

Clark County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response



Clark County, Ohio

Sequential Intercept Mapping Final Report

April 23-24, 2019

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Sequential Intercept Mapping

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Clark County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* and *Taking Action for Change* workshops held in Clark County, Ohio on April 23-24, 2019. The workshops were made available through 21st Century CURES Act grant funding awarded to the Ohio Department of Mental Health and Addiction Services. Cross-System Sequential Intercept Mapping, implemented by the Criminal Justice Coordinating Center of Excellence, is one of the criminal justice efforts in response to the opioid epidemic. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Clark County achieve its goals

Recommendations contained in this report are based on information received prior to or during the *Sequential Intercept Mapping* workshops. Additional information is provided that may be relevant to future action planning.

Background

The Mental Health and Recovery Board of Clark, Greene and Madison Counties (MHRB) and the Clark County Sheriff's Office requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in February 2019 following a period of invitation for letters of interest.

The Substance Abuse and Mental Health Services Administration developed the *SAMHSA Opioid Overdose Toolkit: Facts for Community Members, Five Essential Steps for First Responders, Information for Prescribers, Safety Advice for Patients & Family Members, and Recovering from Opioid Overdose*, to provide guidance to communities and stakeholders for addressing opioid overdoses. According to SAMHSA, 13% of individuals misusing/abusing opiates are individuals with serious mental illness, and 17% of individuals with a serious mental illness abuse opiates, making adults with mental illness a particularly vulnerable subset of the population.

In Ohio, the Governor's Cabinet Opiate Action Team (GCOAT), which was formed to coordinate cross-systems efforts to address opioid addiction and the increase in overdose deaths, issued the *GCOAT Health Resource Toolkit for Addressing Opioid Abuse* to encourage communities to use a collaborative approach to increase the capacity of local partners to implement effective responses to opioid abuse and addiction. The SIM framework, SAMHSA Toolkit, GCOAT Toolkit and expert consultants were utilized to adapt the SIM workshop to facilitate planning around the interface of community-based prevention and awareness; addiction, mental health and other health services; regulation; and the criminal justice system. The *Sequential Intercept Mapping* and *Taking Action for Change* workshops are designed to help with

- Creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems

- Development of an action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with opioid addiction in contact with the criminal justice system

The participants in the workshops included 50 individuals representing multiple stakeholder systems including substance use disorder treatment, mental health, medical, housing, corrections, county jail, developmental disabilities, peer support specialists and advocacy, law enforcement, courts, veteran, and county administration services. A complete list of participants is available in the resources section of this document. John Ellis, Teri Gardner, Jodi Long, Teri Minney and Ruth H. Simera, from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for justice-involved individuals with substance use and co-occurring disorders. Participants agreed that the following values and concepts were important components of their discussions and should remain central to their decision-making: *Hope, Choice, Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, and the belief that Recovery is Possible.*

Objectives of the Sequential Intercept Mapping Exercise

The *Sequential Intercept Mapping* Exercise has three primary objectives:

1. Development of a comprehensive picture of how people with substance use disorders and co-occurring disorders flow through the Clark County criminal justice system along six distinct intercept points: Prevention/Treatment/Regulation, First Contact and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Probation/Community Supervision.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The Clark County Sequential Intercept Map created during the workshop can be found in this report on page 7.

Keys to Success

In addition to the items below, communities are strongly encouraged to A) identify or develop agencies and/or individuals who are champions to the cause and can serve as **boundary spanners** – spanning the gap between systems, understanding and effectively representing the needs and concerns of individuals being served and of the multiple systems involved, and effectively assisting in articulating and reconciling different points of view, B) create early opportunities for **momentum** by addressing manageable action items early in the change process, developing measurable and reasonable action plans, and recognizing that change is necessary while resisting temptation to tackle global, pervasive problems; and C) utilizing and implementing **evidence-based or evidenced-informed practices** whenever possible and practical.

Cross-Systems Partnerships; Task Force

Clark County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently six cross-system collaborative teams/coalitions that were identified by the local planning team and workshop participants: Clark County Substance Abuse Prevention, Treatment, and Support Coalition, Clark County Suicide Prevention Coalition, Criminal Justice Council, Drug Death Review Committee, and Reentry Coalition.

Individual in Recovery Involvement

The local planning team included an individual in recovery, and NAMI Chief Executive Officer, with additional representation during the workshop consisting of an individual in recovery; however, individuals in recovery that were not serving additional roles were not represented. The SIM group is strongly encouraged to solicit participation from additional community members and individuals in recovery; ideally, each work group/committee will include consumer, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present from the court system, jail, substance use disorder treatment and mental health system.
- Key players that were missing at the workshop: Adult Parole Authority, Common Pleas Court, and law enforcement patrol.

Data Collection; Information Sharing; Communication

- The Clark County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and included in the manual:
 - Completed Community Collaboration Questionnaire (Appendix A)
 - Clark County Jail Data for March 2018 – September 2018 (Appendix B)
 - Data on Positive Drug Tests on Babies for 2018
 - Data for Coalition Meeting for February 22, 2019
 - Preliminary Addiction Treatment Employment Barriers Survey Results
 - Clark County Overdose and Narcan® Data for 2017-2018
 - Criminal Justice Behavioral Health Linkage Reporting Requirements for 2019
 - Clark County Substance Abuse Prevention, Treatment, and Support Coalition Collective Impact Model
 - Clark County Initiatives and Resources
 - Mental Health and Recovery Board of Clark, Greene and Madison Counties Funded Properties FY2019
 - Non-Board Funded Properties FY2019
 - Clark County Prevention Agency/Provider Information
 - Mental Health and Recovery Board of Clark, Greene and Madison Counties Strategic Plan: Prevention
 - Clark County Working Partners Strategic Plan

Recommendations

- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement

of people with substance use disorders and often co-occurring disorders in the Clark County criminal justice system and promoting use of alternatives.

- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the substance use and criminal justice systems of needs within the systems and needs of persons being served.
- The community is strongly encouraged to consider how best to incorporate the Sequential Intercept Mapping participant group and action planning work groups into an existing structure instead of creating a new task force.

Sequential Intercept Mapping

Clark County, Ohio

Clark County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping (SIM)* and *Taking Action for Change* workshops are originally based on the Sequential Intercept Model developed by Mark Munetz, MD and Patty Griffin, PhD in conjunction with the National GAINS Center (Munetz & Griffin, 2006), a framework for identifying how people with mental illness encounter and flow through the criminal justice system. During the process of mapping systems, local stakeholders come together with facilitators to discuss best practices, identify resources and gaps in service, and identify priorities for change. In the *Taking Action for Change* workshop, facilitators guide the group to both short-term goals that are attainable with little or no cost, and longer-term goals. These goals are developed using an action planning matrix.

This project was an effort to develop strategies across multiple systems to improve the care of individuals affected by opioid use and trafficking and decrease deaths associated with opioid overdose. In 2016, there were 181 drug overdose deaths between January 1st and June 29th; 23% involved heroin and 71% involved non-prescription fentanyl. Indicative of the growing opioid problem in the community, in 2015 there were 259 drug overdose deaths for the whole year with 45% involving heroin and 41% involving non-prescription fentanyl.

The primary task of the *Sequential Intercept Mapping* workshop is to help the community develop a cross-systems map that identifies how people involved in opioid use, with and without co-occurring mental illness, come in contact with and flow through the local systems of care, including the justice system.

This narrative reflects information gathered during the *Sequential Intercept Mapping Exercise*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Clark County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

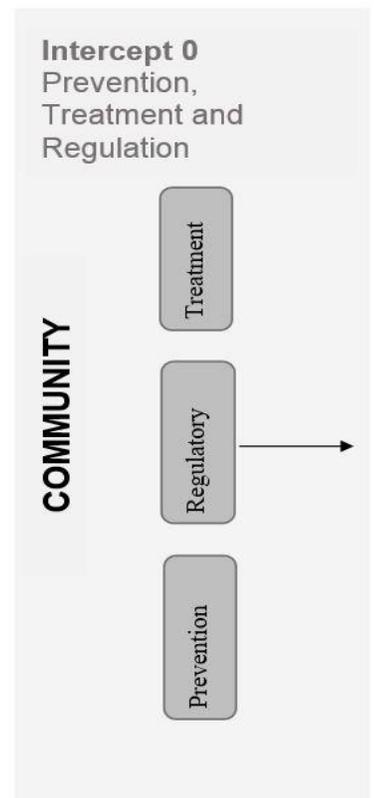
Intercept 0: Prevention/Treatment/Regulation

The following represents services, agencies and programs that were highlighted during the workshop and is not meant to be an exhaustive or comprehensive roster of all prevention, regulation, and treatment supports available in Clark County. Additional services, agencies and programs can be referenced in Appendix C.

In addition to the services and resources outlined below, participants discussed challenges and barriers related to funding dedicated to a single drug, the increase in overdose deaths in African American men, institutional racism, clients with co-morbid disorders and providers understanding and addressing these concerns, and new for-profit agencies within the community.

Prevention

- Clark County Substance Abuse Prevention, Treatment, and Support Coalition provides countywide support and leadership to address substance use disorders. The Coalition also oversees the Clark County Collective Impact Model. Overall, the focus of prevention efforts is on risk and protective factors. Tracey Stute, Director of Treatment, Prevention and Support of the MHRB provided an update on the status of the Clark County Collective Impact Model (Appendix D).



- Clark County Combined Health District administers the Youth Risk Behavioral Health Survey every two years in all school districts.
- Prevention programs and services are marketed through various community forums, media blitzes, the Clark County Substance Abuse Prevention, Treatment and Support Coalition website and e-newsletter, Coalition Communications Group newspaper articles, inter-agency information sharing, and MHRB Facebook page and webpage. The MHRB Facebook and webpage are currently being updated.
- There are several community-based prevention or education strategies, currently in place, including:
 - Big Brothers Big Sisters
 - Faith based mentoring program
 - Family support group
 - Minority Health Fair event
 - Human Services 101
 - Black History Month Celebration – most recent celebration was substance use focused
 - Project DAWN (Deaths Avoided with Naloxone) is available through McKinley Hall, Rocking Horse Community Health Center and Families of Addicts. Organizations can request training and walk-in training hours are available.
 - Wellspring offers a parenting program and partners with the Springfield Family YMCA (Young Men’s Christian Association) for youth programming
 - McKinley Hall provides programming for children whose parents are in treatment. The programming is based on the 40 assets model and focuses on risk and protective factors
 - Mercy Health Springfield Regional Medical Center has a partnership with the Ohio High School Athletic Association
 - Promise Neighborhood – Springfield
 - Rocking Horse Community Health Center – Grief Group for Children
 - Families and Schools Together (FAST) Program – parenting program
 - Springfield Metropolitan Housing Authority Project Choice program – after school prevention since 2009 for kindergarten through high school
 - Inside Out – after school programming and rec center
 - My Brother’s Keeper – mentoring program for African American children; lead by Springfield City Schools
 - NAMI Recovery Center is a drop-in center for individuals with serious mental illness
- Those present at the workshop indicated that the community is trying to build capacity to certify agencies to provide prevention services, be a Prevention Learning Community, and educate teachers on advocating for good prevention practices; a Strategic Prevention Framework is in development. A detailed list of local prevention programs can be referenced in Appendix E. Those present at the workshop identified several school-based prevention programs and activities currently in use:
 - Botvin *LifeSkills* – elementary and middle school; all but two school districts. Program was chosen based on success of neighboring counties
 - PAX Good Behavior Game – fairly wide spread throughout the community but further development is sought
 - Drug Abuse Resistance Education (DARE) Keepin’ It REAL – fifth grade in all school districts; coordinated through the Clark County Sheriff’s Office and local police departments
 - Youth led prevention, Youth to Youth, is being piloted in Shawnee High School but is insufficiently funded
 - Supporting Partnerships to Assure Ready Kids (SPARK) – pre-kindergarten
 - Trauma crisis response teams – all school districts
- Prescription drug drop-off locations are available at some law enforcement agencies and fire stations, Clark County Jail, Mercy Health Springfield Regional Medical Center and Mercy Memorial Hospital - Urbana. Drug disposal pouches are available through health fairs, physician offices, Rocking Horse Community Health Center, Mercy Health Springfield Regional Medical Center, Springfield Surgery Center, and other Coalition activities. In the past year, 2,000 pouches were distributed.
 - The community participates in the National Drug Enforcement Administration (DEA) semi-annual drug take-back days at the Clark County Sheriff’s Office, Springfield Police Department and local Wal-Mart.

- MHRB collaborated with Harding Road Pharmacy to place suicide prevention information on all pharmacy bags.
- At the time of the workshop, a 211 campaign was slated to begin soon to increase utilization of 211 and decrease utilization of 911 by displaying the 211 emblem on law enforcement squad cars and other media. Currently, the Springfield Metropolitan Housing Authority and Community Health Foundation disseminates the 211 directory.
- Clark County has a Drug Death Review Committee.

Regulation

- Clark County has a higher distribution of opiate prescriptions than the state average. The dosing volume is trending down, albeit slower than the state average.

Ohio Automated Rx Drug Reporting System (OARRS)									
Clark County - Opiate Rx Per capita- 2010-2018									
Year	2010	2011	2012	2013	2014	2015	2016	2017	2018
Pick Dose/Cap	83.5	81.5	79	80.2	79	78.7	76.3	72.2	60.4
State Dose/Cap	67.5	67.8	68.7	67.4	65.1	60.8	55.1	49.26	40.53
County Pop: 138,333									

- Aggregate prescriber data is reviewed at the Drug Death Review Committee; however, those present at the workshop indicated that there is not a lot of data on how many physicians are utilizing OARRS.
- Mercy Health Springfield Regional Medical Center is an opiate free emergency department; opiates are only prescribed to individuals with acute medical needs.

Treatment and Harm Reduction

In Clark County, individuals access the treatment system by referral from a variety of sources, e.g., courts, needle exchange program, Mercy Health Springfield Regional Medical Center, and peer support specialists, and as walk-ins. There is no consistent review of aggregate data nor Business Associate Agreements to share protected data among partner agencies.

- Three agencies are contracted through the MHRB for outpatient services. There are numerous evidence-based practices adopted by agencies, among them Covington trauma responsive care curriculum, The Matrix Model, Integrated Dual Disorder Treatment (IDDT), and cognitive behavioral interventions
- Rocking Horse Community Health Center, the FQHC (Federally Qualified Health Center) for Clark County, provides IDDT, outpatient services, MAT and peer supports
- McKinley Hall provides matrix, cognitive behavioral interventions, intensive outpatient (IOP) services for women, ambulatory detox and the Safe House, a 5-bed step-down from detoxification services for males.
- Mental Health Services provides outpatient services.
- Mercy REACH provides outpatient services, IOP and Medication Assisted Treatment (MAT).
- Mercy Health Springfield Regional Medical Center provides IOP, and medically managed withdrawal for alcohol and benzodiazepines and detoxification services when hospital beds are available on units with specially trained nurses. Individuals are referred to out of county withdrawal management services as needed.
- MAT availability exists with vivitrol and suboxone; no methadone is available. Those present at the workshop stated that there was not a good understanding of the number of for-profit agencies that prescribe suboxone.
 - McKinley Hall provides vivitrol
 - Rocking Horse Community Health Center provides vivitrol and suboxone
 - Corner Stone provides vivitrol and suboxone
- These existing housing services were highlighted.
 - McKinley Hall offers a 14-bed residential treatment for males
 - Sober Lotus Recovery Housing has 32 beds for women in Greene County

- Springfield Soup Kitchen provides a needle exchange program on Wednesdays from 1:00 PM – 3:00 PM.
- Springfield Veteran’s Administration Clinic offers substance use and mental health outpatient services.
- Dayton Veteran’s Administration Medical Center offers ambulatory detox, Moral Reconciliation Therapy (MRT), 50-bed residential treatment unit, and substance use and mental health outpatient services.

Intercept 0 Gaps

- Community-wide messaging
- Data collection, capacity and access
 - Data platform and Business Associate Agreements to share protected data
- Comprehensive Prevention Strategy that is inclusive of the full continuum of partners and helps to organize services and activities
- Medically managed withdrawal for alcohol and benzodiazepines
- Workforce development/capacity
- Residential treatment for women; waitlists for American Society of Addiction Medicine (ASAM) 3.0 level of care
- Funding to support youth led prevention program in Shawnee High School and to expand it to other schools
- Availability of Methadone
- No safe house beds for women
- Do not know the number of suboxone providers
- Coalition should examine how to better ask questions of the community to determine need

Intercept 0 Opportunities

- Multiple faith coalitions
- Mercy Health Springfield Regional Medical Center partnership with Ohio High School Athletic Association
- PAX Good Behavior Game in pre-schools
- Start Talking
- Expand drug pouches and drop-off locations
- Montgomery County GetHelpNow App expansion
- Complete the strategic prevention framework
- Community-wide messaging
 - Begin running advertisements in local movie theaters about substance use disorders again
 - Water bills and coupons that go to every household
 - Church dinners (Nehemiah Foundation and Mental Health Foundation)

Recommendations

- Encourage a comprehensive approach to choosing prevention programs within local school districts.
- Likewise, Clark County has a lot of good programming and may benefit from engaging a wider base of community members in its efforts. This can start with widespread community messaging and outreach and evolve to enhanced involvement by individual and private entities. There seems to be great potential here.
- The community has multiple permanent medication drop-off locations and should enhance public communication to impress upon the community the importance of discarding unneeded or aged medications and how to go about doing so.

Intercept I: Law Enforcement / Emergency Services

In Clark County, law enforcement is accomplished by the County Sheriff's Office, Ohio State Highway Patrol, and local law enforcement agencies in various towns or cities. Law Enforcement options for responding to people with substance use related concerns include advice, summons, arrest, transport to county jail, or transport to hospital.

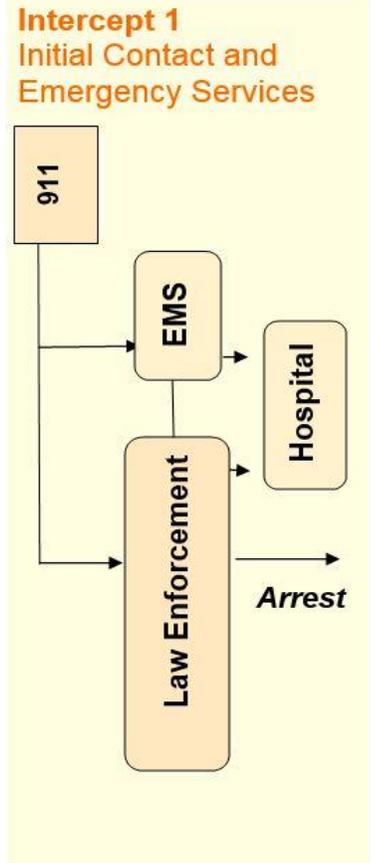
Dispatch / 9-1-1

- Clark County has two call and dispatch centers: Clark County Sheriff's Office 911 Communications Center and Springfield Police Department. Each center is responsible for dispatching fire and emergency medical services (EMS) for their jurisdiction.
- Both dispatch centers utilize a script provided by the Association of Public-Safety Communications Officials (APCO) and Springfield uses plain language rather than codes to call out and record call information. Because the language is not uniform, it is challenging to collect data re: substance use, overdose, and mental health.
- Clark County Sheriff's Office 911 Communications Center dispatchers receive Emergency Medical Dispatcher (EMD) training.
- Text dispatching has been implemented and is utilized by citizens.

Law Enforcement & Emergency Services

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 2018, Clark County has twelve Law Enforcement Agencies: Catawba Police Department, Clark County Park District, Clark County Sheriff's Office, Donnelville Police Department, Enon Police Department, German Township Police Department, North Hampton Police Department, South Charleston Police Department, South Vienna Police Department, Springfield Police Department, Tremont City Police Department and Wittenberg University Police Department with an estimated 264 full-time officers.

- Law enforcement currently uses the following options for individuals with a substance use related crisis:
 - EMS or police transport to Mercy Health Springfield Regional Medical Center
 - Law enforcement utilizes the Good Samaritan Law as appropriate. For charges to be dismissed, individuals must complete an intake at McKinley Hall; however, in the past year, the Good Samaritan Law was utilized 67 times and only two followed through with completing an intake.
 - Utilize summons to court dependent upon offense.
 - Arrest and transport to Clark County jail. Those present at the workshop stated that most individuals are not being arrested.
- Both law enforcement and EMS will co-respond to the scene. Typically, law enforcement is dispatched first and once scene is secured then EMS is dispatched; however, both law enforcement and EMS are dispatched to overdose calls.
- Clark County holds annual Crisis Intervention Team (CIT) training across the three counties served by the MHRB. Most law enforcement agencies have participated in CIT training, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. Records indicate that 140 full-time officers have completed CIT training. Catawba Police Department, Clark County Park District, Donnelville Police Department and South Vienna Police Department have not participated. Local school districts are receiving CIT companion courses.
 - Additional training for first responders includes trauma-informed policing in Springfield Police Department, Mental Health First Aid through the Warriors Grant, sporadic Compassion Fatigue/Secondary Trauma, and Question, Persuade, Refer (QPR) training. The week of April 29, 2019 was First Responder week and trauma information was disseminated. QPR training was provided for First Responders during the week of appreciation, delivered by first



responders. The jail administrator is a QPR trainer and has instituted trainings for jail inmates and some staff.

- Most law enforcement agencies and EMS providers carry Narcan®.
 - Springfield Police Department carries Narcan® for law enforcement peers and will wait for EMS to provide Narcan® to community members.
 - The Sheriff's Office will administer Narcan® then wait for EMS to transport
 - EMS carry drug bags that include nasal and intravenous doses of naloxone.
 - McKinley Hall trains members of the public on naloxone at their main site and secondary site at the FQHC. Agencies and organizations can request training as well.
 - The hospital distributes naloxone
- Clark County has two Quick Response Teams (QRT) that respond post-overdose.
 - Springfield Police Department QRT covers Springfield and is available Monday-Friday 3:00 PM – 11:00 PM for follow-up and linkage to services. Team consists of an Opioid Diversion Officer from Springfield Police Department and a peer support specialist from McKinley Hall who meet at the hospital.
 - Clark County QRT consists of a peer support specialist and counselor from McKinley Hall who provide follow-up and linkage to services.

Crisis Services

- There is no mobile crisis service, nor drop-off or stabilization unit within the county. Crisis services are delivered in the hospital Emergency Department with mental health Emergency Service providers and there is a walk-in crisis at Mental Health Services.

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- The only hospital in Clark County is Mercy Health Springfield Regional Medical Center (SRMC). The hospital has an Emergency Department, which informally provides 23-hour observation if beds are available, though this is a challenge. In 2018, 391 individuals came to the Emergency Department with 817 billed charges for Narcan®; 63 individuals had opioid related visits to the Emergency Department in 2018.
 - The hospital provides Screening, Brief Intervention and Referral to Treatment (SBIRT) for all individuals suspected of having a substance use disorder.
 - The Springfield QRT and Mercy REACH will respond to the hospital and complete follow-up.
 - Upon release, the hospital will distribute Narcan®.
- Typically, law enforcement will wait at the hospital until the scene is safe and secure and at times until a disposition is made; however, the hospital is developing a police force, so law enforcement will not have to wait in the future.
- The hospital (SRMC) offers a 16-bed mental health unit for individuals fifty years and older.
- Mental Health Services has an adult inpatient unit that can accommodate up to 16 individuals.

Detoxification

- Mercy Health Springfield Regional Medical Center provides medically managed withdrawal for alcohol and benzodiazepines and detoxification services with specially trained nurses; however, there are not dedicated beds within the emergency department, so these services are only available if a bed is available. McKinley Hall and Dayton Veteran's Administration Medical Center provide ambulatory detox. Individuals are referred to out of county withdrawal management services as needed (MHRB maintains a contract relationship with Nova in Montgomery County and as part of the southwest regional board agreement, has access to Beckett Springs for crisis stabilization and withdraw management. Pregnant women have access to suboxone titration.

Intercept I Gaps

- CIT trained officers in all law enforcement agencies

- 23-hour observation site
- How to access emergency services
- Increased security in the emergency department/hospital
- Develop multidisciplinary platform data base

Intercept I Opportunities

- The Greater Dayton Area Hospital Association (GDAHA) analysis/sharing of data
- Project DAWN training at the Springfield Metropolitan Housing Authority
- QPR training (MHRB has hosted two Training of Trainers for QPR to build capacity across the region with close to 50 trained trainers who agreed to train across the three county region. In Clark County 2019 alone there have been 397 people trained in QPR to date.

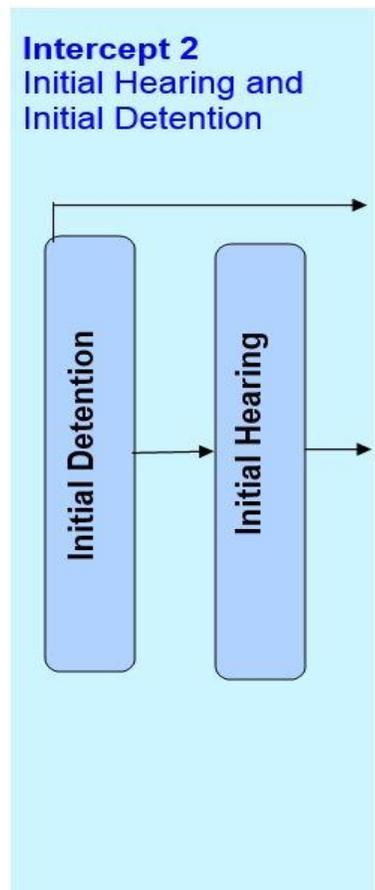
Recommendations

- Implement a uniform procedure for collecting and analyzing dispatch and law enforcement data on drug related calls, encounters, and dispositions, including Narcan® reversals.
- Review law enforcement, dispatch, hospital, hotline and 211 call data to assess potential needs for community-based or mobile mental health response and alternate observation or stabilization sites.

Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

Initial Detention

- Clark County jail is the only full-service detention facility.
- The jail averages eleven bookings per day and pre-screens all potential inmates before acceptance into the facility.
 - Upon acceptance to the jail, individuals are asked questions pertaining to mental health, suicide, substance use and legal counsel. Individuals that request a public defender complete an eligibility questionnaire, which is sent to the courts. All questionnaires are sent to nursing staff for review. Individuals that are suicidal are placed on suicide watch and referred to the Mental Health Services assessment specialist; however, due to the specialist's availability individuals may wait up to 48 hours.
 - Individuals that are on suicide watch upon release are transported to Mercy Health Springfield Medical Center on a pink slip.
- The jail does not collect data in any formal manner on the number of individuals with substance use disorders booked into the jail. The data reported on the Jail Data sheet prior to the workshop was from McKinley Hall. The jail automated system is Interslam and does not allow flagging of past inmates; however, the jail will transition to a new system in the future and expected to learn more about it near the end of April 2019.
- Individuals may have access to outside medications once medications are verified; MAT is discontinued for most individuals except Subutex for pregnant women.



Arraignment

- Municipal hearings occur within 48 hours.

- Occasionally, the Judge will order an assessment for mental health and/or substance use disorders. Typically, assessments are completed by the Mental Health Services assessment specialist.
- The Clark County Public Defender's Office represents both misdemeanor and felony cases. Typically, individuals do not have legal representation at initial hearing, unless the client has retained counsel. The Judge will seldom accept a guilty plea at arraignment to encourage engagement with counsel.
- Children brought into custody of Children's Services will have a shelter care hearing in Juvenile Court approximately 24 hours after taken into custody; however, every attempt is made to have parents present at the hearing; Judges will continue a case if needed and a safety plan will be established for the children in the interim.
- Within the Juvenile Justice System, Diversion Officers will meet with youth in detention, if possible, prior to arraignment. The Juvenile Justice System will refer families to services throughout Clark County.

Veterans

- The Clark County Jail asks about veteran status during intake; however, those present at the workshop indicated that information is not disseminated.
- Clark County has a Veteran's Justice Outreach (VJO) representative that will make every effort to contact veterans prior to arraignment and will send a letter to the attorney to assist with potential connections; however, there is minimal utilization of these services, and options are limited without a Veterans Court.

Intercept II – Identified Gaps

- Evidence-based screening at jail
- Concern about continuity of medications while in jail
- Data collection in jail
- No formalized or consistent pretrial services and linkage
- Better screening/questions for armed service/military service
- Families identified by Children's Services that are not part of Clark County Intervention Court
- Pretrial diversion programs
- Legal representation at arraignment
- Expand jail formulary

Intercept II – Identified Opportunities

- Could enhance usage of VJO with improved screening and VRSS
- Implementation of a new jail management system

Recommendations

- Use validated screening tools for mental health and substance use at booking in the jail and use the results of the screening to identify individuals in need of assessment or reconnection to services. The Brief Jail Mental Health Screen is available at no cost on the website of the Substance Abuse and Mental Health Service (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation website. The Texas Christian University Drug Screen V is available at no cost on the website of the Texas Christian University Institute of Behavioral Research. Other validated tools are available as well. A publication outlining options is included in the Community Packet provided to the Board contact.
- Explore options of how Pretrial Services functions (bail investigation, risk assessment and information sharing) could be developed with existing staff for in-custody defendants.
- Establish how substance use and co-occurring disorders will be defined and how data will be collected to capture reasonably accurate statistics on persons with substance use disorders and co-occurring disorders entering the jail.

Intercept III: Jails / Courts

Jail

- The Clark County Jail has a rated capacity of 167 and an average daily census of 228 individuals. Those present at the workshop stated that the jail has a steady flow of Adult Parole Authority violators.
- A segregation pod near the booking area is available for individuals in withdrawal. Regular checks occur to monitor these individuals. Individuals are given Librium and Ativan for symptoms.
- QPR training is available within the jail and all jail staff will be trained by the end of May 2019.
- Medical staff consists of nurses, a physician contracted through Team Health, and a psychiatrist three hours/week contracted through TCN. Team Health and TCN are in the process of finalizing the jail formulary, which had not been updated for a long time.
- Referral to services within the jail are self-initiated, suggested by legal counsel or ordered by a Judge; agencies do not seek clients.
- McKinley Hall and Mercy REACH provide substance use disorder treatment
- Mental Health Services provides an assessment specialist, crisis services and treatment
- Opportunities for Individual Change provides Thinking for a Change.
- Peer support specialists come to jail upon request.
- The jail provides the PRIDE Program for sentenced individuals to complete community service in exchange for time off their sentences. Three Sheriff Deputies are assigned to the program and men have a separate PRIDE pod.
- The jail provides Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Chaplain services.

Court

- Intervention in Lieu of Conviction is utilized.

Specialty Courts

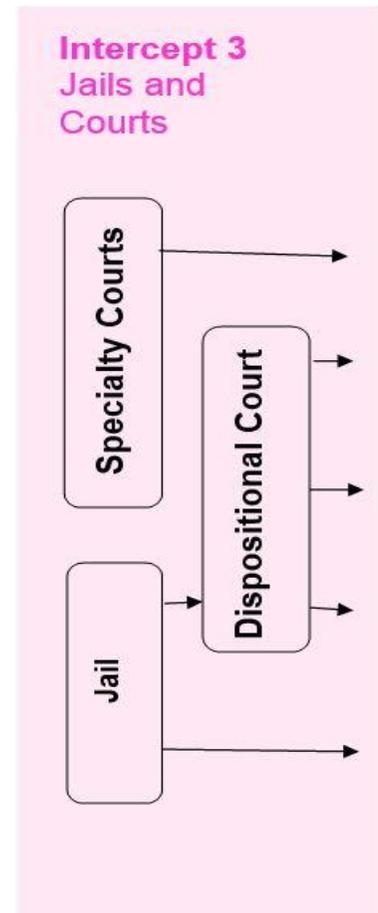
- Clark County does not have certified specialized dockets; however, Juvenile Court has mental health, drug and family treatment specialty dockets and plans to seek certification, while there has been some discussion of exploring an adult treatment court to include mental health, substance use and veterans.

Intercept III – Identified Gaps

- ▣ No specialized dockets for adults
- ▣ Inconsistent access to assessment and referral to treatment
- ▣ Time between arraignment and pre-sentence; at times individuals will wait months
- ▣ Peer support access across intercepts

Intercept III – Identified Opportunities

- ▣ TVs in jail are available for programming and messaging – any agency can contribute and be engaged this way (KeyVision TV – Tony Bailey is contact)



- Commercial Driver's License (CDL) test in jail
- Juvenile Court's desire to certify their specialty dockets working toward certifying four specialty dockets to include: family treatment, behavioral health, youth treatment, and re-entry
- Working on new jail formulary
- Jail chaplain

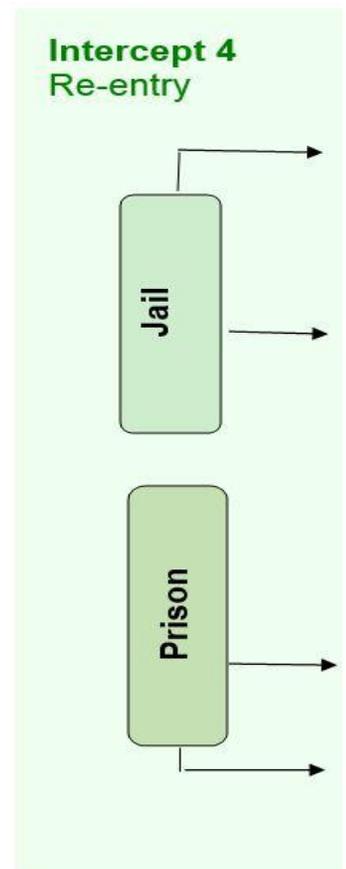
Recommendations

- Review policies and practice of other jails – Ohio or elsewhere – where Medicated Assisted Treatment (MAT) is made available to individuals and consider negotiating inclusion of MAT in the jail medical provider contract and formulary. Also, reference the joint recommendation/position issued by the American Correctional Association (ACA) and the American Society of Addiction Medicine (ASAM) released recently on the Treatment of Opioid Use Disorders for Justice Involved Individuals (Appendix F).
- Review and consider changes to policies and practices that will enable individuals to access services within the jail beyond self-initiating, referral from legal counsel or order from the court. This can include referral for assessment based on validated screening results and reconnection to service providers for individuals previously engaged in services.

Intercept IV: Prisons / Reentry

Reentry – Prison

- In 2017, 218 individuals returned to Clark County from prison.
- Among the individuals returning from prison to the community each year, the Community Transition Program of CareSource and the Ohio Department of Mental Health and Addiction Services (OMHAS) completes screening and assessment for substance use disorders and sends referral packets to partner agencies for linkage to local services. In Clark County, there were 31 referrals as of the date of this workshop. The providers receiving the packets include Cornerstone Project and McKinley Hall.
- Community Linkage referrals from OMHAS regarding individuals with serious mental illness returning from prison to the community are sent to the MHRB and Mental Health Services
- Veteran's Justice Outreach provides in-reach into prisons within six months of release.
- The county utilizes the West Central Community Correctional Facility (WCCCF) in Marysville as its primary Community-based Correctional Treatment Facility (CBCF).
 - WCCCF can house 100 males and 50 females. Pregnant individuals that are in their first trimester are eligible to participate. Many individuals within the facility are involved in Intervention in Lieu of Conviction; 35% are on judicial release, and others are there on violations. Mercy REACH, Opportunities for Individual Change, and McKinley Hall provide in-reach into the facility, including development of aftercare plans. The facility provides vivitrol at no cost and Thinking for a Change. Individuals are provided with thirty days of medication and Medicaid application assistance upon release.



Reentry – Jail

- Opportunities for Individual Change provides reentry assistance including referrals to services and coordinates the Clark County Reentry Coalition.
- Individuals are provided with a prescription for seven days of medication upon release; individuals can be released with more if next appointment is more than seven days away.

- Vivitrol is provided after release for individuals on the Municipal Court Probation Department caseload. Probation provides transportation to McKinley Hall, and the hospital can pay for the first injection after release if a client has no financial means.

Intercept IV – Identified Gaps

- ▣ Education of community members on important community services - what services are available and how to use them
- ▣ Vivitrol program for individuals in Common Pleas Court or not on probation
- ▣ Housing
- ▣ Stigma of individuals with substance use disorders, mental health concerns, and co-occurring disorders

Intercept IV – Identified Opportunities

- ▣ Funding credits for employers, etc.
- ▣ How to optimize work of the Reentry Coalition
- ▣ Mercy REACH can pay for first injection of vivitrol for individuals with limited funds
- ▣ Opportunities for Individual Change services
- ▣ CIT training
- ▣ Seven days of medication upon release

Recommendations

- ▣ If resources allow, consider providing in-reach services for individuals who are scheduled to be released from the state prison system, to engage them 3-6 months prior to release. Butler County uses this approach which has yielded a dramatic increase in engagement in treatment and other services.
- ▣ Institute a reentry management form, such as the GAINS Reentry Checklist. This can begin at the time of booking and be used to aid in identification of needs and subsequent referrals for any individual and can serve as an entrée to more coordinated reentry planning.
- ▣ Review jail policies and formulary and give serious consideration to expanding the formulary to meet best practices.

Intercept V: Community Corrections / Community Support

Probation

- Municipal Court has ten Probation Officers, each with a caseload average of 150. One officer is dedicated to MAT participants with an average caseload of 32. Two officers are trained in motivational interviewing. The Probation Department uses graduated sanctions and Cognitive Behavioral Interventions - The Carey Guides and Thinking Reports.
- Common Pleas has 5-6 Probation Officers. Currently, one officer is dedicated to Intensive Supervision Probation (ISP).

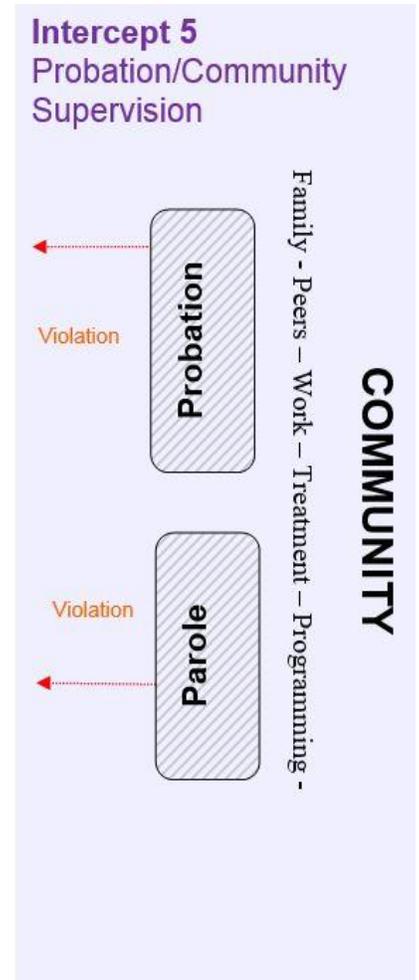
Parole

- Adult Parole Authority (APA) was not represented at the workshop. Those present at the workshop reported there are 4-5 Parole Officers located on the MHRB campus, who are system partners, each with a caseload average of 75.

Community Supports

The following represents services, agencies and programs that were highlighted during the workshop and is not meant to be an exhaustive or comprehensive roster of all community supports available in Clark County.

- Housing was identified as a gap for Clark County. Additional housing information can be referenced in Appendix F. These existing services were highlighted during the workshop.
 - Hartley House – shelter for men
 - Norm's Place – shelter for women and children
 - SSI/SSDI Outreach, Access, and Recovery (SOAR) Ohio Project – housing opportunities for individuals receiving Supplemental Security Income (SSI) and/or Social Security Disability Income (SSDI)
 - Mental Health Services and McKinley Hall are the two agencies funded by the MHRB for housing - \$2.5 million total budget
 - The Fuller Center for Housing provides support for communities to build and repair homes for impoverished individuals
 - Safe Harbor – 24/7 residential and faith-based program for women with substance use disorders and trauma
- Job and Family Services of Clark County offers OhioMeansJobs One-Stop center for employment resources.
- Opportunities for Individual Change provides peer support, job training, mental health treatment and the Learning Opportunities Center alternative high school for Clark County residents.
- Central Community Center offers peer support, job skill training, 12-step meetings, clothing program, and a computer lab. In the future, the center is hoping to be open five days/week and two evenings.
- Families of Addicts offers weekly support meetings for families and individuals in recovery.
- NAMI of Clark, Greene and Madison Counties offers a Recovery Center, and peer-led Connection Recovery Support Group and Family Support Group. Recently, the Recovery Center received a \$60,000 grant to improve services.



Intercept V – Identified Gaps

- ▣ Housing for sex offenders
- ▣ Affordable housing and state and federal protocols, rules that do not serve the local needs
- ▣ Faith-based program for juvenile population
- ▣ Support and training for school personnel and school counselors
- ▣ Training/utilization of standardized release of information form
- ▣ Peer involvement in probation departments
- ▣ Employment for individuals with criminal justice history

Intercept V – Identified Opportunities

- ▣ Local temporary employment agency is focusing on workforce development
- ▣ Financial assistance for housing on a limited basis
- ▣ Actively negotiating for additional housing

Recommendations

- Establish a goal to have all probation officers complete training in Effective Practices for Correctional Supervision (EPICS)
- Opportunities for Ohioans with Disabilities (OOD) has a newer program called Employer and Innovation Services that may be helpful in promoting awareness of OOD eligibility-based services to potential employer partners, promote a talent pool of job-ready candidates, and supporting businesses in the hiring and retention of individuals with disabilities, among other supportive activities. The committee overlooking the mapping process may want to contact OOD for updated service information and engage their assistance. OOD's website is www.ood.ohio.gov
- The City of Springfield Housing goals, committee and initiatives are already under way. The housing priority work group should engage with the city's already existing group.

Priorities for Change

Clark County, Ohio

Clark County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed the identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top three priorities.

Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues or information associated with each priority as brainstormed by the large group which all agreed need to be considered by each sub-committee.

Top Priorities for Change

1. Specialized Dockets
2. Data Collection, Capacity and Access
3. Housing
4. Peer Support Access Across Intercepts
5. Pretrial Diversion Programs

Other Priorities – items receiving one or more votes during the prioritization process

- 23-hour observation site (7 votes; Intercept 1)
- Community wide messaging (6 votes; Intercept 0)
 - Mercy Health Springfield Regional Medical Center partnership with Ohio High School Athletic Association
 - Water bills and coupons that go to every household
 - Church dinners (Nehemiah Foundation and Mental Health Foundation)
- How to access emergency services (6 votes; Intercept 1)
- Youth led prevention at other schools (4 votes; Intercept 0)
- CIT trained officers in all law enforcement agencies (4 votes; Intercept 1)
- Evidence-based screening at jail (3 votes; Intercept 2)
- Training/utilization of standardized release of information form (3 votes; Intercept 5)
- Increased security in the emergency department/hospital (2 votes; Intercept 1)
- Better screening/questions for armed service/military service (2 votes; Intercept 2)
- Working on new jail formulary (2 votes; Intercept 3)
- Stigma of individuals with substance use disorders, mental health concerns, and co-occurring disorders (2 votes; Intercept 4)
- Data collection in jail (1 vote; Intercept 2)
- Inconsistent access to assessment and referral to treatment (1 vote; Intercept 3)

Parking Lot Issues

- Some funding sources are exclusive to opiates and no other substances
- Overdose vet. Montgomery County
- Criteria for becoming a peer support specialist (limiting based on past convictions)
- Generational poverty
- Trauma
Community Violence

Transforming Services for Persons with Addiction in Contact with the Criminal Justice System

Additional Resources

Arnold Foundation	arnoldfoundation.org
CIT International	citinternational.org
Coalition on Homelessness and Housing in Ohio	http://cohhio.org/ http://www.cohhio.org/pdf/Training/BuildinganOffenderReentryProgram.pdf http://cohhio.org/programs/soar_2011
Corporation for Supportive Housing	40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	http://csgjusticecenter.org/mental-health/
The Federal Bonding Program	http://www.bonds4jobs.com/
Lutheran Metropolitan Ministry Community Re-entry	http://www.lutheranmetro.org/Community-re-entry/ Phone: 216.696.2715 Email: mail@lutheranmetro.org
National Association of Pretrial Services Agencies	NAPSA.org
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu/
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	http://store.samhsa.gov/home
National Criminal Justice Reference Service	https://ncjrs.gov/
National GAINS Center/TAPA Center for Jail Diversion	http://gainscenter.samhsa.gov/
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	www.drugabuse.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Coordinating Center of Excellence	www.neomed.edu/cjccoe
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	http://www.drc.ohio.gov/web/reentry_resource.htm
Ohio Ex-Offender Reentry Coalition	http://www.reentrycoalition.ohio.gov/
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Policy Research Associates	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org/
Pretrial Justice Institute Diversion Programs	http://pretrial.org/DiversionPrograms
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
Supreme Court of Ohio Specialized Dockets Section	http://www.supremecourt.ohio.gov/JCS/specdockets/
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	http://cit.memphis.edu/
Veterans Justice Outreach	http://www.va.gov/HOMELESS/VJO.asp

Sequential Intercept Mapping Participant Roster
Clark County, Ohio | April 23-24, 2019

Name	Title	Organization	Email
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Sequential Intercept Mapping Observer Roster

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Brianna Wilson	General Manager of Marketing Communication	Mental Health and Recovery Board of Clark, Greene and Madison Counties	brianna@mhrb.org

Action Planning Matrix for Clark County, Ohio

Priority Area 1: Specialized Dockets				
Objective		Action Step	Who	When
1.	Identify technical (implementation and ongoing) assistance for judges	A. Research www.nadcp.org B. Meet with/utilize other judges with specialty docket experience i. Miami County ii. Montgomery County C. Tour other courts	All specialty docket judges CJ CCoE	As needed
2.	Determine interest and commitment in Common Pleas and Municipal Courts	A. Meeting with judges in both courts	Judge Carey	July 1, 2019
3.	Determine available community resources	A. Develop sub-committee at Mental Health and Recovery Board of Clark, Greene and Madison Counties	Mental Health and Recovery Board of Clark, Greene and Madison Counties – sub-committee to determine payer sources and supports	June 1, 2019

Action Planning Matrix for Clark County, Ohio

Priority Area 2: Data Collection, Capacity and Access			
Objective	Action Step	Who	When
1. Gather executive level decision makers	<ul style="list-style-type: none"> A. Identify players B. Achieve buy-in C. Commitment to participate – offer various data from each entity 	Working with Community Health Improvement Plan	
2. Create community warehouse	<ul style="list-style-type: none"> A. Determine best location to house B. Determine all types of data to be inventoried 	Working with Community Health Improvement Plan	
3. Find out who has access to data	<ul style="list-style-type: none"> A. Collaborate with: Greater Dayton Area Hospital Association, Drug Enforcement Administration, for profit, and High Intensity Drug Trafficking Areas B. Business agreement between all parties to gain access 	Working with Community Health Improvement Plan	
4. Determine what we want to use data for	<ul style="list-style-type: none"> A. Grant writing B. Determine prevention, interventions and treatments (data informs) C. Provider notifications D. Determine opportunities 	Working with Community Health Improvement Plan	
5. Make changes at practice level to improve outcomes		Working with Community Health Improvement Plan	
6. Have discussion with Ascend	<ul style="list-style-type: none"> A. What information can they provide/what are their limitations B. Determine evidence-based practices/programs from what they provide 	Working with Community Health Improvement Plan	

Action Planning Matrix for Clark County, Ohio

Priority Area 3: Housing				
Objective		Action Step	Who	When
1.	Policy and regulations	A. Review current policies and determine if we can breakdown policies for persons of reentry	Springfield Metropolitan Housing Authority /Interfaith/Veteran's Administration/McKinley Hall	June 7, 2019 at Mulberry Terrace
2.	Increase affordable housing through future development and partnerships in the City	A. Housing study results to determine capacity needs for Springfield, Ohio	David Estrop (Invite Mental Health and Recovery Board of Clark, Greene and Madison Counties)	June 4, 2019 at Security Bank
3.	Education	A. Disseminate services providing brochure, referral sheets; educate landlords on reentry	Mary Daniel, Steve Bowman, Joyce Brown, LaMonyka French and Mental Health and Recovery Board of Clark, Greene and Madison Counties - Video	June 7, 2019

Action Planning Matrix for Clark County, Ohio

Priority Area 4: Peer Support Access Across Intercepts				
Objective		Action Step	Who	When
1.	Work with Key Vision	<ul style="list-style-type: none"> A. Talk with Tony Bailey B. Have a male and female for presentation C. List resources in area D. Educate on peer support E. Use recovery story F. Discuss how to produce G. Diversity with presentation 	Tony Bailey and Key Vision	Ongoing
2.	Develop an educational peer support brochure	<ul style="list-style-type: none"> A. Discuss content for brochure B. Brainstorm on which agencies to provide to 	Peer Support Task Force Committee	Ongoing
3.	Develop a peer support committee	<ul style="list-style-type: none"> A. Email weekly B. Meeting monthly C. Rex will lead emails 	Workgroup	By end of week to determine meeting time
4.	Train peer supporters in all areas of Mental Health First Aid and other trainings as appropriate	<ul style="list-style-type: none"> A. Develop a county wide concept for various agencies B. Faith based C. Support groups D. Collaborative effort for county 	Workgroup	Ongoing

Action Planning Matrix for Clark County, Ohio

Priority Area 5: Pretrial Diversion Programs					
Objective		Action Step		Who	When
1.	Information gathering on pretrial diversion programs	A. Contact Ruth Simera B. Contact Ken Brown C. Funds available for pretrial diversion		Carey McKee Shaun Miley	June 21, 2019
2.	Jail data	A. Number in jail because cannot post bond B. Pharmacy costs C. Over-crowding, etc. (cost/per day) D. Safety – 3 months (April, May and June)		Janelle Ballard	July 12, 2019
3.	Develop form for inmates' medication prior to going to jail – formal process	A. Janelle to report what information she needs to have to ensure protocol is followed B. Develop form to get approval		Janelle Ballard	May 10, 2019 May 31, 2019
4.	Narcan in jail upon discharge	A. Meet with Lt. Young		Wendy Doolittle	May 31, 2019
5.	Meet with Municipal Court and Common Pleas judges to discuss information needed to make decisions about bond	A. Define program participants B. Share ideas of research with judges C. Confirm options		Sheri Haines Tony Bailey	October 28, 2019

Appendices

Appendix A

Community Collaboration Questionnaire

Effective and efficient services for people with substance use disorders or co-existing mental illness in the justice system requires meaningful cross-system collaboration. The *Community Collaboration Questionnaire* provides the CJ CCoE with background information about our community's experience in collaborating across systems.

We will compile your responses and send a final document to the CJ CCoE by close of business on March 27th.

This information helps prepare the CJ CCoE for providing the best direction during the training about the points of intervention most useful in your community.

Community: Clark County		
Contact: Tracey Stute	Phone: 937.322.0648	Email: tracey@mhrb.org

Please check the appropriate box for each and provide descriptions as necessary.		
1	<p>How many deaths have there been resulting from drug overdose in your county in the past 12 months (or the most recent 12-month period for which statistics are available)?</p> <p>Do you have data available for the prior 12 months? If so, please provide.</p> <p>According to the CCCHD Clark County Drug Death Report): 2015 – 70 2016 – 83 2017 – 106 2018 – 43* this data is not complete, will likely be 67 once investigations are complete</p>	<p>106 in 2017</p> <p>Yes</p>
2	<p>Of the deaths reported in question #1, how many involved opioids?</p> <p>According to the CCCHD Clark County Drug Death Report: *Drug mention means that a substance was found in the individual's body at the time of hospital admission or after death, as reported in the Clark County Coroner's toxicology screen. The substance was not necessarily the cause of death and individuals may have multiple substances in their system at the time of death, so percentages may sum to more than 100%.</p> <p>For 2015-2017: 64 prescription opioids (24.7%), 152 illicit fentanyl (58.7%), 112 fentanyl analogue (43.2%), and 52 heroin (20.1%) (all listed under "opiates")</p> <p>From 2015-2017, opiates were the most common substance found in toxicology screens, appearing in 87.6% of cases.</p>	<p>(insert number)</p>

	<p>In 2017 alone: 22 prescription opioids (83%), 56 illicit fentanyl (52.8%), 88 fentanyl analogue (83%), and 3 heroin (2.8%) (all listed under “opiates”)</p> <p>In 2017, opiates were the most common substance found in toxicology screens, appearing in 88.7% of cases in 2017.</p>	
3	<p>Of the drug overdose deaths, how many individuals were currently engaged or had prior contact with the behavioral health system?</p> <p>Engaged in mental health treatment system only Engaged in substance use treatment system only Engaged in both mental health and substance use treatment systems (i.e., Dual disorder)</p>	<p>2016 / 2017</p> <p>Total: 80 / 122</p> <p>MH only: 44 / 49 SU only: 20 / 42 Dual: 16 / 31</p>
4	<p>Of the drug overdose deaths, how many individuals had prior involvement with the criminal justice system within the past year?</p> <p>According to the CCCHD Clark County Drug Death Report: 2017 – 62.3% (66 individuals), 2015-2017: 57.5%, (149 individuals)</p>	(insert number)
5	<p>Has your community begun to collaborate in providing services/working with people with substance use disorders and co-occurring disorders in the criminal justice system? (If yes, please explain).</p> <p>Yes. They have the vivitrol program at the jail. McKinley Hall has Criminal Justice Behavioral Linkage program. They have a MAT probation officer. They have McKinley Hall in jail. They have the PRIDE program in jail and are transporting women to McKinley Hall so they can access treatment. Community forums (six) through the Coalition. Mental health services in the jail with Jerry. Lots of informal collaboration – for example, jails understand they can call NAMI for support. 12-step meetings are still in the County Jail (like AA and NA). CIT training and trauma-informed policing. Thinking for Change (CBT-based) done by OIT.</p>	Yes
6	<p>Does your community have a cross-system collaborative team or task force?</p> <p><i>If yes, please list the membership by agency and/or title, listing mental health providers, criminal justice services, substance use services, consumers, family members, elected officials and others.</i></p> <p>Drug Death Review CC Substance Abuse Treatment, Prevention and Supports Coalition CC Suicide Prevention Coalition Re-entry Coalition Criminal Justice Council</p>	Yes

7	<p>Does your community provide for cross-training of mental health, substance use, criminal justice and other providers? <i>If yes, please list recent programs:</i></p> <p>Trauma-informed policing, CIT, QPR for both jail staff and law enforcement and train the trainers, Mental Health First Aid. Compassion Fatigue/Secondary Trauma Trainings for frontline and first responders.</p>	Yes
8	<p>Does your community offer primary prevention/education programming for substance use?</p> <p>If yes, to what audience? Elementary and Middle School – Botvin Life Skills, PAX good behavior game, DARE- Keepin” it REAL Piloting youth-led prevention – Shawnee High School Currently compiling a list of prevention in all area schools. Drug Take Back Efforts Drug Disposal Bags Harm Reduction Bloodborne Pathogen Program Tobacco Prevention Project DAWN GROW Is the programming evidence-based?</p> <p>Most programs are evidenced based. All are informed by research or best practice or promising practices.</p>	<p>Yes</p> <p>Yes</p>
9	<p>Does your community have resources identified to work with people with substance use and/or co-existing disorders? Clark Co has a full continuum of behavioral health services from prevention to treatment and recovery supports. We are lucky to have a 16-bed inpatient unit based in Mental Health Services to service folks with high acuity psychiatric needs. Rocking Horse Community Health Center offers comprehensive health care, including mental health and addiction treatment. They have two, fulltime certified peer supporters, IOP, counseling services, psychiatry, and case management services.</p> <p>In the criminal justice system? McKinley Hall is the primary SUD provider in and linked with the jail population and the providers are dually licensed to provide an integrated approach. Mental Health Services provides .75 FTE dually licensed therapist who provides crisis assessments, diagnoses and provides treatment while folks are incarcerated. He also is designated to provide linkage upon re-entry from the jail and other prisons with returning residents to Clark Co through the BH Community Linkage process. Psychiatrist services are contracted to provide psychiatric services. <i>Please describe:</i></p> <p>If yes, how are resources publicized? In the jails through videos. Some are court mandated. Each of the provider agencies as well as the Board provides printed materials and advertises these services on their social media and websites.</p>	<p>Yes</p> <p>Yes</p>

10	<p>Do treatment agencies and courts have dedicated staff or staff time to work with the criminal justice/substance use population? <i>Please describe:</i> Yes. Jerry Newport, who we support, works for Mental Health Services to provide services in the jails. He also does coordination of care, BH Criminal Justice Linkage. McKinley Hall has multiple staff assigned to work in the jails. Women who are in the PRIDE program also receive IOP treatment at McKinley Hall. Jail chaplaincy.</p>	Yes
11	<p>Does your community gather data about persons with substance use disorders and co-existing mental illness involved with the criminal justice system? <i>Please describe:</i> These data are agency-based; individuals agencies have data but it is not shared amongst the system. For example, MHRB collects some claims related data in GOSH for SUD and MH treatment that takes place at jail (POS 9). The only combined efforts are the Drug Death Review, which collects information on trauma experience and overdose deaths, and the BH Criminal Justice Linkage Program. These programs share data in an attempt to better serve individuals with substance use disorders and co-existing mental illness.</p>	Yes
12	<p>Does your community have an identified boundary spanner (individual whose identified role is to link the criminal justice, substance use, and mental health treatment systems)? <i>Please describe the position and the person(s):</i> N/A</p>	No
13	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance treatment coordination across agencies or systems? <i>Please describe or if possible, provide copies of MOUs:</i> We do through Criminal Justice Behavioral Health Linkage, Warm Hand-off Safe House, and Drug Death Review. While there is not an MOU in place, Coalition members represent a wide array of sectors. As such, discussions broadly help enhance coordination and identify system gaps.</p>	Yes
14	<p>Are there any local agencies that have not participated in collaboration efforts? <i>Please describe:</i> We could encourage the arts, like national trails, parks, and recreation and other entities to get involved. We would welcome more intentional collaboration with the hospital system and with K-12 public education as examples of places to improve.</p>	No
15	<p>Does your community have any jail or court diversion programs for substance use or co-existing disorders at this time? <i>Please describe:</i> Vivitrol, Good Samaritan Program, juvenile diversion, three-day alternative program for OVI</p>	Yes

16	<p>Does your community have any specialty courts? <i>Please describe:</i></p> <p>Clark County is exploring the possibility of a treatment court that would include mental health, addiction, and Veterans. Juvenile Court has an uncertified intervention court and drug court. They are both working toward certification. Juvenile court also has several different dockets, such as a truancy docket. Local courts attended the SSIP training, the Criminal Justice Medication Assisted Treatment (MAT) Symposia). Clark County Juvenile Court Representatives also plan to attend an upcoming Dual-Status Youth training hosted by the Supreme Court of Ohio.</p>	No
17	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? <i>Please describe or if possible, provide copies of MOUs.</i></p> <p>Warm Hand Off Safe House program (hospital, law enforcement, EMS, and McKinley Hall). The Coalition also is currently working with the Community Center and probation department to provide employment services. Parole and probation officers regularly attend and participate in Coalition meetings.</p>	Yes
18	<p>Have screening or assessment procedures been instituted in the mental health, substance use and criminal justice systems to identify people with substance use disorders and co-occurring mental illness? <i>Please describe:</i></p> <p>Not for OVI, but we do have Community Linkage Referrals.</p>	Yes
19	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe:</i></p> <p>Find a New Way to Live video education program in jails, jail chaplaincy, OIC and Community Center Employment and Wellness Program.</p>	Yes
20	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive? Conflicting mandates or confusion about mandates.</p> <p>Availability of trained staff, current protocols at jail and treatment centers, current readiness of community. Current norms and stigma surrounding SUD and mental health.</p> <p>Know how agencies work, their intake process, referral process, wait list if any (wait time), who to contact. This will better prepare individuals that may be referred and while gathering this information help build communication between agencies.</p> <p>Differences in missions and philosophical frames of reference.</p>	

21	<p>Please describe any other examples, other than what is already listed in this questionnaire, of successful collaboration to address issues associated with substance use and mental disorders in your community, including those involving criminal justice services.</p> <p>Better coordination and communication when individuals are under care at different agencies at the same time.</p> <p>Panel discussions held in prisons, within the larger community, etc.to provide education surrounding these issues.</p> <p>Coalitions representing 30+ sectors and systems: Re-entry, suicide prevention; and substance use treatment, prevention, and support.</p> <p>Mental Health Task Force (came out of the CHA/CHIP), Drug Death Review</p>
22	<p>What would you list as your community's strengths?</p> <p>Many Coalition members are aware of relationship between SUD, mental health and the criminal justice system and are willing to work together to improve it. The Coalition's first forum addressed the community leaders, (judges, commissioners, law enforcement, EMS,) creating an awareness and group of people who would work towards change. There are many agencies and community leaders outside of the Coalition that also recognize a need for change and are willing to support the effort.</p> <p>More broadly, there is an abundance of resources within the community.</p> <p>There is a sense of awareness in the community. Community members are becoming more familiar with and sensitive to trauma.</p> <p>Thus far, we have been able to deliver action-oriented, practical help. Clark County is progressive in some ways and it has to do with the leadership and MHRB at the helm.</p> <p>We really have a full continuum of care – we have a regional hospital, we have an emergency services department that is evolving, we have a 16-bed psychiatric inpatient unit in the county.</p> <p>We have begun to intentionally integrate individuals in recovery; they are recognized as value-added, which helps address the underlying stigma as well. This helps not just individuals but helps inform agencies on how to change policies and practices to better align with what individuals in recovery need.</p>

23

What would you list as your community's biggest challenge at this time?

Working within the current law enforcement system. Many systems made need to change policy and/or protocol to create meaningful and sustainable change. Collecting data to show cause and effect will also be challenging.

Stigma/misunderstanding within the mental health community and staff that are supposed to be helping.

Transportation to/from employers who are willing to hire ex-offenders.

Utilizing existing resources and advertising them to the population.

Finding long-term, sustainable solutions.

Fragmentation of efforts.

Poverty.

Willingness to share info due to vulnerability or security concerns.

Handing off people from one service to the other.

Springfield Regional Medical Center outsources their ED staff.

Appendix B

JAIL BOOKINGS Please report most recent data available (12-36 months) and use a consistent time range throughout the report. Person Completing Form (name/title) Michael Young, Jail Administrator Time period being reported (Identify a recent six-month to one-year period) <u>March 1, 2018—September 1, 2018</u>	
What is the rated capacity of the jail?	167
What is the average daily total population of the jail?	228
What is the average number of total daily bookings?	11
What type of automated system is used to collect Jail Booking, classification, health and release information?	Interslam (since 1999), however they will be going to a new system and learn more about it at the end of April
Based on the total jail population for the time range being reported, please provide the number for each classification of inmate below: (If unable to provide objective data on booking types, please provide estimated average percentage for each booking)	
Pretrial Misdemeanor	Unknown
Pretrial Felony	Unknown
Probation Violation	Unknown
Sentenced local	Unknown
Sentenced awaiting transport	Unknown
Other (specify)	Unknown
Are there special accommodations made for substance dependent individuals? Separate facility or unit? Only segregation cells. Substance dependent individuals do have access to IOP level of substance abuse treatment. The treatment is provided by McKinley Hall which is a dually certified agency. The staff provided by McKinley Hall are appropriately licensed by the state of Ohio to perform substance abuse diagnosis, counseling, and to provide case management services.	Yes
Is there a medical pod? Only segregation cells	No
Is there a mental health pod? Only segregation cells	No
What are the days/hours per week the following medical professionals are on site?	
Physicians?	No set schedule for Dr. Smith
Nursing staff?	7AM-11 PM, 7 days a week
Mental health and/or addictions staff (e.g. psychiatrist, psychologist, substance use counselor.... others)?	Mental health staff (Jerry) 1PM to whenever M, W, F and as needed on T/Th/Sat. Staff provided by McKinley Hall are on site in varying combinations from 8AM-8PM, 5 days a week.
Do inmates have access to medication assisted treatment (MAT) (e.g., naltrexone/ Vivitrol)? Yes, inmates who are engaged with McKinley Hall are provided with access to MAT based upon the findings of the initial bio/psycho/social assessment. If the inmate is found to be appropriate for MAT services, the inmate is given his/her first dose 7-10 days before he/she is released. Upon his/her release he/she is transported to McKinley Hall's nursing staff within the same day of release to begin his/her treatment program.	Yes
What detox or withdrawal management services are available to inmates? Based on self-report and gauged on an individual basis by nurses.	
The following section asks about people who were identified as having a substance use problem for the timeframe being reported.	
How many people, total, are identified as having a substance use (i.e., alcohol or other drugs) problem?	From March 1, 2018—March 1, 2019 there have been approximately 178 inmates that have received a substance abuse or mental health

	diagnosis from McKinley Hall.
How many people identified as having a substance use problem were identified by jail booking staff?	Unknown
How many people identified as having a substance use problem were identified while incarcerated after initial intake (by corrections officers, health staff or others)?	Unknown
How many people, total, are identified as having a substance use problem?	Unknown
Of those identified as having a substance use problem, how many had an opiate use problem?	
What screening tool is used to identify possible substance use? At booking	
What screening tool is used to identify possible mental illness? At booking	
Does your Booking/Automated system allow the Jail to identify or flag defendants with substance use and/or mental illness for future booking information?	No
What is the average daily population of persons with substance use disorders?	Unknown
What is the average daily population of persons with mental illness?	Unknown
What is the average number of daily bookings of people with substance use disorders (total)?	Unknown
What is the average number of daily bookings of people with substance use disorders involving opioids?	Unknown
What is the average number of daily bookings of people with substance use disorders involving non-violent offenses?	Unknown
What percentage of the pre-trial population represents persons with substance use disorders?	Unknown
What percentage of the pre-trial population represents persons with substance use disorders involving opioids?	Unknown
What percentage of the pre-trial population represents persons with substance use disorders involving non-violent offenses?	Unknown
What percentage of the sentenced population represents persons with substance use disorders?	Unknown
What percentage of the sentenced population represents persons with substance use disorders involving opioids?	Unknown
What percentage of the sentenced population represents persons with substance use disorders involving non-violent offenses?	Unknown
CROSS TABULATION OF MULTI-SYSTEM DATA	
<i>For the entire population of persons booked into jail during the identified timeframe (open or closed cases):</i>	
Is Jail information on inmates' possible substance use disorder and/or mental health shared on a regular basis with mental health, substance use treatment or developmental disability agencies? --- -If so how and when? No systematic way except KITES, which are an inmate-initiated request form where they can request mental health or nursing services.	No
Is Jail information on inmates' possible substance use disorder and/or mental health shared on a regular basis with courts? ----If so, how and when? Only if court-ordered drug and alcohol treatment.	No
How many people were known to the substance use treatment system?	Unknown
How many people accessed acute crisis services in the jail during the specified reporting period?	Unknown
How many people were known to the mental health treatment system?	Unknown
How many people were known to the Developmental Disabilities system?	Unknown
ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION	
For those who are identified as persons with substance use disorders (which may include co-occurring mental illness or developmental disabilities) by jail, other criminal justice, or treatment systems, what are the nature of the charges?	
Misdemeanors	Unknown
Felonies	Unknown
Violent Behavior	Unknown
Violations of Probation	Unknown
Frequency - How many arrests / bookings per person? (average)	Unknown
Length of stay in the jail for each episode of incarceration (average)	Unknown
DISCHARGE / REENTRY of individuals with substance use disorders, which may include co-occurring disorders:	
Provide total number:	
How many people with substance use or co-occurring disorders left the jail with financial benefits, entitlements, or identified income/resources in place?	Unknown – on an individual basis
How many people with substance use or co-occurring disorders left the jail with a shelter as the identified residence?	Unknown – on an individual basis
How many people with substance use or co-occurring disorders left the jail and had no known residence?	Unknown – on an individual basis

How many people with substance use or co-occurring disorders left the jail with an appointment at a substance abuse or mental health treatment service?	Unknown – on an individual basis
How many people with substance use or co-occurring disorders had contact with a helping professional from the community to facilitate reentry?	Unknown – on an individual basis

Appendix C

Resources

- (1) **Original Coalition Partners:** McKinley Hall, Mercy Reach, Clark County Mental Health Services, Municipal Court Probation Department, Clark County Combined Health District and the Mental Health and Recovery Board of Clark, Greene and Madison Counties (MHRB)
 -
- (2) **Coalition Community Partners and Individuals supporting Youth Led Prevention:**
 - MHRB & Jim Ryan, Ohio Certified Prevention Consultant and youth-led prevention expert,
 - WellSpring, Beth Dixon
 - Springfield City Schools: Patrick Smith, Principal, Lora Campbell-Krugh (Drama Department) Sarah Reigelsperger (Anti-Bullying Club)

Shawnee High School, Sherry Akers, school counselor

 - Springfield Clark Career Technology Center: Amy Cross, school counselor, Adam Lemmer, club advisor
 - Catholic Central, City Connects, Andrea Migliozi
 - Drug Enforcement Administration: Wendie Jackson (Outreach Coordinator)
 - Clifton Avenue Church of God: Pastor David Cotto (Promise Neighborhoods)
 - Mercy Reach: Sheri Hanes (Manager, Drug, Alcohol and Tobacco Outpatient Treatment)
 - Rocking Horse Community Health Center: Rob Fitzwater (Director)
 - McKinley Hall (Women and Children’s Program) Rasheedah Stream, Case Manager
 -

Youth serving agencies in Coalition:

 - Family and Children First Council
 - Rocking Horse Community Health Center
 - Clark County Combined Health District
 - Interfaith Hospitality Network
 - Parenting Through Grief Together

Jobs and Family Services
- (3) **Resource Funding:** Cardinal Health Grant provided funds to expand existing community collaboration and address opioid addiction by hiring Coalition Coordinator. Two years of Clark County Community Collective Impact Model for Change (CCIM4C) grant funding under the federal 21st Century CURES Act though the Ohio Department of Mental Health and Addiction Services (OhioMHAS) that awarded funding to twelve Ohio communities along with matching funds through the MHRB. Quick Response Team and Warm Hand Off are funded by 21st Century CURES Act to McKinley Hall and through MHRB. The Coalition was awarded \$10,000 grant from Clark County Mental Health Foundation and MHRB for education and stigma reduction.
 -
- (4) **Quick Response Team:** Group composed of a diversion officer and peer support specialist. The diversion officer arrives at the scene of an overdose to provide support to the victim and family. They are not there to arrest, but to build a positive relationship, encourage the victim to engage in treatment, and to learn harm reductions strategies.

Warm Hand Off: At the hospital, the overdose patient is connected with a peer support specialist and counselor. The peer support specialist’s responsibility is to work within the small window of opportunity to persuade the overdose victim to seek treatment at one of our community’s existing treatment facilities (i.e. McKinley Hall, Mercy Reach, Rocking Horse, Cornerstone). The patient is also offered inpatient detox at that time.

Peer support specialists: A person who has lived experience and provides emotional support and guidance to individuals seeking recovery through the process of getting into treatment and rebuilding their life.

Safe House: Sober house in the community that is staffed 24/7 and allows up to five people to stay in a safe, supportive environment while awaiting access to treatment. The safe house provides interim care and the patient is under care of the McKinley Hall Medical Director who provides Medication Assisted Treatment.

Get Recovery Options Working (GROW): A community outreach team that conducts planned visits to sections of the community with the intention of educating individuals and community on available resources and treatment options.

(5) **Botvin Life Skills:** The Coalition has collaborated with WellSpring and the Clark County Family & Children First Council who are promoting, delivering, and evaluating Botvin Life Skills training in elementary and middle schools. To date, 578 students have participated in this resiliency curriculum. Botvin is an evidence-based substance abuse and violence prevention program.

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(6) **Description of Six Community Forums:**

1. **Community Leaders:** Goal to start discussion around the disease of substance use disorder and the high opioid death rate in Clark County. Commissioners, law enforcement, judicial system, school superintendents, EMS officials and Community Civic organizations were the intended audience.
2. **Community Forum:** Hosted at United Senior Services. This forum was panel format designed to answer community questions concerning the opioid epidemic. Reached about 75 community residents.
3. **Business Leaders Forum:** This forum addressed the disease of addiction, problematic use of drugs in the workplace, and second chance opportunities. Technical assistance for drug-free workplace policy and second chance opportunities was offered as a follow up to this forum through MHRB by OhioMHAS grant award and levy match.
4. **Faith Based Community:** This forum, led by Pastor Greg Delaney, was a call to the faith base to support recovery efforts. The Community Center has further developed and expanded following this forum.
5. **Medical Community:** Dr. Brad Landers, Clinical Director of Addiction Medicine at The Ohio State University and Dr. F. Stuart Leeds, Asst. Professor of Family Medicine at Wright State University (leading educator for Medication Assisted Treatment in area), were keynote speakers. This forum was followed by a DATA 2000 training through OhioMHAS and MHRB. DATA 2000 is the first step to certify interested doctors to provide medication assisted treatment in private practice settings.
6. **Youth and Family Members:** The Coalition's innovative approach resulted in the first production, titled "If You Only Knew: The Roots of Addiction". The Coalition, high school drama department and McKinley Hall, a local treatment facility worked together to write and produce this community forum. The local treatment facility provided data and educational facts. The drama instructors helped the students put feeling and emotion into scenes portraying the disease of addiction. The students used song, vignettes and drama to portray real-life scenarios about risk factors, environmental factors, genetic components and symptoms of substance use disorder. The students also mimed an actual video from the Addiction Policy Forum video series.

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(7) **Recovery Center:** Community Center, 102 W. High Street, Springfield, Ohio is a collaboration with leaders from the Methodist Church, CareSource, Recovery X, Clark State, Intensive Probation Clark County, Wittenberg University, Express Employment, McKinley Hall, MHRB and more, to develop a one-stop wellness and employment resource center. This center aims to enhance quality of life and will house a computer center, clothes for work closet, exercise therapy, recovery group meetings and worship area.

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- (8) Botvin, G.J., Griffin, K.W., & Williams, C. (2015). Abstract from Preventing Daily Substance Use among High School Students Using a Cognitive-Behavioral Competence Enhancement Approach. *World Journal of Preventive Medicine*, 3(3):48-53.
- *The present study tested the effectiveness of a substance abuse prevention program for deterring tobacco, alcohol, and marijuana use among high school students. The prevention program teaches social resistance skills and general personal and social competence skills. Rates of substance use behavior were examined among students (N = 452) from 12 public high schools that were randomly assigned to either receive the prevention program (5 schools, n = 196) or serve as a treatment-as-usual control group (7 schools, n = 256). The impact of the prevention program was tested using composite indicators of daily substance use based on items measuring the frequency of smoking, drinking, drunkenness, marijuana use, and marijuana intoxication. Data were analyzed using generalized estimating equations to adjust for school-level clustering. Comparison of the posttest adjusted means (controlling for school clustering, gender, race/ethnicity, and family structure) revealed that the intervention produced significant prevention effects on daily substance use, both in terms of a daily polysubstance use index and the proportion of daily substance users across experimental condition. Findings indicated that there were 52% fewer daily substance users in the intervention condition compared to controls. Conclusions drawn from this study are that: (1) daily substance use can be prevented in high school students using a competence enhancement approach that addresses key risk and protective factors; (2) prevention approaches that are effective for middle school students can also be effective for high school students, if adapted to be developmentally appropriate; and (3) universal prevention approaches delivered by classroom teachers with minimal specialized training offer the potential for widespread dissemination and a cost-effective approach to an important public health problem.*
- (9) **Twelve Sectors of a Coalition:** Youth (persons <= 18 years of age) Parents, Business Community, Media, Schools, Youth-serving organizations, Law enforcement agencies, Religious or fraternal organizations, Healthcare professionals, Civic and volunteer groups, State, local or tribal agencies with expertise in the field of substance abuse.
-
- (10) **Youth-Led Prevention (YLP):** Youth-led prevention programs are grounded in positive youth development (PYD); however, they are distinct from other PYD programs because they utilize a youth empowerment approach. Youth empowerment specifically develops sociopolitical awareness in young people, enhancing their skills to be community change agents (Zimmerman, 2000). Youth empowerment facilitates young people in constructing meaningful community change, with the goal of enhancing the wellbeing of all individuals. A youth empowerment approach utilizes young people as resources rather than a “collection of programs” in establishing community change (Holden, 2004). By emphasizing collective participation and contribution, young people gain skills and competencies that cultivate their own positive development, while also promoting the healthy development of others (Snaveley & Rigby, 2017; Voinovich School of Leadership & Public Affairs at Ohio University).
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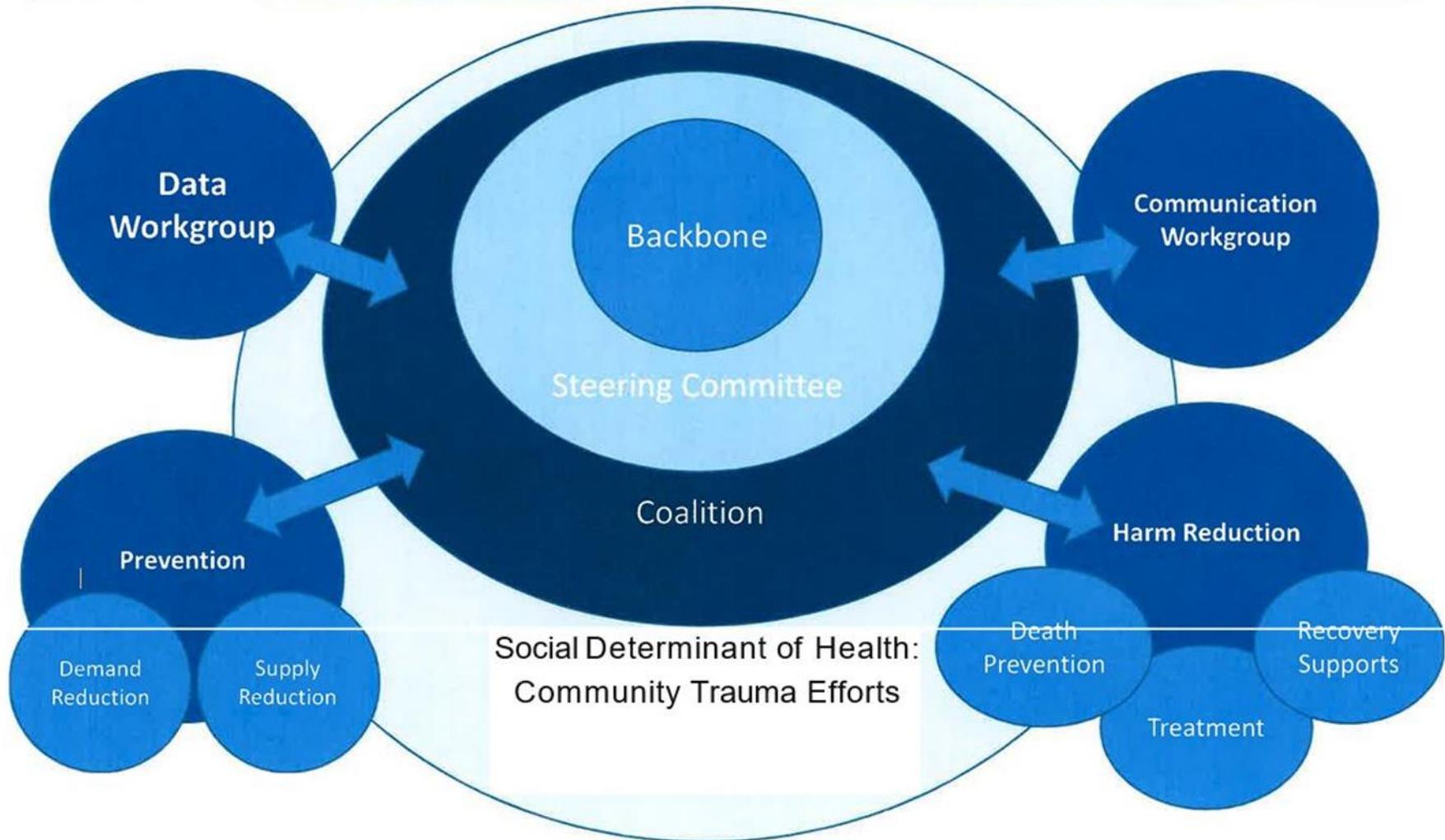


Appendix D

Clark County Substance Abuse Prevention, Treatment, Support Coalition

VALUE STATEMENT

Utilizing a Collective Impact approach, the CCSAPTS coalition strategically engages various community sectors to address the opiate epidemic and its root causes.



Clark County Substance Abuse, Treatment, and Support Task Force Theory of Change to Overcome the Opioid Crisis

In Order To:

Recognize, reduce, and prevent community trauma contributing to and resulting from opioid use disorder (OUD) consequences

Structure, enhance, and amplify multi-sector efforts across the continuum of care in Clark County to address OUD deaths

The Coalition Steering Committee (Mental Health & Recovery Board, McKinley Hall, Clark Co. Combined Health District, Wright State University, and Family & Children First Council), in partnership with the following sectors:

Faill Community: Interfaith Hospitality Network, Central Community Center, Clifton Ave. Church of God • Law Enforcement: S. Emergency Response Agencies: Springfield Police Department, EMS • Criminal Justice Agencies: Clark County Jail, Springfield Municipal Court • Health Care Agencies: Mercy Health, Rocking Horse Community Health Center, Caresource Life Services, Premier Health • Behavioral Health Agencies: Mercy Reach, Well Spring • Local Government: County Coroner's Office, Clark County Commission's Office, Springfield City Commissioners' Office, Clark Co. Communication & Information Office • Other Government Agencies: DEA, Department of Justice, Ohio National Guard • Employment Support Agencies: Department of Job & Family Services, Express Employment • Schools: Catholic Central Schools, Shawnee High School, Clark County Career & Technical High School • Higher Education: Clark State Community College • Local Service Organizations: CASA, Parenting Through Grief Together, Families of Addicts, Safe Harbor, Think Tank • Citizens/Community Members/Parents

Will use the following guiding frameworks and strategies...

Collective Impact (CI)

Strategic Prevention Framework (SPF)

Tool for Health & Resilience in Vulnerable Environments (THRIVE)

Advance Community Experiences and Resilience Framework (ACEIR)

To ...

Develop comprehensive, data-driven strategic plans for prevention, treatment, and recovery that are culturally relevant, sustainable, and address factors that contribute to and exacerbate community-level trauma

Implement strategies to address community-level trauma to mobilize entire communities around the issue of OUD and addressing trauma from the community as a whole

Sustainability

Which will create conditions for...

Prevention: Demand Reduction
Decreasing the percentage of Clark County high school students who used alcohol in the last 30 days by 5% and/or used marijuana in the last 30 days by 3% within three years as evidenced by the Clark County BSS

Decreases the number of people in treatment for opioids who indicate their first drug used was alcohol/marijuana by 3% within the next three years as evidenced by McKinley Hall intake data.

Prevention: Supply Reduction
Decreasing the number of opiate prescription doses per capita to 66 doses/capita over the next two years as evidenced by Ohio Automated Rx Reporting System (OARRS) data.
Decreasing the number of people in treatment who experience addiction to pain medication by 3% over the next three years as evidenced by data provided by McKinley Hall.

Prevention: Harm Reduction
Increasing the number of naloxone kits distributed in high risk neighborhoods by 25% over three years as evidenced by Project Dawn data.
Decreasing the number of overdose deaths in high risk neighborhoods by 20% over the next three years as evidenced by EMS and Drug Death Review Committee data.

Treatment
Increasing the number of referrals to evidence-based treatment programs (including MAT) in high risk neighborhoods by 20% as evidenced by One2One program data.
Increasing the number of people enrolled in maintenance-based treatment programs (including MAT) as evidenced by McKinley Hall and Mercy Reach data.

Recovery Supports
Offering job readiness trainings for people living in recovery as evidenced by Community Center data collection.
Decreasing the number of people living in recovery who also experience unemployment by 10% over the next three years as evidenced by Clark County Addiction Treatment Employment Barriers Survey.

Social Determinant of Health: Community Trauma
Increasing key stakeholder engagement in a Trauma Steering Committee over the next year as evidenced by (to be determined).
Increasing understanding of community level trauma among service providers over the next 3 years as evidenced by (to be determined).

Which Will Lead To:

Reduction in OUD deaths

Increased access to OUD treatment, including medication-assisted treatment (MAT)

Appendix E

Clark County Prevention Agency/Provider Information

Name: Dawn Henseler White (WS)	RA OCPSA OCPS OCPC Working on credentials Please circle one
Name: Jack Legg (WS)	RA OCPSA OCPS OCPC Working on credentials Please circle one
Name: Beth Dixon (WS)	RA OCPSA OCPS OCPC Working on credentials Please circle one
Name: Donald Brownlee (SMHA)	RA OCPSA OCPS OCPC Working on credentials Please circle one
Name: Bonnie Brantley (SMHA)	RA OCPSA OCPS OCPC Working on credentials Please circle one
Name: Christine Baldemor (SMHA)	RA OCPSA OCPS OCPC Working on credentials Please circle one
Name: Mary Daniel (SMHA)	RA OCPSA OCPS OCPC Working on credentials Please circle one
Name: Adriane Miller (MHRB)	RA OCPSA OCPS OCPC Working on credentials Please circle one
Is agency OhioMHAS Certified in Prevention?	Wellspring – YES Springfield Metropolitan Housing – Expired, reapplying

Evidence Based Curriculum	Universal	Selected	Indicated	Grade/school	Brief Description
PAX GBG (WS)	X			Total students served: 2,320 Total schools: 11 Total classrooms: 116 Catholic Central – 7 (pre-K – 4) Fulton – 7 (K – 6) Kenwood – 23 (K – 6) Lincoln – 12 (K – 3) Park Layne – 22 (K – 1) Perrin Woods – 12 (K – 3) Simon Kenton – 20 (K – 6) Snowhill – 6 (K – 3) Springfield Christian – 2 (1 – 2) Urbana City – 1 (4) West Liberty - 4 (K)	The PAX Good Behavior Game (GBG) is an evidence-based prevention strategy to help students develop pro-social skills while learning to delay gratification and self-manage. PAX GBG is foundational—helping students to achieve not only classroom success, but a lifetime of positive outcomes. Lifetime Outcomes Research shows that individuals who can successfully delay gratification and self-manage have significantly better lifetime

					<p>outcomes, including but not limited to</p> <ul style="list-style-type: none"> * Less nicotine use *Less alcohol and other drug abuse *Greater persistence toward high school graduation and continued education *Less need for individual education plans (IEPs) *Less suicide ideation/attempts *Longer time before sexual experimentation *Less need for mental health services <p>In the Classroom: Short-term Outcomes PAX GBG is employed primarily, but not exclusively, in elementary school classrooms. The program helps teachers build nurturing environments conducive to students' increased psychological safety and flexibility by reducing toxic influences, building pro-social skills such as kindness, cooperation and interdependence, and limiting behavior that interferes with effective teaching and learning.</p>
Botvin LifeSkills (WS)	X			<p>Total students served: 1,003 Total schools: 9 Total classrooms: 39</p> <p>452- 4th grade students from 18 classrooms at New Carlisle</p>	<p>Botvin LifeSkills Training is an evidence –based strategy, delivered primarily in classroom settings, to promote healthy</p>

				<p>55 - 4th grade students from 3 classrooms at Snyder Park</p> <p>10 - 6th grade students from 1 classroom at Kenwood</p> <p>20 - high school students from 2 classrooms at Clark County Juvenile Detention Center</p> <p>8 - high school students from 1 classroom at BOYAC (Clark County Juvenile Court)</p> <p>100 - 7th grade students from 5 classrooms at Tecumseh Middle School</p> <p>100 - 7th grade students from 4 classrooms at Greenon Jr/Sr High School</p> <p><i>Plan to implement at Catholic Central in January (approximately 100 students).</i></p>	<p>social and emotional student development by providing education about nicotine and other drugs as well as self-esteem and self-management skills in a conversational format that also allows for self-reflection.</p>
SPARK (WS)	X			<p>58 families with 4-year-olds</p>	<p>Supporting Partnerships to Assure Ready Kids (SPARK) is a family-focused kindergarten-readiness program that works collaboratively with families, schools, and the community. SPARK helps children prepare for school by building language, reading, and social skills and seeking to create a seamless transition into school for children between the ages of 4 and 6. SPARK parent partners deliver monthly home- (and occasional group)-based lessons and activities to families of preschool-aged children. The structured lesson plans and activities SPARK offers are aligned with the Ohio Department of Education's Early Learning and Development Standards. In partnership with community</p>

					agencies and schools, SPARK ensures that barriers to school readiness are removed. Children with developmental, social, emotional, or mental health issues are referred to community resources to address issues before they prevent school readiness.
FAST (WS)	X			29 families with children age 4 – 9 in Clark County schools	FAST is a school-based, collaborative, family-focused program designed to increase the self-esteem and improve the school performance of at-risk elementary school children by supporting the natural strength of the family unit. This innovative, proven program involves parents in circles of support so they can more easily help their children succeed. The target population includes children ages four to nine that exhibit multiple behavior problems in school. The program builds up protective factors against school failure, violence, delinquency, and substance abuse. FAST program goals include teaching good parenting skills, reinforcing the value of a social support system to combat social isolation that is often a link to breakdowns in parenting, and

					reinforcing the connection between the child's parent and school.
Risky Business (SMHA)	X			7-12	Improve decision making skills
Kernels for Life (SMHA)	X			k-12	Prevention strategies for home and community to improve the cooperation and performance of young people.
QPR (MHRB, NAMI...)	X				
MHFA/YMHFA (MHRB,NAMI)	X				



ASAM American Society of
Addiction Medicine

FOR IMMEDIATE RELEASE

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American Correctional Association and American Society of Addiction Medicine Release Joint Policy Statement on Opioid Use Disorder Treatment in the Justice System

Statement supports access to all evidence-based treatment options

The American Correctional Association (ACA) and the American Society of Addiction Medicine (ASAM) released today a Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals. The statement includes recommendations to support correctional policy makers and correctional healthcare professionals in providing evidence-based care to those in their custody or under their supervision who have an opioid use disorder.

In supporting this joint policy statement, Dr. Lannette Linthicum, President of the ACA and a physician, believes that the corrections environment provides an ideal setting for the treatment of substance use disorders for those in the justice population. According to Dr. Linthicum, “we know that substance use disorders, including opioid use disorders, are markedly overrepresented in our incarcerated populations. This partnership with ASAM will enable us to enhance the treatment of our patients with substance use disorders. As we move forward together, these efforts will help change the course of the nation’s opioid crisis.”

“ASAM is pleased to join ACA in releasing this important statement, which makes clear that justice-involved individuals should have access to the same evidence-based treatment options that are available in traditional healthcare settings,” said ASAM President Dr. Kelly Clark. “We know that release from jail and prison is associated with a dramatic increase in death from opioid overdose among those with untreated opioid use disorder and providing treatment access during incarceration and warm handoffs to community-based care upon release can help save lives.”

The statement’s recommendations cover screening, prevention, and treatment of opioid use disorder as well as reentry and community supervision considerations and education of justice system personnel. The full statement can be found on ACA’s website [here](#) and ASAM’s website [here](#).

The [American Correctional Association](#) (ACA) is a professional membership organization composed of individuals, agencies and organizations involved in all facets of the corrections field, including adult and juvenile services, community corrections, probation and parole, jails and correctional public health. It has thousands of members in the United States, Canada and other nations, as well as over 100 chapters and affiliates representing states, professional specialties, or university criminal justice programs. For more than 148 years, ACA has been the driving force in establishing national correctional policies and advocating safe, humane and effective correctional operations. Today, ACA is the world-wide authority on correctional policy and performance base standards and expected practices, disseminating the latest information and advances to members, policymakers, individual correctional professionals and departments of correction. ACA was founded in 1870 as the National Prison Association and became the American Prison Association in 1907. At its first meeting in Cincinnati, the assembly elected Rutherford B. Hayes, then governor of Ohio and later U.S. president, as the first president of the association. At that same meeting, a Declaration of Principles was developed, which became the accepted guidelines for corrections in the United States and Europe. At the ACA centennial meeting in 1970, a revised set of principles reflecting advances in theory and practice was adopted. These principles were further revised and updated in January 1982 and in 2002.

The [American Society of Addiction Medicine](#) is a national medical specialty society representing over 5,500 physicians and associated professionals. Its mission is to increase access to and improve the quality of addiction treatment, to educate physicians, and other health care providers and the public, to support research and prevention, to promote the appropriate role of the physician in the care of patients with addictive disorders, and to establish Addiction Medicine as a specialty recognized by professional organizations, governments, physicians, purchasers and consumers of health care services and the general public. ASAM was founded in 1954 and has had a seat in the American Medical Association House of Delegates since 1988.



JOINT PUBLIC CORRECTIONAL POLICY ON THE TREATMENT OF OPIOID USE DISORDERS FOR JUSTICE INVOLVED INDIVIDUALS

2018-2

Introduction:

Seventeen to nineteen percent of individuals in America's jail and state prison systems have regularly used heroin or opioids prior to incarceration.ⁱ While release from jail and prison is associated with a dramatic increase in death from opioid overdose among those with untreated opioid use disorder (OUD), there are considerable data to show that treatment with opioid agonists and partial agonists reduce deaths and improves outcomes for those with opioid use disorders.^{ii,iii} Preliminary data suggest that treatment with an opioid antagonist also reduces overdose.^{iv} As a result, the 2017 bipartisan Presidential Commission on "Combating Drug Addiction and the Opioid Crisis" has recommended increased usage of medications for addiction treatment (MAT) in correctional settings.^v

Policy Statement:

The American Correctional Association (ACA) supports the use of evidence-based practices for the treatment of opioid use disorders. ACA and the American Society of Addiction Medicine (ASAM) have developed recommendations specific to the needs of correctional policy makers and healthcare professionals. These recommendations will enable correctional administrators and others, such as community corrections, to provide evidence-based care to those in their custody or under their supervision that have opioid use disorders.

ASAM recently published a document entitled *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*^{vi} that includes treatment recommendations specifically for individuals in the justice system. Pharmacotherapy, behavioral health treatment, and support services should be considered for all individuals with OUD that are involved in the justice system.

ACA and ASAM recommend the following for correctional systems and programs:

A. Screening/Prevention

1. Most deaths from overdose occur during the first few days following intake to the correctional facility. Screen all incoming detainees at jails and prisons using screening tools with psychometric reliability and validity that provide useful clinical data to guide the long-term treatment of those with OUD and with co-occurring OUD and mental disorders. Opioid

antagonist (naloxone) should be available within the facility and personnel should be trained on its use.

2. Pre-trial detainees screened upon entry that are found to be participating in an MAT program to treat OUD and who are taking an opioid agonist, partial agonist, or antagonist should be evaluated for continuation of treatment on that medication, or a medication with similar properties. There are effective models for continuing treatment with each of these medications in the justice system.
3. Pre-trial detainees and newly admitted individuals with active substance use disorders who enter with or develop signs and symptoms of withdrawal should be monitored appropriately and should be provided evidence based medically managed withdrawal (“detox”) during the period of withdrawal. Validated withdrawal scales help gauge treatment. Several medications have been shown to improve withdrawal symptoms.

B. Treatment

1. All individuals who arrive into the correctional system who are undergoing opioid use disorder treatment should be evaluated for consideration to continue treatment within the jail or prison system. Individuals who enter the system and are currently on MAT and/or psychosocial treatment should be considered for maintenance on that treatment protocol.
2. Treatment refers to a broad range of primary and supportive services.
3. The standard of care for pregnant women with OUD is MAT and should therefore be offered/continued for all pregnant detainees and incarcerated individuals.
4. All individuals with suspected OUD should be screened for mental health disorders, especially trauma-related disorders, and offered evidence-based treatment for both disorders if appropriate.
5. Ideally, four to six weeks prior to reentry or release, all individuals with a history of OUD should be re-assessed by a trained and licensed clinician to determine whether MAT is medically appropriate for that individual. If clinically appropriate and the individual chooses to receive opioid use disorder treatment, evidence-based options should be offered to the individual.
6. The decision to initiate MAT and the type of MAT treatment should be a joint decision between the provider and individual who has been well informed by the trained and licensed clinician as to appropriateness of the therapy, as well as risks, benefits, and alternatives to this medical therapy. MAT should not be mandated as a condition of release. In choosing among treatment options, the individual and provider will need to consider issues such as community clinic or provider location/accessibility to the individual, insurance access or type and medical/clinical status of the individual.
7. Treatment induction for the individuals who choose treatment for opioid use disorder (MAT) should begin 30 days or more prior to release, when possible.

C. Reentry and Community Supervision Considerations

1. All individuals returning to the community who have an OUD should receive education and training regarding unintentional overdose and death. An opioid antagonist (naloxone) overdose kit or prescription and financial means (such as insurance/Medicaid) for obtaining the kit may be given to the individual, along with education regarding its use.
2. When possible, an opioid antagonist (naloxone) and overdose training should include the individual's support system in order to provide knowledge about how to respond to an overdose to those who may be in the individual's presence if an overdose does occur.
3. Immediate appointment to an appropriate clinic or other facility for ongoing treatment for individuals returning to the community with substance use is critical in the treatment of opioid use disorder. As such, ideally the justice involved population's reentry needs should be addressed at least 1 to 2 months prior to release in order to avoid any interruption of treatment.
4. Reentry planning and community supervision should include a collaborative relationship between clinical and parole and/or probation staff including sharing of accurate information regarding MAT.
5. Parole and probation staff should ensure that residence in a community-based halfway house or similar residential facility does not interfere with an individual's treatment of OUD with MAT.

D. Education

1. Scientifically accurate, culturally competent, and non-judgmental training and education regarding the nature of OUD and its treatment should be provided to all justice system personnel including custody officers, counselors, medical personnel, psychologists, community supervision personnel, community residential staff, agency heads and leadership teams.
 2. This training should include education about the role of stigma involving substance use disorders and the subtle but very real impact that stigma has on those suffering from substance use disorders and those treating them.
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This Joint Public Correctional Policy was unanimously ratified by the American Correctional Association Delegate Assembly at the 2018 Winter Conference in Orlando, FL. on Jan. 9, 2018. ⁱ BJS. (2017, June). Special Report. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. ⁱⁱ Binswanger IA, Blatchford PJ, Mueller SR, and Stern MF. Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009. *Ann Intern Med* 2013 Nov 5; 159(9): 592–600. ⁱⁱⁱ Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ* 2017;357:j1550

^{iv} Lee JD, Friedmann PD, Kinlock TW, et al. Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders. *N Engl J Med* 2016;374:1232-42. ^v <https://www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf> ^{vi} ASAM. National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (ASAM, 2015).

Appendix G

Mental Health & Recovery Board of Clark, Greene & Madison County FY2019 Housing
Non-Board Funded Properties

Permanent Housing					
Housing Type	Provider	Owner	City	Staff	Beds
Permanent	Mental Health Services	RC Apartments	Springfield	No	4
Permanent	Mental Health Services	RC Apartments	Springfield	No	4
Permanent	Mental Health Services	RC Apartments	Springfield	No	2
Permanent	Mental Health Services	RC Apartments	Springfield	No	2
Permanent	Mental Health Services	RC Apartments	Springfield	No	2
Permanent	Mental Health Services	RC Apartments	Springfield	No	1
Permanent	Mental Health Services	RC Apartments	Springfield	No	3
Permanent	Mental Health Services	Restan Corp	Springfield	No	6
Permanent	Mental Health Services	Restan Corp	Springfield	No	3
Permanent	Mental Health Services	Restan Corp	Springfield	No	8
					Subtotal: 35
Time-Limited					
Temporary	Project Woman	Private	Springfield	No	10
					Subtotal: 10
					Total: 45

Mental Health & Recovery Board of Clark, Greene & Madison County
FY2019 Housing Matrix
Board Funded Properties

Permanent Housing					
Housing Type	Provider	Owner	City	Staff	Beds
Permanent	Mental Health Services	Board	Springfield	No	3
Permanent	Mental Health Services	Board	Springfield	No	6
Permanent	Mental Health Services	Board	Springfield	No	3
Permanent	Mental Health Services	Provider	Springfield	No	2
Service Enriched	Mental Health Services	Board	Springfield	Yes	6
Service Enriched	Mental Health Services	Board	Springfield	No	4
Service Enriched	Mental Health Services	Provider	Springfield	Yes	9
Recovery 1	McKinley Hall	Board	Springfield	No	10
Recovery 1	McKinley Hall	Provider	Springfield	No	8
Recovery 1	McKinley Hall	Provider	Springfield	No	5
Recovery 1	McKinley Hall	Provider	Springfield	No	4
					Subtotal: 60
Time-Limited/Temporary					
Recovery 3 IOP	McKinley Hall	Board	Springfield	24 hours	13
Temporary	McKinley Hall	Rental	Springfield	24 hours	5
Temporary	Project Woman	Board	Springfield	24 hours	16
Temporary	Project Woman	Provider	Springfield	Intermittent	17
Transitional	Matt Talbot	Provider	Springfield	Intermittent	10
					Subtotal: 61
Residential Treatment					
SUD Residential	McKinley Hall	Provider	Springfield	24 hours	14
					Total: 135