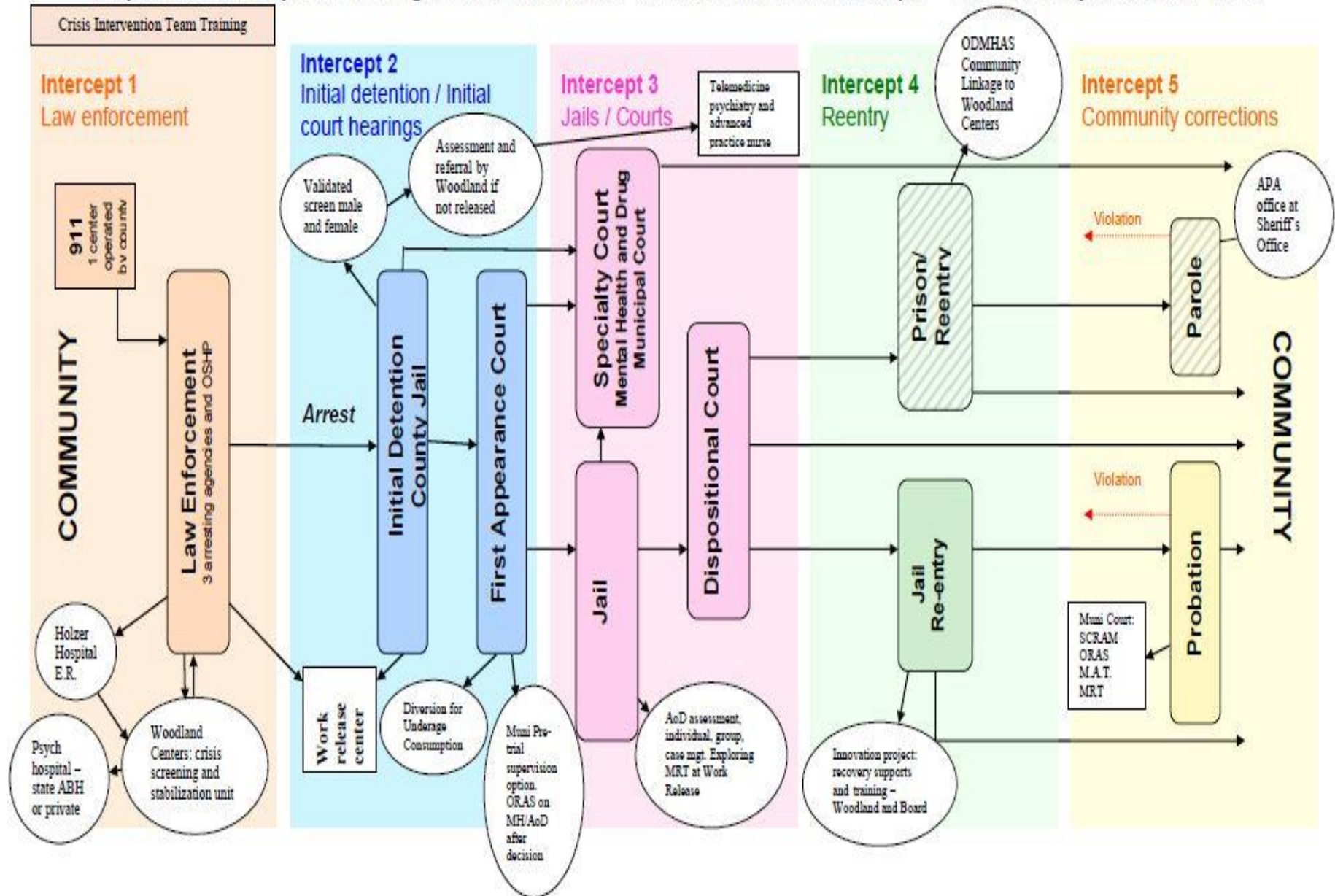
Recommendations:

- At all stages of the Intercept Model, seek opportunities to utilize and share data across systems that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Gallia County criminal justice system, e.g., jail booking information compared to mental health system client rosters to recognize individuals as they enter and reenter the 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.

Sequential Intercept Mapping

Gallia County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Gallia County November 2015



Gallia 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 Gallia County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

Intercept I: Law Enforcement / Emergency Services

In Gallia County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement in various towns or cities. Law enforcement options for responding to people with mental illness include advise, summons, arrest, transport to county jail, limited access to mental health outreach team, referral to provider agencies, or referral to hospital emergency departments.

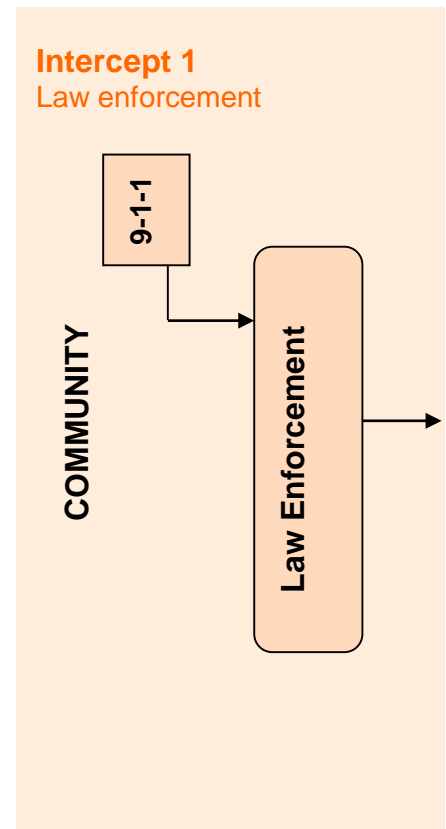
Dispatch / 9-1-1

- Gallia County has one dispatch center, operated by the County Board of Commissioners. There are currently 10 full-time and 10 part-time dispatch operators.
- All dispatchers receive 40 hours APCO dispatch training.
- The county recently began CIT training for dispatchers. At the time of the workshop, three full-time dispatchers had completed CIT training. The goal is to train all dispatchers in CIT.
- There are three arresting agencies: Galli, Rio and GCSO, and a highway patrol post. The majority of calls are dispatched to GCSO.
- The typical protocol for mental health calls is for dispatchers to stay on the line until an officer arrives, although this can depend on the nature of the call. Dispatch always calls police first; an ambulance may be staged close by until an officer is on scene.
- There is only one EMS provider, and staff is not trained in CIT.

Law Enforcement

According to the Ohio Peace Officer Training Commission County Agency Report issued February 19, 2015, Gallia County has five Law Enforcement Agencies, four of which are arresting agencies: Gallia County Sheriff’s Office, Gallipolis Police Department, Rio Grande Police Department, and University of Rio Grande Police Department.

- Law Enforcement can currently use the following options for persons with mental illness in crisis. The majority are transported to either the jail or hospital:
 - Gallia County Jail
 - Hospital E.R. for medical clearance and referral to Woodlands Centers. Woodlands does not respond until after medical clearance. The hospital does a toxicology screen to rule out drug-induced symptoms



vs. mental illness. A lot of time is spent by officers waiting for medical clearance (average 4-6 hours). Law Enforcement would like to have this process streamlined to decrease the amount of time required by officers.

- Home, with or without advice and referrals
- Police do not pink slip.
- Gallia County Crisis Intervention Team training began in December, 2011 and this program was the first in Ohio to offer the CIT-Youth advanced training to its existing CIT officers. Major Scott Trussel of Meigs County Sheriff's Office and Abbey Russell of Woodland Centers co-coordinate the multi-county CIT program. All four of the Law Enforcement Agencies have participated in CIT training. The training program is a 40 hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays, including practice of de-escalation skills. Time commitment and reduction in force present challenges to accommodating CIT training. Of the 43 full-time officers in Gallia County, 21 have completed CIT training, which represents 49% of the full-time force.
- Gallia County Sheriff's Office and Gallipolis P.D. have recently begun collecting CIT data, although the county does not have the capacity yet to send a CIT officer to every mental health call for service, partly due to fitness for that assignment and partly due to funding. There have also been occasions when a caller has requested a CIT officer.
- All schools, except Rio Grande, are staffed with School Resource Officers (SRO); however, the SROs are not CIT-trained. Each school district pays for the SRO.

Crisis Services

- Woodlands Centers is next door to the hospital. The Center provides pre-hospitalization screening and has a crisis stabilization unit (CSU), as well as medical-somatic services, counseling, and treatment. The CSU is a non-Medicaid billable service; local mental health dollars are used to support the service which has 13 bed capacity for three counties (Gallia, Jackson, Meigs), although Gallia County does not have a local levy. Four of the CSU beds are housing-only. The average length of stay is 7 days and the cost savings is significant if an individual can be stabilized locally: \$250/day at the CSU compared to \$535/day at the state hospital.
- Woodlands has a new policy that crisis workers will respond at the request of law enforcement (LE) and other professionals at safe locations (jail, LE agency, treatment agency). Utilization is not yet consistent, but this practice could aid in reducing the amount of time that law enforcement spends waiting for hospital clearance.
- Woodland Centers also has school outreach workers.
- There are no shelters in Gallia and generally limited beds for crisis or transitional care for the SMI population.

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- ABH in Athens is the designated inpatient state hospital. Because of renovations at ABH, occasionally individuals will be diverted to Franklin or Summit. There is generally not a significant gap when ABH is operating at full capacity. Some admissions to ABH are placed on hold by police and some are not.
- The closest private hospital is Adena in Chillicothe, although it is rare to get a placement in this 10-bed facility.
- The local hospital is Holzer. The hospital recently terminated its security forces, so no hand-off is possible from law enforcement, making it necessary for police to wait on site as long as 4-6 hours for medical clearance of a transported individual.

Detoxification

- There is no detox facility in Gallia County; individuals are screened and referred, with often times a long wait, with no transitional services.
- ABH nor Woodlands can accept intoxicated persons. Individuals must wait at ER until they reach an appropriate threshold of intoxication, which prolongs the wait at ER.

Intercept I Gaps

- Police do not pink slip; perception is that client is often released too soon from crisis unit and problems quickly reoccur. Need to review pink slip policy
- Transitional, or support services between identified need for detox and available out of county bed; lack of detox and residential services

- Time involved between police officer and hospital before cleared for crisis intervention (can be 5-10 hours); procedures that allow streamlining of initial first contact to reduce time for police involvement
- CIT Officers for all shifts, 24/7 operations
- Limited beds for crisis and release

Intercept I Opportunities

- Civil commitment training and procedural changes
- Train all dispatchers in CIT
- Provide CIT training to school resource officers, firefighters, EMS, other partners

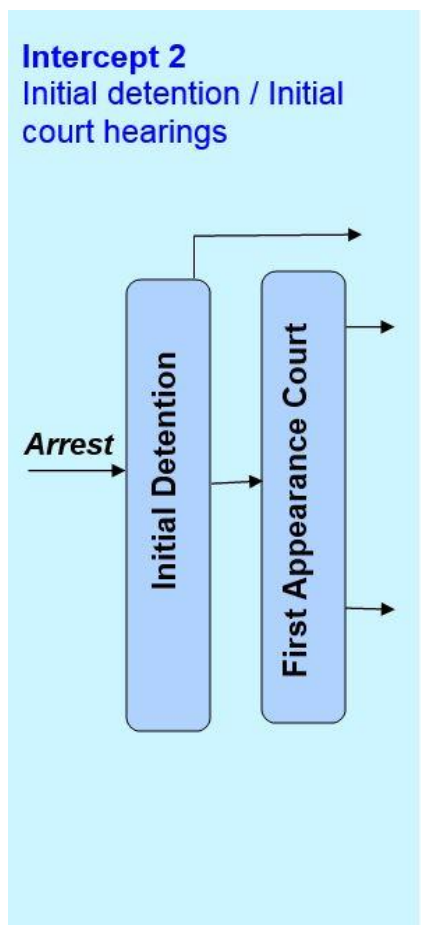
Recommendations:

- Expand on the CIT data collection to implement an encounter form to be used by all Law Enforcement agencies. Work toward a consistent procedure across all law enforcement agencies for collecting and analyzing law enforcement data on mental health calls, encounters, and dispositions. 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.
- Because the focus of the workshop was adult systems of care, the opportunity did not exist to fully explore and discuss how the decision was made to employ School Resource Officers in each school district. This is an area that may warrant further discussion and evaluation. The Council of State Governments Justice Center issued The School Discipline Consensus Report, which includes a section devoted to School-Police Partnerships with guidance on processes for determining the appropriate type of partnerships, policies for minimizing arrests, recruitment of qualified officers and more. If a full evaluation of need was not previously completed, each district should be encouraged to engage in an assessment process to ensure that the function and role of the Resource Officers is in fact consistent with the needs of each building based on objective information. The Consensus Report can be found at <https://csgjusticecenter.org/youth/school-discipline-consensus-report/>.

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

Initial Detention

- Gallia County Jail is a full service jail and is the only lock-up option. Gallipolis has two 6-hour holding cells.
- Average daily number of bookings is three, although activity fluctuates by grand jury schedule and other factors.
- With limited space available in the jail, out of county holdings can occur anywhere in southern Ohio and comprise on average 10% of the lock-ups. It is the arresting agency's responsibility to identify what facility the prisoner will go to if no room is available at the county jail. The largest out-of-county holding is in Butler County. Middleport Jail in Meigs County is also utilized.
- The jail uses JAMIN as its management software program
- Deputies and corrections officers provide transport.
- The facility serves males and females.
- At booking, the Correctional Mental Health Screen is completed by Correction Officers and/or Probations Officers using the gender specific tools. A positive screen results in referral to Woodlands Centers for a more thorough assessment. Woodlands has staff to go on site, with a goal of



completing the assessment within 48 hours. Woodland Centers asks about Veteran status in their assessment, but that requires that the individual had a positive initial screening.

Arraignment

- There is one Municipal Court in Gallipolis with county-wide jurisdiction.
- Arraignment hearings are held on the next day, or Monday following the weekend. The time of day varies. Morning arraignments are held Monday, Thursday, and Friday, and except for those at Work Release, arraignments are held by video. Individuals at the Work Release Center are seen at the court.
- There is no legal representation at arraignment, unless it's retained. Normally counsel will be appointed at arraignment. There is no Public Defender office; a few local attorneys are on contract for appointment.
- An estimated 70-80% of individuals being seen at initial hearings are individuals with mental illness. Heroin was noted to be a strong influence.
- No formal bail investigation or risk assessment occurs. If an individual repeats contact, history will be provided to the court.
- At the felony level, prosecutors make bail recommendations based on charges and officers' opinions. Those in attendance at the workshop indicated the bail schedule is fairly predictable.
- There are no formal Pre-trial Services, although there has been a significant increase in pre-trial supervision recently. Individuals with mental health or substance use disorders will have a risk screening (ORAS Misdemeanor) completed after the decision to place on pre-trial supervision, not before.
- The only other misdemeanor diversion option is for underage consumption (prohibitions).

Intercept II – Identified Gaps

- Inmates need more information about process, procedures, services, what to expect, and what is expected of an inmate
- Advocacy or peer support services
- Share booking information, i.e., client rosters from jail to Mental Health, Developmental Disabilities or other systems; currently no formal communication
- Initial booking screening information is not currently provided to court if person is released before Woodlands is able to follow-up
- Jail release is unpredictable; difficult to link/access for needs

Intercept II – Identified Opportunities

- Add veteran status question to jail screening
- New treatment services at the jail and work release are in-progress as a result of Innovation grants; August 2015 on-site services at the jail began

Recommendations

- Consider completing risk assessments, e.g., ORAS, and using results of the risk assessments to inform pre-trial decision-making in place of charge-based decision making. It is further recommended to use mental health and substance use screening or assessment results to link individuals with needed services and treatment. Individuals on pre-trial release can be ordered by the court to participate in indicated treatment as a condition of release. In conjunction, it can be helpful when standardizing screening and referral at municipal court to employ a liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs.
- Develop basic materials and procedures for informing inmates of what to expect during the criminal justice process. Peers, mentors, advocates, or case managers can be trained to fulfill this function, in conjunction with written materials.
- The new linkage grant includes mental health and substance use screening at the jail with positive screens referred to Woodlands Center for further assessment and services. Identify a mechanism for cross-

referencing all inmates with mental health system enrollment rosters and/or Medicaid enrollment rosters as part of booking processing to establish earlier access to resources and services. The combination of individuals identified through the ADAMHS Board and those assessed by Woodlands as having a mental illness would provide a fairly accurate count of individuals with mental illness in the jail and the opportunity to gauge changes in that number over time.

Intercept III: Jails / Courts

Jail

- Gallia County Jail is a full service jail and is the only lock-up option. The facility has a rated capacity of 11 persons and has 22 beds; the average daily census is well beyond capacity. There is one solitary cell and two 2 holding cells.
- Work Release Center is not a locked facility; it is a diversion program that was supposed to be for post-sentence individuals; however, direct arrest is allowed under limited circumstances. Eligibility is non-violent, low level offenses only. Rated capacity is 50, but census is lower because of management, staffing, etc...
- Telemedicine is used for psychiatry and advanced practice nurses.
- Central Pharmacy is used for medications. Inmates are screened by the nurse, who is on site a couple times per week.
- Innovation grant provides for recovery supports in jail: assessment, individual and group counseling, and case management, training, and linkage to services, which has resulted in 86% follow through rate. Woodland uses the screening information received from the jail, as well as assessment results to guide service linkage. Prior to the grant, screening and assessment was not occurring. Information from these activities will be used to establish baseline data. The grant will also expand Trauma Informed Care training of law enforcement and clinical staff.

Court

- Information about individuals under Pretrial supervision will be provided to the court for possible referral to drug court. Defense counsel does not typically assist in referring to specialty dockets.

Specialty Courts

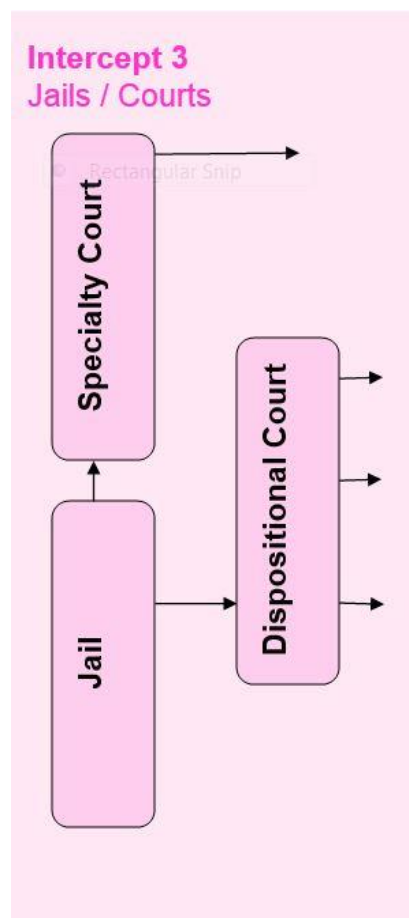
- Municipal Court has both a Drug Court and Mental Health Court
- Current caseload size for Drug Court exceeds 50, including co-occurring disorders, while capacity is 30
- Current caseload size for Mental Health is 5, with a capacity of 20

Intercept III – Identified Gaps

- Space to provide group counseling in the jail

Intercept III – Identified Opportunities

- Resources exist for group work in jail, but space is lacking. Can explore what options exist
- Mental health provider could make recommendations in pre-trial phase based on experience with individuals
- Explore possibility of bond review when client is improving within the jail
- Innovation Grant can provide for step-down housing from the jail for those individuals that do not meet the hospital level of care
- Exploring feasibility of implementing Moral Reconation Therapy at the Work Release Center



Intercept IV: Prisons / Reentry

Reentry

- A second Innovation Grant includes release planning and case management by Woodlands. A referral list is being developed for all releases – also initiated in August 2015 as part of Innovation Grant. According to the consumer representative at the workshop, no information was available at release in the past.
- Goals of the Innovation Grant projects, which run through June 2017, include reduction of recidivism, reduction of hospital stays, and increased care compliance.
- Housing assistance and transportation assistance funds are available through the MHR SB, although transportation remains an issue.
- Step-down housing is also available at the Crisis Stabilization Unit.
- For individuals on the mental health case load who are returning to the community from the state prison system and choose to be linked with local services, Ohio Department of Mental Health and Addiction Services provides linkage packets to an identified staff person at Woodland Centers. However, those in attendance at the workshop were unaware of this activity.

Intercept IV – Identified Gaps

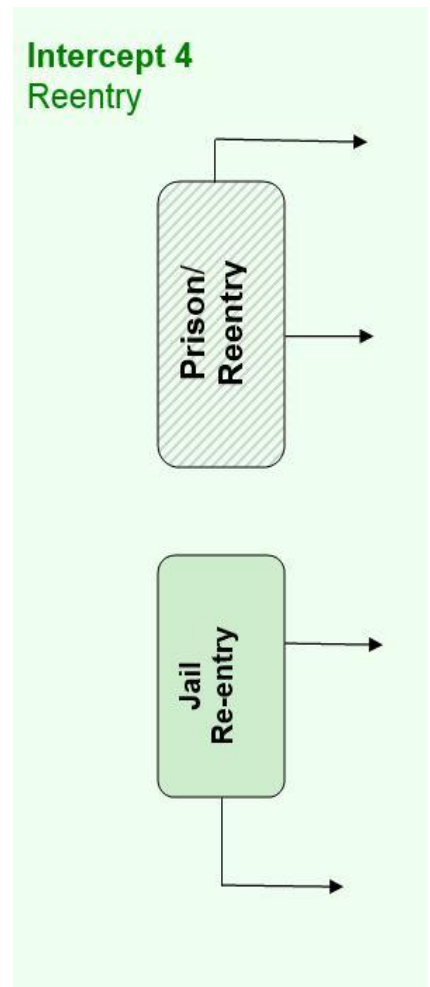
- ▣ Peer support
- ▣ Employment/vocational training
- ▣ Education services
- ▣ Family supports
- ▣ Effective family planning linkage
- ▣ Effective interventions to change thinking and environment
- ▣ Housing for individuals with felony records
- ▣ Data on released individuals: mental illness, homelessness
- ▣ Release planning
- ▣ Expanded training

Intercept IV – Identified Opportunities

- ▣ More effective use of the ABLE program
- ▣ Linkage to Health Department for family planning, birth control, etc... is available and could be used more effectively

Recommendations:

- Include the Woodland Centers staff person, who is receiving the ODMHAS linkage packets, in future efforts focused on improving reentry outcomes. There is likely much more that can be done to maximize opportunities and expand supports for those individuals entering from the state prison system, beyond verification of an initial mental health service appointment.
- Peer support services are an important element to develop and were fortunately selected as a priority action item.



Intercept V: Community Corrections / Community Support

Probation

- Municipal Court has five Probation Officers, including the supervisor (4 full-time and one part-time). Currently there are 1300 individuals under supervision. Options available include SAMI program, SCRAM, House Arrest, Moral Reconation Therapy, Medication Assisted Treatment (MAT, Vivitrol), ORAS
- Common Pleas has two Probation Officers; neither are trained in the Ohio Risk Assessment System (ORAS). Currently there are 364 individuals under supervision.

Parole

- Adult Parole Authority has an office at Gallia County Sheriff's Office, with one officer. APA only supervises post-release; no misdemeanor supervision.

Community Supports

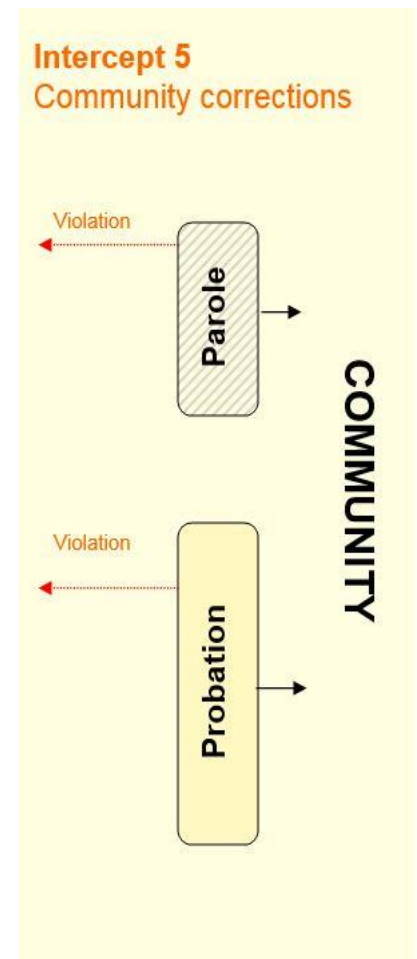
- Integrated Services – linkage for housing, employment, etc...
- No access to halfway house services
- SEPTA Correctional Facility is the CBCF that serves Gallia and eleven other counties with 112 male beds. Those present at the workshop were uncertain if SEPTA accepts individuals with SMI.
- Health Recovery Services offers both outpatient and residential treatment options. All outpatient sites offer alcohol, drug and mental health services, individual and group counseling, case management and gambling screenings; however, residential options are currently all outside of Gallia County.
- 5-bed recovery home for men in Jackson County
- Field of Hope project will provide 14 recovery beds for women between Bidwell and Vinton (in Gallia County) – slated to break ground in spring 2016. Also anticipate 16 4-bed units at Field of Hope in the future.
- Serenity House – D.V., homeless
- Additional substance abuse treatment providers include TASC of Southeast Ohio, Hope, Spectrum, and Dr. Landry
- Veterans Administration services

Intercept V – Identified Gaps

- ▣ Individuals in out-of-county jails are not getting services
- ▣ Transportation to non-Medicaid eligible services

Intercept V – Identified Opportunities

- ▣ CIT training is available
- ▣ Field of Hope, faith-based organization, construction phase begins spring 2016; will serve up to 14 females and their children



Recommendations:

- The probation caseloads are too substantial to provide effective supervision. Assuming resources do not exist to hire existing staff, strategies should be employed to attempt to reduce the caseload sizes or minimize the burden on officers while improving outcomes for clients. Some possible strategies:
 - Utilize valid risk assessment tools to inform decisions related to community supervision, i.e., the need for supervision and the level/type of supervision indicated.
 - As peer support services are developed in the county, perhaps peer mentors can be trained to supplement community supervision.
 - Consider regular cross-system team meetings for case planning and evaluation, and to render recommendations for changes in status.

Priorities for Change

Gallia County,
Ohio

Gallia County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top three priorities. Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues or information associated with each priority as brainstormed by the large group which all agreed need to be considered by each sub-committee.

Top Priorities for Change

1. Lack of Detox, residential services (14 votes; Intercept 1)
2. Develop peer support services (10 votes; Intercept 2)
3. Streamline initial contact; time involved for police at hospital before cleared to crisis (7 votes; Intercept 1)
4. Transportation for non-Medicaid eligible services (7 votes; Intercept 5)
5. Education opportunities at Re-entry, e.g., ABLE training (6 votes; Intercept 4)

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

- Effective family planning linkage (5 votes, Intercept 4)
- Employment/vocational training (5 votes, Intercept 4)
- Limited beds for crisis and release (4 votes, Intercept 1)
- Explore possibility of bond review when client is improving within the jail (4 votes, Intercept 3)
- Police do not pink slip; perception is that client is often released too soon from crisis unit and problems quickly reoccur. Need to review pink slip policy (2 votes, Intercept 1)
- Share booking information, i.e., client rosters from jail to Mental Health, Developmental Disabilities or other systems; currently no formal communication (2 votes, Intercept 2)
- Space to provide group counseling in the jail (2 votes, Intercept 3)
- Housing (2 votes, Intercept 4)
- Family supports (2 votes, Intercept 4)
- CIT Officers for all shifts, 24/7 operations (1 vote, Intercept 1)
- New treatment services at the jail in-progress as a result of Innovation grants (1 vote, Intercept 2)
- Inmates need more information about process, procedures, services, what to expect, and what is expected of an inmate (1 vote, Intercept 1)

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
- Establish forensic peer counseling, support, and specialists to promote recovery along all intercepts
- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services along multiple points of intervention
- In conjunction, utilize the shared framework for reducing recidivism and promoting recovery among adults with behavioral health needs under correctional supervision as a decision-making guideline for

appropriating effective services to individuals with the highest risk and needs. The framework is applicable at all points of intercept in the justice system provided that validated assessment information is available related to risk for recidivism, risk of violence, and mental health risks and needs. Jails and courts have a greater opportunity for organized use of the framework with the existing requirement for felony probation to utilize the Ohio Risk Assessment System (ORAS) and the existing screening mechanisms already in place in the county corrections facility, which can fairly easily be supplemented or enhanced with validated tools. Print copies of the publication issued jointly by the National Institute of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance which outlines this framework and provides general guidance on decision making were provided to the core planning group at the close of the mapping workshop. Additional copies can be obtained at no cost from the Justice Center website (www.csgjusticecenter.org)

Parking Lot Issues

- Medicaid reimbursement for Crisis Stabilization
- Adolescent treatment, substance use and mental health: locations, capacity and availability
- Local tax levy

Moving Forward

- The ADAMHS Board will be submitting its Community Plan in March 2016.
- The Health Department will be engaged in a needs assessment and accreditation activities in June 2016.
- The SIM Planning Team will oversee and coordinate the designated work groups.
- The next meeting of the full SIM group will occur in Spring 2016.

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

Additional Resources

Arnold Foundation	arnoldfoundation.org
CIT International	citinternational.org
Coalition on Homelessness and Housing in Ohio	http://cohhio.org/ http://www.cohhio.org/pdf/Training/BuildinganOffenderReentryProgram.pdf http://cohhio.org/programs/soar_2011
Community Oriented Correctional Health Services	www.cochs.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/
The Federal Bonding Program	http://www.bonds4jobs.com/
Lutheran Metropolitan Ministry Community Re-entry	http://www.lutheranmetro.org/Community-re-entry/ 216.696.2715 Email: mail@lutheranmetro.org
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 Gallia County, Ohio | November 12 & 13, 2015

Participant Roster

Gallipolis City Schools	Troy Johnson	740-441-5894	Troy.Johnson@GC-K12.org
Gallia County Board of DD	Tina Mitchell	740-446-6902	tmitchell@galliadd.com
Buckeye Hills Career Center	Randy Finney	740-245-5334 ext. 311	FinneyR@BuckeyeHills.net
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Gallipolis Municipal Court, Probation	Mike Smith	740-446-9400 ext 221	msmith@gallipoliscity.com
Gallipolis Municipal Court, Probation	Melissa Hall	740-446-9400 ext 224	mhall@gallipoliscity.com
Gallipolis Municipal Court	Shallon Schmidt		
Gallia County Juvenile Court	Kevin Plantz	740-446-4612 ext. 357	Kplantz@Gallianet.net
Gallipolis Police Department	Jeff Boyer	740-441-6017	jboyer@gallipoliscity.com
Gallia County Sheriff	Joe Browning	740-446-0734	jbrowning@gallianet.net
Ohio State Highway Patrol	Chad Clingenpeel	740-446-2434	cdclingenpeel@dps.ohio.gov

Gallia County 911	Sherry Daines	740-446-0025	Sherry911@zoomnet.net
Woodland Centers, Inc	Kevan Mock	740-446-5500 ext 446	kmock@woodlandcenters.org
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Gallipolis City Commissioners	Tony Gallagher		
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Metropolitan Housing Authority	Leslie Young		
Gallia County Veterans Service Office	John Thomas	740-446-2005	jthomas@gallianet.net
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Gallia County Veterans Service Office	Roger Houck	740-446-2005	rhouck@gallianet.net
Gallia County Veterans Service Office	Dick Moore	740-446-2005	
Community Member	Melissa Bostic	740-645-4024	
Rio Grande Police Department	Mark Still		mstill@gallipoliscity.com
Gallia County Family & Children First Council	Lora Jenkins		
Appalachian Behavioral Healthcare	Mary Beth Holler		
Gallia County Board of Commissioners	David K Smith		

Action Planning Matrix for Gallia County, Ohio

Priority Area 1: Detox, residential services				
Objective		Action Step	Who	When
1.	Determine need, number of persons who need the service	A. Gather statistics from local <u>AoD</u> treatment providers on number of admissions that qualified for detox and/or residential level of care	Angela <u>Stowers</u>	March 1, 2016
		B. Survey law enforcement, jail personnel, court/probation, medical providers as to their experience with individuals who may have benefit from such services if available	To be determined URG?	March 1, 2016
2.	Educate ER/medical staff, law enforcement, court, other service providers on level of care criteria for admission o detox and/or residential	A. Identify qualifying criteria: State LOC protocols	<u>AoD</u> treatment providers to be identified	March 1, 2016
		B. Schedule and execute meetings/forums		
3.	Determine alternative models of treatment, intervention in lieu of detox/residential placement	A. Research other practices 1. Day treatment 2. <u>Inebria</u> center 3. Home based	Joe Browning Angela <u>Stowers</u> Terri <u>McCarley</u> Board	May 1, 2016
		B. Explore funding opportunities		Ongoing
4.	Develop/distribute resource list for available detox/residential facilities that can be used	A. Compile the list and distribute to identified entities	Board Angela <u>Stowers</u> Terri <u>McCarley</u>	December 18, 2015
		B. Explore MOU/contract opportunities for expedited admission		
5.	Improve coordination of care/treatment with local hospital	1. Hold meeting to identify barriers & solutions	Terri <u>McCarley</u>	December 31, 2015
		2. Provide education on <u>AoD</u> & MH specific symptoms/needs	Terri <u>McCarley</u>	December 31, 2015 and ongoing

Action Planning Matrix for Gallia County, Ohio

Priority Area 2: Develop Peer Support Services				
Objective		Action Step	Who	When
1.	Conduct needs assessment	A. Develop short surveys for participants and service providers 1. Conduct survey at work release and drug court 2. Survey BH providers and CJ providers – court, sheriff's office	Committee	November 2015 December 2015 December 2015
2.	Determine model programs and best practices	A. Research programs B. Present findings to "Steering Committee" C. Select model	A. Committee B. Robin Harris, Melissa Bostic C. Committee	Jan/Feb 2016
3.	Seek funding	A. Research grants B. Research opportunities within current budgets C. Define need to ADAMHS Community Plan	A. Committee B. Robin Harris with Steering Committee C. Robin Harris	March 2016

Action Planning Matrix for Gallia County, Ohio

Priority Area 3: Streamline initial contact; time involved for police at hospital before cleared to crisis				
Objective		Action Step	Who	When
1.	Decrease wait time for assessment	To have a liaison who can sit with defendant and walk through system	Community leader to help impact less wait time – Patty Hightower	March 2016
2.	Decrease medical clearance	A. Analyze system data on number of people needing medical clearance - Protocol shift – must be evaluated by mental health before medical eval	Dr. McGhee @ ABH Mary Beth Holler Terri and Abbey	March 2016 March 2016
		B. Identify others to include in committee C. Gather hospital admission criteria D. Meet with Emergency Room staff	Dr. McGhee, Mary Beth Terri	March 2016 March 2016 Dec. 13, 2015
3.	Training	A. Provide training for responders and dispatchers B. Change code to reflect CIT calls to collect data	Jeff, Joe, Sherry	June 2016

Action Planning Matrix for Gallia County, Ohio

Priority Area 4: Transportation for non-Medicaid eligible services				
Objective		Action Step	Who	When
1.	Identify who needs transportation services – how many people and how often	<ul style="list-style-type: none"> A. Pre-release, Probation officer – indicator B. Develop list of options C. Funding sources 	Hospital, Woodland, Courts, Jail	
2.	Identify sources of transportation and eligibility for each source in order to identify the gaps	<ul style="list-style-type: none"> A. Senior Citizens B. VA for Vets C. Disabled American Veterans D. Medicaid, paid services E. Community Action F. Fuel Cards? G. Private Faith Based – create matrix of available services through local churches – contact churches H. Add membership to this committee 	<p>Jack Saunders? Local office; Huntington office</p> <p>Ron Adkins</p> <p>911, Hospital, Woodland, Emergency “Services, Ministerial representatives, Courts</p>	

Priority Area 5: Education opportunities at Re-entry, e.g., ABLE training				
Objective		Action Step	Who	When
1.	Inventory and inform available resources	<ul style="list-style-type: none"> A. Determine if a resource directory exists B. Coordinate with DJFS, Family Children's First Council, and 317 Board and OSU extension office to find available resource guides C. Assign agency oversight D. Compile resources, update available resources, and streamline resources E. Distribute the resource 	Oversight by Innovation Project	May 2016
2.	Determine the educational needs of the consumer in order to connect them to available services, resources	<ul style="list-style-type: none"> A. Contact Mike Smith for data: level of education B. Distribute data to appropriate stakeholders 	Innovation project	Monthly/ongoing