Unleashing Mental Health Responsivity

Ohio Parole's Strategy to Improve Supervision and Functioning Engagement

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Daniel Hemphill
Joseph Suciu

Ohio Justice Alliance for Community Corrections
October 15, 2026
3:30pm to 5:00pm

Department of Rehabilitation & Correction

Updated 9/5/26

In 2025, over

10%

of individuals released from Ohio Institutions had a severe mental illness.

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Trainer Introductions

Brandi Glore, Parole Services Supervisor
Joseph Suciu, Parole Program Specialist
Daniel Hemphill, Parole Officer





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OUR KEY TAKEAWAYS

- Housing
- Food
- Treatment
- Medication

FUNCTIONING

RECOGNIZE

- Distress
- Crisis
- Emergency

- Anosognosia
- 50% of SPMI

LACK OF INSIGHT

Collaboration

- Mental Health Provier

- Don't lie
- Don't challenge reality

PARTNERSHIP

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FUNCTIONING



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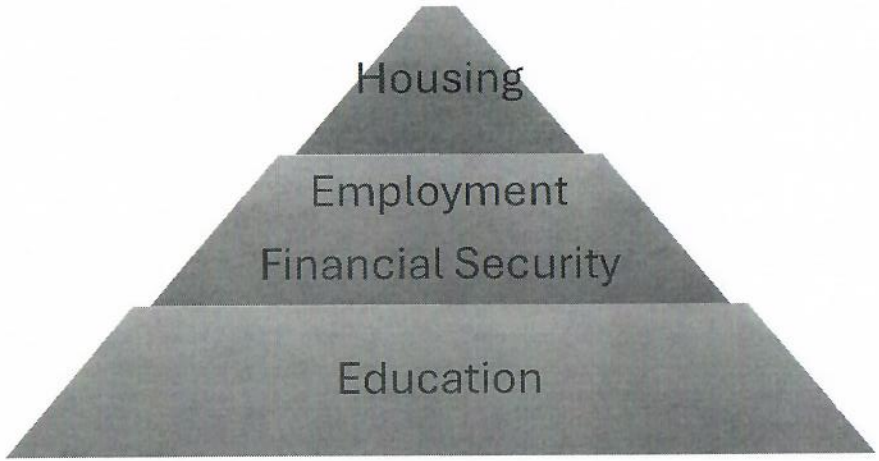
Social Determinants of Success



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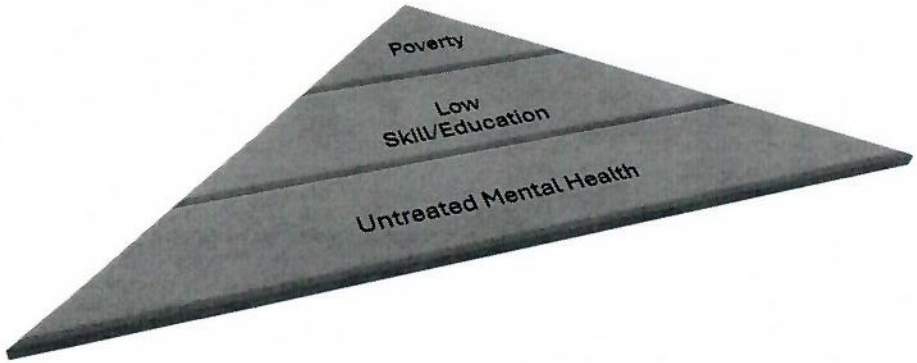

SPECIALTY MENTAL HEALTH PROBATION (SMHP) FUNCTIONING and ABILITIES RATING SCALE (FARS)

Date: _____ Name: _____ OPUS #: _____ Probation Officer _____

1. **BASIC NEEDS: DIFFICULTY MEETING BASIC SELF-CARE NEEDS (circle score on top row)**

NO DIFFICULTY (1)	MILD DIFFICULTY (2)	MODERATE DIFFICULTY (3)	HIGH DIFFICULTY (4)	SEVERE DIFFICULTY (5)
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2. **MEDICAL PROBLEMS: PHYSICAL HEALTH CONDITIONS that IMPACT FUNCTIONING (circle score on top row).**

NO PROBLEMS (1)	MINOR PROBLEMS (2)	SIGNIFICANT PROBLEMS that are CURRENTLY MANAGED (3)	POORLY MANAGED PROBLEMS, IMPAIRMENT (4)	TOTALLY NEGLECTFUL, EXTREMELY IMPAIRED (5)
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7. SOCIAL BEHAVIORS: SOCIAL BEHAVIORS (VULNERABILITY vs. AGGRESSION) and IMPACT on FUNCTIONING (circle score on top row).

NO PROBLEMATIC SOCIAL BEHAVIORS (1)	MILDLY PROBLEMATIC SOCIAL BEHAVIORS (2)	MODERATELY PROBLEMATIC SOCIAL BEHAVIORS (3)	HIGHLY PROBLEMATIC SOCIAL BEHAVIORS (4)	SEVERELY PROBLEMATIC SOCIAL BEHAVIORS (5)
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8. EMPLOYMENT: RISK of UNEMPLOYMENT and/or POTENTIAL for EMPLOYABILITY (circle score on top row).

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9. TRAUMA: RESPONSES LEAD to SURVIVAL MODE (circle score on top row).

NO TRAUMA SYMPTOMS (1)	MILD TRAUMA SYMPTOMS (2)	MODERATE TRUAMA SYMPTOMS (3)	HIGH TRAUMA SYMPTOMS (4)	SEVERE TRAUMA SYMPTOMS (5)
No history of trauma; no flashbacks/nightmares; good impulse control and self-regulation; can trust others; no need for treatment	Trauma history and engages in treatment; applies coping skills to regulate emotions; awareness of trauma response; occasional sleep or energy disruptions; lapses in self-care	Attends treatment inconsistently and trauma history; inconsistent use of coping skills; inappropriate emotional reactions; mood shifts; reports of disturbed sleep/nightmares; disconnects	Refuses to share information with health care providers and has trauma history; intense emotional displays; suddenly unresponsive; frequent disturbing dreams; high levels of mistrust; high anxiety	Not in trauma treatment and severe trauma; Confused about time/place/identity; easily startled; rapid emotional escalation/; hypervigilance, panic attacks; chronic pain; no regulation.

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GOOD SOCIAL SUPPORT (1)	SOME SOCIAL SUPPORT (2)	MINIMAL SOCIAL SUPPORT (3)	NO SOCIAL SUPPORT (4)	COMPLETELY ISOLATED (5)
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Scoring: (1) Basic Needs _____ + (2) Medical Problems _____ + (3) Mental Health Problems _____ + (4) Substance Use Problems _____ + (5) Intellectual Functioning _____ + (6) Homelessness Risks _____ + (7) Social Behaviors _____ + (8) Employment _____ + (9) Trauma _____ + (10) Social Support _____ = Total Score **[Range = 10 to 50 with higher scores indicating greater risk and greater need for intensive coordination and comprehensive services.]**

RECIDIVISM OR SOCIAL DETERMINANTS OF SUCCESS

Reducing Recidivism

1. Backwards looking outcome
2. Measures re-offense
3. Focus on reducing crime
4. Short term (1-3 years)
5. Binary yes/no
6. Person is a risk to be managed
7. Success: Reduced risk score, program completion, reduced violations…
8. Invest in RNR interventions

Social Determinants of Success

1. Forward looking framework
2. Measures conditions for success
3. Focus on building supports to increase success
4. Long term (5-15 years)
5. Continuous degree of improvement
6. Whole human in a social context
7. Success: Stable housing, Employment, Community Involvement, Mental Health…
8. Invest in housing, mental health, transportation…

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EXERCISE ON SOCIAL DETERMINANTS OF SUCCESS

Take a step forward



Take a step backwards

Stay where you are

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RECIDIVISM AND SOCIAL DETERMINANTS OF SUCCESS

- Support safer communities
- Better outcomes for people under supervision
- Acknowledge thinking patterns, environment and opportunities to shape behavior
- Criminal behaviors are learned and can be unlearned
- Both can be used for successful reentry and supervision strategies

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DO I USE RNR OR SDS?

- Primarily struggle with antisocial thinking, impulsivity and high-risk thinking?
  - Risk assessment and Case plan
- Primarily struggle with stability, housing, mental health, or support?
  - Functioning Abilities Rating Scale
- Struggle with stability and antisocial?
  - First Functioning and Abilities Rating Scale. Second Risk Assessment and Case Plan

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Simulation



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Mental Health

Distress
- Emotional discomfort
- Coping skills still intact
- Able to function

Crisis
- High emotional intensity (may be some risk)
- Coping skills overwhelmed
- Temporary functional impairment

Emergency
- Immediate threat to life or safety
- Requires urgent intervention

De-escalation

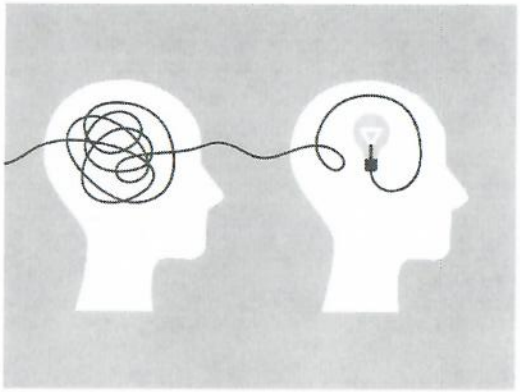
- Safety first
- Be non-confrontational
- Maintain a calm presence
- Respect autonomy
- Active listening
- Use clear simple communication

Mental Health Crisis

Crisis responses

- **988 suicide and crisis lifeline**
- **Text "4HOPE" to 741741**
- **Mobile crisis teams (where available)**

Anosognosia/Lack of insight



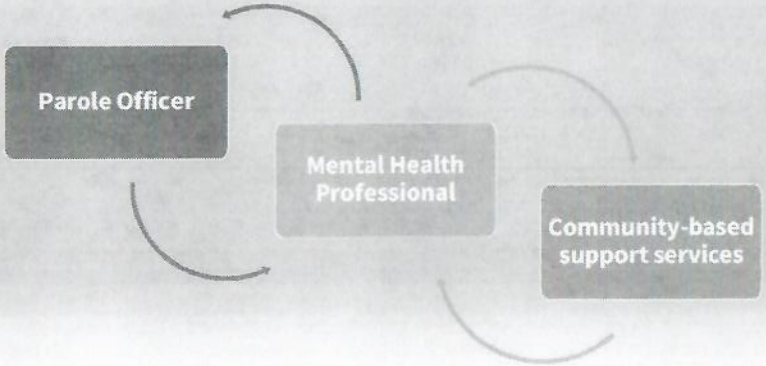
ANOSOGNOSIA: LACK OF INSIGHT



COLLABORATION



Collaboration is critical



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Reach out to Mental Health Professional

- Explain your role - to monitor and support successful reentry into the community
- Offer to communicate regularly
- Explain that we share a common goal - success
- Offer support

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Work together to...

- Refer to food banks, SNAP, WIC... (check relink.org)
- Link with medical providers, Medicaid, free clinics...
- Involve them in mental health treatment
- Discuss/count mental health medications at every meeting
- Discuss symptoms, delusions, depression... with mental health provider
- Refer to National Alliance of Mental Illness (NAMI) 1-800-686-2646

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Focus on the partnership

- "I understand that you might see this situation differently than I do. I'm not here to argue about what's real for you—I just want to understand your perspective better."
- "I can see you feel strongly about this. We may see things differently, but I'm still concerned about making sure you succeed. How might we work together to meet these requirements while respecting what is important to you?"
- "Working with mental health professionals can sometimes help make these differences in perception less distressing and easier to manage. They're not trying to change who you are—just helping reduce any suffering or problems these experiences might cause."
- "Medication doesn't change who you are. It's more like adjusting the settings on your brain's processing system so that information comes through more clearly and causes less distress."

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Listen to understand

"Everyone is out to get me. The police watch my every move."

"I understand that you might see this situation differently.
I'm not here to argue about what's real for you —
I just want to understand your perspective better."

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Build a partnership

"You don't need to come and see me. I've been chosen for a special government mission. They said I can ignore Parole"

"I can see you feel strongly about this. We may see things differently, but I'm still concerned about making sure you succeed. How might we work together to meet these requirements while respecting what is important to you?"

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If possible, find points of agreement

"I don't need treatment. My brain works fine.
My therapist wants to erase who I am. Just because I see things others don't. It doesn't mean I should have to change"

"I agree that we don't want to change who you are.
Working with mental health professionals can sometimes help make these differences in perception less distressing and easier to manage.
They're not trying to change who you are—just helping reduce any suffering or problems these experiences might cause."

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Show empathy

"I'm not taking these medications. They turn me into a zombie and make me feel so sick."

"That must be very difficult. Medication doesn't really change who you are. It's more like adjusting the settings on your brain's processing system so that information comes through more clearly and causes less distress."

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Conclusion

Mental Health Responsivity Unleashed

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THANK YOU

DRC.OHIO.GOV

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