

Pickaway County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response



Pickaway County, Ohio

Sequential Intercept Mapping Final Report

April 23 – 24, 2018

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Sequential Intercept Mapping

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Sequential Intercept Mapping for Opioid Epidemic Response

Introduction

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* and *Taking Action for Change* workshops held in Pickaway County, Ohio on April 23 and April 24, 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 (CJ CCoE), 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 Pickaway 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 Pickaway Addiction Action Coalition (PAAC), in cooperation with the Pickaway County Sheriff and the Paint Valley Alcohol Drug Addiction and Mental Health Board requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in response to a call for Letters of Interest from the CJ CCoE.

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 participants in the workshops included 20 individuals representing multiple stakeholder systems including substance use disorder prevention, treatment and recovery, social services, medical, corrections, county jail, individuals in recovery, law enforcement, local school districts, and higher education. Key stakeholders not represented at the workshop include the Alcohol, Drug Addiction and Mental Health Board, the courts, and the coroner. A complete list of participants is available in the resources section of this document. John Ellis, Teri Gardner, Leslie Hannah, 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 Pickaway 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 Pickaway 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

Pickaway County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently three primary cross-system collaborative teams/coalitions: Angel Program, Crisis Intervention Team (CIT) and Pickaway Addiction Action Coalition.

Consumer Involvement

The local planning team included an individual in recovery, with additional representation during the workshop from a recovery coach; however, individuals in recovery that were not serving additional roles were not represented.

Data Collection

- The Pickaway 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
 - Pickaway County Jail Data for April 1, 2017 – April 1, 2018
 - Pickaway County Addiction Response Blueprint

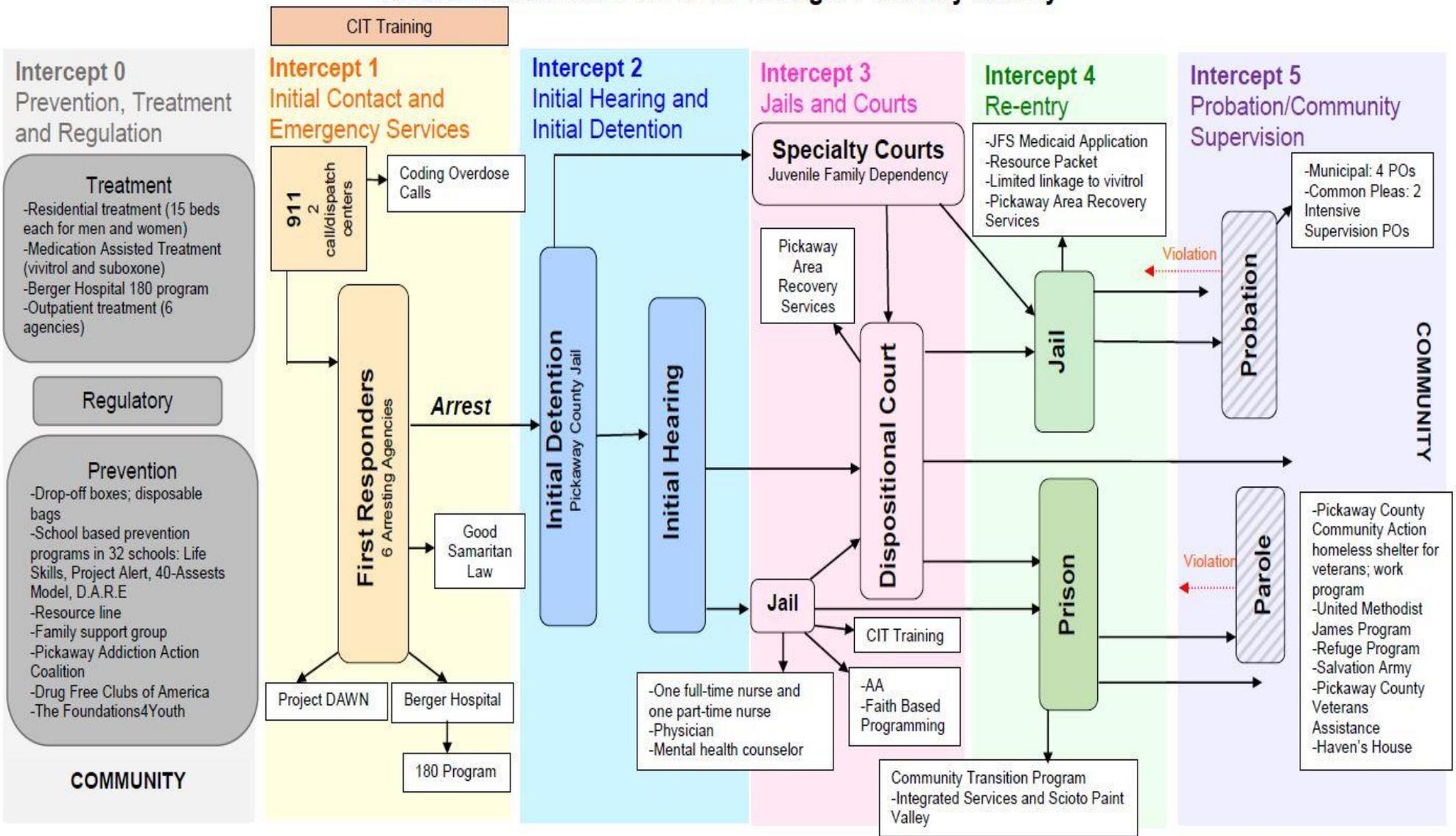
Recommendations:

- 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. While this could begin at the county level, since Pickaway County is part of a multi-county Alcohol, Drug Addiction and Mental Health Board service area, consideration could be given to joining forces with other counties in that catchment area to strengthen data collection, reporting, and other related efforts.
- Meaningful participation of individuals in recovery, family members of individuals living with addiction and/or in recovery and their allies is vital to this overall work. The Stakeholder group that participated in the workshop, along with others who are involved in the Angel Program, CIT and Pickaway Addiction Action Coalition, is strongly encouraged to identify and engage people with lived experience in all work groups moving forward.

Sequential Intercept Mapping

Pickaway County, Ohio

Critical Intervention Points for Change: Pickaway County



Pickaway 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 2017, there were 29 drug overdose deaths, and in 2016 there were 31 drug overdose deaths in Pickaway County. Nine of the 2017 deaths involved opioids; data was not available on the nature of the other 2/3 of overdoses.

Pickaway Addiction Action Coalition works closely with the Addiction Policy Forum (APF) in Washington D.C., and in conjunction with APF, developed a strategic blueprint, *Pickaway County Addiction Response Blueprint*, for fighting addiction in Pickaway County. The Blueprint outlined twelve recommendations, one of which was to assess opportunities for implementing a sequential intercept diversion model. Pickaway County opted to participate in Sequential Intercept Mapping to address this recommendation.

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

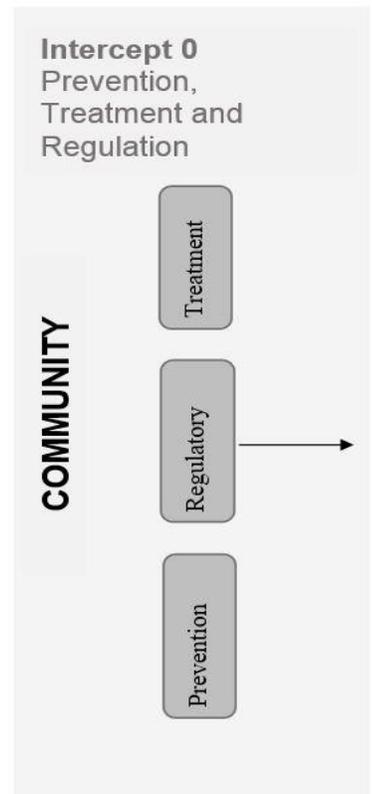
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

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 Pickaway County. In addition to the services and resources outlined below, participants discussed challenges and barriers to developing a comprehensive response and system of care, including community attitudes that promote stereotypes and stigma, unhealthy adult behaviors enabling youth behaviors, and resistance to the inclusion of treatment and recovery facilities in neighborhoods.

Prevention

- The county is fortunate to have the Pickaway County Addiction Action Coalition (PAAC), an organization whose mission is to develop, implement, evaluate and sustain multi-strategy county-wide efforts to prevent drug abuse, addiction, overdose and death for its citizens. Unlike many counties, this is a formal organization with a board of directors that includes community leaders from numerous systems and service areas. PAAC board consists of Circleville



City Schools, Circleville Herald, PARS, Berger Hospital, County Commissioners, local business, judges, county Sheriff, Scheiber Pharmacy, County Prosecutor, Fire Chief, and the Health Department.

- The local business community provides donations to events and to organizations but is not otherwise engaged in planning or decision-making. Pickaway Area Recovery Services (PARS) provides Employee Assistance Program (EAP) services to four business and will be adding the City of Circleville soon.
- A new youth drop-in center recently opened with overwhelming response and participation. The center is currently open on Tuesday evenings; over 100-150 youth have been in attendance. Community partners (PARS, police and faith-based community) hope to expand hours of operation soon and are looking to involve more partners. PARS and faith-based partners provide some bus transportation to the center.
- There is currently no overriding prevention planning model. In the past, the county used the Search Institute's *Communities that Care* survey. That coordinated effort ended a few years ago; however, the 40 Developmental Assets® framework is still used as a guide. The Prevention Coordinator at PARS uses risk/needs criteria for teachers and principals to respond to when completing a form request for prevention services, which are funded by the Paint Valley ADAMH Board and implemented by eight prevention staff members. The following school-based prevention programs are currently in use in 32 schools, including Good Hope (private Christian School):
 - Botvin LifeSkills Training
 - Project ALERT
 - Project Grow
 - DARE – all elementary schools, 5th grade
 - Drug Free Clubs of America – anonymous drug testing and linkage to treatment if test positive (not evidence-based) without penalty
- The county established a new resource line which is answered by intake counselors 9am – 6pm, Monday - Friday. This line is separate from the ADAMH crisis line but answered after-hours by the crisis line. Some news articles and early promotions have occurred to get the word out.
- Prescription drug drop-off opportunities include the following:
 - Drop box at Sheriff's Office at the time of the workshop
 - Circleville P.D. recently reinstated a drop box
 - National drug drop-off day, April 28, is publicized
 - Berger Health System has a drop box and the Berger Health Foundation sponsored purchase of disposal bags which are given to local pharmacies, hospice patients, and patients discharged following major joint surgeries
 - Disposal bags for police and coroner to take on-site
- Berger Hospital Emergency Department is implementing Project DAWN in June 2018 with specific criteria for distributing Narcan® kits.
- The county is forming an Overdose Fatality Review Board. Reviews had not yet begun, but team membership is established, and meetings are underway with efforts focused on identifying a meaningful process. Conference calls are occurring with colleagues in Maryland where the process has been used well; contacts are also being made with other Ohio counties where Boards exist, and the team is hoping to have the involvement of the county coroner.

Regulation

- Pickaway County has a higher distribution of opiate prescriptions than the state average. The dosing volume is trending down, albeit slower than the state average. In a county this size, it may be attributable to a small number of prescribers not adjusting practices.

Ohio Automated Rx Drug Reporting System (OARRS)								
Pickaway County- Opiate Rx Per capita- 2010-2017								
Year	2010	2011	2012	2013	2014	2015	2016	2017
Pick Dose/Cap	93.7	89	88.6	85.7	83.8	82.8	77.2	72
State Dose/Cap	67.5	67.8	68.7	67.4	65.1	60.8	55.1	49.26
County Pop: 55,698								

- Berger Health Systems relays OARRS data and related updated information primarily via Continuing Medical Education.
- At the time of the workshop, Berger Hospital Emergency Department was having difficulty accessing Dilaudid and Morphine, resulting in using fentanyl differently than in the past and having to train nurses on dosing practices. Berger Hospital revised its policies to allow nurses to prescribe different medications so as not to tie up physicians with tasks normally completed by nurses. The following two links provide background and reference for the status of prescription drug shortages and their impact on healthcare systems.
<https://www.accessdata.fda.gov/scripts/drugshortages/>
<https://www.cnn.com/2018/03/19/health/hospital-opioid-shortage-partner/index.html>

Treatment

- Outpatient options for treatment include PARS, 180, Integrated Services for Behavioral Health, Scioto Paint Valley Mental Health, Prism Services, and Groups. PARS has approximately 300 clients and refers to other providers if beyond capacity. PARS clients are followed for nine months post-discharge to gather outcome information. PARS monitors the Ohio Automated Rx Reporting System related to their clients and requests permission from clients to release and receive information with physicians. Integrated Services for Behavioral Health serves Medicaid clients, M-F 8-4:30. All services, except hotline, are limited to business hours. The collection of services was described as somewhat fragmented but collaborative.
- There are four outpatient adolescent treatment providers. PARS has approximately 35 clients aged 13-17, half of which are for opioid dependence.
- There is no psychiatry available in the five-county catchment area. PARS and Scioto Behavioral Health are preparing to do telepsychiatry.
- Evidence-based approaches currently in use include Cognitive Behavioral Therapy, Motivational Interviewing, and Stages of Change.
- Residential services include 15 beds each for men and women. Clients are followed for a year post-discharge to gather outcome information.
- Berger Hospital, which is not licensed for behavioral health inpatient services, will provide medication stabilization for 3-5 days via elective admission, but patients must have a payor source. Same day access is available. The hospital tries to follow patients for 30-45 (maybe 60) days post-discharge.
- Individuals without a payor source or who need detox immediately are likely transported to Salvation Army in Columbus for services.
- Medication Assisted Treatment (MAT) options include:
 - Three buprenorphine providers, two that work well with PARS and one that has less association with the public system. Berger Hospital may be adding provider(s) in the future.
 - Berger Hospital provides Vivitrol®.
 - Cardinal Health provided grant funds to develop a hub and spokes model with Berger Hospital to provide MAT and area providers the outpatient services. Weekly meetings are occurring with the Addiction Policy Forum as part of the planning group. The goal is to implement by the end of the year.
 - Children's Hospital in Columbus initiates buprenorphine with young adults and refers to local providers; those in attendance indicated there is good follow up with the case managers.
- PAAC provides a no-cost family group twice a week to provide support and interventions for family members of addicted individuals.
- Veterans' screening and referral occurs locally at Pickaway Community Action, where additional social services and transitional housing (four beds) for homeless veterans is also available through a partnership program with Chillicothe V.A. Medical Center. The Homeless Crisis Response Program can provide emergency housing options in some instances.
- Faith-based services and resources include:
 - Refuge: biblically based 13-month treatment program for men located in Fairfield and Muskingum Counties is not evidence-based and does not include MAT.
 - Ohio Christian University is developing a Community Transformation team. Many students are in substance use disorder treatment. A representative attended the workshop to learn more about current services and coordination and how to be part of the response without recreating the wheel.

The University also has a licensed counselor track of study. PARS utilize interns from the university.

Intercept 0 Gaps

- Detox services
- Outpatient treatment capacity
- Insufficient number of drug drop box sites
- Community awareness of drug drop boxes and disposal bags
- Limitations of the Berger Hospital program
- Services for co-occurring disorders
- Business community or Chamber of Commerce involvement
- No methadone treatment available in-county
- Housing: no general homeless shelter, no recovery housing, no halfway housing, capacity of residential
- No longer using survey/data to assess and plan prevention programming in schools
- Psychiatrist not available in county
- No entity monitoring overall OARRS trends and county information or communicating that information to the public
- Needle exchange and/or syringe disposal program

Intercept 0 Opportunities

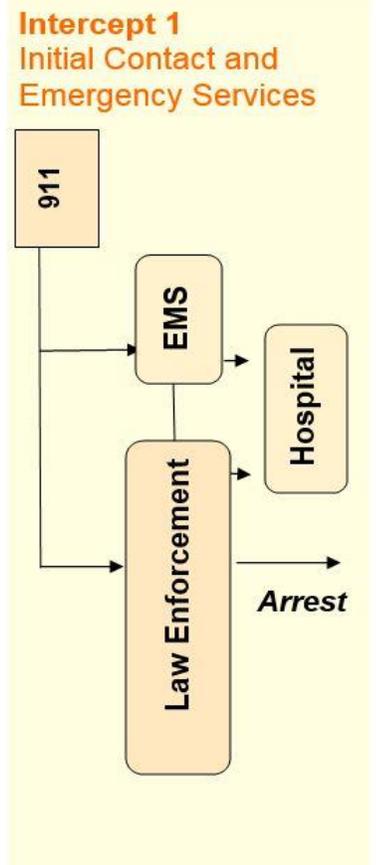
- Disposal bags could be made available to public via police cruisers and funeral homes
- Poison death reviews are part of a coroner's accreditation process; this could dovetail with the new Overdose Fatality Review Board
- Resource phone line – greater awareness
- Health Commissioner may be open to instituting syringe disposal program (community may not be open to needle exchange yet)
- Expanding medication stabilization program at Berger
- Berger Hospital exploring student loan debt relief as incentive for psychiatrist
- Pickaway County Community Action CCA hoping to open another homeless shelter

Recommendations:

- Explore eligibility to be deemed a federal shortage designation area for psychiatry
- It was unclear whether same day access is available for outpatient treatment with MAT. This is a key component to the continuum of care, particularly with the hospital providing medication stabilization.
- Request that the other four law enforcement agencies install prescription drug drop-off boxes to increase access for the community.

Intercept I: Law Enforcement / Emergency Services

In Pickaway 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. According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 17, 2018, Pickaway County has six Law Enforcement Agencies: Ashville Police Department, Circleville Police Department, Commercial Point



Police Department, New Holland Police Department, Pickaway County Sheriff's Office, and South Bloomfield Police Department, with an estimated 77 full-time officers.

Dispatch / 9-1-1

- There are two 911 call centers: Sheriff's Office and Circleville
- Dispatch uses the Emergency Medical Dispatch (EMD) flip card
- The centers have drug related codes and overdose codes; however, they do not get outcome information from the hospital to verify the accuracy of the codes used. For example, at times medical issues are mistaken as possible overdoses, which then goes out over the scanner and is called into the hospital Emergency Department (ED) as such. The ED may determine it was a non-drug related issue.
- People are also treated differently by emergency medical responders and others if it is believed that a person is non-responsive from drug overdose. There is general concern about the culture of stigma in the county.
- One dispatcher has completed the 40-hour CIT course.

Law Enforcement & Emergency Services

- Law enforcement can currently use the following options for individuals with substance use related encounters:
 - Berger Hospital for Medical Emergencies and medical clearance
 - All law enforcement carries Narcan®. Reinforcement from additional officers is sometimes requested when Narcan® is administered because some individuals become very upset.
 - Seize paraphernalia and determine whether charges will be issued or not
 - If there is a congregation of people, the general rule is to charge everyone or charge no one
 - Follow Samaritan Law
 - Warm hand-offs to available services and family members whenever possible. The primary goal is not treatment, but financial liability and responsibility under the current circumstances.
 - Arrest and transport to jail
 - All patrol cars/officers carry Sharps containers
- Both law enforcement and EMS are dispatched. Law enforcement is first on scene. Sheriff's office EMS response is slower than city-based because of the larger geographic spread. In all instances, Narcan® will be used if appropriate.
- If an individual is under the influence of alcohol or substances but not in a medical emergency, the only transport option is arrest and jail. The jail has a cell for individuals that need sobering time.
- Officers wait at the Emergency Department for an individual to be discharged if filing charges. The length of wait may influence the decision to initiate charges.
- Crisis Intervention Team training is offered twice a year. As of August 1, 2018, ten courses have been offered in the five-county catchment area, and twenty-one officers from Pickaway County have completed the course. Non-participating law enforcement agencies are Ashville Police Department and New Holland Police Department, both of which only have one full-time officer.
- No other specialized police response program exists in Pickaway County, and it was noted that there is no place other than the hospital or jail to take people, even if a Quick Response Team (QRT) or something similar was available. Likewise, there is no good place to take youth when parents don't want them in treatment. Juvenile Detention won't take them.
- Law enforcement has pursued cases against physicians for unethical practices; however, this is difficult and requires a lot of man power.

Crisis Services

- No appropriate crisis service is available for alcohol and substance use

Hospitals/Emergency Rooms/Inpatient Psychiatric Centers

- Berger Hospital is the only hospital in Pickaway County. The hospital has an Emergency Department which medically stabilizes patients, then releases them with a list of resources. In some cases, individuals may be monitored for one to two hours following administration of Narcan®.
- The hospital also offers 180, a medication stabilization program for substance use for qualifying and voluntary patients with a payor source. The program is designed for Individuals who are sick and free from substances for 24 hours. People with uncontrolled mental illness are not eligible for this service. The goal is to stabilize over 3-5 days and release to another facility or provider. If no hand-off can be identified within the five days, the length of stay may be extended.
- Berger Hospital may refer qualifying patients to Integrated Services for Behavioral Health for their engagement program, Mon-Fri, 8am – 4:30pm, which provides services to individuals on Medicaid. The hospital's social work staff will contact the program.
- If veteran status is known, the hospital will attempt to contact Veteran Services.

Detoxification

- There are no formal detox services in the county, including ambulatory.

Intercept I Gaps

- ▣ Validity of data on medications and overdoses in Emergency Department
- ▣ Hours of operation of all outpatient service agencies is too limited
- ▣ Community awareness
- ▣ Law enforcement has difficulty reporting outcomes and knowing who may need follow-up for referral when an individual is transported to hospital because they do not receive any follow-up information from hospital
- ▣ 8-hour (or equivalent) CIT training for dispatch
- ▣ Drop-off center for people to sober up
- ▣ Community and systems culture - stigma

Intercept I Opportunities

- ▣ Confidentiality law; new guidelines
- ▣ 8-hour CIT training officers
- ▣ Needle exchange/destruction
- ▣ Free-standing third party for detox transportation
- ▣ Law Enforcement has EAP program that can provide support

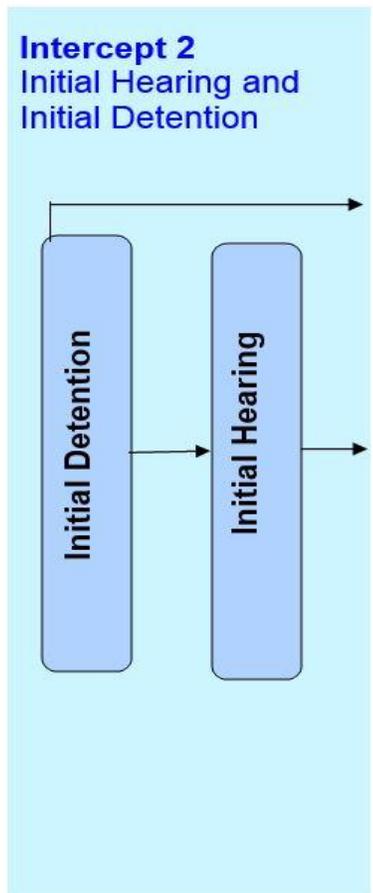
Recommendations:

- ▣ Review revised federal laws on disclosure of information to maximize information sharing and continuity of care and data collection.
- ▣ Data is important to informed decision making about programming and services. Currently the county does not have a Quick Response Team or similar function. A coordinated effort should be made to gather, report and analyze first responder and hospital data to determine if a QRT or similar function is warranted. Related, first responder and jail data (sobering cell utilization) should be analyzed to determine the county's need for a substance use drop-off site, where individuals can sober up under supervision and gain access to social service and treatment options.

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

Initial Detention

- Pickaway County Jail is the only full-service detention facility.
- The jail uses a medical screening process and pre-booking form to identify potential medical conditions and needs. Individuals are transported to Berger Hospital if medical attention is warranted.
- The jail does not use a validated screening tool for substance use or mental illness.
- The jail has medically trained corrections officers and two cells for medical, mental health or substance use related needs.
 - Suicide watch occurs in the medical cell or booking cell.
- The jail does not collect data in any formal manner on the number of people with substance use disorders booked into the jail. Data is gathered by hand count only. The data reported on the Jail Data Sheet prior to the workshop was pieced together from a few different sources.
- Jail staff estimated that 10% of the jail population (11-12 people) is going through withdrawal on any given day.
- Medications are given to the nurse for evaluation. Individuals can continue existing prescriptions, except narcotics, methadone, Seroquel®, or other medications that are frequently diverted, including Medication Assisted Treatment. The jail has a formulary for all other needs. There are instances when it can be worked out to continue someone on Vivitrol, but this is not always possible.



Arraignment/Initial Hearing

- Municipal hearing occurs by video. Assigned counsel are appointed after arraignment.
- Felony hearing occurs in person. The Judge receives the charge, CCH, and affidavit (statement of facts) for initial arraignment and goes to the jail for the hearing and sets bond. The case is then set for preliminary hearing within five working days, with assigned counsel.
- There is no formal Public Defender's Office. Private attorneys serve as assigned counsel.
- Pretrial and presentence investigations include the Ohio Risk Assessment System (ORAS). Pretrial services for municipal court are housed by the Intensive Supervised Probation program of Common Pleas Court, which also manages TCAP cases. Pretrial investigations occur for domestic violence and specified other misdemeanor and felony cases. A report is available for the judge with 24-48 hours, but seldom is risk assessment informing bail determination.
- Release or diversion options are limited to bond with conditions, which can include treatment referrals. Those in attendance at the workshop indicated it is likely that defense counsel is not aware of the available resources. The court will contact PARS to refer to services.
- Average time from preliminary hearing to arraignment in felony court is 30-60 days. Because drug labs are back-logged and can take many months to provide test results, it is not uncommon for a case to be dismissed for future indictment. This can and does negatively affect people who have engaged in recovery activities and are living a different lifestyle than at the time of their arrest.

Veterans

- There is no formal screening for veteran status. The court does utilize Veterans Justice Outreach program when warranted. The jail will contact Veteran Services if an individual's status is known.

Intercept II – Identified Gaps

- Access to MAT; discontinued in the jail
- Screening tool for intake at jail
- Data collection and monitoring
- Access to legal counsel earlier in process (at arraignment); defense counsel awareness of community resources
- Time lapse for BCI drug testing

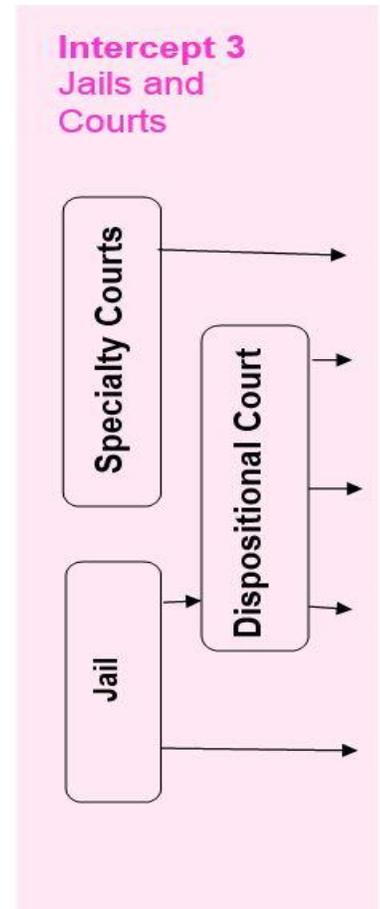
Recommendations

- Review and consider revising jail policy regarding maintenance of incoming prescription medications. Attached to this report is 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. The report outlines a shared policy statement on the use of evidence-based treatments for opioid addicted individuals.
- Institute validated screening tools at the time of booking in the county jail to determine need for further assessment or reconnection to services. The Texas Christian University Drug Screen V is available at no cost on the website of the Texas Christian University Institute of Behavioral Research, and the Brief Jail Mental Health Screen is available at no cost on the website of the Substance Abuse and Mental Health Service (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation website. Other validated tools are available as well; a publication outlining various tools that can be reviewed and for selection is included in the electronic Community Resource Packet being provided to Devin Scribner.

Intercept III: Jails / Courts

Jail

- The Pickaway County Jail has a rated capacity of 114 and an average daily census of 115.6 inmates. On average, seven individuals are booked into the jail each day. There are 16 beds for women, though it is common to have 30 female inmates.
- Medical staff includes a physician on-site every other Friday afternoon and on-call 24/7, a full-time nurse on-site 7am-3pm weekdays and on-call 24/7, and a part-time nurse on-site three times per week.
- A counselor is contracted through Scioto Paint Valley and on-site eight hours/week; mental health services are only available on a crisis basis.
- Withdrawal from substances may be identified via self-report, observable symptoms, or by medical staff. If an inmate is in withdrawal, the nurse contacts the physician. Comfort medications such as clonidine, Phenadrine® and ibuprofen are provided to address symptoms. The jail often runs out of space for withdrawal management, and at times will put two inmates together.
- Those in attendance described inconsistency in the protocol for Medication Assisted Treatment (MAT) for pregnant women.
- The Angel Program consists of a collaboration among Project Dawn, Job & Family Services at the jail for Medicaid benefits applications, a Service Coordinator and two officers able to do home visits for overdose survivors. Not all components of the program had been implemented at the time of the workshop, as the grant funding begins May 1, 2018; however, for individuals requesting substance use disorder treatment, the program will help link with services while in jail, complete an application process for Vivitrol® to be



administered at point of scheduled release; help the individual create a sobriety action plan, provide a packet to probation and enable referrals.

- AA meetings are held once a week on Monday night.
- Faith-based programming includes group once a week on Sunday night, care packages at time of release (water, snack bars, resource cards for churches and general resources) and Recovery Bible.
- The Matrix Program is available for female inmates (16 beds, up to 30).
- Approximately 50% of Corrections Officers are CIT trained. They are currently looking into SBIRT training.
- Probation and parole officers visit the jail frequently, often daily.

Court

- The county has one Common Pleas Court and Judge and one Municipal Court. Participants described Common Pleas Court as very active related to diversion and drug-related cases and supportive of referrals to treatment.
- Intervention in Lieu of Conviction is utilized for low level, drug related felonies. Approximately 40-50 individuals are currently active. PARS provides assessment services to approximately one individual per week. Referral is made by attorney, and a pre-adjudication investigation is completed. Pre-sentence investigations occur as a separate part of the process.
- Two individuals provide pre-sentence investigations, one from PARS and one from Common Pleas Court
- PARS has five peer specialists who provide transportation, accompaniment, and general support. The peers are not directly associated with the court but will accompany individuals to court hearings if appropriate. Peer Specialists are accessed through involvement in treatment (site managers handle the assignments) and are a voluntary/optional service.

Specialty Courts

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

Judge Name	Jurisdiction	Docket Type	Status
Jan Michael Long	Common Pleas – Juvenile	Family Dependency	Certified

- The Family Treatment Court (Family Dependency) started in January 2018 and has five participants, three of which are through Ohio Start (Job & Family Services, JFS). EPIC, a five-year grant through Children’s Services, will start in June 2018 to work with families with addiction and will accept Kinship families. The program will serve Fairfield and Pickaway Counties and will provide for some continuity between counties when kinship is in a different county.

Intercept III – Identified Gaps

- Only five Peer Specialists for all five counties and not currently working with the courts
- Jail runs out of space (two cells for medical issues)
- Need a social worker or support person to assist with assessing inmates for substance use disorders and treatment needs; could aid in early release
- Shortage of jail beds for women
- MAT not available to pregnant women – need to consider withdrawal issue
- Need resources for youth with addictions
- No substance use disorder treatment in the jail

Intercept III – Identified Opportunities

- Peer Specialists could be assigned to courts and could also work across intercepts to address varying needs

- Plan to use basement of the court to provide services

Recommendations:

- Identify and implement opportunities for training additional peer specialists and expanding their role.
- Review and revise MAT policy, with priority attention to pregnant women.
- Within the new ANGEL Program, establish clear routes for accessing assessments and reconnection to services.

Intercept IV: Prisons / Reentry

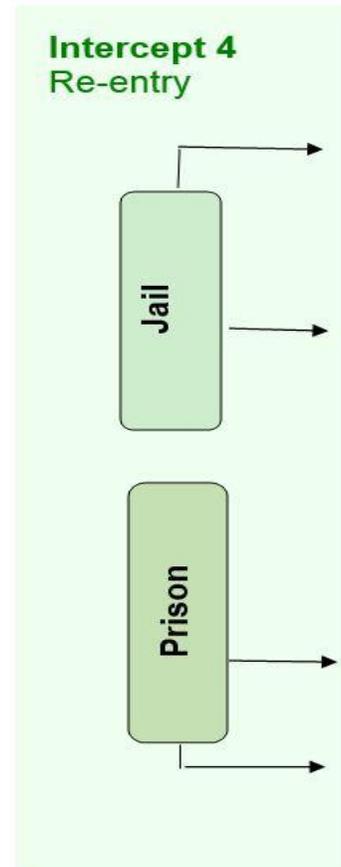
The Reentry Coalition is based out of Ross County. It was unclear how the Coalition helps with Pickaway County.

Reentry – Prison

- Among the individuals returning from prison to the community each year, 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 Pickaway County, there had been eight referrals as of the date of this workshop. Providers eligible to receive the packets include Integrated Services for Behavioral Health and Scioto Paint Valley Mental Health Center.
- PARS works closely with Adult Parole Authority and receives a lot of referrals.

Reentry – Jail

- 5900 releases occur from the jail in a year.
- JFS staff goes to the jail once a week to sign up individuals for benefits. Individuals need to submit the completed paperwork within 30 days after release. Many are redoing the paperwork once they attend counseling. JFS is instituting an auto-signature function which should help with this duplication of effort.
- Individuals are provided with three days of medication upon release.
- Individuals incarcerated longer than 60 days are given a resource packet and basic needs as warranted (e.g., coat).
- Unless an individual is released on bond, releases from county jail occur at 8:30am or 2:30pm. Exceptions are made if it is important to time the discharge to match the opportunity for a warm hand-off to services. In the future the jail will utilize the Service Coordinator to manage the discharges more intentionally.
- Vivitrol is provided at time of release for qualifying individuals. Probation/court will provide transportation to the provider site where Vivitrol is administered.



Veterans

- Veterans Administration will go into the prisons to provide linkage to returning veterans; however, participants indicated this is not currently happening at Chillicothe.

Intercept IV – Identified Gaps

- Sometimes need to redo Medicaid paperwork completed at jail
- No reentry coordination
- Transportation to appointments

Intercept IV – Identified Opportunities

- Medicaid enrollment
- 12-Step volunteers could help with transportation to treatment upon release
- Possible to focus interventions on high utilizers

Recommendations:

- Institute a reentry management form, such as the GAINS Reentry Checklist. This can begin at the time of booking and be used to aid in identification of needs and subsequent referrals for any inmate, and can serve as an entrée to more coordinated reentry planning.

Intercept V: Community Corrections / Community Support

Probation

- Common Pleas Court has two Intensive Supervision Probation (ISP) Officers that serve both courts. Two Adult Parole Authority (APA) officers provide both parole and probation supervision.
- Municipal Court has four probation officers.
- Caseload for standard reporting ranges between 100-150; ISP caseload is approximately 35-40.
- Probation officers are trained in Cognitive Behavioral Therapy approaches to deliver Thinking for a Change (12-week classes, gender specific and non-gender specific); trauma informed care; and motivational interviewing.
- Relationship between probation and law enforcement was described as very positive.
- Ohio Risk Assessment System (ORAS) results are used for post-sentencing decision making for municipal court cases and for pre-sentencing consideration at Common Pleas.

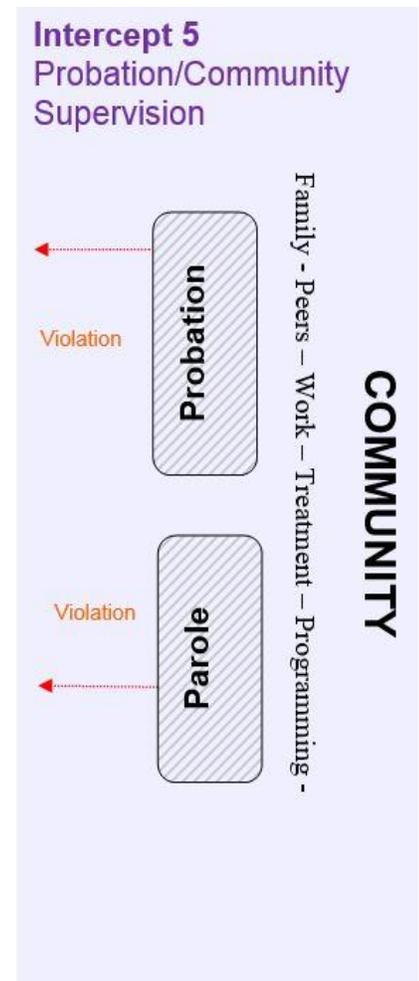
Community Supports

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 Pickaway County.

- Housing was identified as a gap for Pickaway County. These existing services were highlighted. It was also noted that if an individual is on assisted housing and they are convicted of manufacturing drugs, they will be permanently banned from assisted housing. Someone not in assisted housing who is found guilty of a felony can have their probation and treatment compliance taken into consideration, re: eligibility for housing.
 - Community United Methodist Church has a James program that provides help with housing and employment searches
 - PCA has a job skills program
 - JFS – Ohio Means Jobs
 - Recovery Housing at the Refuge
 - Haven’s House – domestic violence shelter but will take some homeless individuals

Intercept V – Identified Gaps

- Employment opportunities for individuals convicted of felony



- Timely treatment upon release
- Employment readiness test costs \$75
- Transportation
- Housing
 - Three year wait to get housing from Pickaway Metro Housing Authority if convicted of trafficking

Intercept V – Identified Opportunities

- Sofidel (new tissue paper manufacturer in Pickaway County) is willing to employ returning citizens with a clean drug screen

Recommendations:

- Opportunities for Ohioans with Disabilities (OOD) has a newer program called Employer and Innovation Services that may be helpful in promoting awareness of OOD eligibility-based services to potential employer partners, promote a talent pool of job-ready candidates, and supporting businesses in the hiring and retention of individuals with disabilities, among other supportive activities. The workgroup addressing employment issues may want to contact OOD for updated service information and engage their assistance. The informational flyer and follow up information was previously provided to the members of the work group. OOD's website is www.ood.ohio.gov

Priorities for Change
Pickaway County, Ohio

Pickaway County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed the identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top three priorities.

Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues or information associated with each priority as brainstormed by the large group which all agreed need to be considered by each sub-committee.

Top Priorities for Change

1. Housing – recovery housing, emergency shelter, half-way houses, etc.
2. Lack of a psychiatrist
3. Employment opportunities
4. Increase of peer support
5. Treatment services for youth

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

- Community awareness of drug drop boxes and disposal bags (3 votes, Intercept 0)
- Confidentiality law; new guidelines – opportunity (2 votes, Intercept 1)
- MAT not available to pregnant women – need to consider withdrawal issue (2 votes, Intercept 3)
- Detox services (1 vote, Intercept 0)
- Outpatient treatment capacity (1 vote, Intercept 0)
- Limitations of the Berger Hospital program (1 vote, Intercept 0)
- Community and systems culture – stigma (1 vote, Intercept 1)
- Screening tool for intake at jail (1 vote, Intercept 2)
- Jail runs out of space (two cells for medical issues) (1 vote, Intercept 3)

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
Pickaway County, Ohio
April 23 – 24, 2018

Name	Title	Organization	Email
Shawn Baer	Chief	Circleville Police Department	sbaer@circlevillepoice.com
Barry Bennett	Executive Director	Pickaway Area Recovery Services	Gadara23@yahoo.com
Gabe Carpenter	Jail Administrator	Pickaway County Sheriff's Office	gcarpenter@pickawaysheriff.com
Steven Crosier	Security Manager	Berger Hospital	Steven.crosier@bergerhealth.com
David Dean		Ohio Christian University	ddean@ohiochristian.edu
Joy Ewing	Director	Job and Family Services	Joy.ewing@jfs.ohio.gov
Kristin Gardner		Berger Hospital	Kristin.gardner@bergerhealth.com
Matthew Hafey	Sergeant	Circleville Police Department	mhafey@circlevillepolice.com
Mollie Hedges		Pickaway Addiction Action Coalition	Molliehedges52@gmail.com
Dale Hendrix		Pickaway Metropolitan Housing Authority	dhendrix@pickawaymha.com
Todd Huffman	Assistant Director	Pickaway County Veteran's Assistance	thuffman@pickaway.org
Bill Kidd	Nurse Manger	Berger Hospital	Bill.kidd@bergerhealth.com
Amanda Knotts	Administrator	Pickaway County Education Service Center	aknotts@tvsd.os
Jason McGowan	Chief Probation Officer	Probation Department	mcgowan@circlevillecourt.com
Tia Moretti	State Director of Substance Use and Social Services	Ohio Attorney General's Office	Tia.moretti@ohioattorneygeneral.gov
Michelle Parmer	Peer Support	Pickaway Area Recovery Services	Pars.mparmer@gmail.com
Margie Pettibone		Pickaway County Veteran's Assistance	mpettibone@pickaway.org
Jill Roush	Public Housing Manager	Pickaway Metropolitan Housing Authority	jroush@pickawaymha.com
Devin Scribner	Executive Director	Pickaway Addiction Action Coalition	Devin.scribner@drugfreepickaway.com
John Strawser	Detective	Pickaway County Sheriff's Office	jstrawser@pickawaysheriff.com

Action Planning Matrix for Pickaway County, Ohio

Priority Area 1: Housing – recovery housing, emergency shelter, half-way houses, etc.				
Objective		Action Step	Who	When
1.	Identify who needs to attend the Recovery Readiness Committee meeting	A. Review current members. Invite the Pickaway Metropolitan Housing Authority, Pickaway County Commissioner’s Office and Jay Neff	Devin Scribner	Within 3-weeks (by 5/14/18)
2.	Reach out to those who opened recovery housing	A. Develop list of questions; contact facilities; and ask Barry Bennett what he knows about the housing in Fayette	Devin Scribner	5/7/18
3.	Changing hearts and minds of the public in regard to recovery and housing needs	A. Make an agenda at the next Communications Committee meeting; brainstorm ideas; provide public awareness	Devin Scribner	5/9/18
4.	Get a building program looked in to	A. Contact Steve Lewer	Devin Scribner	5/1/18

Action Planning Matrix for Pickaway County, Ohio

Priority Area 2: Lack of a psychiatrist				
Objective	Action Step	Who	When	
1.	Obtain psychiatric presence in Pickaway County	<p>A. Explore opportunities with OhioHealth post-merger with Berger Health System</p> <p>B. Seek psychiatrists in surrounding counties to contract in Pickaway County</p> <p style="padding-left: 20px;">I. NP/PA utilization with a Medical Doctor contract</p> <p>C. Discuss options of sharing correctional facility psychiatrists' time with needs of the courts</p> <p>D. Approach the Veteran's Administration facilities to discuss limiting the "poaching" of psychiatrists</p> <p>E. Promote funding to health care providers for working in Pickaway County (HPSA)</p> <p>F. Explore tele-health opportunities</p> <p>G. Prepare for the change in structure from third party payers to managed care</p>	<p>Chief Executive Officer/Chief Medical Officer</p> <p>Pickaway Area Recovery Services</p> <p>Pickaway Area Recovery Services</p> <p>Paint Valley Alcohol Drug Addiction & Mental Health Board</p> <p>Pickaway Area Recovery Services and SPVH County-Wide</p>	<p>Late 2018/Early 2019</p> <p>May 31, 2018</p> <p>May 31, 2018</p> <p>May 31, 2018</p> <p>Now</p> <p>July 1, 2018</p>

Action Planning Matrix for Pickaway County, Ohio

Priority Area 3: Employment opportunities				
Objective		Action Step	Who	When
1.	Identify employers who hire individuals convicted of felonies or drug related offenses	A. Contact Job and Family Services, Pickaway County Community Action Organization and JOBS ONE STOP for a list of employers	John Strawser	May 7, 2018
		B. Determine what requirements are needed for employment and construct a list for each individual employer	Jill Roush	May 25, 2018
2.	Construct a complete packet of requirements and expectations	A. Put a list together (a packet) on "what to expect"	Jill Roush	May 29, 2018
		B. Identify through various agencies funding for the Word Keys Test	Matthew Hafey	May 7, 2018
3.	Career Builder	A. Have employee put together a list of special skills or education received	Matthew Hafey	May 7, 2018
		B. Contact JOBS ONE STOP to get information on resume writing, interviewing skills and training	JOBS ONE STOP John Strawser	Monday-Friday 8am-4pm June 7, 2018
		C. Set employee up with Dress for Success appointments, if needed	Jill Roush	When needed
		D. Provide haircuts (who offers free cuts?)	Matthew Hafey	May 25, 2018
4	Transportation	A. Contact Pickaway County Community Action Organization and Job and Family Services to determine who may offer transportation	John Strawser	May 25, 2018
		B. Have employee make a list and identify those friends and family that are reliable resources for transportation.	Employee	During Resume classes and Interviewing.

Action Planning Matrix for Pickaway County, Ohio

Priority Area 4: Increase of peer support				
Objective		Action Step	Who	When
1.	Collect information and define need for peer support specialists	A. Determine process for recruiting, training, certifying and managing peer recovery specialists	Gabe Carpenter	5/1/18
		B. Connect with local Reentry Coalition to secure local representative for the workgroup	Tia Moretti	5/5/18
		C. Hold an exploratory meeting with Integrated Services	Joy Ewing	5/30/18
		D. Convene a faith-based meeting	David Dean	8/18/18
2.	Improve data collection to justify funding	A. Connect with Ohio Christian University for analytics intern	David Dean	6/15/18
		B. Establish areas of data collection	Joy Ewing and Gabe Carpenter	6/15/18

Action Planning Matrix for Pickaway County, Ohio

Priority Area 5: Treatment services for youth

Objective		Action Step	Who	When
1.	Research best practices/needs	B. Visit youth residential centers/treatment programs near Pickaway County	Paint Valley Alcohol Drug Addiction & Mental Health Board – Penny Dehner	July 31, 2018
		C. Survey Pickaway County agencies/schools on the need for youth treatment services	Job and Family Services, Pickaway County Community Action Organization – Head Start, Pickaway County Education Service Center – County Schools	October 1, 2018
		D. Determine age group/clients	Pickaway Area Recovery Services – Amy Seidle, Juvenile Court Probation Department, Law Enforcement – County-wide	May 31, 2018
		E. Identify where we get our referrals from	Job and Family Services, Head Start, Pickaway County Schools	May 31, 2018
		F. Contact Paint Valley Alcohol Drug Addiction & Mental Health Board	Penny Dehner	May 31, 2018
		G. Contact Attorney General	Tia Moretti, Ohio Attorney General's Opiate Task Force	May 31, 2018
		2.	Identify providers	A. Connect with OhioHealth through Berger Health System for resources
B. Connect with current Pickaway County providers (i.e. Integrated Services,	Pickaway Addiction Action Coalition Resource Fair (community meeting)			October 31, 2018

Action Planning Matrix for Pickaway County, Ohio

3.	Funding	Counseling Source, Pickaway Area Recovery Services, Refuge)		
		C. Identify providers in other areas who may want to come to Pickaway County	Teratia Welch – Berger Health System, Human Resources	March 31, 2019
		D. Find/research faith-based services	David Dean – Ohio Christian University	May 31, 2018
		E. Look at 180 program. Possibly expand and find out the name of the contractor/company	Kristin Gardner – Berger Health System, Chief Nursing Officer	April 30, 2018
		A. Connect with surrounding counties regarding regional treatment services	Paint Valley Alcohol Drug Addiction & Mental Health Board – Penny Dehner	July 31, 2018
		B. Connect with OhioHealth and Ohio Christian University	Teratia Welch – Berger Health System and David Dean – Ohio Christian University	March 31, 2019
		C. State and local funding	Tia Moretti – Ohio Attorney General's Office	May 31, 2019
		D. Research/write grants	Marsha Tomblin – Pickaway Addiction Action Coalition Grant Writer	March 31, 2019
		E. Identify possible properties	County Auditor and David Dean – Ohio Christina University	August 31, 2018
		4.	Prevention practices	A. Distributing a list of identified resources to the youth and teachers in the community
B. Hotline/Facebook promotion	Addiction Policy Forum, Scioto Paint Valley Mental Health			April 30, 2018

Action Planning Matrix for Pickaway County, Ohio

5.	Maintain a working subcommittee	A. Meet with four members to report findings	Center, and Pickaway Addiction Action Coalition Facebook Steven Crosier, Amanda Knotts, Todd Huffman and Mollie Hedges	September 28, 2018
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Appendices

Appendix A



ASAM American Society of
Addiction Medicine

FOR IMMEDIATE RELEASE

MARCH 20, 2018

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

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

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

Statement supports access to all evidence-based treatment options

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

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

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

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

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

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



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

2018-2

Introduction:

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

Policy Statement:

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

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

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

A. Screening/Prevention

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

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

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

B. Treatment

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

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).