

Logan County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response

Logan County, Ohio

Sequential Intercept Mapping Final Report

April 29-30, 2019

Logan County Core Planning Team

Name	Position	Agency
Jeannie Dempster	President	Consolidated Care, Inc.
Annette Deao	Treatment Coordinator	Logan County Family Court
Randy Dodds	Sheriff	Logan County Sheriff's Office
Adam Fullerton	Sergeant	Logan County Jail
John Godwin	Sergeant	Logan County Sheriff's Office
Natasha Kennedy	Magistrate	Logan County Common Pleas Court
Tammy Nicholl	Executive Director	Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties
Chuck Roberts	Peer Support Specialist	Consolidated Care, Inc.
Alan Shields	Sergeant	Bellefontaine Police Department
Adam Sorensen	Director of Treatment and Recovery	Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties
Brandon Standley	Chief	Bellefontaine Police Department
Kathy Zeller	Director	Recovery Zone

Mapping Workshop Facilitators and Consultants

Haley Farver	Dissemination Coordinator	Criminal Justice Coordinating Center of Excellence
Teri Gardner	Retired Training Officer	Ohio Department of Mental Health and Addiction Services
Jodi Long	Director of Treatment and Supportive Services	Montgomery County Alcohol, Drug Addiction and Mental Health Services Board
Douglas Powley	Retired Chief Prosecutor	City of Akron
Rebecca Miller	Graduate Intern	Criminal Justice Coordinating Center of Excellence
Ruth H. Simera	Director	Criminal Justice Coordinating Center of Excellence
Russell Spieth	Director	Ohio Program for Campus Safety and Mental Health

Sequential Intercept Mapping

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Logan 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 Logan County, Ohio on April 29-30, 2019. The workshops were made available through 21st Century CURES Act grant funding awarded to the Ohio Department of Mental Health and Addiction Services. Cross-System Sequential Intercept Mapping, implemented by the Criminal Justice Coordinating Center of Excellence, is one of the criminal justice efforts in response to the opioid epidemic. This report includes:

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

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

Background

The Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in October 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 in recovery, law enforcement, courts, vocational, and county administration services. A complete list of participants is available in the resources section of this document. Teri Gardner, Jodi Long, 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 Logan 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 Logan County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success

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

Cross-Systems Partnerships; Task Force

Logan County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently four primary cross-system collaborative teams/coalitions that were identified by the local planning team and workshop participants: Crisis Intervention Team (CIT) Training, Coalition for Opiate Relief Efforts (CORE), Common Pleas Drug Court, and Juvenile Family Dependency Court. The community is strongly encouraged to consider how best to incorporate the Sequential Intercept Mapping participant group and action planning work groups into an existing structure instead of creating a new task force.

Individual in Recovery Involvement

The local planning team and workshop included a director of a peer drop-in center and an individual in recovery who attended the workshop in their professional capacity; however, individuals in recovery that were not serving additional roles were not represent. The SIM group is strongly encouraged to solicit participation from additional community members and individuals in recovery; ideally each work group/committee will include consumer, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present from the court system, jail, substance use disorder treatment and mental health system.
- Key players that were missing at the workshop: individuals with lived experience/community members; veterans' services administration; prosecutor's office; defense counsel; law enforcement patrol; Metropolitan Housing; transportation; workforce development/agencies; and emergency medical services.

Data Collection; Information Sharing; Communication

- The Logan 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
 - Logan County Jail Data for March 14, 2018 – March 14, 2019
 - Community Coalition for Opiate Relief Efforts (CORE) Brochure
 - CORE Mission Statement, Values and Principles
 - Logan County Opiate Data for 2015-2018

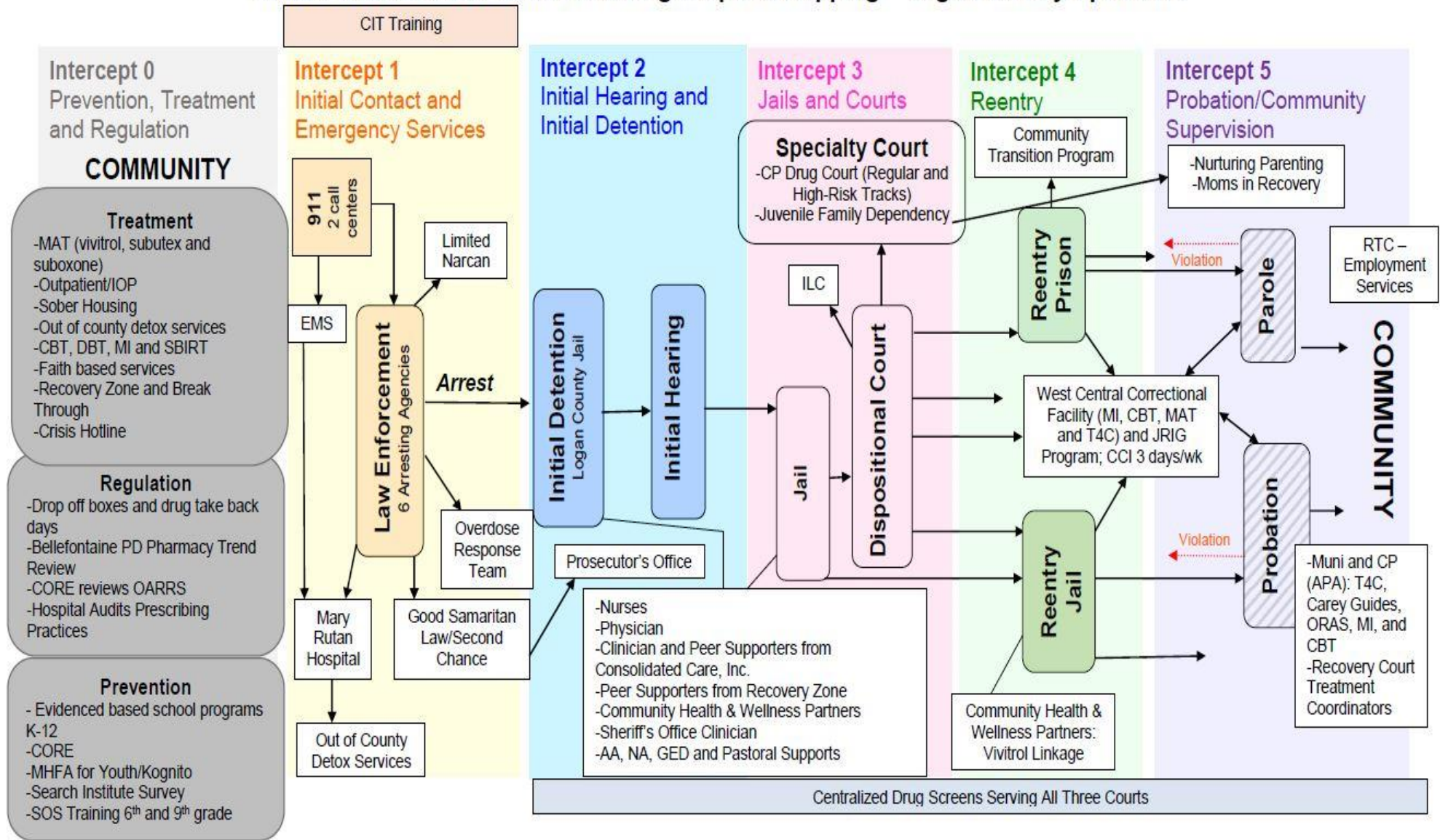
Recommendations

- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with substance use disorders and often co-occurring disorders in the Logan 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 system and needs of persons being served.

Sequential Intercept Mapping

Logan County, Ohio

Critical Intervention Points for Change: Opioid Mapping – Logan County April 2019



Logan 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, encounter and flow through the local systems of care, including the justice system.

This narrative reflects information gathered during the *Sequential Intercept Mapping Exercise*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Logan 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

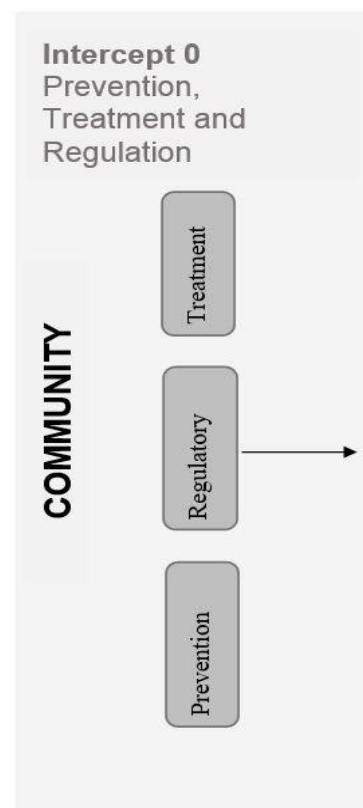
The following represents services, agencies and programs that were highlighted during the workshop and is not meant to be an exhaustive or comprehensive roster of all prevention, regulation, and treatment supports available in Logan County.

In addition to the services and resources outlined below, participants discussed challenges and barriers related to stigma of addiction, individuals that use substances, medication assisted treatment and harm reduction efforts.

Prevention

According to participants at the workshop, there are several factors contributing to the decline in opioid deaths in 2018 including availability of Narcan®, increased methamphetamine use, availability of local treatment services and the fear of fentanyl overdose.

- Coalition for Opiate Relief Efforts (C.O.R.E) is a group of community leaders and organizations dedicated to providing information to individuals with opioid use disorders. According to their website, the coalition functions within four strategy teams: Medical/Harm Reduction, Legal, Prevention/Education, and Treatment.



- There are some community-based and educational strategies currently in place, including:
 - Youth Mental Health First Aid and Mental Health First Aid training for adults
 - Several youth camps offer development activities and scholarships
 - YMCA
- Currently, Logan County has Project DAWN (Deaths Avoided With Naloxone) for law enforcement, but not the general public; however, general training related to naloxone has increased, and those present at the workshop stated that drug traffickers are supplying naloxone with illicit supplies.
- The Search Institute Attitudes and Behavior Survey is completed every two years with 8th, 10th, and 12th grade classes in all four school districts. The results of these surveys indicate that trends are improving related to substance use in youth; however, needs are high related to mental health concerns. Survey results and input from C.O.R.E are utilized to gauge whether efforts are moving the community in the right direction and to guide selection of prevention programming in the schools. Each school district is responsible for dissemination of prevention information to parents. Those present at the workshop identified several school-based prevention programs and activities currently in use:
 - Botvin *LifeSkills* – middle school in all school districts and some high schools; all School Resource Officers are trained in *LifeSkills*
 - PAX Good Behavior Game – elementary school in all school districts
 - Signs of Suicide (SOS) training – sixth and ninth grade
 - Drug Abuse Resistance Education (DARE) – Bellefontaine School District in Kindergarten, 1st, 5th, and 7th grades; program offers presentations from outside speakers as well
 - Impact Program – Bellefontaine School District in middle and high school; provides mental health services within the school
 - Kognito Friend2Friend – online learning activity for high school students is early in development
 - Search Institute Attitudes and Behavior Survey – administered every other year in all school districts for eighth, tenth and twelfth grade
 - Search Institute 40 Developmental Assets Framework
 - Mental health counselor within Riverside School District
 - Consolidated Care, Inc. provides mental health counselors in schools as needed; however, they are unable to be in the schools as much as they would want/need
- Logan County Children's Services notifies school districts within 24 hours regarding placement of a child.
- Prescription drug drop-off locations are available at the Logan County Sheriff's Office and Mary Rutan Hospital Emergency Department. In addition, 1,000 drug disposable pouches were made available for Logan and Champaign Counties and distributed to targeted sites.
 - The community participates in the National Drug Enforcement Administration (DEA) semi-annual drug take-back days. Over 80 pounds of drugs were collected at the last take-back day. Drop-off information is advertised in the local newspaper and Facebook.
- Community Health and Wellness Partners will be implementing a needle exchange program soon.
- There is not a fatality review team; death certificates are reviewed in siloes and there is no central place for information to be collected, analyzed or shared.

Regulation

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

Ohio Automated Rx Drug Reporting System (OARRS)									
Logan County - Opiate Rx Per capita- 2010-2018									
Year	2010	2011	2012	2013	2014	2015	2016	2017	2018
Pick Dose/Cap	77.2	74.4	79.1	78.6	76.4	70.6	67.1	61.6	52.1
State Dose/Cap	67.5	67.8	68.7	67.4	65.1	60.8	55.1	49.26	40.53
County Pop: 45,858									

- Two physicians on the Medical Harm Reduction Team of C.O.R.E review and oversee efforts to communicate OARRS information with providers.
- Mary Rutan Hospital runs monthly audits and tracks overall prescription and provider data. Hospital pharmacy provides flyers with prevention information and resources in prescription bags.
- Local law enforcement agencies receive alerts from pharmacies, and Bellefontaine Police Department visits local pharmacies monthly to review trends. Trend information is given to the C.O.R.E. and is in part used to adjust messaging in the pharmacy flyers.
- Community Health and Wellness Partners electronic health record automatically populates client specific data.
- Those present at the workshop stated that there are not a lot of options for local alternative pain management clinics.

Treatment

Those present at the workshop stated that most court-ordered individuals come through Logan County Children's Services or are externally motivated. Currently, there is a two-week wait for appointments at most treatment providers.

- Consolidated Care, Inc. is merging with TCN and provides walk-in hours at 1:00 PM on Monday, Tuesday and Thursday, a 24/7 crisis hotline, intensive outpatient programming (IOP) during the day, case management, peer support specialists, individual and group counseling, cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT) and motivational interviewing. There is also an office in Urbana; therefore, individuals may have access to neighboring community resources.
- Community Health and Wellness Partners is the local Federally Qualified Health Center (FQHC) and offers Screening, Brief Intervention and Referral to Treatment (SBIRT), behavioral health services, walk-in assessments and medication assisted treatment (MAT). Typically, clients are referred from court. The Electronic Health Record of the FQHC is programmed for client specific data to automatically pop up, making prescription history review easier for providers.
- MAT availability exists with vivitrol, Subutex and suboxone; no methadone is available. Those present at the workshop stated that individuals have difficulty getting approval from insurance providers for naltrexone and there are concerns regarding adequate dosing of buprenorphine. Several individuals go to Columbus for buprenorphine.
 - Community Health and Wellness Partners offers vivitrol and can typically get individuals on MAT within a week
- Currently, only ambulatory detox services are available in-county; therefore, out of county options are utilized, including but not necessarily limited to the following:
 - Medical stabilization is available in Champaign County (Marysville and Urbana)
 - New Vision in Union County – ambulatory detox Monday-Friday 8:00 AM – 5:00 PM
 - Memorial Hospital in Union County – 3-5 beds for residential detox
 - Mercy Hospital in Clark County – residential detox
 - Dublin Springs in Franklin County
 - Ohio State University Medical Center in Franklin County
- Housing Continuum of Care has monthly meetings. The Logan County Metropolitan Housing Authority was not represented at the workshop but is not highly involved with the target population because they do not accept individuals with felony convictions. In addition, those present at the workshop stated that individuals are removed from sober living after a relapse. These existing housing services were highlighted.
 - Sober housing – three beds for women, but none for families (families are utilizing the local domestic violence shelter, which is being as helpful as possible)
 - Champaign County sober housing for men
 - Lighthouse Homeless Shelter is also as helpful as possible with this population; however, individuals with felony convictions are ineligible. Women's shelter has four beds in-county and men's shelter is out of county.
 - Alvin House in Franklin County
 - Emergency hotel vouchers
 - Various recovery housing options out of county

- Caring Kitchen in Champaign County operates a soup kitchen and food pantry and receives overflow from Logan County.
- Logan County operates a 24/7 211 system for service referral.
- Those present at the workshop stated that there has been an increase in utilization of recovery services. These existing recovery services were highlighted.
 - Recovery Zone, a consumer operated peer drop-in center, provides support, education, support groups, meals and resource connection Monday-Friday 10:00 AM – 3:00 PM. There is also a center in Urbana.
 - Women Arise/Christ Covenant Church offers recovery support groups for men and women
 - Ascent offers Sober Grid, a 24/7 peer support access phone app; several individuals on MAT utilize the app
 - Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups; the community is experiencing an increased recovery community and greater menu of 12-step groups
 - Celebrate Recovery

Intercept 0 Gaps

- Behavioral health services/Impact Program capacity in schools
- Lack of school-based prevention services and Search Institute Attitudes and Behavior Survey within the local career center, private schools, alternative school and home-schooled families and youth
- Effective utilization of media (social media, etc.) for community awareness and education
- Wait time for appointment for assessment is roughly two weeks
- Coordinated data collection and review
- Housing
 - Sober housing for males and females in county
 - Housing for LGBTQ (lesbian, gay, bisexual, transgender and queer)
 - Shelter capacity
 - Understanding of housing guidelines and restrictions
- Evening options for outpatient care
- Integrated dual disorder treatment
- Partial hospitalization
- Detoxification/medical stabilization services within county and/or improvements in release coordination with out-of-county facilities
- Residential treatment within county
- MAT
 - Methadone not available
 - Buprenorphine: not enough prescribers and credible prescribers; many people go to Columbus; concerns about long-term use
 - Naltrexone – difficulty getting approval from insurance providers; high cost
- Peer support services
- SBIRT utilization at Mary Rutan Hospital
- Overdose fatality review team
- Transportation
- Project DAWN
- Options for pain management within the community
- Prescription drug drop-off efforts
 - Advertise drug drop-off locations
 - For elderly congregate sites

Intercept 0 Opportunities

- Youth camps in the community could provide prevention services
- Needle exchange program at Community Health and Wellness Partners beginning in near future

Recommendations

- The community has multiple permanent medication drop-off locations and should enhance public communication to impress upon the community the importance of discarding unneeded or aged medications and how to go about doing so.
- Develop a process where overdose deaths and fatalities are reviewed by a multi-disciplinary team. These results could then be used to inform decisions on prevention efforts.
- 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.
- Related to buprenorphine, the community needs to look at adequate dosing practices. According to workshop participants, most prescribers are starting with 16mg prescriptions. Review of practices and dissemination of clear guidance could be a helpful role of the physicians involved in C.O.R.E.

Intercept I: Law Enforcement / Emergency Services

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

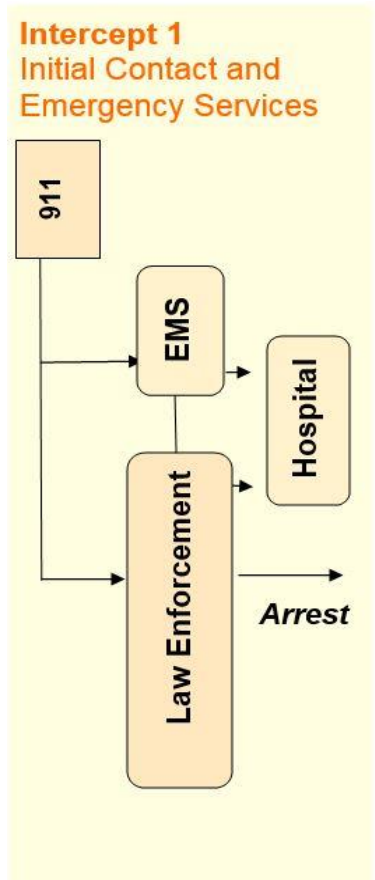
Dispatch / 9-1-1

- Logan County has two call and dispatch centers: Logan County Sheriff's Office Communications Division and Bellefontaine Police Department; each center is responsible for dispatching fire and emergency medical services (EMS) for their jurisdiction.
- The centers use common language to manage and dispatch calls and have drug related and overdose codes. Those present at the workshop stated that community members may not be comfortable reporting an overdose due to concern that even if not charged with a crime, the drug task force may follow up on their activities.
- Dispatchers are permitted to attend the 40-hour Crisis Intervention Team (CIT) course, which includes a training block on addictions; however, records indicate that no dispatchers have completed the course.
- Consolidated Care, Inc./TCN collects data weekly for the Overdose Response Team.

Law Enforcement & Emergency Services

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 2018, Logan County has an estimated 66 full-time officers across six Law Enforcement Agencies: Bellefontaine Police Department, Degraff Police Department, Logan County Sheriff's Office, Russells Point Police Department, Washington Township Police Department – Logan, and West Liberty Police Department.

- Law enforcement currently uses the following options for individuals with a substance use related crises:



- Summons to court for some misdemeanors can be used at the officers' discretion; however, this is not a routine occurrence.
- Second Chance/Good Samaritan Law – law enforcement will disseminate Second Chance forms and encourage individuals to seek an assessment within thirty days. The Logan County Prosecutor's Office will indict individuals that do not follow through.
- For investigations that proceed, police seize paraphernalia, send it to Ohio Bureau of Criminal Identification and Investigation, and obtain individual's medical records. This option is not utilized for individuals that use the Second Chance/Good Samaritan Law unless the individual does not follow through with the assessment and the investigation moves forward.
- EMS or law enforcement transport to Mary Rutan Hospital.
- Arrest and transport to Logan County jail.
- Both law enforcement and EMS will co-respond to the scene. If an individual is violent, law enforcement will clear the scene first.
- Currently, Logan County Sheriff's Office, Washington Township Police Department – Logan and West Liberty Police Department and EMS carry Narcan®. The other half of the law enforcement agencies do not carry Narcan® and rely on EMS, which is always on scene.
- CIT training is offered once a year. A segment is dedicated to substance use disorders and the Steering Committee is considering offering advanced training on substance use disorders, veterans, and/or trauma.
- Logan County has an Overdose Response Team that responds post-overdose on Wednesdays for the county and Thursdays for Bellefontaine City. Referrals are obtained through the dispatch centers. Team consists of Logan County Sheriff's Office and Consolidated Care, Inc./TCN representative, and peer support specialist. The team provides an information packet and service referral.

Crisis Services

- TCN offers a 24/7 hotline for treatment referral. The hotline has an on-call therapist and crisis worker that can be contacted for follow-up; otherwise, the hotline provides treatment resources and send an email to the individual's provider, if applicable. Greene County first responders utilize the hotline, but Logan County first responders have not historically used the hotline.

Hospitals / Emergency Rooms

- The only hospital in Logan County is Mary Rutan Hospital, which has an Emergency Department with twenty beds. The county also has an Urgent Care; however, individuals experiencing an overdose are referred to Mary Rutan Hospital.
 - Individuals needing detoxification services are referred to out of county options, most typically New Vision in Marysville, but also Memorial Hospital, Mercy Hospital, Talbert House (Champaign County residents) and the Dayton Veteran's Administration Medical Center. Typically, private transport is utilized.
- Bellefontaine Police Department is stationed at the hospital 24/7; therefore, road officers only stay at the hospital if there is an investigative component.
- Mary Rutan Hospital and Community Health and Wellness Partners meet monthly.

Detoxification

- As noted above, there are no detoxification units in Logan County. The local FQHC, Community Health and Wellness Partners provides ambulatory detox and Vivitrol as the MAT option. These other out-of-county services were highlighted.
 - Medical stabilization is available in Champaign County
 - New Vision in Union County – ambulatory detox with intakes limited to Monday-Friday 8:00 AM – 5:00 PM. There is some difficulty getting information for follow-up and continuing care.
 - Memorial Hospital in Marysville (Union County) has 3-5 beds for residential detox
 - Mercy Hospital in Springfield (Clark County) – residential detox
 - Dublin Springs in Franklin County
 - Ohio State University (OSU) Medical Center in Franklin County

Veterans

- The county utilizes the Logan County Veteran's Services and the Dayton Veteran's Administration Medical Center.
- Generally, there is difficulty getting MAT (Vivitrol) covered by insurance
- Detox is provided through Memorial Hospital in Marysville and OSU Medical Center
- Those present indicated that they seldom have contact with Veterans Justice Outreach workers

Intercept I Gaps

- Notification from emergency department and EMS to Overdose Response Team, re: overdoses
- Notification from law enforcement regarding Second Chance/Good Samaritan Law
- Follow-up/discharge information from detox providers
- Narcan® utilization by all law enforcement agencies
- Community education on Second Chance/Good Samaritan Law
- Peer Recovery Coaches to respond to the Emergency Room
- Veterans Justice Outreach involvement
- Information sharing between all entities

Intercept I Opportunities

- Law enforcement utilization of hotline

Recommendations

- Implement a uniform procedure for collecting and analyzing dispatch and law enforcement data on drug related calls, encounters, and dispositions, including Narcan® reversals.
- Use the C.O.R.E. team to initiate discussions among the cross-systems partners, re: information sharing protocols that will promote enhanced follow-up by substance use, mental health and health providers.
- Make Narcan® available in all law enforcement jurisdictions and expand Project Dawn to the community.
- Add companion courses to the routine CIT course offerings. These courses, often for EMS, fire and dispatchers, range in length but are typically shorter than the 40-hour course.

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

Initial Detention

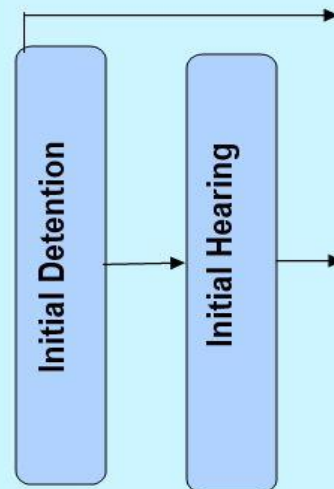
- Logan County jail is the only full-service detention facility and has six booking cells. The jail automated system is Civica CMI Authority Jail Management System.
- The jail has a streamlined pre-screening process for all potential inmates to determine acceptance into the facility, and the arresting agency does not need to wait for this screening to occur. The pre-screen consists of 7-10 questions to determine receipt or refusal. Refusal is based on significant suicidality, mental health and medical concerns, and Narcan® and Taser use. Individuals that have received Narcan® or Taser are referred to Mary Rutan Hospital for testing and monitoring before acceptance. TCN will be contacted by the hospital for individuals identified as suicidal or with high mental health needs.

- Upon acceptance to the jail, individuals wait in a booking cell and then complete a 76-item questionnaire related to mental health, medical, substance use and more.
- Individuals that are under the influence or potentially suicidal will be housed in a holding cell until cleared by medical staff.
- The jail will provide Advil, Tylenol and anti-nausea medication for individuals that are in withdrawal; however, there is not a special housing unit.
- Individuals may have access to outside medications within 24 hours once the medications are verified by nursing staff; however, MAT and controlled substances are discontinued for most individuals except pregnant women, who can be transported to Community Health and Wellness Partners to receive suboxone injections.

Arraignment

- Logan County has one Municipal Court with one Judge located in Bellefontaine. All misdemeanor and felony initial hearings take place in this court.
- There are no formal pretrial services at the Municipal or Common Pleas levels.
- Pretrial release and diversion options consist of
 - Day reporting
 - Ankle bracelets
 - Court ordered assessments and counseling for individuals charged with OVI (Operating a Vehicle under the Influence)
 - Court ordered assessments and follow through with treatment recommendations for other charges
 - May be ordered at arraignment at Common Pleas Court, post indictment, to obtain an assessment and other screenings to determine eligibility for Drug Court.
- The county does not have a Public Defender's office. Typically, individuals do not have legal representation at initial hearing, unless the client has retained counsel. Court appointed attorneys are assigned at arraignment. Bond determination and charges may dictate whether an individual reappears to negotiate bond the next day or weeks later at a pretrial hearing. However, because the Municipal and Common Pleas Courts have separate rosters for assigned counsel, individuals are assigned a new attorney once bound over to Common Pleas.

Intercept 2 Initial Hearing and Initial Detention



Intercept II – Identified Gaps

- Standardized validated screening post arrest and pretrial or pre-arraignment
- Delays in access to treatment
- Assigned counsel
 - Not consistent across Municipal and Common Pleas Courts
 - Concern with finding attorneys that will represent indigent clients
 - Presence of counsel at arraignment
- Connection with Veteran's Justice Outreach
- Information sharing with the court

Recommendations

- Institute validated screening tools at the time of booking in the county jail to determine need for further assessment or reconnection to services and create protocols between the jail and court regarding appropriate sharing of information that will aid in the court's decision making and referral process, as well as the jail's referral for treatment services for those individuals detained. The Texas Christian University Drug Screen V is available at no cost on the website of the Texas Christian University Institute of

Behavioral Research, and 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. Other validated tools are available as well; a publication outlining various tools for review and selection is included in the electronic Community Resource Packet provided to the Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties point of contact.

- Consider implementing a pretrial screening tool at Municipal Court, which will allow a better understanding of risk for recidivism and inform decision-making related to bond or other jail alternatives.
- Review policies and practices of other jails – Ohio or elsewhere – where 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) and the American Society of Addiction Medicine (ASAM) released recently on the Treatment of Opioid Use Disorders for Justice Involved Individuals (Appendix A).

Intercept III: Jails / Courts

Jail

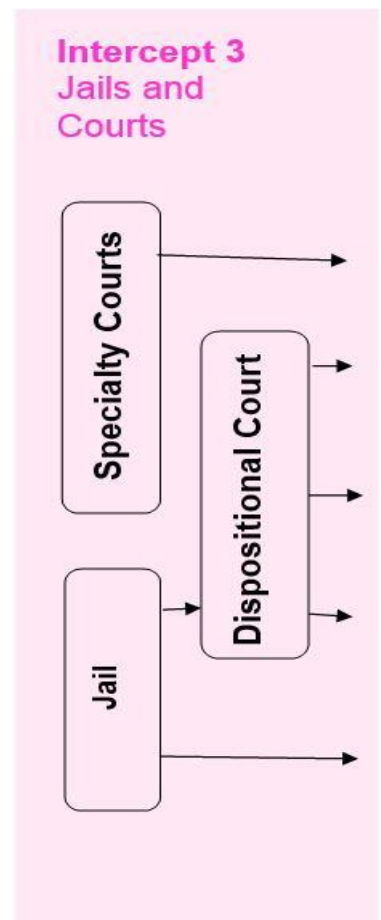
- Logan County jail has a rated capacity of 140 and an average daily census of 103 inmates. On average, six individuals are booked into the jail each day. An estimated 75% have substance use disorders.
- Medical staff includes nursing staff 56 hours/week and on call 24/7, one physician 2 hours/week and on call 24/7 and one clinician.
- Consolidated Care, Inc./TCN provides a licensed clinician, peer support specialists and crisis assessments. Currently, the licensed clinician position is vacant.
- Community Health and Wellness Partners provides initial assessments to determine eligibility for MAT as needed. The only form of MAT permitted is Vivitrol, pre-release.
- The Logan County Sheriff's Office grant-funded clinician provides counseling, assessments and referral to services.
- Upon request, Recovery Zone peer support specialists will go into the jail.
- The jail provides AA, NA, pastoral supports, and General Educational Development (GED) programming.

Court

- Grand jury is held once per month.
- Intervention in lieu of conviction is utilized. Defense counsel will refer individuals for an assessment and pre-sentence investigation. Individuals that complete the program will have their case dismissed. Those present at the workshop stated that several individuals have completed the program and been referred to the Common Pleas Drug Court.
- Pre-sentence investigation responsibilities for Common Pleas, including completion of the ORAS (Ohio Risk Assessment System) for all misdemeanants, are contracted out to two individuals in the community. Family Court uses GAIN.
- The Logan County Prosecutor's Office offers a diversion program for low-level felonies; drug, violent and sex offenses are ineligible. There are no diversion programs at the Municipal Court.
- The Dispositional Court, Common Pleas Drug Court and Common Pleas Family Dependency Court utilize centralized and cost-shared drug screening process.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of March 27, 2019, Logan County has the following specialized dockets:



Judge Name	Jurisdiction	Docket Type	Status (March 27, 2019)
Judge William T. Goslee	Common Pleas	Drug	Certified
Judge Dan Bratka	Common Pleas	Family Dependency	Certified

- Common Pleas Drug Court is an eighteen-month program that has two tracks: high-risk (uncertified) with a current caseload of 10-12 and regular (certified by the Ohio Supreme Court) with a current caseload of 38-40. Two treatment coordinators that are licensed clinicians supervise participants; one treatment coordinator also monitors pretrial release with a caseload average of 160. Most individuals begin in the regular track and are moved to the high-risk track when behavior warrants. Individuals are required to have a primary care physician and West Central Community Correctional Facility is part of the treatment team. Individuals that relapse while enrolled in the docket are referred to Consolidated Care, Inc./TCN and Community Health and Wellness Partners.
 - High-risk track individuals meet with the Magistrate every Thursday one-on-one
 - Regular track utilizes graduated sanctions and participants appear in court as a group
- Common Pleas Family Dependency Court has been available for sixteen years and is a 14 to 18-month program which utilizes graduated sanctions and has an average caseload of fourteen families; most participants have misdemeanor charges. Participant eligibility is determined through substantiated investigation and diagnosis of a substance use disorder prohibiting them from safely parenting their children. The program utilizes a standardized assessment, which includes the GAINS (Gather, Assess, Integrate, Network and Stimulate) Short Screener, a drug screen and treatment referral. The program has specialized activities, and some are gender specific. The Judge will order participants to attend Nurturing Parenting and Moms in Recovery groups.

Veterans

- Common Pleas Drug Court Judge will screen for military service at sentencing.

Intercept III – Identified Gaps

- No group services, educational services, or psycho-educational services in jail
- High risk docket individuals are not separated by risk determination in treatment groups
- Diversion programming, including specialized docket, at Municipal Court
- Struggling to find attorneys to serve indigent cases; only one who serves felony cases

Intercept III – Identified Opportunities

- Municipal Court reviews presentence investigation
- May be opportunities to further maximize use of Nurturing Parenting and Moms in Recovery groups (July-August)

Recommendations

- The jail should review its policy regarding discontinuation of prescribed medications, including MAT (see recommendation under Intercept II).

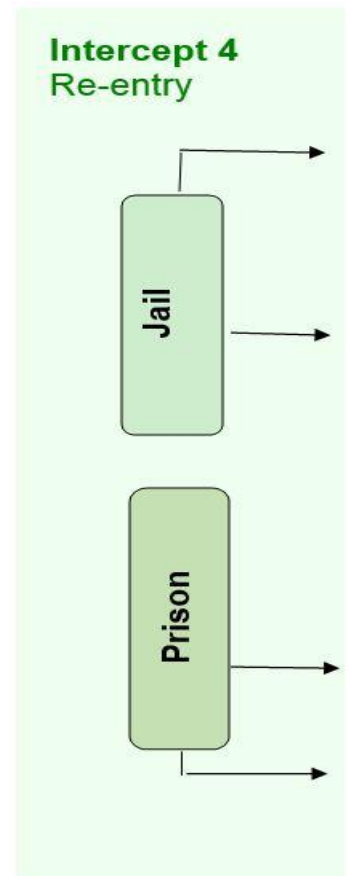
Intercept IV: Prisons / Reentry

Reentry – Prison

- Those present at the workshop stated that the Ohio Reformatory for Women tends to do a better job with release planning than the men's facilities. Generally, reentry is a significant area of focus, and those in

attendance described good relationships and cooperation between Adult Parole Authority and local probation supervision.

- 60-70 individuals per year return to the community on post release control; an unknown additional number are released without supervision.
- Among the individuals returning from prison to the community each year, the Community Transition Program of CareSource and the Ohio Department of Mental Health and Addiction Services (OMHAS) completes screening and assessment for substance use disorders and sends referral packets to partner agencies for linkage to local services. In Logan County, there were eighteen referrals as of the date of this workshop. The provider receiving the packets was Consolidated Care, Inc./TCN.
- Community Linkage referrals from OMHAS regarding individuals with serious mental illness returning from prison to the community are sent to Consolidated Care, Inc./TCN. In Logan County, there were four referrals as of the date of this workshop, and one referral for dual disorder linkage.
- The county utilizes West Central Community Correctional Facility as the local community based correctional facility. Individuals can be on judicial release to the program. The program includes a mental health clinician that provides assessments and service linkage, motivational interviewing, CBT, MAT, naltrexone injection and *Thinking for a Change*. Consolidated Care, Inc./TCN provides a clinician three days/week. Upon release, individuals are provided reentry case planning, a resource packet, aid in completing Medicaid applications and referral to Justice Reinvestment and Incentive Grant (JRIG) programming with case management and probation appointments required immediately upon release.
- JRIG provides parenting classes, case management, peripheral services, *LifeSkills*, CBT and *Thinking for a Change*. Most probationers are sentenced to this program. Upon release, the program will follow-up with treatment agencies and report attendance to probation and parole departments.



Reentry – Jail

- Jail staff is not consistently informed of release dates and individuals are released at various times during the day.
- The pastoral services will provide referral to Women's Arise/Christ Covenant Church upon release.
- Individuals are released with whatever remains of the medication they brought into the jail. Those who did not bring in their own medication do not typically receive medications or prescriptions upon release; however, some individuals may be released with medications under special circumstances.
- JRIG, Community Health and Wellness Partners, and Consolidated Care, Inc./TCN will assist individuals with public benefit application procedures and referrals as needed upon release.
- Community Health and Wellness Partners provide an assessment and vivitrol injection one week prior to release and schedule next appointment.

Intercept IV – Identified Gaps

- ▣ Releases of information in release packet and/or information on provider involvement
- ▣ No-shows for initial appointments upon release
- ▣ Limited hours of operation at Recovery Zone
- ▣ Financial and resource needs are so great that recovery focus gets short-changed and takes back seat
- ▣ Jail case management, reentry planning and warm hand-off
- ▣ Follow-up after release from West Central Community Correctional Facility
- ▣ Linkage to services upon release from prison for men
- ▣ Stricter than required eligibility criteria for housing

- Housing capacity
- Peer support capacity

Recommendations

- Review the jail policy regarding provision of necessary medications upon release. With the Ohio Department of Mental Health and Addiction Services providing reimbursement for psychotropic medications, the jail should be able to release individuals with a short-term supply of medications and/or a prescription.
- Consider forming a reentry work group to collaborate on cooperative procedures for bridging the gap at the time of release from prison or CBCF, to address immediate resource needs, ease the way to attendance at first health appointment and encourage completion of releases of information to aid in effective planning and information sharing. Peer supporters could potentially fill some or all these functions.
- The substance use and mental health treatment systems and criminal justice providers (probation/parole) should ensure representation to the Housing Continuum of Care meetings and advocate for eligibility criteria and services that meet the needs of individuals with substance use and mental health disorders returning to the community from incarceration or inpatient treatment.

Intercept V: Community Corrections / Community Support

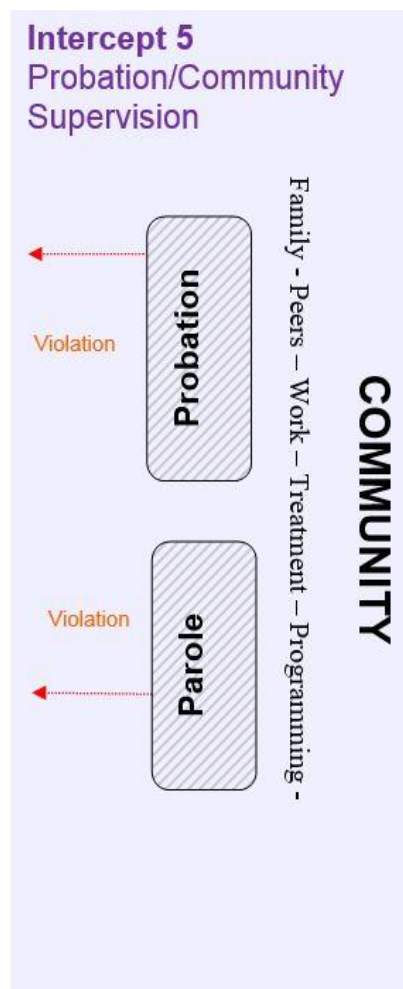
Probation/Parole

- Municipal Court has capacity for three Probation Officers; currently, one is on staff. Probation Officers provide motivational interviewing, *Thinking for a Change* and Carey Guides. ORAS scores determine supervision frequency and number of *Thinking for a Change* sessions.
- Common Pleas has capacity for five Probation/Parole Officers provided by the Adult Parole Authority (APA) through a contract with the county with a caseload average of 640; currently two are on staff. Caseloads are assigned based on geography. One Parole Officer is a Licensed Chemical Dependency Counselor, and both are trained in motivational interviewing, *Thinking for a Change*, Carey Guides and CBT. Parole Officers will refer individuals to Consolidated Care, Inc./TCN, JRIG and local services as needed.
- Parole Officers have access to the behavioral health records and behavior records from prison and indicated a desire for community providers to have access to some or all of that information.
- Two treatment coordinators supervise individuals that are on the Common Pleas Drug Court docket. Both treatment coordinators are trained in motivational interviewing and utilize ORAS.

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 Logan County.

- Ross Training Center (RTC) provides vocational training, employment placement, support and resources by building relationships with employers and the community.
- As described in the Intercept 0 section, the Housing Continuum of Care has monthly meetings; however, the workshop participants described minimal assistance with the target population from the Logan County Metropolitan Housing Authority because they do not accept individuals with felony convictions, and



individuals are removed from sober living after relapse. See page 9 for housing services that were highlighted during workshop discussion.

Intercept V – Identified Gaps

- Access to prison health information and prescription records by hospital emergency department and potentially other providers
- Available resources for case management
- Case management capacity
- Groups in Common Pleas supervision
- Communication and information sharing
 - Criminal justice system to treatment providers
 - Access to prison health information and prescription records by hospital emergency department
 - Access to prison behavioral health and behavior records by community providers
- Additional screening at APA
- Transportation
- Homeless shelter policies restricting eligibility (currently will not take people from jail, even when no conviction is in place)
- Homeless shelter capacity

Intercept V – Identified Opportunities

- The relationships needed with landlords and local housing providers is like RTC's relationships with employers and the community
- Sharing of drug test results
- Training collaboration between Logan County Family Court and probation

Recommendations

- The Housing Continuum of Care and Housing Authority could consider modeling efforts in relationship building after the RTC.
- Consider reviewing shelter policies and outcomes of other counties to determine if there could be more flexibility in the eligibility criteria for the shelters.

Priorities for Change

Logan County, Ohio

Logan 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. Housing
2. Community and Information Sharing
3. Jail Case Management and Reentry
4. Peer Support Services
5. Standardized Validated Screening Post Arrest and Pretrial

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

- Overdose fatality review team (2 votes, Intercept 0)
- Transportation (2 votes, Intercept 0)
- Assigned counsel (2 votes, Intercept 2)
 - Not consistent across Municipal and Common Pleas Court
 - Concern with funding attorneys that will represent indigent clients
 - Counsel at arraignment
- Effective utilization of media (social media, etc.) for community awareness and education (1 vote, Intercept 0)
- Evening options for outpatient care (1 vote, Intercept 0)
- Integrated dual disorder treatment (1 vote, Intercept 0)
- Residential treatment within county (1 vote, Intercept 0)
- Alternative receiving location (1 vote, Intercept 2)

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

Sequential Intercept Mapping Participant Roster
Logan County, Ohio | April 29-30, 2019

Name	Title	Organization	Email
Joe Antram	Commissioner	Logan County Commissioner	jantram@co.logan.oh.us
Christy Astorino	Dispatch Supervisor	Logan County Sheriff's Office	castorino@co.logan.oh.us
Denyse Bayliss	Assistant	Women Arise	Denyse.bayliss@gmail.com
Dan Bratka	Judge	Logan County Family Court	dbratka@co.logan.oh.us
Amber Chivington		Shelley Stephenson Ministries	amberontrend@gmail.com
Annette Deao	Treatment Coordinator	Logan County Family Court	adeao@co.logan.oh.us
Jeannie Dempster	President	Consolidated Care, Inc.	jdempster@ccibhp.com
Randy Dodds	Sheriff	Logan County Sheriff's Office	rdodds@co.logan.oh.us
Melanie Engle	Director	Logan County Job and Family Services	Melanie.engle@jfs.ohio.gov
Joe Freyhof	Chief	Russel's Point Police Department	policechief@russelspoint-oh.gov
Adam Fullerton	Sergeant	Logan County Jail	afullerton@co.logan.oh.us
John Godwin	Sergeant	Logan County Sheriff's Office	jgodwin@co.logan.oh.us
Mackenzie Good		West Central Community Correctional Facility	mgood@wcccf.org
Krista Henry	Treatment Coordinator	Logan County Adult Recovery Court	khenry@co.logan.oh.us
Rick Herring	Lieutenant	Bellefontaine Police Department	rherring@co.bellefontaine.oh.us
Adam Jurich	Emergency Department Director	Mary Rutan Hospital	Adam.jurich@maryrutan.org
Kim Kellogg-Martin	Judge	Logan County Family Court	Kkellogg-martin@co.logan.oh.us
Natasha Kennedy	Magistrate	Logan County Common Pleas Court	natasha@co.logan.oh.us
Brandi Kinchen	Supported Employment	RTC Services	bkinchen@rtcindustries.org
Ashley Logan	Behavioral Health Coordinator	Community Health and Wellness Partners	Ashley.logan@chwplc.org
Jessica Manuel	Supervisor	West Central Community Correctional Facility	jmanuel@wcccf.org
Tammy Nicholl	Executive Director	Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties	tnicholl@mhdas.org
Larry Novak	Pastor	First Lutheran Church	lnovak@flcbellefontaine.org
Chris Pinkelman	Director of Clinical Services	TCN	cpinkelman@tcn.org
Jim Pleasant	Treatment Coordinator	Logan County Adult Recovery Court	jpleasant@co.logan.oh.us
Chuck Roberts	Peer Support Specialist	Consolidated Care, Inc.	croberts@ccibhp.com
Jeff Roman	Parole Officer	Adult Parole Authority	Jeffrey.roman@odrc.state.oh.us
Alan Shields	Sergeant	Bellefontaine Police Department	ashields@ci.bellefontaine.oh.us
Adam Sorensen	Director of Treatment and Recovery	Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties	asorensen@mhdas.org
Brandon Standley	Chief	Bellefontaine Police Department	bstandley@co.bellefontaine.oh.us
Shelley Stephenson	Pastor	Christ Covenant Church/Women Arise	pastorshelleystephenson@gmail.com
Gwyn Stetler	Chair	Housing Continuum of Care	blessallgwyn@gmail.com
Janie Summers	Probation Officer	Bellefontaine Municipal Court – Probation Department	jsummers@ci.bellefontaine.oh.us
Kathy Zeller	Director	Recovery Zone	kathy@recoveryzonelc.org

Action Planning Matrix for Logan County, Ohio

Priority Area 1: Housing				
Objective		Action Step	Who	When
1.	If/why metro housing and Residential Administrators will not accept people with low level felony convictions?	<p>A. Key people are missing from discussion. Need to set up face-to-face meeting</p> <p>B. Need better understanding as to how we can all help each other</p> <p>C. Collaborate fully with current housing efforts</p>	<p>Gale Clark, John Brown, Magistrate Kennedy</p> <p>Larry Novak, Jim Pleasant, Krista Henry, Annette Deao, Consolidated Care, Inc. and Community Health and Wellness Partners?</p>	Within the next 30-90 days
2.	Men's sober living house	<p>A. Look into opportunity zones</p> <p>B. Look into investors</p> <p>C. Meet with Shelley Sterenson Ministries about what they need to put this into motion</p>	<p>Pastor Shelley Sterenson, Amber Chington, Denise Bayliss, Magistrate Kennedy, Annette Deao, Jim Pleasant, Krista Henry, Consolidated Care, Inc. and Community Health and Wellness Partners</p>	Within the next 30-90 days
3.	Open dialogue/communication with private landlords	<p>A. Get list of private landlords</p> <p>B. Build relationships and develop better understanding as to how/if we can help each other (they need money to have housing and we need housing and have money. How can we work together?)</p>	<p>Larry Novak, Gwyn Stetler, Court Personnel, Annette Deao and Magistrate Kennedy</p>	Within the next 30-90 days
4.	Teaching court involved individuals how to be better tenants	<p>A. Critical Time Intervention Training (evidence-based model; free online manual; maintaining housing is the goal)</p>	<p>Justice Reinvestment and Incentive Grant, ARC participants and Family Court</p>	As Soon As Possible
5.	Logan County homeless shelter – need more information (Light House Shelter)	<p>A. Contact manager</p> <p>B. Who funded it, runs it, what are the rules and regulations? Open a better line of</p>	<p>Danielle Smith, Kim Collum, Court Personnel,</p>	Within the next 30-90 days

Action Planning Matrix for Logan County, Ohio

		<div>communication</div> <div>C. Better communication needed for all groups. Get all key players to the table</div>	<div>Consolidated Care, Inc. and Community Health and Wellness Partners</div>	
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Action Planning Matrix for Logan County, Ohio

Priority Area 2: Communication and Information Sharing				
Objective		Action Step	Who	When
1.	Adopt a universal form for when law enforcement is involved with individuals in crisis and require crisis assessment	A. Type form	Adam Sorenson	May 3, 2019
		B. Send for review and finalize with prosecutor	CORE Legal Group	June 1, 2019
		C. Check with the Coalition for Opiate Relief Efforts (CORE) to see if they will print it	CORE	June 15, 2019
2.	Create one page information menus	A. Create menu of what information is typically requested and what definition of what each item is	Jeannie Dempster	May 8, 2019
		B. Create menu of what information is needed and when	Children's Services	May 17, 2019
		C. Give menu of what information courts need and timeline	Probation (Jim Pleasant, Janie Summers and Annette Deao)	May 17, 2019
3.	West Central Community Correctional Facility universal release of information form	A. West Central Community Correctional Facility review menus	West Central Community Correctional Facility and Mackenzie Good	May 20, 2019
		B. West Central Community Correctional Facility completes Logan County release of information		June 1, 2019
		C. West Central Community Correctional Facility shares universal release of information		June 1, 2019
4.	Understand CJ CCoE's release of information and procedure manual by Christian Diaz	A. CORE will review the document prior to the next legal meeting	CORE Team	To Be Determined
		B. CORE group will articulate the impact/changes that this has on the system	CORE Team	At next CORE meeting
		C. Determine release of information training priorities for community	CORE Team	At next CORE meeting
5.	Collect county-wide CIT data	A. Understand codes – mental health and drug codes, overdose costs, attempted suicide codes	Adam Sorenson to send out information; Police Departments and Sheriff's Office to collect data	May 15, 2019
		B. Analyze data to identify high need	CIT Group	June 15, 2019

Action Planning Matrix for Logan County, Ohio

		individuals C. Use CIT stakeholders meeting to review process	CIT Group	Ongoing
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Action Planning Matrix for Logan County, Ohio

Priority Area 3: Jail Case Management and Reentry				
Objective		Action Step	Who	When
1.	Funding and sustainability – secure beyond December 2019	A. Identify funding streams to pay for the position <ul style="list-style-type: none"> i. Grants ii. Court iii. Board/Levy Dollars iv. Jail v. Treatment Providers 	Consolidated Care, Inc./TCN, Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties, Sheriff's Office and Court	July 2019 or Sooner if Possible
2.	Define the position. Define/clarify value for the position to support continuum of care	A. Full-time or part-time position <ul style="list-style-type: none"> i. Case manager (navigator) vs. counselor ii. Job description and duties of this position that addresses priority needs of jail, court and inmate iii. Lead administration 	Consolidated Care, Inc./TCN and Sheriff's Office	June 1, 2019

Action Planning Matrix for Logan County, Ohio

Priority Area 4: Peer Support Services				
Objective		Action Step	Who	When
1.	Build peer recovery services in community. Identified needs: MRH, jails, courts, Recovery Zone (peer center), Consolidated Care, Inc. Community Health and Wellness Partners and Ross Training Center (employment, housing, treatment, behavioral health agencies)	A. Develop peer recovery leader's group	Chuck Roberts, Kathy Zeller, Brandi (Randy)	May 20, 2019 – First Meeting
		<ul style="list-style-type: none"> i. Qualities of peer recovery supporters ii. Values 		
		B. Create credible living wage for peer recovery supporters	Peer recovery supporters' employers (Recovery Zone, Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties, Consolidated Care, Inc. and Community Health and Wellness Partners)	6 months
		<ul style="list-style-type: none"> i. Increase grant opportunities (SOAR May 31, 2019) ii. RCO Collaboration iii. Addiction Treatment Program Funds? 		
		C. Peer recovery supporters develop and supportive structure	Wings, Recovery Zone, and Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties	Current
		<ul style="list-style-type: none"> i. Streamline training ii. Peer recovery services support services <ul style="list-style-type: none"> i. Ascent support ii. Local group 		
		D. Coordinate recruitment with larger community	Peer leaders, Mental Health Drug and Alcohol Services Board of Logan and Champaign Counties and Consolidated Care, Inc.	
		E. Communication of value and needs of peer recovery supporters to employers and community	Coalition for Opiate Relief Efforts Treatment and Supportive Services, Events Committee	

Action Planning Matrix for Logan County, Ohio

Priority Area 5: Standardized Validated Screening Post Arrest and Pretrial				
Objective		Action Step	Who	When
1.	Review current procedures with Bellefontaine Police Department and Logan County Sheriff's Office dispatch to learn distribution of Computerize Criminal History (CHH) report	A. Contact dispatch	Logan County Sheriff's Office and Bellefontaine Police Department dispatch	July 1, 2019
		B. Present procedure to Coalition for Opiate Relief Efforts legal/advocacy team	Janie Summers, Jeff Roman, Jim Pleasant and legal/advocacy	
2.	Need for permission to get CCH report	A. Contact Logan County Sheriff's Office for potential of going on the CCH distribution	Janie Summers	August 1, 2019
		B. Need for Criminal Justice Information Services training		
3.	Consult with Janie Summers' administration to learn about the questionnaire used at booking	A. Review questionnaire	Jim Pleasant, Janie Summers and Annette Deao	August 1, 2019
		B. Can Ohio Risk Assessment System Pretrial Assessment Tool be added to questionnaire		
		C. Educate jail staff on the completion of the booking questionnaire	Janie Summers and Adam Sorenson	
4.	Define the needs of the prosecutor requirements for conditions of bond	A. Meet with Bellefontaine Prosecutor	Janie Summers	July 1, 2019
		B. Meet with County Prosecutor	Jim Pleasant	July 1, 2019
5.	Legal/advocacy team report out on priority area	A. Team leaders meeting	Annette Deao	September 1, 2019 or as soon as scheduled
		B. Free care		
		C. Legal/advocacy – May 30, 2019	Legal/advocacy team	

Appendix

Appendix A



ASAM American Society of
Addiction Medicine

FOR IMMEDIATE RELEASE

MARCH 20, 2018

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

Contact: Bob Davis, VP, Marketing, Membership & Engagement, ASAM, Chevy Chase, MD
bdavis@asam.org
301-547-4112

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

Statement supports access to all evidence-based treatment options

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

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

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

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

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

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



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

2018-2

Introduction:

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

Policy Statement:

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

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

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

A. Screening/Prevention

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

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

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

B. Treatment

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

C. Reentry and Community Supervision Considerations

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

D. Education

1. Scientifically accurate, culturally competent, and non-judgmental training and education regarding the nature of OUD and its treatment should be provided to all justice system personnel including custody officers, counselors, medical personnel, psychologists, community supervision personnel, community residential staff, agency heads and leadership teams.
2. This training should include education about the role of stigma involving substance use disorders and the subtle but very real impact that stigma has on those suffering from substance use disorders and those treating them.

This Joint Public Correctional Policy was unanimously ratified by the American Correctional Association Delegate Assembly at the 2018 Winter Conference in Orlando, FL. on Jan. 9, 2018. ⁱ BJS. (2017, June). Special Report. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. ⁱⁱ Binswanger IA, Blatchford PJ, Mueller SR, and Stern MF. Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009. *Ann Intern Med* 2013 Nov 5; 159(9): 592–600. ⁱⁱⁱ Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ* 2017;357:j1550

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

Appendix B

JAIL BOOKINGS Please report most recent data available (12-36 months) and use a consistent time range throughout the report.	
Person Completing Form (name/title) <u>SGT. ADAM FULLERTON</u>	
Time period being reported (Identify a recent six-month to one year period) <u>3/14/18 - 3/14/19</u>	
What is the rated capacity of the jail?	(insert number) <u>140</u>
What is the average daily total population of the jail?	<u>103</u>
What is the average number of total daily bookings?	<u>6</u>
What type of automated system is used to collect Jail Booking, classification, health and release information?	
<u>CMI - AUTHORITY JAIL</u>	
Based on the total jail population for the time range being reported, please provide the number for each classification of inmate below: (If unable to provide objective data on booking types, please provide estimated average percentage for each booking)	
Pretrial Misdemeanor	
Pretrial Felony	
Probation Violation	
Sentenced local	
Sentenced awaiting transport	
Other (specify)	
Are there special accommodations made for substance dependent individuals? Separate facility or unit?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
<u>HOLDING CELL IN BOOKING</u>	
Is there a medical pod? <u>ACCOMMODATES 2 INMATES</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Is there a mental health pod? <u>HOWEVER NOT HOUSED WITH GENERAL POPULATION</u>	Yes / <input checked="" type="radio"/> No
What are the days/hours per week the following medical professionals are on site?	
Physicians? <u>ON CALL 24/7</u>	<u>2 HR WK</u>
Nursing staff? <u>ON CALL 24/7</u>	<u>56 HR WK</u>
Mental health and/or addictions staff (e.g. psychiatrist, psychologist, substance use counselor.... others)? <u>ON CALL 24/7 CCI CRISIS HOTLINE</u>	<u>BOB & AMANDA 8 HR WK</u>
Do inmates have access to medication assisted treatment (MAT) (e.g., naltrexone/Vivitrol)?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
<u>DO NOT ALLOW CONTROLLED MEDS. RX PHENERGAN & CLONIDINE</u>	
What detox or withdrawal management services are available to inmates?	
<u>JAIL MEDICAL STAFF / AMANDA MCALL → CCI</u>	
The following section asks about people who were identified as having a substance use problem for the timeframe being reported.	
How many people, total, are identified as having a substance use (i.e., alcohol or other drugs) problem?	<u>759</u>
How many people identified as having a substance use problem were identified by	<u>75% EST</u>
<u>JAIL BOOKING STAFF</u>	

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)?	75 % EST
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?	60% EST
What screening tool is used to identify possible substance use?	CMF SOFTWARE BOOKING QUESTIONNAIRE
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?	76
What is the average daily population of persons with mental illness?	75 %
What is the average number of daily bookings of people with substance use disorders (total)?	5 DALEY EST
What is the average number of daily bookings of people with substance use disorders involving opioids?	2 EST
What is the average number of daily bookings of people with substance use disorders involving non-violent offenses?	5 EST
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?	??
CROSS TABULATION OF MULTI-SYSTEM DATA For the entire population of persons booked into jail during the identified timeframe (open or closed cases):	
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
WITH BOB CROOK ON DAYS HE MEETS WITH INMATES WITH CCI WHEN THEY COME TO JAIL FOR SCREENINGS WITH MEDICAL STAFF DALEY.	

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 <input checked="" type="radio"/> No <input type="radio"/>
UPON REQUEST OF COURT OR WHEN JAIL FEELS NECESSARY	
How many people were known to the substance use treatment system?	MORE THAN HALF
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?	200 EST
How many people were known to the Developmental Disabilities system?	3
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?	DO NOT HELP W/
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:		
Contact Person: Tammy Nicholl	Phone: 937-407-0784	Email: tnicholl@mhdas.org

Please check the appropriate box for each and provide descriptions as necessary.		
1	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. Do you have data available for the prior 12 months? If so, please provide. Identify the time period.	(insert number) 7 or 8 <input type="checkbox"/> Yes / No 2015 - 2018
2	Of the deaths reported in question #1, how many involved opioids?	(6 in 2018)
3	Of the drug overdose deaths, how many individuals were currently engaged or had prior contact with the behavioral health system? 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)	Total: 5 MH only: SU only: Dual:
4	Of the drug overdose deaths, how many individuals had prior involvement with the criminal justice system within the past year?	(insert number) 7 or 8
5	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). - Specialized dockets - Jail Contract w/ local provider for Clinician - West Central Assessments - Feel like it needs great improvement. Had a person on my caseload who both therapist & peer support specialist knew the person was using but did not share. The person OD'd and nearly died if it wasn't for Narcan. Has not received progress notes. - CORE Coalition for Opiate Relief Efforts – largest comprehensive community effort and has been in place since 2012. Very active Coalition with many local leaders, system service providers, businesses, family and peer involvement	<input type="checkbox"/> Yes / No

6	<p>Does your community have a cross-system collaborative team or task force?</p> <p>Yes. Logan County CORE (Coalition for Opiate Relief Efforts). 2012 to present. See attached table of organization</p>	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
7	<p>Does your community provide for cross-training of mental health, substance use, criminal justice and other providers?</p> <p>If yes, please list recent programs:</p> <p>CIT training Addiction 101 w/ Dr. Nicole Labor Squirrel Logic – Dr. Brad Landor SBIRT Training of Trainers MHFA Trauma Informed Care</p>	<p><input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No</p> <p>There were an equal # of yes and no answers</p>
8	<p>Does your community offer primary prevention/education programming for substance use?</p> <p>If yes, to what audience?</p> <ul style="list-style-type: none"> - Botvin LifeSkills in all 4 districts @ Middle School - Search Institute 40 Developmental Assets - K-12 - Narcan training to the community - SI Attitudes & Behavior Surveys every 2 years to 8th, 10th, 12th grade students in all 4 districts - DARE to students in Bellefontaine City Schools <p>Is the programming evidence-based?</p>	<p><input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> - Jail has contract with Consolidated Care for Licensed Clinician - Behavioral Health Criminal Justice Grant used to support case manager from Consolidated Care to work with Jail and West Central - Case managers assigned to the Specialty Docket Courts - Grants obtained by Courts, MHDAS CURES ATP \$ - MHDAS Board funding for services/ contract with CCI as community behavioral health provider - Specialty docket Courts - Collaboration w/ Community Health & Wellness Partners for MAT and BH treatment services <p>If yes, how are resources publicized?</p> <ul style="list-style-type: none"> - Referrals from Jail staff, Court Staff or shared in screening at intake. - MHDAS Website, resource information - CCI marketing materials 	<p><input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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></p> <ul style="list-style-type: none"> - Specialized Family Treatment Court Docket – Judge Dan Bratka - Specialized Adult Recovery Court – Common Pleas Judge William Goslee and Magistrate Natasha Kennedy & 2 licensed clinicians - Dedicated case managers from Consolidated Care to work w/ Courts - Municipal Court has their own program 	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No

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></p> <ul style="list-style-type: none"> - Outcomes related to the Criminal Justice Behavioral Health Grant - CIT Reports - Family Tx Court tracks new charges, compliance w/ treatment - Police reports & Community Needs Assessment Survey results - Not well enough. Multiple collection points and not compiling data and sharing it in a meaning for way. - Yes, but no system or dedicated staff to track it - System not sure what to do with the data they have 	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
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></p> <ul style="list-style-type: none"> - CCI- Case Manager? - Not an individual with this role, but the specialty dockets are trying to bridge those systems, - CIT aims to help bridge these systems and increase knowledge across disciplines, but no one leader looking at the big picture 	Yes / <input checked="" type="checkbox"/> No
13	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance treatment coordination across agencies or systems?</p> <p><i>Please describe or if possible, provide copies of MOUs:</i></p> <ul style="list-style-type: none"> - MHDAS and Specialized Dockets for drug screen and competency evaluations - CCI and Specialized Dockets for case management services - MHDAS and Courts for CURES ATP dollars to serve those w/ opiate diagnosis - Family Treatment Court - ROI's 	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
14	<p>Are there any local agencies that have not participated in collaboration efforts?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> - 3 law enforcement entities patrol the same area. Excessive and not collaborative. - Difficult to get people into homeless shelter. Very difficult to find housing. 	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> 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> <ul style="list-style-type: none"> - Pre-trial Diversion – and drug Tx program - Prosecutor's office has grant for Diversion officer for low level felonies in Common Pleas Court. No drug/violence/sex offenses. - ILC is run by Common Pleas – this process is changing - Local Police Depts hand out 2nd Chance forms encouraging them to seek treatment in 30 days. 	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
16	<p>Does your community have any specialty courts?</p> <p><i>Please describe:</i></p> <ul style="list-style-type: none"> - Family Court – Family Tx Court - Common Pleas Court – Adult Recovery Court 	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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> <ul style="list-style-type: none"> - CIT Trainings - Consolidated Care and Sheriff's Office for probate transport to state hospital in Columbus - We refer people to CCI. Unsure if there is one with CHWPLC - There is a lot of open communication between all entities. No MOU's have been required 	<input type="checkbox"/> Yes / <input type="checkbox"/> 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> <ul style="list-style-type: none"> - Family Tx Court uses GAIN - Adult Recovery Court uses ? - Consolidated Care uses SBIRT, and others 	<input type="checkbox"/> Yes / <input type="checkbox"/> No 4 of 9 responses said 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> <ul style="list-style-type: none"> - Common Pleas Courts works with WC CBCF and local jail to connect prior to discharge - Consolidated Care works with WC CBCF and local jails to coordinate services - There is a re-entry officer in the APA – unsure if they are even local - Prison re-entry, but not jail - A lot the supportive services come from 12 Step meetings and Recovery Zone (Consumer Operated Peer Drop In Center) 	<input type="checkbox"/> Yes / <input type="checkbox"/> No
20	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <ul style="list-style-type: none"> - The need to share timely information - Limitations of Release of Information - The report back loop if a client is not compliant with tx or with probation - The main goal of each agency. Need to understand sometimes we have conflicting main goals. Need to work on finding ways to get past those. - Need to spend more time together, ie. Treatment providers to ride with law enforcement, and likewise law enforcement observe services provided by treatment professionals - Need better collaboration between agencies - To have a common goal and come together for the betterment of the community. Everyone is tired and jaded at times, but if we want to make a difference, we have to come together. - Lack of financial resources to do what they want to do - First, we need education for the department—we have drug issues in our smaller communities but often get left out because we are not serving county-wide. We have had OD's and opiate users, but we have limited training on what services are available for people and for us as a department. - Transportation is a big barrier to the population we are serving - Don't notice a lot of diversity in Drug Court population-- poverty, white 	
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> <ul style="list-style-type: none"> - Courts sharing drug screen staffing and costs - CORE (Coalition for Opiate Relief Efforts) : Accomplishments – increased access to MAT locally, education of medical providers on use of OARRS and alternatives to opiates, Rx Medication Take Back Days, Joint Drug Task Force, Prevention capacity grown to include all 4 school districts using Botvin LifeSkills, SOS Education to all 6th and 9th grade students followed by SOS Screening for depression and suicide, OD Response Team, agreement between ED and Consolidated Care to provide # for families of victims of OD seen at ED. - Recovery Housing for women in Logan Co. Recovery Housing for men available in Champaign Co. - Try to cut the stigma of substance abuse and mental health. Conversations have become much more 	

	<p>positive.</p> <ul style="list-style-type: none"> - Recent move forward in establishing a needle exchange program. Collaboration between Logan Co Health District and Community Health & Wellness Partners
22	<p>What would you list as your community's strengths?</p> <ul style="list-style-type: none"> - Willingness to share resources in terms of dollars and of staff - Collaboration & Communication between systems - CORE Community Coalition w/ very active and committed involvement from local leaders to peers in recovery and family members. - Willingness to go after competitive and flexible dollars to fund needs - Local needs assessment is valued and used to drive funding decisions and strategic plans for variety of sectors - We are small. We are invested and know the people we serve. - Community food pantries. - Chamber of Commerce is very involved and has many events - Excellent State Park - Blend of diversity from people from other metro areas that have a home here. - All subcultures contribute to community events. Holidays are celebrated in community. - Professionals want it to be better and work the resources available. - Diverse and strong faith-based community. People willing to help someone struggling with mental illness or addiction. - We are a small, rural community, so we know each other. Relationships are strong. You can reach people anytime. People in leadership are approachable. These things get lost in larger communities. - We know the offenders. We see them in the community and often know their families. - People Care. There is a great core of the community that wants to help people have the best quality of life possible.
23	<p>What would you list as your community's biggest challenge at this time?</p> <ul style="list-style-type: none"> - Lack of Clinical staff resources / Provider agency undergoing merger with outside agency in next few months - Lack of local options for immediate placement in crisis stabilization and detox - Limited local resource for Buprenorphine - No Psychiatric hospital or AoD Residential beds locally. - We are a small community with limited resources - Criminal justice system is overwhelmed with few resources for offenders. - Limited growth due to flood plain - Low to moderate income community and lots of jurisdictional lines - Conglomerate of service providers - Not knowing what services are available to my officers on the street. When faced with people with MH or addiction issues, we take them to the hospital or jail, or we hand them a 2nd chance form. - Getting accurate information for treatment participation. - Resources. Much of the challenge comes from a lack of financial resources to do the things caring people want to do. - Buy in and want to do this. Realize that everyone is lacking resources and energy, but we need to work together if we want to make it work as a community.