

OPPORTUNITY PROJECT

WHAT IS THE OPPORTUNITY PROJECT?

An initiative designed to produce better *outcomes* for persons that are involved in the criminal justice system through earlier identification of client *needs* (alcohol/drug dependency; mental health issues; homelessness, etc.) and a more meaningful connection to appropriate *services*.

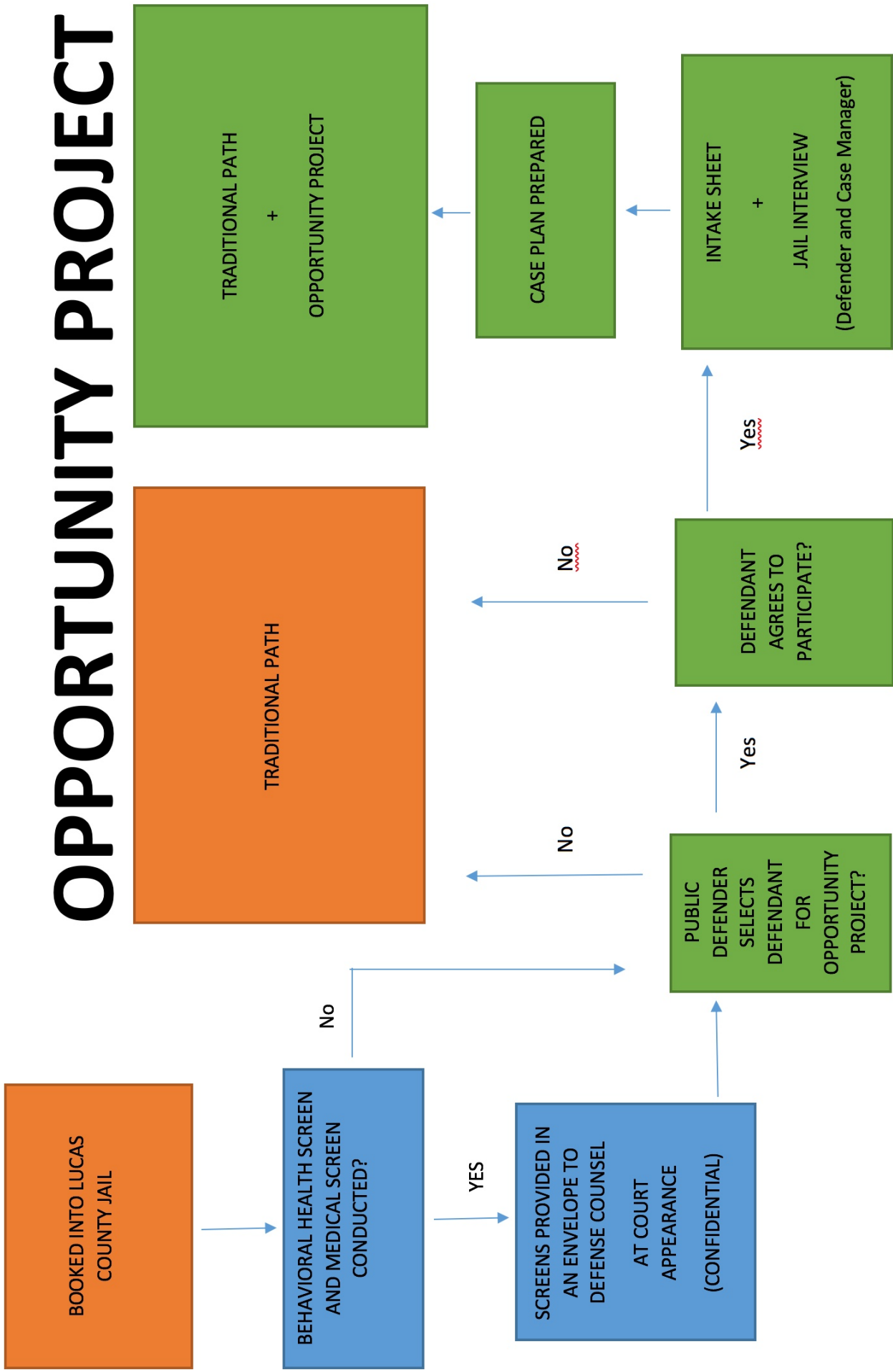
GOALS OF THE OPPORTUNITY PROJECT:

- 1) Increase the number of bond modifications;
- 2) Provide earlier opportunities for alternatives to prosecution (Diversion; Intervention in Lieu of Conviction; other);
- 3) Decrease the number of felony convictions; and
- 4) Decrease the number of people that go to prison or jail.

WHY SHOULD CLIENTS PARTICIPATE?

- 1) Clients' lives may destabilize quickly while incarcerated (job, family, housing, finances);
- 2) Detained clients are *four* times more likely to be sentenced to jail and *three* times more likely to be sentenced to prison than those who are released at some point pending trial;
- 3) Sentences for detained clients are longer: Jail sentences are *three* times longer and prison sentences are more than *twice* as long as those released; and
- 4) Increase the likelihood of a better outcome.

OPPORTUNITY PROJECT



Hello Mr./Ms. _____. I am _____ and this is (Daniel Huesman/Sam Hunter). We work for the public defender's office. I am an attorney and Mr. (Huesman/Hunter) is a Case Manager.

Before I get into why we are here, I have a couple of questions. You were in court this morning for a felony case and the judge put a bond on your case. Are you going to be posting bond?

You are not planning on hiring your own attorney, are you?

All right, our office just started a new project called the Opportunity Project. There are roughly 430 people in the jail at this moment. Out of all the people that had their first appearance on a felony case this morning, we have identified (1,2,3) person/people that we think may be good candidates for our program. **YOU ARE ONE OF THOSE PEOPLE.**

The idea is to see if people that are involved in the Opportunity Project end up getting **better outcomes** than those people that are not allowed to be involved in the project.

Better outcomes can mean many different things, but generally we are looking at:

- 1) Changing a bond so that someone can get out of jail;
- 2) Increasing the number of cases that are dismissed without a conviction (Diversion; Intervention in Lieu of Conviction; etc.)
- 3) Increasing the number of felony cases that are reduced to misdemeanors; and
- 4) Decreasing the likelihood that someone goes to prison or CCNO.

The program is called the Opportunity Project because we would like to offer you the opportunity to participate in the project to see if we can get a better outcome on your case.

The next steps if you would like to participate:

- 1) Intake Sheet;
- 2) Recommendations prepared by Case Manager;
- 3) Recommendations reviewed with client;
- 4) Case file updated for attorney;
- 5) Case discussed with prosecutor and/or judge.

OP Attorney Begins the Initial Contact/Interview

- Explanation of Opportunity Project / Engagement

- Determines Any Plan to Either:
 - A) Hire private attorney or B) Post Bond, If NOT then Proceed

- Review of Consent Form and Sign (as agreeable)

- Start Interview by Reviewing/Confirming/Updating Demographic Details

- Obtain Legal History (Complete Universal Intake Screen Legal Section through to the Top of page 3)

- Address any General Legal Questions (as appropriate)

- Hand Over Interview to Case Manager

CONSENT FORM

Toledo Legal Aid Society / Public Defender's Office

Title of Project: Opportunity Project

Division:

Contact Information:

Toledo Legal Aid Society
555 N. Erie Street, Suite 248
Toledo, OH 43604
(419) 244-8351

1. Project Purpose: We would like you to participate in a project. We would begin by interviewing you to discuss how we can help with any needs you may have. The goal is to find ways we can help lower the chance of continued legal involvement and overall time spent in jail. We believe we can do this by connecting you with resources and treatment. It is voluntary so you can join if you want and leave at any time you want. Please understand we cannot provide any promises about what will happen with your case.

We will do our best to keep your personal information safe and only ask for what is needed in order to help you.

2. Procedures to be followed: You can participate if you want to. If you do, we will begin with an interview. This interview will help us to make a plan together. This plan will focus on your areas of need, such as mental health, substance use, housing, and so on. If you agree, we will: interview you, help access resources available to you, and offer help connecting you to services you ask for.

3. Duration/Time: We will be working with you while your case is at the Toledo Municipal Courthouse. Some limited help may be available should your case continue on at Lucas County Common Pleas Court.

4. Statement of Confidentiality: We respect your privacy, so we will keep your information confidential. We may need to complete a release(s) of information for any agency you chose. The release is there to make sure you say who we can talk to, what we can talk about, and how long we can talk to them. This helps you to keep control of your information. We will only ask for information we need in order to best serve you.

Active Release of Information: *We ask you for permission to share information with your lawyer, in case you hire a private attorney or get a different attorney at another court. This is only to assist your case while it is active with the courts. You may stop involvement with the Opportunity*

*Project at any time. *Additionally, we share information with the Lucas County Mental Health and Recovery Services Board, Criminal Justice Coordinating Council, and the Institute for State and Local Governance to help show how the project is working. They are the groups that fund us.*

5. Right to Ask Questions: If you have any questions or concerns, please contact us at (419) 244-8351. If you have questions about your legal rights, please contact your attorney.

6. Voluntary Participation: Your decision to be in this project is up to you. You may stop at any time. You do not have to answer any questions you do not want to answer.

You must be 18 years of age and your own guardian in order to join this project. If you want to join, please sign your name below or provide verbal consent, which we will document for you until you can sign at a later time.

A copy of this form is available at our office, if you want one.

Participant Signature

Date

Participant Name (Please Print)

Obtained Verbal Consent on Date: _____ Confirmed by: Project Staff as signed below.

Opportunity Project Staff Signature

Date

OPPORTUNITY PROJECT UNIVERSAL INTAKE SCREEN

Initial Contact Date:

Project Expansion: NON-Project

Client's Name: Email Address: <input type="checkbox"/> N/A	Marital Status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
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Address:

Main Phone: ()	Alternate Phone: ()
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DOB:	Social Security #:	OP Consent Signed/Verbal? <input type="checkbox"/> Yes <input type="checkbox"/> No Agency ROI/Verbal Consent? <input type="checkbox"/> Yes <input type="checkbox"/> No Agency: Valid Until:
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Served in Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke / Use Tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Ethnicity / Race (check one) <input type="checkbox"/> Caucasian / <input type="checkbox"/> African American / <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino / <input type="checkbox"/> Multiracial / <input type="checkbox"/> Other:	Gender / Sex: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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LEGAL

Charge(s)	Case Number	ORC Section	Degree

OPPORTUNITY PROJECT UNIVERSAL INTAKE SCREEN

ORAS <input type="checkbox"/> Yes <input type="checkbox"/> No Date administered:	ORAS Score: ORAS Risk Level:
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Location: (check one) <input type="checkbox"/> Correction Center Northwest Ohio <input type="checkbox"/> Lucas County Correction Center <input type="checkbox"/> Court <input type="checkbox"/> Other	Booking Number or RID: Booking Date: Anticipated Release Date: Total Days in Custody:
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PSA NCA:	PSA NVCA: <input type="checkbox"/> Yes <input type="checkbox"/> No	PSA FTA:	Category:			
Bond:						
Notes:						
Holders: <input type="checkbox"/> Yes <input type="checkbox"/> No If so: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">From Where?</td> <td style="width:33%;">How Much?</td> <td style="width:33%;">For What?</td> </tr> </table>				From Where?	How Much?	For What?
From Where?	How Much?	For What?				

CRIMINAL HISTORY

Current PAROLE or POST-RELEASE CONTROL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current PROBATION or COMMUNITY CONTROL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior FELONY DIVERSION Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior INTERVENTION IN LIEU OF CONVICTION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior CONVICTIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many, what type of charge, and where?	
 Prior EXPUNGEMENT?	 <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, any important details?	
 Prior PRISON? DATE of RELEASE	 <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many times, what was the charge, and where?	

OPPORTUNITY PROJECT UNIVERSAL INTAKE SCREEN

Prior PAROLE or POST-RELEASE CONTROL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior PROBATION or COMMUNITY CONTROL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other PENDING Criminal Court Cases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what type of charge and where?	
Any OPEN WARRANTS OR BENCH WARRANTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what type of charge and where?	

MENTAL HEALTH

Current or Past MENTAL HEALTH Services or Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where?	
Any Appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when?	
Current or Past Diagnoses?	
Current or Past Medications or Treatment?	
Do you BELIEVE that you would BENEFIT from Mental Health Treatment?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, planned Link Agency or Service:	

SUBSTANCE USE

Current ALCOHOL Use	<input type="checkbox"/> N/A		
Last Used on:			
How Often? (check one)			
<input type="checkbox"/> Daily	<input type="checkbox"/> _____ Times Per Week	<input type="checkbox"/> Once Per Week	<input type="checkbox"/> Only on Weekends
<input type="checkbox"/> Only on Special Occasions		<input type="checkbox"/> Never	
What Kind and How Much?			

Current *DRUG* Use N/A

Last Used on:

How Often? (check one)

Daily _____ Times Per Week Once Per Week Only on Weekends

Only on Special Occasions Never

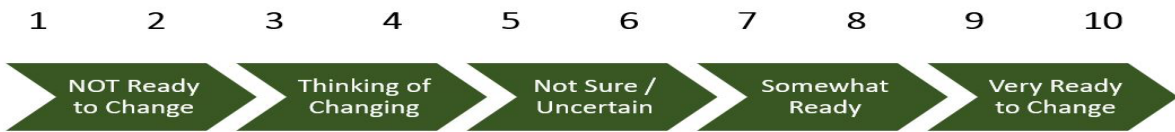
What Kind and How Much?

Current or Past Substance Use Services or Treatment? Yes No
If so, where? **When?**

Do you *BELIEVE* that you would *BENEFIT* from Substance Use Treatment? Yes No
If yes, planned Link Agency or Service:

CHANGE READINESS

What NUMBER below *BEST REFLECTS* how READY you are FOR CHANGE?



Number Chosen: / 10

HOUSING

<p>LIVING SITUATION (check one)</p> <p><input type="checkbox"/> Owns Home <input type="checkbox"/> Rents <input type="checkbox"/> Lives with Family</p> <p><input type="checkbox"/> Lives with Friend(s) <input type="checkbox"/> Homeless (If so, how many times)</p>		<p>Is your Housing Safe and Stable?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Where Living?</p>		<p>Dates:</p>
<p>Living with anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?</p>		

EMPLOYMENT

Are you currently WORKING? Yes No

If so, Employer(s):

Income Amount:

Any Other Income Sources? No Income
(check one)

- Public Benefits Social Security Disability (SSDI) Supplemental Security Income (SSI)
- Other:

EDUCATION

How far did you go in SCHOOL? (check one)

- K-8th Grade Some High School, NO Diploma or GED Graduated High School, Diploma or GED
- Some College, NO Degree Trade, Technical, or Vocational Training Associate Degree
- Bachelor's Degree Master's Degree Professional or Doctorate Degree

Highest Grade Completed:

Are there any Communication Challenges or Language Barriers? Yes No
If so, what are they?

HEALTH AND INSURANCE

Current Physical Health Overall: (check one). Excellent Good Fair Poor

List Specific Diagnoses

List Medications or Treatments

Is Physical Health a Barrier? Yes No
If so, How?

Insurance Type (check one). No Insurance

- Medicaid Provider: Medicare Provider: Other Provider:

NUTRITION

Access to Adequate Food? Yes No

Receiving any Food Assistance: (check one)

OPPORTUNITY PROJECT UNIVERSAL INTAKE SCREEN

<p>If not, how OFTEN are you going without food? (check one)</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Month</p>	<p><input type="checkbox"/> Government Program (SNAP or TANF)</p> <p><input type="checkbox"/> Charity <input type="checkbox"/> Relative <input type="checkbox"/> No Assistance</p>
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SUPPORTS

<p>Do you have any MINOR children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they being cared for? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, who takes care of them? (check one)</p> <p><input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Daycare <input type="checkbox"/> Biological Parent</p> <p><input type="checkbox"/> Other</p>	<p>Is care adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Affordable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Do you feel you have any Supports? Yes No
If so, Who?

<p>Are YOU Experiencing Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Court Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Counseling or Treatment for Domestic Violence:

GOALS

Goals, plans, or Aspirations: What would you like to see happen?

Indicate unique abilities, skills, talents, or training:
What do you feel is a strength of yours? What do other people see in you or come to you for?

If NEEDED: N/A

Suicidality: Denies or Thoughts Plans Intent Attempts Passive Self-Harm

Homicidality: Denies or Thoughts Plans Intent Attempts Passive Self-Harm

****Any report of thoughts, plans, intent, etc. of harm toward self or others should be relayed immediately to officer(s) and wherever possible to the floor counselor as well.**