

Hamilton County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response



Hamilton County, Ohio

Sequential Intercept Mapping Final Report

November 13-14, 2018

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Sequential Intercept Mapping

Table of Contents

<i>Sequential Intercept Mapping</i>	- 2 -
Introduction	- 2 -
Background	- 2 -
Values	- 2 -
Objectives of the Sequential Intercept Mapping Exercise	- 3 -
Keys to Success	- 3 -
Cross-Systems Partnerships; Task Force	- 4 -
Representation from Key Decision Makers; Community Investment	- 4 -
Hamilton County Sequential Intercept Map	- 6 -
Hamilton County Sequential Intercept Map Narrative	- 7 -
Intercept 0: Prevention, Treatment, and Regulation	- 7 -
Intercept I: Initial Contact and Emergency Services	- 10 -
Intercept II: (<i>Following Arrest</i>) Initial Detention / Initial Court Hearing	- 13 -
Intercept III: Jails / Courts	- 14 -
Intercept IV: Re-entry	- 16 -
Intercept V: Probation and Community Supervision	- 17 -
Hamilton County Priorities	- 21 -
Top Priorities	- 21 -
Parking Lot	- 21 -
Additional Resources	- 22 -
Participant List	- 23 -
Action Planning Matrix	- 24 -
Appendices	- 28 -

Hamilton 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 Hamilton County, Ohio on November 13-14, 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, suggestions, opportunities and recommendations to help Hamilton County achieve its goals

Recommendations and suggestions contained in this report are based on information received prior to or during the *Sequential Intercept Mapping* workshops. In addition, information was received during the weeks after the workshop. Facilitators have tried to organize the information to represent items that were provided during and after the workshops. Additional information is provided that may be relevant to future action planning.

Background

The Hamilton County Mental Health and Recovery Services Board (HCMHRSB) and the Newtown Police Department, also representing the Interdiction Committee of the Hamilton County Heroin Coalition, requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops on January 5, 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 33 individuals representing multiple stakeholder systems including substance use disorder treatment, mental health, medical, housing, corrections, county jail, individuals with lived experience, law enforcement, courts, and county administration services. A complete list of participants is available in the resources section of this document. Teri Gardner, Douglas Powley, Ruth H. Simera and Russell Spieth, 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 Hamilton 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 Hamilton 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 **evidenced-based or evidenced-informed practices** whenever possible and practical.

Cross-Systems Partnerships; Task Force

Hamilton 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 primary cross-system collaborative teams/coalitions that were identified by the local planning team and workshop participants: Addiction Services Council, Criminal Justice/Behavioral Health Project with Addiction, Hamilton County Heroin Coalition, Hamilton County TASK Force, Quick Response Teams and Specialty Dockets. 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 with Recovery Involvement

The local planning team included a peer specialist, who also attended the workshop; 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 some decision makers present from the jail, probation, substance use disorder treatment and mental health system.
- Key players and decision makers that were notably absent from the process included dispatch representation, Adult Parole Authority representation, veterans' services administration, and leadership from the court system.

Data Collection; Information Sharing; Communication

- The Hamilton 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
 - Hamilton County Jail Data for September 2017 – September 2018
 - Hamilton County Interface: Mental Health/Alcohol & Drug and Criminal Justice
 - Hamilton County Mental Health and Criminal Justice Interface

Suggestions/Recommendations

- Consider adopting a Collective Impact Framework Model for organizing, overseeing, monitoring and reporting the collective efforts of the various agencies, coalitions and systems to avoid segregated responses and duplication of efforts, and enhance coordination of efforts. Because a comprehensive response to the opioid epidemic requires involvement and dedication of many systems and entities, we encourage a cross-system, shared backbone structure. For example, in Montgomery County, Ohio the backbone is co-chaired by the Montgomery County Alcohol, Drug Addiction & Mental Health Service Board and Public Health – Dayton & Montgomery County.
- 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

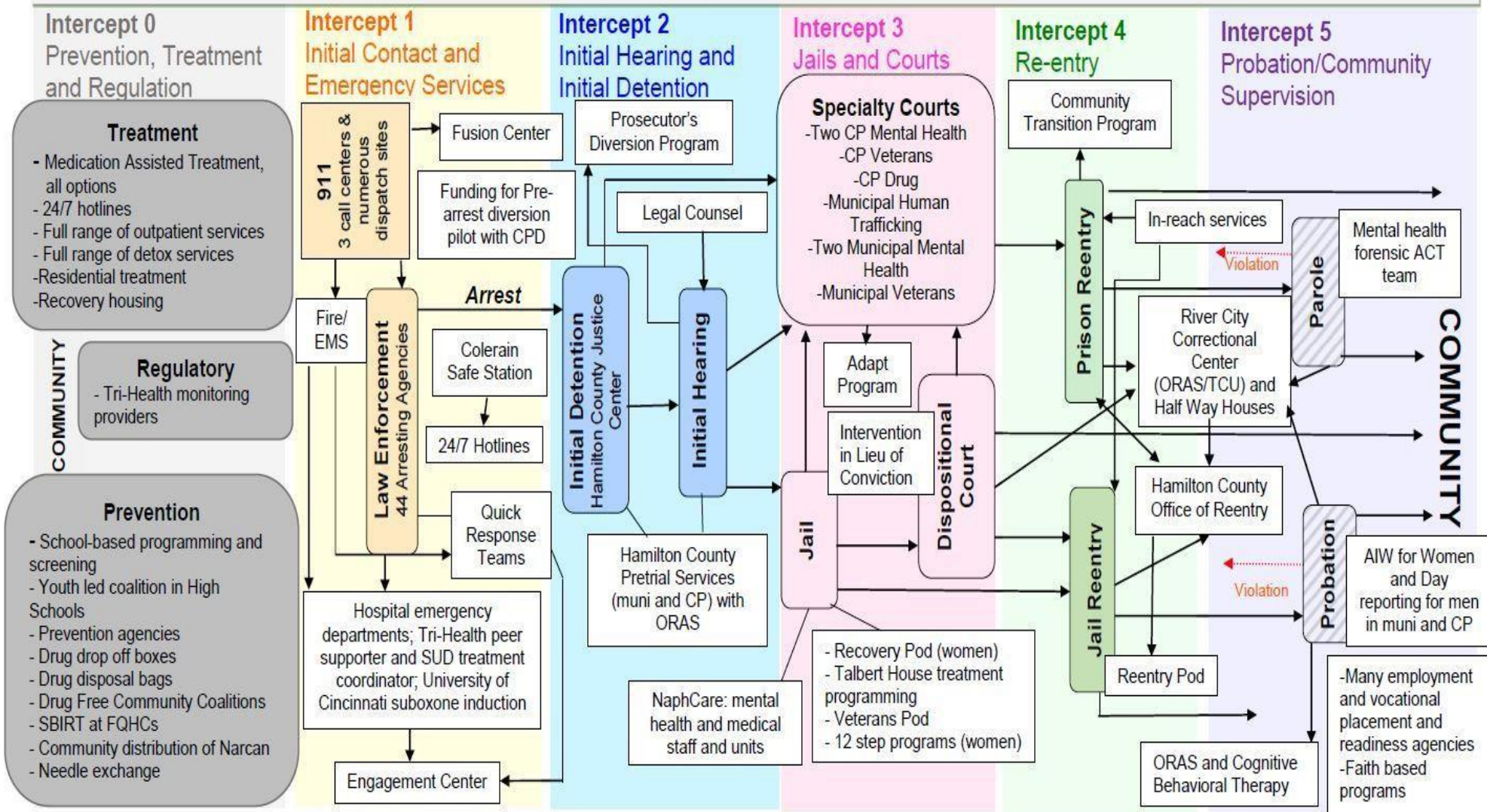
of people with substance use disorders and often co-occurring disorders in the Hamilton County criminal justice system and promoting use of alternatives.

- 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.

Hamilton County Critical Intervention Points for Change: Opioid Mapping, November 2018

Hamilton County Task Force

Hamilton County Heroin Coalition



Hamilton 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 Hamilton County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

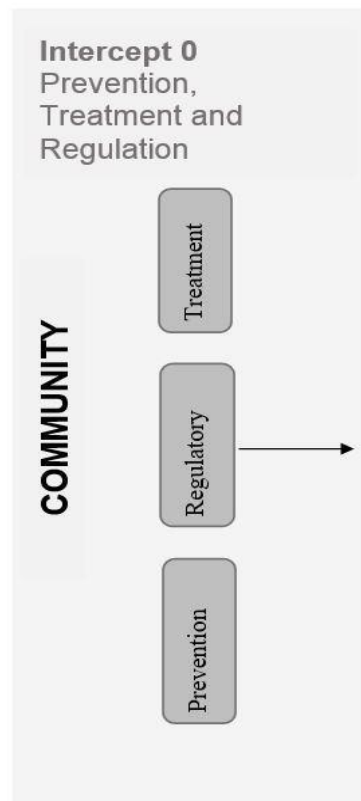
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

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 Hamilton County. In addition to the services and resources outlined below, participants discussed challenges and barriers associated with differing philosophies on the use of Medication Assisted Treatment, the misperception that individuals have stable housing and/or transportation, preconceived notions about the families of individuals living with addiction, different experiences with access to treatment vs. jail across racial and ethnic groups, a fatalistic attitude about addiction to opioids. Participants also discussed challenges with securing ongoing involvement of individuals from the recovery community, trying to create a no-wrong-door approach to accessing services, health system awareness of the needs of those with substance use disorders and competition for the same funding sources.

Prevention & Harm Reduction

According to information provided to the Criminal Justice Coordinating Center of Excellence, in Hamilton County from April 1, 2016 to March 31, 2017, there were 432 overdose deaths and 395 had an opioid in their system. In addition, from April 1, 2017 to March 31, 2018, there were 464 overdose deaths and 400 had an opioid in their system. However, there is not data available for whether these individuals were



currently engaged or had prior involvement with the behavioral health or criminal justice system.

- The Hamilton County Heroin Coalition is a group of community members, leaders, advocates and experts dedicated to ending the opiate epidemic in their community. According to their website, the coalition function within five areas of expertise: Prevention, Treatment, Harm Reduction, Law Enforcement, and First Responders.
- The Hamilton County Mental Health and Recovery Services Board (HCMHRSB) provides coordination and county-wide leadership related to prevention, treatment and recovery services. HCMHRSB funds more than \$1M to promote and provide mental health prevention services in schools and in the community. Prevention programs are marketed to schools by PreventionFIRST! and other HCMHRSB funded prevention providers and attempts are made to honor all requests. A comprehensive approach is recommended, but schools do not always rely on existing data and resources for prevention programming and may choose the more popular programs. Currently, state law requires that all schools implement opiate education; however, there are not health education standards, nor ways to hold districts accountable, and Ohio is a local control state. In addition, there are challenges to a district admitting a concern due to the risk of affecting outcomes of tax levies. There is a lot of programming in middle schools but gaining access to provide programming in high schools and inner-city jurisdictions is more challenging. Part of the challenge is the effort toward reducing the amount of time that students spend outside of the traditional classroom or focused on non-academic content. Some of the current programs are listed below. Additional program names and information might be found in the completed Community Collaboration Questionnaire (Appendix B).
 - Principles of Substance Abuse Prevention for Early Childhood
 - Youth led coalitions – five high schools
 - Mental health services, interventions and education – coordinated through various child service agencies that meet monthly.
- PreventionFIRST!, formerly the Coalition for a Drug-Free Greater Cincinnati, provides prevention efforts and support throughout Hamilton County/Southwest Ohio and parts of Indiana and Kentucky.
- There are several community-based prevention or evidence-based practices, currently in place, including:
 - nineteen We Thrive communities
 - Thirty-two Drug Free Community Coalitions
 - University of Cincinnati Coalition – main focus is alcohol use disorder
 - Fatherhood Initiative
 - Strengthening Families
 - Adverse Childhood Experiences (ACEs) Study
- Project DAWN (Deaths Avoided With Naloxone) is administered at all emergency departments, Talbert House, Hamilton County Justice Center, awareness weeks and various other organizations via a large donation by the manufacturer.
- Prescription drug drop-off locations are available at Cincinnati Police Department, Hamilton County Sheriff's Office, Tri-Health Hospital and various smaller pharmacies. In addition, drug disposable pouches are available at hospice locations and pharmacies that do not provide a drop-off site. Drop-off sites and disposable pouches are managed by PreventionFIRST!.
 - The community participates in the National Drug Enforcement Administration (DEA) semi-annual drug take-back days. Drop-off information is available on the Hamilton County Public Health website.
- Screening Brief Intervention and Referral to Treatment (SBIRT) is utilized at local schools with the goal for schools to have SBIRT become standardized screening, like vision and hearing screening. PreventionFIRST! provides training for local school districts to implement SBIRT through school nurses/counselors. There are seven behavioral health specialists in the Federally Qualified Health Centers that utilize SBIRT as well. Those in attendance noted that to increase health screenings by providers, the community needs reliable resources to refer clients to once a potential problem is identified.
 - Hamilton County Public Health provides a needle exchange program at multiple sites throughout the county four days/week. Each site staffs a linkage representative that can provide treatment information, HIV/STI testing, and immunizations. The agency holds monthly meetings to review the program.
- HCMHRSB contracts with the following agencies to provide evidenced-based substance use prevention programming in schools and the community:

- Addiction Services Council, Central Community Health Board, The Crossroads Center, Drug and Poison Center at Cincinnati Children's Hospital Medical Center, GLAD House, Talbert House and Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)

Regulation

- Ohio Automated Rx Drug Reporting System (OARRS) is utilized as required by law at local agencies, psychiatric practices and local pharmacies.
- Tri-Health Hospital monitors individual and specialty providers and is seeing a downward trend in prescription opioids.
- Those present at the workshop stated that primary care physicians might not be receiving needed information and updates.

Treatment

In Hamilton County, the goal is to have no wrong door and many points of access to treatment. Participants indicated that access to treatment is much improved compared to past; however, access is dependent upon insurance coverage. Those present at the workshop stated that individuals with Medicaid are more likely to receive treatment than those with private insurance. Agencies at the workshop are funded by HCMHRB through local levy funds, grants and state funds. HCMHRB contracts with these providers to serve the indigent population.

- Treatment services are listed online, FindLocalTx.com, which houses a database of all treatment services available in Hamilton County. Currently, the marketing budget is limited but there is an increase in awareness and contact points. HCMHRB has compiled a list of agencies who provide substance use services on their website, on a Resource Guide, which is distributed to agencies, and at community events.
- Medication Assisted Treatment (MAT) availability exists with Methadone, Vivitrol and Suboxone.
 - Those present at the workshop stated that some programs are utilizing a taper model for MAT. Hospital representatives stated that MAT is limited within the community and there are concerns for long-term management.
- Intensive outpatient treatment is available in Hamilton County through several treatment agencies.
- Center for Addictions Treatment averages 300-400 calls per day and provides a 63-bed withdrawal management center, residential treatment beds, and outpatient and primary care services.
 - Representatives indicated that they are seeing a greater number of co-occurring disorders and psychiatric illnesses needing medication stabilization; however, these individuals are not receiving support from the mental health and hospital systems. In addition, it is difficult coordinating care to stabilize and enable individuals to participate in treatment.
- Engagement Center provides MAT, withdrawal management, and referrals to treatment; however, the center is not equipped to handle individuals with medical concerns or co-occurring illnesses.
- There are several hotlines available within the county:
 - Addiction Services Council 24/7 hotline
 - Salvation Army 24/7 hotline
 - Talbert House hotline
- These existing housing services were highlighted:
 - Several homeless shelters; however, individuals utilizing MAT are ineligible.
 - Joseph House - residential facility for veterans
 - First Step Home - women
 - Recovery housing; however, individuals utilizing Suboxone or Methadone are ineligible.
- Those present at the workshop indicated that treatment is difficult to access for the African American and immigrant population. However, following the workshop, the HCMHRB indicated that Board data suggests a person's race, ethnicity, gender or age does not impact access to treatment.
- HCMHRB funds sub-acute detox as well as withdrawal management and coordinates funding with providers so that there is availability 7 days a week for access to treatment. HCMHRB contracts with the following substance use treatment agencies to provide evidence-based treatment:
 - Addiction Services Council, Center for Addiction Treatment, Central Community Health Board,

Intercept 0 Gaps

- Hamilton County Heroin Coalition is not as effective at going deeper into community issues
- Availability and presence of drug drop-off locations and disposable pouches
- Regulation information complexity and the role of the health system
- Culturally competent services for the African American Community
- ACEs study collaboration with prevention efforts
- Primary care physicians may benefit from updated education on trends, overdose, etc.
- Prevention efforts in high schools
- Availability of treatment and referral to treatment on University of Cincinnati campus
- Prevention services in inner-city jurisdictions
- Mechanism that prevention services are chosen within school districts
- Mental health prevention services
- Some deaths are being documented as heart/lung failure
- Treatment shortage due to overall billing challenges and billing challenges for case management
- Residential treatment
 - Wait list, especially for the homeless population
 - No quick access for those that overdose afterhours
- Rising number of homeless individuals due to opioid epidemic
- Acceptance of MAT
 - Recovery housing
 - Residential treatment
 - Homeless shelters
- Limited access of MAT and long-term management
- Sober housing for those on MAT and women
- After hours crisis services other than hotlines
- Those with mental health needs are unable to access medications in a timely manner and are unable to stay in treatment.
- Undocumented immigrant individuals are afraid to call for treatment or first responders for fear of being deported
- Engagement Center is not equipped for medical issues or co-occurring illnesses
- Difficult coordinating care to stabilize and enable individuals to participate in treatment
- Increased awareness of services within Hamilton County
 - Limited marketing budget

Intercept 0 Opportunities

- Collegiate recovery communities
- Center for Addictions Treatment will be adding 16 beds to their withdrawal management program
- Goal to have SBIRT become standardized screening
- Access to treatment for law enforcement

Suggestions/Recommendations

- Encourage a comprehensive approach to choosing prevention programs within local school districts.

- 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.
- Suggest that local hospitals compare their resource lists with other providers to ensure that they are making the best possible referrals.
- Compare death certificates to behavioral health system rosters and justice center roster for at least 12 months prior to death to determine if, where and how individuals at risk of overdose death might be served and intervened.
- Convene a treatment provider work group to address the issue of access to appropriate treatment for individuals with co-occurring disorders. There was agreement among participants that these individuals tend to be passed between agencies and systems.

Intercept I: Law Enforcement / Emergency Services

In Hamilton 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 local hospitals.

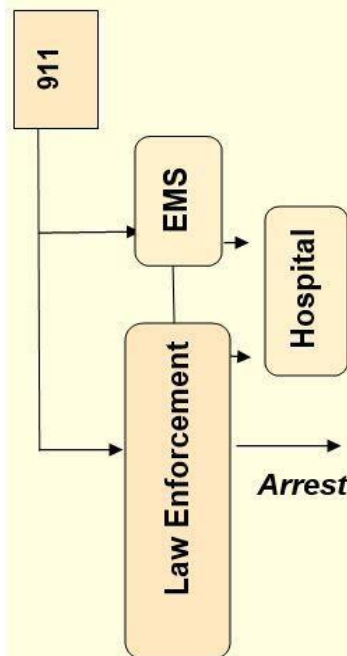
Dispatch / 9-1-1

- Hamilton County has three call centers and numerous dispatch sites, which serve as the dispatch centers for emergency medical services (EMS), fire and police.
- The centers have drug related codes and overdose codes. Code occurrence is reviewed in a daily surveillance report.
- A training re: substance use and overdose calls is offered for dispatchers.
- The Hamilton County Sheriff's Office houses the Fusion Center, which is an overdose data depository for the county, including Narcan® information. The Hamilton County Chiefs of Police Association developed the April 2015 Protocol Report for overdoses throughout Hamilton County.

Law Enforcement & Emergency Services

- According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 2018, Hamilton County has 44 Law Enforcement agencies: Addyston Police Department, Amberley Village Police Department, Blue Ash Police Department, Cheviot Police Department, Cincinnati Police Department, Cincinnati State College Campus Police Department, Cleves Police Department, Colerain Township Police Department, Deer Park Police Department, Delhi Township Police Department, Elmwood Place Police Department, Evendale Police Department, Fairfax Police Department, Forest Park Police Department, Glendale Police Department, Golf Manor Police Department, Great Parks of Hamilton County, Green Township Police Department, Greenhills Police Department, Hamilton County Sheriff's Office, Harrison Police Department, Indian Hill Police Department, Lockland Police Department, Loveland Police Department, Madeira Police Department, Mariemont Police Department, Montgomery Police Department, Mount Healthy Police Department, Mount St. Joseph University, Newtown Police Department, North College Hill Police Department, Norwood Police Department, Reading Police Department, Saint Bernard Police Department, Sharonville Police Department, Springdale Police Department, Springfield Township Police Department – Hamilton, Summit Behavioral Healthcare Police, Terrace Park Police Department, UC Health Department of Public Safety, University of Cincinnati Campus Police Department, Woodlawn Police Division, Wyoming Police Department and Xavier University Police Department with an estimated 2,418 full-time officers:

Intercept 1 Initial Contact and Emergency Services



- Law enforcement currently uses the following options for individuals with substance use related crisis:
 - Utilize summons to court dependent upon offense. Law enforcement can refer individuals to Common Pleas Drug Court via a check box on the summons sheet.
 - EMS transport to hospital emergency department; however, it is not required that an individual be transported to an emergency department after given Narcan®; there is a current effort to increase transports.
 - Transport to Center for Addiction Treatment
 - Arrest and transport to Hamilton County Justice Center.
- Both law enforcement and EMS will co-respond to the scene. If an individual is violent, law enforcement is dispatched first.
- Most law enforcement agencies and EMS providers carry Narcan®. Currently, Narcan® data is collected; however, individuals self-administering Narcan® do not call 911, so these instances cannot be tracked.
- Law enforcement utilizes the Good Samaritan/Amnesty law; however, those present at the workshop indicated that education regarding the law is needed.
- Hamilton County has four Quick Response Teams (QRT) that respond post-overdose. All teams respond within one week via referrals from the Fusion Center and fire/EMS by going into the community and trying to locate the individuals to provide information, referrals and other follow-up services.
 - Hamilton County QRT consists of an Addiction Services Council and law enforcement representative who provide Medicaid information, referral to treatment, and transportation. Addiction Services Council provides follow-up services.
 - Cincinnati Police Department QRT covers district one and three, consists of fire, a Cincinnati Police Department officer and Talbert House caseworker, who provide Medicaid information, referral to treatment, and transportation. Talbert House provides follow-up services. In these two districts, the average success rate at locating individuals is around 31%.
 - Colerain Township Police Department QRT consists of an Addiction Services Council representative, and a Colerain Township Police Department officer and Fire representative who provide Medicaid information, referral to treatment, and transportation. Addiction Services Council provides follow-up services. Colerain is also a Safe Station, where people can go to the station and ask for help, and they will be referred to Addiction Services Council 24/7 hotline.
- Hamilton County Heroin Task Force is comprised of Task Force Investigators from the Hamilton County Sheriff's Office, Cincinnati Police Department, Amberly Village Police Department, Norwood Police Division, Ohio Bureau of Criminal Investigation, Drug Enforcement Administration and the Ohio State Highway Patrol. The mission of the Task Force is to initiate an immediate and focused investigation that targets the source of the heroin/opiate that led to an overdose or overdose death.
- The task force provides an investigative team that will investigate paraphernalia left at a scene and focus investigators on the source dealer of heroin that results in overdoses and overdose deaths.
- The Hamilton County Heroin Coalition received funding for a LEAD (Law Enforcement Assisted Diversion) program which will be piloted with Cincinnati Police Department.

Crisis Services

- HCMHRB funds a mental health mobile crisis team; however, there is not a dedicated team for substance use disorders.
- Talbert House Engagement Center is available for stabilization; however, law enforcement cannot drop off individuals at the center.
- There are several hotlines available within the county. Current offerings include:
 - Addiction Services Council 24/7 hotline
 - Salvation Army 24/7 hotline
 - Talbert House 24/7 hotline

Hospitals / Emergency Rooms

- Hamilton County has several local hospitals; protocols and services vary across institutions.

- Tri-Health Hospital has 6-7 emergency departments throughout Hamilton County and serves thousands of clients with substance use concerns per site. The hospital provides buprenorphine inductions and screens for veteran status. The hospital also compares resource lists with other providers to ensure staff is making the best possible referral. The hospital has a Good Samaritan pilot program for those that are brought in after an overdose to meet with peer supporters, receive referral to treatment services, a warm hand-off to three agencies, and referral to a substance use coordinator from 8am – 5pm. The pilot program has a 70% engagement rate.
- University of Cincinnati Medical Center provides substance use services 8am – 5pm and Suboxone inductions.
- Mercy Health Hospital collaborates with local agencies.
- All local hospitals can refer to the Engagement Center for withdrawal management and any local treatment providers for connection to treatment.

Detoxification

- Engagement Center provides MAT, withdrawal management, and referrals to treatment; however, the center is not equipped to handle individuals with medical concerns or co-occurring illnesses.
- Center for Addictions Treatment provides a 63-bed withdrawal management center.

Veterans

- The county utilizes the Cincinnati Veterans Administration Medical Center.

Intercept I Gaps

- The local psychiatric emergency room will not accept individuals with substance use disorders
- EMS does not require transports following Narcan®. There is no option other than hospitals and no authority to require these transports
- Education around Good Samaritan law
- Community distribution of Narcan® does not enable tracking by individual or address; therefore, Narcan® usage is difficult to monitor
- Efficiency of QRTs as you get closer to the inner city, i.e. 31% location rate
- 24/7 drop off for individuals with substance use disorders
- Hospital services and protocols vary across institutions
- Coordination with Veteran Services

Intercept I Opportunities

- Pre-arrest diversion grant to the Hamilton County Heroin Coalition for \$500,000

Suggestions:

- Consider undertaking a thorough analysis of crisis response services to identify specific gaps and needs, including gaps identified by law enforcement. If the opportunity exists to improve crisis response options, stakeholders should work to ensure that law enforcement has 24/7 access to no-refusal services.

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

Initial Detention

- The Hamilton County Sheriff's Office oversees the Jail Services Division, which operates the Hamilton County Justice Center, Reading Road Facility and Woodburn Avenue Facility. These facilities have a rated capacity of 1,472. In total, the facilities have an average daily population of 1,400 and an estimated 450 have opioid use disorders.
- Upon acceptance, individuals meet with the Hamilton County Department of Pretrial. Individuals are evaluated using the Ohio Risk Assessment System (ORAS) and a medical screening, which includes questions pertaining to mental and medical health.
- Individuals do not have access to outside medications. After arraignment, individuals receive an evaluation and will receive medications based on justice center formulary; however, medication assisted treatment is ineligible.
- Pretrial inmates are not placed in specialty pods or able to participate in programming; however, they have access to medical and mental health services.

Arraignment

- Hamilton County has 14 Municipal Judges and 16 Common Pleas Judges; all with differing philosophies. Arraignment occurs within 24 hours.
- Specialty court referral can occur at arraignment.
- Individuals that are summoned meet with the Hamilton County Department of Pretrial and are evaluated using the ORAS and a medical screening, which includes questions pertaining to mental and medical health. Referral to specialty court occurs if appropriate; however, screening information may not be given to courts. A representative from the Hamilton County Department of Pretrial attends arraignment hearings.
- The Hamilton County Public Defender's Office represents both misdemeanor and felony cases and counsel is present at initial hearing.

Intercept II – Identified Gaps

- Validated screening tool(s) at booking
- Consistent screening and pretrial investigation information flow to courts
- No outside medications permitted in the justice center
- Access to Medication Assisted Treatment in the justice center.

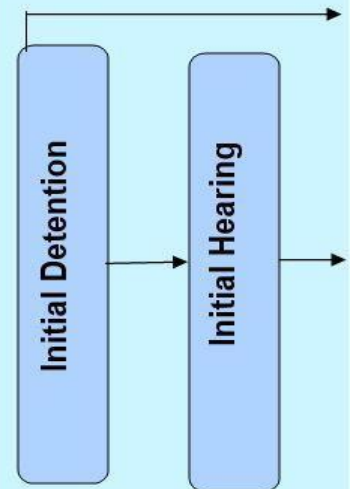
Intercept II – Identified Opportunities

- Roster matching jail and substance use treatment providers; including fatality report/data

Recommendations

- Select validated screening tools for mental illness and substance use to be used 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

Intercept 2 Initial Hearing and Initial Detention



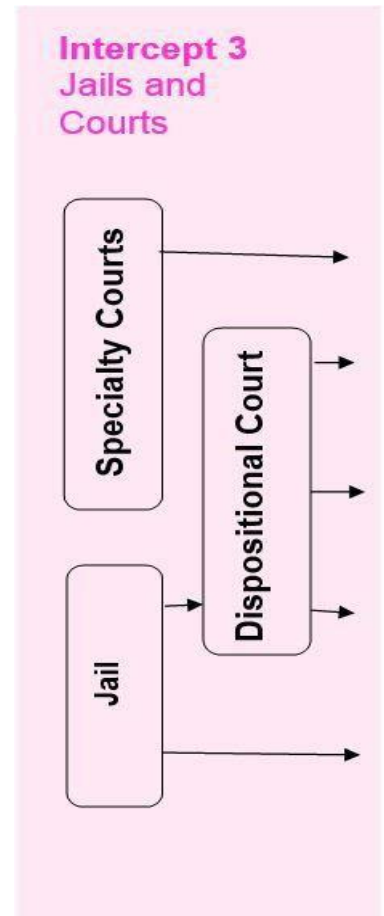
options is included in the Community Packet provided to the Hamilton County Mental Health and Recovery Services Board contact.

- Compare justice center roster to the client rosters at behavioral health agencies to expedite reconnection with services and inform justice center of trends in needed services.
- Evaluate the effectiveness of the justice center's policy restricting individual's access to outside medications related to continuity of care, disruption of treatment, history of medication compliance and effectiveness, etc.

Intercept III: Jails / Courts

Jail

- Hamilton County Justice Center is the main full-service jail in Hamilton County and has a rated capacity of 1,240. After arraignment, individuals go through admissions booking and are classified in the justice center.
- The justice center provides contracted medical and mental health services through NaphCare, which provides the following:
 - Clinical Institute Withdrawal Assessment for Alcohol (CIWA) scale and withdrawal protocols.
 - A mental health unit, which staffs a psychiatrist 8am – 5pm, and counselors.
 - A medical pod
- There are several separate pods within the justice center. These pods include:
 - Recovery Pod – for females; provides peer supporters
 - A recovery pod for males is planned for December 2019
 - Veterans Pod
 - Reentry “Exit” Pod – see details below, under Jail Reentry.
- Talbert House provides treatment programming.
- The Municipal Human Trafficking Court Coordinator will provide in-reach as needed.
- Greater Cincinnati Behavioral Health Paths Project follows homeless individuals throughout their time in jail.
- Individuals can receive Narcan® training and pick-up their kit upon release.
- The justice center also offers AA and a rewards program for females.
- The Reading Road Facility has a rated capacity of 172 and provides two substance use treatment programs through Talbert House.
- The Woodburn Avenue Facility has a rated capacity of 60 and provides a substance use treatment program and 10-day DUI (driving under the influence) program through Turning Point for men sentenced 90 days or more.



Court

- The Hamilton County Prosecutor's Office offers a 6-18-month diversion from prosecution for some misdemeanor and first-time non-violent offenders.
- Intervention in Lieu of Conviction is utilized.
- Alternative Intervention for Women program provides outpatient services 5 days/week and self-esteem building for individuals with substance use disorders and co-occurring disorders. Referrals are received by the Common Pleas Court and Probation Department.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of December

2018, Hamilton County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status: August 2018
Tom Heekin	Common Pleas	Mental Health	Certified
Lisa Allen	Common Pleas	Mental Health	Certified
Ethna Cooper	Common Pleas	Veterans Treatment	Certified
Kim Wilson Burke	Common Pleas	Drug	Certified
Heather S. Russell	Municipal	Human Trafficking	Certified
William L. Mallory Jr.	Municipal	Mental Health	Certified
Curt Kissinger	Municipal	Mental Health	Certified
Brad Greenberg	Municipal	Veterans Treatment	Certified

- The Hamilton County Public Defender's Office does not always support use of specialty dockets and may seek the option of a shorter sentence.
- Common Pleas Drug Court is a voluntary yearlong program and is reported to have large caseloads, at times exceeding 1,000 participants. The program is split into three dockets throughout the week for reports. Prior to the opioid epidemic the completion rate was 70%; however, the rate has dropped to 55% due to prevalence of opioids. The court offers gender specific Probation Officers and an aftercare officer. Individuals are not always eligible for expungement and those that are unable to complete primary treatment protocols are referred to alternative treatment sites.
- Change Court is a Municipal Human Trafficking docket that has been available for four years and is a voluntary two-year program with an average caseload of 15. To be eligible, individuals must have a substance use disorder and past solicitation or prostitution charge; most have opioid use disorders. The court coordinator is available 24/7 for participants. The court offers trauma informed care, oversight, expungement, employment, family reunification and housing. At times, this court may be a better option than Drug Court due to a trauma informed care approach.
- Each Veterans Treatment Court is voluntary and has an average caseload of 15-30; while each court has its own Probation Officer, the officers work collaboratively across the felony and municipal courts

Intercept III – Identified Gaps

- Specialized training for correction officers
- 12-step programs for men
- Peer supporters for males
- Recovery Pod for men in design for December 2019
- Increase completion rates for drug court participants. Currently, drug court participants have an average completion rate of 65%

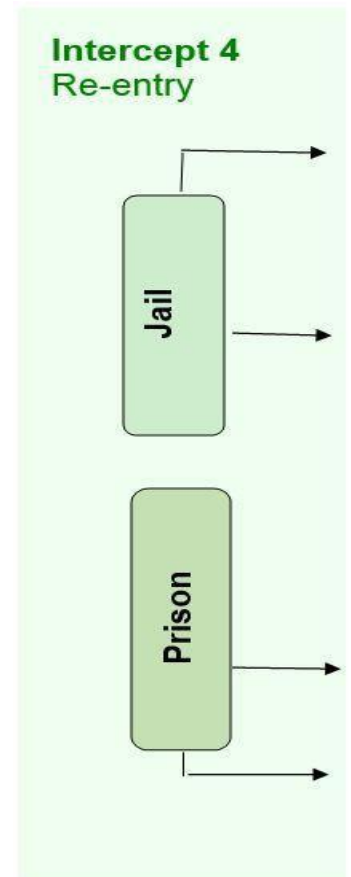
Suggestions/Recommendations

- 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.
- Encourage stakeholders to learn if individuals are getting the help that they need at the earliest opportunity to avoid further involvement in the criminal justice system.
- Review policies and practices of other jails – Ohio or elsewhere – where medication assisted treatment (MAT) is made available to inmates and negotiate inclusion of MAT in the jail medical provider contract. Also, reference the joint recommendation/position issued by the American Correctional Association (ACA) released recently on the Treatment of Opioid Use Disorders for Justice Involved Individuals (Appendix A).

Intercept IV: Prisons / Reentry

Reentry – Prison

- Among the individuals returning from prison to the community each year, the Community Transition Program (CTP) 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 Hamilton County, there were 203 referrals as of the date of the workshop. The providers eligible to receive the packets include Center for Addictions Treatment, Central Clinic Forensic Services, Gateways Recovery, Talbert House, and Urban Minority Alcoholism & Drug Abuse Outreach Program (UMADAOP) Cincinnati.
 - There is no coordination or central reporting and accountability among the agencies receiving the CTP referrals, so little is known about the collective effectiveness of the programming or outcomes of the clients. Because the Mental Health and Recovery Services Board is not part of the communication exchange or managing the funding associated with this program, they do not have authority to require reporting or accountability.
- The county utilizes River City Correctional Center as the local community based correctional facility, which houses 165 males and 55 females. The program uses the Texas Christian University Drug Screen V (TCU-V) and Ohio Risk Assessment System (ORAS) and provides substance use programming, intensive treatment and vivitrol injections at month five. Three probation officers are on-site.
- Hamilton County Office of Reentry is available through the Hamilton County Commissioners and provides reentry services and case management for Hamilton County residents upon release from prison and River City Correctional Center.
- Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) of Cincinnati provides in-reach services.
- Several Catholic-based agencies recently collaborated to respond to those returning from prison; however, these agencies did not have knowledge of what is currently available, so these efforts stopped.
- Hamilton County Office of Reentry staffs three individuals and provides services at the Reentry Pod two to three days/week. The Reentry Pod focuses on reentry preparation, establishing a relationship with Probation Departments, coordination with outside agencies and follow-up services for individuals 45-60 days from release. Referral to mental health and substance use treatment is available when needed.



Intercept IV – Identified Gaps

- Coordination among reentry efforts
 - Lack of knowledge of existing services or availability of services
- Data base of clients: access/sharing
- Reentry services
 - Services understaffed
 - Coordinating reentry services from prison

Intercept IV – Identified Opportunities

- Local Catholic community is interested in reentry efforts

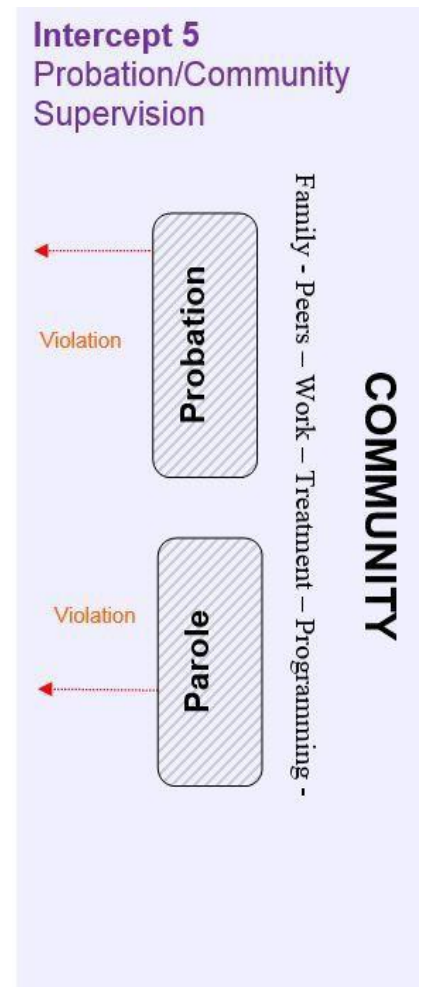
Suggestions

- In the spirit of collaboration and with the goal of ensuring the best possible outcomes for returning citizens, identify a mechanism to convene the agencies that receive Community Transition Program referrals to provide a forum for procedural and case review and establish consistent outcomes reporting. This might be done through the Office of Reentry, Heroin Coalition, or the HCMHRS Board.
- Hamilton County Office of Reentry or the Heroin Coalition should re-engage the Catholic agencies to determine if there is opportunity and need for additional services and assist them in coordinating with other services.

Intercept V: Community Corrections / Community Support

Probation

- Those present at the workshop stated that agencies have a good relationship with the Probation Departments; however, collaboration becomes difficult when individuals do not sign a release of information.
- Probation Officers are assigned to all specialty courts. Municipal Human Trafficking Court Probation Officers utilize trauma informed services, risk-need-responsivity model and referral to housing and employment.
- Common Pleas Probation Department has a Mentally Disordered Offenders Unit
- Probation Officers utilize the Ohio Risk Assessment System (ORAS) and cognitive behavioral therapy.
- Day reporting is available for men with misdemeanors and felonies. Individuals are separated by risk level.
- The Adapt Program offers residential treatment and intensive outpatient treatment for individuals that are sentenced from Drug Court; serves over 300 individuals per year.



Parole

- Adult Parole Authority staffs one parole officer at Talbert House, and three at River City Correctional Center.
- One parole officer is assigned to clients on the mental health forensic assertive community treatment (ACT) team with an average caseload size of 50; an estimated 30% are sex offenders.

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 Hamilton County.

- Transportation access varies by geography. Metro Transportation has difficulty keeping up with all transportation needs.
- Those present at the workshop indicated that there is concern regarding availability of peer support training.
- Halfway houses are available and have substance use treatment on-site via Talbert House. Vivitrol is accepted and are open to accepting all forms of Medication Assisted Treatment (MAT) once the Ohio Department of Rehabilitation and Correction changes their policy.
- These faith-based programming services were highlighted:
 - Jobs Plus

- 12-step groups; however, those present at the workshop stated that most 12-step groups are not welcoming to individuals on MAT
- City Link – teaches individuals how to maintain and care for vehicles
- There are several employment agencies that will employ individuals with a history of criminal justice involvement. Those present at the workshop noted that temporary service agencies place individuals prior to background check and when employers try to hire permanently those individuals do not pass a background check. In addition, these vocational and employment programs were highlighted:
 - Jobs for Life - training and shadowing
 - Temporary Service Agencies
 - Amazon
 - YWCA Workforce Program
 - Cincinnati Works – workforce development and general educational development (GED) programming

Veterans

- Hamilton County Veterans Center provides case management and treatment services.

Intercept V – Identified Gaps

- Probation officer caseloads
- Agencies find it difficult to collaborate with Probation Departments when individuals do not sign a release of information
- Transportation
 - Metro Transportation has a concern keeping up with demand
- Intensive employment model that addresses needs of individuals with substance use disorders and individuals in recovery
- Housing post release
- Local 12-step programs do not want to include individuals on medication assisted treatment
- Vocational training
 - Not enough training programs for skilled labor
 - Temporary Services place individuals prior to background check. Employer tries to employ individuals permanently and those individuals do not pass a background check

Intercept V – Identified Opportunities

- Advocacy on issues and laws that serve as employment barriers for individuals with criminal justice history
- Many employment agencies with roughly 15 focused on the criminal justice population

Suggestions/Opportunities

- As part of the work group addressing vocational training, identify key stakeholders both within Hamilton County and outside the county that can use a united voice to advocate for changes in issues and laws that serve as barriers to employment for individuals with criminal justice history.
- 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, promoting a talent pool of job-ready candidates, and supporting businesses in the hiring and retention of individuals with disabilities, among other supportive activities. The workgroup addressing employment issues may want to contact OOD for updated service information and engage their assistance. OOD's website is www.ood.ohio.gov

Priorities for Change

Hamilton County, Ohio

Hamilton 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. 24/7 Drop Off for Individuals with Substance Use Disorders
2. Residential Treatment Beds
3. Sober Housing
4. Vocational Training
5. Culturally Competent Services for the African American Community

Other Gaps and Opportunities – items receiving one or more votes during the prioritization process

- Prevention services in inner-city jurisdictions (4 votes, Intercept 0)
- Those with mental health needs are unable to access medications in a timely manner and are unable to stay in treatment (3 votes, Intercept 0)
- Education around Good Samaritan law (3 votes, Intercept 1)
- Data base of clients: access/sharing (3 votes, Intercept 4)
- Housing post release (3 votes, Intercept 5)
- Roster matching jail and substance use treatment providers; including fatality report/data (2 votes, Intercept 2)
- Specialized training for correction officers (2 votes, Intercept 3)
- Availability of treatment and referral to treatment on University of Cincinnati campus (1 vote, Intercept 0)
- Reentry services (1 vote, Intercept 4)
 - Services understaffed
 - Coordinating reentry services from prison
- Transportation (1 vote Intercept 5)
 - Metro Transportation has a concern keeping up with demand

Parking Lot Issues

- Level of detail/tracking associated with following Good Samaritan law
- Certification/eligibility requirements for peer recovery specialists
 - Background, training requirements, etc.
- Rules/laws that serve as barriers to employment for individuals with criminal records

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/ Email: mail@lutheranmetro.org Phone: 216-696-2715
National Association of Pretrial Services Agencies	NAPSA.org
National Alliance on Mental Illness (NAMI) NAMI Ohio	www.nami.org 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
Hamilton County, Ohio | November 13-14, 2018

Name	Title	Organization	Email
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Tom Fallon	Investigative Commander	Hamilton County Heroin Task Force	tfallon@gcfc.org
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Kamaria Tyehimba	Director – Addiction Services	Talbert House	Kamaria.tyehimba@talberthouse.org
Michael Whitis	Sergeant	Cincinnati Police Department	Michael.whitis@cincinnati-oh.gov
John Young	Director	Hamilton County Heroin Coalition	johny@hcmhsb.org

Action Planning Matrix for Hamilton County, Ohio

Priority Area 1: 24/7 Drop Off for Individuals with Substance Use Disorders				
Objective		Action Step	Who	When
1.	Determine best practices	A. Research other models that are demonstrating success B. Establish need of community C. Community resources D. Who else needs to be at the table?	Emily Manning	January 30, 2019

Priority Area 2: Residential Treatment Beds				
Objective		Action Step	Who	When
1.	Increase quick (24-hour) access to residential level of care	A. Inventory existing programs and understand eligibility B. Decrease barriers	Roxanna Hawkins, Shannon Thompson, Judith Mitchell, Georgine Getty	Decide next steps
2.	Identify residential treatment/American Society of Addiction Medicine (ASAM) criteria	A. Develop community inventory B. Develop a plan for strengthening community supports, so persons have access to beds and treatment (ASAM 3:1-3:7)		January 2019

Action Planning Matrix for Hamilton County, Ohio

Priority Area 3: Sober Housing				
Objective		Action Step	Who	When
1.	Gap analysis	<ul style="list-style-type: none"> A. Canvas – who has recovery housing and what level certified? Pathways to recovery accepted requirements B. Identify needs 	Sequential Intercept Mapping Committee	
2.	Education	<ul style="list-style-type: none"> A. Community conversation – regarding medication assisted treatment B. Certification – orientation and options for peer to peer provider C. Targeted conversation for future development D. Mentor education 	<p>Broad invitation to current and interested providers</p> <p>Ohio Recovery Housing and certified providers</p> <p>Interested providers</p>	
3.	Development – new housing and full continuum	<ul style="list-style-type: none"> A. Develop action plan for a shift in program for existing providers B. Action/development plan for/with new projects and providers 		

Action Planning Matrix for Hamilton County, Ohio

Priority Area 4: Vocational Training				
Objective		Action Step	Who	When
1.	Build capacity of committee	A. Each member brings a member	Roy Fouch, Natalia Harris, and Trina Jackson	January 1, 2019
2.	For substance use/mental health community: identify employment gaps, training needs and barriers to employment and training	A. Contact University of Cincinnati, US Department of Labor, Chamber of Commerce, Opportunities for Ohioans with Disabilities (previously Ohio Bureau of Vocational Rehabilitation)	Newly formed committee	End of first quarter of 2019
3.	Increase access and opportunities to education, training and employment for individuals with substance use/mental health issues who are returning citizens	A. Engaging employers to consider second chance hiring B. Create model for second chance hiring C. Use reentry community to fill identified gaps/needs D. Educate employers about addiction and drug free workplace E. Engage employers to train inmates prior to release F. Engage Chamber of Commerce G. Identify/engage training partners	Newly formed committee	To be determined by full committee

Action Planning Matrix for Hamilton County, Ohio

Priority Area 5: Culturally Competent Services for the African American Community				
Objective		Action Step	Who	When
1.	Targeted outreach to African American community	<p>A. Build relationships with leaders in African American community (faith community thought leaders, fraternities, sororities, etc.)</p> <p>B. Develop tool kit to help inform, educate and start conversations</p> <p>C. Continue to expand team to engage in this work</p> <p>D. Work with partners to ensure equal representation in news stories, commercials, etc.</p>	<p>African American Engagement Committee under Heroin Coalition</p> <p>African American Engagement Committee under Heroin Coalition</p> <p>John Young/Kamaria Tyehimba</p> <p>Naomi Satterwhite and Team</p>	To be determined based on further planning from the African American Engagement Committee
2.	Increase African American representation in provider staff, leadership and boards	<p>A. Gather information about how providers are engaging staff and leadership and boards</p> <p>B. Understand what would help recruit and retain young African Americans to the field</p> <p>C. Identify low hanging fruit and make a plan</p>	<p>African American Engagement Committee under Heroin Coalition</p> <p>Linda Gallagher</p> <p>African American Engagement Committee under Heroin Coalition</p>	To be determined based on further planning from the African American Engagement Committee
3.	Building cultural competency/learning cultural differences	<p>A. Consultation amongst providers regarding cultural differences to truly understand how these differences impact care by providers</p> <p>B. Create workshops, other forums that allow providers to get a more enhanced understanding of cultural considerations – how to effectively work with “different” populations, mainly African American individuals</p>	To be determined based on further planning from the African American Engagement Committee – identify the “who” and “how”	To be determined based on further planning from the African American Engagement Committee

Appendix



ASAM American Society of
Addiction Medicine

FOR IMMEDIATE RELEASE

MARCH 20, 2018

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

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 B

JAIL BOOKINGS <i>Please report most recent data available (12-36 months) and use a consistent time range throughout the report.</i> Person Completing Form (name/title) Linda Gallagher VP MHAS Time period being reported (Identify a recent six-month to one year period) September 2017 to September 2018		
What is the rated capacity of the jail? This capacity includes our Talbert House/ Turning Point facilities. Capacity was established in June 2018 when beds were added to the Justice Center and Turning Point. This number fluctuates depending upon the type of inmate that is arrested and brought into the Justice Center. For example if we get a rise in arrest for Murder this number would come down due to the restrictions on how we house murderers. They have to be single celled.	1837	
What is the average daily total population of the jail?	1654	
What is the average number of total daily bookings?	80	
What type of automated system is used to collect Jail Booking, classification, health and release information? Jail Management System - Unisys		
Based on the total jail population for the time range being reported, please provide the number for each classification of inmate below: <i>(If unable to provide objective data on booking types, please provide estimated average percentage for each booking)</i>		
Pretrial Misdemeanor	Estimated	
Pretrial Felony	Estimated	
Probation Violation		
Sentenced local	Estimated	
Sentenced awaiting transport	Estimated	
Other (specify)	Fugitives/ Parole	
Are there special accommodations made for substance dependent individuals? Separate facility or unit?	Yes / No	
Is there a medical pod?	Yes / No	
Is there a mental health pod?	Yes / No	
What are the days/hours per week the following medical professionals are on site?		
Physicians?	40	
Nursing staff?	24/7	
Mental health and/or addictions staff (e.g. psychiatrist, psychologist, substance use counselor.... others)?	7 days 40 hrs. per day	
Do inmates have access to medication assisted treatment (MAT) (e.g., naltrexone/ Vivitrol)?	Yes / No	
What detox or withdrawal management services are available to inmates?	CIWA and opiate withdrawal protocol	

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<p><i>The following section asks about people who were identified as having a substance use problem for the timeframe being reported.</i></p>	
How many people, total, are identified as having a substance use (i.e., alcohol or other drugs) problem?	
How many people identified as having a substance use problem were identified by jail booking staff?	
How many people identified as having a substance use problem were identified while incarcerated after initial intake (by corrections officers, health staff or others)?	
How many people, total, are identified as having a substance use problem?	
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?	
What screening tool is used to identify possible mental illness?	
Does your Booking/Automated system allow the Jail to identify or flag defendants with substance use and/or mental illness for future booking information?	Yes / No
What is the average daily population of persons with substance use disorders?	
What is the average daily population of persons with mental illness?	
What is the average number of daily bookings of people with substance use disorders (total)?	
What is the average number of daily bookings of people with substance use disorders involving opioids?	
What is the average number of daily bookings of people with substance use disorders involving non-violent offenses?	
What percentage of the pre-trial population represents persons with substance use disorders?	
What percentage of the pre-trial population represents persons with substance use disorders Involving opioids?	
What percentage of the pre-trial population represents persons with substance use disorders involving non-violent offenses?	
What percentage of the sentenced population represents persons with substance use disorders?	
What percentage of the sentenced population represents persons with substance use disorders involving opioids?	
What percentage of the sentenced population represents persons with substance use disorders involving non-violent offenses?	
<p>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></p>	
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?	Yes / No
<p>Jail Data match with certain providers – Greater Cincinnati Behavioral</p>	

Health, Mental Health Access Point, VA	
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?	Yes / No Upon request and with proper releases
How many people were known to the substance use treatment system?	
How many people accessed acute crisis services in the jail during the specified reporting period?	
How many people were known to the mental health treatment system?	
How many people were known to the Developmental Disabilities system?	
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	
Felonies	
Violent Behavior	
Violations of Probation	
Frequency - How many arrests / bookings per person? (average)	
Length of stay in the jail for each episode of incarceration (average)	
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?	
How many people with substance use or co-occurring disorders left the jail with a shelter as the identified residence?	
How many people with substance use or co-occurring disorders left the jail and had no known residence?	
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?	
How many people with substance use or co-occurring disorders had contact with a helping professional from the community to facilitate reentry?	

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 your community's experience in collaborating across systems. It is recommended that one questionnaire be completed in consultation with all key stakeholders.

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. This Word document can be filled in and returned by way of email to rsimera@neomed.edu

Community: Hamilton County		
Contact Person: Linda Gallagher	Phone 513-946-8646	Email lindag@hcmhrs.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)? Identify the time period. (4/1/2017 – 3/31/2018)</p> <p>Do you have data available for the prior 12 months? If so, please provide. Identify the time period. (4/1/2016 – 3/31/2017)</p>	<p>(insert number)</p> <p>464 deaths of which 400 had some opioid in their system</p> <p>Yes / No</p> <p>432 overdose deaths of which 395 had some opioid in their system</p>
2	Of the deaths reported in question #1, how many involved opioids?	<p>(insert number)</p> <p>400</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>(insert number)</p> <p>Total:</p> <p>MH only: SU only: Dual:</p>
4	Of the drug overdose deaths, how many individuals had prior involvement with the criminal justice system within the past year?	<p>(insert number)</p>

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>Hamilton County Heroin Coalition Hamilton County TASK force</p>	Yes / No
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>See attached: CJ/MH/LE Committee membership HC Heroin Coalition</p>	Yes / No
7	<p>Does your community provide for cross-training of mental health, substance use, criminal justice and other providers?</p> <p><i>If yes, please list recent programs:</i></p> <p>See attached: Calendar of MHR SB funded trainings There are trainings in the community by and for provider agencies- Talbert House has a training institute</p>	Yes / No
8	<p>Does your community offer primary prevention/education programming for substance use?</p> <p>School and Community based- Education, Information Dissemination, Problem ID & Referral, Summer programs for youth, Drug Free community Coalitions</p> <p>If yes, to what audience? Across the lifespan</p> <p>Is the programming evidence-based?</p> <p>Strengthening Families Fatherhood Principles of Substance Abuse Prevention for Early Childhood Strategic Prevention Framework Screening, Brief Intervention, and Referral to Treatment (SBIRT) Adult Drug Courts and Medication-Assisted Treatment for Opioid Dependence Principles of Substance Abuse Prevention for Early Childhood Stacked Deck for Problem Gambling</p>	<p>Yes / No</p> <p>Yes / No</p>

9	<p>Does your community have resources identified to work with people with substance use and/or co-existing disorders?</p> <p>In the criminal justice system? Pre-trial Services provides screening, RHAC, is a front door for AOD services and will provide assessment in the jail, Drug Court has intensive outpatient and residential services, CHANGE Court, MHR SB has contracts with 16 agencies to provide AOD services</p> <p>If yes, how are resources publicized? MHR SB website, MHR SB Resource Guide (attached), community forums</p>	<p>Yes / No</p> <p>Yes / No</p>
10	<p>Do treatment agencies and courts have dedicated staff or staff time to work with the criminal justice/substance use population?</p> <p><i>Please describe:</i> Recovery POD in HCJC DUI programs Adult Probation Indigent Driver Talbert House Reading Rd programs- RJJ Criminal Justice /Behavioral Health project with Addiction Services Council and Talbert House</p>	<p>Yes / No</p>
11	<p>Does your community gather data about persons with substance use disorders and co-existing mental illness involved with the criminal justice system?</p> <p><i>Please describe:</i> Many separate entities collect data. The jail, local agencies, MHR SB, public health, hospitals, coroner, etc. It does not connect to each other and is specific only to that entity.</p>	<p>Yes / No</p>
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)?</p> <p><i>Please describe the position and the person(s):</i> Court Clinic- TASC Recovery Health Access Center (RHAC) with Addiction Services Council Quick Response Teams for overdose victims</p>	<p>Yes / No</p>
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?</p> <p><i>Please describe or if possible, provide copies of MOUs:</i> HCMHR SB contracts with agencies as well as systems Agencies have MOUs such as Talbert House and HCJC for the Recovery Pod project</p>	<p>Yes / No</p>

14	<p>Are there any local agencies that have not participated in collaboration efforts?</p> <p><i>Please describe:</i></p> <p>All community stakeholders such as Sheriff, HC Commissioners, HC Police Chiefs Assoc, JFS, local providers, hospitals, Cincinnati Police, Probate Court, Adult Probation, NAMI, Juvenile Court and others have participated in collaborative projects for years</p>	Yes / No
15	<p>Does your community have any jail or court diversion programs for substance use or co-existing disorders at this time?</p> <p><i>Please describe:</i></p> <p>Mental Health Courts – Municipal and Felony Drug Court CHANGE Court Veterans Courts Post booking MH Jail Diversion First time Offender Diversion project with Pre-Trial Services EXIT POD at the Jail HC Office of Re entry Probation MDO unit</p>	Yes / No
16	<p>Does your community have any specialty courts?</p> <p><i>Please describe:</i></p> <p>Mental Health Courts – Municipal and Felony Drug Court CHANGE Court Veteran Court</p>	Yes / No
17	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement?</p> <p><i>Please describe or if possible, provide copies of MOUs.</i></p> <p>HCMHR SB has contracts with the Sheriff, PreTrial Services as well as HC Adult Probation. Hamilton County Probation Department's Mentally Disordered Offenders Unit has staff which specialize in collaborating with mental health treatment services to benefit these probationers. Hamilton County Department of Pretrial and Community Transition Services provides a pre-assessment that may identify individuals with mental health issues at the time of arrest. Hamilton County Jail Mental Health Services provides assistance to inmates in the Hamilton County Justice Center who have a history of, or emergence of a mental health disorder.</p> <p>Agencies work in the jail and with Probation to connect individuals to treatment</p> <p>The Police Chiefs Assoc. has MOUs with 45 police departments to investigate OD death and non-fatal ODs</p>	Yes / No
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?</p> <p><i>Please describe:</i></p> <p>PreTrial Services screens for SUD and MI</p>	Yes / No

19	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison?</p> <p><i>Please describe:</i></p> <p>MHAP partners with Community Link OhioMHAS HC Re-Entry Services Local Halfway Houses River City Correctional facility Pretrial also works on reentry</p>	Yes / No
20	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <p>We don't want to criminalize a disease There are differences between government agencies and private agencies that should be recognized Acknowledge differences between law enforcement and treatment cultures Respect differences such as harm reduction vs. abstinence There are current staffing challenges that bring culture shifts to the workforce Does everyone understand everyone else's mission or goals – some agencies need to be able to bill for services? Sharing of information HIPAA compliant</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>	
22	<p>What would you list as your community's strengths?</p> <p>Strong history of Collaborations with key partner stakeholders, including homeless advocates, public health, child serving agencies, public and private agencies Local levies allow for financial support of services for clients who would otherwise have no access Over the past few years, Hamilton County has increased access to treatment with addition of the Engagement Center and 7-day access to services</p>	
23	<p>What would you list as your community's biggest challenge at this time?</p> <p>Shrinking funding from state and federal sources from year to year. Fracturing of system due to Medicaid elevation has led to loss of data, loss of coordination, reduced psychiatric beds in the community from year to year despite increasing demand Opiate epidemic demands have exceeded local resources Despite urgent response to the opiate crisis, OD deaths continue HC is at the epicenter of the opiate crisis – recognizing this is a long fight, there is some fatigue How do we convey to the public our measure of success? Do we have a uniform measure of success? Methamphetamine use is increasing, are we ready? A lack of access to psychiatric beds in the community and the state hospital leads to increased stays at the jail</p>	