

County of Summit



Recovery Starts Here

[www.admboard.org](http://www.admboard.org)



Doug Smith, M.D., DFAPA

Medical Director/CCO,

Summit County ADM Board

Associate Professor and Interim Chair,

Department of Psychiatry, NEOMED

# Mental Health Systems and Forensic Psychiatry



*Promoting Innovation. Restoring Lives.*

This material provided by the Best Practices in Schizophrenia Treatment (BeST) Center, Department of Psychiatry, Northeast Ohio Medical University.

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# Disclosures

None!

My thanks to  
Many collaborators in Summit  
County and across Ohio



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# Why am I talking today?

## Summit County

- Arguably Best system of community mental health and addictions treatment, plus jail diversion, in Ohio
- Leader in collaboration
- Leader in “correct” use of State Hospital beds
  - Shortage of civil beds in Ohio
    - Forensic beds, including ISTR and NGRI, now at ~75%
- Leader in CIT training for law enforcement (NEOMED CJCCOE)
- Model Crisis system approach
- Leader in Sequential Intercept Model approach to care
- Leader in jail diversion
- Leader in MH treatment in a county jail
- Leader in Assisted Outpatient Treatment
- Promoting data collection and evidence-based practices
- Promoting Value-Based Care
- Reduction in recidivism for civil commitment and jail.

# MH/CJ Synergy in Northeast Ohio

- Jail Diversion into mental health care
  - NEOMED Criminal Justice Coordinating Center of Excellence and
- Summit County Alcohol, Drug Addiction & Mental Health Services Board
  - Sequential Intercept Mapping
    - MH
    - Opiate Epidemic (including MAT providers)
  - Crisis Intervention Team (CIT) with NAMI (family)
  - CJ/MH forum
  - Research on Long-Acting Injectable medications



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# Risk of Arrest in Patients With Schizophrenia or Schizoaffective Disorder and Prior Jail Detention Treated With Long-Acting

## Antipsychotics at a Community Mental Health Center

Madhav P. Bhatta, Saroj Bista, Antoine C El Khoury, Eric G. Hutzell, Neeta Tandon, Douglas Smith

- **Study Sample**
  - Adults ( $\geq 18$  years old) who received treatment for schizophrenia or schizoaffective disorder at CSS in
  - Summit County, Ohio, between January 1, 2010, and June 15, 2016, and had a jail record within 2 years
  - prior to initiation of an LAI were included in the analysis (978 patients). Individuals were followed through July 18, 2018, for a CJS encounter through the review of the Summit County jail records.
- **CONCLUSIONS**
  - Significant reduction in the incidence of at least 1 arrest was observed among
  - patients with schizophrenia or schizoaffective disorder and a history of encounters with the CJS during a 2-year follow-up period after initiation of LAI treatment, specifically PP1M, at a community mental health center
- These results highlight the benefits of LAI treatment (PP1M) on reducing the risk of arrest, an important psychosocial outcome, especially among patients with schizophrenia or schizoaffective disorder with a previous history of arrest



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# Mental Health & Criminal Justice Forum, December 4, 2019

9:00AM-11:00AM

Community Support Services Multi-Purpose Room

## Agenda

1. Introductions
2. Review of Goss and Griffin report on Mental Health Courts in Summit County
3. Probate Court vs Criminal Court-Discussion by Magistrates Crystal Burnett and George Wertz
4. Break-out session:  
Chairs/Co-Chairs
  - Intercept 1** Dr. Smith: CIT Coordination and Enhancement
  - Intercept 2 & 3** Chris Freeman-Clark: Screening, Assessment, and Information Sharing across systems for initial stage
  - Intercept 4 & 5** Bob Stokes and Tony Ingram: Medication protocols and timeliness at initial detention, esp. for misdemeanor detainees
    - a. Each Intercept: Review Objectives, Action Steps and Who is Responsible
    - b. Each Intercept: Roster of all members of your committee along with contact information
5. Whole group meeting with each subcommittee reporting out on accomplishments and items to move forward

Future meeting with Stepping Up work team-Retired Justice Stratton, Peg's Foundation, And NEOMED.  
This would be a lunch meeting.

Next Meeting: March 4<sup>th</sup> at 9:00am Community Support Services



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# CJ/MH Forum: Broad Membership

- ADM Board (Exec Dir, Medical Dir, Clinical Dir)
- Judges
- Prosecutors
- Defense Attorneys
- NAMI
- Consumers
- Agency representatives
- Law Enforcement (local police and Deputy Sheriffs)
- Jail officers and Jail Mental Health provider

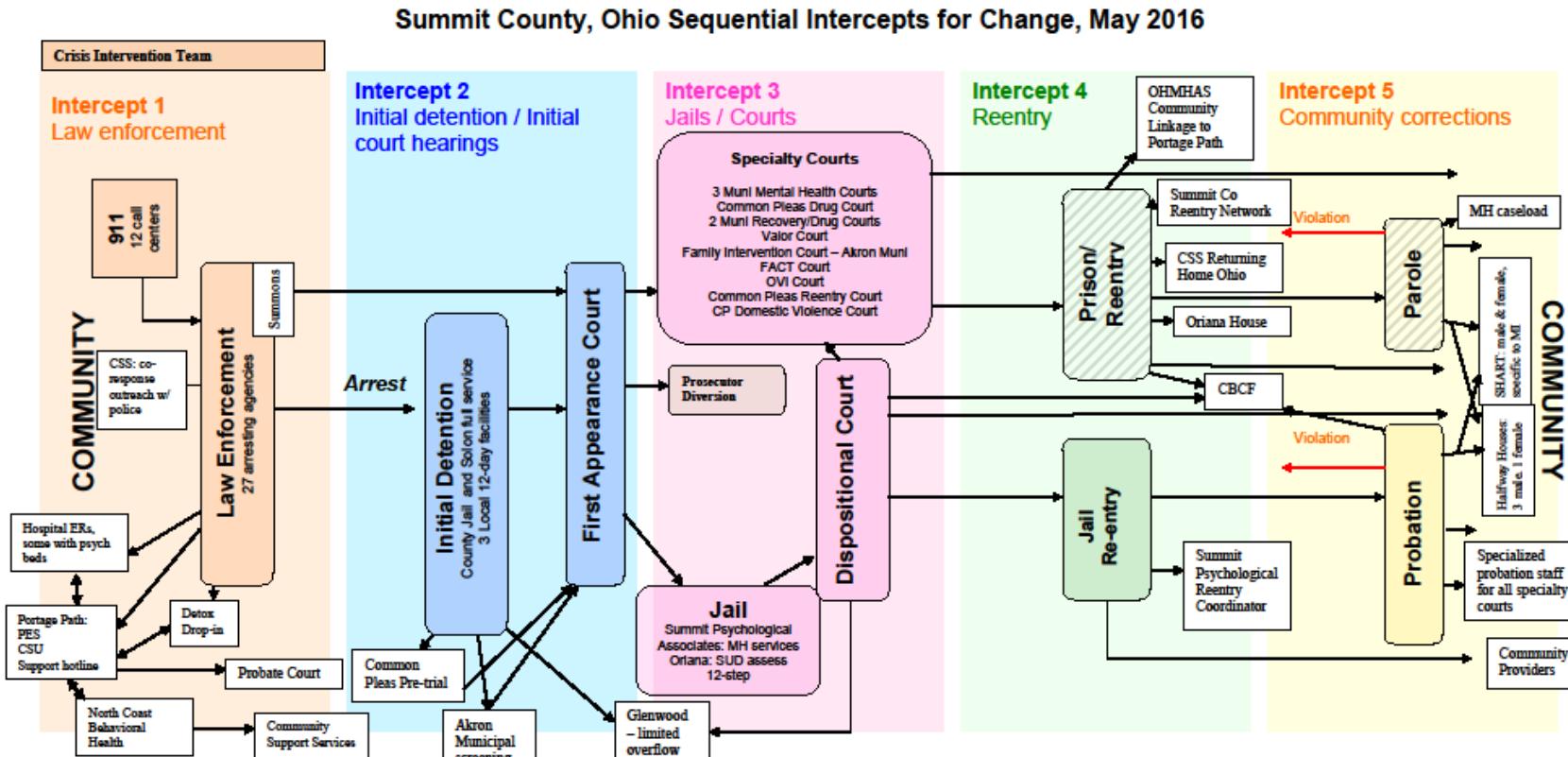


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# Sequential Intercept Mapping



# Stepping Up

- 47 Counties of 88 in Ohio, including Summit
- Led by former Ohio Supreme Court Justice Evelyn Stratton
- **BeST Center at NEOMED since 2009**
  - Promote recovery and improve the lives of as many individuals with schizophrenia
  - Accelerate the use and dissemination of effective treatments and best practices
  - Build capacity of local systems to deliver state-of-the-art care to people and families
  - Training
  - Consultation
  - Education and outreach activities
  - Services research and evaluation
  - Supported by Peg's Foundation and other private foundations and governmental agencies
- **Criminal Justice Coordinating Center of Excellence at NEOMED**
  - SIM statewide
  - CIT statewide
- Statewide Conference annually (recent 11/8/19)



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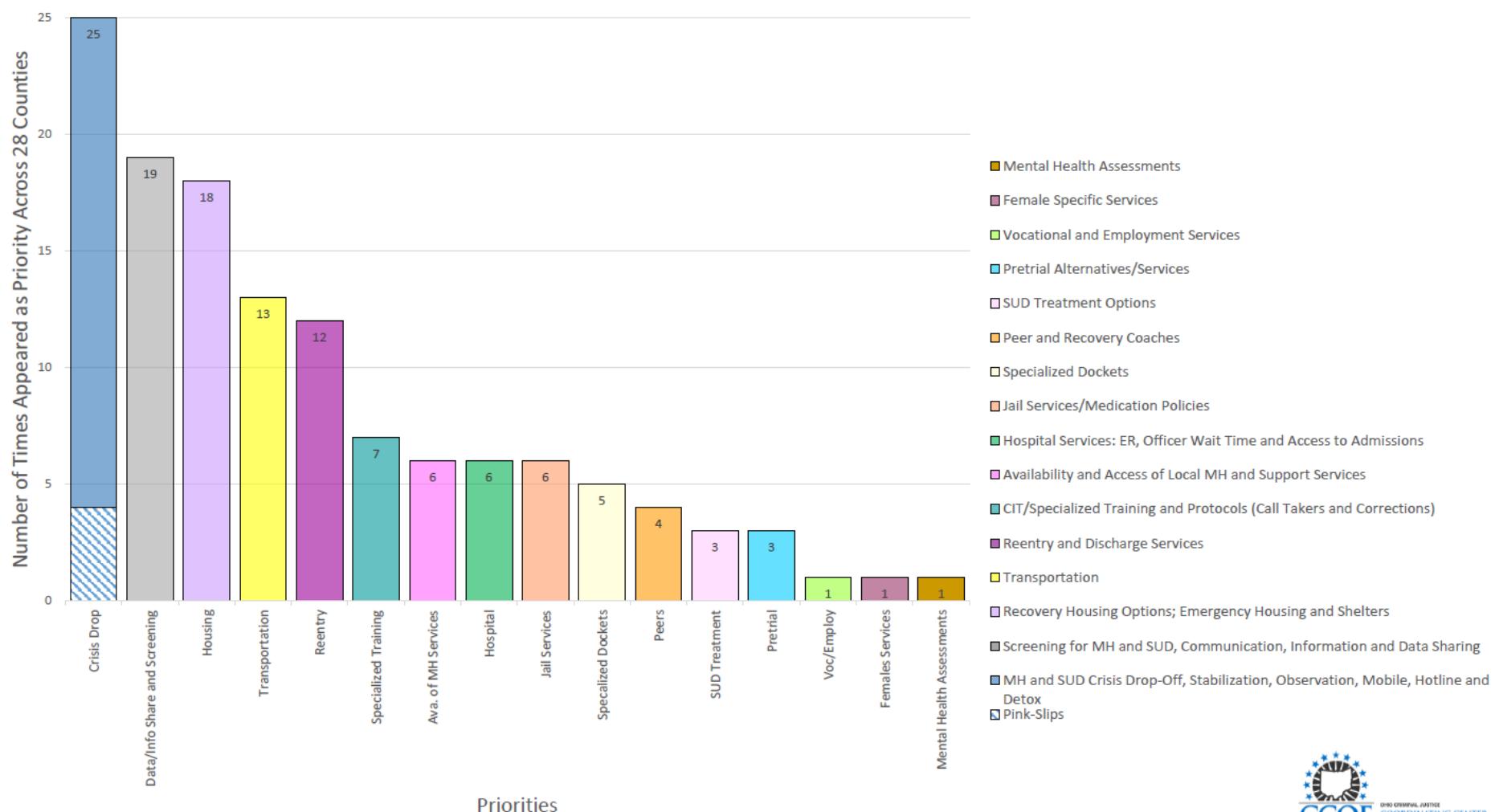
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# Stepping Up Framework

*Six Questions County Leaders Need to Ask*

- Is our leadership committed?
- Do we conduct timely screening and assessments?
- Do we have baseline data?
- Do we conduct a comprehensive process analysis and inventory of services?
- Have we prioritized policy, practice and funding improvements?
- Do we track progress?

## Sequential Intercept Mapping Priority Themes 2013-2019



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# Current Crisis Intervention Team Development

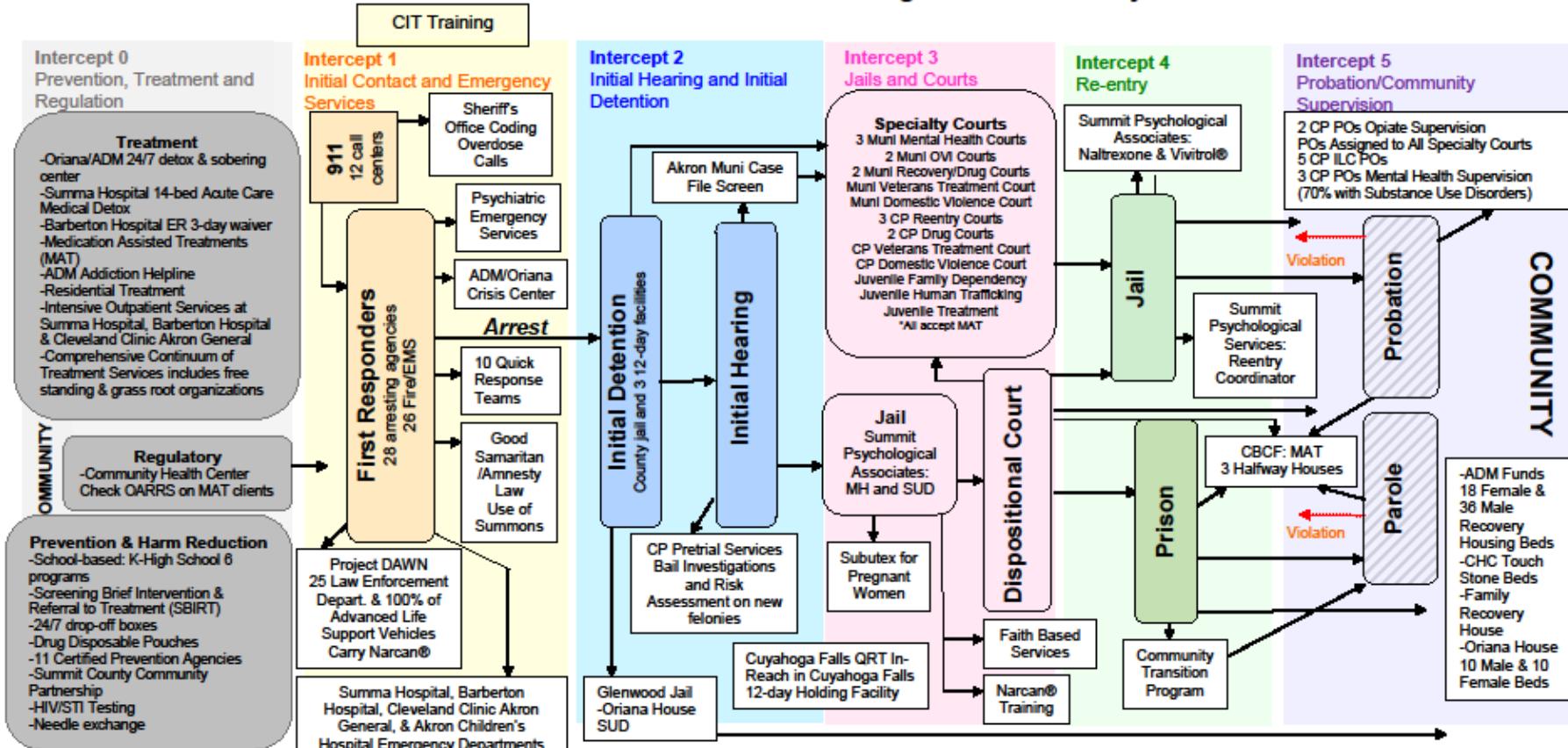
06/01/2019  
Full-time Ohio Peace Officers Only



21%+	
16% - 20%	
11% - 15%	
6% - 10%	
1% - 5%	
0%	
PR	Peer Review

# Opiate SIM

## Critical Intervention Points for Change: Summit County



# Ohio Civil Commitment Criteria

- Individual must have a "Mental illness" and 1 or more of following:
  - a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.
- (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
- (4) Would benefit from treatment for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person;

# AOT/OPC in Summit County

## (10) Clinical Guidelines (Geller, H & CP, 1990)

- Patient must want to live in the community
- Patient must have previously failed in the community
- Patient must have competency to understand the stipulations of OPC
- Patient must have the capacity to comply with the community treatment plan
- The treatment(s) have been demonstrated to be effective with the patient

# AOT in Summit County

## Clinical Guidelines (Geller, H & CP, 1990)

- The ordered treatment(s) must be such that they can be delivered by the community system, are sufficient for the patient's needs, and are necessary to sustain community tenure.
- The ordered treatment can be monitored by the community treatment system.
- The community treatment system must be willing to deliver the ordered treatment and to participate in enforcing compliance with these treatments.
- The public-sector inpatient system must support the OPC program.
- The outpatient must not be dangerous when complying with the ordered treatment.

# AOT Process in SC

- Individual civilly committed to the SC Board and treated in a locked psychiatric unit or state hospital “up to 90 days.”
  - Average LOS is less than 2 weeks.
  - Outpatient commitment used as a less restrictive alternative to continued involuntary hospitalization for individuals who meet the clinical criteria.
- Upon discharge the individual automatically remains on Assisted Outpatient Treatment for the remainder of the 90 days.
- Virtually all patients on OPC are treated by one agency (Community Support Services -CSS).

# AOT Process in SC

- Ongoing coordination between CSS/Agency, ADM Board, and Probate Court regarding legal dates, monitoring timelines, and clinical value.
- Case manager for patient discusses clinical monthly update with supervisors at CSS/Agency.
- Determination made regarding discontinuing OPC, continuing OPC, or returning to court for renewal after 90 days.
  - If decision is to NOT renew, form is completed and sent 14+ days prior to expiration to ADM CCO.
- Court hearings with patient having an attorney and ADM Board attorney representing the community.
- Quarterly meeting with hospitals, probate court, psychiatric emergency services, and ADM Board to discuss process.

# New Day Court

- Established criteria for periodic mental status hearings in Probate Court
  - All, within 2 weeks after discharge from hospital
  - Others based on need for stronger “black robe effect”
  - Range of weekly to monthly, depending on need
  - Case Managers transport patients to the hearings
  - Different day of the week (W) than inpatient civil commitment hearings (TH)
  - Started 1/20/16.
  - Current data collection will lead to research.
  - Anecdotal outcomes have been excellent so far.

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Or call the ADM Board at  
330-762-3500



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