

Lorain County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response



Lorain County, Ohio

Sequential Intercept Mapping Final Report

April 18 – 19, 2018

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Sequential Intercept Mapping

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Lorain County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* (SIM) and *Taking Action for Change* workshops held in Lorain County, Ohio on April 18 and April 19, 2018. The workshops were made available through 21st Century CURES Act grant funding awarded to the Ohio Department of Mental Health and Addiction Services. Cross-System Sequential Intercept Mapping, implemented by the Criminal Justice Coordinating Center of Excellence, is one of the criminal justice efforts in response to the opioid epidemic. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Lorain 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 Lorain County Court of Common Pleas and the Alcohol and Drug Addiction Services Board of Lorain County requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in response to a call for Letters of Interest from Tier 1 Ohio counties.

The Substance Abuse and Mental Health Services Administration (SAMHSA) 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 provide assistance 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 24 individuals representing multiple stakeholder systems including substance use disorder prevention, treatment, and recovery, mental health, social services, medical, corrections, county jail, individuals in recovery, law enforcement, courts, and county administration services. Key stakeholders not represented include defense counsel, Municipal Court system, and Emergency Medical Services (EMS). A complete list of participants is available in the resources section of this document. John Ellis, Teri Gardner, Tracy Holbert, Douglas Powley and Ruth H. Simera, from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

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

Objectives of the Sequential Intercept Mapping Exercise

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

1. Development of a comprehensive picture of how people with substance use disorders and co-occurring disorders flow through the Lorain 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 Lorain County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success: Cross-Systems Partnerships, Consumer Involvement, and Data Collection

Existing Cross-Systems Partnerships

Lorain 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 several primary cross-system collaborative teams/coalitions: Crisis Intervention Team, Quick Response Team, Community Corrections Act Board and Opiate Action Team.

Consumer Involvement

The local planning team included a peer support agency, with additional representation during the workshop consisting of an individual in recovery who was also a service provider; however, individuals in recovery that were not serving additional roles were not represented. Nor was there an individual with lived experience with the local jail system.

Data Collection

- The Lorain 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
 - Lorain County Jail Data for 2017

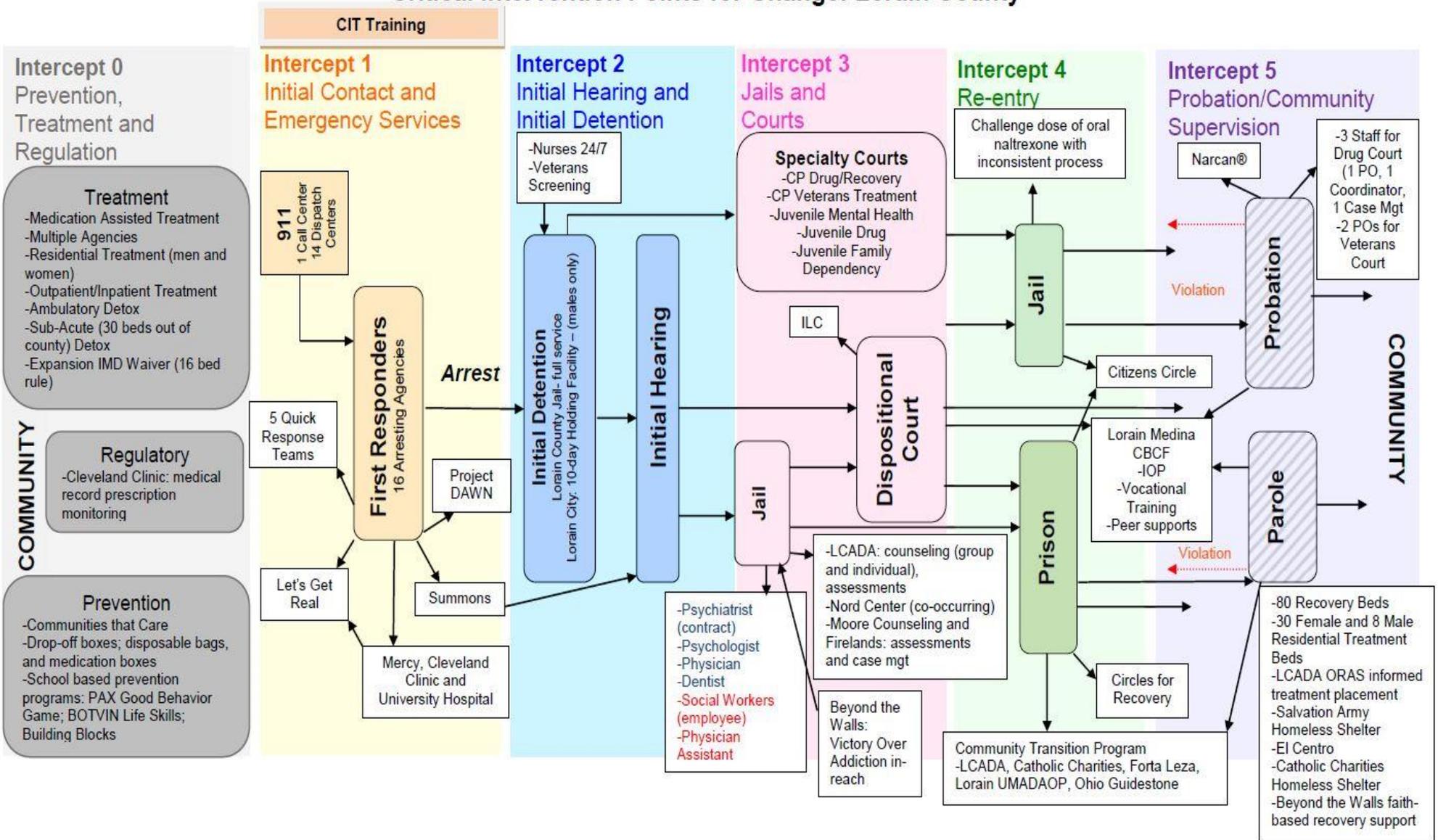
Recommendations:

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

Sequential Intercept Mapping

Lorain County, Ohio

Critical Intervention Points for Change: Lorain County



Lorain 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 contact 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 in Lorain County 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 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, contact and flow through the local systems of care, including the justice system.

This narrative reflects information gathered before, during, and after 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 Lorain County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

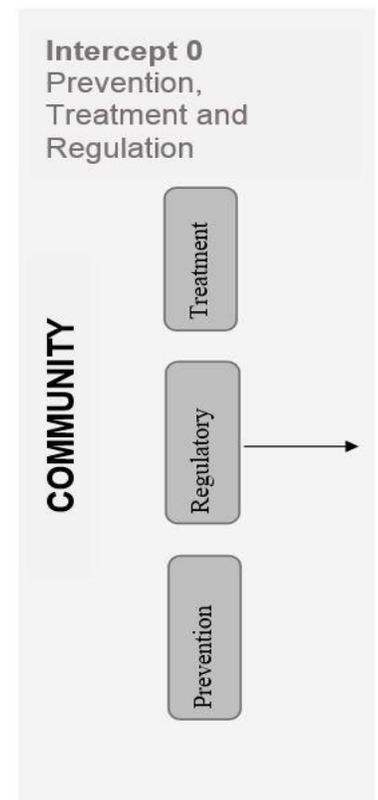
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

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, treatment, and regulation supports available in Lorain County.

Prevention

- Communities that Care Coalition, the local Drug Free Community Coalition, utilizes community assessments to identify risk and protective factors to promote evidence based practices and environmental strategies to reduce underage substance use.
- Those present at the workshop identified at least five school-based prevention programs currently in use:
 - PAX Good Behavior Game
 - Botvin *LifeSkills Training* Program
 - Building Blocks
 - Heroin and Opioid Prevention Education (HOPE)
 - Hidden in Plain Sight – intermittent use
 - Currently reviewing and considering *Kernels for Life*
- Project DAWN (Deaths Avoided With Naloxone) has been administered by Lorain County Public Health for five years.



- Prescription drug drop-off locations are available at numerous law enforcement agencies and pharmacies. In addition, drug disposable pouches and medication boxes are available through the Communities that Care Coalition.
 - The community participates in the National Drug Enforcement Administration (DEA) semi-annual drug take-back days. Drop-off information is available on the Communities that Care Coalition website and through local newspapers.
- Mercy Allen Hospital will be implementing required Screening Brief Intervention and Referral to Treatment (SBIRT) training for all doctors.
- Results of the most recent Pride Survey in Lorain County suggest that youth heroin use is low; however, those with substance use disorders are not seeking treatment in the public sector.
- The Alcohol and Drug Addiction Services Board of Lorain County created a Facebook survey, which indicated that 30% of residents were not aware of the Good Samaritan law or where to obtain Narcan®.

Regulation

- Lorain County is a high intensity drug trafficking area.
- During the workshop, Lorain County Public Health received notice that they received funding to create a fatality review board. In the past there had been no review of fatalities by overdose.
- Cleveland Clinic Avon Hospital provides online prescription guideline training. The hospital's electronic medical record sets limits on the number of prescription opioids that a prescriber can prescribe; physicians can override the limit but must document diagnosis and justification.
- The Ohio Automated Rx Reporting System (OARRS) indicates there has been a decrease in opioid prescriptions in Lorain County.

Treatment

In addition to the services and resources outlined below, participants discussed current challenges and barriers to developing a comprehensive system of care, including the fee for service payment model that tends to silo providers and agencies, lack of understanding of the harm reduction model of intervention, lack of community confidence in the treatment system, resistance to contributing to the financial support of treatment, neighborhoods' resistance to nearby treatment facilities, and general fatigue and decreasing empathy associated with the substance use crisis.

- Currently, there is not a methadone treatment clinic in Lorain County; however, those present at the workshop reported one is being developed.
- Forty doctors within Lorain County are suboxone prescribers.
- There are numerous outpatient treatment providers for substance use disorders and most providers are dual certified to accept co-occurring disorders; those present at the workshop identified:
 - Firelands Counseling and Recovery Services
 - Moore Counseling and Mediation
 - The LCADA Way
 - Nord Center
 - Psych & Psych Mental Health Services
 - Fortaleza Treatment Centers
- Treatment providers contracted by the Alcohol and Drug Addiction Services Board of Lorain County report outcomes to the Board.
- Avon Hospital, Mercy Allen Hospital and University Hospitals Elyria Medical Center enter symptom-specific, nonfatal overdose information into Epicenter, which alerts Lorain County Public Health, Lorain County Sheriff's Office and the Alcohol and Drug Addiction Services Board of Lorain County of any anomaly or spike in overdoses. The Health Department has a community response plan in place to get information out to the community.
- Currently, there are no detoxification units in Lorain County; however, there is a contract with Stella Maris in Cuyahoga County for 32 slots for Lorain County individuals per year, and Medicaid Expansion has helped somewhat to enable people to seek services outside of the county. This combination still does not meet the existing need.

- Avon Hospital does not admit for detoxification services; however, if a patient is in withdrawal then medications are provided.
- Ambulatory detox is available through The LACADA Way, which averages 300 clients per year.
- There are numerous residential treatment providers for substance use disorders; those present at the workshop identified:
 - ORCA House: six male beds
 - The LCADA Way: 30 beds for men and women, twelve of which will be newly added to meet a rolling waiting list. Women who are pregnant and women with children are eligible
 - Salvation Army
- There are numerous recovery housing options. See Intercept V section for chart of recovery housing.

Intercept 0 Gaps

- Awareness of drop-off sites, prescription disposal services, the Good Samaritan law and Narcan®
- Disclosure of name on overdose certificates
- Lack of an opiate hotline
- Data and outcome tracking on individuals entering the system
- Additional Recovery Coaches
- Detoxification services

Intercept 0 Opportunities

- Peer support services at the Mutual Support Program
- Sharing overdose information – increased opportunities with Let’s Get Real partnerships, QRT, Epicenter data and opiate fatality review board
- Memorandum of understanding between Avon Hospital and Let’s Get Real program
- Collective Impact Model/Initiative
- Connection between the upcoming methadone treatment clinic in Amherst and community resources
- Epicenter data collection identifies spikes and trends in nonfatal overdoses
- County Health Department received grant funding to implement an opiate fatality review board

Recommendations:

- Consider ways to educate the public on successes and strategies that work throughout the year, not only during community crises or tax levy seasons. Plan strategies that are long term and hold hope of shifting the thinking of community members and ultimately the culture over time. This will require repetition, multiple approaches, and perseverance.
- 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.
- Analyze the county’s treatment capacity to aid in planning and decision making regarding the need for detox services. Metrics to consider include average time to access each treatment modality, accessibility of each treatment modality, and availability of each treatment modality, with a plan formulated based on the status of each metric, the goal for each metric, and the identified routes to achieve the goals. A TA provider such as National TASC may be a good source of guidance on this type of analysis.

Intercept I: Law Enforcement / Emergency Services

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

Dispatch / 9-1-1

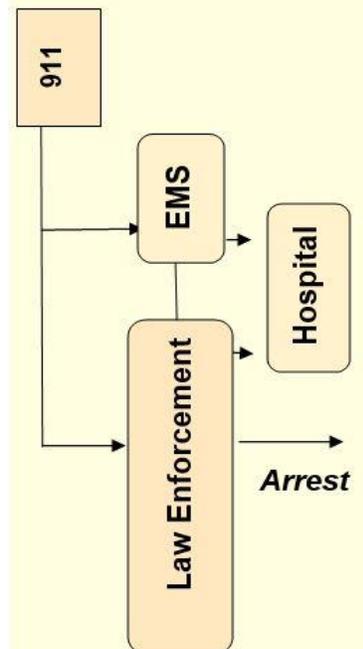
- Lorain County has one central call center, operated by the county, which serves as the dispatch center for emergency medical services (EMS), Fire, and police, including 14 dispatch centers.
- An 8-hour training re: mental illness and Crisis Intervention Team (CIT) is offered for dispatchers; however, substance use is not part of the curriculum. Dispatchers are permitted to attend the 40-hour CIT Course which includes addictions.
- Most dispatch centers utilize plain language rather than codes to record call information. Because the language is not uniform, it is challenging to search and filter call data. Project DAWN suggests use of "unresponsive individual" in potential overdose situations.
- All law enforcement agencies utilize the New World computer aided dispatch (CAD) system, which could present an opportunity for countywide data collection and reporting.

Law Enforcement & Emergency Services

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 17, 2018, Lorain County has 16 Law Enforcement Agencies: Amherst Police Department, Avon Lake Police Department, Avon Police Department, Elyria Police Department, Grafton Police Department, Kipton Police Department, LaGrange Police Department, Lorain County Metro Parks, Lorain County Sheriff's Office, Lorain Police Department, North Ridgeville Police Department, Oberlin Police Department, Sheffield Lake Police Department, Sheffield Village Police Department, South Amherst Police Department and Wellington Police Department with an estimated 445 full-time officers.

- Law enforcement currently uses the following options for individuals with substance use related crisis:
 - Arrest and transport to Lorain County jail or the holding facility in Lorain.
 - EMS or police transport to hospital Emergency Department whenever individuals exhibit active medical concerns or Narcan® has been administered. This can include follow-up and referral for treatment.
 - Police transport to Nord Center and other treatment providers for needs associated with mental health and/or co-occurring disorders. The only option available for substance use response is a hospital.
 - Sheriff's Office will use summons to court dependent upon offense with justification noted on the report; however, if paraphernalia is seized on scene then charges are required.
 - Police make use of the Good Samaritan Law as appropriate.
- Initial response depends upon the jurisdiction; Wellington Police Department will send law enforcement first whereas Elyria Police Department will send EMS first, and the Lorain response order may vary. Elyria and Lorain have separate fire departments. The other eighteen townships share one fire department; if an individual is unresponsive, EMS is dispatched. If an overdose is called out, both EMS and police respond. Those present at the workshop stated that the Fire/EMS and law enforcement configuration was complicated and confusing at times.
- Lorain County holds countywide CIT training once per year. A one-hour lecture/panel discussion on addiction is incorporated into the 40-hour training.
- All law enforcement agencies carry Narcan®; however, Wellington Fire Department does not.

Intercept 1 Initial Contact and Emergency Services



- Lorain County started five Quick Response Teams (QRT) in January 2018 that respond post-overdose within 48 hours. Team consists of law enforcement and a clinician; clinician will complete follow-up services for 30 days.
- The Alcohol and Drug Addiction Services Board of Lorain County received a grant to sponsor Crisis Assist Training - a first responder training series regarding trauma, compassion fatigue and related issues. The curriculum includes addiction. Over 100 first responders (police, EMS, and fire) participated in March 2018. The Board will consider including dispatchers in the future. Related, 240 individuals attended Trauma Informed Policing Training.
- Law enforcement can contact Let's Get Real, which sends recovery coaches within 45 minutes to the law enforcement agency for individuals requesting support; most law enforcement agencies are utilizing this service. At the time of the workshop, Lorain P.D. was not yet working with Let's Get Real but was anticipating training from Wellington P.D. on the program.
- Law enforcement can refer individuals to Drug Court when charged with a felony.
- Compassion fatigue and burnout among first responders is a concern.

Crisis Services

- The Nord Center provides a 12-bed crisis stabilization unit 24/7 for mental health and co-occurring; however, this service is not available if substance use is the main diagnosis and because of limitations in staffing and facilities, the ability to serve as a true crisis stabilization unit is limited.

Hospitals/Emergency Rooms/Inpatient Psychiatric Centers

- Local hospitals include Mercy Health - Allen (Allen Memorial in Oberlin), Mercy Health – Lorain, Cleveland Clinic Avon, and University Hospitals Elyria Medical Center; all have Emergency Departments.
 - Participants reported that at least three of the four hospitals provide security 24/7; therefore, the responding officer is not required to stay at the hospital unless the individual has been charged with an offense and will be taken into custody or is combative. Officers will issue summons prior to ambulance onboarding. Wellington Police Department officers typically transport to Allen Memorial.
 - Avon Hospital staff will document a patient's lack of capacity due to influence of substances, which can enable the hospital to postpone discharge following treatment of overdose.
- Mutual Support Program offers the Let's Get Real program 24/7 to provide recovery coaches within 45 minutes to local hospitals and law enforcement agencies for support following nonfatal overdoses. As of fall 2017, recovery coaches have responded to 208 overdose calls with 31% of the individuals engaging in services (detox, treatment, or recovery housing) within a week of contact. Currently, Mercy Allen Hospital and most law enforcement agencies utilize this service and Cleveland Clinic Avon Hospital is in the process of creating a memorandum of understanding. On busy nights in the Emergency Department and when appropriate, Mercy Allen Hospital may send individuals to nearby law enforcement agencies to meet recovery coaches.

Detoxification

- Currently, there are no detoxification units in Lorain County; however, the county has contracted for 32 beds per year with Stella Maris in Cuyahoga County. If Stella Maris is full, services will be sought elsewhere.
- Transportation is not available to detox centers. Often case managers and family members provide.
- Those present at the workshop named several detoxification centers where individuals can be referred:
 - Rosary Hall: 30-beds in Cuyahoga County
 - Harbor Lights: 12-beds in Cuyahoga County
 - Salvation Army: 12-beds
 - Erie County Health Department: 16-beds
 - Windsor Laurelwood Center for Behavioral Medicine in Lake County

Veterans

- Individuals are referred to the Louis Stokes Cleveland Veterans Administration Medical Center in Cuyahoga County.
- Stella Maris in Cuyahoga County offers 10 beds of supportive housing with Intensive Outpatient Treatment for veterans.

Intercept I Gaps

- Dispatch centers do not utilize codes; therefore, it is challenging to report data on calls pertaining to overdoses, substance use, and mental illness
- Dispatch training does not include information on substance use
- Confusion around configuration of initial response by EMS, fire and police dependent on jurisdiction
- Wellington Fire Department and Adult Parole Authority do not carry Narcan®
- Drug Court referral is only for individuals charged with a felony
- Detox services not available in-county and no formal transportation to detox services
- Concerns regarding where to take individuals that have overdosed
 - Law enforcement can only take individuals that have overdosed to emergency departments
 - If the hospital is busy, then individuals are sent back to law enforcement agencies to access Let's Get Real
 - Not all hospital emergency departments are utilized due to lack of security

Intercept I Opportunities

- All law enforcement agencies are on the same CAD system, which provides an opportunity for data collection
- Develop common language/codes for dispatch centers
- Narcan® is available to community members and first responders
- Mutual Support Program Let's Get Real recovery coaches
- Expand the Nord Center to accept individuals with substance use disorders as the main diagnosis
- QRT follow-up process could be expanded
- Potential for two more Quick Response Teams
- Telemedicine can be made available to hospitals to introduce access to treatment

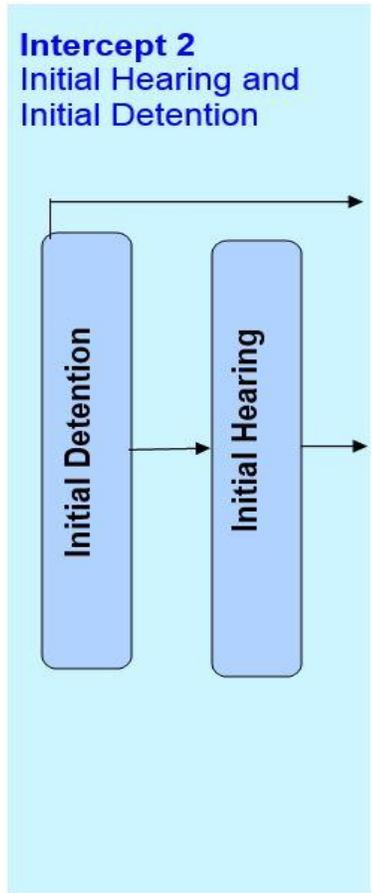
Recommendations:

- Implement a uniform procedure for collecting and analyzing dispatch and law enforcement data on drug related calls, encounters, and dispositions, including Narcan® reversals.
- Make Narcan® available in all jurisdictions.
- Implement a uniform procedure across jurisdictions for dispatching law enforcement and/or EMS on calls suspected to involve substance use.

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

Initial Detention

- Lorain County Jail is the only full service detention facility. Lorain Police Department has a 20-bed 10-day holding facility and does not accept juveniles or females.
- The jail averages 22 bookings per day and pre-screens all potential inmates before acceptance into the facility. The pre-screen includes medical and substance/opiate use questions.
 - If mental illness is identified as a concern, then referral to mental health staff occurs.
 - Upon acceptance to the jail, a nurse meets with the individual within eight hours.
- The jail will provide comfort medications for individuals that are in withdrawal; however, there is not a special unit.
- Jail medical staffing consists of 20-25 nurses, one full-time physician's assistant and four social workers. Nurses are available 24/7. The previous year's mental health SI Mapping report indicates additional contracted medical staffing include a psychologist ten hours/week, psychiatrist four hours/week, physician four hours/week, and dentist four hours/week.
- The jail case manager is employed by probation and conducts general assessments as requested by the court.
- Individuals may have access to outside medications once the medications are verified; however, medication assisted treatment (MAT) is discontinued for most individuals except pregnant women, who are prescribed Subutex.
- The jail disseminates the booking roster to the Lorain County Board of Mental Health, which sends the roster out to agencies; however, the Alcohol and Drug Addiction Services Board of Lorain County does not receive this information.



Arraignment/Initial Hearing

- The county does not have a Public Defender office. Typically, individuals do not have legal representation at initial hearing, unless the client has retained counsel.
- Pretrial investigations can occur; however, this process is not consistent and depends upon the judge. Some Municipal Court Judges have visited Lucas County to learn about pretrial services.
- At times, cases are bound over to Common Pleas then indicted at grand jury and sent back to Municipal Court; therefore, individuals are waiting in jail for long periods. Other times cases are bound over to Common Pleas instead of pleading down at Municipal with no opportunity for intervention and creating a duplication of service and process.
- Typically, specialty court referral does not occur at initial hearing.
- Typically, no information is relayed to the court from the jail during the initial detention.

Veterans

- There is a screening question included in the county jail intake.

Intercept II – Identified Gaps

- There is not medical treatment for withdrawal within the jail
- The Lorain Police Department holding facility does not accept women
- Individuals cannot continue MAT within the jail

- Court services
 - There is not legal representation at the initial hearing
 - Individuals are bonded over to Common Pleas rather than pleading down to a misdemeanor
- The jail only has one case manager who also does pre-screening for the courts
- The jail is not utilizing a validated screening for substance use disorders or mental illness at booking
- Individuals are not referred to specialty courts at initial hearing
- Time lapse for cases – pending too long and lost
- Information from the jail to the court does not occur

Intercept II – Identified Opportunities

- Some Municipal Court Judges have visited Lucas County to learn about pretrial services

Recommendations

- Use validated screening tools for mental health and substance use at booking in the jail and use the results of the screening to identify individuals in need of assessment or reconnection to services. The Brief Jail Mental Health Screen is available at no cost on the website of the Substance Abuse and Mental Health Service (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation website. The Texas Christian University Drug Screen V is available at no cost on the website of the Texas Christian University Institute of Behavioral Research. Other validated tools are available as well. A publication outlining options is included in the Community Packet provided to the ADA Board contact.
- Review policies and practices of other jails – Ohio or elsewhere – where Medication Assisted Treatment (MAT) is made available to inmates and negotiate inclusion of MAT in the jail medical provider contract. Also, reference the joint recommendation/position issued by the American Correctional Association (ACA) and the American Society of Addiction Medicine (ASAM) released recently on the Treatment of Opioid Use Disorders for Justice Involved Individuals (Appendix A).
- Convene a meeting with judges or court administrators to discuss decreasing duplication (process, attorney assignments) and implementing appropriate interventions that will allow maintaining clients at the municipal level when possible.

Intercept III: Jails / Courts

Jail

- The Lorain County Jail has a rated capacity of 422 and an average daily census of 427 inmates. The average number of daily bookings was reported as 22 with 7% identified as under the influence of substances at the time of booking (approximately 45/month). This number doubles post-booking. 108 are placed on detox log monthly, 60% of which are for opioids.
- 14% of the jail population is on psychotropic medications.
- Typically, information is not shared between the jail and treatment providers; therefore, there is a concern regarding continuity of care.
- The LCADA Way provides group and individual counseling for substance use disorders as well as assessments as requested by the Judge, Probation Officer or attorney. An individual cannot access an assessment by their own request; this must channel through the court.
- Moore Counseling and Mediation, and Firelands Counseling and Recovery provide in-reach for case management and assessments.
- The jail case manager is employed by probation and conducts general assessments as requested by the court.

- The Nord Center provides mental health/co-occurring jail liaisons.
- Recovery coaches come to jail upon request.
- The jail provides AA, NA, and Beyond the Walls: Victory Over Addiction faith-based programming, and access to peer supporters upon request.
- Individuals can receive Narcan® training and pick-up their kit at the Lorain County Public Health Department upon release.
- Jail staff may try to reconnect individuals to existing services, but as a rule, no linkage is occurring to external services. Providers are inconsistent about consulting the jail roster, which may lead to clients being discharged from service due to 30 days with no activity.

Court

- Direct indictments are possible based on charge. Arrest, release and postponed indictment also occurs.
- Intervention in lieu of conviction is utilized when individuals are not eligible for Drug Court.
- Defense counsel is appointed at Municipal Court; however, when individuals are bound over to Common Pleas they are assigned a different attorney based on the court's list. Defense counsel will request screening for supervised released; however, this is dependent upon counsel discretion.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of June 18, 2018, Lorain County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status June 18, 2018
John R. Miraldi	Common Pleas	Drug	Certified
James Walther	Common Pleas	Veterans Treatment	Certified
Lisa I. Swenski	Juvenile	Mental Health	Certified
Frank J. Janik, III	Juvenile	Drug	Certified
Sherry L. Glass	Juvenile	Family Dependency	Certified

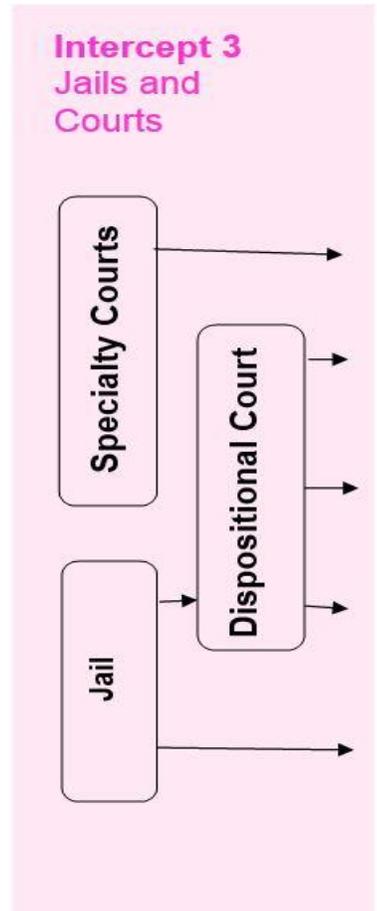
- Drug Court is voluntary and has a caseload size of 50; outcome data is available. Recovery coaches are active in the court. Referrals to providers are made by client choice.
- Veterans Treatment Court is voluntary and has a caseload size of 15.
- Family Dependency Court receives referrals from Children Services and has a caseload size of 10.
- Juvenile Drug Court has a caseload size of 15.

Veterans

- There is an existing partnership with the Veterans Justice Outreach program.

Intercept III – Identified Gaps

- ▣ Judges order substance use assessments for individuals in jail; not every individual who wants or needs an assessment will receive an assessment
- ▣ No coordinated efforts or communication to assist individuals in getting MAT or other treatment services upon release.
 - There is no systematic way for jail to refer/assign cases to providers if no previous relationship existed with the client



- Linkage between the jail and treatment services is difficult because it is not known when individuals will be released
- Lack of continuity of legal representation if bound over to Common Pleas
- Youth using other drugs may not be identified due to focus on opioid crisis – missed opportunities for intervention and referral to juvenile drug court

Intercept III – Identified Opportunities

- The jail booking roster could be disseminated to the Alcohol and Drug Addiction Services Board of Lorain County

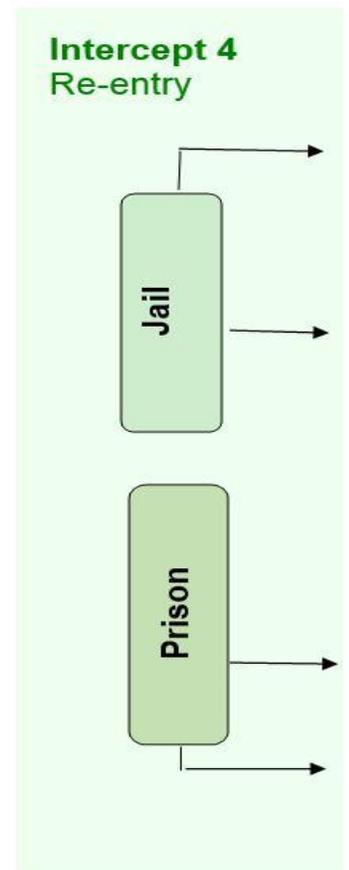
Recommendations:

- Once the jail has a mechanism for identifying individuals who need further assessment or who are involved in the local treatment system, establish procedures for appropriately informing the court of individuals' treatment needs and participation to aid in case planning.
- Explore use of a validated screening tool at booking to aid in identifying individuals with possible mental illness and/or substance use disorder (see Intercept II recommendations).
- Define and routinely use a process for cross-walking the daily jail booking roster with treatment providers and homeless services providers to improve knowledge of incidence and prevalence of individuals with substance use disorders and mental illness in the jail and increase linkage to existing services for these individuals. Encourage in-reach by providers.
- Review and consider changes to policies that will allow inmates to access assessment and counseling services without an order from the court.

Intercept IV: Prisons / Reentry

Reentry – Prison

- An estimated 350 individual's return from prison to the community each year. Of those, the Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction completes screening and assessment for substance use disorders and sends referral packets to partner agencies for linkage to local services. In Lorain County, as of 4/13/18 there have been 51 referrals. Providers eligible to receive the packets include Catholic Charities, Fortaleza Treatment Centers, LCADA Way (five locations), Lorain Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP), and OhioGuidestone. Those that were released can still sign up for the program through the Parole Office.
- The county utilizes the Lorain/Medina Community-based Correction Facility (CBCF) which houses 62 males and 18 females. The program provides 12-step groups, reentry programming, GED programming, intensive outpatient treatment, vocational training, and recovery coaches.
- Individuals that are released on judicial release do not receive reentry services because they are taken to county jail and released from there.
- Those present at the workshop stated that women tend to return to the community with several certificates for completing programming and will more typically have a place to go because they have maintained or reestablished relationships.
- Coordinated Entry in-reach program is busy, averaging four to five people per month released from prison. This service can be used for anyone released from jail or prison, or anyone with a felony conviction even if not previously incarcerated.
- Citizens Circle is sponsored by the Lorain County Reentry Coalition.
- Circles for Recovery is an UMDAOP program.



Reentry – Jail

- Jail staff is not consistently informed of release dates; therefore, there are challenges to discharge planning. If a release date is known, benefit applications are completed, and jail staff will refer individuals to the Citizens Circle program, to learn about resources and supports. The program meets once a month in the Amy Levin Training Center; however, it is predominately used for prison reentry.
- Individuals are released with remaining medications.
- The LCADA Way provides oral naltrexone (challenge dose) only to LCADA clients. Otherwise, no Medication Assisted Treatment is readily available, including Vivitrol®. There were some who expressed concern about Vivitrol® as a significant liability issue and others noted that the jail is working with a couple of providers to make Vivitrol® available at discharge and is trying to close gaps in this service.

Intercept IV – Identified Gaps

- ▣ Judicial release cases do not receive prison reentry services
- ▣ Data on individuals returning from prison with substance use disorders is not collated or reviewed
- ▣ Experience is different for individuals released on the Community Transition Program depending upon which institution they are released from
- ▣ Lack of consistent release planning from jail due to not knowing release dates
- ▣ Medication Assisted Treatment is not available; limited to oral naltrexone for LCADA Way clients only
- ▣ Workforce development
- ▣ Not all individuals being released from jail complete benefit applications; inconsistent across providers

Intercept IV – Identified Opportunities

- ▣ Citizens Circle utilization could increase
- ▣ Lorain County could work with ODRC to update the resource/data sheet given to individuals returning to Lorain County
- ▣ Identify the number of individuals that return from prison that go to a homeless shelter

Recommendations:

- ▣ The Lorain County Jail experiences roughly a 70% recidivism rate. The county should give serious consideration to implementing active reentry planning including assertive linkage to community services, ideally warm hand-offs. The GAINS Reentry checklist could provide a structured way to begin the process.
- ▣ The county jail is encouraged to review its medication practices and policies and compare to best practices and national recommendations. The *Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals* issued by the American Correctional Association and American Society of Addiction Medicine is attached to this report (Appendix A).

Intercept V: Community Corrections / Community Support

Probation

- Probation Officers are assigned to all specialty courts with an average caseload of 30.
- Traditional probation caseload ranges 50-80.
- Two Probation Officers are assigned for Intervention in Lieu of Conviction with an average caseload of 140, and one Probation Officer is assigned to intensive supervised probation (ISP) with an average caseload of 20.
- The LCADA Way completes assessments for the probation department, which are used in part to determine placement in groups based on risk. Other providers also tend to use risk assessments to inform placement.

- Probation gets status reports from agencies once a week.
- Probation officers carry Narcan®.

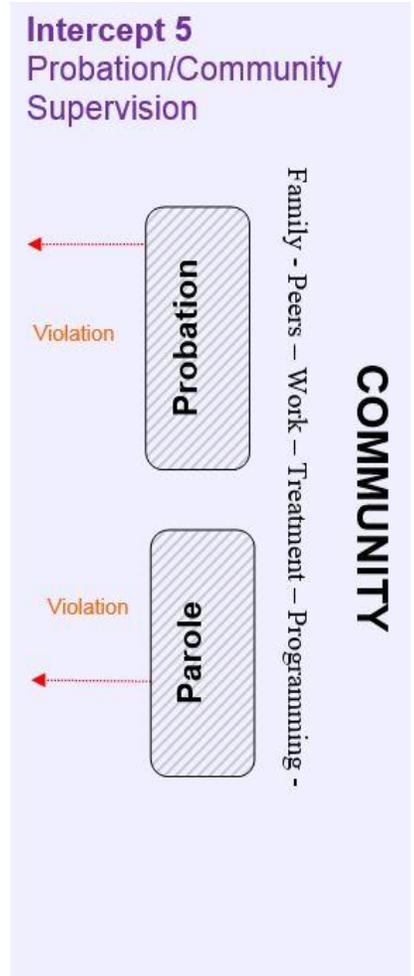
Parole

- Those present at the workshop stated that Lorain County has a good relationship with Adult Parole Authority (APA) officers, who were described as going above and beyond whenever possible and providing lower level probation on many cases.
- The APA does not have specialized caseloads or specialized training.
- There is one Parole Officer that is dedicated to Lorain County with an average caseload size of 70.

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 Lorain County.

- El Centro, described as the social service hub, provides services for the Hispanic community which makes up 27% of the population.
- Beyond the Walls provides faith-based recovery support services.
- Vocational programming is available; however, there is a need for employers that will hire individuals in recovery and/or individuals with a criminal history.
- Transportation access varies by geography and agency resources.
- Housing was identified as a gap for Lorain County. In addition to available recovery housing beds (detailed chart below provided after the workshop), two homeless shelters were highlighted:
 - Catholic Charities homeless shelter
 - Salvation Army homeless shelter



Name of Provider	Street Address of Facility (please list separate addresses on separate lines.)	County	Number of Units (buildings, single apartments)	Number of Beds
Road to Hope-Men	162 Irondale St., Elyria	Lorain	1	13
Road to Hope-Men	158 Irondale St., Elyria	Lorain	1	15
Road to Hope-Men	319 9 th St., Elyria	Lorain	1	4
Road to Hope-women	14462 SR 58, Oberlin	Lorain	1	18
Primary Purpose-Men	3222 North Ridge Rd, Elyria	Lorain	1	82
Primary Purpose-Women	35420 Center Ridge Rd., North Ridgeville	Lorain	1	9
Primary Purpose Women	1741 North Ridge Rd., Lorain	Lorain	1	28
Alpha House- Men	14868 SR 58, Oberlin	Lorain	1	24

Veterans

- The County has a certified Veterans Outpatient Clinic

Intercept V – Identified Gaps

- ▣ Transportation
- ▣ Housing, including sober housing and reentry housing
- ▣ Lack of bilingual services and clinical staff
- ▣ Formal networking with faith-based organizations. For example, Sacred Heart is a large parish and has not been involved in collaboration toward programming.
- ▣ Lack of dedicated vocational programming for reentry
- ▣ Lack of jobs that are supportive to recovery and reentry

Intercept V – Identified Opportunities

- ▣ Lutheran Metropolitan Ministries is trying to establish work in Lorain County (based out of Cleveland)
- ▣ Stakeholders are looking at Golden Acres as a possible site to convert to “Recovery One” or some type of recovery-oriented facility
- ▣ Beyond the Walls is hoping to open “Creation House,” a reentry and substance use treatment facility for women with 16 beds. The house is ready, and the organization is currently raising funds for operations.

Recommendations:

- ▣ Contact Opportunities for Ohioans with Disabilities to explore a newer program called Employer and Innovation Services that might be of assistance in developing employment opportunities for eligible individuals. The informational flyer will be included in the electronic community packet, and the agency website address is www.ood.ohio.gov.

Priorities for Change

Lorain County, Ohio

Lorain 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. Detox services
2. Linkage between the jail and treatment services
3. Housing
4. Workforce development
5. Increased utilization and number of recovery coaches

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

- Lack of an opiate hotline (2 votes, Intercept 0)
- Awareness of drop-off sites, prescription disposal services, the Good Samaritan law and Narcan® (1 vote, Intercept 0)
- Concerns regarding where to take individuals that have overdosed/hospitals/emergency departments (2 votes, Intercept 1)
 - Law enforcement can only take individuals that have overdosed to emergency departments
 - If the hospital is busy during the weekend, then individuals are sent back to law enforcement agencies
 - Not all hospitals/emergency departments are utilized due to lack of security
- Individuals cannot continue MAT within the jail (2 votes, Intercept 2)
- The jail only has one case manager who also does pre-screening for the courts (1 vote, Intercept 2)
- Judges order substance use assessments for individuals in jail; therefore, not every individual will receive an assessment (1 vote, Intercept 3)
- Transportation (3 votes, Intercept 5)
- Lack of dedicated vocation programming for reentry (1 vote, Intercept 5)

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

Additional Resources

CIT International	www.citinternational.org
Centers for Disease Control and Prevention	www.cdc.gov/drugoverdose/index.html
Coalition on Homelessness and Housing in Ohio	www.cohhio.org/
The Collective Impact Framework	www.collaborationforimpact.com/collective-impact/
Corporation for Supportive Housing	www.csh.org 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	www.csjusticecenter.org/mental-health/
Crisis Text Line	www.crisistextline.org/
The Federal Bonding Program	www.bonds4jobs.com/
Laura and John Arnold Foundation	www.arnoldfoundation.org
Lutheran Metropolitan Ministry Health & Wellness	www.lutheranmetro.org/home-page/what-we-do/health-wellness-services/ Phone: 216-696-2715 Email: mail@lutheranmetro.org
National Association of Pretrial Services Agencies	www.NAPSA.org
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	www.nccc.georgetown.edu/
National Center for Trauma Informed Care and Alternatives to Seclusion and Restraint	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.store.samhsa.gov/home
National Criminal Justice Reference Service	www.ncjrs.gov/
National Institute of Corrections	www.nicic.gov/
National Institute on Drug Abuse	www.drugabuse.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Automated RX Reporting System	www.ohiopmp.gov/
Ohio Criminal Justice Coordinating Center of Excellence	www.neomed.edu/cjccoe
Ohio Department of Health – Project DAWN	www.odh.ohio.gov/health/vipp/drug/ProjectDAWN.aspx
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	www.drc.ohio.gov/reentry-office
Ohio Ex-Offender Reentry Coalition	www.drc.ohio.gov/reentry-coalition
Partners for Recovery	www.samhsa.gov/partners-for-recovery
Police Assisted Addiction and Recovery Initiative	www.paarius.org/
Policy Research Associates/SAMHSA's GAINS Center	www.prainc.com
The P.E.E.R. Center	www.thepeercenter.org/
Pretrial Justice Institute	www.pretrial.org
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
State of Ohio Board of Pharmacy	www.pharmacy.ohio.gov/
Substance Abuse and Mental Health Services Administration	www.samhsa.gov

Summit County ADM Board Annual Report	www.admboard.org/Data/Sites/25/Assets/pdfs/2016-annual-report-9-5-17-lt.pdf
Summit County Mental Health Sequential Intercept Mapping Report	www.neomed.edu/wp-content/uploads/CJCCOE_SIM_SummitCounty2016.pdf
Summit County Reentry Network	www.uwsummit.org/programs/summit-county-reentry-network
Supreme Court of Ohio Specialized Dockets Section	www.supremecourt.ohio.gov/JCS/specdockets/
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	www.cit.memphis.edu/
Veterans Justice Outreach	www.va.gov/HOMELESS/VJO.asp

Additional Publications

The **Comprehensive Addiction and Recovery Act (CARA)** establishes a comprehensive, coordinated, balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery. Passed the U.S. Senate on March 10, 2016, by a vote of 94-1. Passed the U.S. House of Representatives on May 13, 2016, by a vote of 400-5.

Provisions of CARA

- Expand prevention and educational efforts—particularly aimed at teens, parents and other caretakers, and aging populations—to prevent the abuse of methamphetamines, opioids and heroin, and to promote treatment and recovery.
- Expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives.
- Expand resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.
- Expand disposal sites for unwanted prescription medications to keep them out of the hands of our children and adolescents.
- Launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country.
- Launch a medication assisted treatment and intervention demonstration program.
- Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion and to help at-risk individuals access services.

<http://www.caron.org/understanding-addiction/statistics-outcomes/heroin-opiates-stats>

<http://gloucesterpd.com/addicts/>

<http://www.harbor.org/lucas-county-heroin-a-opiate-initiative.html>

<http://projectlazarus.org/>

Sequential Intercept Mapping Participant Roster
Lorain County, Ohio
April 18 – 19, 2018

Name	Title	Organization	Email
Felisa Adams	Supervisor	Salvation Army	Felisa.adams@use.salvationarmy.org
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Tom Stuber	Chief Executive Officer	LCADA Way	tstuber@thelcadaway.org
Debra Winston		Salvation Army	Deb.winston@use.salvationarmy.org

Action Planning Matrix for Lorain County, Ohio

Priority Area 1: Detox services			
Objective	Action Step	Who	When
1. Needs assessment of detox beds at 4.0/3.7/3.2 level	A. Data gathering from all agencies in other counties that serve Lorain residents	Surveillance and Evaluation Data Committee	May 5
2. Build relationships between hospital care management teams and outpatient resources	A. Develop warm hand offs from hospital to IOP/WIOP B. Create forums for discussion	Treatment and Recovery Committee LCADA, Firelands, Psych and Psych	April 19
3. Develop site(s) for 4.0 level detox	A. Bring 3 hospital systems together to discuss a collaboration or individual hospital management	UH, Mercy, CC, and Healthcare and Harm Reduction Committee of the coalition	April 24
4. Develop site(s) for 3.7/3.5 level detox	A. Develop a coalition? Recovery 1 option?	Treatment and Recovery Committee of the coalition	April 19
5. Understand all resources available for intensive outpatient detox and PHP and WIOP	A. Collect a list of all resources and capabilities	Treatment and Recovery Committee of the coalition	April 19

Action Planning Matrix for Lorain County, Ohio

Priority Area 2: Linkage between the jail and treatment services			
Objective	Action Step	Who	When
1. Perform a comprehensive look at needs and services currently bring provided at Lorain County Jail for: <ul style="list-style-type: none"> • Behavioral Health offenders • Pretrial services • Medication Assisted Treatment • Alcohol and other drug offenders (specifically opiates) • Reentry 	A. Obtain a jail representative for the group	Sherry Clouser	Completed
	B. Set a meeting with group	Sherry Clouser	Completed
	C. Determine/evaluate services, create follow-up steps <ul style="list-style-type: none"> I. What screening is being provided II. Current processes 	Group	After initial meeting
2. Look at best practices in other counties throughout the state	A. Contact other counties/state B. Share practices with the team	Christine Robinson Rest of group will talk to respective agencies	Pending
3. Meet treatment needs of those incarcerated at Lorain County Jail	A. Devise method of determining who needs new treatment and who can continue with existing connections B. Determine if different protocols are needed based on length of detainment	Group Group –	3-6 months
4. Community providers and Lorain County Sheriff's Department to work together to develop a system that provides immediate access for continued treatment for each person being released	A. Creation of Block Scheduling for assessment/treatment purposes	Jail Staff/Providers	1-3 months
	B. Possible creation of liaison position for jail to assess offenders being admitted and released-	Group	3-6 months

Action Planning Matrix for Lorain County, Ohio

		C. Benchmark with Pre Trial Services group as well as Stepping Up initiative to see if these services can be addressed by other group processes already occurring	Group	1-3 months
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Action Planning Matrix for Lorain County, Ohio

Priority Area 3: Housing			
Objective	Action Step	Who	When
1. Analyze and assess data on homeless population from LMHA (includes APA/Probation/Jail data)	A. Contact: I. LMHA II. APA III. Lorain County Probation IV. Jail	Assigned committee member	August 1, 2018
2. Review waiting list from agencies and programs for individuals needing housing	A. Contact: I. LCADA II. ADAS III. Let's Get Real IV. Firelands V. Nord Center	Assigned committee member	August 1, 2018
3. Population survey such as a density map to identify where housing resources are available	A. Identify vacant homes and properties through land-bank/Lake Erie land association, Sheriff sale and foreclosures B. Check other counties on how they do this C. Look at other successful models in/out of state	Assigned committee member	August 1, 2018
4. Identify stakeholders for funding resources	A. Contact County Commissioners, Community development and land-bank to organize Summit Meeting I. Truly Reaching You project	Assigned committee member	August 1, 2018
5. Reentry population and homeless population			

Action Planning Matrix for Lorain County, Ohio

Priority Area 4: Workforce development			
Objective	Action Step	Who	When
1. Remove the stigma of people with felony convictions to promote sustainable employment opportunities for people in recovery	A. Survey employers to identify what they want, need – “ideal candidate for entry level jobs”	Elaine, LCCC, PSI work force development	July 1, 2018
	B. Identify and recruit employers who will hire (take a chance) individuals in recovery (trades, others)		October 1, 2018
	I. Find successful employers to share successes	George Koury	
	II. Support employers who take chances and offer solutions, drug testing, coaches, etc.	George Koury	
	C. Educate employers about bonding, work opportunity tax credit, certificate of qualification for employment, expungement		
2. Help individuals in recovery to get on pathway to sustainable employment	D. Advocate to ban the box	Nikki at Reentry Coalition and partners	September 15, 2018
	E. Hold Restored Citizens Summit	Nikki at Reentry Coalition	
	A. Schedule Bridges Out of Poverty training	Lori K, Nikki and Community Action	July 15, 2018
	B. Determine feasibility of adapting Cincinnati Works in Lorain County	Nikki at Reentry Coalition	July 1, 2018
	I. Connect resources to ensure soft skills and hard skills for employment are available		July 1, 2018
C. Create Speakers Bureau of success stories for gainful employment	Elaine, Nicole W, Let's Get Real	July 1, 2018	
D. Engage faith-based partners for innovative entrepreneurial opportunities	Luro, Inc., Mike Goss, Bill, Elaine and Lori	July 1, 2018	
E. Identify and solve personal barriers to employment S/A, MAJ, transport, child care, housing, child support	Nikki at Reentry Coalition	July 1, 2018	

Action Planning Matrix for Lorain County, Ohio

Priority Area 5: Increased utilization and number of recovery coaches				
Objective		Action Step	Who	When
1.	Identify need for recovery coaches in the community	A. Current data – Let's Get Real needs 5 men and 5 women. 84% of those referred to recovery court are denied but could use a coach. If EMH joins, approximately 1 call per day is expected. Need data – number of OD's in other hospitals	Let's Get Real collaborating with ADAS Board to determine needs in hospital	1 month
2.	Increase number of recovery coaches trained and ready for service	A. Coordinate a recovery coach training – need 5 men and 5 women B. Determine options for funding recovery coach training and service provision	Let's Get Real and ADAS Board (OMHAS) Let's Get Real, ADAS Board, LCMHB, Foundations	3 months training
3.	Work with hospital systems and jail to increase utilization of recovery coaches: Elyria/UH, Avon/CC, Oberlin, Jail, CBCF	A. Continue negotiations with hospitals B. Negotiations with CBCF and possibly jail	Let's Get Real	3 months

Appendix

Appendix A



ASAM American Society of
Addiction Medicine

FOR IMMEDIATE RELEASE

MARCH 20, 2018

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

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

Statement supports access to all evidence-based treatment options

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

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

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

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

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

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



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

2018-2

Introduction:

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

Policy Statement:

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

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

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

A. Screening/Prevention

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

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

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

B. Treatment

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

Appendix A

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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Appendix A

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).