

Montgomery County COAT

Sequential Intercept Mapping and Action Planning



Montgomery County, Ohio

COAT *Sequential Intercept Mapping* Final Report

February 2 - 3, 2017

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Sequential Intercept Mapping

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Montgomery 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 Montgomery County, Ohio on February 2 & 3, 2017. The workshops were sponsored by the Community Opiate Action Team (C.O.A.T.), a group of community partners invested in addressing the opiate epidemic in the community and having maximum impact on improving the community's overall health. The C.O.A.T. is using an incident command structure. The Collective Impact Model, the framework for the C.O.A.T., outlines guiding principles to ensure the whole community is served through a systems-based approach. These principles address how each agency needs to work in a way that is mutually reinforcing to others' activities. While there are 15 guiding principles, the following principles are deemed vital to the C.O.A.T.'s success:

- Establish a common agenda
- Trust one another
- Assure respectful and continuous communication among partners

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 Montgomery 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 Ohio Department of Mental Health & Addiction Services recommended a Sequential Intercept Mapping (SIM) workshop for Montgomery County related to the opiate epidemic. A community meeting was held in September 2016 to provide information and presentations on Sequential Intercept Mapping and the Collective Impact Model and to garner public feedback and gauge support for these complementary approaches which were chosen to aid the community and key stakeholders in identifying and implementing meaningful strategies to address the opiate problems in Montgomery County.

The Substance Abuse and Mental Health Services Administration developed the *SAMHSA Opioid Overdose Toolkit: Facts for Community Members, Five Essential Steps for First Responders, Information for Prescribers, Safety Advice for Patients & Family Members, and Recovering from Opioid Overdose*, to provide guidance to communities and stakeholders for addressing opioid overdoses. According to SAMHSA, 13% of individuals misusing/abusing opiates are individuals with serious mental illness, and 17% of individuals with a serious mental illness abuse opiates, making adults with mental illness a particularly vulnerable subset of the population.

In Ohio, the Governor's Cabinet Opiate Action Team (GCOAT), which was formed to coordinate cross-systems efforts to address opioid addiction and the increase in overdose deaths, issued the *GCOAT Health Resource Toolkit for Addressing Opioid Abuse* to encourage communities to use a collaborative approach to increase the capacity of local partners to implement effective responses to opioid abuse and addiction. The SIM framework, SAMHSA Toolkit, GCOAT Toolkit and expert consultants were utilized to adapt the SIM workshop to facilitate planning around the interface of community-based prevention and awareness, addiction, mental health and other health services, interdiction and the criminal justice system. The *Sequential Intercept Mapping* and *Taking Action for Change* workshops are designed to 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 Backbone Support team of COAT identified three individuals that serve as boundary spanners across systems:

- Joe Spittler – Montgomery Co. Human Services & Planning - Criminal Justice Director
- Jodi Long – Montgomery County Alcohol, Drug Addiction and Mental Health Services Board, (ADAMHS), Director of Treatment & Support Services
- Jennifer Hochdoerfer – Montgomery County ADAMHS, Forensic & Civil Monitor

The participants in the workshops included 39 individuals representing multiple stakeholder systems including substance use disorder treatment, mental health, medical, housing, corrections, county jail, developmental disabilities, consumers and family, law enforcement, courts, vocational, veteran, and county administration services. A complete list of participants is available in the resources section of this document. John Ellis, Teri Gardner, Mark R. Munetz, 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.*

In addition, participants openly identified issues and ideas that were likely to illustrate or elicit underlying perceptions and opinions among those present and among other stakeholders. These items were discussed as “elephants in the room” and brought forth to bring awareness to potential differences, assumptions, or misconceptions:

-

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 Montgomery 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 Montgomery County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

Montgomery County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. Examples of current collaborative efforts include:

- Criminal Justice Council
- Addiction Treatment Program (ATP)
- Community Opiate Action Team (COAT)
- Crisis Intervention Team (CIT)
- Specialty Courts
- United Against Violence Coalition

Consumer Involvement

The local planning team did not include a consumer or community representative; however, there were two actively engaged consumers in attendance during the workshop, as well as an individual who identified as a community member working with consumers. Several individuals did not identify their role or affiliation, so it is possible that representation was greater than is indicated in this report.

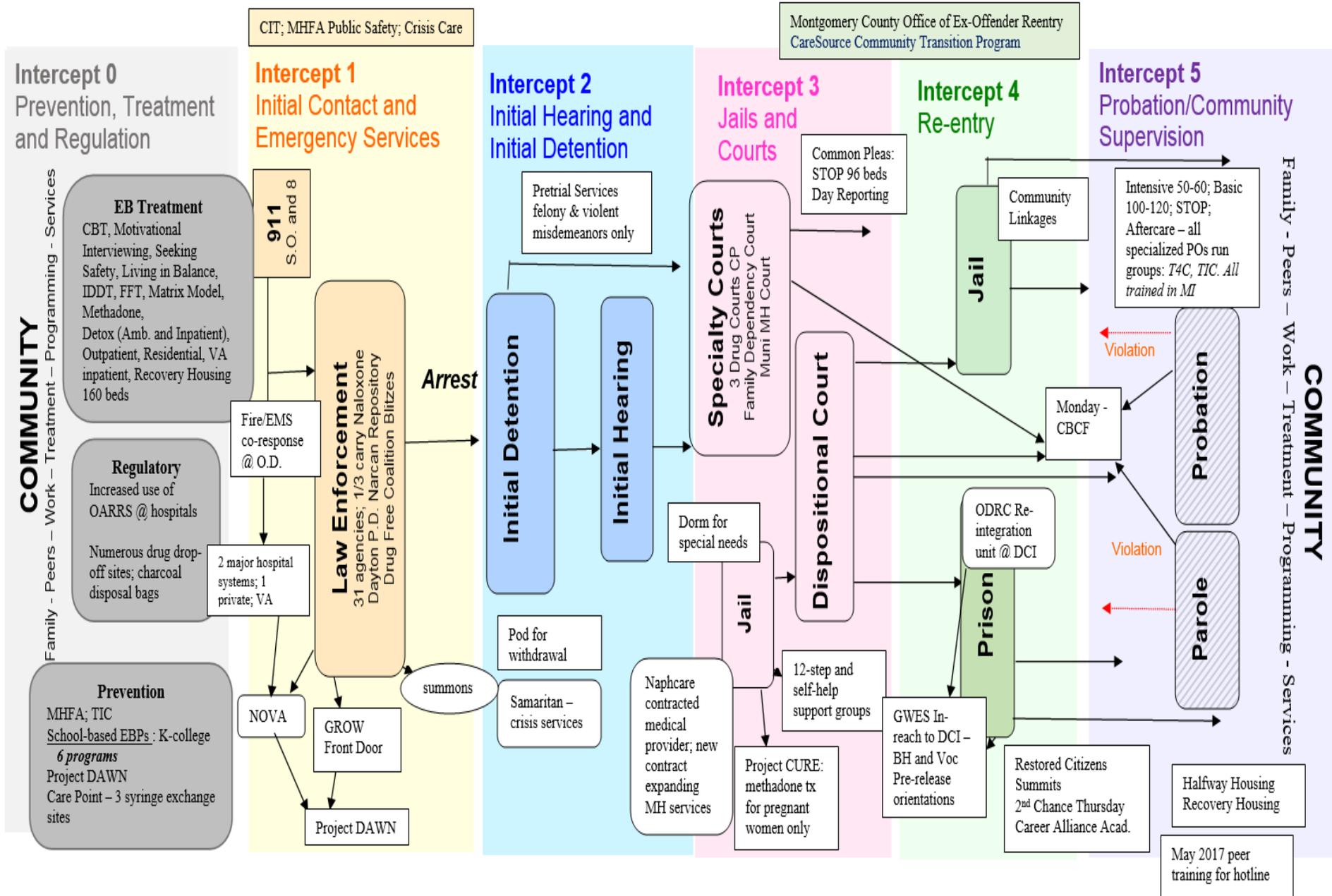
Recommendations:

- Because individuals with serious mental illness are over-represented among those misusing/abusing opioids, the C.O.A.T. and its branches and associated work groups should consider having peer, NAMI and/or consumer representation on all committees and sub-committees to ensure that the needs and vulnerabilities of this sub-group are being addressed.

Sequential Intercept Mapping

Montgomery County, Ohio

Critical Intervention Points for Change: Community Opioid Action Team, Montgomery County 2.2.17



Montgomery 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 come in contact with and flow through the criminal justice system. During the process of mapping systems, local stakeholders come together with facilitators to discuss best practices, identify resources and gaps in service, and identify priorities for change. In the *Taking Action for Change* workshop, facilitators guide the group to both short-term goals that are attainable with little or no cost, and longer term goals. These goals are developed using an action planning matrix.

This project was an effort to develop strategies across multiple systems to improve the care of individuals affected by opioid use and trafficking and decrease deaths associated with opioid overdose. In 2016, there were 181 drug overdose deaths between January 1st and June 29th; 23% involved heroin and 71% involved non-prescription fentanyl. Indicative of the growing opioid problem in the community, in 2015 there were 259 drug overdose deaths for the whole year with 45% involving heroin and 41% involving non-prescription fentanyl.

The primary task of the *Sequential Intercept Mapping* workshop is to help the community develop a cross-systems map that identifies how people involved in opioid use, with and without co-occurring mental illness, come in contact with and flow through the local systems of care, including the justice system.

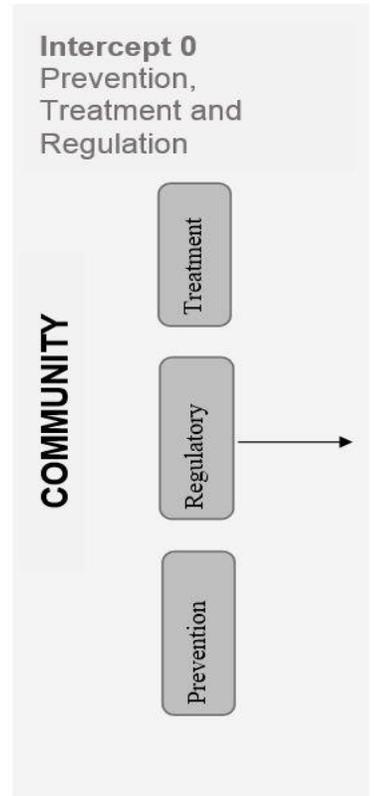
This narrative reflects information gathered during the *Sequential Intercept Mapping Exercise*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Montgomery County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

Prevention

- Several town hall meetings focusing on opioid addiction have been held to increase public awareness efforts and community engagement.
- There has been no evidence-based community-wide survey or evaluation completed to aid in a community wide plan.
- There are a few community-based and evidence-based practices (EBP), i.e., prevention or education strategies, currently in place, including:
 - Mental Health First Aid (MHFA) – offered on an ongoing basis and open to anyone, although high risk zip codes are targeted, e.g., East Dayton is a target area as part of (EDAP) the East Dayton Aware Project. In addition, 14/31 (45%) Law Enforcement agencies have participated in MHFA public safety.
 - Trauma Informed Care modules - training is available to various stakeholders and systems. Participants include Juvenile Court, law enforcement, and hospital staff.
 - Project DAWN (Deaths Avoided With Naloxone) is administered by Samaritan Behavioral Health Inc. The Health Department also distributes Narcan via the CarePoint Needle Exchange Program.
- Those present at the workshop identified at least six schools currently participating in at least one evidence-based prevention program. Current



offerings include:

- PAX/Good Behavior Game – Elementary School Age – (in five school districts)
 - Kernels for Life: age 4 to 14 (pending EBP) – for individuals who work with youth outside of schools.
 - Healthy Campus Partners – college age
 - LifeSkills Training – School age (middle and high school) – coordinated through Children’s Services
 - Youth Led Prevention – high school – several efforts around the county, including contracting with Youth to Youth International. None are directly involved with the opiate issue, although UMADAOP is working on a program.
 - Second Step – used in some school systems, pre-Kindergarten through middle school
 - United Against Violence- used in elementary schools
 - Mental Health First Aid (MHFA) for teachers
 - Strengthening Families – public health has a program that collaborates with adult probation and child welfare. Wright State also runs a program through Ellis Institute; typical referrals come from child welfare and the community.
- Montgomery County Drug Free Coalition and key leaders from each initiative are meeting to align efforts and work together. School superintendents recently received training on available resources and legislation. School systems are making decisions on what to offer going forward; many are moving toward PAX. Wright State has a grant to address the services that schools could choose to use.

Regulation

- Public Health is working on a review and analysis of death certificate data related to overdoses.
- Prescription drug drop off locations exist through most police departments. The Sheriff’s Office has four locations; Dayton has at least four locations. Some sites have drop-off days, e.g., Washington Township holds a quarterly drop off. In addition, ADAMHS has purchased charcoal disposal bags and is distributing them to pharmacies and other sites. ADAMHS is also working with hospitals to ensure that individuals with an opioid prescription receive a bag.
- There is inconsistent use of OARRS across providers, with improvement seen at hospitals, but not Primary Care Physicians (PCPs).
- Hospital Emergency Room protocols are not universally followed.

Treatment

- There are numerous outpatient treatment providers. Evidence-based practices include Cognitive Behavioral Therapy, Motivational Interviewing, Stages of Change framework, Motivational Enhancement Therapy, and Trauma Informed Care.
- The community does not have a formal overdose death review process, and at the time of the workshop did not have information on how many of these individuals were currently engaged or had prior contact with the behavioral health system; however, it was reported that all but two of the individuals had prior involvement with the criminal justice system, and the ADAMHS Board did a cross-check of those individuals that had received their services and following the workshop reported that several of the deaths occurred after engagement in treatment in the ADAMHS system.
- Those who participated in the workshop generally agreed that the treatment system in Montgomery County is difficult to access because of many pitfalls along the way, re: eligibility and changing circumstances. Service providers indicated they are not equipped to know what steps to take to get people into needed treatment. Medicaid, Medicare, private pay, and ADAMHS funded organizations all have different processes.
- Ambulatory detox providers that are not assimilated into the overarching treatment system are growing in number throughout the community, and there is no master list of these providers.
- All ADAMHS contract agencies screen for both mental health and substance use disorders. Appropriate referrals are made, although insurance policies may determine access to affordable treatment.
- There are several for-profit and not-for-profit substance use disorder treatment agencies that do not regularly participate in collaboration efforts.

- Services and resources are publicized through the ADAMHS website, (www.mcadamhs.org/Findinghelp), and agency brochures. ADAMHS one-page tear sheets for mental health and addiction treatment resources are provided to law enforcement agencies, the jail, the community-based correction facility, churches, local health fairs and other community events, as well as to any person or group who requests them.
- The ADAMHS Board provided an AoD (Alcohol and other Drugs) resource guide which was included in the workshop manual and can be referenced by the participants to aid in identifying available services and gaps in evidence-based practices. Specific services and gaps that were noted and discussed during the workshop, but are not meant to be comprehensive or representative of all services and gaps, included:
 - Residential: NOVA 40 beds (25 substance use disorder; 15 dual-disorder); Woodhaven up to 90 beds (45 each male and female) but currently under scrutiny for potential violations
 - Detox: limited options exist; no local options for alcohol or benzodiazepines; 12 beds for subacute detox with an approximate two weeks wait time; Access Hospital has eight beds for dual disorder detox
 - Medication Assisted Treatment (MAT) and relapse prevention options: Vivitrol (20 active client slots with typically a two-day wait time and some same day access); Methadone
 - ADAMHS: contracts with five organizations for 30 beds each for recovery housing; sponsors housing through the Addiction Treatment and Recovery program
 - Samaritan Behavioral Health (SBH) and Cornerstone, the two largest service providers: SBH uses Matrix Model, Living in Balance, and Seeking Safety (female specific)
 - Motivational Interviewing and Cognitive Behavioral Therapy: used by many providers
 - Crisis Care: provides assessment services 24/7, but no services available to juveniles
 - Court Intake, intervention center: available 24/7 for juvenile justice
 - South Community: Integrated Dual Disorder Treatment (IDDT) team; Seven Challenges for youth; primary substance use disorder and co-occurring treatment services; Functional Family Therapy; two physicians providing Suboxone and Vivitrol prescribing and monitoring services which are combined with other services; Wrap Around Services (Children Matter)
 - ADAMHS funded organizations: comprehensive mental health and substance use assessments; wait time for assessment and a possible wait time for the appropriate Level of Care, depending on the care that is needed and the timing of the need
 - No outcomes reporting or data currently available
 - ADAMHS Memorandum of Understanding with Job & Family Services: contract for a specialist to ensure Medicaid applications are complete prior to their filing to ensure individuals are approved in a timely manner
 - Dayton Veterans Administration (VA): beds for 103 men and 12 women

Intercept 0 Gaps

- One central place to house master list of drug drop-off locations/sites
- Community-based efforts, interventions and treatment to address youth being raised by parents with addiction
- Not yet formally using what is being learned from OARRS data; develop strategy to address the data on percentage of physicians using or not using OARRS
- Use of OARRS is not universal, especially among Primary Care Physicians
- The community at large, community partners, and agencies are not fully educated about the continuum of mental health and addiction services available in the county
- Fractured treatment system, confused by age, funding source and level of care; how to access the treatment system is confusing/unknown; treatment not very person-directed
- The current demand for residential treatment and residential withdrawal management services at times exceeds the current system's capacity. ADAMHS recently released an Application for Funding to increase capacity for residential treatment, but no applications were received. ADAMHS continues to work on identifying agencies willing to offer residential treatment within the county.
- Qualitative difference between providers and uncertain future of Woodhaven

- ▣ Detox for alcohol, benzodiazepines
- ▣ No outcome measures from programs, except for Behavioral Health data from OhioMHAS (limited to abstinence at discharge), which is challenging to retrieve
- ▣ Adolescent services; conversations with Juvenile Court in process
- ▣ Privately insured individuals are not served by some providers and do not have access to residential treatment
- ▣ Methadone program only accepts one private insurance (Molina)
- ▣ Follow up post Town Hall meetings – awareness activities
- ▣ Public Health is looking at reviewing a new process for overdose death certificates
- ▣ Drug drop-offs are primarily at law enforcement agencies
- ▣ Limited detox – no programs for alcohol or benzos
- ▣ Individuals may be taken out of treatment because of system response to an old warrant

Intercept 0 Opportunities

- ▣ Public Health is sending out a survey to gauge capacity, needs, etc...
- ▣ Multiple coalitions have joined together to align priorities
- ▣ School superintendents have been trained and are determining next steps
- ▣ County-wide tracking of drug drop-offs
- ▣ Address the “newer” treatment facilities that work outside the treatment structure
- ▣ Need to continue to identify the capacity of Intensive Outpatient Treatment and Outpatient Treatment services with many changes in play

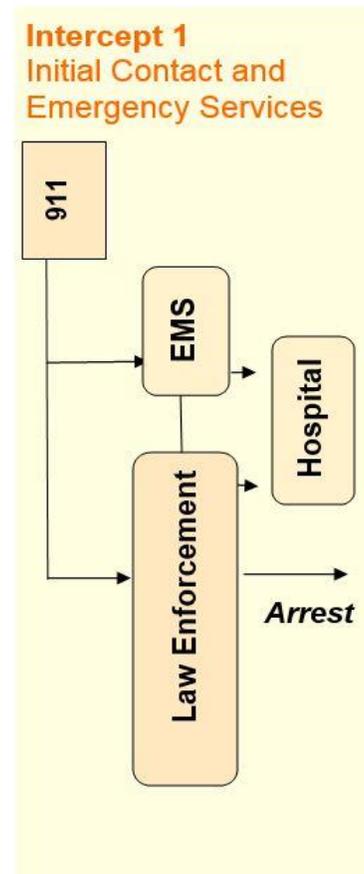
Recommendations:

- ▣ Given the high proportion of individuals that died from drug overdose who had prior involvement with the criminal justice system, it seems imperative that the justice system, at every point of intercept, have consistent mechanisms in place for identifying, assessing and linking to effective treatment services those individuals with substance use and co-existing disorders.
- ▣ The community has multiple permanent medication drop-off locations and could enhance communication to impress upon the community the importance of discarding unneeded or aged medications and how to go about doing so. Medication return locations could be included on COAT members’ websites and disseminated through a variety of news releases.
- ▣ On 1/19/16 the Governor’s Cabinet Opiate Action Team announced the adoption of new opioid prescribing guidelines for the outpatient management of patients with acute pain. The guidelines include recommendations for the use of non-opioid treatment options and limiting prescriptions for opioids used for treatment of acute pain. Two previous sets of guidelines were issued for Ohio’s emergency departments and acute care facilities, and for treatment of chronic pain lasting longer than 12 weeks. All three sets of guidelines were developed in conjunction with clinical professional associations, providers, and state licensing entities and can be found on the Ohio Department of Mental Health and Addiction Services website (Initiatives/(GCOAT) Opiate Action Team), <http://mha.ohio.gov/Default.aspx?tabid=828>.
- ▣ The Centers for Disease Control also recently issued draft guidelines on opiate prescribing for chronic pain: <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>. These guidelines should be disseminated widely to prescribing physicians, other medical professionals and the community at large, along with ongoing dissemination of professional articles providing thoughtful reflection on the matter, such as the recent *Perspective* article in the New England Journal of Medicine, “Opioid Prescribing for Chronic Pain — Achieving the Right Balance through Education,” by Daniel P. Alford, M.D., M.P.H.eg., <http://www.nejm.org/doi/full/10.1056/NEJMp1512932>
- ▣ Schools are engaged in several evidence-based prevention programs, and while increased consistency across districts and across classrooms could be beneficial, the larger gap in prevention efforts seems to be at the community and environmental levels.

- Programs aimed at healthy parent involvement, e.g., *Parents Who Host Lose the Most* (public awareness campaign) and *Know!* (tips for raising drug free children) can assist in creating positive expectations and establishing healthy norms in the community. Businesses, chambers of commerce, and community members can be engaged to promote these campaigns.
- In 2008 the Community Anti-Drug Coalitions of America (CADCA) National Community Anti-Drug Coalition Institute published *The Coalition Impact: Environmental Prevention Strategies*, a resource designed to help community coalitions expand their knowledge about affecting population-level change. This publication is available at <http://www.voicesunited.net/documents/prevention/Environmental%20Prevention%20Strategies.pdf>
- Participants identified communication and information dissemination with the community at large as an area of challenge. A variety of tools can and should be used to reach the greatest number of people, and often the same resources can be used to educate lay persons and professionals. Some clever educational tools can be found on line. For example, an Australian based organization, liveactiveclinic.com posted “Understanding Pain in less than 5 minutes, and what to do about it!” on youtube.com. https://www.youtube.com/watch?v=C_3phB93rvI. The Lucas County Heroin and Opiate Initiative developed three videos focusing on prescription painkiller and heroin abuse from the perspectives of law enforcement, criminal justice, medicine, and the impact on families. One video is designed for Clinicians, one for families, and one for the general community. These videos are used in educational and public presentations and are also available on the Harbor Behavioral Health website: <http://www.harbor.org/lucas-county-heroin-a-opiate-initiative.html>
- Make information about 12-step programs and meetings readily available at the hospital, health department, courts, treatment centers, reentry center, etc...
 - Alcoholics Anonymous Meetings can be located through the Central Office of Dayton, Inc., Dayton Intergroup website (<http://www.aadaytononline.org/meetings.html>)
 - Montgomery County is included in the Ohio Regional Service Committee of Narcotics Anonymous. Meetings can be located through the naohio.org website (<http://bmlt.naohio.org/>)
- Develop a strategy to address the data on percentage of physicians using or not using OARRS. The State Pharmacy Board website publishes a quarterly OARRS report, which includes the per capita opioid distribution rate by county. This published rate could be used as one metric in measuring success in reducing opioid misuse.

Intercept I: Law Enforcement / Emergency Services

In Montgomery County, law enforcement is accomplished by the County Sheriff's Office, Ohio State Highway Patrol, and local law enforcement. According to the Ohio Peace Officer Training Commission County Agency Report issued in April 2017, Montgomery County has 31 Law Enforcement Agencies: Brookville P.D., Butler Twp. P.D., Centerville P.D., Clay Twp. P.D., Clayton P.D., Dayton International Airport P.D., Dayton P.D., Englewood P.D., Five Rivers MetroParks, German Twp. P.D., Germantown P.D., Grandview Medical Center P.D., Huber Heights P.D., Jackson Township P.D., Kettering P.D., Miami Township P.D., Miamisburg P.D., Montgomery County Sheriff's Office, Montgomery Developmental Center, Moraine P.D., New Lebanon P.D., Oakwood P.D., Perry Township P.D., Phillipsburg P.D., Riverside P.D., Sinclair Community College P.D., Trotwood P.D., Union P.D., University of Dayton P.D., Vandalia P.D., West Carrollton P.D.



Dispatch / 9-1-1

- Montgomery County has nine call-taking centers. The center operated by the Sheriff's Office handles roughly 67% of all calls.
- Calls involving persons with substance use related concerns will be dispatched to both fire/EMS (Emergency Medical Services) and police.
- The county will begin training dispatchers in the Crisis Intervention Team (CIT) model in 2017.

Law Enforcement & Emergency Services

- Law Enforcement (LE) currently use the following options for persons with substance use related crisis:
 - Arrest and transport to Montgomery County Jail
 - EMS or police transport to hospital Emergency Department whenever individuals exhibit active mental health concerns, medical concerns, or Narcan has been administered
 - Transport to crisis center – mental health professionals available 24/7 to screen and assess
 - Summons from Court – individuals have 30 days to seek treatment
 - Referrals to agency providers when individuals are not in need of immediate medical care.
 - GROW program provides follow-up outreach through the City of Dayton and the Montgomery County Sheriff's Office.
- Montgomery County holds county-wide CIT training multiple times per year. Dayton Police Department sponsors its own CIT training. In 2017 ADAMHS will host CIT companion courses for Behavioral Health professionals and Dispatchers. Three Board personnel attended the CIT for Dispatchers/Call-takers Training of Trainers on 2/21/17 in Columbus.
- Montgomery County also offers Mental Health First Aid – Public Safety
- Approximately 1/3 Law Enforcement agencies have officers carrying Narcan. The group reported that 25% of individuals who received Narcan were not previously known to the public treatment system.
- HEAT = investigation into local dealers/sellers
- In conjunction with the Drug Free Coalition, multiple jurisdictions engage in blitzes based on hot spot data. Blitzes include provision of education, referrals, and information packets and attempts at identifying and enforcing trafficking activities.

Crisis Services

- Staffed 24/7 crisis hotline provides pre-hospitalization screening.
- 211 services are provided by United Way of "Greater Dayton."

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- The two primary local hospital systems have acute psychiatric beds, and Access Hospital, a private hospital, has some psychiatric beds available. For substance use crises, however, the hospitals provide a monitoring function only. Social workers are available, and referrals may be made to NOVA, Crisis Care, or Front Door. Sheriff's Office transport is available to Front Door, which also operates Project DAWN.

Detoxification

- As noted previously, limited options exist, including no local options for alcohol or benzodiazepines. The county has twelve beds for subacute detox with an approximate two weeks wait time. Access Hospital has eight beds for dual disorder detox.

Veterans

- There is a Veterans Hospital in Montgomery County.

Intercept I Gaps

- ▣ Uniform tracking of Narcan reversals
- ▣ Inpatient psychiatric beds
- ▣ Stabilization services beyond acute beds
- ▣ Medication compliance supports
- ▣ 2/3 law enforcement not using Narcan
- ▣ No integrated care for behavioral health/primary care
- ▣ In-reach to hospital Emergency Depts.: coordination between hospitals and treatment follow-up following DAWN; ER walk-aways
- ▣ Suburban police departments accessing/referring to services (DAWN)
- ▣ Public awareness on law and what to expect when police are called (DAWN)
- ▣ People taken out of treatment for old warrants

Intercept I Opportunities

- ▣ Narcan repository
- ▣ Hospital social worker
- ▣ Police follow-up with DD
- ▣ Families of addicts
- ▣ Drug coalition: 18 police departments included; drug blitzes – communication
- ▣ Crisis care as central intake

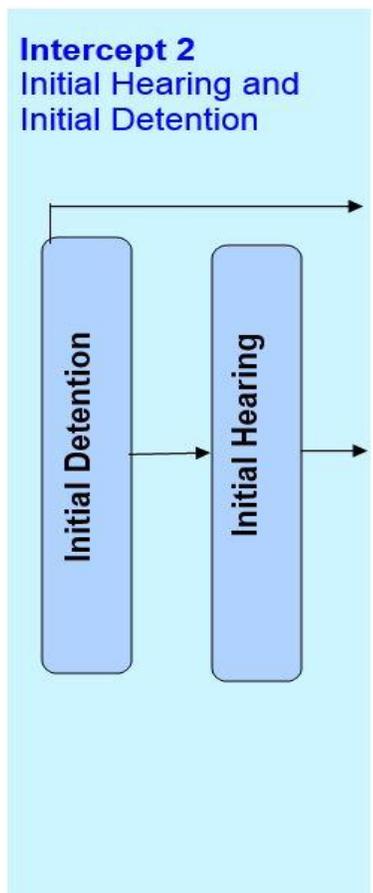
Recommendations:

- ▣ Implement a uniform procedure for collecting and analyzing law enforcement data on drug related calls, encounters, and dispositions, including Narcan reversals
- ▣ Strengthen the discharge process at the hospital and encourage drug users to seek treatment and recovery, including procedures for dissemination of information to discharged individuals and family members; referrals to treatment options; following up with individuals; and legitimate mechanisms for sharing information about drug-related crises.
- ▣ Consider expanding the GROW program county-wide or replicating a program that creates a team approach and includes law enforcement involvement in diversion. Examples include Seattle's LEAD (Law Enforcement Assisted Diversion) Program, the Gloucester P.D. Angel Project, and the Lucas County Sheriff's Office DART Program.

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

Initial Detention

- Montgomery County jail is the only full-service detention facility with 914 beds. Kettering has a 5-day facility.
- The juvenile justice system has a Juvenile Detention Center, which hosts the Intervention Center and on-site psychiatric services. Juvenile screening is available on site; parents can bring their children to the center and receive assessment for youth without being charged. When appropriate, adolescents can be provided Vivitrol through the Center.



- The Jail booking process is performed by Corrections Officers and was described as minimal/generic, including charge information and a medical screening by a nurse or EMT Paramedic that includes cursory screening for substance use, mental health and suicide risk. Screening for Veterans at initial detention is limited to a yes/no question, but no further screening or referral is made. Denial at jail is based on medical issues and need for clearance by the local hospital before acceptance.
- The ADAMHS Board currently has a three-year Bureau of Justice Assistance grant for an extended linkages program, which expands services and attempts to identify options for diversion for non-violent offenders on the same day as booking, with emphasis on individuals with co-occurring disorders. A Case Manager utilizes a mental health and substance use screening tool to gauge risks, needs, and responsivity factors. Samaritan Behavioral Health Inc. (SBHI) is the agency contracted to provide these services. Referral can also occur to SBHI for services, sometimes same-day.
- Detective-release is possible after charges are made, pending testing, investigation and opportunity for treatment.
- The jail has a protocol for dealing with substance withdrawal and works with EMS to manage this activity. There is a pod to house and monitor individuals displaying withdrawal symptoms. On average per month the pod monitors individuals for the following substances: 100 alcohol, 200 heroin, 100 other opiate.
- There are no comfort drugs available at jail.
- The jail has a contract with Naphcare for medical services (Naphcare not represented at workshop). If Naphcare staff become aware of an individual's veteran status, they communicate with the VA.

Arraignment

- Dayton Municipal Court has seven courts, one mayor's court, and five judges.
- Pretrial Services is housed by Common Pleas Court and provides services to seven courts, specifically recommendation pertaining to pretrial release. Pretrial Services receives the jail booking list, but does not have access to jail medical or booking interview information. Services are limited to those individuals with felony charges. Interviews are completed by video and include screening for mental health, substance use, criminogenic risk (ORAS, Ohio Risk Assessment System), and residence verification. Drug screens are also completed. Judges receive the pretrial release information and report, but the prosecutor or public defender must request the information.
- Public Defenders attend to felony cases first, then misdemeanors. 3rd and 4th degree drug cases typically result in fines and court costs. Judges and Public Defenders have not been open to counseling and treatment orders; however, most overdoses and reversals result in misdemeanor charges.
- House arrest, home monitoring and conditional release are used as diversion options.
- Referrals to specialty courts are not made at the arraignment stage.

Intercept II – Identified Gaps

- ▣ Misdemeanor pretrial screening and recommendations for release
- ▣ Protocol for jail medical screening information relay to pretrial services
- ▣ Warm hand-off to treatment services at pretrial release to prevent overdose after release

Intercept II – Identified Opportunities

- ▣ Most overdoses and Narcan reversals result in low-level misdemeanor charges. This data could be used to inform the courts and public defenders and potentially encourage them to consider the use of treatment and supervision in these cases, to increase the likelihood of preventing future overdoses.
- ▣ Generally, there is an opportunity to examine overdose data to influence how to intervene sooner or differently.

Recommendations

- ▣ In addition to identifying active clients, the jail should implement screening tools to identify individuals not currently involved in the local treatment system. The combination of these two strategies should provide

reasonable baseline information on the incidence/prevalence of individuals with substance use and co-occurring disorders involved in the justice system and increase opportunities for linkage to assessments and treatment. For example, Ohio Department of Rehabilitation and Correction (ODRC) utilizes the TCU Drug Screen V at reception. Information and forms can be found at Texas Christian University Institute of Behavioral Research <http://ibr.tcu.edu/forms/tcu-drug-screen/>

- Since the courts already utilize conditional release as a diversion option, it makes sense to include appropriate orders for substance use assessments and/or attendance at treatment services in the conditions of release. Further, given that the ORAS is used by Pretrial Services, the results of the risk assessment can be used to inform not only pre-trial decision-making in place of charge-based decision making, but also the assignment of individuals to services based on specific needs and level of risk. In conjunction, it can be helpful when standardizing screening and referral at municipal court to employ a liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs if that is not already being done.
- Peers or mentors could be utilized as early as possible in the justice process and could aid in the development and success of conditional pretrial release options.

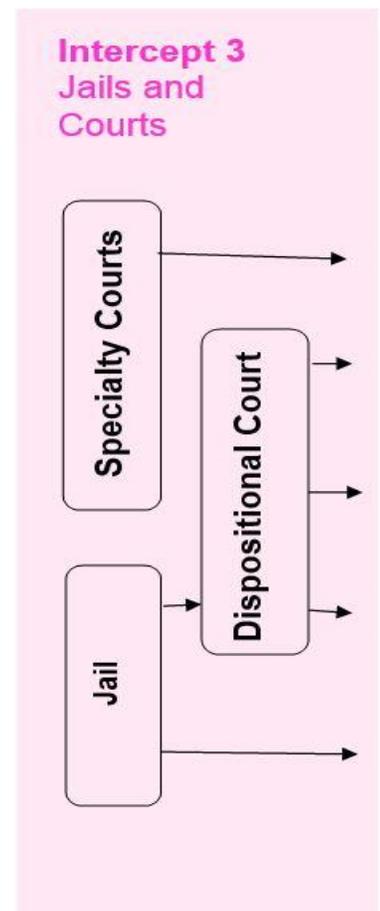
Intercept III: Jails / Courts

Jail

- Montgomery County Jail is a full-service jail with a rated capacity of 914 inmates and an average daily census of 853 inmates. The average number of daily bookings was reported as 71.
- The Jail currently uses Tiburon as its jail management system for booking, classification and release data. Average length of stay for the general jail population is approximately six days for misdemeanors and twenty days for felonies. The jail data provided prior to the SIM workshop identified the number of inmates housed for Pretrial Misdemeanor (41), Pretrial Felony (30), Probation Violation (147), Sentenced local (139), Sentenced awaiting transport (4), and Federal (26); however, the total number of inmates far exceeds these totals, leaving over 450 inmates unaccounted for in this data.
- Justice Web is the criminal justice database used in Montgomery County. The current system does not allow for identification or flagging of individuals with substance use and/or mental disorders. As a result, the number of individuals in the jail with substance use disorders or history is unknown, except for those cross-matched with the ADAMHS Board records.
- The jail utilizes cells in Pod D for male inmates going through withdrawal if they meet classification for the pod. There is no medical pod. Four medical cells are located next to the medical services. One cell is negative pressure to manage contagious diseases.
- There is no mental health unit in the jail. W-1-1 is located close to medical services and is used for housing those with mental health needs.
- As noted previously, the Jail contracts with NaphCare for medical services. NaphCare uses TechCare, a corrections-based electronic medical record. Current NaphCare staffing includes the following:
 - Jail Physician (1)
 - Nurse practitioner (1)
 - RNs: full time (2), PRN (3) (one vacant RN position)
 - LPNs: full time (9), PRN (6)
 - Medics: full time (3), PRN (6)

The new contract with NaphCare will expand mental health services and discharge services, doubling psychiatry to 20 hours and nurse hours to 24/7. Discussion is occurring related to Medication Assisted Treatment as a possible new service.

- Inmates are not permitted to bring outside medications to the jail and are limited to the Naphcare formulary.



- Through its contract with ADAMHS, SBHI staff housed inside the jail can provide crisis screening & intervention in addition to the BJA grant sponsored linkage to community resources for co-existing disorders and substance dependence. Otherwise no mental health treatment is available inside the jail; however, as noted previously, NaphCare will be adding mental health services under its new contract.
- Through Project Cure, Subutex and methadone are available to pregnant women. Otherwise no substance use treatment is available in the jail. Inmates do have access to 12-step support groups.
- Some Corrections Officers have completed CIT training and more will continue to be added.
- The jail has 230 volunteers, and some offer peer support.
- Since July 1, 2016, a daily report of jail bookings is forwarded to ADAMHS. ADAMHS cross references this list with their databases to identify individuals who have received a mental health and/or substance use treatment service in the prior 60 days. Daily agency reports are generated by ADAMHS and forwarded to the individual agencies so that staff can reach out to the individuals as well as jail staff to ensure continuity of care and appropriate discharge planning while incarcerated. This process has revealed that less than 10% of individuals booked into the Montgomery jail have received a mental health and/or substance use treatment service from a Medicaid and/or ADAMHS contract agency in the previous 60 days.

Court

- Diversion options:
 - Secure Transitional Offender Program (STOP) provides up to 90-day residential alternative for those involved in Common Pleas Court; many individuals have substance use disorder history. The program can serve 48 men and 48 women.
- Day Reporting Center is proposed to open January 2017 and will be operated by Common Pleas court.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of December 29, 2016, Montgomery County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status (Date)
Michael W. Krumholtz	Common Pleas: General	Child Support Enforcement	Certified
Barbara P. Gorman	Common Pleas: General	Drug	Certified
Gregory F. Singer	Common Pleas: General	Drug – Women’s	Certified
Dennis J. Adkins (pending transfer to Timothy N. O’Connell)	Common Pleas: General	Veterans Treatment	Certified
Anthony Capizzi	Common Pleas: Juvenile	Drug	Certified
John Pickrel (pending transfer to Carl Henderson)	(Dayton) Municipal	Mental Health	Certified

- All specialized docket eligibility requirements include a determination of moderate to high risk score.
- Other courts can make referrals to Drug Court.
- Adult Drug Court can serve 110-120 individuals.
- Women’s Drug Court can serve 120 individuals.
- Veterans Treatment Court can serve 50 individuals.
- The Mental Health Court and Juvenile Drug Court are tracking recidivism data.
- ADAMHS has an OHMHAS Addiction Treatment Program (ATP) grant which targets individuals involved in drug courts including common pleas, juvenile, and family drug court to ensure access to treatment and support services. The Common Pleas court and substance use treatment service agencies meet weekly to coordinate services for those involved in drug court. Quarterly, the Common Pleas Court holds a county-wide meeting to discuss challenges and new services, and identify solutions. Attendance at this meeting

includes ADAMHS, mental health and addiction agencies (Nova Behavioral Health, Samaritan Behavioral Health, Cornerstone, South Community), court personnel, probation, and jail staff.

Intercept III – Identified Gaps

- Continuity of care and medications between jail and community services upon entry and release; streamline and reduce wait time in jail during pending of case
- Treatment services – both substance use and mental health – are not available in jail
- Outside medications
- Sufficient space at jail for programming and evaluations
- Revisit how individuals can continue on Medication Assisted Treatment (MAT) if they are in jail; policy for pregnant women (this issue in progress and was handed off to jail staff to address and report back)

Intercept III – Identified Opportunities

- MAT in jail – being considered by NaphCare with new contract
- Coordination between jail mental health services and community services with expansion of contract
- Efforts to link individuals with services upon release from jail
- Develop peer support services more formally in jail – large volunteer pool

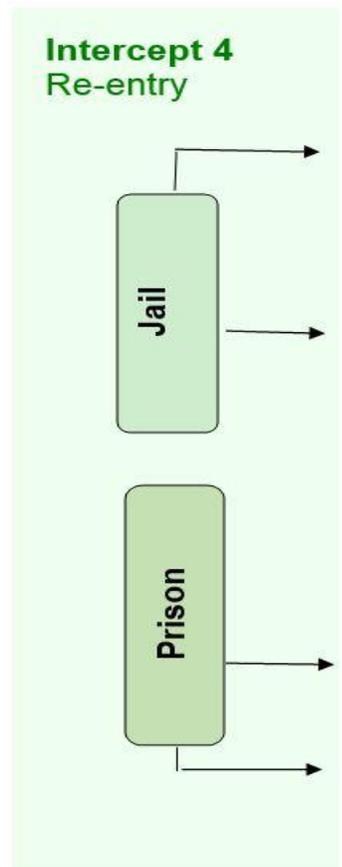
Recommendations:

- Evaluate the effectiveness of the jail’s policy restricting inmates’ access to outside medications related to continuity of care, disruption of treatment, history of medication compliance and effectiveness, etc...
- Establish how substance use and co-occurring disorders illness will be defined and how data will be collected to capture reasonably accurate statistics on persons with substance use disorders and co-occurring disorders entering the jail.
- 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.

Intercept IV: Prisons / Reentry

Reentry

- An estimated 1200 individuals return from prison to the community each year, with roughly 56% released at end of sentence and not placed on parole.
- ORAS is completed in the halfway house or upon release.
- Good Samaritan housing is used a great deal. Transitional housing, 90 days, can be extended month by month, but is for men only. There is not typically a waiting list. Individuals can move into an apartment with a roommate at reduced rent if a referral is made. State dollars support the service.
- Community Linkage program of OhioMHAS and ODRC completes screening and assessment, provides individuals with 30 days of psychiatric medication upon release, and sends linkage packets to the ADAMHS Board. The ADAMHS Board then arranges an intake appointment at the agency where services were previously engaged. The board and assigned agency also attempt to address housing needs. For individuals that were receiving substance use disorder treatment while in prison, OhioMHAS is also sending packets to CareSource due to the new Community Transition Program. CareSource contracts with Health Recovery Services Inc. and South



Community Inc. For the individuals with a developmental disability, the packet also goes to the Montgomery County ADAMH Board.

- Montgomery County Office of Ex-Offender Re-Entry serves individuals returning to the community with a variety of programs to minimize the barriers to effective reentry and promotes reduction in recidivism, including 2.5 hours of pre-release orientation/workshop to women every quarter and Citizens Circle, a strength-based model utilized in some communities. This office also supports efforts of the jail chaplaincy program and coordinates the annual Restoration Recovery Conference.
http://www.mcoho.org/departments/ex-offender_reentry/index.php
- GoodWill Easter Seals provides in-reach to Dayton Correctional Institution (DCI), a women's prison, once/week for behavioral health and once/week for vocational.
- Monthly 2nd chance Thursday is held in Gettysburg. Public Health does screenings and many service providers are present to provide information, etc...
- Restored Citizens Summit is held monthly for ex-felons and is a coordinated effort on behalf of Judge Rice. The Summit is employment focused and includes a Resource Fair and featured topic each month.
- There is a Community Linkages Program for the jail.
- Volunteer Lawyers Project through the local Bar Association assists with expungement.

Intercept IV – Identified Gaps

- ▣ General housing needs at release
- ▣ Residential Services / Recovery Housing / Transitional Housing, especially for women
- ▣ Employment
- ▣ Shelter and services for violent and/or sex offenders

Intercept IV – Identified Opportunities

- ▣ None listed

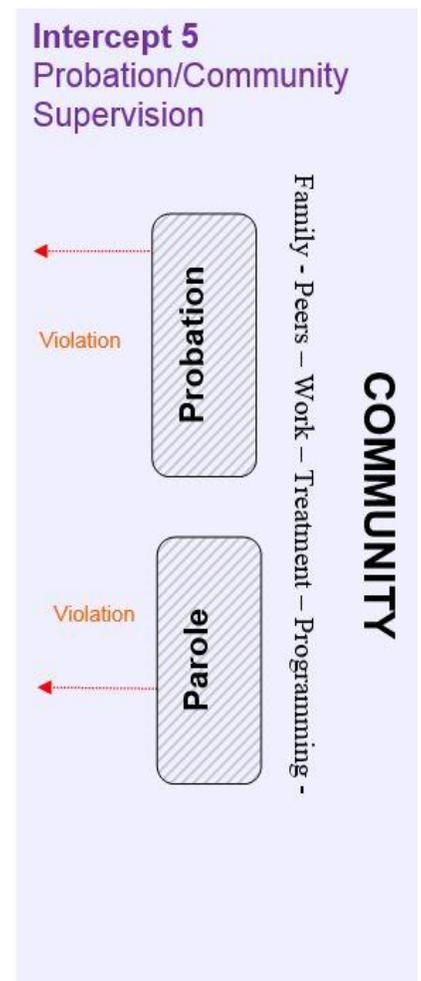
Recommendations:

- ▣ None identified

Intercept V: Community Corrections / Community Support

Probation

- Specialized caseloads exist for the specialized dockets.
- Other caseloads are based on risk: intensive, basic, residential (STOP), and aftercare.
- Intensive probation has a caseload of 50-60, and basic probation has a caseload of 100-120.
- Probation officers have specialized training: Trauma Informed Care, Motivational Interviewing, and Thinking for a Change. All specialized officers operate groups.
- Screening & assessment of substance use, mental illness, and trauma is completed by the Presentence Investigation Team. If during supervision, officer will do screening or refer to outpatient services.
- Partnerships with treatment and support providers are primarily with those funded by ADAMHS, although a couple private providers are used. SAMHSA grant will work with Wright and Cornerstone while Medicaid isn't available. ATP funding is used first, then SAMHSA.
- 24 peers will be trained in May 2017 through SAMHSA funding, with the



hope of opening a 24-hour peer hotline. This training will not be a certified OhioMHAS class.

Parole

- Adult Parole Authority does not provide specialized caseloads or special training. Drug Screening is provided, and referrals are made to CDS. Progressive sanctions and services are used to address needs that arise.

Community Supports

Additional community supports were discussed during the workshop:

- Shelters: Gateway Men's shelter will help link with housing if stay 90 days. Supportive Case Management services are provided in homeless shelters.
- Joshua Recovery Housing transitional housing beds – 20 beds, 10 funded by ADAMHS.
- ADAMHS provides 10 female transitional beds, scattered around the county.
- Oasis and Joshua Recovery Ministries provide faith-based services.
- Some recovery housing does not allow people to remain after relapse.
- Funding regulations restrict services to violent offenders, high risk clients, sex offenders and non-abstinent individuals.
- Volunteers of America provides some housing.
- Monday is a 250-bed Community Based Correction Facility (CBCF) that serves males and females from a six-county catchment area. Most referrals come from Probation, County Court. Recently Monday started taking post release control alternative sanction referrals. Females were recently moved. Of the 96 female beds, 48 beds house the post-release population in the original facility with males. Monday is currently taking more county referrals to use the beds. Average length of stay is four months. A continuum of treatment is provided; however, no in-house Medication Assisted Treatment is available. Project DAWN presentations are provided to residents. Individuals are linked with Vivitrol program at time of release if needed. CBCFs are statutorily exempt from having to pay for medical costs. If an individual's needs exceed the capacity of the facility, that individual will need to be discharged.
- Wright State does Peer mentoring program.

Intercept V – Identified Gaps

- ▣ Transitional Housing
- ▣ Medical detox
- ▣ Mental health services for clients under supervision
- ▣ Waiting period for residential placement – prolongs jail stay and fosters relapse if in community
- ▣ Communication in parole office between assessment and parole officer
- ▣ Psychiatric residential care – civil commitment - medication

Intercept V – Identified Opportunities

- ▣ Peer Support Hotline

Recommendations:

- ▣ Establish a goal to have all probation and parole officers complete training in EPICS (Effective Practices for Correctional Supervision)

Priorities for Change

Montgomery County, Ohio

Montgomery 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 four priority items that received the greatest number of votes, ranked in order of voting preference. COAT representatives reviewed the priorities for assignment to specific sub-groups following the initial action planning. Those tentatively assigned sub-groups are noted in red font following each priority.

Top Priorities for Change

1. Access to Services and Insufficient services - Identify gaps in services (Treatment/Recovery and Education/Prevention)
2. Medical Detox (Treatment/Recovery)
3. Jail Reentry Linkage (Criminal Justice)
4. Transitional and Recovery Housing, with some emphasis on housing for women (Treatment/Recovery)

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

- Pretrial screening for misdemeanors (1 vote, Intercept 2)

Additional Recommendations

Cross-Intercepts Recommendations:

- Be strategic in collecting data. Identify clearly what data will help to inform the treatment and criminal justice systems of needs within the systems and needs of persons being served.
- Identify specific ways to incorporate trauma informed care into the sequential intercept model. Policy Research Associates has done substantial work and training on this subject and may be a good source for guidance and materials (www.prainc.com).
- Expand forensic peer counseling, support, and specialists to promote recovery at all points of intercept.
- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services.
- Consider ways to utilize the framework described by the Justice Center at the Council of State Governments in the publication, “Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery,” as a decision-making guideline for appropriating effective services to individuals with the highest risk and needs. The framework is applicable at all points of intercept in the justice system provided that validated assessment information is available related to risk for recidivism, risk of violence, and mental health risks and needs. Jails and courts have a greater opportunity for organized use of the framework with the existing requirement for felony probation to utilize the Ohio Risk Assessment System (ORAS) and the existing screening mechanisms already in place in the county corrections facility, which can fairly easily be supplemented or enhanced with validated tools. The publication issued jointly by the National Institute of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance outlines this framework and provides general guidance on decision making. Access to the publication is available at no cost from the Justice Center website (www.csqjusticecenter.org)
- Consider use of a comprehensive Memorandum of Understanding to guide the work of the C.O.A.T. by defining and clarifying relationships, data, sharing of information, etc...

Next Steps:

The CJ CCoE provided a very rough draft of the full report to the Montgomery County COAT by February 22, 2017.

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

Additional Resources

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

Summit County Reentry Network	http://summitcountyreentrynetwork.org
Supreme Court of Ohio Specialized Dockets Section	http://www.supremecourt.ohio.gov/JCS/specdockets/
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	http://cit.memphis.edu/
Veterans Justice Outreach	http://www.va.gov/HOMELESS/VJO.asp

**Sequential Intercept Mapping Participant Roster
Montgomery County, Ohio | February 27 & 28, 2017**

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Rudy	Wehner			
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Norman	Zent	nzent@ginghamsburg.org		

Action Planning Matrix for Montgomery County, Ohio

Priority Area 1: Access to Services and Insufficient Services			
Objective	Action Step	Who	When
1. Enhancing the 211 system to include comprehensive referral resources	<ul style="list-style-type: none"> A. Meet with United Way B. Assess resources already available through 211 C. Identify funding sources 	Tracy Sibbing Jodi Long Barb Marsh	April 2017
2. Enhancing crisis care for active AoD crisis	<ul style="list-style-type: none"> A. Meeting with ADAMHS and Crisis Care to discuss capacity for a Rapid Response Team B. Funding sources 	ADAMHS Samaritan: Marty Maston; Sue McGatha	April 2017
3. Develop a consistent way to list program offerings and eligibility requirements	<ul style="list-style-type: none"> A. Work with Treatment and Recovery Team to create and circulate a map for individuals to utilize to identify treatment opportunities 	Treatment and Recovery Team	June 2017
4. Increase assessment opportunities and increase capacity to expedite assessments for jail populations	<ul style="list-style-type: none"> A. Identify current need and what is available B. Meet with current providers and identify the flow of county jail C. Generate a master wait list that can be accessed by mental health providers 	Criminal Justice Services Branch Treatment Providers Mike Flannery Dr. Marcio	April 2017
5. Drop-in Center/Sobering Center	<ul style="list-style-type: none"> A. Gather the interested parties and those with funding 	Elected officials; community leaders; recovery support	May 2017

Action Planning Matrix for Montgomery County, Ohio

Priority Area 2: Medical Detox			
Objective	Action Step	Who	When
1. Identify best practices for detox models: opioids – fentanyl; benzodiazepines; alcohol	<ul style="list-style-type: none"> A. Review Florida “PHP” model B. Literature search: how paid, what is service provided, etc... C. Betty Ford and Hazelden 	Lori Jeanine	2.17.17 2.17.17
2. Data collection	<ul style="list-style-type: none"> A. Crisis Care data B. Hospital data – GDAHA C. FOA focus group D. CITAR report 	Marnie	2.17.17
3. Check other detox places in Ohio	<ul style="list-style-type: none"> A. Call and check about visits (Stella Maris - Cleveland, ADM Crisis – Akron; Talbot Hall – Columbus) 	Colleen	2.17.17
4. Review the previous detox report	<ul style="list-style-type: none"> A. Get copies of report for committee B. Review and check funding for services 	Andrew Sokiniki; Colleen Colleen	2.17.17
5. Incorporate with COAT Treatment Committee	<ul style="list-style-type: none"> A. Share information with Treatment Committee 	Lori	Next COAT meeting
6. Research into the Bridge	<ul style="list-style-type: none"> A. Contact sales/Miami County 	Lori	2.17.17
7. Identify possible locations	<ul style="list-style-type: none"> A. Look at buildings that the city currently owns 	Brian	2.17.17

Action Planning Matrix for Montgomery County, Ohio

Priority Area 3: Jail Reentry Linkage

Objective		Action Step	Who	When
1.	Expand booking project	A. ADAMHS send daily agency booking report to SBHI, NaphCare, jail	Jodi	Immediate – 2/10/17
		B. Jail provide NaphCare direct contact to treatment agencies	Matt; agencies	Immediate – 2/10/17
		C. Agencies provide SBHI and NaphCare copies of their Release of Information forms and intake packets	ADAMHS Lisa/Blaise	3/3/17
		D. Investigate how to adapt mental health access roundtable release of information: - Check with Summit County on the progress of their common release form - Add AoD agencies - Check that 42CFR is addressed - Add MonDay, DCI	Judge Henderson Steph Jodi (Ruth)	Begin immediately 2/10/17
2.	Real time current information about what resources are available	A. Ensure institutions have ADAMHS AoD tablets	Jodi	4/3/17
		B. Develop APP to make available - Treatment - Support services - Recovery	PayTel (Matt Haines) ADAMHS (Jodi) CJ Branch	
		C. Look a AVIATR for a framework (University of Dayton)	Fam Services (Steph) ADAMHS (Fred Tatum/ John Weber)	
		D. Literature review jail reentry best practices	Jamie	4/3/17
3.	Provide inmates access to Diagnostic Assessment to connect to treatment agency while incarcerated, prior to discharge	A. Define common language: screening, assessment and diagnostic assessment	Lisa, Blaise, Jodi, Jim and Steph	3/3/17
		B. Provide ADAMHS booking data to jail and SBHI	See objective 1.A.	
		C. Create formal written process with jail, all treatment agencies, ADAMHS on how to complete diagnostic assessment inside the jail (VA, private, ADAMHS)	Matt; Treatment agencies; ADAMHS; Blaise	5/3/17
4.	Increase protective factors for	A. Add Project Dawn training inside all the	Mike (MonDay); Matt	3/3/17

Action Planning Matrix for Montgomery County, Ohio

	<p>first two weeks post discharge for all institutions</p>	<p>criminal justice institutions</p> <p>B. Create series of 3-5 minute videos to be shown inside institutions and office of Reentry on a daily basis – Ideas:</p> <ul style="list-style-type: none"> - JIC Announcements - Treatment agencies - FOA and support services - Recovery services <p>C. Define and develop data benchmarks</p> <ul style="list-style-type: none"> - OD/Death - Jail/Charges Recidivism - Connected to treatment <p>D. MAT initiation inside jail prior to discharge at least 30 days (2 episodes)</p>	<p>(jail); Jim (STOP); Jamie (DCI); Lee</p> <p>ADAMHS; treatment agencies; Matt (jail); Mike (MonDay); JIC</p> <p>Criminal Justice Branch Jim Yerkins</p> <p>TBD: Jail, treatment agency</p>	<p>5/3/17</p> <p>5/3/17</p> <p>Long range goal - TBD</p>
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Action Planning Matrix for Montgomery County, Ohio

Priority Area 4: Transitional and Recovery Housing				
Objective		Action Step	Who	When
1.	Data gathering (prison/jail/shelter)	A. Develop survey to determine population	ADAMHS; Treatment/Recovery COAT branch	By May 2017
2.	Expand options for housing (broad and specialized)	A. Contact non-profit organizations and present data	NOVA; Goodwill (GESMV); ADAMHS; Treatment/Recovery COAT branch	Within one month of available data
3.	Funding resources/ partnerships	A. Networking with churches, non-profits, business, government agencies	City of Dayton; ADAMHS; housing providers; NOVA	By May 2017
4.	Contemplation/induction housing	A. Peer Recovery coaching and group meetings at shelter/jail/prison	GESMMV; peer coaches; ADAMHS; NOVA	3/3/17