

# Ottawa County, Ohio

## *Sequential Intercept Mapping* Final Report

April 17-18, 2019

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# Sequential Intercept Mapping

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# Ottawa 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 Ottawa County, Ohio on April 17-18, 2019. The workshops were hosted at Sutton Center with local coordination provided by the Mental Health and Recovery Board of Erie and Ottawa Counties, along with a local planning team comprised of representatives from behavioral health and criminal justice agencies and the community. 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 Ottawa County achieve its goals

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

### Background

The Mental Health and Recovery Board of Erie and Ottawa Counties (MHRB) and the Ottawa County Common Pleas Court requested the *Sequential Intercept Mapping (SIM)* and *Taking Action for Change* workshops shortly after the county requested SIM related to the opioid epidemic and during a period of open invitation for letters of interest. The Sequential Intercept Mapping exercise was meant to aid Ottawa County 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 a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

The participants in the workshop included 25 individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, corrections, individuals with lived experience, peer support, advocacy, law enforcement, and the courts. A complete list of participants is available in the resources section of this document. David Brown, Daniel Peterca and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

### Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for justice-involved individuals with mental illness 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 mental illness and co-occurring disorders flow through the Ottawa County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support.
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 Ottawa 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

Ottawa 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 five cross-system collaborative teams that were identified by the local planning team and workshop participants: Crisis Intervention Team Training, Common Pleas Drug Court, Common Pleas Mental Health Court, Juvenile Family Dependency Court and Juvenile Treatment Court. The County Board of Commissioners also passed a Stepping Up resolution, a commitment on the part of the county's governmental offices to address the issue of over-representation of individuals with mental illness in the county criminal justice system. The community is strongly encouraged to consider how best to incorporate the Sequential Intercept Mapping participant group and action planning work groups into the Stepping Up framework and if possible into an existing structure instead of creating a new task force. If an overarching task force does not currently exist, the SIM participant group could serve as the foundation for a Stepping Up group, and the previously mentioned teams could be incorporated into that structure.

### Individual with Lived Experience Involvement

The local planning team and workshop included two individuals with lived experience and the Executive Director of a peer drop-in center; however, individuals with lived experience who had both mental health and criminal justice involvement or who were not also working in another role or capacity were not present

at the workshop. The SIM group is strongly encouraged to solicit participation from additional community members and individuals with lived experience; ideally, each work group/committee will include consumer, family and/or advocate representation.

## Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key players that were missing at the workshops: dispatch, front line staff from the mental health and criminal justice systems, defense counsel, prosecutor, veteran services, Adult Parole Authority, housing and transportation.

## Data Collection

- The Ottawa 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
  - Detention Facility and Minimum Security Jail Data for September 2018 – March 2019
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
  - Ottawa County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map – status of Crisis Intervention Team Development in Ohio, March 1, 2019
  - Huron, Erie and Ottawa Counties CIT Officers Roster Project Summary Report, September 2015

## Recommendations

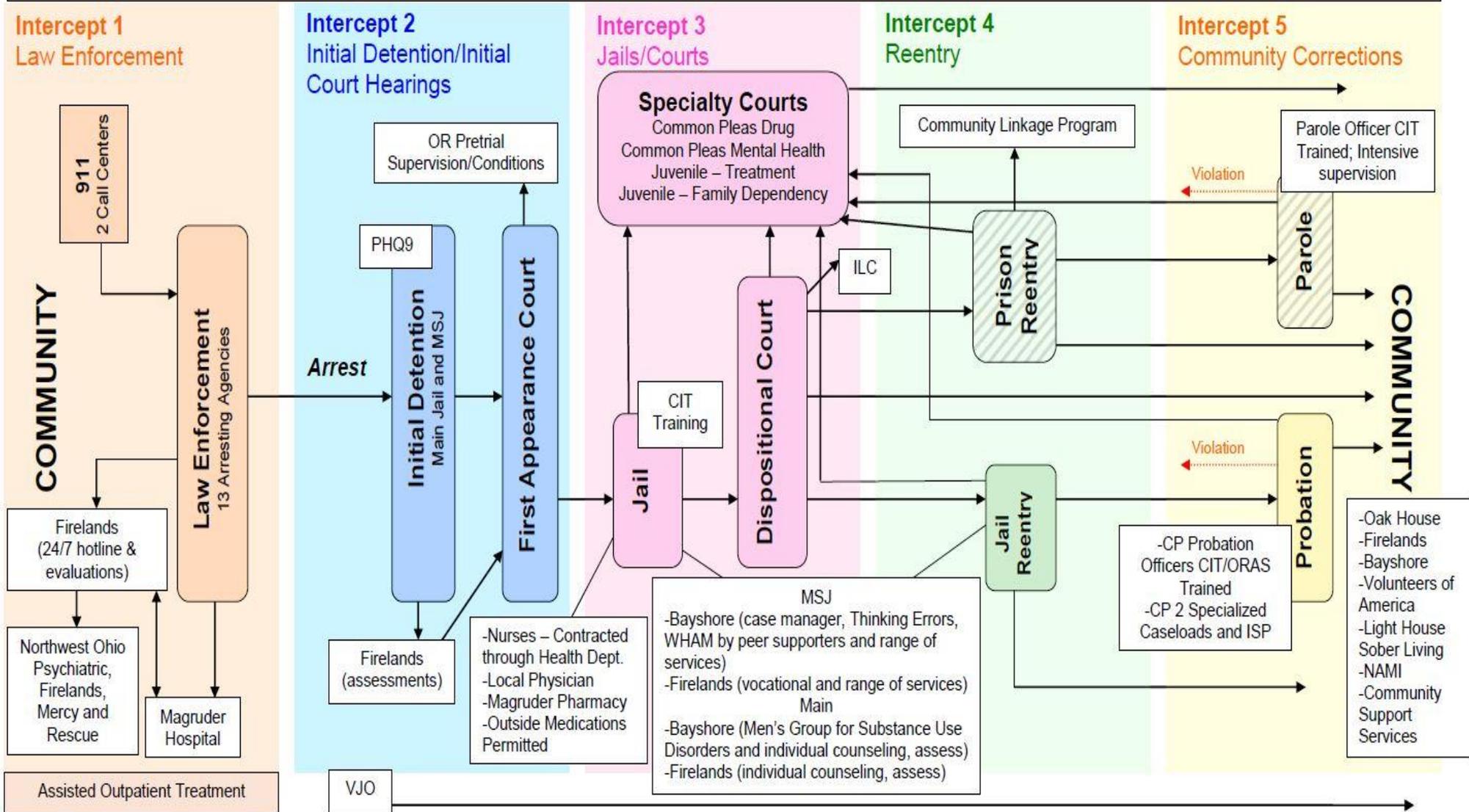
- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Ottawa County criminal 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 mental health and criminal justice systems of needs within the systems and needs of persons being served.

# Sequential Intercept Mapping

## Ottawa County, Ohio

# Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Ottawa County April 2019

Crisis Intervention Team Training and Mental Health First Aid Training



## Ottawa County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping* exercise is 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). During the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

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 Ottawa 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. In some instances, the local task force may need to seek further information from participants to clarify the context or scope of the comments.

### Intercept 0: Ultimate Intercept

The following represents evidenced based practices (EBP) and services that were highlighted during discussion of the Ultimate Intercept. This list is not meant to be an exhaustive or comprehensive roster of all EBPs and services available in Ottawa County. In addition to the services and resources outlined below, participants discussed challenges and barriers associated with stigma and perceptions that individuals with mental illness have a weakness, particularly in the jail culture; fatigue of service providers which can lead to impatience and judgments; and co-morbid illnesses and managing between the mental health and developmental disabilities systems.

- Mental Health First Aid is available to the public.
- The county uses health homes and an integrated care model of service delivery
- Bayshore Counseling Services offers counseling, cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), case management, peer support specialists, Whole Health Action Management (WHAM) peer run support group, and a family group focused on co-occurring disorders.
- Firelands Counseling and Recovery Services offers counseling, crisis services, day treatment, CBT, EMDR, case management, vocational programming, medication management, peer support specialists, a WHAM group, and a family group focused on co-occurring disorders.
- NAMI of Ottawa County offers support groups and Family-to-Family training.
- Oak House is a peer drop-in center available Monday-Friday from 10:00 AM – 4:00 PM for individuals in recovery from a mental illness. The center offers lunch Monday-Friday, a food pantry, support groups, recreation trips, interest groups, social activities, computers, transportation, and community service opportunities.
- Community Support Services offers tax preparation, service referral, prescription assistance, transportation assistance, and rent and utility assistance.
- Housing was identified as a significant gap for Ottawa County. These existing services were highlighted:
  - Lighthouse Sober Living serves individuals with substance use disorders and co-occurring disorders
  - Ruth Ann’s House provides transitional housing for women and children
  - Volunteers of America offers ten assisted daily living beds and ten apartments
  - Crossroads is the homeless shelter in Erie County
  - Group homes are accessed out of county

### Intercept 0 Gaps

- Agreed upon, coordinated point of service entry

- NAMI of Ottawa County revitalization and increased services
- Services for sex offenders
- Supported Housing capacity
  - Sober living housing capacity and coinciding supportive services
  - Homeless shelter within county
  - Housing for singles, senior citizens and females

### Intercept 0 Opportunities

- The county has an existing NAMI chapter

### Recommendations

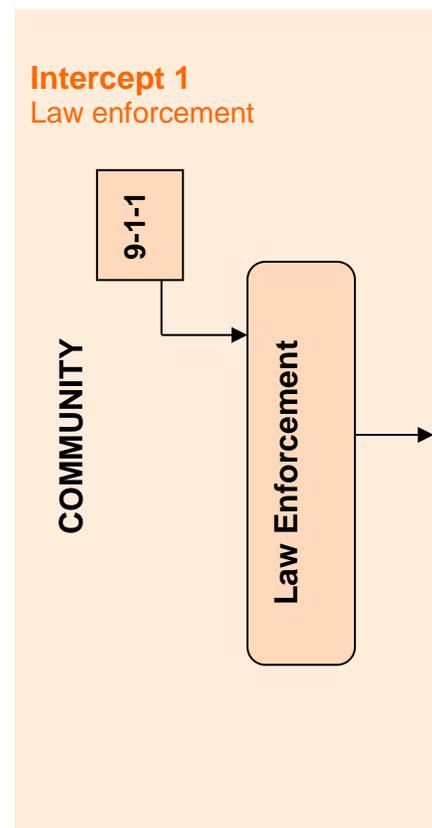
- To promote and establish stronger ties to family programs, NAMI of Ottawa County and the MHRB should work together to promote the importance of family engagement throughout the intercepts

### Intercept I: Law Enforcement / Emergency Services

In Ottawa 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 mental illness include arrest, transport to county jail, transport to Firelands Counseling and Recovery Services, referral to hospital emergency department, or a combination of these options.

#### Dispatch / 9-1-1

- Ottawa County has two call and dispatch centers: Ottawa County Sheriff's Office Communications Center and Port Clinton Police Department Dispatch Office; each center is responsible for dispatching police, fire and emergency medical services (EMS) for their jurisdiction.
- Two dispatchers from the Ottawa County Sheriff's Office Communications Center and two dispatchers from the Port Clinton Police Department Dispatch Office completed the full 40-hour Crisis Intervention Team (CIT) course. Those present at the workshop stated that the goal is for all dispatchers to attend the full 40-hour course rather than implement a CIT companion course.
- There is currently no protocol in place for callers to request a CIT officer or for the call centers to specifically dispatch CIT officers.
- There is currently no formal data collection process re: mental illness and/or CIT.



#### Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued March 2019, Ottawa County has twelve Law Enforcement Agencies: Carroll Township Police Department, Catawba Island Township Police Department, Clay Center Police Department, Clay Township Police Department – Genoa, Danbury Township Police Department, Elmore Police Department, Genoa Police Department, Marblehead Police Department, Oak Harbor Police Department, Ottawa County Sheriff's Office, Port Clinton Police Department, and Put-in-Bay Police Department, with an estimated 103 full-time officers. However, the Municipal Court Judge indicated the court receives cases from approximately twenty jurisdictions, which includes the state policing agencies.

- As of June 1, 2019, the Ottawa County CIT training program has held four courses, with annual CIT training averaging 25-30 participants. Just over half of the Law Enforcement Agencies have participated in CIT training, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. The county is currently sharing in the Steering Committee of the NAMI Seneca Sandusky Wyandot CIT program as well as the regional training center at Terra State Community College. Records indicate that 59 full-time officers have completed CIT training. Five law enforcement agencies have not participated in CIT training: Catawba Island Township Police Department, Clay Center Police Department, Clay Township Police Department – Genoa, Oak Harbor Police Department and Put-in-Bay Police Department.
- There were no patrol officers in attendance at the workshop; however, information gathered during the opioid/substance use mapping exercise indicated that law enforcement officers in Ottawa County do not utilize the civil commitment process (pink slip) for mental illness. In most cases, officers work to convert the situation to a voluntary transport to either a crisis center or the hospital. If that does not work, then officers arrest or threaten arrest. There is no mobile crisis service in the county.
- Law enforcement can drop off individuals at Firelands Counseling and Recovery Services for assessment during business hours and can contact Firelands' 24/7 hotline for assistance.

### **Crisis Services**

- The county does not have a 24/7 drop-off crisis stabilization center or mobile crisis team.
- Firelands Counseling and Recovery Services offers a 24/7 hotline, 24/7 crisis assessments at the hospital or jail and on-site crisis assessments during business hours.
- Greater Ottawa County United Way offers 24/7 access to 2-1-1.

### **Hospitals / Emergency Rooms / Inpatient Psychiatric Centers**

- The state hospital is Northwest Ohio Psychiatric Hospital in Toledo.
- The only hospital in Ottawa County is Magruder Hospital, which serves as the after-hours access for mental health crisis assessment.
  - Hospital staff will conduct a medical screen and after medical clearance, the Emergency Department physician will contact Firelands Counseling and Recovery Services for an on-site crisis assessment. Firelands Counseling and Recovery Services will refer individuals needing hospitalization to Northwest Ohio Psychiatric Hospital, Firelands Hospital, Mercy Hospital and Rescue Mental Health and Addiction Services, all of which are out of county.
  - Law enforcement does not need to wait at Magruder hospital until a disposition is determined; however, Port Clinton Police Department is called to respond and wait until a disposition is determined when EMS from other jurisdictions transport individuals to the hospital.

### **Probate**

- Assisted Outpatient Treatment (AOT) is utilized and overseen by Judge Kathleen L. Giesler. Those present at the workshop highlighted one very successful case of an individual that completed AOT with no hospitalizations or jail time.

### **Intercept I Gaps**

- Expand CIT training to state policing agencies, e.g., parks/recreation, Ohio State Highway Patrol, Coast Guard, Border Patrol, Ohio Department of Natural Resources
- Efficient use of officer time at hospital – officers are tied up for long periods of time at the hospital; no streamlined response process
- Community based and responsive crisis services 24/7
- Data to determine local needs

## Intercept I Opportunities

- CIT training is available locally; invitations can easily be extended to additional entities

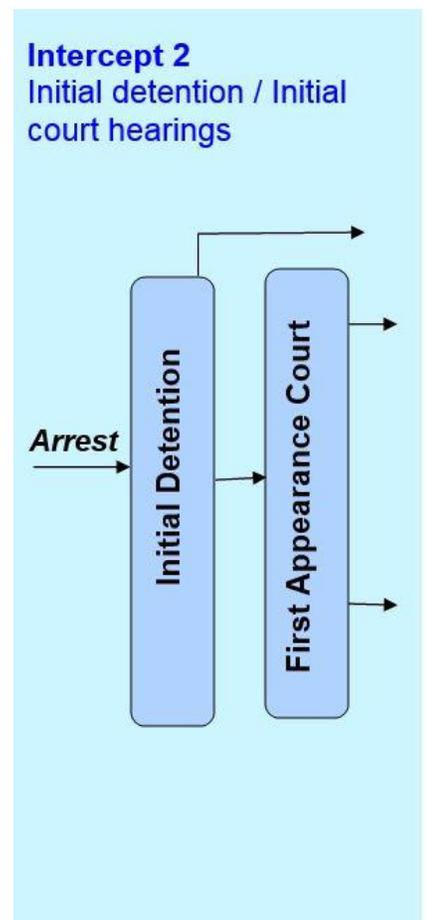
## Recommendations

- Complete a cost analysis to compare cost of the current way of operating (Port Clinton Police responding to hospital to await disposition of mental health assessments) to operating with a contract for police response to the hospital, e.g., Shelby County ADAMHS Board contracts with Shelby County Sheriff's Office for all transports from the hospital to other care settings.
- Consider ways to engage state policing agencies in CIT training.
- Review police and hotline data to determine if there is a need for community-based mental health response

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

### Initial Detention

- The Corrections Division of the Ottawa County Sheriff's Office operates two county jail facilities, with a combined capacity rating of 89, the Detention Facility (full-service, AKA Main Jail) and a Minimum Security Jail (MSJ). MSJ holds inmates with no greater than 3<sup>rd</sup> degree Felony (F-3) charges. At the time of the workshop, the combined daily census averaged eighty. The Main Jail is more likely to exceed its capacity, including the five cells dedicated for females. For example, in the recent past there were thirteen females and 60-70% had a mental health concern.
- Booking can occur at either jail facility. Significant substance use offenses, intoxicated individuals, individuals with serious mental illness and more severe felonies are placed in the Main Jail.
  - The jail pre-screens all potential inmates before acceptance. Upon acceptance, Corrections Officers complete a computer based medical, psychological, observation, and history questionnaire and the Patient Health Questionnaire-9 (PHQ-9); results are utilized to determine classification. Positive screening results are faxed to Firelands Counseling and Recovery Services. Within 48-hours, Firelands will complete an assessment and refer for counseling if warranted; assessment results are provided to the courts on a case-by-case basis.
- Medical services are contracted through a local physician and nurses contracted through the Ottawa County Board of Health.
- Outside medications are permitted and verified; the facilities contract with Magruder Hospital Pharmacy for new medications. Those present at the workshop stated that Ottawa County does take advantage of the funds available through the Ohio Department of Mental Health and Addiction Services for medication cost reimbursement.
- The Prosecutors Office has a Diversion program at the felony level, supervised by staff of the prosecutor's office; however, the program is not designed for individuals with serious mental illness. Occasionally, the Mental Health Court has clients who were previously unsuccessful in the Diversion program.



### Arraignment

- Ottawa County has one Municipal Court located in Port Clinton with one Judge; last year the court had 1,900 criminal cases and 300 OVI (operating a vehicle while impaired) cases. All felony and misdemeanor initial hearings, except felony direct indictments, take place in this court in-person within 72 hours, barring a holiday or long weekend. Felony direct indictment initial hearings take place in the Ottawa County Common Pleas

Court in-person Monday-Friday. Those present at the workshop indicated that 60% of cases are felony direct indictments and 40% go through the Municipal Court first.

- There are no formal pretrial services; however, release from jail with conditions and referral to pretrial supervision may occur at initial hearing. Those present at the workshop indicated that a vast majority are released on their own recognizance.
- Law enforcement will provide information to courts for bond consideration.
- Specialty court referral does not occur at initial hearing.
- The Ottawa County Prosecutor's office handles all felony and misdemeanor cases.
- The county does not have a Public Defender's office. Typically, individuals do not have legal representation at initial hearing unless counsel is retained. Counsel is assigned after the initial hearing.

## Veterans

- The jail notifies the Veterans Justice Outreach program if an inmate reports previous military service.

## Intercept II – Identified Gaps

- Planning associated with potential additional referral sources for AOT
- Validated screening tool(s) for mental illness, substance use, and criminal risk
- Formalized pretrial services
  - Referral to specialty dockets
  - Utilization of validated risk assessments
- Formalized information sharing process from jail to courts; not all information from Firelands is provided to the court

## Intercept II – Identified Opportunities

- Utilization of the fifth criteria for AOT
- Engagement opportunities via Firelands Counseling and Recovery Services in the jail may not be used to full ability

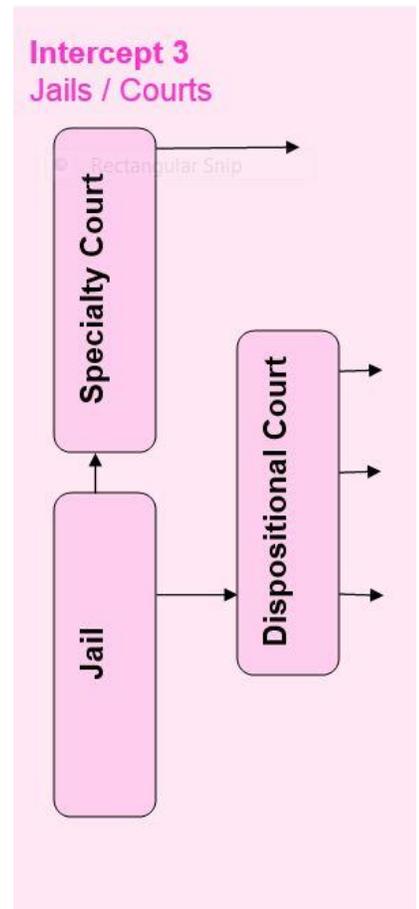
## Recommendations

- Consider developing formal pretrial services and/or functions that include risk assessments to inform bond/release decision making.
- Consider protocols for enhancing information sharing from the jail and entities providing services in the jail to the court, to enhance meaningful decision making and referrals
- Select and implement valid screening tools for mental illness and substance use to be administered at the time of booking in the jail.
- Consider ways to increase early access to legal counsel for individuals with mental illness. Legal counsel is important as early as possible in the criminal justice process, ideally at first court appearance, especially for individuals with serious mental illness. Addressing issues related to rights, bond, bail, negotiations with Law Enforcement and prosecutors and collateral consequences of plea decisions are best addressed early on and with appropriate counsel. Contra Costa County, California provides access to counsel pre-arrest. Paralegals at the Public Defender's Office engage in a screening interview with individuals to assess dynamic risk factors. Their assessment report is sent to the probation department, where a screening of static factors is performed. The two assessment reports are combined in a report to the court. The Constitution Project National Right to Counsel Committee issued a report in March 2015, "Don't I need a Lawyer: Pretrial Justice and the Right to Counsel at First Judicial Bail Hearing", which is included in the Community Packet from the Criminal Justice Coordinating Center of Excellence, along with other resources and publications.

## Intercept III: Jails/Courts

### Jail

- Both facilities estimated that 60-70% of individuals are identified as having a mental illness. Neither facility currently captures data on length of stay or recidivism for individuals with mental illness or co-occurring disorders. The jail automated system is Jail Tracker; however, jail staff is unable to run an aggregate report.
- Those present at the workshop indicated that 10-12 Correction Officers have completed the full 40-hour CIT course.
- At MSJ, individuals with serious mental illness can be separated from the general population in two medical cells when the individual's mental health has declined, with the goal to stabilize the individual and return them to general population. Those present at the workshop stated that 90% of people with mental illness are within the general population unless the individual is suicidal. The Main Jail does not have separate cells available.
- The facilities are strapped for space and have difficulty accommodating services.
  - The Main Jail provides individual counseling and assessments through Bayshore Counseling Services and Firelands Counseling and Recovery Services. In addition, Bayshore Counseling Services provides a substance use disorder group for men.
  - MSJ can offer more programming, as the facility has a classroom, including the following:
    - Bayshore Counseling Services provides a case manager for assessments, vocational and individual counseling; a peer support specialist run WHAM program; and Thinking Errors groups. Currently any inmate can sign up for Thinking Errors groups.
    - Firelands Counseling and Recovery Services provides vocational services and individual counseling.
    -
- Psychiatric services are unavailable within the facilities; currently, appointments are scheduled, and individuals transported to Firelands Counseling and Recovery Services.



### Court

- Ohio Risk Assessment System (ORAS) is completed during the pre-sentence investigation.
- Intervention in Lieu of Conviction (ILC) is utilized, and individuals can be participants of both ILC and the Common Pleas Mental Health Court.
- The Ottawa County Prosecutor's Office provides a prosecutor's diversion program for felonies; supervision is provided by the Prosecutor's Office. However, the program is not designed for individuals with serious mental illness. The Common Pleas Mental Health Court will accept individuals that have failed out of the program.
- Those present at the workshop stated that referral to AOT can occur throughout the court process for individuals that appear very ill, and are not willing or able to engage in treatment.

### Specialty Courts

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

Judge Name	Jurisdiction	Docket Type	Status March 27, 2019
Judge Bruce Winters	Common Pleas	Drug	Certified
Judge Bruce Winters	Common Pleas	Mental Health	Certified

Judge Kathleen L. Giesler	Juvenile	Family Dependency	Certified
Judge Kathleen L. Giesler	Juvenile	Juvenile Treatment	Certified

- Each specialty docket is assigned a coordinator and participants must be residents of Ottawa County.
- Common Pleas Mental Health Court is a post-adjudication, four-phase docket and has a capacity of ten for phase one; at the date of the workshop, there were spots available. Participants must complete an application process and are referred from a multitude of avenues, including self-referral. Participants of Intervention in Lieu of Conviction are eligible. Those present at the workshop stated that there is a lack of funding for residential treatment; therefore, individuals are not always ready to participate in the specialty docket.
- Common Pleas Drug Court has a capacity of twenty. Some participants are referred from the DART program. The specialty docket utilizes Addiction Treatment Program (ATP) funding, which is fairly unrestricted but specific to drug court, so the funds cannot be used for mental health.

### Intercept III – Identified Gaps

- Psychiatric services in the jail – currently must transfer them out. Jail physician is a general practitioner
  - Review of medications and related outcomes by psychiatrist
- Jail services and space utilization
  - Capacity to provide separate housing for individuals with serious mental illness
  - Lack of group space at the full-service jail facility
  - Difficulty getting NA (Narcotics Anonymous) and AA (Alcoholics Anonymous) groups facilitated
- Funding for residential treatment
- Funding for the court regarding mental health treatment
- Participation in specialty dockets and supportive defense counsel
- Thinking Errors groups are not segregated by risk levels based on screening
- Jail Tracker does not allow for an aggregate report
- Challenges with defendants who are out of county residents; legal representation

### Intercept III – Identified Opportunities

- Capacity exists in mental health court

### Recommendations

- Consider completing an analysis of Thinking Errors participants, i.e. deliberately gauge criminogenic risk levels of current participants, to determine whether low and high-risk individuals are being comingled in the same groups. It stands to reason that individuals volunteering to participate in the groups have a range of risk levels, and if it possible to segregate the low risk individuals from the moderate to high risk individuals, that is advisable.
- If no psychiatric services are available within the county to serve the jail population, consider exploring tele-psychiatry services.
- To improve and verify estimates of the numbers of individuals with mental illness in the jail, stakeholders should agree on a working definition of the target population or adopt the state’s *Stepping Up* definition and agree upon data points for measuring the target population.

## Intercept IV: Prisons / Reentry

### Prison

- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services (OMHAS) regarding individuals with serious mental illness returning from prison to the community are sent to Firelands

Counseling and Recovery Services. In calendar year 2018, OMHAS completed one mental health and one dual disorder referral to Ottawa County

- The Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction (ODRC) completes screening and assessment for substance use disorders and sends referral packets to Choices Behavioral Health Care. In calendar year 2018, CareSource completed three referrals to Ottawa County (and shared the one dual disorder referral).
- The county utilizes Crosswaeh Community Based Correctional Facility for males and Community Correctional Center in Tiffin, OH for females; however, the facilities do not readily accept individuals with mental health, medical or aggression concerns. For the target population, the county will utilize MonDay Community Correctional Institution in Montgomery County and Western Ohio Regional Treatment and Rehabilitation Center in Allen County.

## Jail

- Jail staff is not consistently informed of release dates and individuals can be released at all hours of the day; therefore, there are challenges to discharge planning. In addition, the jail does not provide a formal discharge process or reentry plan. Those present at the workshop stated that the jail is good at providing reentry services for individuals on supervision and judicial release. Probation officers are often the entity assisting with reentry because there is no specific provider for reentry services.
- Bayshore Counseling Services' case manager provides service referral and transportation to services.
- Individuals are released with a seven-day prescription. Individuals that are released on bond are provided with seven days of medication.

## Veterans

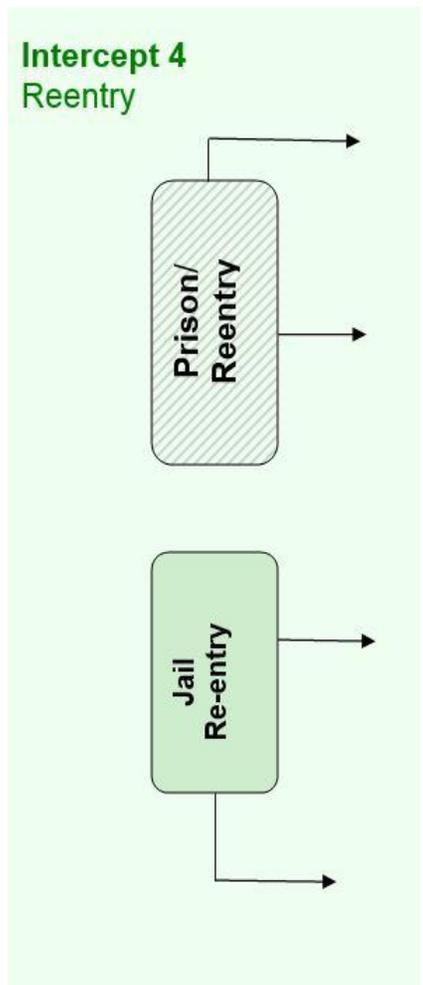
- Those present at the workshop stated that the community has a partnership with the Veterans Justice Outreach specialist.

## Intercept IV – Identified Gaps

- ▣ Knowledge of in reach services in the prison system; communication with ODRC regarding individuals returning to the county; community/medication resources upon release from ODRC for those that are not on supervision
- ▣ Crosswaeh Community Based Correctional Facility and Community Correctional Center do not typically accept individuals with serious mental illness

## Recommendations

- ▣ If resources allow, consider providing in-reach services for individuals who are scheduled to be released from the state prison system, to engage them 3-6 months prior to release. Butler County uses this approach which has yielded a dramatic increase in engagement in treatment and other services.
- ▣ The GAINS Reentry Checklist is a helpful tool in coordinating discharge planning from jails and should be instituted to whatever degree possible in Ottawa County. The checklist can be used by jail staff, probation, or an external entity providing the service but is an important tool in identifying and recording the resources needed and referrals made for inmates being discharged.



## Intercept V: Community Corrections / Community Support

### Probation

- Municipal Court has a probation caseload of 500-600 individuals, 150-200 of which are active reporting. One Probation Officer serves the diversion cases, and the Chief Probation Officer serves the active reporting supervisees. Both officers serve as the civilized bailiff for the Municipal Court. There are no specialized caseloads, and no specialized training.
- Common Pleas Court has five full-time Probation Officers, one part-time staff member that helps with drug testing, and a contracted individual for presentence investigations. One officer is dedicated to Intensive Supervision Probation (ISP); all five officers can serve the specialized docket supervisees; however, two officers typically are assigned these cases. All officers are trained in CIT and ORAS.

### Parole

- Currently, one Parole Officer is assigned to Ottawa County and has completed the full 40-hour CIT course.

### 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 Ottawa County. Those present at the workshop indicated that the community utilizes several out-of-county services whenever local services are unavailable.

In addition to the services and resources outlined below, participants discussed challenges and barriers related to co-morbid illnesses and managing between the two systems, fatigue of service providers, and stigma from inmates within the jail facilities.

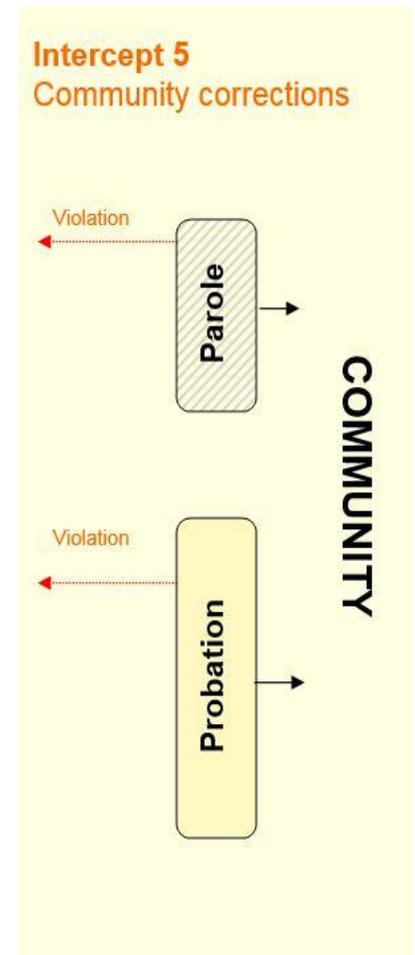
- Great Lakes Community Action Partnership provides transportation, housing, utility assistance, and education programming for youth in Wood, Sandusky, Ottawa, and Seneca Counties.
- Greater Ottawa County United Way offers the 211 line, service referral, and utility assistance.
- Cherry Street Mission Ministries in Lucas County offers food, clothing and housing services.

### Intercept V – Identified Gaps

- Municipal court Probation Officers have multiple functions and tasks, and do not have specialized caseloads or training
- Family education and support

### Recommendations

- Any probation officer providing supervision and services to individuals with a mental illness should receive special training related to mental illness and best practices in supervision.
- Municipal Court Probation Officers should utilize valid risk assessment tools to inform decisions related to community supervision, i.e., the need for supervision and the level/type of supervision indicated.



# Priorities for Change

Ottawa County,  
Ohio

## Ottawa County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed 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. Community Based Crisis Services
2. Housing
3. Efficient Use of Officer Time at Hospital
4. Coordinated Point of Service Entry
5. Jail Services and Space Utilization

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

- Data collection regarding local needs (5 votes; Intercept 1)
- Municipal Court Probation Officers have multiple functions and tasks, and do not have specialized caseloads or training (4 votes; Intercept 5)
- NAMI of Ottawa County revitalization – existing chapter needs increased services (3 votes; Intercept 0)
- Validated screening tool(s) for general health, substance use, and criminal risk (2 votes; Intercept 2)
- Formalized pretrial services (2 votes; Intercept 2)
  - Referral to specialty dockets
  - Utilization of validated risk assessments
- Family education and support (2 votes; Intercept 5)
- Review of medication outcomes by psychiatrist (1 vote; Intercept 3)

### Parking Lot Issues

- Ohio Department of Rehabilitation and Correction does not pay for medications in Community Based Correctional Facilities
- Access to Northwest Ohio Psychiatric Hospital

## Additional Resources

BeST Practices in Schizophrenia Treatment Center (BeST Center)	<a href="http://www.neomed.edu/bestcenter/">www.neomed.edu/bestcenter/</a>
Centers for Employment Opportunities	<a href="http://www.ceoworks.org">www.ceoworks.org</a>
CIT International	<a href="http://www.citinternational.org">www.citinternational.org</a>
Coalition on Homelessness and Housing in Ohio	<a href="http://www.cohhio.org">www.cohhio.org</a>
Community Oriented Correctional Health Services	<a href="http://www.cochs.org">www.cochs.org</a>
Corporation for Supportive Housing	<a href="http://www.csh.org">www.csh.org</a> 40 West Long Street, Columbus, OH 43215-8955 <b>Phone:</b> 614-228-6263 <b>Fax:</b> 614-228-8997
Council of State Governments Justice Center Mental Health Program	<a href="http://www.csgjusticecenter.org/mental-health">www.csgjusticecenter.org/mental-health</a>
Crisis Text Line	<a href="http://www.crisistextline.org/">www.crisistextline.org/</a>
The Federal Bonding Program	<a href="http://www.bonds4jobs.com">www.bonds4jobs.com</a>
Laura and John Arnold Foundation	<a href="http://www.arnoldfoundation.org">www.arnoldfoundation.org</a>
Legal Help Ohio	<a href="https://www.ohiolegalhelp.org">https://www.ohiolegalhelp.org</a>
Lutheran Metropolitan Ministry Health & Wellness	<a href="http://www.lutheranmetro.org/home-page/what-we-do/health-wellness-services/">www.lutheranmetro.org/home-page/what-we-do/health-wellness-services/</a> <b>Phone:</b> 216-696-2715 <b>Email:</b> <a href="mailto:mail@lutheranmetro.org">mail@lutheranmetro.org</a>
National Association of Pretrial Services Agencies	<a href="http://www.NAPSA.org">www.NAPSA.org</a>
National Alliance on Mental Illness (NAMI)	<a href="http://www.nami.org">www.nami.org</a>
NAMI Ohio	<a href="http://www.namiohio.org">www.namiohio.org</a>
National Center for Cultural Competence	<a href="http://www.nccc.georgetown.edu">www.nccc.georgetown.edu</a>
National Center for Trauma Informed Care and Alternatives to Seclusion and Restraint	<a href="http://www.samhsa.gov/nctic">www.samhsa.gov/nctic</a>
National Clearinghouse for Alcohol and Drug Information	<a href="http://www.store.samhsa.gov/home">www.store.samhsa.gov/home</a>
National Criminal Justice Reference Service	<a href="http://www.ncjrs.gov">www.ncjrs.gov</a>
National Institute of Corrections	<a href="http://www.nicic.gov">www.nicic.gov</a>
National Institute on Drug Abuse	<a href="http://www.drugabuse.gov">www.drugabuse.gov</a>
Office of Justice Programs	<a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a>
Ohio Criminal Justice Coordinating Center of Excellence	<a href="http://www.neomed.edu/cjccoe/">www.neomed.edu/cjccoe/</a>
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	<a href="http://www.drc.ohio.gov/reentry-office">www.drc.ohio.gov/reentry-office</a>
Ohio Ex-Offender Reentry Coalition	<a href="http://www.drc.ohio.gov/reentry-coalition">www.drc.ohio.gov/reentry-coalition</a>
Ohio Housing Finance Agency	<a href="http://www.ohiohome.org">www.ohiohome.org</a> <b>Phone:</b> 888-362-6432
Partners for Recovery	<a href="http://www.samhsa.gov/partners-for-recovery">www.samhsa.gov/partners-for-recovery</a>
Partnership for Prescription Assistance	<a href="http://www.pparx.org">www.pparx.org</a>
Policy Research Associates/SAMHSA's GAINS Center	<a href="http://www.prainc.com">www.prainc.com</a>
The P.E.E.R. Center	<a href="http://thepeercenter.org">http://thepeercenter.org</a>
Pretrial Justice Institute	<a href="http://www.pretrial.org">www.pretrial.org</a>

SOAR: SSI/SSDI Outreach and Recovery	<a href="http://www.prainc.com/soar">www.prainc.com/soar</a>
The Source for Housing Solutions - Ohio	<a href="http://www.csh.org/oh">www.csh.org/oh</a> <b>Phone:</b> 614-228-6263 <b>Email:</b> <a href="mailto:ohioinfo@csh.org">ohioinfo@csh.org</a>
Stepping Up Initiative	<a href="http://www.stepuptogether.org">www.stepuptogether.org</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.samhsa.gov">www.samhsa.gov</a>
Summit County Reentry Network	<a href="http://www.uwsummit.org/programs/summit-county-reentry-network">www.uwsummit.org/programs/summit-county-reentry-network</a>
Supreme Court of Ohio Specialized Dockets Section	<a href="http://www.supremecourt.ohio.gov/JCS/specdockets/default.asp">www.supremecourt.ohio.gov/JCS/specdockets/default.asp</a>
Treatment Advocacy Center	<a href="http://www.treatmentadvocacycenter.org">www.treatmentadvocacycenter.org</a>
University of Memphis CIT Center	<a href="http://www.cit.memphis.edu">www.cit.memphis.edu</a>
Vera Institute of Justice	<a href="http://www.vera.org">www.vera.org</a>
Veterans Justice Outreach	<a href="http://www.va.gov/HOMELESS/VJO.asp">www.va.gov/HOMELESS/VJO.asp</a>

**Sequential Intercept Mapping  
Ottawa County, Ohio | April 17-18, 2019**

**Participant Roster**

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Email</b>
Connie Cornett	Executive Director	Court Appointed Special Advocates	<a href="mailto:Connie.casa@co.ottawa.oh.us">Connie.casa@co.ottawa.oh.us</a>
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Judy Flood	Chief Probation Officer	Ottawa County Common Pleas Court – Probation Department	<a href="mailto:jflood@co.ottawa.oh.us">jflood@co.ottawa.oh.us</a>
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Frederick Hany	Judge	Ottawa County Municipal Court	
Rob Hickman	Chief	Port Clinton Police Department	<a href="mailto:pcpdchief@portclinton-oh.gov">pcpdchief@portclinton-oh.gov</a>
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Kelly Pape		Job and Family Services	
Sheila Powell	Chief Executive Officer	Joyful Connections	<a href="mailto:joyfuldirector@gmail.com">joyfuldirector@gmail.com</a>
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Maureen Saponari	Director	The Salvation Army	<a href="mailto:Maureen.saponari@use.salvationarmy.org">Maureen.saponari@use.salvationarmy.org</a>
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Diane Taylor	Deputy Director	Mental Health and Recovery Board of Erie and Ottawa Counties	<a href="mailto:deputy@mhrbeo.com">deputy@mhrbeo.com</a>
Michelle Veliz	Chief Probation Officer	Ottawa County Municipal Court – Probation Department	<a href="mailto:hunter@ottawacountymunicipalcourt.com">hunter@ottawacountymunicipalcourt.com</a>
Carolyn Wine		Oak House Board	<a href="mailto:Cj.wine51@gmail.com">Cj.wine51@gmail.com</a>
Bruce Winters	Judge	Ottawa County Common Pleas Court	<a href="mailto:brucewinters@hotmail.com">brucewinters@hotmail.com</a>

## Action Planning Matrix for Ottawa County, Ohio

Priority Area 1: Community Based Crisis Services			
Objective	Action Step	Who	When
1. Collect baseline data for police departments/meet with departments	A. How many mental health crisis calls?	Workgroup Team and Ottawa County Sheriff's Office	Attend Chief Meeting – Rick Hickman (To Be Determined)
	B. How many transports to hospitals?		
	C. How many arrests from mental health crises?	Workgroup Team and Laura Miller	By End of May 2019, if possible
	D. Review CIT data collected with Firelands and review time of day for the crises		
2. Analyze data collected	A. Review scope of problem	Workgroup Team	Quarterly During Data Collection Process
3. Develop committee of community-based members needed on the team	A. Identify community-based members – family members and consumers	Workgroup Team	June 2019
4. Action plan	A. If problem – what are possible solutions? i. Develop training? ii. Respite?		January 2020
	B. Develop decision tree mechanism when there is a crisis		
	C. Meet with 911 center about diagnosis criteria or addresses in system of individuals with mental health concerns		

Action Planning Matrix for Ottawa County, Ohio

Priority Area 2: Housing				
Objective		Action Step	Who	When
1.	Data	A. Hold a housing resources meeting	All parties	End of May
2.	Housing meeting with those that receive federal, state and local funding	A. Meeting with courts, Volunteers of America, ORSC, Salvation Army, Community Support, WSOS, Section 8, mental health, subsidized housing, Firelands, landlords and community members (funding rules and regulations/diagnosis qualified info) B. How many have SMD or a serious mental illness	Data, SMD, Volunteers of America (Sue), Firelands (Laura Miller),	End of May
3.	Action plan for housing resources	A. Review data B. Firelands – where/how many individuals did not find a place to stay	Workgroup Team	End of June

## Action Planning Matrix for Ottawa County, Ohio

<b>Priority Area 3: Efficient Use of Officer Time at Hospital</b>				
<b>Objective</b>		<b>Action Step</b>	<b>Who</b>	<b>When</b>
1.	Increase awareness of the scope of the issue	A. Identify number of crisis interventions at Magruder and Firelands outpatient B. Identify number involving law enforcement  C. Identify number of times involving police overtime	Laura Miller  Laura Miller  Chief Hickman	May 31, 2019  May 31, 2019  May 31, 2019
2.	Increase knowledge and understanding of the law enforcement, behavioral health and Magruder's roles, guidelines, abilities and limits	A. Schedule and hold a meeting with Magruder, law enforcement and Firelands	Laura Miller (Firelands), Bill Marshal (Ottawa County Sheriff's Office), Chief Hickman, Rachel Fall/Kim Weis (Magruder)	May 31, 2019
3.	Based upon the meeting in objective 2, identify educational opportunities	A. Provide education to identified parties	Laura Miller and Rachel Fall	August 31, 2019
4.	Consider funding opportunities and/or ways to assist in off duty CIT officers to sit in the emergency department as needed if law enforcement is necessary	A. Discuss options for replacement CIT officers B. Identify possible funding opportunities to compensate overtime of road officers who assist in the emergency department during assessments	Laura Miller, Rachel Fall and Chief Hickman	October 31, 2019

Action Planning Matrix for Ottawa County, Ohio

Priority Area 4: Coordinated Point of Service Entry			
Objective	Action Step	Who	When
1. Determine how to utilize United Way of Ottawa County and 211 as entry point	A. Work with area United Way Director a. Local United Way number has after hour prompt for 211	Kristen Gerwin	In process
	B. Coordinate with 211 operators (in an emergency Yes/No: Yes – hang up and call 911; No – is it a mental health crisis yes/no: Yes - call crisis hotline; No - here are the available mental health service providers)	Kristen Gerwin (Stacy Maple)	May 1, 2019 after Lunch and Learn with 211
	C. Cross reference “No Wrong Door” information with 211 line a. Ask agencies what past issues are with 211 b. Information on current 211 to measure periodically if the use of the number goes up/gauge how it is working (quarterly or twice a year)	April Schalk	May 31, 2019
2. Educating Ottawa County agencies on utilizing entry point of 211	A. Lunch and Learn B. Ensure consistent response from agencies regarding 211 C. Marketing materials for agencies about 211 D. Agencies all have direct link to a 211 service page	United Way of Ottawa County	May 1, 2019
3. Identify area groups and boards to help spread word of entry point of 211	A. Research where and when agencies meet B. Provide information to committee chair	Jaimee Prieur Jaimee Prieur	June 30, 2019 Ongoing
4. Community marketing	A. United Way press release B. Agencies dispense information to clients C. Identify other institutions to market materials D. Materials to use	Shanna Strouse	July 31, 2019 Ongoing Ongoing Ongoing
5. Sustainability	A. No Wrong Door B. Other training	Kristen Gerwin and Shanna Strouse	December 31, 2019

Action Planning Matrix for Ottawa County, Ohio

Priority Area 5: Jail Services and Space Utilization				
Objective		Action Step	Who	When
1.	More inmate data	A. Gather more “snap shots” of: <ul style="list-style-type: none"> <li>a. Pretrial vs. sentenced</li> <li>b. Gender</li> <li>c. Diagnosis</li> </ul>	Captain Marshall	July 2019
2.	Can existing services be expanded?	A. Investigating possible options: <ul style="list-style-type: none"> <li>i. Night/evening sessions?</li> <li>ii. Use of video?</li> </ul> B. Policy considerations <ul style="list-style-type: none"> <li>i. Referral to services even if refusing</li> </ul> C. What programming to provide? <ul style="list-style-type: none"> <li>i. Pre-release planning</li> </ul>	Bayshore, Firelands and Captain Marshall	December 2019
3.	Assisted Outpatient Treatment in Probate Court – expand referrals and train local law enforcement	A. Meet to share information B. Create pamphlet – does one exist? C. Train law enforcement	Judge Giesler, Jail Administration, Ottawa County Sheriff’s Office Administration and Firelands	60 days
4.	Pamphlet to provide all inmates upon release	A. Need to update existing resources	Kristen Gerwin and United Way	Today

## **Appendix**

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## 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](mailto:jeffw@aca.org)  
703-224-0103

**Contact:** Bob Davis, VP, Marketing, Membership & Engagement, ASAM, Chevy Chase, MD  
[bdavis@asam.org](mailto: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](#).

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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.<sup>i</sup> 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.<sup>ii,iii</sup> Preliminary data suggest that treatment with an opioid antagonist also reduces overdose.<sup>iv</sup> 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.<sup>v</sup>

### 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*<sup>vi</sup> that includes treatment recommendations specifically for individuals in the justice system. Pharmacotherapy, behavioral health treatment, and support services should be considered for all individuals with OUD that are involved in the justice system.

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

#### A. Screening/Prevention

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

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

2. Pre-trial detainees screened upon entry that are found to be participating in an MAT program to treat OUD and who are taking an opioid agonist, partial agonist, or antagonist should be evaluated for continuation of treatment on that medication, or a medication with similar properties. There are effective models for continuing treatment with each of these medications in the justice system.

3. Pre-trial detainees and newly admitted individuals with active substance use disorders who enter with or develop signs and symptoms of withdrawal should be monitored appropriately and should be provided evidence-based medically managed withdrawal (“detox”) during the period of withdrawal. Validated withdrawal scales help gauge treatment. Several medications have been shown to improve withdrawal symptoms.

## B. Treatment

1. All individuals who arrive into the correctional system who are undergoing opioid use disorder treatment should be evaluated for consideration to continue treatment within the jail or prison system. Individuals who enter the system and are currently on MAT and/or psychosocial treatment should be considered for maintenance on that treatment protocol.

2. Treatment refers to a broad range of primary and supportive services.

3. The standard of care for pregnant women with OUD is MAT and should therefore be offered/continued for all pregnant detainees and incarcerated individuals.

4. All individuals with suspected OUD should be screened for mental health disorders, especially trauma-related disorders, and offered evidence-based treatment for both disorders if appropriate.

5. Ideally, four to six weeks prior to reentry or release, all individuals with a history of OUD should be re-assessed by a trained and licensed clinician to determine whether MAT is medically appropriate for that individual. If clinically appropriate and the individual chooses to receive opioid use disorder treatment, evidence-based options should be offered to the individual.

6. The decision to initiate MAT and the type of MAT treatment should be a joint decision between the provider and individual who has been well informed by the trained and licensed clinician as to appropriateness of the therapy, as well as risks, benefits, and alternatives to this medical therapy. MAT should not be mandated as a condition of release. In choosing among treatment options, the individual and provider will need to consider issues such as community clinic or provider location/accessibility to the individual, insurance access or type and medical/clinical status of the individual.

7. Treatment induction for the individuals who choose treatment for opioid use disorder (MAT) should begin 30 days or more prior to release, when possible.

### C. Reentry and Community Supervision Considerations

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

### D. Education

1. Scientifically accurate, culturally competent, and non-judgmental training and education regarding the nature of OUD and its treatment should be provided to all justice system personnel including custody officers, counselors, medical personnel, psychologists, community supervision personnel, community residential staff, agency heads and leadership teams.
  2. This training should include education about the role of stigma involving substance use disorders and the subtle but very real impact that stigma has on those suffering from substance use disorders and those treating them.
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This Joint Public Correctional Policy was unanimously ratified by the American Correctional Association Delegate Assembly at the 2018 Winter Conference in Orlando, FL. on Jan. 9, 2018. <sup>i</sup> BJS. (2017, June). Special Report. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. <sup>ii</sup> 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. <sup>iii</sup> 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

<sup>iv</sup> 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. <sup>v</sup> <https://www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf> <sup>vi</sup> ASAM. National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (ASAM, 2015).

## Appendix B Community Collaboration Questionnaire

Effective and efficient services for people with mental illness and co-occurring substance use disorders in the justice system require 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 of the 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 document can be filled in and returned by way of email to [rsimera@neomed.edu](mailto:rsimera@neomed.edu)

Please note that it is preferable not to have separate questionnaires filled out by various key stakeholders.

<b>Community: Ottawa County</b>		
<b>Contact Person: Diane Taylor</b>	<b>Phone 419 – 627-1908</b>	<b>Email <a href="mailto:deputy@mhrbeo.com">deputy@mhrbeo.com</a></b>

<b>Please check the appropriate box for each and provide descriptions as necessary.</b>		<b>YES</b>	<b>NO</b>
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?	x	
2	Does your community have a cross-system collaborative team or task force? <i>If yes, please attach the membership list by agency and/or title, listing mental health providers, criminal justice services, substance abuse services, consumers, family members, elected officials and others.</i>		x
3	Does your community provide for cross-training of mental health, substance use, criminal justice and other providers? <i>If yes, please list recent programs:</i>	x	
4	Does your community have resources identified to work with people with mental illness and co-occurring disorders in the criminal justice system? <i>Please describe:</i> Firelands and Bayshore Counseling offers a full range of services to consumers in the Ottawa County jails and outpatient services.	x	
5	Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population? <i>Please describe:</i> Firelands and Bayshore Counseling offers a full range of services to consumers in the Ottawa County jails and outpatient services.	x	
6	Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? <i>Please describe: All contracted agencies submit quarterly reports to the Mental Health and Recovery Bd. The data that is collected includes services render to the above described population</i>	x	
7	Does your community have one or more boundary spanners (individuals whose identified role is to link the criminal justice and mental health systems)? <i>Please describe the position and the person(s):</i>		x

8	Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance safety across agencies or systems? <i>Please describe or if possible, provide copies of MOUs:</i>		x
9	Are there any local agencies that have not participated in collaboration efforts? <i>Please describe:</i>		x
10	Does your community have any jail or court diversion programs at this time? <i>Please describe:</i>		
11	Does your community have a mental health, drug or other specialty court? <i>Please describe:</i>	x	
12	Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? <i>Please describe or if possible, provide copies of MOUs.</i>		
13	Have screening or assessment procedures been instituted in the mental health, substance use and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i>	x	
14	Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? <i>Please describe: Probation use</i>	x	
15	Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe: Full continuum of jail services offered by Firelands and Bayshore. Re-entry planning occurs before the consumer returns to the community.</i>	x	
16	To be successful, what aspects of each agency's culture do the other agencies need to be sensitive? Our County has two primary providers, one specializes in Substance and the other in Mental Health.		
17	Please describe any other examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health.		
18	What would you list as your community's strengths?  Work together as a team. The community has a "taking care of our own" attitude, which allows for greater collaboration.		
19	What would you list as your community's biggest challenge at this time?  Lack of medical staff. Lack of residential housing and lack of affordable housing.		

<b>JAIL BOOKINGS</b>	
Please report most recent data available (12-36 months) and use a consistent time range throughout the report.	
Person Completing Form (name/title) _____	
Time period being reported (identify a recent six-month to one-year period) <u>September 1, 2018 to March 1, 2019</u>	
What is the rated capacity of the jail?	(insert number) 39
What is the average daily total population of the jail?	49
What is the average number of total daily bookings?	3
What type of automated system is used to collect Jail Booking, classification, health and release information?	JAMS  Jail Tracker
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	4
Pretrial Felony	42
Probation Violation	12
Sentenced local	4
Sentenced awaiting transport	6
Other (specify)	
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?	Yes / No
<i>It depends on Severity - We have 2 medical cells. Any severe cases go to NCPH</i>	
The following section asks about people who were identified as having mental health issues for the timeframe being reported.	
How many people, total, are identified as having a mental illness?	
How many people identified as having a mental illness were identified by jail booking staff?	
How many people identified as having a mental illness were identified while incarcerated (by corrections officers, health staff or others)?	
Is a specific screening tool/mechanism used to identify individuals with mental illness? If yes, please name:	<input checked="" type="radio"/> Yes / No
<i>At booking - screening</i>	
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	<input checked="" type="radio"/> Yes / No
What is the average daily population of persons with mental illness?	60-70%
What is the average number of daily bookings of people with mental illness?	
What percentage of the pretrial population represents persons with mental illness?	60-70%

For 1 Day

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Planning for Sequential Intercept Mapping

What percentage of the sentenced population represents persons with mental illness?	60-70%
<b>CROSS TABULATION OF MULTI-SYSTEM DATA</b>	
<i>For the entire population of persons booked into jail during the identified time range (open or closed cases):</i>	
Is Jail Booking information shared on a regular basis with public funded Mental Health, Substance Use Treatment or Developmental Disability Agencies? If so, how? <i>Firelands get faxed depending on score</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
How many people were known to the publicly-funded mental health system?	<i>Don't Know</i>
How many people accessed acute crisis services in the jail during the specified reporting period?	<i>6 to NDAH</i>
How many people were known to the publicly funded substance use treatment system?	<i>Don't Know</i>
How many people were known to the Developmental Disabilities system?	<i>Don't Know</i>
<b>ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION</b>	
<i>For those who are identified as persons with mental illness or co-occurring substance use disorder or developmental disabilities (by jail, other criminal justice, or treatment systems) during the reported time range, what are the nature of the charges?</i>	
Misdemeanors	<i>26</i>
Felonies	<i>59</i>
Violent Behavior	<i>-</i>
Violations of Probation	<i>-</i>
Frequency - How many arrests / bookings per person? (average)	
Length of stay in the jail for each episode of incarceration (average)	<i>22</i>
<b>DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:</b>	
How many people with mental illness or co-occurring disorders left the jail with financial benefits or entitlements in place?	<i>Don't Know</i>
How many people with mental illness or co-occurring disorders left the jail with a shelter as the identified residence?	↓
How many people with mental illness or co-occurring disorders had no known residence?	
How many people with mental illness or co-occurring disorders left the jail with an appointment at a mental health or other treatment service?	
How many people with mental illness or co-occurring disorders had contact with a helping professional from the community to facilitate reentry?	

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Planning for Sequential Intercept Mapping

**INMATE BOOKINGS**  
 If available, provide data for the time period being reported. If not available, provide the best available data for the time period being reported.  
 If the period being reported is not a recent six-month to one-year period, identify a recent six-month to one-year period.

What is the rated capacity of the jail?	(Insert number) 48
What is the average daily total population of the jail?	31
What is the average number of total daily bookings?	1
What type of automated system is used to collect Jail Booking, classification, health and release information?	Jail Tracker
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	66
Pretrial Felony	21
Probation Violation	10
Sentenced local	49
Sentenced awaiting transport	0
Other (specify) (JUV.)	<del>10</del> (No)
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed? NORTH of main jail	<del>Yes</del> (No)
The following section asks about people who were identified as having mental health issues for the timeframe being reported.	
How many people, total, are identified as having a mental illness?	60-70%
How many people identified as having a mental illness were identified by jail booking staff?	< 10%
How many people identified as having a mental illness were identified while incarcerated (by corrections officers, health staff or others)?	(Yes) / No
Is a specific screening tool mechanism used to identify individuals with mental illness? If yes, please name: At booking - Screening	(Yes) / No
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	(Yes) / No
What is the average daily population of persons with mental illness?	60-70%
What is the average number of daily bookings of people with mental illness?	< 1
What percentage of the pretrial population represents persons with mental illness?	60-70%

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Planning for Sequential Intercept Mapping

What percentage of the sentenced population represents persons with mental illness?	60-70%
<b>POPULATION OF MULTI-SYSTEM DATA</b> The sentenced population of persons booked into jail during the identified time range (span of cases)	
Is Jail Booking Information shared on a regular basis with public funded Mental Health, Substance Use Treatment or Developmental Disability Agencies? If so, how?	Yes / No
<i>Firelands</i>	
How many people were known to the publicly-funded mental health system?	0
How many people accessed acute crisis services in the jail during the specified reporting period?	0
How many people were known to the publicly funded substance use treatment system?	0
How many people were known to the Developmental Disabilities system?	0
<b>TYPE OF OFFENSE-RELATED INFORMATION</b> Identify the number of individuals with mental illness and co-occurring disorders who were booked into jail during the identified time range, and the nature of the charges.	
Misdemeanors	10
Felonies	10
Violent Behavior	0
Violations of Probation	10
Frequency - How many arrests / bookings per person? (average)	1
Length of stay in the jail for each episode of incarceration (average)	23
<b>OUTCOME OF INDIVIDUALS WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS</b>	
How many people with mental illness or co-occurring disorders left the jail with financial benefits or entitlements in place?	?
How many people with mental illness or co-occurring disorders left the jail with a shelter as the identified residence?	?
How many people with mental illness or co-occurring disorders had no known residence?	?
How many people with mental illness or co-occurring disorders left the jail with an appointment at a mental health or other treatment service?	
How many people with mental illness or co-occurring disorders had contact with a helping professional from the community to facilitate reentry?	

*MST*