

Erie County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response



Erie County, Ohio

Sequential Intercept Mapping Final Report

October 29-30, 2018

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Sequential Intercept Mapping

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Erie 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 Erie County, Ohio on October 29 & 30, 2018. 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 Erie 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 & Recovery Board of Erie & Ottawa Counties requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in June 2018 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, interdiction and the criminal justice system. The *Sequential Intercept Mapping* and *Taking Action for Change* workshops are designed to aid 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 26 individuals representing multiple stakeholder systems including substance use disorder treatment, mental health, medical, housing, county jail, peer supporters, law enforcement, courts, and county administration services. A complete list of participants is available in the resources section of this document. John Ellis, Teri Gardner, Teri Minney, Daniel Peterca 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 Erie 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 Erie County Sequential Intercept Map created during the workshop can be found in this report on page 6.

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 evidence-informed practices** whenever possible and practical.

Cross-Systems Partnerships; Task Force

Erie 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 four primary cross-system collaborative teams/coalitions: Crisis Intervention Team (CIT) training, Reentry Coalition, Juvenile Drug Court, and the Drug Free Coalition. 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.

Individual in Recovery Involvement

The local planning team included three peer supporters, with additional representation during the workshop consisting of a peer supporter and an individual in recovery who was also a service provider; 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 with lived experience; 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 some decision makers present from the court system, jail, substance use disorder treatment and mental health system.
- Key participants and decision makers that were notably absent from the process included law enforcement patrol and leadership; dispatch representation; other first responders, e.g., emergency medical services; Municipal Court; Judiciary; and prosecutor.

Data Collection; Information Sharing; Communication

- The Erie County Planning Team compiled the following items to be reviewed by facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Erie County Jail Data for September 2017 – September 2019

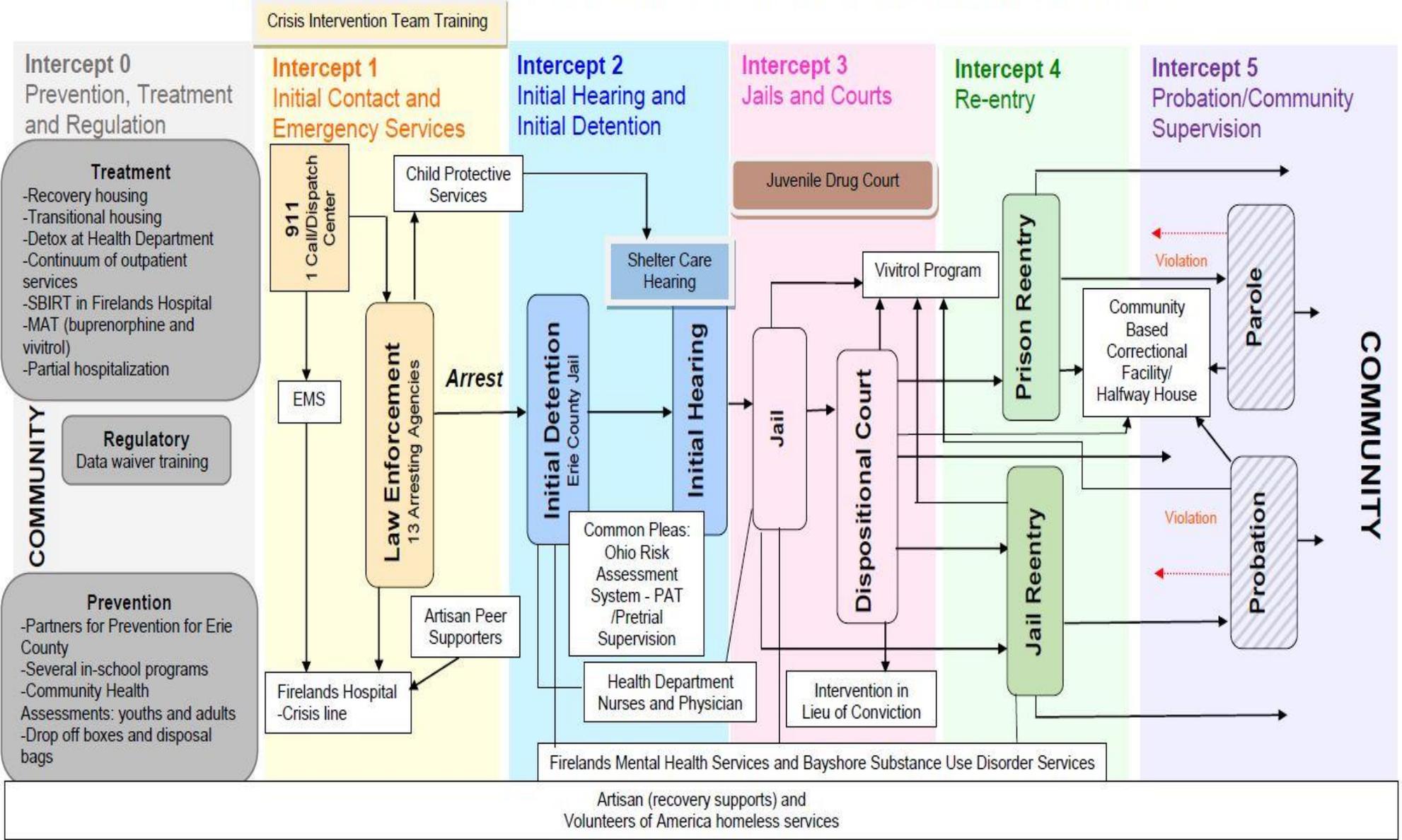
Recommendations

- Consider adopting a Collective Impact Framework Model for organizing, overseeing, monitoring and reporting the collective efforts of the various agencies, coalitions and teams to avoid segregated responses and duplication of efforts, and enhance coordination of efforts.
- 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 Erie 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.

Sequential Intercept Mapping

Erie County, Ohio

Critical Intervention Points for Change: Erie County Opioid Mapping, October 2018



Erie 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 1 and June 29; 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, encounter 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 Erie County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

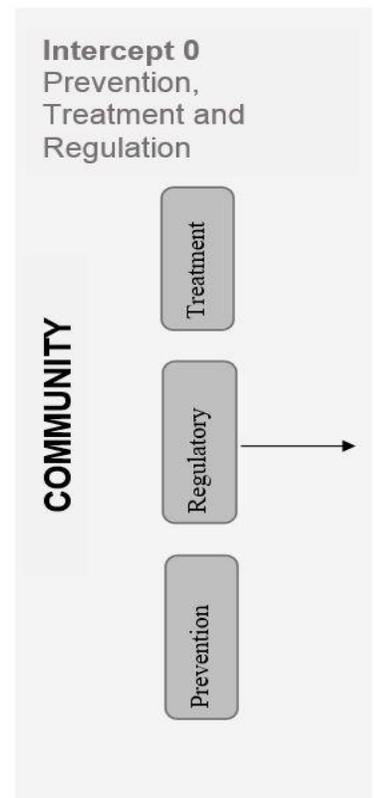
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

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 Erie County. In addition to the services and resources outlined below, participants discussed challenges and barriers associated with individuals who are charged with offenses in multiple counties, generally limited resources, limited transportation resources particularly for non-Medicaid services and anyone living outside of Sandusky City limits, and children in non-parental care.

Prevention

- Drug Free Coalition, funded by the Partners for Prevention grant and operated through the Erie County Health Department, meets quarterly and has more than 60 agencies involved. The Coalition has a school component and will provide follow-up for Enough is Enough program (see below)
- The Erie County Health Department provides the Community Health Assessment Study to identify substance use concerns within the community. The youth study was completed in 2017 and the adult study will be forthcoming. Numerous workshop participants had not received the results of this survey.
- There are a few community-based prevention or education strategies currently in place, including:



- Starfish Project – faith-based teen challenge that provides funding for treatment
- Incredible Years – parenting programming
- Celebrate Recovery – faith-based programming
- Prevention programs are implemented in schools at the request of each school. Surveys and needs assessments are used to guide selections. Those present at the workshop identified several school-based prevention programs currently in use:
 - Risk and Protective Factors Model is used in both private and public schools, kindergarten through high school
 - Early childhood mental health – birth to eight years old
 - Puppet Program – preschool to seven years old
 - Botvin *LifeSkills* Training Program – kindergarten through high school
 - Whole Child Matters – children with identified behaviors
 - Rachel's Challenge
 - Dinosaur
 - Drug Abuse Resistance Education (DARE) – 5-6th grade and middle school
 - Enough is Enough – will begin December 2018 in middle and high schools upon request, with collaboration between Child Protective Services, Erie County Sheriff's Office and Erie County Health Department. Follow-up will occur via the Drug Free Coalition.
- Prescription drug drop-off locations are available primarily at law enforcement agencies. Participants were uncertain about other locations, suggesting there may be a drop box at City Hall on Kelleys Island and at one pharmacy. Local pharmacies and 211 provide drug drop-off information. In addition, drug disposable pouches are available through Bayshore Counseling and Erie County Health Department; pouches are mostly given to senior citizens.
- The community does not participate in the National Drug Enforcement Administration (DEA) semi-annual drug take-back days; however, drug take-back days occur and are organized by the Drug Free Coalition.
- In 2016, the Erie County Health Department, Municipal Court, Common Pleas Court, and Job and Family Services held a rally regarding opioid prevention. There was a large turnout. One of the strategies included enlisting high school coaches and leadership and having high school students create videos on opioid prevention.
- Multiple agencies within the county review death certificates, including the epidemiologist at the health department; however, there is no central place for information to be collated, analyzed or shared, and currently no mechanism for cleaning the data to ensure accurate baselines. There are plans to review data collectively after the workshop. Currently, Adult Protective Services implements a fatality review board, but an Opioid Fatality Review Board does not exist

Regulation

- Ohio Automated Rx Drug Reporting System (OARRS) is utilized as required by law at local agencies, Child Protective Services, Law Enforcement, psychiatrists and primary care physicians. Those in attendance reported seeing an overall improvement in adherence to prescribing guidelines
- Erie County Health Department provides data waiver training upon request.
- Recently, a practice was shut down due to overprescribing of opioids; therefore, those present at the workshop stated that there is a concern regarding street drug usage after the closing as patients are trying to seek services elsewhere. Currently, there has not been a protocol provided by the DEA to reassign those patients.

Treatment

In Erie County, individuals typically access the treatment system by referral from Municipal Court, Common Pleas Court, probation departments, local school districts, primary care physicians and self-referral.

- Outpatient services, individual counseling, and anger management classes are available through Firelands and Bayshore Counseling.
- The LCADA Way provides funding for step down to intensive outpatient treatment (IOP) and services.
- Partial hospitalization is available for up to 30 hours.

- Firelands Hospital provides a 24/7 hotline and crisis counselors. Screening Brief Intervention and Referral to Treatment (SBIRT) is used in the Emergency Department, and crisis counselors will go into the emergency department to provide information and referrals
- Medication Assisted Treatment (MAT) availability exists with Vivitrol and Suboxone; no methadone is available. Those present at the workshop described concerns regarding the variable policies of recovery housing in terms of acceptance of individuals who are on MAT or mental health medications. Some facilities cannot administer medications because of staffing limitations; some have policies prohibiting the medications on-site, largely due to concerns about diversion of medications. There are clear standards for residential treatment, but not for recovery housing, resulting in confusion about what programs accept individuals under what circumstances.
 - Bayshore Counseling provides Vivitrol
 - Firelands Hospital provides Vivitrol and Suboxone
- Erie County Health Department provides Project DAWN and an adult 16-bed detox facility; however, insurance is required to receive services. Average length of stay is 5-7 days; linkage to treatment and follow-up services are provided. Outside agencies provide services and groups. If additional beds are needed, Firelands and Bayshore Counseling will refer individuals to Stella Maris in Cuyahoga County.
- These existing housing services were highlighted.
 - Erie County homeless shelter
 - Lighthouse Sober Living offers 15 beds for males and 7 beds for females
 - Halfway house for women
 - Three recovery homes for women; however, pregnant women are unable to receive services and are referred to Southern Ohio; males are referred out of county
 - Genesis by the Lake in Lorain County offers a sober living community for women and children
 - Volunteers of America and Job and Family Services offers 8 transitional housing beds and 72 beds for families, males, females and veterans.
 - Oriana House provides a halfway house for males.
 - Erie County Health Department will be providing a 48-bed transitional housing program for women with services provided by The LCADA Way. The program will work with Job & Family Services on reunification of families; however, children will not be housed.
- Peer supporters are available through Sandusky Artisan Recovery and Consumer Operated Services. Peer supporters from Sandusky Artisan Recovery are on-call at Firelands Hospital.

Intercept 0 Gaps

- ▣ School-based prevention/education for ages 3-5 as many are not in preschools and miss out on programming; school-based prevention/education must be requested by the school
- ▣ Risk and Protective Factors Model is only in one high school
- ▣ Data collection
 - Lack of consistent data collection by agencies
 - Consistent description of incident
 - Central data collection point
- ▣ Knowledge of local services and resources
 - Prevention efforts
 - Eligibility criteria
 - Community Health Assessment Study results
- ▣ Recovery housing for males and homelike setting for women
- ▣ Residential treatment within Erie County
- ▣ Opioid fatality review board
- ▣ Lack of services for pregnant women
- ▣ Acceptance of MAT and mental health medications in recovery housing and other settings
 - Knowledge of which recovery services accept individuals under various circumstances
 - Addressing concern about individuals diverting Suboxone

Intercept 0 Opportunities

- Community Health Assessment Study for youth and adults
- Opioid prevention videos by local students
- Drug take back community events
- Drug drop-off locations and disposable bags
- Availability of 211
- 24/7 crisis hotline at Firelands Hospital
- Peer supporters
- Monthly Project DAWN Training
 - Project DAWN training for community members and service agencies
- Erie County Health Department transitional housing with The LCADA Way
- Involvement of the faith-based community
- All types MAT required for several funding sources
- Improvement in adherence to prescribing guidelines
- Erie County will be implementing a county hub to combat opioid use disorders

Recommendations

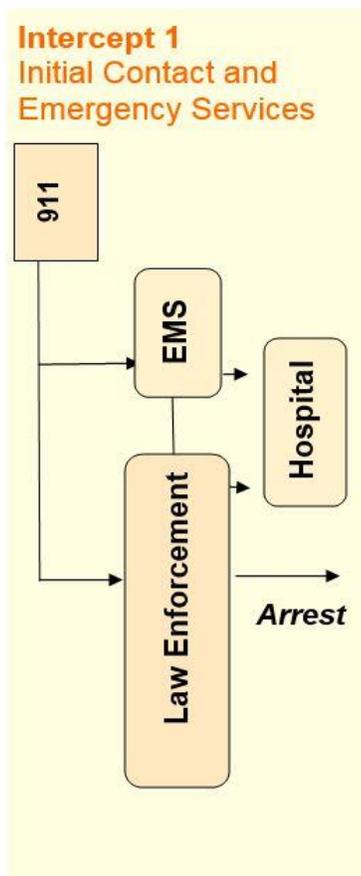
- Disseminate results of the Community Health Assessment study to all SIM participants
- The community has multiple permanent medication drop-off locations and should enhance public communication to impress upon the community the importance of discarding unneeded or aged medications and how to go about doing so.
- Develop a process where overdose deaths and fatalities are reviewed by a multi-disciplinary team. These results could then be used to inform decisions on prevention effects.
- Use an ad hoc committee to gather up to date information on eligibility requirements for recovery housing, residential services, and other housing options; educate providers and referral sources on clear paths to follow and identify a central keeper and responsible party to maintain an updated referral list.

Intercept I: Law Enforcement / Emergency Services

In Erie 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 advise, summons, arrest, transport to county jail, or transport to hospital.

Dispatch / 9-1-1

- Erie County has one central call center, operated by the county, which serves as the dispatch center for emergency medical services (EMS), fire and police.
- A training re: overdose calls, and emergency medical dispatching is offered for dispatchers.



Law Enforcement & Emergency Services

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 2018, Erie County has 13 Law Enforcement Agencies: Bay View Police Department, Berlin Heights Police Department, Castalia Police Department, Erie County Sheriff's Office, Erie MetroParks Police Department, Huron Police Department, Kelleys Island Police Department, Milan Police Department, Ohio Veterans Home Police Department, Perkins Township Police Department, Sandusky Police Department, Sandusky Police/Cedar Point Division and Vermillion Police Department with an estimated 152 full-time officers.

- Law enforcement currently uses the following options for individuals with a substance use related crisis:
 - Seize paraphernalia; however, charges are not filed until the Ohio Bureau of Criminal Identification and Investigation report comes back.
 - Utilize summons to court dependent upon offense.
 - EMS transport to hospital emergency department; however, it is not required that an individual be transported to an emergency department after given Narcan®.
 - Arrest and transport to Erie County jail.
- Both law enforcement and EMS will co-respond to the scene. Typically, EMS is the lead at the scene.
- Most law enforcement agencies and EMS providers carry Narcan®. Currently, Narcan® data is not collected for law enforcement usage.
- Erie County holds countywide Crisis Intervention Team (CIT) training in collaboration with Ottawa County once per year. A one-hour lecture on addiction is incorporated into the 40-hour training.
- Law enforcement will contact Child Protective Services to take custody of children as needed.

Crisis Services

- Firelands Hospital provides a 24/7 hotline. There is no mobile crisis service, nor a drop-off or stabilization unit within the county.

Hospitals/Emergency Rooms

- The only hospital in Erie County is Firelands Hospital. The hospital has an Emergency Department, which medically stabilizes patients, then releases them with a list of resources.
 - The hospital tracks data regarding utilization of Narcan®.
 - The 24/7 hotline will provide crisis counselors when needed.
- Firelands Hospital will contact Sandusky Artisan Recovery for peer support. Peer supporters are trauma informed and will meet individuals and provide referrals.

Detoxification

- Erie County Health Department provides an adult 16-bed detox facility; however, insurance is required to receive services. Average length of stay is 5-7 days; linkage to treatment and follow-up services are provided. If additional beds are needed, Firelands and Bayshore Counseling will refer individuals to Stella Maris in Cuyahoga County.

Veterans

- The county utilizes the Sandusky Veterans Administration Outpatient Clinic.

Intercept I Gaps

- Lack of dispatch protocol for substance use/overdose
- Not aware whether all law enforcement or EMS agencies carry Narcan®
- Data collection
 - Narcan® utilization and reversals
 - Emergency department referral outcomes

- Lack of other diversion options for law enforcement
 - Centralized drop-off location
- Lack of ambulatory detox

Intercept I Opportunities

- Opiate/overdose and Narcan® policies are part of dispatch training

Recommendations

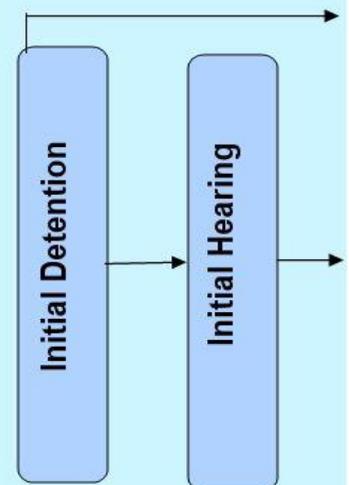
- Data is important to inform decision making about programming and services. Currently, the county does not have a Quick Response Team (QRT) or similar function. A coordinated effort should be made to gather, report and analyze first responder and hospital data, including Narcan® reversals, to determine if a QRT or similar function is warranted. Related, first responder data should be analyzed to determine the county's need for a substance use drop-off site, where individuals can sober up under supervision and gain access to social service and treatment options.
- Add companion courses to the routine CIT course offerings. These courses, often for EMS, fire and dispatchers, range in length but are typically shorter than the 40-hour course.

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

Initial Detention

- Erie County jail is the only full-service detention facility. Most individuals are booked and then released on citation.
- The jail averages 11 bookings per day and pre-screens all potential inmates before acceptance into the facility. The pre-screen includes four questions pertaining to offense, and suicidality. Individuals that are suicidal or have serious medical/mental health concerns are taken to Firelands Hospital.
 - If a mental illness, substance use disorder or medical concern is identified, then referral to the nurse occurs.
 - Upon acceptance to the jail, correction officers complete a 4-page questionnaire, which includes questions pertaining to mental health and medical concerns.
 - Within 48-hours, individuals are seen by the nurse and women are given a pregnancy test. The nurse completes a questionnaire, which includes questions pertaining to mental health and medical concerns. Jail staff indicated that most needs are identified at this stage of intake.
 - Of 169 charts reviewed, 75% of individuals were identified as having a substance use disorder; only 7% were identified by booking staff.
- The jail will provide comfort medications for individuals that are in withdrawal; however, there is not a special unit.
- Individuals do not have access to outside medications except life-saving medications. Typically, individuals will receive medications within 24 hours through the jail formulary. In the past, individuals could receive outside medications, but this practice was stopped due to concerns about contraband medications.

Intercept 2 Initial Hearing and Initial Detention



Arraignment

- Municipal Courts are in Erie, Huron, Vermillion and Sandusky. All felony and misdemeanor initial hearings take place in these courts via video or in-person within 48 hours barring a holiday. No hearings occur on weekends.

- Municipal Court utilizes a bond schedule and individuals are released on personal or personal recognizance bonds. Pretrial supervision is conducted through the probation department.
- Public defenders are available at the Municipal and Commons Pleas courts; however, it was unclear whether they are present at the initial hearing.
- Most individuals are released from the Erie County Jail on citation and go under direct indictment. Bind overs are typically bonded out at the Municipal level and then indicted at Common Pleas; therefore, most bind overs are treated as direct indictments; many felonies are direct indictments.
- Common Pleas arraignments occur via a magistrate once per month; however, individual arraignments are scheduled as needed.
- Common Pleas pretrial supervision is provided by the probation department and is progressively leaning more toward investigation. The officer(s) attend arraignment and use the Ohio Risk Assessment System Pretrial Assessment Tool (ORAS PAT). Those in attendance were unsure of the parallel process at Municipal Court.
- Referrals to Intervention in Lieu of Conviction can occur and are increasing due to individuals receiving better access to assessments and referrals.
- Children brought into the custody of Children's Services will have a safety review and shelter care hearing in Juvenile Court approximately 24 hours after taken into custody; however, this hearing will be postponed until the parent is available.

Intercept II – Identified Gaps

- ▣ Validated screening tool at booking
- ▣ Jail services
 - Wait time for assessment and services are delayed
 - Flow of services in jail (services are reactive)
- ▣ Not aware of Veterans Justice Outreach program
- ▣ Bind overs are typically bonded out at the Municipal level and then indicted at Common Pleas; therefore, there is a delay in direct indictment process

Intercept II – Identified Opportunities

- ▣ Common Pleas is utilizing ORAS PAT
- ▣ Common Pleas pretrial supervision is moving toward pretrial investigation
- ▣ Intervention in Lieu of Conviction is processing through faster
- ▣ Pregnancy tests given at jail

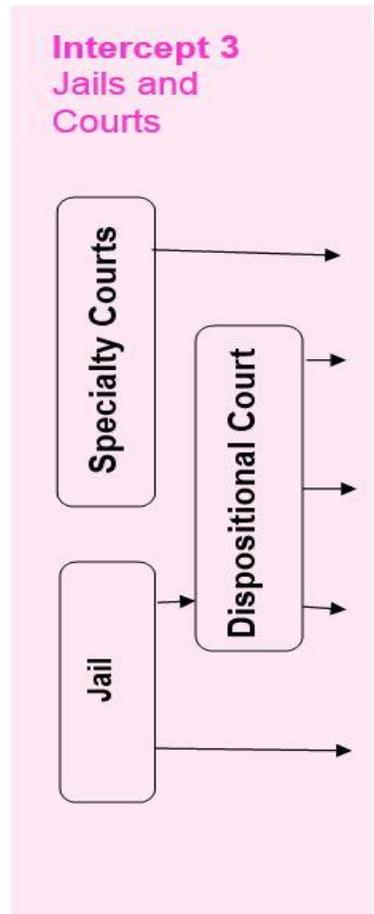
Recommendations

- ▣ 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 Mental Health & Recovery Board of Erie & Ottawa Counties contact.
- ▣ Evaluate the effectiveness of the jail's policy restricting individual's access to outside medications related to continuity of care, disruption of treatment, history of medication compliance and effectiveness, etc.
- ▣ Consider implementing a pretrial screening tool at Municipal Court, which will allow a better understanding of risk and inform decision-making related to bond or other jail alternatives.

Intercept III: Jails / Courts

Jail

- The Erie County Jail has a rated capacity of 111 and an average daily census of 124 individuals. 75% of individuals were identified as having a substance use disorder.
- Two corrections officers have completed the full 40-hour CIT course.
- The jail medical services are contracted through Erie County Health Department. Firelands provides a mental health worker 40 hours/week. Afterhours, jail staff can contact Firelands' 24/7 hotline.
- Bayshore Counseling provides peer supporters, substance use assessments with a diagnostic tool, individual counseling, groups that utilize the Matrix Model and stages of change, and peer-led groups that aid with reentry and gauge vivitrol readiness four days/week for males and females. Referral to these services come from probation, courts, family members and jail staff. Frequency and size of these services are determined by the jail administrator.
- Firelands provides a trauma-informed group, which provides assessments and service referrals. Referral occurs via screening by jail staff.
- A vivitrol program is available through funding from the Mental Health & Recovery Board of Erie & Ottawa Counties in the jail. Bayshore Counseling provides the substance use assessment and Erie County Health Department provides the medical assessment and first injection. Individuals are provided with an oral dose prior to release. Referral can come from several sources.
- Firelands mental health worker and Bayshore Counseling has access to the jail management system.



Court

- Intervention in Lieu of Conviction is utilized by all three Common Pleas Judges; however, each Judge operates the program differently. Judge provides referrals for intake and assessment; individuals can go to any provider for treatment.

Specialty Courts

- Previously, Erie County had an adult specialized docket that functioned well, originally as a diversionary docket but later a post-conviction program, which made Intervention in Lieu of Conviction more beneficial. Because clients preferred IILC and systems did not coordinate and collaborate to make the two options work well to serve the greater need, the specialty court diminished and was ultimately terminated.
- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of August 17, 2018, Erie County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status August 17, 2018
Judge Robert C. Delamatre	Juvenile	Drug	Certified

Intercept III – Identified Gaps

- ▣ Access to existing, outside medications for individuals detained in jail
- ▣ Consistency of referral and evaluation for Intervention in Lieu of Conviction
- ▣ Lack of a drug court
- ▣ Jail services

- Jail administration restricts the size and frequency of Bayshore Counseling Services due to security concerns
 - Some individuals are not ready to participate in a group; however, groups are the only way to receive services
 - Availability of services sooner
 - Identification of individual needs through means other than what is listed
 - Individualize responses post-assessment
- ▣ Concerns regarding the jail detox protocol

Intercept III – Identified Opportunities

- ▣ Mental health staff is available 40 hours per week with Firelands crisis hotline available on the weekends

Recommendations

- ▣ Jail administration should review and compare the jail’s policies and practices to known best practices related to medication administration and make meaningful adjustments in collaboration with contracted medical service providers
- ▣ Review court, jail, probation and treatment data to determine if there is enough need to reinstitute a Drug Court/specialty docket.

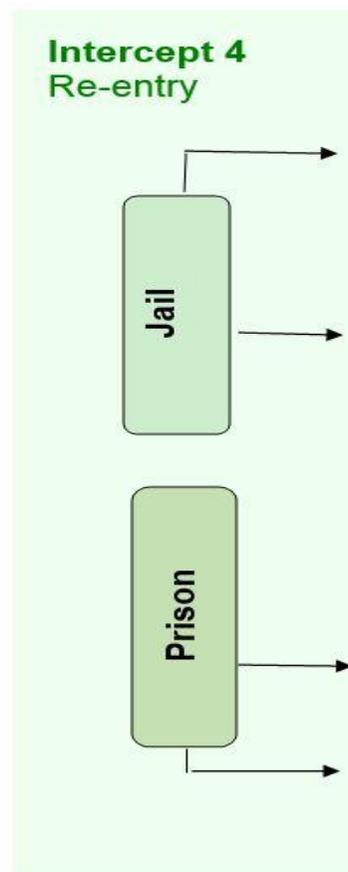
Intercept IV: Prisons / Reentry

Reentry – 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 Erie County, there were 47 referrals as of the date of this workshop. The provider receiving the packets was Oriana House (Rigel Recovery Services) in Seneca County.
- Firelands receives the mental health Community Linkage Packets from OMHAS for returning citizens with serious mental illness. Firelands meets with individuals within three days after meeting with Parole; however, the individual’s residence is not always available.
- The county utilizes Crosswaeh Community Based Correctional Facility for males and Community Correctional Center for females.
- The county previously had Citizens Circle, but the agency that operated the program went out of business. There are plans to re-implement soon.
- Child support notices can be sent out 6-months prior to release.

Reentry – Jail

- Jail staff is not consistently informed of release dates and individuals are released around the clock; therefore, there are challenges to discharge planning.
- Firelands and Bayshore Counseling provide referral to case management, housing and employment for individuals receiving services upon release.
- The jail has a good relationship with local recovery housing options.
- Upon release, Erie County Health Department provides a vivitrol injection and referral to peer supporters.
- Peer supporters provide reentry referrals to individuals involved in the reentry group.



- The jail is beginning to work on allowing individuals to receive psychiatric medications prior to or upon release.

Intercept IV – Identified Gaps

- ▣ Lack of a reentry coalition
- ▣ Lack of communication with ODRC and Adult Parole Authority
- ▣ If individuals do not receive services within the jail, then they may not be connected to resources upon release
- ▣ No relationship with the assigned Veterans Justice Outreach Program

Intercept IV – Identified Opportunities

- ▣ Plans to re-implement Citizens Circle in future
- ▣ Review Community Transition Program contract with outside county
- ▣ Access the Veterans Justice Outreach to improve services and engage individuals with the Veterans Administration

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.
- ▣ The county jail is encouraged to review its medication practices and policies and compare to best practices and national recommendations. The *Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals* issued by the American Correctional Association and American Society of Addiction Medicine is attached to this report (Appendix A).

Intercept V: Community Corrections / Community Support

Probation

- Municipal Court has six Probation Officers.
- Commons Pleas has 11 Probation Officers. Currently, two officers are dedicated to Intensive Supervision Probation (ISP); there is capacity for an additional ISP officer. Bayshore Counseling provides substance use assessments and an in-house counselor 3 times/week for 35 hours/week via grant funding. Firelands will provide assessments for current clients when needed.

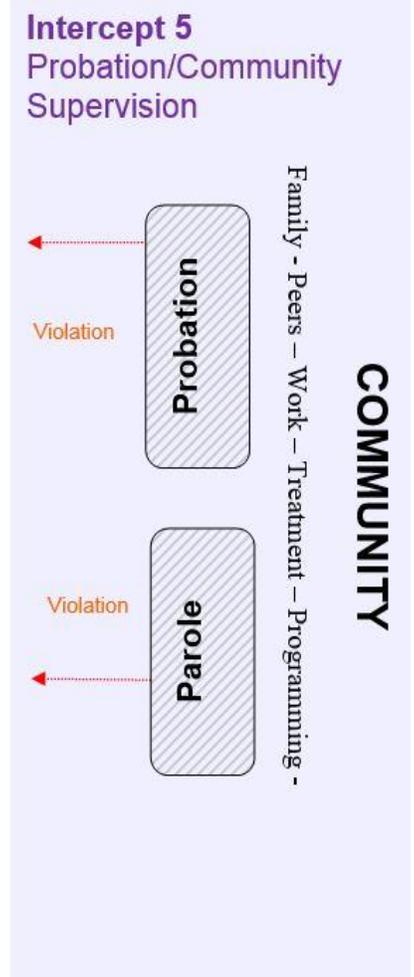
Parole

- There are two Parole Officers that are assigned to Erie County. These officers utilize office space at Sandusky Artisan Recovery every Tuesday.

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 Erie County.

- The Erie County Health Department provides holistic health practices, Project DAWN and an adult 16-bed detox facility; however, insurance is required to receive services. Average length of stay is 5-7 days; linkage to treatment and follow-up services are provided. Outside agencies provide services and groups. If additional beds are needed, Firelands and Bayshore Counseling will refer individuals to Stella Maris in Cuyahoga County.
- Outpatient services, individual counseling, and anger management classes are available through Firelands and Bayshore Counseling.
- The LCADA Way is contracted through the Mental Health & Recovery Board of Erie & Ottawa Counties to provide funding for step down to intensive outpatient treatment (IOP) and IOP services.
- Oriana House provides a halfway house for males.
- Residential treatment is not available within Erie County; females are referred to Richland County.
-
- Housing was identified as a gap for Erie County. These existing services were highlighted.
 - Total capacity for homeless is 76 beds
 - Lighthouse Sober Living offers 15 beds for males and 7 beds for females; there are three additional recovery homes in the area for women
 - Genesis by the Lake in Lorain County offers recovery housing for women and children, but unclear if they accept pregnant and post-partum women
 - Volunteers of America offers 8 transitional housing beds and 72 beds for families, males, females and veterans
 - The Mental Health & Recovery Board of Erie & Ottawa Counties put out a request for proposals for additional recovery housing



Veterans

- Probation refers to Veterans Administration after disposition.
- Supportive Services for Veteran Families and the Homeless Veterans' Reintegration Program is available.

Intercept V – Identified Gaps

- ▣ Specialized services and/or caseload at Municipal Court Probation and case planning
- ▣ Lack of ambulatory detox
- ▣ Lack of a halfway house for females
- ▣ Lack of a relationship between probation and parole beyond shared cases
- ▣ Success getting individuals into Cleveland Veterans Administration Medical Center

Intercept V – Identified Opportunities

- ▣ The Mental Health & Recovery Board of Erie & Ottawa Counties put out a request for proposals for additional recovery housing
- ▣ Holistic treatment in Erie County Health Department
- ▣ Capacity will increase at Erie County Health Department detox program
- ▣ Veterans Administration resources (housing, behavioral health, etc.)

Recommendations

- Establish a goal to have all probation complete training in EPICS (Effective Practices for Correctional Supervision).
- Develop a point of contact and relationship with the Adult Parole Authority.
- Encourage utilization of OARRS by probation and parole to assist in case planning and referrals to services.
- Evaluate existing housing resources and identify potential for housing that can include children and pregnant women.
- 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.

Priorities for Change

Erie County, Ohio

Erie 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. Recovery housing
2. Drug court
3. Residential treatment in County
4. Jail services

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

- If individuals do not receive services within the jail then they may not be connected to resources upon release (6 votes, Intercept 4)
- Lack of other diversion options for law enforcement (5 votes, Intercept 1)
 - Centralized drop-off location
- School based prevention/education for ages 3-5 as many are not in preschools and miss out on programming; school-based prevention/education must be requested by the school (2 votes, Intercept 0)
- Prior use of Municipal Court to bind cases over to Common Pleas for some drug cases. Supervision was completed by Common Pleas probation (2 votes, Intercept 5)
- Concerns regarding the jail detox protocol (1 vote, Intercept 3)
- Knowledge of local services (1 vote, Intercept 0)
 - Prevention efforts, and resources within the community
 - Community Health Assessment Study results

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/ 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
Erie County, Ohio | October 29-30, 2018

Name	Title	Organization	Email
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Observer Roster

Name	Title	Organization	Email
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Action Planning Matrix for Erie County, Ohio

Priority Area 1: Recovery housing				
Objective		Action Step	Who	When
1.	Provide a request for proposal (RFP) for recovery housing	A. Create RFP	Mental Health & Recovery Board of Erie and Ottawa Counties	10/1/18
		B. Review RFP response(s)	Mental Health & Recovery Board of Erie and Ottawa Counties	10/20/18
		C. Select provider(s)	Mental Health & Recovery Board of Erie and Ottawa Counties	11/7/18
2.	Locate recovery home	A. Secure financial support	Provider	5/30/19
		B. Address not in my backyard (NIMBY) issues	Provider	5/30/19
		C. Complete renovations	Provider	5/30/19
3.	Inform community of availability	A. Schedule public service announcements	Provider/Mental Health & Recovery Board of Erie and Ottawa Counties/Team	5/30/19
		B. Advertise	Provider/Mental Health & Recovery Board of Erie and Ottawa Counties/Team	5/30/19
		C. Word of mouth <ul style="list-style-type: none"> a. Consumers b. Providers c. Mental Health & Recovery Board of Erie and Ottawa Counties d. County agencies 	Provider/Mental Health & Recovery Board of Erie and Ottawa Counties/Team	5/30/19

Action Planning Matrix for Erie County, Ohio

Priority Area 2: Drug court				
Objective		Action Step	Who	When
1.	Outreach to all Common Pleas and Municipal Court Judges	<p>A. Follow-up email to all who were invited with brief summary of identified priorities</p> <p>B. Develop/gather action planning matrixes to be presented at Mental Health & Recovery Board of Erie and Ottawa Counties meeting</p> <p>C. Gather relevant data to help establish need</p> <p>D. Outreach to Supreme Court to get updates and resources regarding specialized dockets</p> <p>E. Ask for Judges meeting</p>	<p>Mental Health & Recovery Board of Erie and Ottawa Counties Staff</p> <p>Henrietta Whelan/Bayshore Counseling</p> <p>Brenda Cronin/Karen Russell/Jail Staff</p> <p>Mary Bower</p> <p>Lee Jacobs/Mary bower</p>	<p>11/13/18</p> <p>11/15/18 or 11/20/18</p> <p>Begin Today/Have by 11/20/18</p> <p>Prior to Judges Meeting</p> <p>11/13/18</p>
2.	Identify team to develop program	<p>A. Identify key stakeholders for Specialized Docket Advisory Committee/Board (Judge, Prosecutor, Public Defender, Mental Health and Recovery Board of Erie and Ottawa Counties, Treatment provider(s), Health Care, Probation/Parole, Law Enforcement and such others as identified)</p> <p>B. Determine policies/procedures and develop program including target population; incentives, sanctions</p> <p>C. Complete requirements to pursue initial certification and final certification. Certification through the Supreme Court of Ohio</p> <p>D. Implement program(s)</p>	<p>Judge</p> <p>Judge and the Specialized Dockets Advisory Committee/Board</p> <p>Judge and the Specialized Dockets Advisory Committee/Board</p> <p>Judge and the Specialized Dockets Advisory Committee/Board</p>	<p>1/30/19</p> <p>7/1/19</p> <p>7/1/19 and Ongoing</p> <p>9/30/19</p>
3.	Determine resources	<p>A. Identify available resources vs. needed resources</p>	<p>Judge and the Specialized Dockets Advisory Committee/Board</p>	<p>Ongoing</p>

Action Planning Matrix for Erie County, Ohio

		B. Work with potential funding sources (Mental Health & Recovery Board of Erie and Ottawa Counties; Erie County Commissioners) to seek local, state and national funding sources	Judge and the Specialized Dockets Advisory Committee/Board	Ongoing
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Action Planning Matrix for Erie County, Ohio

Priority Area 3: Residential treatment in County				
Objective		Action Step	Who	When
1.	Determine need	<ul style="list-style-type: none"> A. Cost/benefit analysis B. How many people are currently being sent to residential treatment out of county C. How many people are being sent to an inappropriate level of care because of lack of available resources (if you cannot get hard data – create focus groups to access need) D. Upon completion of assessment what level of care is recommended by American Society of Addiction Medicine (ASAM) criteria 	All	10/30/19
2.	Develop partnerships/garner public support	<ul style="list-style-type: none"> A. Education/workgroups B. Public forums C. Faith based communities D. Schools (Board of Education) E. Higher education/technical schools F. Public officials (Mayors, City Manager, Commissioners) G. Health care provider H. Recovery community/peer supporters I. Police/Sheriff/Emergency Medical Service (EMS)/Fire J. Nursing homes/skilled nursing facilities 	All	10/30/19
3.	Financial analysis	<ul style="list-style-type: none"> A. Source and use B. Pro Forma C. Identify preliminary site(s) 	All	10/30/19
4.	Maintain working sub-committee	<ul style="list-style-type: none"> A. Quarterly 	All	10/30/19

Action Planning Matrix for Erie County, Ohio

Priority Area 4: Jail services				
Objective		Action Step	Who	When
1.	Determine validated screening tool	A. Review Texas Christian University (TCU) screen and other screening tools	Angie Harris, Lt. Casey Proy and Sheriff Sigsworth	12/1/18
2.	Inmate placement within 48 hours to detox or residential	A. Determination by nurse, counselor, team, Judge or probation (if already involved)	Nurse, Counselor and/or Court	March 2019
3.	Create data reports	A. Collecting/collaborating information	Jail, Nurse, Firelands and Bayshore	January 2019
4.	Identify client – medication assisted treatment	A. Complete assessment, sign paperwork, continue or re-engage in services	Bayshore, Firelands and Erie County Health Department	Ongoing
5.	Have resource information for those leaving if they want it	A. Assemble information – case manager	Angie Harris or Mental Health & Recovery Services of Erie and Ottawa Counties get information	

Appendix

Appendix A



ASAM American Society of
Addiction Medicine

FOR IMMEDIATE RELEASE

MARCH 20, 2018

Contact: Jeff Washington, Deputy Executive Director, ACA, Alexandria, VA jeffw@aca.org
703-224-0103

Contact: Bob Davis, VP, Marketing, Membership & Engagement, ASAM, Chevy Chase, MD
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301-547-4112

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.

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).