Sequential Intercept Model Mapping Report for Lucas County

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May 2-3, 2018

Delmar, NY

POLICY RESEARCH, INC.

SAFETY+JUSTICE CHALLENGE

Supported by the John D. and Catherine T. MacArthur Foundation

Sequential Intercept Model Mapping Report for Lucas County, OH

Final Report
November 2018

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Policy Research, Inc.

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Thank you to the SIM Participants for sharing your time, expertise and passion:

Mike Badik	Robia Barringer
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Denise Corbett	Chris Csonka
John DeBruyne	Lisa Falgiano
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Bud Hite	Michelle Isaacs
Rob Kasprzak	Willie Knighten
Amy KoBold	David Kontur
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Holly Matthews	Johnetta McCollough
Sean McNulty	Sharae Mczahn
Donna Moore	David Nalls
Judge Lindsay Navarre	Emily Numbers
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Wendy Shaheen	Chris Stewart
Scott Sylak	Shanna Taylor
Christina Warner	Meegan Webb
Commissioner Tina Skeldon Wozniak	Judge Gene Zmuda

RECOMMENDED CITATION

Policy Research. (2018). *Sequential intercept model mapping report for Lucas County, Ohio.* Delmar, NY: Policy Research, Inc.

CONTENTS

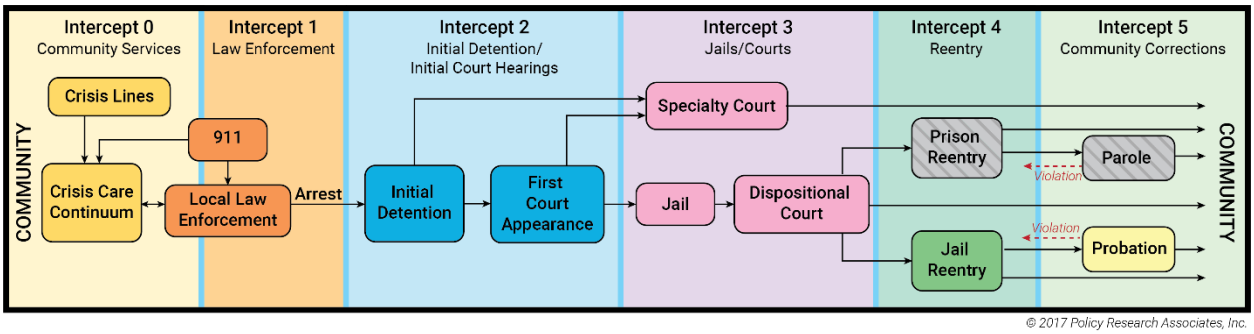
Background

The Sequential Intercept Model, 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 resources, 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, developmental disabilities, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Model 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 Sequential Intercept Mapping workshop has three primary objectives:

- 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.
- Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
- 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.

AGENDA

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Sequential Intercept Mapping

AGENDA

Lucas County, OH

May 2, 2018

8:15 **Registration**

8:30 **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.

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Sequential Intercept Mapping

AGENDA

Lucas County, OH

May 3, 2018

8:15 **Registration and Networking**

8:30 **Opening**
- Remarks
- Preview of the Day

Review
- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

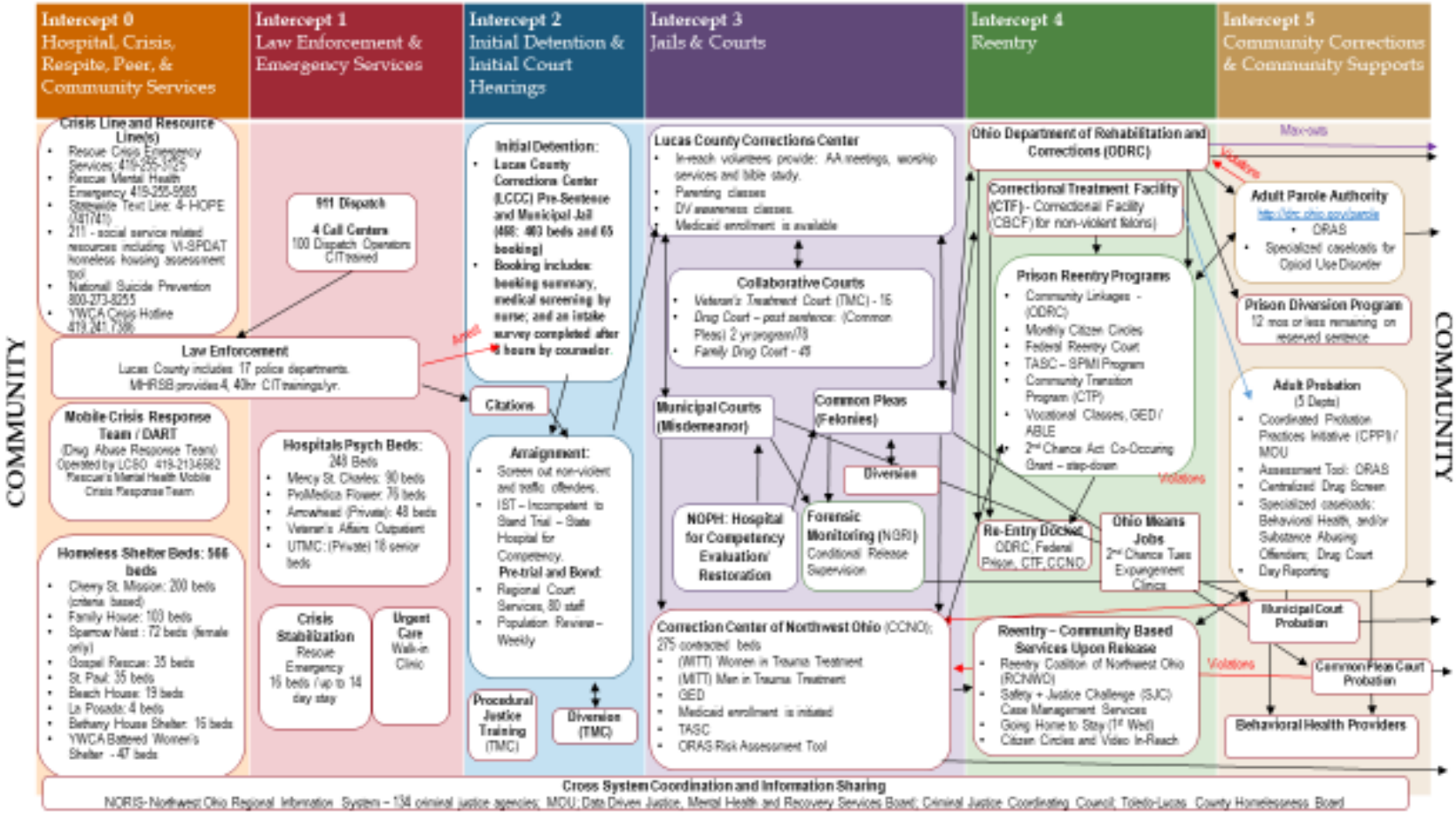
Next Steps

Summary and Closing

12:00 **Adjourn**

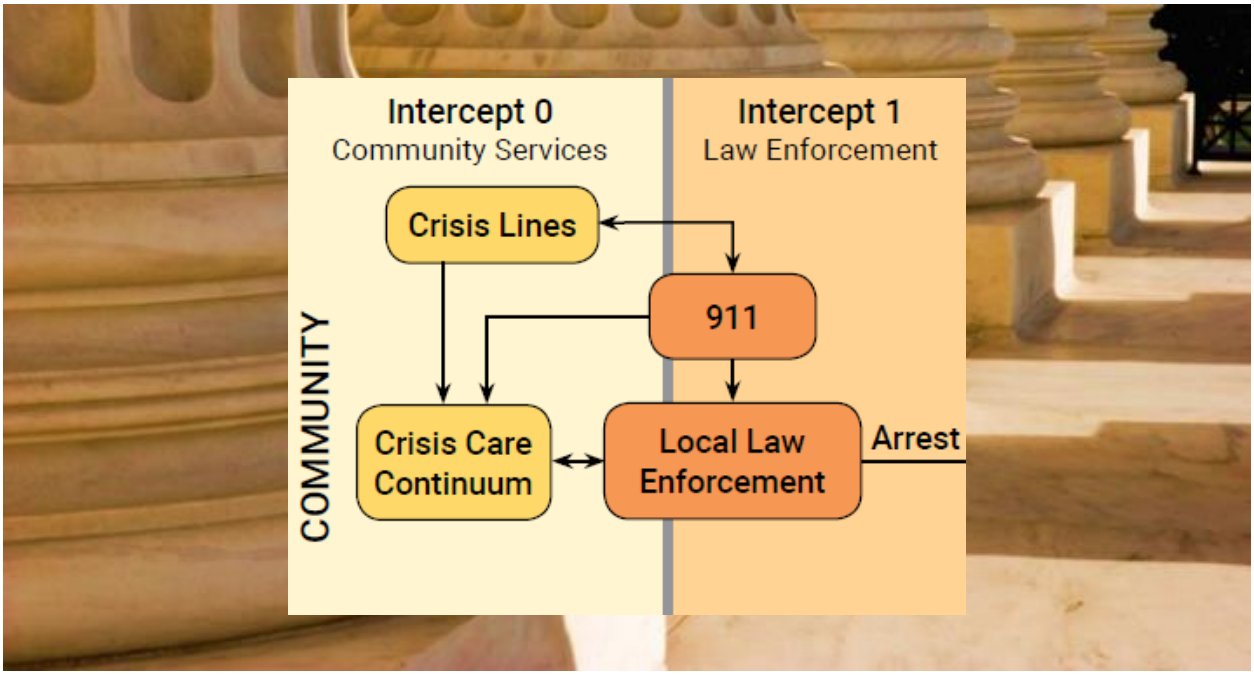
There will be a 15 minute break mid-morning.

Sequential Intercept Model Map for Lucas County



Resources and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system, developmental disabilities and behavioral health services are ever changing, and the resources and gaps 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, developmental and substance use disorders by addressing the gaps and building on existing resources.



INTERCEPT 0 AND INTERCEPT 1

RESOURCES

1. **Crisis Lines:** Lucas County operates several crisis lines and emergency lines.
   - 9-1-1 operators dispatch CIT Officers and Emergency Medical Services (EMS) as well as regular police and fire dispatch. The DART unit can also be dispatched from 9-1-1.
   - The Drug Abuse Response Team[2] (DART) is a unit of the Lucas County Sheriff's Office (LCSO): 419-213-6582. Schools, community members and groups, as well as individuals can call for information or direct support.
   - 2-1-1 call center provides access and information to county social services including coordinated homeless access. The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), is used to prioritize the most vulnerable for coordinated entry to housing.
   - Recovery Help Line: 419-255-3125 operated by Rescue Mental Health, Inc. (Rescue) and funded through the Mental Health and Recovery Service Board (MHRSB), connects appropriate individuals to the Mobile Crisis Team and makes referrals and appointments to services and agencies.
   - A statewide crisis "text line" is also available for support. Text "4Hope" to 741741. This resource is considered "in the moment" crisis work that provides a human response in the time of need.

- Lucas County Board of Developmental Disabilities (LCBDD) has an emergency line available for those who need assistance after business hours: 419-380-5100. During business hours there is an intake and referral line at 419-381-8320.
- Additional Resource Lines: Mental Health and Recovery Services Board 419-213-4600; Ohio Department of Mental Health and Addiction Services 614-466-3445; Domestic Violence (YWCA) 419-241-7386.

2. **Hospitals[3]:** The County is served by four hospitals with a total of **248 mental health** beds, not including the state hospital and adolescent beds. Details about utilization and actual capacity, including staffing patters was not specified during the SIM workshop:
   - Mercy St. Charles: 90 beds; operates a "bed registry"
   - ProMedica Flower: 76 beds
   - Arrowhead (Private): 48 beds
   - Rescue CSU has 16 beds.
   - UTMC: 16 in-patient beds -adolescence behavioral health; 18 senior behavioral health beds
   - UTMC has an in-patient detox unit.
   - Northwest Ohio Psychiatric Hospital
3. **Homeless, Shelter and Transitional Housing Services**:
   - Homelessness Management Information System (HMIS): There are 51 providers who enter or access HMIS. Currently, two privately funded shelters do not enter into HMIS.
   - Shelters: The group estimated 100 chronic homeless individuals reside in Lucas County, served by over 500 shelter beds.
     - Cherry Street Mission: 200 beds with conservative eligibility criteria (plus 21 overflow) (male)
     - St. Paul: 35 beds (plus 45 winter stabilization program)
     - Sparrow Nest: 72 beds (plus 20 overflow) (female)
     - Family House: 103 beds (plus 10 overflow)
     - La Posada: 38 beds
     - Beach House: 22beds
     - Toledo Gospel Rescue Mission: 58 Beds (males)
     - Toledo Gospel Rebecca's Haven: 30 beds (females)
     - Bethany House: 44 transitional housing units
     - YMCA Battered Women's Shelter – 48 beds
4. **Police and 9-1-1: CIT training**

   Lucas County has 17 police departments operating within its borders. Lucas County Crisis Intervention Team (CIT) training began in 2001. The Mental Health and Recovery Services Board (MHRSB) provides six trainings a year including four, 40-hour trainings, one refresher

training, and one dispatcher training.

In 2018, **147** individuals completed the 40-hour CIT training or the Dispatcher training.

The individuals represent **14** different agencies:

1. 180th Fighter Wing Ohio Air National Guard
2. Lucas County Adult Probation
3. Lucas County Sheriff Office – Road patrol, corrections, and dispatch
4. Lucas County Correctional Treatment Facility
5. MetroParks Toledo
6. Ohio Department of Natural Resources Division of Parks & Watercraft
7. Oregon Police Division – Road patrol and dispatchers
8. Toledo Police Department - Road patrol and dispatch
9. Mercy Health
10. Sylvania City Police Division
11. Sylvania Township Police Department - Road patrol and dispatch
12. Toledo Fire & Rescue – Dispatchers
13. Toledo Municipal Court
14. University of Toledo Department - Road patrol and dispatch

To date, **1,036** individuals completed the 40-hour CIT training or the Dispatcher training from **28** Different departments:

1. 180th Fighter Wing Ohio Air National Guard
2. CSX Rail Road
3. Holland Police Department
4. Lucas County Adult Probation
5. Lucas County Correctional Treatment Facility
6. Lucas County Court of Common Pleas Rehabilitation & Corrections - Adult Probation
7. Lucas County Court of Common Pleas Pretrial-Presentence
8. Lucas County Sheriff Office
9. Maumee Police Division
10. Medical University Hospital (old MCO)
11. Mercy Health
12. Northwest Ohio Psychiatric Hospital
13. Ohio Department of Natural Resources Northwest District - Maumee Bay State Park
14. Ohio Department of Natural Resources Division of Parks & Watercraft
15. Ohio Department of Veterans Service Ohio Veterans Home Police Department
16. Oregon Police Division
17. Ottawa Hills
18. Sylvania City Police Division
19. Sylvania Township Police Department

20. Toledo Police Department
21. Toledo Fire Department
22. Toledo Metro Parks
23. Toledo Municipal Court - Bailiffs
24. University of Toledo Department
25. Walbridge Police Department
26. Waterville Police Department
27. Washington Township
28. Whitehouse Police Department

LCBDD adds premise history to the dispatch system for those folks with DD who have an increased likelihood of contact with law enforcement or other first responders. This ensures all emergency personnel have advanced knowledge that there is a person with a disability at that address and what some of the concerns might be.

5. **Familiar Faces Strategies:** Through an array of connected efforts, Lucas County is developing a comprehensive system that can respond to the different needs of the justice-involved population. The Criminal Justice Coordinating Council (CJCC) is leading a Data-Driven Justice (DDJ) taskforce comprised of stakeholders from the MHRSB, Toledo-Lucas County Homelessness Board, Emergency Medical Services (EMS), Lucas County Sheriff's Office (LCSO), TPD, and Treatment Accountability for Safer Communities (TASC) of Northwest Ohio. This taskforce is developing a proof of concept and evidence demonstrating the value and impact of providing comprehensive services to high-need, high-cost individuals who appear in multiple systems. The DDJ Taskforce is piloting a process for interagency communication and data sharing.
    - The Northwest Ohio Regional Information System (NORIS) will provide the information-sharing infrastructure to facilitate cross-system information sharing. As a function of the CJCC, the NORIS was founded in 1974 to provide records automation and information sharing among jurisdictions in Lucas County, Ohio and has grown to serve 134 criminal justice agencies in Lucas County and surrounding counties of Northwest Ohio. NORIS is built upon a framework of shared criminal justice information that is memorialized in memorandum of understandings (MOUs), interagency agreements, and service contracts.
    - Additionally, a number of MOUs have been established to facilitate services and enable interagency coordination:
        - Safety and Justice Challenge
        - Behavioral Health/Criminal Justice (BH/CJ) Coordinator
        - Community Corrections Planning Board (CCPB) Coordinator
    - SIM Priority Area: The group set this as one of their SIM priority areas including identification, building informal networks and leveraging supports to promote diversion options. "Frequent use of services" is used to identify a person with high needs. TPD, in

collaboration with NORIS, has developed an enhancement to their records management system to collect and share information collected at CIT calls.

6. **Peer support and services:** The willingness and support for peer services was evident at the SIM. Several peers and peer service providers attended the SIM mapping. Increasing peer services was prioritized as a SIM area of work. Currently, a survey is being conducted to inventory peer supports.
7. **Behavioral Health Providers:** Unison, Zepf, A Renewed Mind, and Harbor are the four primary behavioral health service providers in Lucas County. Rescue Crisis provides Lucas County's 24 hour triage and crisis intervention services. Lucas County hospitals, emergency rooms, detox facilities, and the Veterans Affairs (VA) are all involved in crisis management (see pages7-9 of Lucas County's 2014 SIM report Lucas County SIM Report FINAL.pdf).
8. **Urgent Care** is available for all Lucas County residents experiencing moderate to severe psychiatric symptoms. The objective is to decrease symptomatology of mental illness and addiction to prevent hospitalization. The goal for Urgent Care is to provide ready access five to six days per week, depending on provider availability, for psychiatric assessment, treatment, and medication(s) for new and existing consumers, or when same-day appointments are not available at community providers. Referrals, linkages, and data-sharing services are performed to facilitate continuity of community care.
   Urgent Care provides the following:
   - Access to prescribers of medication (e.g. psychiatrist, advanced practice nurse, and physician assistant);
   - Medication evaluation and brief monitoring services (e.g. follow-up appointment for medication when needed due to community mental health center capacity); and
   - A safe, respectful environment for people in distress;
   - Appropriate referrals and linkage to behavioral health services and other community resources, as needed.

GAPS

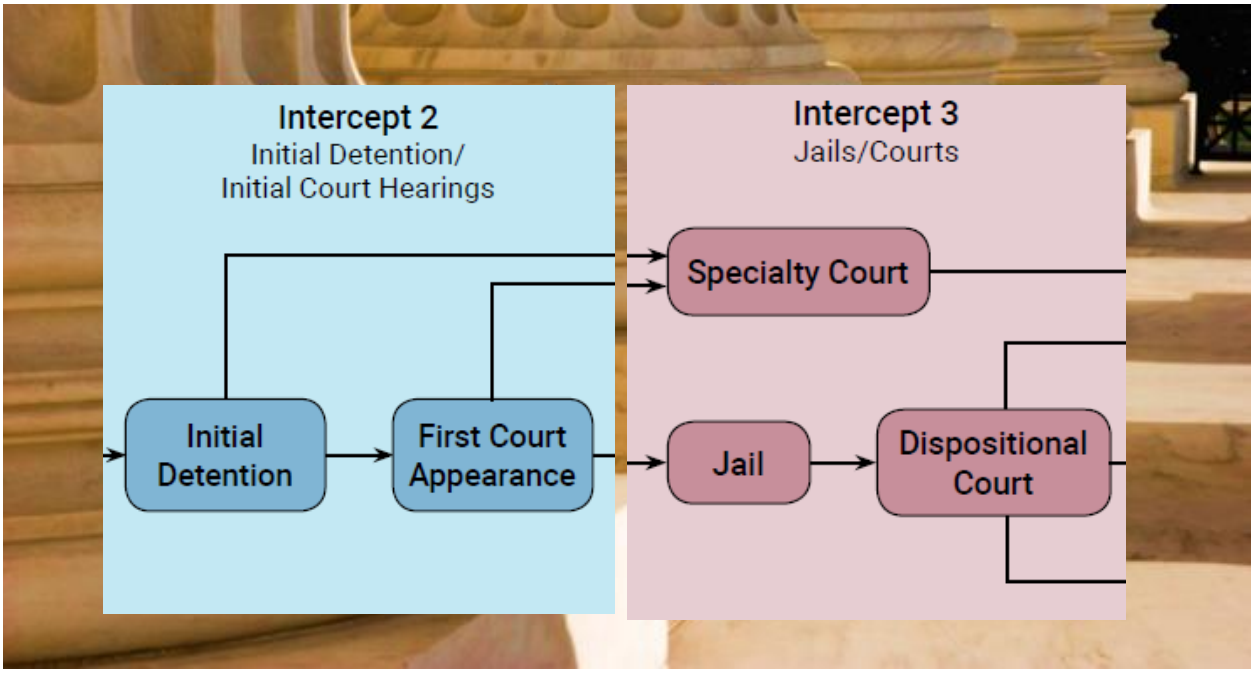
A. Utilization and coordination of resources:
   - Multiple crisis lines can make it difficult to know which crisis line should be used by both the system and the public. This became a SIM priority.
   - Shelter bed capacity is currently 468. However, it was noted that some shelters restrict access based on criteria. There is a lack of transitional, supportive and supported housing. In addition, a comment was made that some shelters only provide that function but do not connect them with longer term housing services.

- Currently, with the exception of Mercy St Charles, the hospital network does not have a "bed registry". Such a registry across hospitals could be helpful in tracking availability of beds when services are needed.
    - When beds are not available clients are declined crisis services and diverted. It is unclear if hospitals are "on divert" because all beds are filled, or because of staffing patterns limiting the acceptance of more patients. If the latter, there are strategies to increase the capacity.
    - Urgent Care at Rescue Crisis is available Monday through Friday with limited hours. It has a total of 16 beds and is often not full.

B. Assisted Outpatient Treatment (AOT) process is part of probate court.
    - The use of forced medication, in particular, hospitals not "forcing" medication 31 days prior to release was brought up as a concern.
    - AOT is a process that may be connected to an involuntary evaluation process (pink slip).

C. Peers and peer support agencies are available and willing to help across the intercepts. The group felt there is a need for more involvement of peer and recovery supports and prioritized this as part of their SIM.

D. Law Enforcement resources
    - Overtime restrictions, implemented in 2001, make it difficult to train officers in smaller departments on CIT.



INTERCEPT 2 AND INTERCEPT 3

RESOURCES

1. Lucas County Pre-Sentence Detention Facility (County Jail): Currently, there are plans to construct a new facility. The project is in its planning phases and will factor in diversion and reentry strategies into projected bed capacity. Physically, the current structure is outdated and provides staffing, programming and supervision challenges.
    - Capacity for Lucas County Corrections Center (LCCC): Rated capacity is 370 (24 medical beds and 346 general beds) and a booking capacity of 50. The current population cannot exceed 468 pursuant to a Federal Court Order (403 - classified population and 65 – Booking).
    - Medical Nursing staff are hired by the Lucas County Sheriff. Other medical staff (physician, psychiatrist and dentist) are contracted by LCSO to provide services.
    - Vivitrol is provided pursuant to a court order as part of a release procedure for persons living with opioid use disorder. A Renewed Mind distributed the shots for those selected inmates that are due to be released from custody. The funding is provided by the Mental Health and Recovery Services Board.
    - The Ohio Risk Assessment System (ORAS) – Community Supervision Tool (CST) Assessment may be completed with inmates, mainly felons and those required to have it per the court. The Coordinated Practice work is currently exploring a risk, need and responsivity RNR behavioral health collaborative with probation.
    - People in the CTF aftercare program who commit technical violations are either terminated from aftercare or returned to the residential treatment program at CTF.
    - Court officers received procedural justice and implicit bias training.

2. Veteran's identification and supports:
   - Individuals are routinely asked about their military status at intake by Booking Officers during the booking process. Once identified, a box is checked in the jail records management database and the Veterans Service Commission is notified through NORIS.
     - The Public Defender also asks about veteran status at Felony Arraignment Court. If affirmative, this information may be provided to the court.
     - There is an active Veteran Justice Outreach (VJO) to provide support and services.
     - Toledo Municipal Court has operated a Veterans Treatment Court since 2015.

       ➢ Additional veteran outreach resources can be found at: U.S. Department of Veterans Affairs' Veterans Justice Outreach Program.
       ➢ In addition, the U.S. Department of Veterans Affairs Veterans Re-entry Search Service (VRSS) can be a very helpful resource. Through comparison of records from Correctional Facilities and Court Systems and the Veterans Affairs/Department of Defense Identity Repository (VADIR), VRSS can be used to identify Veterans incarcerated or under supervision in the courts. Note: A record of military service is not the same as qualifying for benefits with the U.S. Department of Veterans Affairs.
3. Pre-trial and Bond: Regional Court Services has 80 staff to provide pre-trial services. The PSA risk tool is used for pre-trial screening.
   - There are 600 individuals on Pre-trial supervision. *Population Review* is a weekly review of the Lucas County pre-trial jail population. The process brings together a public defender and prosecutor to review cases where an individual has not been released or posted bond and who may be eligible for bond modification, expedited case resolution or the application of appropriate pre-trial release conditions.

2016 result:	2017 results:
31 review team meetings	49 review team meetings
243 case recommendations	218 case recommendations
1166 days saved	1812 days saved

   - The Regional Court Services Department encompasses offender programs utilized by the Court of Common Pleas, as well as the municipal courts within Lucas County. These include Centralized Drug Testing, Electronic Monitoring, Pretrial Services, Opportunity Project and Work Release. Please utilize the following links for additional information regarding these programs:

     - Centralized Drug Testing Unit
     - Electronic Monitoring
     - Pretrial Services
     - Work Release
4. Diversion option:
   - Lucas County Common Pleas General Division can offer defendants diversion. If eligible, the defendant is placed on diversion for a period of supervision through the Lucas County Adult Probation Department. The defendant enters a guilty plea to the charge, but the finding is withheld pending completion of the program. The individual also is required to

complete 50 hours of community service. Generally, after 2 years of supervision and no new charges, the charges against the individual are dismissed.

- Toledo Municipal Court (TMC) Misdemeanor Diversion: TMC has recently implemented a newly created diversion program provides for non-violent misdemeanor cases including, but not limited to, drug possession, disorderly conduct, and obstructing official business. Upon successful completion of the class, an individual's case will be dismissed. The diversion curriculum has been developed by Center for Court Innovations (CCI).

5. **Drug Court**: Drug Court is part of the Lucas County Court of Common Pleas General Division and provides supervision and treatment for defendants who are substance use dependent and whose history of treatment non-compliance and/or refusal to accept treatment has resulted in a criminal charge. Drug court is available to sentenced defendants. Judge Ian B. English presides over the court.
   - Lucas County Adult Probation Department provides supervisory and operational staff.
   - Initial eligibility screening: ORAS assessment, URICA assessment, Court Diagnostic Reports, PSI, Institutional Summary Report, and record.
     - Participants must receive a drug and alcohol assessment by a clinician licensed in the State of Ohio.
     - Eligibility criteria include: Lucas County residency; substance use diagnosis; ORAS score indicating high risk (or moderate risk with high needs); willingness to comply with program requirements and participate in treatment; URICA assessment indicating the individual is ready for change; and no physical or mental health issues which would prevent participation.
     - Drug Court capacity is 100 participants at a given time. As of 6/4/18, there were 73 active participants (63% - male and 37% - female). Ethnic composition of these individuals is as follows: 75% Caucasian, 15% African American, 8% Hispanic, and 1% Asian which closely mirrors the county census.
     - There are 8 participants currently in the final phase of Drug Court who are anticipated to be the first successful graduates of the program upon completion in summer 2018.
   - Drug Court supports full access to Medication Assisted Treatment (MAT) for persons living with opioid disorders.
   - The court uses multiple providers in partnership with the Drug Court.
6. Procedural Justice Training is delivered by Toledo Municipal Court (TMC) in partnership with CCI and the state justice institute to provide training to TMC stakeholders. Training was provided to more than 500 court staff or criminal justice partners, including staff and Judges at TMC, Common Pleas and Juvenile Court as well as CTF. TMC trained their judges, staff, clerk staff, prosecutors and public defenders as well as the deputy sheriffs that provide court security.

GAPS

A. Jail Staffing, Screening, Mental Health Services and Programs

- There is a lack of a standardized mental health screening protocol or tools used to identify persons with mental health, substance use, developmental disabilities and those at risk for suicide.
- There is a lack of a formalized/standard of care to address behavioral health needs for persons in jail. There has been a reduction in mental health staff members in the jail.
- There is a lack of reentry screening and planning at the jail. The GAINS Short Screen used to be completed by TASC at the jail and notification of needs upon release sent to providers. This is no longer taking place.
- It is not agreed upon who is responsible for service coordination at the jail.
- Medication Assisted Treatment (MAT) for Opioid Use Disorders only consists of Vivitrol, and only for those with court order for treatment.
- Jail booking information goes to the Mental Health Board daily, but it is unclear what happens to the information from that point.
- As needed, the state hospital provides acute treatment for jail inmates. Accessibility is limited contributing to inmate immediate needs for services not being met, and likely resulting in longer periods of destabilization
- Inmate medium to high-risk population access to services is not prioritized, most likely resulting in lower needs inmates receiving the majority of services.
- Consultation from LCBDD while individuals are in jail and extensive release planning are vital to individual's success, this is not happening often.

B. Courts, Drug Court and Problem Solving Courts

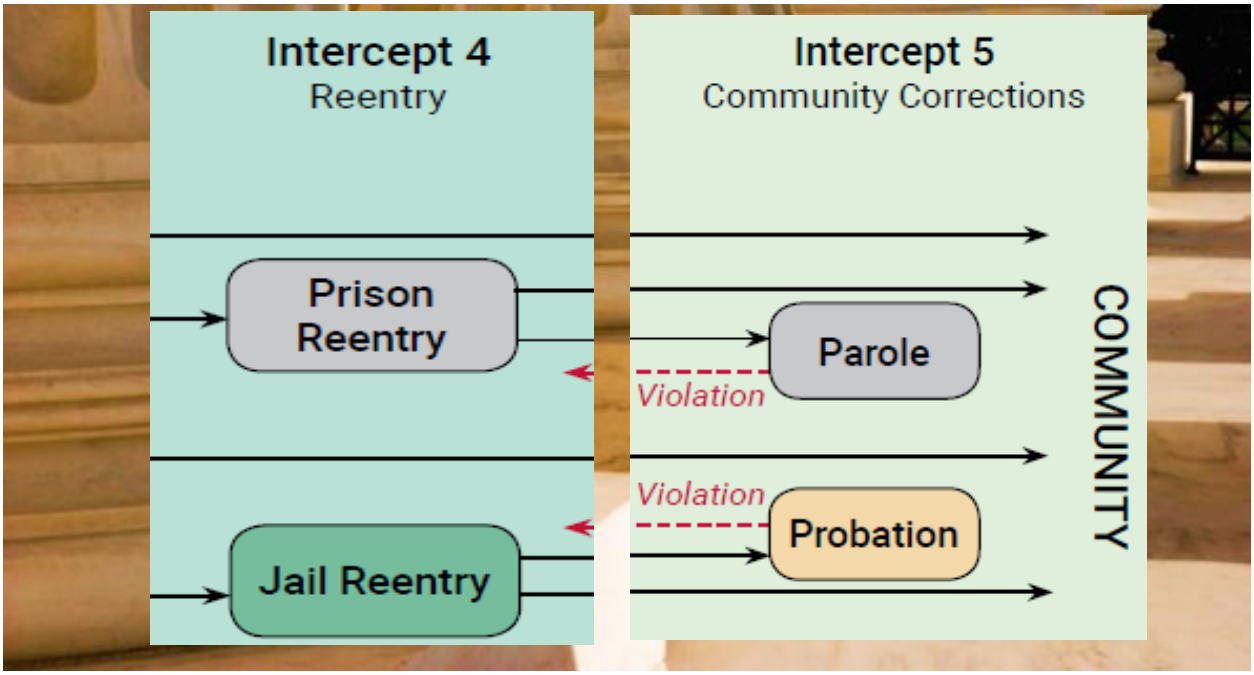
- Defendants are not consistently referred to Drug Court in a timely manner.
- There is no pre-conviction, or in lieu of conviction access points to Drug Court. This would require earlier identification of Drug Court needs.
- Veteran's Treatment Court is limited to Toledo Municipal Court.
- The Courts lack opportunities to remove, or modify fines and fees for people with mental illnesses or developmental disabilities who are not able to do community service. They also lack the ability to modify the requirements so an individual with DD can participate in community services as appropriate.
- The current diversion methods – including diversion criteria and point in system where decisions are made are narrow. Making them more robust could result in less people involved in the criminal justice system.

C. State Hospital and Competency Restoration

- The waitlist for state competency evaluations is too long and competency restoration process in general needing to be addressed.
- Long waits for the state hospital result in continuity of care issues.
- Lack of plea diversion for defendants who are determined to be incompetent to stand trial.

D. Community Supports and Basic Needs
   - There is a lack of coordination with peers and agencies that can offer services to justice involved persons. Stakeholders that have not been included previously need to be brought to the table to assist in decision making, coordination and resource provision.
   - Re-entry services need to be intentional, coordinated and more robust.
   - Housing and other support services are not coming into the jail to support re-entry services.
   - There is a lack of transportation options to services and from jail and CCNO. In addition, service locations maybe spread out across the city or county requiring justice involved persons to use large amounts of time just getting to services.

E. Information Sharing, Program Outcomes
   - Outcome data needs to be established and reviewed for all contracted services and agencies delivering services.
   - There is not clarity on what information can be shared by whom, when and how.



INTERCEPT 4 AND INTERCEPT 5

RESOURCES

1. Reentry Coalition of Northwest Ohio (RCNWO)

   In 2015 the Reentry Coalition of Northwest Ohio (RCNWO)became a 501 ©(3) non-profit and has focused on obtaining small local grants typically around $5,000 to help fill gaps in the population by provided birth certificates, state I.D's and bus passes and tokens. The Coalition has been in existence since 1999. It is comprised of agencies doing reentry related work and individual volunteer reentry advocates.

   - The RCNWO assists the Adult Probation Authority (APA) in operating a monthly resource fair called *Going Home to Stay* (also known as First Wednesdays as the program is held the first Wednesday of each month), held at the Government Center. These events bring together 25 – 30 resource providers (i.e. the BMV, Child Support, Social Security, clearing drivers' license issues, linkage to Medicaid and other social service benefits) to offer a broad range of services and assist approximately 120 -150 returning citizens and their families each month with barriers to successful reentry.
   - Citizen Circles are offered twice a month by the APA and RCNWO. Returning citizens and their families develop relationships with members of the community and together develop a plan to help the individuals remove barriers to success and direction of solving problems so the individual can become a productive citizen and not recidivate. North Toledo Citizen Circle is the first Thursday of every month at noon at Wesley United Methodist Church. Salem Citizen Circle is the fourth Monday of each month at 6:30pm at Salem Lutheran Church in the Central City.

- Video in-reach is held each month at the APA with volunteers from the RCNWO and state prison system, Ohio Department of Rehabilitations and Corrections (ODRC). The video feed generally has 3 – 4 people at up to 8 different institutions who are returning to Lucas County in the next 90 days. The reentry volunteers discuss the different programs offered in the community to assist individuals and where to go to find them when they return.
- The RCNWO has committees dedicated to working on various topics. An Employment committee works with employers and employer HR association to make them aware of various incentives to hiring ex-offenders and also serves as a forum to discuss connecting individuals to employers who are currently hiring. A Housing Committee works with group home providers the local housing authority – Lucas County Metropolitan Housing Authority (LMHA) and the Fair Housing Center to create housing opportunities for individuals with criminal histories. A Funding Committee applies to local foundations for small grants to assist individuals.

2. Criminal Justice Coordinating Council Reentry Initiative:
   - The CJCC formed the Reentry Committee at the beginning of 2013 after the City of Toledo and Lucas County decided to make reentry a focus for this area. The Reentry Coalition of Northwest Ohio (RCNWO) submitted a proposal for a reentry staff position during this time. The City and County provided funding for a Reentry Coordinator. The Reentry Coordinator was hired to serve as a liaison between the CJCC and RCNWO. It is the goal of this new initiative to coordinate with judiciary, law enforcement agencies and service providers in the elimination of barriers to successful reentry of returning citizens to our county. The CJCC has been awarded three Second Chance Act grants since 2013 totally close to $1.8 million dollars to help fund reentry projects and the Reentry Coordinator's salary. The current award is a Co-Occurring grant focusing on individuals returning to Lucas County from ODRC via a step-down transitional control program through the 2 local ODRC funded halfway houses –Ohio Link and the Volunteers of America facilities. Individuals need to have Co-Occurring disorders and be moderate to high risk on the ORAS. The grant provides case management through TASC of NW Ohio, mentors through the Youth Advocate Program's Adult Life Coach Model, legal services through ABLE and educational and employment services through NetWORK. An evaluation of the project will be conducted by the University of Toledo. The grant is scheduled to end September 30, 2019, however a request for a no-cost 12 month extension is anticipated due to a slow start up of grant activities. The grant partners will search for funds to sustain the project after the end date.
   - Past Second chance Act grant have focused on adults as well as juveniles.
   - The Reentry Coordinator serves on the Toledo Lucas County Homelessness Board as an advocate for the reentry population.
3. Local facilities that manage incarcerated individuals:
   - Lucas County Corrections Center (LCCC) is a pre-trial jail located in Toledo; bed capacity of 346. Currently there is no local funding for reentry programs.

- Correctional Treatment Facility (CTF), capacity of 221 persons, is also located in Toledo and a community based correctional facility and provides treatment for substance use disorders as an alternative to sending someone to the Ohio Department of Rehabilitation and Corrections (ODRC). The facility provides treatment for non-violent felony offenders sentenced 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 issues such as Educational, Vocational, Anger Management, Women specific issues, and Grief and Loss are addressed while Residents participate in CTF programming. Staff help connect individuals with community agencies and employment during the aftercare phase.
- Corrections Center of Northwest Ohio (CCNO) is a regional jail for sentenced misdemeanants and felons from Lucas County who has 275 contracted beds, the largest amount of beds in the facility out of the 5 member jurisdictions, and the US Marshals that contract for beds in the facility. There are limited reentry services provided by Recovery Services. TASC of NW Ohio has an OMHAS grant to provide reentry services to an SPMI population. GED programming is provided.
  - The facility has a rated capacity 674 – 108 female and 487 male.
  - In 2017, 7039 persons entered the facility; 6979 were released. Average length of stay for all counties is 29 days. Price per day, $70 County Jail higher cost
  - CCNO contracts out for medical services.

4. Adult Probation

As part of the MacArthur Safety and Justice Challenge (SJC), a Coordinated Probation Initiative (CPI) began and a coordinator was hired in 2017 to implement consistent use of evidence based practices across the five departments. Current initiatives include county-wide information sharing, providing regional trainings on evidence based tools and practices, use of risk assessments to respond to clients' needs, implementation of graduated sanctions and incentives policies for responding to client behavior, and establishing common quality assurance practices. Overall, the target is to improve probation services and coordination, improve client outcomes and reduce technical violations. In addition, it was determined that cross agency coordination across probation departments would reduce duplication of services and supervision of the same client. A MOU establishing the areas of work and development of a position to coordinate best practices among probation departments (CCPB Coordinator) was created.

- A MOU between Lucas County's Centralized Drug Testing Unit and the five probation jurisdictions enabling shared access to drug test results was created.
- A Regional Chief Probation Officer meeting is held monthly to identify potential areas for increased coordination and to share progress on initiatives.
- CPI reports the following regionally coordinated trainings have occurred: Ohio Risk Assessment System certification training provided through the University of Cincinnati; Targeting Interventions by Risk, Need, Responsivity provided by Doug Marlowe, J.D., Ph.D.; and Graduated Responses: Research, Implementation, and Next Steps for Lucas

County provided by Justice System Partners with guest Judge Gary B. Randall of Douglas County, Nebraska.

- Discussions are underway regarding graduated response for persons with opioid use disorders.
- A Second Chance Act grant, encourages the use of volunteers and cross agency collaboration. This work is done in conjunction with the Department of Labor.
- Behavioral Health Providers include: Unison, Zepf, Harbor, VA, Rescue Mental Health and Addiction Services, TASC

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.

- All probation departments conduct presentence investigations.
  - All departments refer clients to external agencies for treatment programming or contract with service providers for group counseling (i.e. anger management, parenting, and/or domestic violence groups). LCAPD and TMC utilize Day Reporting groups in partnership with the Correctional Treatment Facility (CTF).
  - The Ohio Risk Assessment System (ORAS) is utilized by Lucas County Common Pleas Probation, Adult Probation and Toledo Municipal Court Probation. Funding, started in 2018 through SJC, provides for staff to conduct risk assessments at the three suburban probation departments. Use of a single validated risk assessment tool for adult offenders has been part of Ohio State law through OH HB86, effective in 2011.
    - A Regional Quality Assurance Managers committee convenes regularly with primary focus on Coordinated Probation Initiatives. This group has established a set of common abbreviations and core standards for documentation to be used across probation departments, and created and distributed a client survey to gauge satisfaction with probation services and procedural fairness. (CPI report)
  - Lucas County Adult Probation Department has 58 full time employees and four part time employees. 2017 year end caseload was 2,349 individuals with supervision level composition as follows: low 7%, moderate 67%; intensive 26%. Risk assessments (ORAS-CST) determine caseloads. 2017 year-end stats: moderate/low risk caseload: 14 Probation Officers (PO) supervised 1,589 clients. (Includes kiosk reporting for low risk clients); Intensive Supervision Caseload (includes IDU, high risk, and nonsupport clients): 235 clients. The department features:
    - Special Needs Unit provides supervision and treatment to specialized caseloads: Mentally Disturbed, Sex Offenses, Substance Abuse (212 clients).
    - Drug Court is staffed with 3 probation officers and serves 63+ clients with a capacity of 100 clients.

- 8 APA officers have received University of Cincinnati Cognitive Behavioral Interventions for Substance Abuse (CBISA) training, with groups to start in 2018.

5. Municipal Court Probation:
   - Maumee Municipal Court probation staff includes one chief PO and two clerks assigned to probation serving 3,281 individuals. Clients do not actively report to probation.
   - Oregon Municipal Court probation staff includes one Chief PO, one PO, and one part-time staff position serving around 650 individuals. Some clients are required to report to a PO and are engaged in case planning, some are placed on kiosk reporting.
   - Sylvania Municipal Court probation staff includes one Chief PO and 5 clerks assigned to probation serving over 2,000 individuals. Clients do not actively report to probation; however, the department is currently being restructured and a casefile review is underway.
   - Toledo Municipal Court probation staff includes 17 probation officers, in addition to supervisors and additional support staff. 5,268 individuals were placed on probation in 2017 including active and inactive probation and monitoring. Risk assessments (ORAS-MAT) determine caseloads. High risk: 5 POs, average caseload 164 clients. Moderate/low risk: 5 POs, average caseload 260 clients. Kiosk reporting available for low risk clients. Department programs include: Day Reporting and Alternatives Program.
6. Community-based Reentry and Support Programs:
   - *Forensic Monitor* program provides supervision to the "Not Guilty by Reason of Insanity/Conditional Release" clients (52 clients).
   - *Prison Diversion Program* provides supervision to reduce the number of ODRC commitments for offenders who have twelve months or less remaining on their reserved sentences (32 clients).
   - *Day Reporting* is offered through Common Pleas Court Probation and the Correctional Treatment Facility's Residential Program on an outpatient basis; the program and utilizes Thinking for a Change and Epictetus curricula (Cognitive Behavioral Intervention) and a job readiness group (73 clients).
7. Re-Entry Docket offers returning citizens coming home from ODRC or CTF to be placed on this docket to receive assistance in getting their drivers' license. The docket is held the third Thursday of the month with referrals from the Frist Wednesday Program. It also offers a citizen dispute resolution process. Persons returning from CCNO who are living with a mental illness can receive services from TASC including SSI/D applications through the two SOAR trained case managers. These services may also be available to persons returning from the Lucas County Jail. Additional services at CCNO include assessments, case management, monitor of court ordered compliance and other stabilization support. In addition, clients are connected to the Re-Entry docket which is held on Tuesday and Thursdays.
8. Work Release is available for some offenders through the Common Pleas Court. It may be offered as part of an initial sentence, or part of a violation of Common Please Probation. A violation on work release may result in a remand to CTF or CCNO. Work release may be done

in coordination with other community services.

GAPS

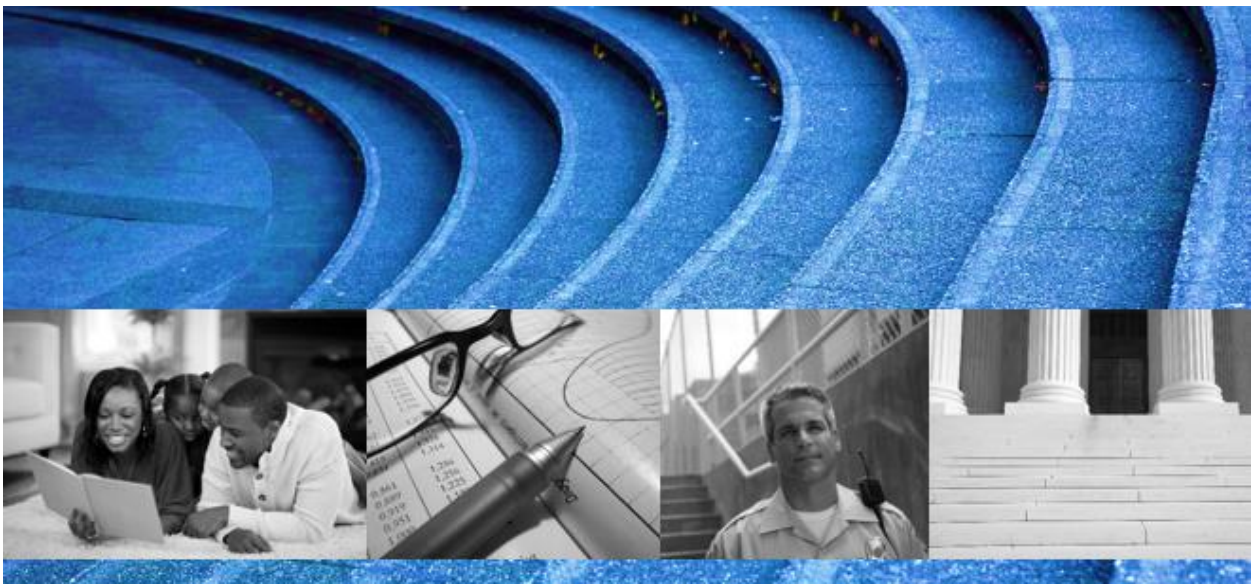
A. Re-entry planning and services:

- Reentry planning and service in the county jail lacks continuity and structure. Programming for inmates is based on inmates opting in, rather than targeting high risk and high needs inmates. Reentry was chosen as one of the SIM priority areas.
  - Currently, there is a limited number of providers who are willing (due to lack of funding), or have been recruited to come into the jail to provide services.
  - Peers services are currently limited in their scope and ability to provide re-entry services.
  - Continuity of services from jail -to community needs to be monitored to ensure inmates receive warm hand- offs when being released back into the community.
  - Reentry needs are not gathered through a standardized screen or assessment.
  - The purpose of TASC services needs to be rewritten and updated.
  - Probate Court can order an inmate be put on involuntary medication at the request of the treating psychiatrist unless the provider does not agree the medication needs to be involuntary.
  - There is no consistent access to MAT, referral, planning or education, including access to NARCAN.
  - Caseworkers at the jail, prison and probation have caseloads that are large. The caseload size makes it very difficult to provide individualized services that are evidenced based.
  - LCBDD must do extensive planning to ensure transition for people with DD who are coming back into the community. Support with coordination can also be provided while the individual is incarcerated, as appropriate.

B. Probation:

- There is a need to address graduated sanctions, in particular for behavioral health, including policies, uniformity and options. Response polices (sanctions and Incentives) should consider the risk and needs of individuals.
- Probation has no specific systematic screening for mental health. Additionally, basic risk assessments are needed for probation case planning at the suburban municipal probation departments.
- Based on the regional drug testing policy currently being drafted, develop drug testing policies for individualized probation departments. In addition, graduated response policies are being drafted/reviewed at Common Pleas and the three suburban probation departments. Toledo and Muni probation currently have graduated sanction/incentive policies.
- Transportation makes it difficult for individuals to connect with available services.

- An inventory of probation programs and services offered in each department was being conducted during the time of the writing of the SIM report. A review of contracts with service providers has been suggested as an action item.
- Technical Violations are currently not being tracked.
- There is limited use of specialized caseloads and training across municipal and Adult Probation Authorities.
- In general, the number of independent courts and probation department most likely results in some clients being on more than one level of supervision at a time, and trying to respond to competing case-plans.
- Probation officers would benefit from more training on how to effectively work/support people with developmental disabilities.



Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on May 3, 2018. The top three priorities are highlighted in italicized text.

Have peer support services at all intercepts.	***17 Votes***
Have a mental health screener in Lucas County Jail.	***14 Votes***
Increase behavioral health deflection at intercept 0.	***11 Votes***
Enhanced communication coordination across agencies.	***9 Votes***
Increase re-entry planning.	7 Votes

Establish a mental health community based correctional facility with residential extended care.	5 Votes
Reduce probation caseloads.	4 Votes
Enhanced Felony Diversion Program.	3 Votes
Behavioral health criminal justice case docket in the courts.	3 Votes
Resource dashboard that tracks bed availability.	2 Votes
Establish a Mental Health Court.	2 Votes
Policies for mental health/ probation interface.	1 Vote
Mental programming/ case management in the jail.	1 Vote
Re-examining and streamlining the crisis line.	1 Vote
Adding more Medication Assistant Treatment (MAT) services at the Corrections Center of Northwest Ohio and Lucas County Correction Center.	1 Vote

Action Plans

The following action plans are presented here *as provided from the group* on Day 2 of the SIM. Information that can support these priorities can be found in the following Recommendations section.

Priority Area 1: Increased BH Deflection @ Intercept 0

	Objective	Action Step	Who	When
	Pilot Sobering/calming unit "drop-off"	- Coordination and agency buy-in - Law enforcement inclusion and buy in - Coord. w/agencies to know @ of detox beds open - Law Enforcement training 2.0 - Peer Support (on-call) - Coordinated Restorative Justice – Staff training - Training of Rescue Staff	Rescue BH Agencies LE BHCJ Coord.	Today ASAP 2019 Erol
		Delayed egress Change the experience "guest" v "client" (hotel model) - Use harm-reduction model - Cost benefit analysis - DART bringing folks in after Narcan		

Priority Area 2: Expand Peer Support

	Objective	Action Step	Who	When
	Bring Importance of Peer mentoring to SJC	1) Owners Meeting/ 2) Core Group	Ask Commissioner Contrada if she will lead	Today, 2:00pm
	Restart Reentry Mentoring @ CTF	1) Meet with original committee 2) Leg work – inventory	Donna/Bud, Judge Navarre	Within next 2 weeks

	Expanding the Mentor Core Group to Form 5 systems network on peer support	1) Identify who should be there 2) Establish 1st meeting	If Adopted in #1, that gets decided	Within next 30 days
	Research Working models for peers; What works, Inventory what exists	1) Assign to expanded members and info back to group.	Lindsay Below	? Sooner the Better
	Build peer support/trust in the community	1) Define what this means	Committee	90 days start
	Contact list of this group	Built from core list of mapping invites	Lindsay Below	ASAP

Priority Area 3: Reentry

	Objective	Action Step	Who	When
1	Start reentry early in Process at LCCC-staying	1. Discuss with Funders 2. Sheriff buy-in	Lindsay/ BH/CJ Coor.	June 1
	Impl. Brief MH Screen Start MH-injail linkages (post 1st appearance)	1. Training for Brief MH Screen 2. Discuss funding and identify 3. Implement proxy screen	Lindsay/ LCCC Staff RC/BH/CJC and LCCC staff	July 18 July 18
2	Start Reentry Earlier at CCNC	1. Expand TASC model beyond SMI pop (LC ppl) 2. Discuss and Identify funding	TASC/ MHRSB/ RC/RCNWO	
3	Better engage high utilizers in the community	1. Identify who 2. Process to share info	DDJ Task Force and housing first core team	

Priority Area 4: Improving Communication and Collaboration between Mental Health and Criminal Justice

	Objective	Action Step	Who	When
1	Universal Agreement	- Training /Meeting	- System CEO's - Scott/ Holly. Chris - Attys - Hospitals -?	Nov
	Identify needed information - Determine who has the info - Develop a platform for info	- Create list of essential data - Identifiers	CJ / MH	
2	Information Sharing and Collaboration			
	Educate Community of services available - One main line - Recovery helpline 255-3125	- Roll call training - Include in CIT - Flyers/card/pamphlet in offices - Create card, etc – MHB/Rescue - Train 911 call takers - Train homeless outreach - Create follow-up trainings w updates - Orientation plans for new hires	Law enforcement: TPD, SPD, OPD, MPD, LCSO, All arresting agencies Courts, Prob. Offices, Pretrial Services, JFS, OMJ, Child Services	30 days

Recommendations

1. Utilization, communication and coordination of resources was an apparent gap in several intercepts and part of the action plan priorities. This is a common gap that can often be addressed by:
   - Address the "churn" effect of persons repeatedly coming through the process without different results, and remove "constriction" issues where the system becomes clogged due to limitations in moving persons to the next step
   - Examine the process to access services and criteria to access services; match risk and need to services; formalize referral processes; and increase knowledge of what services do and don't offer.
     - Use data and other methods to learn about current processes, and who is receiving services including their risk and needs level. Review any existing contracts or agreements to understand current expectations.
     - Develop agreements that include service match to risk and need levels. Develop outcome metrics and clarify expectations. Create strategies to streamline referral processes. Commit to have dedicated services and "slots" for medium to high risk and needs, justice involved individuals. Address concerns of service providers in taking higher risk offenders. Routinely address issues and make adjustments.
     - Commit to creating and adhering to an agreed upon criteria for services and minimize exceptions to the criteria. Routinely revisit the criteria, gaps in services, and impact the criteria has on other systems and services.
     - Consider doing a "deep dive" or mapping just of Intercept 0-1 and Intercepts 3-5 to better understand resources and gaps and improve coordination.
   - Cross train and expose system and providers: Rotate meeting locations to increase understanding of services. Develop opportunities for cross training. Increase cross-system information sharing.

- Simplify and coordinate across crisis lines and improve communication about when to use the various crisis lines. Consider streamlining existing crisis lines. This became a SIM priority.
- Explore crisis center models such as Oakland County Michigan's Common Ground crisis center or other crisis center models.
- Meet with Washtenaw County CMH and Sheriff to learn more about the millage and their public safety/mental health efforts within the jail and the community.

2. Deflection and Diversion Strategies: Action Plan Priority

Generally, deflection and diversion from the criminal justice system requires client stabilization achieved through client-based cross system coordination. Police-based deflection require immediate access to services, without barriers. Focus on the following areas of work can improve access to services, and appropriate service match.

a) Increase coordination and access to crisis services, especially psychiatric beds.

- Address issues of providers being on "divert" status. Explore why hospitals are on "divert" status – is it due to actually being at capacity, staffing pattern, milieu issues, etc.
- Strategies should be developed to streamline access to beds and increase capacity of hospital resources. Currently, with the exception of Mercy St Charles, the hospital network does not have a "bed registry". Such a registry across hospitals could be helpful in tracking availability when services are needed.

b) Consider the use of virtual strategies such as telehealth to support law enforcement officers and other first responders responding to crisis situations.

Adding a virtual crisis support component could enhance crisis support to law enforcement. Most specifically, the use of videoconferencing to expand access to the mental health consultation is increasingly being used to connect law enforcement with mental health professionals.

- See: Remington, A. (2016). Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection (in Appendices).
- Also the Behavioral Health Response (BHR) provides *Virtual Crisis Support* to the St. Louis, MO Police Department.

c) Work with the Chronic Homeless Core Team to improve coordination and access to shelter and housing providers.

- Understand and, where possible, address provider criteria that limits access of criminal justice, or persons living with mental health or substance use issues. Whenever possible, work collaboratively to improve access to housing, the environment of shelters and housing to promote safety and stabilization.
- Prioritize and coordinate access to housing.
- Diversify housing options such as transitional, supportive and supported housing. In addition, a comment was made that "many shelters only provide that function but do

not connect persons with longer term housing services". Discussions with shelter providers and persons who have experienced homelessness could result in expanded thinking and repurposing of some of the shelter beds.

- The 100,000 Home Initiative identifies key steps for communities to take to expand housing options for persons with mental illness. The following resources may help inform strategy development. See also *Housing* under Resources below.
  - GAINS Center. Moving Toward Evidence-based Housing Program for Person with Mental Illness in Contact with the Justice System
  - Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., and Jones, H. (2012). Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities. Journal of Forensic Psychology Practice, 12, 382–408.
  - Tsemberis, S. (2010). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction. Center City, MN: Hazelden Press.
  - Stefancic, A., Henwood, B. F., Melton, H., Shin, S. M., Lawrence-Gomez, R., and Tsemberis, S. (2013). Implementing Housing First in Rural Areas: Pathways Vermont, *American* Journal *of Public Health*, *103*, 206–209.
  - Shifting the Focus from Criminalization to Housing
  - Lehman, M.H., Brown, C.A., Frost, L.E., Hickey, J.S., and Buck, D.S. (2012). Integrated Primary and Behavioral Health Care in Patient-Centered Medical Homes for Jail Releases with Mental Illness. Criminal Justice and Behavior, published online.
  - Built for Zero (formerly Zero: 2016) is a rigorous national change effort working to help a core group of committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies.

d) Address the Assisted Outpatient Treatment process.

AOT can be a terrific option when implemented with fidelity, including "enforcement" of AOT. Unfortunately, without comprehensive support and resources to support adherence and help clients manage themselves, it is generally ineffective. Consider addressing the current AOT process, and developing strategies to improve effectiveness.

- Review and create agreements to support AOT,
- Standardized the use of SOAR process to apply for SSI/D benefits. This should be for anyone on AOT, in the state hospital, in psych-units in community hospitals or under mental health alerts in CCNO. Cross system coordination will be critical to not duplicate efforts.
- Consider how other supportive programs such as ACT/FACT or FUSE are being used, if at all and can be a resource.

e) Address the Incompetent to Stand Trial (IST) population.

Participants discussed the IST population who are retained in jail while waiting transfer to a state forensic hospital. The IST issue is a challenge for states across the country, but strategies have emerged to reduce the number of individuals found IST, provide outpatient restoration alternatives and reduce IST inpatient length of stay. In addition, coordinating strategies within the state forensic leadership will be a critical pathway toward reducing this challenge. This may include coordinating across other activities as well, including thinking through how an IST patient may be eligible for AOT services, or able to be diverted through crisis services and then longer term supports. For cases in which charges are minor, legal standards, such as the American Bar Association standards from 2016, point to consideration of diversion strategies for the misdemeanant who is incompetent to stand trial (see standard 7.4-8(e)).

In general, restoration settings from most restrictive to least include inpatient (usually at a state mental health hospital, jail-based, and community-based outpatient. Consider convening a working group to review the current state of competency and competency restoration, including frequency of raised competency over the past several years, type of charges, evaluation/restoration outcomes, and individual information including mental health and substance use history/treatment, housing status, insurance status, and natural supports, if known.

The American Academy of Psychiatry and Law has created guidelines for competency evaluation. 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. Also see SAMHSA's GAINS Center's *Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial* (2007).

f) Diversion Opportunities and Courts:

- Improve timely referral and enrollment in drug court.
- Explore drug court as an intervention in lieu of conviction as a possible opportunity
- Address barriers to allowing persons with co-occurring mental health issues in drug court.
- Consider reviewing and expanding current diversion criteria and programming support.
    - Explore alternatives to fines and fees for people with mental illnesses and/or homeless, such as community services or other options for those who are not able to do community service.
    - Explore expanding Veteran's Treatment Court to a regional model beyond TMC.
    - Explore establishing a mental health court; and a reentry docket track.

3. Incorporate the use of peers and peer support and recovery across Intercepts. Peer-based agencies are available and willing to help across the intercepts. The group felt there is a

need to more formally involve peer and recovery supports and prioritized this as part of their SIM.

Peer specialists and peer support can assist in helping inmates with mental illness/addiction to engage in treatment. They can be instrumental to work with jail staff for re-entry and to help an inmate connect with services upon release. Peer support has been found to be particularly helpful in easing the traumatization of the corrections process and encouraging consumers to engage in treatment services. Settings that have successfully involved peers include crisis evaluation centers, emergency departments, jails, treatment courts, and reentry services. Please see the below resources on *Peers* for more information.

The SAMHSA publication Toolkit for Evaluating Peer Respites *provides information on developing Peer Respite Centers.* Philadelphia has created a helpful Peer Support Toolkit.

Wellness Recovery Action Plans (WRAP) are integral to individual recovery and can be integrated into probation or other case management plans.

4. **Familiar Face Strategies:** Toledo police are working to develop a familiar face data base. Currently, when police respond to a call, there is not a way to flag individuals as familiar faces, or with intellectual development needs.
   - Continue to develop a Crisis Continuum of Care that is integrated with the City/County Police Crisis Intervention Team (CIT) initiative.
     - Continue current conversations between the Lucas County Mental Health and Recovery Services Board, (LCMHRSB) and Lucas County, to create a facility to deflect individuals with mental health and/or substance use disorders from entering the criminal justice system. Conversations include the facility including a calming center, sobering center, crisis stabilization center, emergency services, urgent care, and recovery helpline.
   - Explore the co-responder model. To be effective, "community-based crisis response" must be adequately staffed to respond promptly to crisis calls. More communities are coordinating mobile crisis/co-response team responses with law enforcement especially during peak call hours and co-locating services or embedding clinicians in police district headquarters. Often these services are augmented by providing telephone or videoconference consultation to law enforcement. . Over the past few years, the Substance Abuse and Mental Health Services Administration (SAMHSA) and many states have begun to identify a "Continuum of Care for Crisis Services."
   - Review policies specific to crisis response, in particular when an "Excited Delirium", also known as "agitated delirium" is suspected. Consider developing such a policy and training for police, fire, sheriff and EMS if one is not in place. The Denver, CO law enforcement policy is attached (see Appendices).

- Consider the use of telehealth strategies to support law enforcement officers and other first responders responding to crisis situations. Adding a virtual crisis support component could enhance crisis support to law enforcement.
- Consider use of videoconferencing to expand access to the Mental Health consultation in rural communities. Remington, A. (2016). Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection (see Appendices). Also the Behavioral Health Response (BHR) provides Virtual Crisis Support to the St. Louis, MO police department.
- Target strategies/interventions to address the arrest, incarceration, and re-arrest cycles of homeless individuals and other individuals that return to the healthcare and/or criminal justice system repeatedly.
  - The Center for Supportive Housing FUSE Resource Center describes supportive housing initiatives for super utilizers (frequent users) of jails, hospitals, healthcare, emergency shelters and other public systems.
  - Camden New Jersey has developed a promising collaboration of healthcare, social service, and law enforcement services to address their "complex care" populations that have frequent contact with their hospitals and sometimes police. They have been showing success in reducing repeated contact and improving health.
  - In addition, states including Texas, New York, Virginia, and California have state-funded initiatives to enhance crisis services in communities. The SAMHSA publication Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies provides a description of the Crisis Care Continuum.

5. Continue to review and improve jail behavioral health and reentry services

Improve the structure of re-entry planning in Lucas County. This was chosen as one of the SIM priority areas. The Transition from Jail to Community (TJC) Initiative, developed by the Urban Institute and National Institute of Corrections provides a clear structure for transition planning as well as an online learning toolkit. Also 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).

With the onset of building a new jail, consider including programming space, specific behavioral health units for mental health and substance use and program staffing as part of the plan.

- Talk with Denver County Jail for ideas on mental health and substance use treatment units.
- Work with the Mental Health and Recovery Services Board and the Reentry Coalition of Northwest Ohio to review current programming staffing levels, community provider services and transition of care from one facility to another and from facilities to the community. Improve coordination and access to appropriate resources.
  - Review APIC guidelines and build out case flow for reentry planning
  - Increase/build jail mental health services within the jail
  - Reduce caseworker caseloads at the jails and prisons

    - Work in partnerships with the Department of Corrections are needed for a mental health unit that can serve serious offenders with serious mental illnesses.
- Develop and implement Medication Assisted Treatment (MAT) protocols and policies for Lucas County jail, CCNO region and Courts.
    - Talk with Dr. Rai at Denver County Jail regarding all levels of MAT: maintenance, induction, withdrawal management, psych/social education and Narcan at release.

6. **Use standardized screening tools to sort populations and understand population needs**.
Finalize plans to use a standard mental health screening tool and protocol. Currently, the Brief Jail Mental Health Screen is being considered.
    - Use screening tools such as the TCU-V and AUDIT to understand inmate substance use disorders.
    - Consider the ORAS or PROXY to sort jail populations by risk level and prioritize for jail reentry services.
    - The 2016 SAMHSA publication, Screening and Assessment of Co-occurring Disorders in the Justice System developed by Roger Peters and the SAMHSA GAINS Center (see *Screening and Assessment* section of the Resources), provides an overview of screening and assessment and treatment of individuals with co-occurring disorders in the criminal justice system. In addition, Screening and Assessment instruments for mental illness, substance use, co-occurring disorders, treatment motivation and trauma/PTSD.

Currently, persons are asked to repeat behavioral health information about themselves as they move across the system. With permission of the client, and support of the system, consider streamlining and coordinating screening across core stakeholders to reduce redundancy and improve continuity of care. Clinical co-responders with police, and police documenting and passing on their observations is an important step before formal screening protocols at arraignment and at the jail. The following links include some screening tools to review for Intercepts 0, 1, 2 and 3:

- Denver created a form to easily document and provide the physical status and behaviors of the individuals encountered. Copies are provided to the hospital, jail, etc. See embedded form below.

Denver Police Emergency MI and BH

- The Columbia Suicide Severity Rating Scale is just one of many suicide screens used by co-clinical/police response.
- In addition, the UK has developed a police-based screening tool.
- The Risk and Needs Triage (RANT) screening tool is being used at pretrial and arraignment, in particular for drug diversion.

- Many screens, such as the Brief Jail Mental Health Screen, are in the public domain. Additional brief mental health screens include the:
    - Correctional Mental Health Screen
    - Mental Health Screening Form III
- Brief alcohol and drug screens include the:
    - Texas Christian University Drug Screen V
    - Simple Screening Instrument for Substance Abuse
    - Alcohol, Smoking and Substance Involvement Screening Test

Essential elements of Intercept 2 diversion can be found in the SAMHSA Monograph, "Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders in the Criminal Justice System." The monograph identifies four essential elements of arraignment diversion programs. Improving screening, clinical assessment, and behavioral health disorders who are released without referral or follow-up. The CASES Transitional Case Management and the Manhattan Arraignment Diversion Program are two examples.

For intercept 4 and 5, consider the GAINS Reentry Checklist. In addition, below is a link to a common release of information that could be a proto-type for sharing information.

ROI_Denver.doc

For Intercept 5, you may want to consider something like this brief screen used by Colorado Probation Departments (see embedded document below).

Adult CJ MH Screen_Colorado.doc

7. **Explore data sharing and integration opportunities to understand how persons with behavioral health disorders are moving through the criminal justice system.**
Improving cross system data collection and integration is key to identifying high user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

Data collection does not have to be overly complicated. For example, some 911 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a "warm handoff" or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the jail, sentenced to prison, placed on probation, etc.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

Data Analysis suggestions:

a) Track data across a sample of cases to create a case- flow process by race/ethnicity, gender and age; identify areas of redundancy, unnecessary wait times, disparity and access to services. Data points could include: average time stamps between processes by type and level of offense; holds: parole, other jurisdictions, and federal; bond eligibility and time to release, pre-trial eligibility; release volume; sentencing outcomes; revocations by reason and outcomes; diversion utilization and outcomes; program and jail program access, capacity and utilization;
b) Develop a detention and jail case-process flow analysis including: race/ethnicity, gender, age; time to process each step, level of offense and risk, average length of stay, average length of stay for someone with a mental illness or a substance use disorder; access and utilization to mental health and substance use supports and medication, and to other detention/jail programs. Determine reasons for lengths of stay.
c) Identify "familiar face" population through analysis of court data by individual first, and then by offense, address, pre-trail and bond eligibility, risk and need, detention, detention/jail program service history (including medical and behavioral health), technical violation history, etc. This should result in understanding a lower level offender with high needs. Additional data can come from sharing this list, full name and date of birth with homeless, hospital, detox, Department of Corrections, Human Services, Fire and EMS, Probation, and other community providers to understand the utilization and gaps in resources.
d) Track data for racial and ethnic disparity across all programs. Examine criteria, acceptance, successful completion rates and technical violations.
e) Track technical violation data to understand the impact on the jail and improve use of sanctions and incentives.
f) Explore the role, benefits and outcomes of the Mental Health Board in receiving jail booking data.

The publication "Data-Driven Justice Playbook: How to Develop a System of Diversion" provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes. See also the *Data Analysis and Matching* publications in the Resources section.

8. Build on Probation best practices, training and coordination to reduce technical violations.
    - Improve systematic screening for mental health at the Probation level.
    - Screening, data collection,
        - There is a need to address graduated sanctions, in particular for behavioral health, including policies, uniformity and options. Response polices (sanctions and Incentives) should consider the risk and needs of individuals.
            - Probation has no specific systematic screening for mental health. Additionally, basic risk assessments are needed for probation case planning at the suburban municipal probation departments.
            - Based on the regional drug testing policy currently being drafted, develop drug testing policies for individualized probation departments. In addition, graduated response policies are being drafted/reviewed at Common Pleas and the three suburban probation departments. Toledo and Muni probation currently have graduated sanction/incentive policies.
            - Currently, transportation to various treatment and intervention services can be challenging. Consider coordination/co-located services, scheduling and transportation options to improve probationer compliance.
            - An inventory of probation programs and services offered in each department was being conducted during the time of the writing of the SIM report. A review of contracts with service providers has been suggested as an action item.
            - There is limited use of specialized caseloads and training across municipal land Adult Probation Authorities.

9. Create comprehensive substance use disorder identification and treatment resources in the jail, hospital and greater community.

    Substance use disorders, and in particular the impact they have on the hospital and justice system are central to any SIM discussion.
    - The SAMHSA publication, Detoxification and Substance Abuse Treatment, Treatment Improvement Protocol (TIP) Series, No. 4 SAMHSA Tip 45, provides communities with guidance on a continuum of inpatient and outpatient care for detoxification services and identifies best practices.
    - The San Diego Serial Inebriate Program is a nationally recognized program to offer services to a chronic inebriate population.
    - The 2016 21st Century Cures Act offers significant funding opportunities to address the Opioid Crisis. When the SIM is applied to the Cures Act, communities can more easily examine the funding and programmatic opportunities offered by both HHS and DOJ funding streams. PRA developed a matrix to depict the funding source and program initiatives as they fall across the six Intercepts.
    - Review current Medication Assisted Treatment processes in the community and jail. Ensure support, especially peer support to help persons maintain MAT and their recovery. See the

Medication Assisted Treatment section of the Resources. Consider a Collective Impact process to bring together harm reduction, prevention, treatment and enforcement strategies.

- Strategies may include treatment on demand, police referral to services, system, resource center and first responders trained in, and carrying Naloxone.
- In the jail, withdrawal management on Buprenorphine, maintenance and induction on Methadone and Buprenorphine married with appropriate psychoeducational classes; and inmates leaving with Naloxone.

10. Develop strategies to continue programs currently funded by grants such Second Chance Act Co-Occurring Disorders Reentry grant and the Opportunity Project.

11. Reduce stigma by increasing the use of "person- centered language" across the system and minimize the use of terms such as "mentally disturbed", substance "abuse", addict, etc.

General Recommendations

A. Develop strategies to provide cross-system training.

Participants identified multiple mental health and substance use training needs. A training needs survey of stakeholders including, jail, magistrates and judges, probation might help to develop and target training focus.

For additional details, see the National Institute of Corrections Crisis Intervention Team training publication, which is specific to jail and prison corrections staff.

Also see *Mental Health First Aid* in the Resources section later in this report.

Also see *Trauma-Informed Care* in the Resources section of this report. One example is the *How Being Trauma-Informed Improves Criminal Justice System Responses* training available through PRA and the SAMHSA's GAINS Center.

To raise general awareness, holding a Forensic Conference to inform stakeholders about the SIM workshop priorities and recommendations may expand awareness of urgent issues, provide an opportunity to solicit input for on-going planning and improve networking and collaboration among stakeholders.

B. Routinely review current services; stabilize, maximize and leverage those that meet your needs; Improve those where services are lacking but can improve and eliminate those who are no longer are relevant to your needs.

- Evaluate and increase fidelity of services and match to client needs
- Establishing consumer feedback surveys
- Routinely review and improve contracts and system processes. Create "outcome" based service contracts.

C. Expand use of technology

Developing capacity to implement or expand use of technology across the justice system could help address many of the gaps identified. The Rural and Frontier Technology Technical Assistance Center recently held a seminar on technology in criminal justice settings.

- Intercept 1 applications include using video conferencing to provide Crisis Worker consultation to field law enforcement in rural areas and to interview persons in crisis (Appendix 2).
- Intercept 2-3 applications include using video conferencing for follow-up court hearings to avoid taking time off from work, disrupting treatment programs or to address transportation barriers; tele-psychiatry to provide consultation and treatment in hard to recruit locations; telephone consultation by local crisis centers to jails with limited mental health services (Appendix 3).
- Intercept 4 applications include video conferencing detained individuals with prospective service and housing providers.

- Intercept 5 applications include probation substituting videoconferencing for direct report to avoid probationers taking time off from work, disrupting treatment or to address transportation barriers.

D. Increase cross-system and discipline understanding of HIPAA, CFR 42.2, and HMIS.

Educate stakeholders on information sharing, and data sharing between protected entities, between protected and non-protected entities and between non-protected entities.

Information sources include the following:

- Health Insurance Portability and Accountability Act (HIPAA)
  - HIPAA.com
  - Dispelling the Dispelling the Myths of Information Sharing Between the Mental Health and Criminal Justice Systems (Petrila, 2007)
- 42 CFR Part 2
  - Confidentiality of Substance Use Disorder Patient Records
  - SAMHSA's Substance Abuse Confidentiality Regulations Fact Sheets
- Homeless Management Information System (HMIS)
  - HUD Exchange's HMIS Guide and Tools
  - The McKinney-Vento Homeless Assistance Act

See also the *Information Sharing* publications in the Resources below

Resources

Competency Evaluation and Restoration

- SAMHSA's GAINS Center. *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

- Substance Abuse and Mental Health Services Administration. *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.*
- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness.*
- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide.*
- Saskatchewan Building Partnerships to Reduce Crime. *The Hub and COR Model*.
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.*
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- International Association of Chiefs of Police. One Mind Campaign.

- Optum. In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program 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.
- National Association of Counties. Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- CIT International.

Data Analysis and Matching

- Data-Driven Justice Initiative. Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. *Justice Reinvestment at the Local Level Planning and Implementation Guide.*
- The Council of State Governments Justice Center. *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism*.
- New Orleans Health Department. *New Orleans Mental Health Dashboard.*
- Pennsylvania Commission on Crime and Delinquency. *Criminal Justice Advisory Board Data Dashboards*.
- Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois* (See Appendix 3)
- Vera Institute of Justice. *Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.*

Housing

- Alliance for Health Reform. *The Connection Between Health and Housing: The Evidence and Policy Landscape.*

- Economic Roundtable. *Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.*
- 100,000 Homes. *Housing First Self-Assessment*.
- Urban Institute. *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.*
- Corporation for Supportive Housing. *NYC FUSE – Evaluation Findings*.
- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Corporation for Supportive Housing. Guide to the FUSE Model.

Information Sharing

- American Probation and Parole Association. *Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.*

Jail Inmate Information

- NAMI California. *Arrested Guides and Inmate Medication Forms*.

Medication Assisted Treatment (MAT)

- American Society of Addiction Medicine. *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.*
- American Society of Addiction Medicine. *Advancing Access to Addiction Medications.*
- Substance Abuse and Mental Health Services Administration. *Federal Guidelines for Opioid Treatment Programs*.
- Substance Abuse and Mental Health Services Administration. *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.*
- Substance Abuse and Mental Health Services Administration. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (Treatment Improvement Protocol 40)*.
- Substance Abuse and Mental Health Services Administration. *Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide*.

Mental Health First Aid

- Mental Health First Aid.
- Illinois General Assembly. *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*.

Peers

- SAMHSA's GAINS Center. *Involving Peers in Criminal Justice and Problem-Solving Collaboratives*.
- SAMHSA's GAINS Center. *Overcoming Legal Impediments to Hiring Forensic Peer Specialists*.
- NAMI California. *Inmate Medication Information Forms*
- Keya House.
- Lincoln Police Department Referral Program.

Pretrial Diversion

- CSG Justice Center. Improving Responses to People with Mental Illness at the Pretrial State: Essential Elements.
- National Resource Center on Justice Involved Women. Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. The Hidden Costs of Pretrial Diversion.

Procedural Justice

- Legal Aid Society. *Manhattan Arraignment Diversion Program*.
- Center for Alternative Sentencing and Employment Services. *Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors*.
- Hawaii Opportunity Probation with Enforcement (HOPE). *Overview*.

- American Bar Association. Criminal Justice Standards on Mental Health.

Reentry

- SAMHSA's GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*.
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies*.
- The Council of State Governments. National Reentry Resource Center.
- Bureau of Justice Assistance. Center for Program Evaluation and Performance Management.
- Washington State Institute of Public Policy. *What Works and What Does Not?*
- Washington State Institute of Public Policy. *Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.*

Screening and Assessment

- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- SAMHSA's GAINS Center. Screening and Assessment of Co-occurring Disorders in the Justice System.
- STEADMAN, H.J., SCOTT, J.E., OSHER, F., AGNESE, T.K., AND ROBBINS, P.C. (2005). Validation of the Brief Jail Mental Health Screen. PSYCHIATRIC SERVICES, 56, 816-822.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.

Sequential Intercept Model

- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services, 57*, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). *The Sequential Intercept Model and Criminal Justice*. New York: Oxford University Press.

- SAMHSA's GAINS Center. *Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model*.

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.

- Information regarding SOAR for justice-involved persons.
- The online SOAR training portal.

Transition-Aged Youth

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

Trauma-Informed Care

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. *Essential Components of Trauma Informed Judicial Practice*.
- SAMHSA's GAINS Center. *Trauma Specific Interventions for Justice-Involved Individuals*.
- SAMHSA. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*.
- National Resource Center on Justice-Involved Women. *Jail Tip Sheets on Justice-Involved Women*.

Veterans

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

APPENDICES

Appendix 1	Sequential Intercept Mapping Workshop Participant List
Appendix 2	Texas Department of State Health Services. *Mental Health Substance Abuse Crisis Services Redesign Brief.*
Appendix 3	Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois.*
Appendix 4	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.
Appendix 5	100,000 Homes/Center for Urban Community Services. *Housing First Self-Assessment: Assess and Align Your Program and Community with a Housing First Approach.*
Appendix 6	Remington, A.A. (2016). *Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection.*
Appendix 7	SAMHSA. *Reentry Resources for Individuals, Providers, Communities, and States*.
Appendix 8	Denver, CO. *Law enforcement excited delirium policy*.