

Sequential Intercept Model Mapping Report for Lucas County, Ohio

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Final Report
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TABLE OF CONTENTS

List of Abbreviations And Acronyms.....	1
Background	3
Introduction	4
Agenda	5
Sequential Intercept Model Map for Lucas County.....	7
Opportunities and Gaps at Each Intercept	8
Intercept 0 and Intercept 1	9
Intercept 2 and Intercept 3	18
Intercept 4 and Intercept 5	26
Lucas County Priorities for Change	31
Lucas County Draft Strategic Action Plans.....	32
Quick Fixes/Low-Hanging Fruit.....	37
Parking Lot.....	38
Recommendations	39
Resources	43
Appendices.....	52

LIST OF ABBREVIATIONS AND ACRONYMS

ABC	Above & Beyond Care
ACT	Assertive Community Treatment
APA	Adult Parole Authority
BJMHS	Brief Jail Mental Health Screen
CA	Coordinated Access
CCNO	Corrections Center of Northwest Ohio
CDTC	Court Diagnostic and Treatment Center
CIT	Crisis Intervention Team
CJCC	Criminal Justice Coordinating Council
CST	Competency to Stand Trial
CTF	Correctional Treatment Facility
DART	Drug Abuse Response Team
ED	Emergency Department
FACT	Forensic Assertive Community Treatment
LCAPD	Lucas County Adult Probation Department
LCBDD	Lucas County Board of Developmental Disabilities
LCCC	Lucas County Corrections Center
LCGSB	Lucas County Guardianship Services Board
LCSO	Lucas County Sheriff's Office
MAT	Medication Assisted Treatment
MHR SB	Mental Health and Recovery Services Board
MRSS	Mobile Response and Stabilization Services
NGRI	Not Guilty by Reason of Insanity
NOPH	Northwest Ohio Psychiatric Hospital
NORIS	Northwest Ohio Regional Information System
NPI	Neighborhood Properties, Inc.
ODRC	Ohio Department of Rehabilitation and Correction
OMHAS	Ohio Department of Mental Health and Addiction Services
PATH	Projects for Assistance in Transitioning from Homelessness
PRI	Policy Research, Inc.
PSA	Public Safety Assessment
RAD	Regional Addiction Diversion
RCNWO	Reentry Coalition of Northwest Ohio
RCOG	Regional Council of Governments
SAMHSA	Substance Abuse and Mental Health Services Administration
SJC	Safety + Justice Challenge
SPMI	Serious and Persistent Mental Illness
TLAS	Toledo Legal Aid Society

TMCToledo Municipal Court
TPDToledo Police Department
UTMC.....University of Toledo Medical Center
VI-SPDAT.....Vulnerability Index-Service Prioritization Decision Assistance Tool
VJOVeteran Justice Outreach
WRAP.....Wellness and Recovery Action Plans

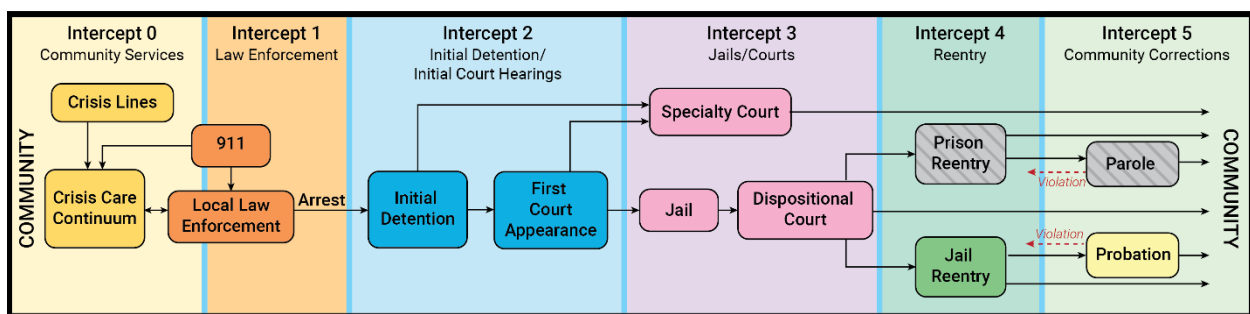
BACKGROUND

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A SIM mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The SIM Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps 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.



¹ Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

INTRODUCTION

On July 13-14, 2023, Dr. Kathleen Kemp and Michelle Espinosa-Clark from Policy Research, Inc. (PRI) facilitated a SIM Mapping Workshop in Lucas County. The workshop was organized by the Toledo/Lucas County CJCC and held at the Correctional Treatment Facility in Toledo, Ohio. Approximately 60 Lucas County stakeholders participated in the 1½-day workshop, including representatives from the local criminal justice system, behavioral health agencies, community-based organizations, and individuals with lived experience.

Opening remarks were provided by Tina Skeldon Wozniak, Lucas County Commissioner, and Scott Sylak, Executive Director of the MHRSB of Lucas County. Commissioner Wozniak thanked the Toledo/Lucas County CJCC, John D. and Catherine T. MacArthur Foundation, PRI, and everyone who participated in the workshop. Commissioner Wozniak discussed Lucas County's history of using the SIM as a framework to promote cross-system collaboration, divert individuals with mental health conditions and substance use disorders from the criminal justice system and connect them with community-based treatment and supports, and how efforts have progressed over time. Scott Sylak discussed the benefits of the SIM Mapping workshop and how prior workshops have resulted in incremental changes towards improving outcomes for people with mental health conditions and substance use disorders who are involved in the criminal justice system. Mr. Sylak also encouraged participants to think creatively about solutions and focus efforts on approaches that are sustainable and impactful. During the workshop, PRI delivered a presentation about the SIM and facilitated discussions, during which participants identified:

- Existing resources for responding to the needs of adults with mental health conditions and substance use disorders who are involved or at risk for involvement in the criminal justice system.
- Gaps in services.
- Opportunities for diverting individuals out of the criminal justice system and connecting them with treatment and support services in the community.
- Opportunities for cross-system collaboration and partnerships.
- Priorities for change.

PRI also assisted participants with developing draft strategic action plans that outline action steps towards addressing the top priorities for change.

This report was prepared based on information shared during the workshop.

AGENDA



Sequential Intercept Model Mapping Workshop

AGENDA

Lucas County, Ohio

July 13, 2023

8:30 Registration and Networking

9:00 Opening

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up

- Review

4:30 Adjourn

There will be a 15-minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.

Sequential Intercept Model Mapping Workshop

AGENDA

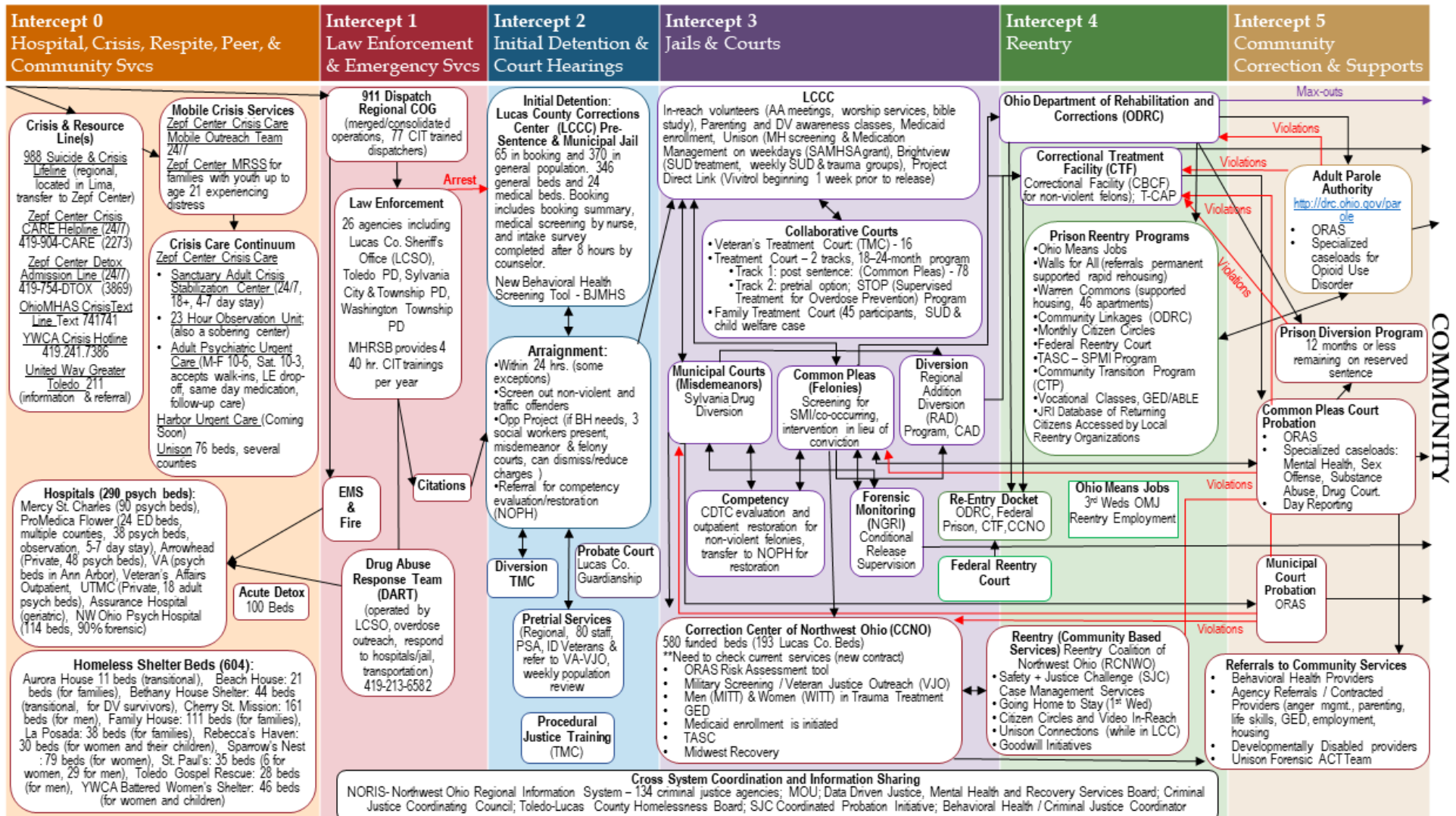
Lucas County, Ohio

July 14, 2023

- | | |
|--------------|------------------------------------|
| 8:30 | Registration and Networking |
| 9:00 | Opening |
| | ■ Remarks |
| | ■ Preview of the Day |
| | Review |
| | ■ Day 1 Accomplishments |
| | ■ Local Priorities |
| | ■ Keys to Success in Community |
| | Action Planning |
| | Finalizing the Action Plan |
| | Next Steps |
| | Summary and Closing |
| 12:30 | Adjourn |

There will be a 15-minute break mid-morning.

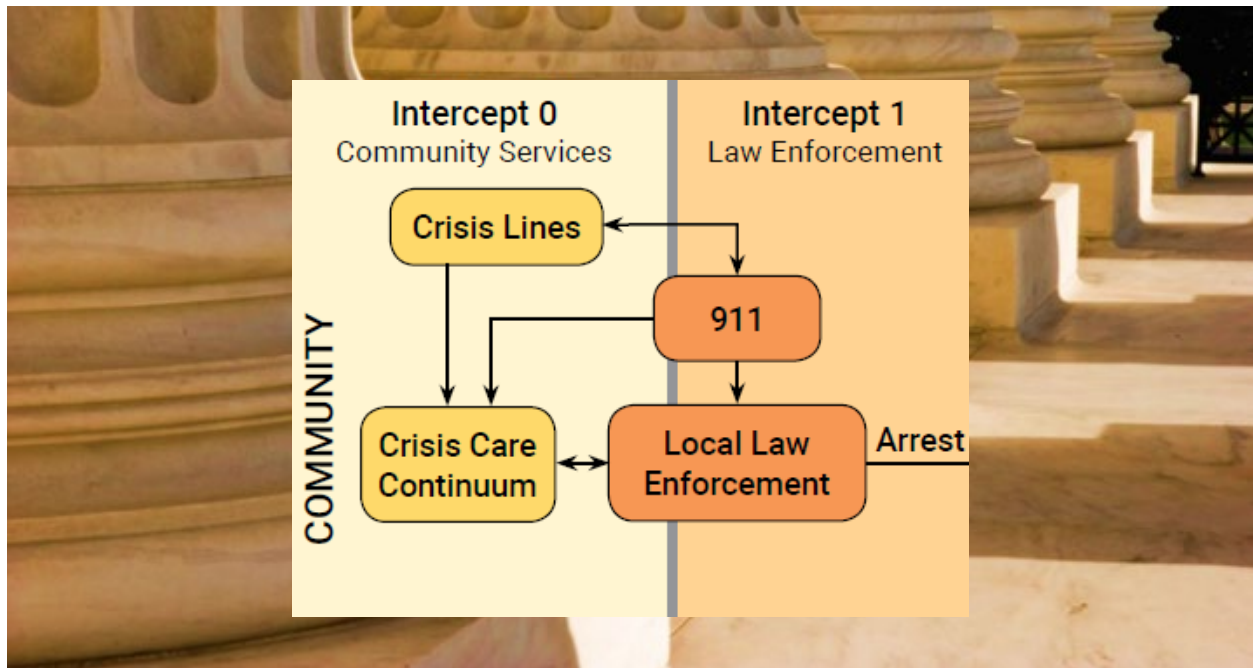
SEQUENTIAL INTERCEPT MODEL MAP FOR LUCAS COUNTY





OPPORTUNITIES AND GAPS AT EACH INTERCEPT

The centerpiece of the workshop is the development of a Sequential Intercept Model (SIM) map. As part of the mapping activity, the facilitators work with the workshop participants to identify opportunities and gaps at each intercept. This process is important since the criminal justice and behavioral health systems are ever changing, creating new opportunities and gaps within the system which provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental health and substance use disorders by addressing the gaps and building on existing opportunities.



INTERCEPT 0 AND INTERCEPT 1

INTERCEPT 0 & 1 OPPORTUNITIES

Crisis and Resource Lines

- The 988 Suicide & Crisis Lifeline is accessible 24/7 and managed at the regional level in Ohio. The call center that answers calls originating from Lucas County is operated by Coleman Health Services and located in Lima, Ohio. The call center staff do transfer callers to the Zepf Center in Toledo for follow-up when appropriate. 988 receives 400-500 calls originating from Lucas County per month.
- The Zepf Center operates a Crisis CARE Helpline that is accessible 24/7 by calling 419-904-CARE (2273).
- Ohio Department of Mental Health and Addiction Services (OMHAS) operates a Crisis Text Line that is accessible 24/7 by texting "4Hope" to 741741.
- YWCA operates a Domestic Violence Crisis Hotline that is accessible 24/7 by calling 419-241-7386.
- The Lucas County Sheriff's Office (LCSO) operates the Drug Abuse Response Team (DART), which can be reached by calling 419-213-6582.
- The Zepf Center operates a Detox Admission Line that is accessible 24/7 by calling 419-754-DTOX (3869).

- Neighborhood Properties, Inc. (NPI) operates the Lucas County Emotional Support Line, which is staffed by individuals with lived experience from 11am-7pm and can be accessed by calling 419-422-0580.
- The Lucas County Board of Developmental Disabilities (LCBDD) operates an afterhours line for emergency calls that can be accessed by calling 419-380-5100.
- The United Way of Greater Toledo operates 211, which is accessible 24/7 and provides information about available resources and refers individuals to providers of a variety of services.

Crisis Care Continuum

The Zepf Center is the provider of crisis services in Lucas County. The Zepf Center employs approximately 465 staff. In addition to operating the Crisis Care Helpline, the Zepf Center provides mobile crisis services that are accessible 24/7 and operates a 23-hour observation unit, crisis stabilization center, and psychiatric urgent care.

- Crisis Care services are accessible 24/7 and usually provided in response to calls to the Crisis Care Helpline. The staff can respond to a crisis in a variety of settings. The services provided include: a risk assessment, a brief crisis assessment, level of care recommendations, and the development of a safety plan.
 - The Crisis Care Mobile Outreach Team is a group of professionals on-hand to assist during a mental health crisis. Mobile response can be requested by anyone in the community by calling the Crisis Care line.
 - Crisis Care accepts both walk-ins and law enforcement drop-offs. Law enforcement can drop individuals off at Crisis Care via a warm hand-off to Zepf staff and return to patrol.
 - On average, Crisis Care conducts about 10 assessments daily. The facility also conducts evaluations to determine admission to the Northwest Ohio Psychiatric Hospital (NOPH).
 - The Zepf Center Mobile Response and Stabilization Services (MRSS) serves individuals ages 18-22. In addition to providing mobile crisis services, MRSS can provide up to 45 days of intensive services. The target response time is less than one hour.
- The Zepf Center operates a 23-hour Observation Unit which can also serve as a sobering center.
- The Zepf Center's Sanctuary Adult Crisis Stabilization Center serves individuals 18 and older. It is accessible 24/7 and allows for a 4-7 day stay.

- The Zepf Center’s Adult Psychiatric Urgent Care is accessible Monday through Friday 10:00 am - 6:00 pm and Saturday 10:00 am - 3:00 pm. The services provided are voluntary and include assessments, same-day medication, and follow-up care planning.
- During the mapping, the Zepf Center shared data collected and maintained on referrals from the criminal justice system by the racial identification of those served:
 - Individuals identifying as African American comprised 35% of those served.
 - Individuals identified as Latino comprised 7%.
 - Individuals identified as White comprised 53%.
 - Individuals identified as Other comprised 5%.
- The Zepf Center also shared data on how the \$45 million spent on services and treatment was spent on individuals by racial identification:
 - 40% of dollars was spent on individuals identified as African American.
 - 6% of dollars was spent on individuals identified as Latino.
 - 48% of dollars was spent on individuals identified as White.
 - 5% of dollars was spent on individuals identified as Other.
- Unison does not provide crisis services in Lucas County but does arrange transportation for individuals experiencing a crisis when necessary.
- Harbor has plans to open an additional psychiatric urgent care facility in Lucas County by the end of 2023. The facility opened after the SIM workshop on October 16th.

911 Dispatch

The Lucas County 911 Regional Council of Governments (RCOG) operates the local 911 system. Approximately 100 staff members have received Crisis Intervention Team (CIT) training.

911 is collaborating with 988 and representatives are meeting monthly. 911 dispatchers communicate with the 988 call center staff regularly; some calls to 988 are transferred to 911 when appropriate, but not vice versa.

911 staff can dispatch law enforcement officers and emergency medical services technicians who have received CIT training in response to calls involving mental health or substance use, when they are available. The Lucas County Sheriff’s Office DART can also be dispatched.

911 staff have access to some information about frequent callers and individuals who may have intellectual and developmental disabilities.

Law Enforcement and First Responders

A total of 26 law enforcement agencies operate in Lucas County: Berkey Police Department, CSX Police, Holland Police Department, Lucas County Sheriff’s Office, Maumee Police Division, Mercy Hospital Police & Public Safety Department, Metroparks Ranger Department, Oregon Police Department, Ohio State Patrol 87 Bowling Green, Ottawa Hills Police Department, ProMedica

Police Department, Swanton Police Department, Sylvania Police Department, Sylvania Township Police Department, Toledo/Lucas County Port Authority Police Department, Toledo Fire Arson Investigation Unit, Federal Bureau of Investigation (Toledo), Toledo Police Department, Bureau of Alcohol Tobacco & Firearms (Toledo), Drug Enforcement Administration (Toledo), U.S. Marshals Service, University of Toledo Police Department, Whitehouse Police Department, Washington Township Police Department, Waterville Police Department, Waterville Township Police Department.

- Most LCSO and TPD law enforcement officers have received CIT training and de-escalation training. Lucas County MHR SB is the primary provider of CIT training and provides multiple trainings annually.
- LCSO and TPD law enforcement officers carry Narcan.
- The primary drop-off locations for law enforcement officers who encounter individuals with mental health conditions or substance use disorders are the Zepf Center and the hospitals. Law enforcement officers that transport individuals to the Zepf Center generally do not experience any wait times. However, law enforcement officers report experiencing wait times at the hospitals.
- LCSO's DART is a substance use deflection program that was created in 2014 and connects individuals with substance use treatment as an alternative to incarceration. DART responds to a variety of settings, including hospitals and jail facilities. DART receives information weekly about individuals who experienced an overdose as well as individuals in the jail facilities that could benefit from substance use treatment. DART provides Narcan to individuals with substance use disorders in the jail facilities prior to their release. In addition to receiving information from the hospitals, fire department, and jail facilities, DART also works with and receives referrals from other law enforcement agencies in the county. In addition, DART has a presence in courtrooms advocating for individuals with active cases who are engaged in treatment.
- LCSO also employs a community advocate that has received CIT training.
- TPD officers have discretion to divert individuals allegedly committing low-level offenses to treatment and/or services in lieu of arrest.
- TPD issues citations in approximately 60 percent of cases.
- TPD officers prepare CIT reports and enter the department's case management system.
- Some interest exists in developing a co-responder program that includes a response by a law enforcement officer accompanied by a clinician. TPD previously implemented a specialized unit, Unit 1699, that had an above average understanding of mental health resources and Crisis Intervention that were sent to as many CIT calls as possible and followed up on calls for the Day Shift at Central District Station. However, there were never

mental health professionals assigned to that unit, and mental health professionals did not respond alongside police for crisis situations.

Hospitals

Several hospitals serve Lucas County:

- ProMedica Flower has an Emergency Department (ED) with 24 beds and 38 psychiatric beds that are available to 11 counties. Individuals with mental health conditions in the ED can be assessed by individuals from the hospital's psychiatry department; however, the ED does not have any dedicated psychiatric beds. The average length of stay in the psychiatric unit is 5-7 days. The hospital has social workers who assist with discharge planning, including providing referrals and scheduling follow-up appointments, which are usually within 7-10 days of discharge. The social workers communicate with navigators from the Zepf Center and Unison when developing discharge plans. Individuals who have a history of missing appointments may also receive assistance with transportation.
- Mercy Health - St. Charles Hospital in Toledo has 90 psychiatric beds that are managed using a "bed registry".
- University of Toledo Medical Center (UTMC) has 16 psychiatric beds for youth and 18 psychiatric beds for adults. UTMC also has an inpatient detox unit.
- Arrowhead is a private hospital with 48 psychiatric beds.
- Assurance hospital in Sylvania, OHIO serves mostly senior patients.
- NOPH (the state psychiatric hospital) has 114 beds, 90% of which are occupied by forensic patients. The hospital employs two Peer Specialists, one of whom works full-time and facilitates the development of individual Wellness and Recovery Action Plans (WRAP).

Behavioral Health

The Zepf Center, Unison, Harbor, and OhioGuidestone are the largest community-based behavioral health service providers in Lucas County.

Unison operates four fidelity Assertive Community Treatment (ACT) teams, one of which is a forensic ACT team (NGRI) and the only FACT team in Lucas County. The FACT team is a partnership between Unison and Lucas County Common Pleas Court and serves as the treatment team for those on Conditional Release (NGRI). The forensic team has the capacity to serve 100 individuals. At the time of the workshop, the team was working with 90 individuals, not including an additional 16 to 17 individuals on conditional release.

Detox and Withdrawal Management

Approximately 100 detox beds are available in Lucas County. Individuals can be observed for 23 hours, and the services are Medicaid reimbursable.

Harbor provides ongoing outpatient detox services. Individuals are seen five days per week. Same day access to Medication Assisted Treatment (MAT) is available. After initiating MAT, individuals return after 2-3 days to be observed by a nurse practitioner.

Emergency Shelter and Housing

Individuals seeking emergency shelter can contact 211 and be referred to a coordinated access (CA) system for emergency shelter. The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) is used to prioritize the most vulnerable for a coordinated entry to housing plan. Following this evaluation, individuals can access shelter beds pending availability and any restrictions. Access to shelter may be granted the same day or may take several weeks. Cherry Street Mission was not previously part of the CA system; if there were no beds available, individuals would be referred to Cherry Street. Single females and families tend to experience the longest wait times.

There are 604 total shelter beds available, not including seasonal beds. Available shelter beds include the following:

- Aurora (11 beds): transitional housing for women with SUD-admission criteria.
- Beach House (21 beds): for families.
- Bethany House (44 beds): transitional housing units for women and their children that are domestic violence survivors.
- Cherry Street Mission Men's (161 beds): for single men only.
- Cherry Street Women's/Sparrow's Nest (79 beds): for single females only.
- Family House (111 beds): for families.
- La Posada (38 beds): for families.
- St. Paul's Community Center (35 beds): 6 women's and 29 men's beds for adults only.
- St. Paul's Community Center - Winter Crisis @ Program (45 beds): seasonal beds.
- Toledo Gospel Rescue Mission (28 beds/ additional 15 seasonal beds): for single men.
- Toledo Gospel Rescue Mission/Rebecca's Haven (30 beds): for women only and their children.
- YWCA Battered Women's Shelter (46 beds): for women and children only.

Peer Support

NPI has a Wellness and Recovery Center that offers 24 hours respite and support for individuals experiencing emotional distress (not in crisis) and is staffed by trained Peer Specialists. Guests can stay up to 5 days.

NPI employs Projects for Assistance in Transitioning from Homelessness (PATH) outreach workers. PATH advocates are individuals with lived experience who conduct outreach to unhoused individuals to connect them with housing and behavioral health services.

NAMI employs family navigators and assistance with accessing services.

Veterans Services

The VA Clinic located in Toledo, OHIO provides outpatient services and accepts walk ins. The VA may coordinate crisis services with the Zepf Center.

Veterans may be transported to the VA hospital in Ann Arbor, Michigan if they are going voluntarily and meet criteria for that level of care.

INTERCEPT 0 & 1 GAPS

Crisis Lines and 911

- The utilization of 988 is an area for great improvement.
- 911 is not currently transferring callers to 988. Policies and procedures would need to be developed to guide dispatchers in identifying calls that would be appropriate to transfer.
- 911 and 988 staff could benefit from cultural humility/competency training to better respond to the needs of individuals in the community (i.e., immigrants and refugees)

Healthcare

- Strategies could be developed to increase staff diversity and develop a workforce reflecting the community being served. There is limited access to treatment and services provided in languages other than English.
- Staff could benefit from cultural humility/competency training.
- Strategies should be developed to identify and address racial inequities/disparities in access to care, engagement in treatment and services, and outcomes, in addition to criminal justice involvement. Zepf Center reported that 35 percent of clients referred from the criminal justice system identify as African American.

Law Enforcement and First Responders

- No co-responder programs exist currently.
- Law enforcement officers experience wait times when bringing individuals to the hospital.
- The law enforcement drop-off site is underutilized.

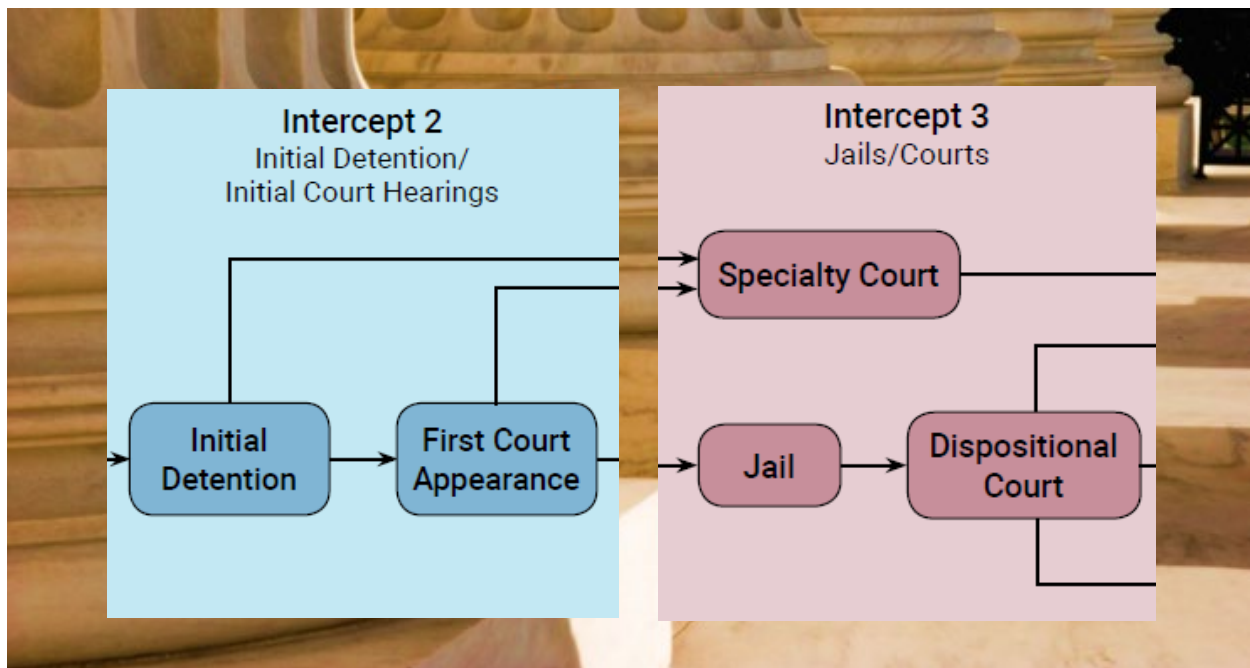
Hospitals

- Individuals may experience long wait times (e.g., 8-12 hours) before being seen in the ED. In some cases, individuals leave without being seen.
- Hospitals do not currently have any on-site peer support or navigation services.
- Law enforcement officers experience wait times when bringing individuals to the hospital. Hospitals may refuse also to accept them (e.g., due to psychosis), and in that case they are often brought to the jail.
- Hospital staff could benefit from training on law enforcement policies and procedures, particularly regarding paperwork required for involuntary holds/commitments.
- Individuals may remain in jail more than 30 days while waiting for a psychiatric bed.
- Individuals who are charged with low level offenses may wait longer for access to psychiatric bed than the actual sentence for the crime.
- In the psychiatric hospital, there are often issues with length of stay being less than the amount of time required for any prescribed medications to take effect.

- Hospitals could work more collaboratively with community providers (i.e., Zepf Center) on discharge planning and step-down options to various levels of care.

Veterans Services

- The closest Veterans Administration inpatient beds require a 55-mile drive across the state line to Ann Arbor, Michigan.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPT 2 & 3 OPPORTUNITIES

Jail Facilities

There are three jail facilities utilized by Lucas County. The Lucas County Corrections Center is a county jail that serves as the pretrial facility for Lucas County. The Corrections Center of Northwest Ohio is a regional jail that is governed by five Ohio counties and serves as the sentenced facility for Lucas County. The Correctional Treatment Facility is a residential program for individuals on felony supervision that serves as the Community-Based Correctional Facility in Lucas County.

Lucas County Corrections Center (LCCC)

The LCCC is a pretrial detention facility in Toledo, Ohio. The facility has of 346 general beds and 24 medical beds. In accordance with the Federal Court Order, the LCSO adopted the Lucas County Pretrial Jail Population Management Policy. The policy states population of the detention center shall not exceed 65 in booking and 370 in general population. Releases are made according to this policy. Plans to construct a new facility have been ongoing, but the Lucas County Board of Commissioners announced in 2023 that a site for the new jail has been selected. The current structure is physically outdated and provides staffing, programming, and supervision challenges. Recent diversion and reentry strategies will influence the projected bed capacity of the new facility.

Corrections Center of Northwest Ohio (CCNO)

The CCNO is a regional jail serving five member jurisdictions, including Defiance, Fulton, Henry, Lucas, and Williams counties. The five member jurisdictions, along with the US Marshals contract, proportionately share in the cost of operating the Corrections Center based upon the number of beds each is allocated. The facility has a capacity of 613 beds. In 2022, there were 397 funded member beds and 183 contracted beds, totaling 580 funded beds. Lucas County has 193 funded beds in the facility. As the largest county of the five member jurisdictions that utilize CCNO, Lucas County also has the largest number of funded beds. The U.S. Marshals Service, Hancock County, and the city of Findlay also contract with the facility for beds. Lucas County uses this facility for its sentenced population as the county has a pretrial detention facility; the other member jurisdictions use the facility for both their pretrial and sentenced populations. The average length of stay is 31.8 days for the sentenced population at CCNO, and it costs approximately \$70 per day to house an individual in the facility.

Correctional Treatment Facility (CTF)

The CTF is also in Toledo, OH and has a capacity of 221. It is a community-based correctional facility (CBCF) and provides treatment for substance use disorders as an alternative to being sentenced to the Ohio Department of Rehabilitation and Corrections (ODRC). The facility provides treatment for up to six months. The program is intended to focus primarily on Cognitive Behaviors and Chemical Dependency issues that lead individuals to become incarcerated. Other programming, such as Educational, Vocational, Anger Management, Women specific issues, and Grief and Loss programming, is offered while residents participate in CTF programming, depending on need. Staff help connect individuals with community-based service providers and employment during the aftercare phase. Individuals in the CTF aftercare program who commit technical violations are either terminated from aftercare or returned to the residential treatment program at CTF. Terminations can lead to a probation violation and further incarceration. While the facility primarily serves individuals with felony offenses, CTF also offers a misdemeanor program called the Regional Addiction Diversion (RAD) program with programming for a 60-day period.

Initial Detention:

Individuals who are arrested in Lucas County are transported to Lucas County Corrections Center (LCCC). During the booking process, a medical screening form is used to determine if individuals need to see a nurse before being booked. The booking staff will ask the arresting officers if they attempted to transport an individual to the hospital. In rare cases, if a decision is made to not accept an individual for medical or mental health reasons, booking staff may contact the court to request permission from a judge to release them from the jail to the hospital. The screening process at booking includes the use of the Brief Jail Mental Health Screen (BJMHS), Prison Rape Elimination Act (PREA) assessment, and questions about military status. Since 2019, approximately

24-26 percent of individuals booked into the facility have screened positive for Serious Mental Illness (SMI). If an individual does not respond to the BJMHS questions, they are automatically referred for further assessment. If the arresting officer has any information about guardianship, it is provided to the booking staff so that the guardian(s) can be contacted and notified, but guardianship information is not typically shared with the court.

A booking report is generated that is distributed to a variety of agencies. The booking staff provide the Veterans Administration's Veteran Justice Outreach (VJO) specialist with a list of anyone booked into the facility that self-reported military status (so that the information can be verified) and upload booking reports through a link to the Veterans Reentry Search Service (VRSS) database. A classification scale is used to make decisions about placement within the facility.

Regional Court Services

Regional Court Services is a department of the Lucas County Court of Common Pleas which consists of three separate programs: Electronic Monitoring, the Centralized Drug Testing Unit (CDTU), and Pretrial Services.

Pretrial Services

Pretrial Services provides services for the Lucas County Court of Common Pleas and the four municipal courts in Lucas County (Maumee, Oregon, Sylvania, and Toledo Municipal Courts). The department has 80 staff that conduct risk assessments. Staff were also conducting felony interviews prior to the COVID-19 pandemic. The Public Safety Assessment (PSA) tool, which is a risk-based assessment that estimates the risk of a defendant failing to appear or committing new criminal offenses while on pretrial release, is used to set bond. The staff also ask about military status, but that information is not typically verified at that time. In 2021, a pretrial population management policy was developed that allows pretrial services staff the authority to release individuals with nonviolent misdemeanors and felonies (4 and 5 only and depending on score) prior to their initial court appearances. Pretrial supervision is not available to Toledo Municipal Court misdemeanor offenders. TMC services are limited to the provision of the PSA. TMC Local Rule 22 governs pretrial release and bond.

Initial Court Appearance (Arraignment)

Initial court appearance (arraignment) happens within 24 hours of an arrest unless the arrest is made on a Saturday or Sunday. Toledo Municipal Court (TMC) does have a modified weekend court docket for individuals who are expected to be released that is presided over by Judge Kuhlman. The state attorney and public defender are both present at arraignment. Regional Court Services staff provide the court with the results of the PSA prior to arraignment through the Northwest Ohio Regional Information System (NORIS). Information regarding risk is provided, but not information about needs. Additional information gathered in the jail about mental health and

substance use (i.e., results of BJMHS) is not usually available at arraignment. All arraignments are being conducted in-person. If an individual is unable to appear in court for arraignment, the court is notified of the reason and that documentation is added to records. Interpretation services are available when necessary.

Competency Evaluation and Restoration

The Court Diagnostic Treatment Center (CDTC) is a private, non-profit organization that works with the criminal justice system to provide forensic evaluations and mental health treatment. Judges may refer individuals for competency evaluation at any time during the court process, including during arraignment. In 2022, a total of 769 requests were received from 13 counties in 2022 (both civil and criminal). CDTC reported 60% of referrals were made by Lucas County. Of these 769 referrals, 39% were for adult Competency to Stand Trial (CST), 24% were for Not Guilty by Reason of Insanity (NGRI), 2% were for post-NGRI, and 10% were for general psychological. In 2022, it took approximately 65 days from referral receipt to report submission by the forensic director. An average of 131 referrals were greater than 30 days overdue each month in 2022. Once an individual is referred for competency evaluation, the law requires that a report of the findings is provided to the court via the diagnostic portal within 30 days. In 2022, TMC requested a total of 43 competency evaluations; 23 (53%) were completed. Since the beginning of 2023 until July 13th, TMC has referred 36 individuals for competency evaluation. Of the 36 individuals, 14 have pending competency evaluations and 7 are out of custody receiving treatment and support in the community. There have been eight referrals for outpatient competency restoration originating from 13 counties. The results of the risk assessment are taken into consideration when deciding if an individual is appropriate for outpatient competence restoration, as well as whether the person is a public safety risk and if there is available housing. Individuals may be held in jail due to safety concerns or if they don't have access to housing. The state hospital is not an option for individuals with non-violent misdemeanor charges, which may end up being dismissed. Individuals with felony charges that receive orders for competence restoration may wait 3-4+ weeks in the jail before being admitted to the state hospital. Individuals with felony charges who are considered not restorable do not have anywhere to go.

Diversion

The Safety + Justice Challenge Diversion Program is a misdemeanor jail diversion program that consists of a 3.5-hour class based on procedural justice and CBT principles. Individuals may have their cases dismissed upon successful completion of the program. However, individuals often elect to receive time served and just take conviction. This diversion program was created with the goal to address racial inequities/disparities and overrepresentation in the criminal justice system for mostly non-violent victimless charges. The program was specifically focused on the charges of disorderly conduct, obstructing, and low-level drug offenses. TMC reported that their diversion program participants are 65 percent African American.

The Opportunity Project is a voluntary program that employs three social workers at arraignment to review cases and determine if individuals meet program eligibility criteria. The program was initiated in the felony arraignment courtroom and has served 265 people. The program staff identify mental health and substance use needs and have 8-10 days to engage individuals in treatment before moving forward with charges. About 60% of individuals who meet eligibility criteria are engaged and may have their charges reduced to misdemeanors or dismissed. The program is also exploring misdemeanor diversion for individuals in and out of custody. Individuals are referred to a variety of treatment and support services in the community depending on needs (i.e., outpatient, residential, recovery housing, etc.). 93 percent of individuals referred to community-based treatment and support services have mental health conditions and 79 percent have substance use disorders. Individuals who remain in custody receive case management through the MacArthur Safety + Justice Challenge and the MHR SB. Some recent data was shared regarding participation: 192 individuals were enrolled in programming in the last six months, 150 referrals were received from judges and correctional staff, misdemeanor expansion of 83, misdemeanor monthly reporting 161, corrections expansion of 30,

Common Pleas Court has a prosecutor diversion program that targets individuals with low-level offenses but excludes individuals with mental health conditions. Individuals who are eligible are supervised by the Lucas County Adult Probation Department (LCAPD). The individual enters a guilty plea to the original charge, but the finding is withheld. The charges may be dismissed after two years if the individual does not have any new charges.

Maumee operates a diversion program that targets women who do not have a lengthy criminal history. The program includes a domestic violence component and life skills training. These programs can also be conditions of probation. Information about exclusionary criteria was not available at the time of the workshop.

Probate Court

If a case is dismissed by the municipal court or Common Pleas General Division, the judge can file an Affidavit of Mental Illness in the Probate Court. In many cases, a guardian has previously been appointed by the Probate Court. Courts can check the Probate Court case management system or call the Court to check guardian status. The Probate Court case management system can be accessed by the public via the Probate Court's website and provides information and search functionality for publicly available case records. In cases where an individual does have a guardian, the trial court should connect with that guardian and, if treatment is needed, the guardian can sign the individual into treatment. In cases where there is not a guardian, the court can suggest the family seek guardianship or contact the Lucas County Guardianship Services Board (LCGSB). The LCGSB coordinates long term care, group homes, case workers, and other resources.

Lucas County Treatment Court

The Lucas County Treatment Court (previously referred to as Drug Court) is certified by the Supreme Court of Ohio as a substance use disorder treatment court but also serves individuals with co-occurring mental health conditions. Approximately 70% of participants have a co-occurring disorder. The program's eligibility criteria exclude individuals with violent felonies and sex offenses. The program has a track specifically for misdemeanors. Program participants receive treatment through several providers, including Zepf, Unison, and Harbor. The Lucas County Adult Probation Department has three officers assigned to program participants. LCSO DART also has an officer assigned. Some housing is available through a collaboration with Zepf, and there is an opportunity to increase employment support. In addition, there is a pretrial option for individuals with a history of substance use and overdose that involves drug screening. If treatment court is completed successfully, pretrial requirements are removed. If treatment court is not completed successfully post-sentencing, then individuals may serve their reserved sentence.

Sylvania Drug Court is a newly established program that has seen eight individuals enrolled and one graduate. The program may include a domestic violence component in the future.

Jail-based Services

Lucas County Corrections Center (LCCC)

The LCCC medical nursing staff are hired by the Lucas County Sheriff's Office (LCSO). Other medical staff (physician, psychiatrist, and dentist) are contracted by LCSO to provide services. Unison currently provides mental health screenings and medication management in the jail through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Unison can provide these services to anyone in the jail who is willing to accept services and meets SAMHSA criteria. Unison receives referrals from booking staff, the courts, correctional officers, other inmates, and family members. Individuals who are referred to Unison wait about three weeks to be seen by Unison's psychiatrist (at the time this was written, the wait had been decreased to 1 week), unless there is an emergency. Unison has a doctor present in the jail 2-3 weekdays per week to meet with Unison clients. The grant will soon expire, and a sustainability plan is being developed. The jail is also considering contracting with a psychiatric nurse practitioner for additional coverage.

Access to medication for individuals booked into LCCC may not be immediate and depends on several factors. If a community-based treatment provider or family member provides the jail with an active prescription, the medications can be accessed immediately. Medications can also be dropped off to the jail and provided to individuals if they are verified and in the original, prescribed bottle. Individuals who are placed in secure behavioral health cells may not be able to access medications or services immediately.

LCCC services include:

- Mental health evaluations (Level of Care Utilization System or LOCUS) are provided by Unison.
- Brief high-level assessments to render a diagnosis (must be diagnosed with Serious Mental Illness to qualify for Unison services) are provided by Unison.
- Group programming is provided by Unison (i.e., mental health group treatment using the evidence-based curriculums *Changing Lives, Changing Outcomes* and *A New Direction*).
- Individual engagement (i.e., individual therapy, case management) is provided by Unison.
- Medication management is provided by Unison.
- BrightView conducts a weekly AA group for every Tuesday.
- YWCA conducts a weekly trauma group for women.
- Unison no longer has a peer support position available, and this position will not be filled.

Some data was shared regarding jail-based services. In 2022, 11,500 individuals were booked into the jail. From January 2022 – July 2023 there were 1,257 inmates (10.9% of those booked into the jail in 2022) referred to Unison’s jail-based program. Of those referrals, 950 individuals (75.6%) met the criteria for Serious Mental Illness, over 360 medication management appointments occurred (including initial and follow up appointments), and over 130 unique individuals attended group.

Corrections Center of Northwest Ohio (CCNO)

The CCNO contracts for medical services. The following programs are offered at CCNO:

- The Penta Career Center provides a GED program for inmates. This is an ongoing program that inmates attend until they successfully pass all sections of the GED. CCNO is a certified testing site and inmates have the opportunity to test twice per month.
- CCNO offers Decision Points, a cognitive-behavioral intervention that addresses the Risk – Needs – Responsivity model of correctional interventions. Participants can join at any time; participants must attend a full session to complete the program.
- Seeking Safety is an evidence-based treatment model that treats the co-occurring diagnoses of PTSD and Substance Use Disorder. Attendance in this course may be requested by an inmate through staff or court ordered by the sentencing judge.
- Anger management programming is conducted by CCNO programming staff.
- Careerpath is a comprehensive vocational re-entry program provided by Harbor, Inc. through a collaboration with the US Department of Labor and CCNO.
- Volunteers provide Healing Addictions through a Relationship with Christ (HARC) programming, AA meetings, worship services, and Bible study.

INTERCEPT 2 & 3 GAPS

Jail Intake/Booking

- Individuals who are under the influence at the time of booking may not answer screening questions accurately.
- There is no Substance Use Disorder screener in place at booking.

Jail-Based Services

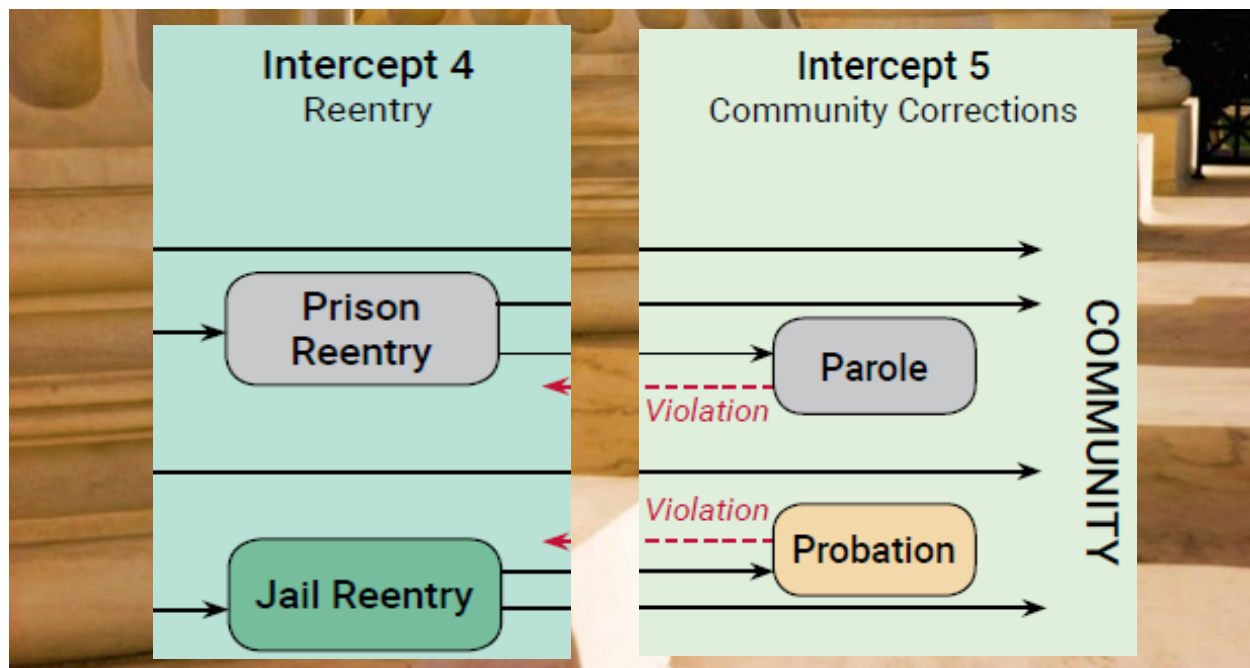
- The LCCC and CCNO do not currently have any dedicated funding to support reentry programs and services.
- The behavioral health service capacity in the jail is limited, resulting in longer than average wait times (e.g., Unison is experiencing challenges keeping up with the demand for services).
- The jail's contracted psychiatrist has been unavailable for an extended period recently due to unforeseen circumstances.
- There was previously confusion between Unison psychiatry (couple days per week) and the contracted psychiatrist covering weekends. An individual cannot be seen by both providers. Care coordination and communication was challenging.

Pretrial Services

- There are no peer services offered at pretrial.

Specialty Courts

- There is no Mental Health Court.



INTERCEPT 4 AND INTERCEPT 5

INTERCEPT 4 & 5 OPPORTUNITIES

Jail Reentry

Lucas County Correctional Center (LCCC)

- Project Direct Link involves a collaboration between Unison and Toledo Legal Aid Society (TLAS). The program staff identify individuals with substance use disorders, particularly Opioid Use Disorder, by reviewing LCCC booking reports. The staff visit the facility 2-3 times per week to conduct in reach and screening to determine if individuals are appropriate for the program and communicate their finding to the courts by phone or letter. Individuals in the jail can also self-refer and request to participate in the program. Program participants receive a full assessment and can be offered medications, including Vivitrol, for up to six months leading up to their release. As individuals are released from jail, Unison attempts to keep them engaged in treatment. Once released, individuals may continue receiving treatment from Unison or another community-based provider of their choosing. Unison will communicate with other treatment providers and coordinate continuation of treatment.
- LCSO DART offers Narcan to individuals being released from the jail and can add it to their property to take with them.
- A Narcan vending machine also exists in the entrance to lobby of the jail for individuals being released.

Correctional Treatment Facility (CTF)

- Above & Beyond Care (ABC) Behavioral Health conducts in-reach at CTF to identify individuals with mental health conditions that could benefit from treatment and support. The program staff can transport individuals into the community to apply for identification, seek employment, and access other resources to meet their needs (e.g., bikes). The program began with grant funding and is being sustained with support from Lucas County.

Corrections Center of Northwest Ohio (CCNO)

- TASC of Northwest Ohio has an OMHAS grant to provide reentry services to individuals who are diagnosed with Serious and Persistent Mental Illness (SPMI).
- Harbor has a Department of Labor grant to provide employment assistance and skills training.
- Some additional reentry services are provided by Recovery Services.
- TLAS operates the “Re-entry on the First Day” program. The program is staffed by a case manager who attempts to engage individuals sentenced to CCNO in developing reentry plans. The program will consider anyone who is sentenced for 30 days or more. As reentry plans are developed, an attorney from TLAS will take the information to court where judges will consider modifying the sentence. Since January 2023, there have been eight participants who have received a combined 413-day reduction of sentences.

Prison Reentry

- ODRC is working on providing individuals state-issued identification when they are released from prison.
- OHMAS helps link individuals in prison with providers of treatment and support services in the community and will make appointments.
- Wellness funding is available for individuals in prison who are involved in multiple systems. The funding is accessed through a community health provider and can be used to pay for treatment and recovery supports if no other funding is available.
- The CJCC had a \$1.2 million Justice Reinvestment Initiative (JRI) grant to develop a database to connect individuals returning from ODRC facilities to community-based reentry agencies in Lucas County. This grant facilitated a \$100,000 Reentry Pilot Project that was awarded to the Ridge Project. Individuals targeted through this Pilot Project will be engaged in the TYRO programming already offered in these institutions and will be connected to case managers in Lucas County upon their release.
- ODRC also has a video in-reach program for community providers.
- Inmates have access to tablets with provider information on a Re-Link tab.

Community-Based Reentry Supports

- The Reentry Coalition of Northwest Ohio (RCNWO) secures funding to provide community agencies funding for birth certificates, IDs, and bus passes.
- “Going Home to Stay” or “First Wednesdays” is a community event that began in 2009 and is held on the first Wednesday of each month at One Government Center in Toledo, Ohio. The event is a "one-stop shop" for any formerly incarcerated citizens of Lucas County and/or loved ones to connect with local reentry resources. Individuals can obtain identification at no cost as well as copies of birth certificates. The events are organized through a collaboration with the Adult Parole Authority (APA), the CJCC, the RCNWO and 40-50 local service providers.
- “Third Wednesdays” is a community event held the third Wednesday of each month by OhioMeansJobs to connect returning citizens with career resources.
- “Citizen Circles” is an initiative organized by the RCNWO that aims to provide an environment for individuals who have recently been released from jail or prison to develop plans for reintegrating into the community through a strengths-based approach with community providers.
- “Safe Haven” is a monthly, in-person meeting inspired by the Citizen Circles model and twelve-step programs for individuals with prior sex offenses to make community connections and receive support.

Housing

- 20 housing vouchers are available through the Lucas Metropolitan Housing.
- Walls for Alls provides supportive housing.
- The Returning Home Ohio and CPT programs provide rapid rehousing and supportive housing. Individuals are typically referred while they are incarcerated prior to their release.
- Warren Commons Supportive Housing is developing a 46-unit building that will provide housing through the Coordinated Entry system. Individuals who have criminal justice histories will be prioritized for housing.
- Ohio Department of Corrections is working with two halfway houses, VOA, and Ohio Link. Individuals who are released from prison and do not have housing can receive temporary housing for up to 90 days at no cost.
- Returning Home Ohio provides housing and wraparound services to individuals released from prison who have been diagnosed with Serious Mental Illness (SMI) and individuals living with HIV.

Probation

There are five independent probation authorities in Lucas County serving the following five courts: Lucas County Court of Common Pleas, Maumee Municipal Court, Oregon Municipal Court, Sylvania Municipal Court, and Toledo Municipal Court.

- Approximately 150 individuals are sentenced to probation monthly, many of whom have mental health conditions and substance use disorders.
- The Ohio Risk Assessment System (ORAS) is utilized by Lucas County Common Pleas Probation, Adult Probation and TMC Probation.
- The most common sentence is six months. However, sentences can also be for 60, 90, or 180 days.
- Probation officers frequently refer individuals to the Zepf Center, Unison, and OhioGuidestone.
- Available services include group therapy, certified Ohio mental health services, and level 3.01. trauma-informed services.
- Lucas County Adult Probation Department has 58 full-time employees and four part-time employees. The following caseloads exist within the department:
 - High risk caseload (60 individuals)
 - Mental health (two caseloads, blended risk levels)
 - Sex offenses
 - General high risk (four caseloads, 65 individuals)
 - Substance use (two caseloads)
- Lucas County Adult Probation has a contract with the CDTC for individual treatment, medication management, reduction of criminal thinking, and anger management, batterer intervention, and sex offender programming. The services are also accessed by the Federal Courts Probation Department.
- TMC Probation has 20 Probation Officers that receive training at the state and local level. New Probation Officers are required to complete 7 in-person courses and 12 online courses through the Supreme Court of Ohio Judicial College. TMC requires Probation Officers to participate in 20 hours of training annually. Training topics include various Cognitive-Behavioral Therapy techniques, as well as some of the following topics:
 - Trauma-informed responses
 - De-escalation
 - Motivational interviewing
 - ORAS training and certification
- All caseloads are separated by risk level. High-risk caseloads are also separated by gender. Caseloads vary in size:
 - Low-risk averages 175-200 individuals who are monitored via remote reporting or phone.
 - Moderate-risk caseloads average 110-120
 - High-risk caseload average 60-70
 - During 2022, the department is piloting a specialized mental health caseload which is capped at 50 offenders. At the time this was written, the caseload is currently at 39 offenders.

INTERCEPT 4 & 5 GAPS

Jail Services

- Individuals who are released from jail are not being provided with any medication at the time of release unless they have their own medication, and at times do not have their medication returned when released.
- There is no direct linkage to providers at the time of release.

Data Collection and Sharing

Community Reentry

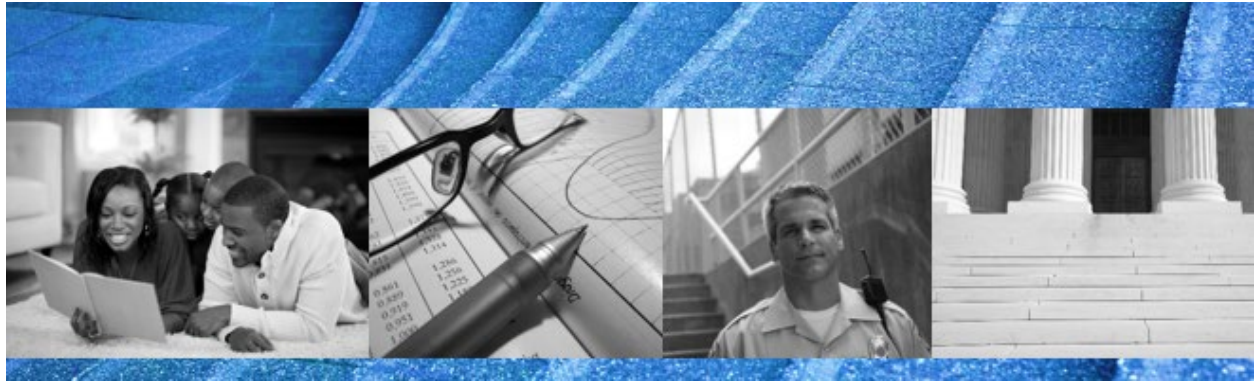
- In the community, there are no sentencing programs for SMI and co-occurring with SUD. There are many options for individuals living with a SUD.
- Some individuals in the community have received SSI/SSDI Outreach Access and Recovery (SOAR) training, but funding is needed to support a full-time case manager.
- Additional services are needed to meet the needs of the aging population.
- Many reentry initiatives are grant funded and limited to a specific population.

Probation

- Probation officers often experience challenges linking individuals with treatment providers and supports in the community.

Housing

- It is challenging to find housing for individuals who were recently released from jail or prison.
- Many landlords do not want to accept tenants that have a criminal history.
- Additional support is needed to help individuals with behavioral health conditions maintain housing.
- Funding is needed to assist with landlord application fees.



LUCAS COUNTY PRIORITIES FOR CHANGE

The priorities for change were determined through a voting process. SIM Mapping Workshop participants were asked to identify a set of priorities followed by a vote where each participant had three votes. The voting took place on July 13, 2023. The top three priorities are highlighted in italicized text.

RANK	VOTES	DESCRIPTION
1	32	Improve access to psychiatric and treatment services in jail from day one/entry. <i>* Improve cross system information sharing capacity.</i>
2	25	Develop a CTF-like program for individuals with serious mental illness.
3	21	Establish reentry planning from Lucas County jail and CCNO, including medication discharge planning. <i>*Improve cross system information sharing capacity</i>
4	13	Increase opportunities for sustainable paid peer services across the intercepts.
5	9	Develop strategies for jail-based CST restoration services.
6a TIE	8	Improve cross system information sharing capacity.
6b TIE	8	Collaborate on a competency to stand trial evaluation and restoration review.
7	5	Promote community education for returning citizens.
8a TIE	4	Improve communication across all intercepts.
8b TIE	4	Develop mechanism to share mental health information with judges and pretrial services.
9a TIE	2	Create family re-integration and planning program.
9b TIE	2	Create recovery pathway and relapse prevention plans.
9c TIE	2	Develop diversion at intercept two for individuals with serious mental illness where CST trial may be raised.
9d TIE	2	Improve training, education, and implementation of Risk Needs Responsivity model.

Notes: Priority 6a (Improving cross system information sharing capacity) did not receive enough votes to justify the development of its own action plan during the workshop, however it was addressed in the action plans developed for Priorities 1 and 3. Similarly, Priority 6b (Collaborate on a competency to stand trial evaluation and restoration review) was addressed in the action plan developed for Priority 5.

LUCAS COUNTY DRAFT STRATEGIC ACTION PLANS

Priority 1: Improve access to psychiatric and treatment services in jail from day one/entry and improve cross system information sharing capacity.			
Objective	Action Steps	Who	When
1. Increased psychiatric services	Adding full-time psychiatric nurse practitioner and nurse with psychiatric specialty	<ul style="list-style-type: none"> • Sheriff • Jail Administrator • Joy Marshall (Jail) • Renee Palacios (CDTC) • Sarah Gruner (Unison) • Corrections Center of Northwest Ohio (CCNO) • Wernert Center • County Commissioners • BH/CJ Coordinator • Dr. Dood • BH/CJ Committee • Major White • Hospital policymakers • Courtney Burrow (Zepf) 	6 months
	Adding psychiatrist (20 hrs./week minimum, ideally full-time, must be comfortable with involuntary medication)		6-12 months
	Must help all clients – everyone needs to be seen		ASAP
	Designated medical staff to work closely with psychiatrist		3 months
2. Information sharing	Establish a process for medical staff, psychiatrist, and embedded behavioral health staff to share information		2 years (phases)
	Share information through an MOU between the jail/mental health providers and CCNO, so that CCNO has a designated point of contact in the jail		3 months (draft MOU) and 6 months (sign MOU)
	Access to information – must be a full collaborative effort (BH/CJ)		Meet quarterly
3. Jail policies and services	Competitive wages for existing staff (Nursing)		5 months
	Establish a dedicated Peer Support (Navigator) program (FTE) inside the jail to facilitate navigation within the jail and to coordinate reentry planning and navigation following release		9 months

Priority 1 Workgroup members: Lindsay Szymczak, Tina Skeldon Wozniak, Linda Howe, Juanita Halbig-Sanchez, Sarah Gruner, Renee Palacios, Victoria Graham, John Fortner, Dan Huesman, Joy Marshall, Steve Rogers, Karl Schwemley, Nancy Miller, David Nalls

Priority 2: Develop a more robust outpatient commitment process.

Objective		Action Steps	Who	When
1.	Develop a more robust outpatient commitment process for both voluntary and involuntary commitments	Coordinate with hospitals for stabilization	<ul style="list-style-type: none"> • Probate Court • ACT Team • Targeted Housing (NPI, Zepf) • Northwest Ohio Psychiatric Hospital 	2 years
		Create stable environments to release individuals to (e.g., peer support)		
		Utilize outpatient services		
		Secure funding (Mental Health Recovery Services Board)		
		Create process for courts		

Priority 2 Workgroup members: Jesus Guel, Willie Knighten, Holly Matthews, Judge Kuhlman, Meegan Webb, Cliff Sweinhagen, Scott Sylak.

Note: The above workgroup was initially tasked with developing an action plan to “Develop a CTF-like program for individuals with Serious Mental Illness,” however it was later decided that the workgroup would instead develop an action plan to “Develop a more robust outpatient commitment process.”

Priority 3: Establish reentry planning from Lucas County jail and CCNO, including medication discharge planning, and improve cross system information sharing capacity.

Objective		Action Steps	Who	When
1.	Establishing medication protocol	Identify jail policy (Jail/CCNO)	<ul style="list-style-type: none">• Sheriff• Commissioner• Unison	The Reentry and Behavioral Health/ Criminal Justice Coordinators will discuss over next 6 months and develop timelines for action steps.
		Identify staffing needs for prescriber		
		Contract with pharmacy		
		Discharge checklist		
2.	Transportation assistance	30-day bus passes (secure funding)	<ul style="list-style-type: none">• Tarta (representation)• Identify communication lead	
3.	Identifying individual needs	Develop a tool to identify needs	<ul style="list-style-type: none">• JFS• OhioMeansJobs• Treatment providers• Counselors (jail)• Correction Officers (inmate services)• BMV (for IDs)	
		Access to 2-1-1 (publicly available phone)		
		Identify resources (e.g., employment, treatment centers)		
		Medication-Assisted Treatment (Preferred Drug List)		
		Provide a resource packet at release		
		Provide ID if needed		
4.	Insurance concerns (barriers to medication and treatment)	Identify Job and Family Services (JFS) contact	JFS	
5.	Establishing a pipeline (communication) across the intercepts	Create infrastructure (database) for each entity to enter information	<ul style="list-style-type: none">• NORIS• Integrated Justice System	
		Develop reports		
		Appointments for services (follow-up services)		

Priority 3 Workgroup members: Amanda Lanigan, Elijah Jones, Ron Jones, Marvin Houston, Jennifer Friddell, Tom Luettkke, Robert Leiter, Johnetta McCollough, Trina McCoy, Jesus Salas, Chris Stewart, Christy Wood, Michelle Butts, Laura Shaffer

Priority 4: Increase opportunities for sustainable peer services across the intercepts.

Objective		Action Steps	Who	When
1.	Identify Peer Mentors with wisdom and resilience, people who can demonstrate belonging	<ul style="list-style-type: none">Define peer mentors.Bring the 40-hour class/training for peers within jail/prison systems. Ohio provides this training for free.Create a vocational program for peers that is an intro to social services, beginning in jail and continuing following release.Establish strategic hiring and adequate supports.Broaden jail security criteria for peer mentors to facilitate access to individuals in the jail.Change institutional hiring practices to be accessible to peers.Advocate at the state level to remove barriers to billing Medicaid.Seek grant funding to avoid billing issues to pay peers.Find ways to reward and recognize peers for their work.	<ul style="list-style-type: none">OH Dept. of Mental HealthLocal peer trainersOwens Community College (CDCA)Behavioral health agenciesODRCReentry Coalition of Northwest Ohio (RCNWO)People with lived experienceFamily membersCommunity membersLucas County Sheriff’s Office	Short Term: Be present in the community (of peers) across all intercepts.
2.	Establish committed/dedicated funding for peers			
3.	Remove barriers to billing Medicaid/comparable schedule			
4.	Remove barriers to continuing treatment following release			
5.	Create a sustainable future for peers (reliable income streams; skill acquisition; experiential learning opportunities)	<ul style="list-style-type: none">Create a formal work group not tied to specific providers that can be consulted, while also creating formal opportunities for peers within agencies/organizations.Ensure peers have defined roles and access to resources.Develop a training on how to navigate resources.Create a skills toolkit for peers to advocate, navigate, and empower.Create a career path from being a peer mentor to a peer supervisor (peers mentoring other peers serving as mentors).Emphasize life-sustaining resources are a necessity to do this work.Create regularly assessed performance measures.Institute goal setting at the beginning of a peer relationship.Create positive structure/system performance.		Long Term: Follow natural timeline for recruitment (establishing baseline, deploy peer mentors, ongoing assessment)
6.	Invest in comprehensive coaching of peers to create culturally competent peer mentors			

Priority 4 Workgroup members: Craig Gebers, Jim Prager, Mike Hampton, Tia Strozier, Ann Mintun, Marla Conkin.

Priority 5: Develop strategies for jail-based competency to stand trial evaluation and restoration services.

Objective		Action Steps	Who	When
1.	Explore pathways to competency to improve outcomes for the individual	Mapping the system to identify all opportunities for early intervention, including opportunities for diversion that do not require a formal competency referral from a court.	<ul style="list-style-type: none"> Courts Law Enforcement Jail (intake/booking, medical) Prosecutors and Defense Attorneys Probate NOPH (Northwest Ohio Psychiatric Hospital) CDTC (Court Diagnostic and Treatment Center) Mental Health/Crisis Centers Forensic Monitor NORIS (Northeast Ohio Regional Information System) Guardian Services Board Board of Developmental Disabilities Homelessness Board 	November 2023 <ul style="list-style-type: none"> Begin mapping in September 2023 and have ongoing bimonthly meetings
		Assemble a competency coalition.		
		Integrate guardianship information, if any, with an individual's RID number; incorporate earlier identification of those in need.		

Priority 5 Workgroup members: Amy Priest, Sean McNulty, Meredith Kurucz, Lisa Falgiano, Jason McAllister, Megan Shaal, Ashley Richardson, Lenny Tomanski



QUICK FIXES/LOW-HANGING FRUIT

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and opportunities to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

Quick Fixes

- Begin sharing results of Brief Jail Mental Health Screen (BJMHS) with courts and others.



PARKING LOT

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These issues are listed below.

- State of Ohio behavioral health redesign has impacted ability to provide care.



RECOMMENDATIONS

Lucas County has several exemplary programs that address criminal justice/behavioral health collaboration. Still, the mapping exercise identified areas where programs may need expansion or where new resources and programming must be developed.

1. Address the barriers to treatment and services encountered by individuals waiting in jail for treatment beds or involuntarily committed for treatment.

Participants discussed the population of individuals found incompetent to stand trial who are retained in local jail for misdemeanor charges or involuntarily committed to hospitals while awaiting transfer to the state hospital. This issue is a challenge for states across the country, but strategies have emerged to reduce the number of individuals waiting in jail or local hospitals for inpatient treatment beds, provide outpatient restoration alternatives, and reduce inpatient length of stay:

- Divert individuals through crisis services and then to longer term supports, such as Assertive Community Treatment (ACT) teams, with step-down to less intensive services when appropriate.
- Leverage Assisted Outpatient Treatment (AOT) processes to connect people to services to better support an individual released from jail or stepping down from an inpatient hospital stay (thus reducing the likelihood of recommitment).
- Implement jail and court liaison programs to regularly evaluate and advocate for individuals with potential or confirmed issues related to competency who are at risk of or currently experiencing decompensation inside the local jail. Eligible participants could be diverted from the jail into community-based restoration which is currently underutilized.

Coordinating strategies within the state forensic leadership will be a critical pathway toward reducing this challenge, particularly if state statutes or policies need to be altered to better serve this population.

Policy Research Associates (PRA) has developed a Competence to Stand Trial Microsite which includes tools, publications, and an assessment of PRA's work providing technical assistance to diversion services programs in Washington State after the Trueblood class-action lawsuit settlement.

Other resources include the following:

- Stakeholder meetings from the local jurisdiction and the state to focus on this population can be helpful. Outpatient competency-related programs can also be considered.
- Callahan, L., & Pinals, D. A. (2020). Challenges to reforming the competence to stand trial and competence restoration system. *Psychiatric Services*, 71(7), 691-697
- Pinals, D. A., & Callahan, L. (2020). Evaluation and restoration of competence to stand trial: intercepting the forensic system using the sequential intercept model. *Psychiatric Services*, 71(7), 698-705.
- PRA's Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial (2007)
- SAMHSA's GAINS Center's webinar Reporting from the Field on Competence to Stand Trial and Competence Restoration: National Trends and Local Implementation Strategies for Reducing Restoration Wait Times
- SAMHSA's GAINS Center's webinar Six Guidelines for Providing Assisted Outpatient Treatment (AOT) to Justice-involved Clients

2. Reduce recidivism and improve health care outcomes for people with mental and substance use disorders through coordinated jail mental health services and reentry program.

Improve public safety and public health outcomes by providing transition planning services to inmates with mental and substance use disorders. At a minimum, transition planning services should be offered to the sentenced population prior to release from the jail. Transition planning starts at entry to jail. Transition planning services can be provided by dedicated jail staff or by community-based providers who reach into the jail. Refer to the Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison (Blandford and Osher, 2013) and the Implementation Guide (SAMHSA, 2017).

Improve access to Medicaid and Social Security benefits for persons released from jail and prison. Medicaid suspension or cancellation while incarcerated is a barrier to recovery. The Affordable Care Act has expanded access to Medicaid, yet communities across the country have lagged in enrolling justice involved individuals in Medicaid. A more aggressive and coordinated approach is needed to ensure Medicaid benefits essential to continuing prescribed medication and accessing critical behavioral health services.

Strategies include providing jail-based or diversion health personnel with access to the local Medicaid database to promptly identify enrollees and insure continuation of coverage. Social

Security Disability (SSD) and Social Security Supplemental Income (SSI) provide medical benefits and income which can improve access to housing and other services. Social Security Outreach Access and Recovery training (SOAR) can improve successful enrollments and reduce approval times from months to as soon as 60 days.

Inmates with mental health disorders should be released with four weeks of medications, a prescription for psychotropic medications, and an appointment with a prescriber. Reentry from jail is an opportune time to connect people with mental disorders to community-based services.

Expand, coordinate, and connect reentry services to community supervision. Explore developing a Reentry Council or integrate current efforts into the work of existing workgroups/task forces. Issues to address include fair housing, “ban the box,” and educating employers. See *Reentry* in the Resources section later in this report.

3. Enhance coordination across the Intercept 0-1 crisis continuum of care to provide effective, timely responses to calls for service, particularly alternatives to law enforcement response.

While Lucas County has various beneficial resources to meet the behavioral health needs of individuals in the community, it was evident through conversation at the SIM workshop that there is a need for greater coordination and consistency between existing local crisis services and resources. Once coordination is enhanced, there will also be a need for uniform messaging and education to community members, providers, and first responders around what options are available to serve specific needs, when these services are available, and any exclusionary criteria.

Implementation of the 9-8-8 national hotline creates an alternative to 9-1-1 for mental health and other emergencies. The rollout of 9-8-8 lays the groundwork for a national strategy for emergency mental health response that does not default to or rely on law enforcement as the primary response and is focused on connection with community resources. Many states have public-facing resources around 9-8-8 that may be beneficial. Washington was the first state to propose implementation legislation for 9-8-8; Utah was the first to pass it; and Georgia’s work may also provide some beneficial information. For 9-8-8 to be fully effective, it must be integrated with 9-1-1 and first responders. Dispatch/9-1-1 should also be able to coordinate with and transfer calls to 9-8-8 call centers when an immediate acute emergency response is not needed.

When an in-person response is needed, co-response and mobile crisis teams should be adequately staffed to respond promptly to crisis calls across Lucas County. Responding effectively to calls related to crisis or behavioral health needs will require a variety of services because a one-size-fits-all plan (such as opening one crisis care facility) usually does not adequately meet the needs of the community. Data and guidance from people with lived experience should be brought together to explore innovative additions to the crisis care continuum of services, which could include a variation of the following models:

- Atlanta’s Policing Alternatives & Diversion Initiatives 311 Community Referrals program is one outcome of their 9-1-1 analysis

- Community paramedic programs
- Crisis response programs utilizing clinicians without law enforcement presence – [CAHOOTS](#) (Eugene, OR), [STAR](#) (Denver, CO), and [Community Response Team](#) (Colorado Springs, CO). The [Crisis Response Unit](#) (Olympia, WA) incorporates peer navigators into the response team.
- [Peer respite programs](#), such as the [Promise Resource Network’s Retreat @ The Plaza](#)

Also see *Crisis Care*, *Crisis Response*, and *Law Enforcement* in the Resources below.

4. Develop strategies to provide ongoing cross-system training and learning opportunities.

Participants identified multiple cross-systems training needs to understand agency roles and develop expectations for the role of individuals and agencies working together. A stakeholder survey of training needs and questions including the behavioral health department, police, jail, magistrates and judges, and probation might help to develop and target training focus. Stakeholders may also benefit from creating a “commonly asked questions” document or resource guide for onboarding of new staff.

To raise general awareness, holding a forensic conference to inform stakeholders about the SIM workshop priorities and recommendations may expand awareness of program information and individual’s roles as well as provide an opportunity to solicit input for on-going planning and improve networking and collaboration among stakeholders.

Additionally, consider inviting rotating agencies for a brief (i.e., 5 minute) presentation at the beginning of community coalition meetings to describe agency and individual program roles and share information. Staff turnover creates an opportunity to reconnect and refresh understandings of agency programs, policies, and roles.



RESOURCES

Competence Evaluation and Restoration

- Policy Research Associates. [Competence to Stand Trial Microsite](#).
- Policy Research Associates. (2007, re-released 2020). [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#).
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law*, 27, 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- National Council for Behavioral Health. (2021). [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#).
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach](#).
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems](#).
- Abt Associates. (2020). [A Guidebook to Reimagining America's Crisis Response Systems](#).
- Urban Institute. (2020). [Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices](#).
- Open Society Foundations. (2018). [Police and Harm Reduction](#).
- Center for American Progress. (2020). [The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call](#).
- Vera Institute of Justice. (2020). [Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses](#).
- National Association of State Mental Health Program Directors. (2020). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#).

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 - Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
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- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.

- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

Housing

- The Council of State Governments Justice Center. (2021). Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California’s Council on Criminal Justice and Behavioral Health.
- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
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- Community Solutions. Built for Zero.
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Information Sharing/Data Analysis and Matching

- Center for Policing Equity. (2020). Toolkit for Equitable Public Safety.
- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
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- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.

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- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.
- Urban Institute. (2018). Strategies for Connecting Justice-Involved Populations to Health Coverage and Care.
- R Street. (2020). How Technology Can Strengthen Family Connections During Incarceration.

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.
 - ASAM 2020 Focused Update.
 - Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.

- National Council for Behavioral Health. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
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- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General’s Spotlight on Opioids.

Mental Health First Aid

- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Pennsylvania Mental Health and Justice Center of Excellence. City of Philadelphia Mental Health First Aid Initiative.

Peer Support/Peer Specialists

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health, and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.
- Local Program Examples:
 - People USA. Rose Houses are short-term crisis respite that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.

- Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
- Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
- MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arraignment Diversion

- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.
- CSG Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- National Resource Center on Justice Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. (2013). The Hidden Costs of Pretrial Diversion.

Procedural Justice

- Center for Court Innovation. (2019). Procedural Justice at the Manhattan Criminal Court.
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Racial Equity and Disparities

- Mathematica. (2021). Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation.
- Law360. (2021). Data Collection Is Crucial For Equity In Diversion Programs.
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- National Academies of Sciences, Engineering, and Medicine. (2021). Addressing the Drivers of Criminal Justice Involvement to Advance Racial Equity: Proceedings of a Workshop—in Brief.
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- SAMHSA's Program to Achieve Wellness. Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview.
- Actionable Intelligence for Social Policy. (2020). A Toolkit for Centering Racial Equity Throughout Data Integration.
- The W. Haywood Burns Institute. Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
- Vera Institute of Justice. (2015). A Prosecutor's Guide for Advancing Racial Equity.

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.
- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.
- Substance Abuse and Mental Health Services Administration. (2020). After Incarceration: A Guide to Helping Women Reenter the Community.
- National Institute of Corrections and Center for Effective Public Policy. (2015). Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice.
- The Council of State Governments Justice Center. (2009). National Reentry Resource Center
- Community Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
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SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online SOAR training portal.
- Information regarding FAQs for SOAR for justice-involved persons.
- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. *Psychiatric Services*, 65, 1081-1083.

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- Remington, A.A. (2016). 24/7 Connecting with Counselors Anytime, Anywhere. National Council Magazine. Issue 1, page 51.

Transition-Aged Youth

- National Institute of Justice. (2016). Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions to Adulthood Center for Research.

Trauma and Trauma-Informed Care

- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
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- SAMHSA's GAINS Center. (2011). Trauma-Specific Interventions for Justice-Involved Individuals.
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- Bureau of Justice Assistance. VALOR Officer Safety and Wellness Program.

Veterans

- SAMHSA's GAINS Center. (2008). Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.
- Justice for Vets. (2017). Ten Key Components of Veterans Treatment Courts.

APPENDICES

Appendix 1 Sequential Intercept Model Mapping Workshop Participant List

Appendix 2 Summary of Results of Community Self-Assessment

Appendix 3 Baseline Community Impact Measure Data

Appendix 1

**Sequential Intercept Model
Mapping Workshop Participants**

Aaron Nolan
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Craig Gebers
Daniel Huesman
David Manor
David Nalls
Deb Flores
Dennis Cole
Elijah Jones
Jason McAllister
Jennifer Friddell
Jesus Salas
Jim Prager
John Fortner
Johnetta McCollough
Joy Marshall
Juanita Halbig-Sanchez
Julie Embree
Karl Schwemley
Latrice Flowers
Laura Shaffer
Linda Howe
Lindsay Navarre
Lisa Falgiano
Marvin Houston
Meegan Webb
Megan Shaal
Megan Shaal
Meredith Kurucz
Michelle Butts
Mike Hampton

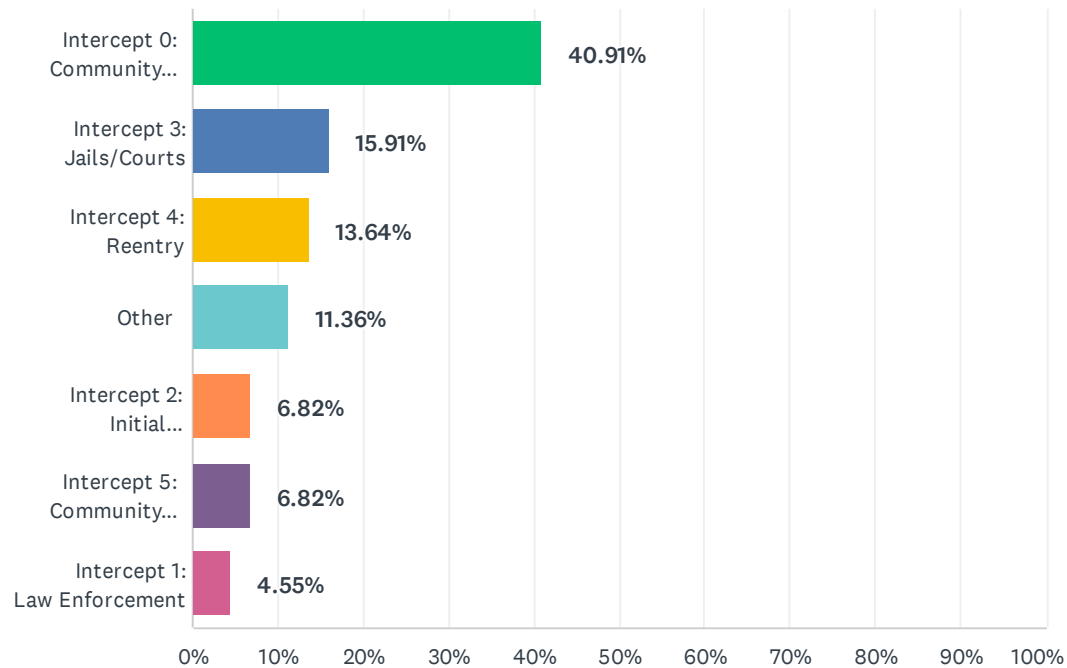
Nancy Miller
Nikki Kolasinski
Renee Palacios
Robert Leiter
Robin Isenberg
Ron Jones
Sarah Gruner
Sarah Sahmarani
Scott Sylak
Sean McNulty
Sheronda Ridley
Stan Smith
Steve Rogers
Timothy Kuhlman
Tina Wozniak
Trina McCoy
Victoria Graham
Willie Knighten Jr

Holly Matthews (CJCC)
Lenny Tomanski (CJCC)
Tom Luettker (CJCC)
Annie Mintun (CJCC)
Tia Strozier (SJC Site Coordinator)

Appendix 2

Q4 Where on the Sequential Intercept Model is your role most related?

Answered: 44 Skipped: 0



ANSWER CHOICES	RESPONSES	
Intercept 0: Community Services	40.91%	18
Intercept 3: Jails/Courts	15.91%	7
Intercept 4: Reentry	13.64%	6
Other	11.36%	5
Intercept 2: Initial Detention/Initial Court Hearings	6.82%	3
Intercept 5: Community Corrections	6.82%	3
Intercept 1: Law Enforcement	4.55%	2
TOTAL		44

Q6 Please indicate your level of agreement with the following statements about your community.

Answered: 42 Skipped: 2

Community Self-Assessment

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	I DON'T KNOW	TOTAL	WEIGHTED AVERAGE
There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	4.76% 2	2.38% 1	9.52% 4	19.05% 8	61.90% 26	2.38% 1	42	4.38
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	4.76% 2	9.52% 4	16.67% 7	33.33% 14	30.95% 13	4.76% 2	42	3.90
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	4.76% 2	9.52% 4	21.43% 9	35.71% 15	11.90% 5	16.67% 7	42	3.90
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	4.76% 2	7.14% 3	23.81% 10	35.71% 15	16.67% 7	11.90% 5	42	3.88
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	2.38% 1	9.52% 4	28.57% 12	38.10% 16	7.14% 3	14.29% 6	42	3.81
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	2.38% 1	14.29% 6	33.33% 14	28.57% 12	7.14% 3	14.29% 6	42	3.67
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as	2.38% 1	14.29% 6	42.86% 18	19.05% 8	2.38% 1	19.05% 8	42	3.62

Community Self-Assessment

committees, task forces, and advisory boards.								
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	2.38% 1	16.67% 7	30.95% 13	33.33% 14	2.38% 1	14.29% 6	42	3.60
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	2.38% 1	23.81% 10	30.95% 13	19.05% 8	2.38% 1	21.43% 9	42	3.60
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	7.14% 3	11.90% 5	38.10% 16	19.05% 8	9.52% 4	14.29% 6	42	3.55
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	2.38% 1	21.43% 9	26.19% 11	33.33% 14	4.76% 2	11.90% 5	42	3.52
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	4.76% 2	26.19% 11	30.95% 13	21.43% 9	4.76% 2	11.90% 5	42	3.31

Q7 Please indicate your level of agreement with the following statements about your community.

Answered: 42 Skipped: 2

Community Self-Assessment

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	I DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	0.00% 0	4.76% 2	28.57% 12	33.33% 14	4.76% 2	28.57% 12	42	4.24
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	0.00% 0	4.76% 2	30.95% 13	30.95% 13	7.14% 3	26.19% 11	42	4.19
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	2.38% 1	4.76% 2	28.57% 12	33.33% 14	7.14% 3	23.81% 10	42	4.10
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	2.38% 1	4.76% 2	28.57% 12	33.33% 14	7.14% 3	23.81% 10	42	4.10
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	2.38% 1	9.52% 4	30.95% 13	23.81% 10	4.76% 2	28.57% 12	42	4.05
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	2.38% 1	2.38% 1	45.24% 19	19.05% 8	4.76% 2	26.19% 11	42	4.00
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	0.00% 0	9.52% 4	19.05% 8	47.62% 20	11.90% 5	11.90% 5	42	3.98
Adults in contact with the criminal justice system are screened for violence	4.76% 2	7.14% 3	38.10% 16	19.05% 8	2.38% 1	28.57% 12	42	3.93

Community Self-Assessment

and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.

Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	2.38% 1	11.90% 5	45.24% 19	7.14% 3	0.00% 0	33.33% 14	42	3.90
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	2.38% 1	4.76% 2	47.62% 20	21.43% 9	0.00% 0	23.81% 10	42	3.83
Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	2.38% 1	19.05% 8	38.10% 16	9.52% 4	0.00% 0	30.95% 13	42	3.79

Q8 Please indicate your level of agreement with the following statements about your community.

Answered: 42 Skipped: 2

Community Self-Assessment

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	I DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	2.38% 1	2.38% 1	23.81% 10	30.95% 13	14.29% 6	26.19% 11	42	4.31
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	0.00% 0	0.00% 0	35.71% 15	30.95% 13	9.52% 4	23.81% 10	42	4.21
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	2.38% 1	9.52% 4	38.10% 16	11.90% 5	2.38% 1	35.71% 15	42	4.10
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	7.14% 3	0.00% 0	35.71% 15	23.81% 10	7.14% 3	26.19% 11	42	4.02
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	0.00% 0	19.05% 8	14.29% 6	35.71% 15	11.90% 5	19.05% 8	42	3.98
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	0.00% 0	11.90% 5	30.95% 13	30.95% 13	4.76% 2	21.43% 9	42	3.93
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	2.38% 1	9.52% 4	16.67% 7	47.62% 20	14.29% 6	9.52% 4	42	3.90
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to	4.76% 2	9.52% 4	33.33% 14	23.81% 10	4.76% 2	23.81% 10	42	3.86

Community Self-Assessment

determine whether they are achieving the intended outcomes.

Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	4.76% 2	21.43% 9	19.05% 8	23.81% 10	2.38% 1	28.57% 12	42	3.83
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	11.90% 5	7.14% 3	28.57% 12	28.57% 12	2.38% 1	21.43% 9	42	3.67
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	4.76% 2	11.90% 5	23.81% 10	42.86% 18	11.90% 5	4.76% 2	42	3.60
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	14.29% 6	19.05% 8	21.43% 9	16.67% 7	0.00% 0	28.57% 12	42	3.55
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	14.29% 6	26.19% 11	16.67% 7	16.67% 7	2.38% 1	23.81% 10	42	3.38
There are adequate crisis services to meet the needs of people experiencing mental health crises.	9.52% 4	23.81% 10	28.57% 12	26.19% 11	9.52% 4	2.38% 1	42	3.10

Q9 Please indicate your level of agreement with the following statements about your community.

Answered: 40 Skipped: 4

Community Self-Assessment

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	I DON'T KNOW	TOTAL	WEIGHTED AVERAGE
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	0.00% 0	12.50% 5	20.00% 8	35.00% 14	15.00% 6	17.50% 7	40	4.05
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	0.00% 0	5.00% 2	37.50% 15	32.50% 13	2.50% 1	22.50% 9	40	4.00
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	0.00% 0	15.00% 6	30.00% 12	27.50% 11	0.00% 0	27.50% 11	40	3.95
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	0.00% 0	12.50% 5	47.50% 19	7.50% 3	0.00% 0	32.50% 13	40	3.92
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	5.00% 2	15.00% 6	25.00% 10	25.00% 10	7.50% 3	22.50% 9	40	3.83
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for	0.00% 0	12.50% 5	27.50% 11	37.50% 15	12.50% 5	10.00% 4	40	3.80

Community Self-Assessment

behavioral health providers.								
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	2.50% 1	20.00% 8	27.50% 11	22.50% 9	7.50% 3	20.00% 8	40	3.73
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	2.50% 1	12.50% 5	25.00% 10	45.00% 18	0.00% 0	15.00% 6	40	3.73
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	2.50% 1	27.50% 11	22.50% 9	27.50% 11	0.00% 0	20.00% 8	40	3.55