

Summit County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response



Summit County, Ohio

Sequential Intercept Mapping Final Report

February 28 – March 1, 2018

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Sequential Intercept Mapping

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Summit 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 Summit County, Ohio on February 28 and March 1, 2018. The workshops were made available through 21st Century CURES Act grant funding awarded to the Ohio Department of Mental Health and Addiction Services. Cross-System Sequential Intercept Mapping, implemented by the Criminal Justice Coordinating Center of Excellence, is one of the criminal justice efforts in response to the opioid epidemic. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Summit 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 County of Summit Alcohol, Drug Addiction and Mental Health Services Board requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops. In July 2017 the Criminal Justice Coordinating Center of Excellence (CJCCoE) made a presentation regarding the use of Sequential Intercept Mapping (SIM) to the Criminal Justice sub-committee of the Opiate Task Force to craft an organized response to the opioid epidemic. In August 2017, the summit County Executive's Office requested information from the CJCCoE on the Montgomery County Opioid Action Team. In October 2017 the CJCCoE invited Summit County to submit a letter of interest for opioid-focused SIM. In November 2017, Summit ADM in partnership with the Opiate Task Force and County Emergency Management team submitted a letter of interest for Opioid-focused SIM, co-signed by ADM Executive Director Gerald Craig and Summit County Court of Common Pleas Judge Joy Malek Oldfield. The ADM Board served as the community point of contact in planning the workshop and provided staff to coordinate the effort in cooperation with the local planning team listed on the cover page.

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 Summit County Planning Team articulated two additional goals for the workshop:

- Align efforts of the Opiate Task Force, Incident Management Assistance Team (IMAT) and Addiction Leadership Council (previously Opiate Leadership Council)
- Identify barriers to treatment and services within the criminal justice system

The participants in the workshops included 47 individuals representing multiple stakeholder systems including substance use disorder prevention, treatment, and recovery, mental health, social services, medical, corrections, county jail, consumers and family, law enforcement, courts, local school districts, higher education, and county administration services. A complete list of participants is available in the resources section of this document. Teri Gardner, Jodi Long, Dan Peterca, Ruth H. Simera and Russell Spieth, from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

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

Objectives of the Sequential Intercept Mapping Exercise

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

1. Development of a comprehensive picture of how people with substance use disorders and co-occurring disorders flow through the Summit 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 Summit 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

Summit 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 seven primary cross-system collaborative teams/coalitions: Criminal Justice/Mental Health Forum, Addiction Treatment Program, Opiate Task Force, Crisis Intervention Team, Incident Management Assistance Team, United Way Addiction Leadership Council, and Opiate Fatality Review Board.

Consumer Involvement

The local planning team included one individual in recovery, with additional representation during the workshop consisting of two family members/advocates as well as additional individuals in recovery; however, individuals in recovery that were not serving additional roles were not represented.

Data Collection

- The Summit 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
 - Summit County Jail Data for 2017
 - Quick Response Team Counselor Protocol
 - Quick Response Team Protocol
 - City of Green Fire Division Mobile Intervention Team
 - Incident Management Assistance Team Opiate Project Members

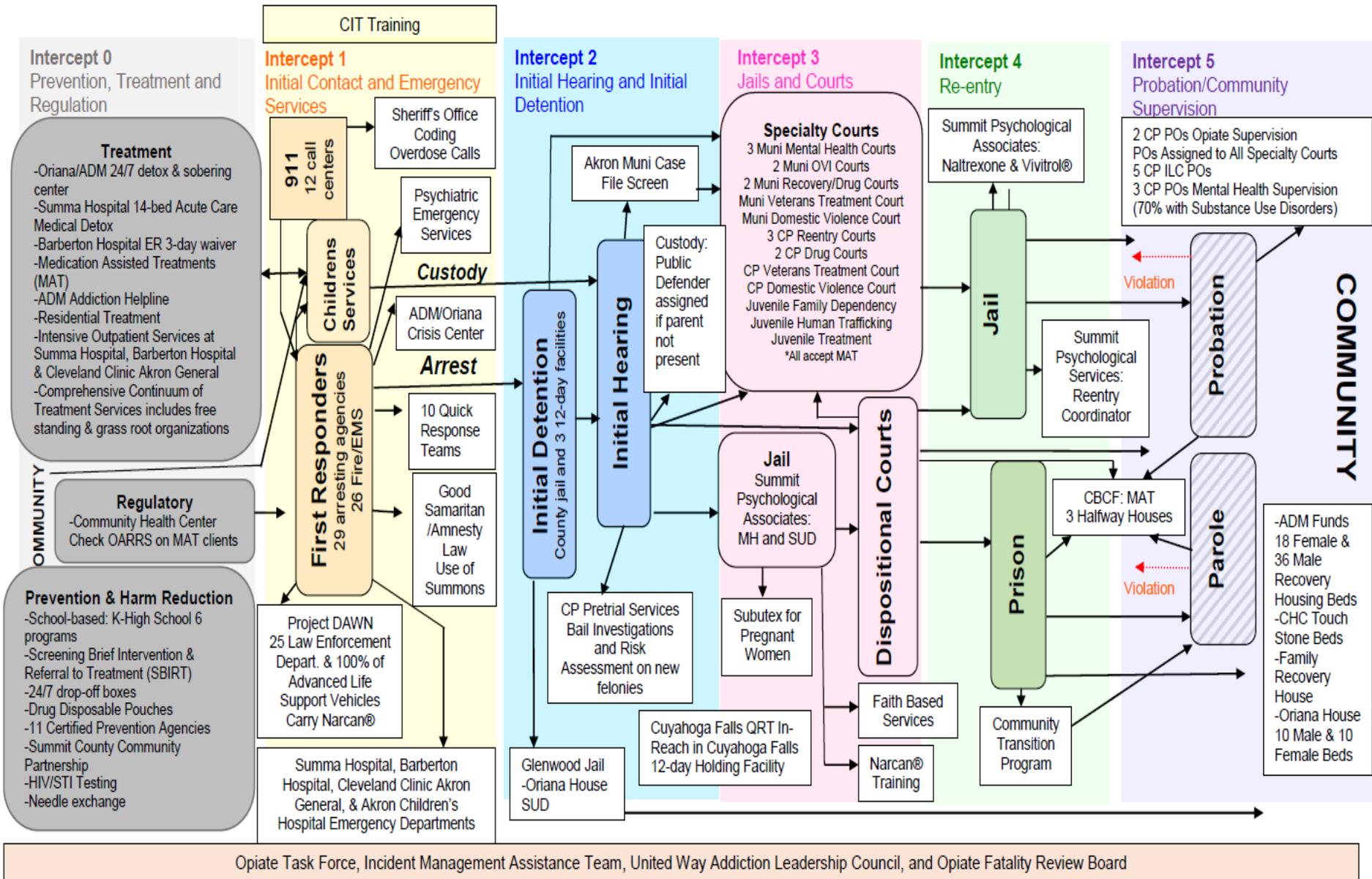
Recommendations:

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

Sequential Intercept Mapping

Summit County, Ohio

Critical Intervention Points for Change: Summit County



Summit County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping (SIM)* and *Taking Action for Change* workshops are originally based on the Sequential Intercept Model developed by Mark Munetz, MD and Patty Griffin, PhD in conjunction with the National GAINS Center (Munetz & Griffin, 2006), a framework for identifying how people with mental illness contact and flow through the criminal justice system. During the process of mapping systems, local stakeholders come together with facilitators to discuss best practices, identify resources and gaps in service, and identify priorities for change. In the *Taking Action for Change* workshop, facilitators guide the group to both short-term goals that are attainable with little or no cost, and longer-term goals. These goals are developed using an action planning matrix.

This project was an effort to develop strategies across multiple systems to improve the care of individuals affected by opioid use and trafficking and decrease deaths associated with opioid overdose. In 2016, there were 181 drug overdose deaths 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, 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 Summit County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

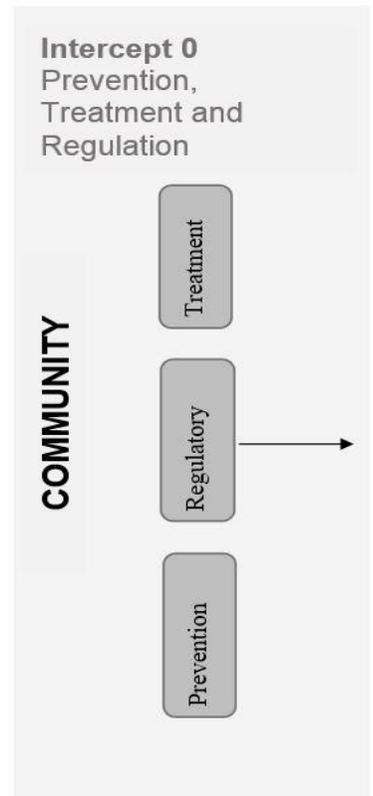
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus.

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 Summit County.

Prevention & Harm Reduction

- Summit County Community Partnership, the local substance abuse prevention coalition, completes a strategic plan every fourth year to outline priorities for the community.
- There are a few community-based prevention or education strategies currently in place, including:
 - Street Smart on Drugs – education opportunity for community members
 - Change Direction – mental health and wellness education targeting faith-based communities
 - Project DAWN (Deaths Avoided with Naloxone) is administered by Summit County Public Health.
- Those present at the workshop identified at least six school-based prevention programs currently in use:
 - *Too Good for Drugs* – middle and high school



- *Project ALERT* – middle school. An additional specialist will be hired to extend the program into kindergarten – fifth grade. The Ohio Department of Mental Health and Addiction Services provides funding and reporting requirements.
- *Say It Straight* (SIS)
- *True Stories*
- Drug Abuse Resistance Education (D.A.R.E)
- Heroin and Opioid Prevention Education (HOPE)
- Summit County Public Health and ADM provide Youth Risk Behavior surveys. In the past, over 80% of the county-wide high school and middle school population responded.
- ADM provides funding for prevention services across eleven certified prevention agencies for school-aged prevention and alternative activities. These agencies and other prevention stakeholders have bi-monthly prevention and wellness meetings.
- Prescription drug drop-off locations are available 24/7 at 18 permanent disposal boxes as well as various law enforcement agencies. Drop-off site information is located at the Summit County Health Department and ADM website. In addition, drug disposable pouches are available for those that cannot access a drop-off site.
 - The community participates in the National DEA drop-off days, April and October each year.
- Screening Brief Intervention and Referral to Treatment (SBIRT) is utilized at several organizations that do not provide substance use disorder treatment: primary health care providers, mental health providers, and Summit County Public Health Clinic.
- The University of Akron hosts an Addiction Task Force as well as a collegiate recovery community for the entire student body. Student interns are providing SBIRT at the Student Health Center.
- Vantage Aging offers brown bag prevention activities around education on prescription pills for older adults.
- Harm reduction efforts include:
 - HIV/STI testing
 - Needle exchange programs

Regulation

- Very little time was spent discussing utilization of the Ohio Automated Rx Reporting System (OARRS) because prescribing entities were not well represented at the workshop. Community Health Center was represented and reported routine use of OARRS for individuals on medication assisted treatment (MAT).

Treatment

- ADM/Oriana House Crisis Center serves as a 24/7 drop-off site for detox, assessment and 23-hour observation. There are 28 beds, and there is typically space available.
- Summa Akron City Hospital provides a 14-bed sub-acute medical detox; typically, there is a wait list.
- Summa Health System – St. Thomas Campus offers a Vivitrol® clinic.
- Summa Barberton Hospital Emergency Department provides buprenorphine 3-day waiver via 21st Century CURES funding. Within the Centering Program for Pregnancy, the hospital also provides Subutex for opiate addicted pregnant women, along with referrals to residential treatment if appropriate.
- Community Health Center operates a methadone clinic and prescribes Vivitrol® and buprenorphine.
- Intensive outpatient services at Summa Akron City Hospital, Summa Barberton Hospital and Cleveland Clinic Akron General Medical Center.
- ADM Addiction Helpline is available Monday – Friday 8:30 AM – 4:00 PM.
- There are numerous outpatient treatment providers for substance use disorders and most providers are dual certified to accept co-occurring disorders.
- There is numerous freestanding “grassroots initiative” organizations that assist people in getting access to treatment. Akron Say No to Dope is one example.
- Oriana House SHARP program has 25 correctional beds for individuals with co-occurring disorders
- Those who participated in the workshop agreed there are not sufficient residential treatment options for individuals exiting detox and awaiting treatment.

- Transportation is an issue afterhours; however, Yellow Cab is available up to 15 rides per year for individuals receiving Medicaid.

Intercept 0 Gaps

- ▣ Communication/sharing of Summit County prevention strategic plan
- ▣ Helpline is not available 24/7 and number is not widely known
- ▣ Aging population and at-risk family prevention services
- ▣ Faith based organizations may not know how to access services
- ▣ More in-home options for families
- ▣ Summa Health Akron City Hospital may not know how to refer to ADM/Oriana Crisis Center
- ▣ Providers may not know where to refer people afterhours
- ▣ Yellow Cab requires 24-48 hours' notice before transporting
- ▣ Treatment readiness between detox and residential treatment
- ▣ Residential treatment capacity and wait list
- ▣ Work force capacity for certified prevention specialists
- ▣ Ohio Automated Prescription Reporting System (OARRS) aggregate data and macro-level monitoring of OARRS utilization
- ▣ Ohio Medical Board representative
- ▣ Engaging faith community
- ▣ Continuity between juvenile and adult system
- ▣ Cross-system communication to address variances in treatment and intervention goals
- ▣ Services for individuals with co-occurring disorders; Agencies that are not dual certified will not accept individuals with co-occurring disorders
- ▣ Effective process for moving individuals from Suboxone to Vivitrol®
- ▣ Pre-treatment groups

Intercept 0 Opportunities

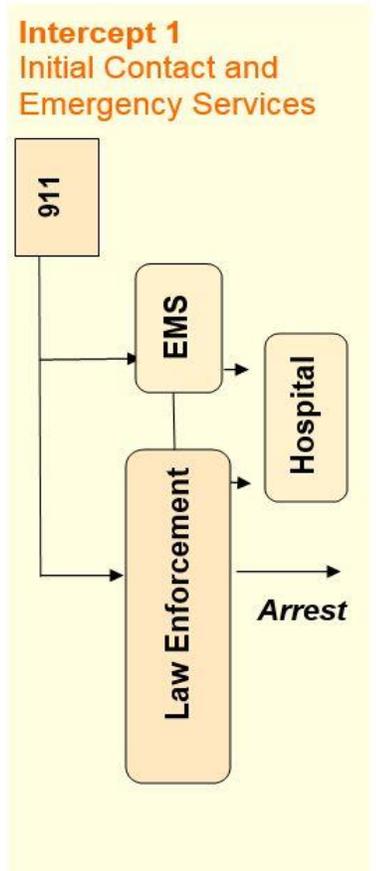
- ▣ Summit County Strategic Plan opportunity to cooperate on common goals
- ▣ Kindergarten-Fifth Grade prevention efforts are planned
- ▣ Hospital working on embedding SBIRT into Electronic Health Record (EHR)
- ▣ Street Smart on Drugs
- ▣ Realtor Association

Recommendations:

- ▣ Monitoring of OARRS utilization and aggregate data is one mechanism for measuring change in the county. If a backbone structure, such as in a Collective Impact Model, is created, this task could be assigned with regular reporting to the larger group.
- ▣ Consider a public awareness campaign to promote prevention and early intervention concepts and resources as noted in the gaps of this section.

Intercept I: Law Enforcement / Emergency Services

In Summit County, law enforcement is accomplished by the County Sheriff's Office, Ohio State Highway Patrol, and local law enforcement agencies in various towns or cities. Law enforcement options for responding to people with



substance use related concerns include advise, summons, arrest, transport to holding facility or county jail, transport to hospital, or transport to crisis center.

Dispatch / 9-1-1

- Summit County has twelve call and dispatch centers.
- Calls involving individuals with substance use related concerns are dispatched to fire, Emergency Medical Services (EMS) and police.
- Summit County 911 Call Center utilizes code 90 for narcotic calls and 90D for overdose calls. Detectives, fire, EMS and police are dispatched on 90D codes.
- Some training of dispatchers has occurred re: mental illness and Crisis Intervention Team (CIT). Each center is responsible for training of their dispatchers.

Law Enforcement & Emergency Services

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued April 21, 2017, Summit County has 29 Law Enforcement Agencies: Akron Police Department, Barberton Police Department, Bath Township Police Department, Boston Heights Police Department, Copley Township Police Department, Cuyahoga Falls Police Department, Fairlawn Police Department, Hudson Police Department, Macedonia Police Department, METRO Transit Police Department, Mogadore Police Department, Munroe Falls Police Department, New Franklin Police Department, Northcoast Behavioral Healthcare – Northfield Campus, Northfield Village Police Department, Norton Police Department, Peninsula Police Department, Reminderville Police Department, Richfield Police Department, Sagamore Hills Township Police Department, Silver Lake Police Department, Springfield Township Police Department – Summit, Stow Police Department, Summa Health Protective Services/Police, Summit County Sheriff's Office, Summit Metro Parks, Tallmadge Police Department, Twinsburg Police Department, and University of Akron Police Department, with an estimated 1350 full-time officers.

- Law enforcement can currently use the following options for individuals with substance use related crisis:
 - Arrest and transport to Summit County Jail, or a holding facility in Macedonia, Cuyahoga Falls, and Barberton.
 - EMS or police transport to hospital Emergency Department whenever individuals exhibit active medical concerns or Narcan® has been administered.
 - Transport to Psychiatric Emergency Services or ADM/Oriana House Crisis Center.
 - Summons to court dependent upon offense. Summon cases may be referred to pretrial diversion programs.
- Law enforcement utilizes the Good Samaritan/Amnesty law; however, those present at the workshop indicated that some individuals are taking advantage and potentially misusing or overusing this opportunity. There is currently no way to accurately track this across jurisdictions.
- Summit County holds county-wide CIT training twice per year. A one-hour training on dual diagnosis and a portion of a 3-hour block on Narcan® and opioids is incorporated into the 40-hour training.
- Approximately 90% of law enforcement agencies and 100% of Advanced Life Support vehicles carry Narcan®. The Summit County Sheriff's Office does not carry Narcan® due to pressure from the public re: prioritizing responses to crimes, and temperature variation in cruisers; however, some Sheriff Deputies received Narcan training and carry Narcan®.
 - Most Narcan® kits are provided by the Summit County Health Department; however, it was not clear where all law enforcement agencies receive their kits.
- Currently, testing on opioids does not occur locally due to officer exposure. Law enforcement purchased new gloves and changed bagging procedure to reduce risk.
- Summit County has nine Quick Response Teams (QRT) in ten communities that respond post-overdose within seven days to 80% of the community. QRT provides resources, referrals, etc. and 40% of individuals engage in treatment. The Akron QRT provides Narcan® training to family and friends. All teams meet quarterly.
- Norton and Stow Police Departments are members of PAARI, The Police Assisted Addiction and Recovery Initiative; Cuyahoga Falls membership is pending.

- While there are many routes for families to come to the attention of Children’s Services, law enforcement contacts Children’s Services when minor children are affected by parental arrest or overdose. If the children need to be removed from the home, police will enact Juvenile Rule 6 to give custody to Children’s Services. In other circumstances, Children’s Services may seek emergency custody through the court. Children’s Services estimates that 50% of the emergency custody cases directly involve substance use, and of those, roughly 25% involve opioids. Estimates of substance use concerns among ongoing cases is 70%.
- Children’s Services has experienced a dramatic increase in the number of children taken into permanent custody, many of which are attributable or related to substance use of the custodial parents.

Crisis Services

- Psychiatric Emergency Services provides a 16-bed Crisis Stabilization Unit.

Hospitals/Emergency Rooms/Inpatient Psychiatric Centers

- Local hospitals include Summa Akron City Hospital, Summa Barberton Hospital, Cleveland Clinic Akron General Medical Center, and Akron Children’s Hospital; all have Emergency Departments.
 - Summa Barberton Hospital offers a pilot program that provides a care coordinator for follow-up and referral upon discharge as for individuals that accept buprenorphine. If an individual, requests detox services, upon discharge they are referred to ADM/Oriana House Crisis Center.
 - Summa Akron City Hospital offers Summa Health Protective Services/Police that are available 24/7; therefore, the responding officer is not required to stay at the hospital unless the individual has been charged. All discharge paperwork will refer individuals to follow-up with a substance use disorder treatment service. If an individual, requests detox services, upon discharge they are referred to Summa Health System – St. Thomas Campus.
 - Cleveland Clinic Akron General Medical Center provides social workers. All discharge paperwork will refer individuals to follow-up with a substance use disorder treatment service. If an individual, requests detox services, upon discharge they are referred to ADM/Oriana House Crisis Center.
- All Emergency Departments throughout the county are collecting data, to the extent that they are able to do so, on utilization of hospital services and reporting to ADM.
- Workshop participants discussed the civil commitment statute (Ohio Revised Code 5211) and the possible application to substance use disorders and overdoses. Those present at the workshop discussed the possibility of holding an individual at a hospital for at least 24 hours until the effects of an overdose had subsided.

Detoxification

- Summa Akron City Hospital provides a 14-bed sub-acute medical detox; typically, there is a wait list.
- ADM/Oriana House Crisis Center serves as a drop-off site for detox, assessment and 23-hour observation. There are 28 beds, and there is typically space available.
- Ambulatory detox is available but is reportedly underutilized.

Intercept I Gaps

- No central repository of Narcan® use – data collection
- Need more acute detox capacity
- Increase in addiction specialist workforce
- One hospital is not as involved as others
- Narcan® for all QRT
- No testing of drugs at crime scene
- Summa Akron City Hospital does not have a care coordinator (will be occurring 4-8 months out)

- Need more physicians that have completed buprenorphine waiver training and more Vivitrol® prescribers. Still have doctors that are cash-pay
- Emergency room staff needs awareness of resources
- Hospital discharge planning
- Peer recovery coaches in emergency rooms
- QRT throughout county to provide ample coverage of all jurisdictions
- Transition individuals from Suboxone to Vivitrol®
- Certified peer support specialists at hospitals
- Community Health Center Methadone clinic is limited in space
- Social workers in hospitals
- Follow-up for individuals that do not answer or are not home when QRT arrive
- Basic Life Support (BLS) vehicles do not carry Narcan®
- EMS concerns around engaging individuals that have overdosed and been revived with Narcan®

Intercept I Opportunities

- Engage Cleveland Clinic as partner
- QRT data can enable family contact
- Shared data for dispatch
- Streamline Amnesty process
- 90% of law enforcement agencies carry Narcan® - can encourage the other 10%
- Educate people about Narcan®
- All fire departments carry Narcan®
- Universal precautions for first responders
- Police Services at Summa Akron City Hospital; Akron Children's Hospital will be next to have police

Recommendations:

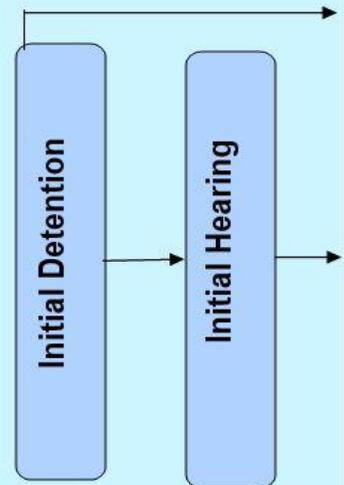
- Implement a uniform procedure for collecting and analyzing law enforcement data on drug related calls, encounters, and dispositions, including Narcan® reversals. Trends and high utilizers can be discussed at the quarterly meetings.
- Strengthen the discharge process at the hospitals, including encouraging individuals engaged in substance use to seek treatment and recovery, procedures for making referrals to treatment options, dissemination of information to discharged individuals and family members; and follow-up with individuals. Utilize warm hand-offs whenever possible.
- Identify ways to increase the level of engagement of all hospitals. The Addiction Policy Forum's Emergency Medicine Initiative recently released an open source Hospital Toolkit that contains information to aid in identifying individuals in need, implementing evidence-based practices, and connecting people to helpful treatment and support services. The toolkit can be used to open discussion with Emergency Department faculty and staff: <http://www.addictionpolicy.org/hospitaltoolkit>
- Analyze data on overdoses by location and first responder units to determine if a need exists to increase availability of Narcan®, i.e., is there evidence to suggest that the Sheriff's Department or other departments that are not currently carrying Narcan® should be equipped.

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

Initial Detention

- Summit County Jail and Solon Detention Facility are full service jails.
- Glenwood Jail is an extension of the Summit County Jail and is operated by Oriana House. Security is provided by the Summit County Sheriff's Office. Individuals entering the county jail are screened for acceptance at Glenwood Jail. Upon acceptance, staff provides a full substance use disorder assessment for treatment placement.
- Macedonia, Cuyahoga Falls, and Barberton have 12-day holding facilities for individuals charged with misdemeanors. Individuals that are charged with a felony will be transported to the county jail.
- Each holding facility pre-screens all potential inmates before acceptance into their facility. Pre-screening at the county jail is conducted by Correction Officers and includes questions pertaining to suicidality and mental health. Upon acceptance, staff complete state required screening, and a Registered Nurse conducts a medical screening, which includes mental health, substance use, suicidality and medical questions. If determined that an individual requires mental health and/or substance use attention, referral to mental health staff occurs; individuals are seen within five days.
- If determined that an individual needs medical attention, etc. they are transported to community-based services.
- The Cuyahoga Falls QRT provides in-reach services to the Cuyahoga Falls holding facility.
- Booking roster is shared with ADM.
- Summit County Job & Family Services are notified when individuals enter jail and Medicaid is suspended.

Intercept 2 Initial Hearing and Initial Detention



Arraignment/Initial Hearing

- Municipal Courts are in Akron, Barberton, and Stow. Initial hearings are typically held next day, and within 24-48 hours via video. Akron and Barberton hold Saturday morning court. Stow hearings occur Monday-Friday.
- Roughly, 77% of summons appear in court.
- Typically, no information is relayed to the courts from the county jail, Glenwood Jail or holding facilities unless the courts request information.
- Pretrial services are available for bail investigation and risk assessment for new felony cases. A validated risk assessment tool was created specifically for Summit County and validated by University of Cincinnati.
- Akron Municipal Court cases are reviewed for referral to specialty courts.
- Typically, clients do not have legal representation at arraignment, unless counsel is retained. Individuals will have an attorney prior to binding over to the Common Pleas Court.
- All Municipal Courts and Juvenile Court staff, and probation have Narcan® kits as well as provide Narcan® training.
- Children brought into the custody of Children's Services will have a shelter care hearing in Juvenile Court approximately 24 hours after custody. Parents are required to attend, but if that is not possible because of circumstances, Juvenile Court appoints a public defender.

Veterans

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

Intercept II – Identified Gaps

- No locked substance use treatment facility
- Lack of validated screening tool at holding facilities and county jail
- Five-day wait for mental health assessment post screen
- Holding facilities do not have medical staff
- Stow Municipal Court does not hold Saturday court
- Legal representation at initial hearing
- Pretrial services for municipal court (other than Akron)
- Initial court hearings are not always completed within 24-48 hours; not all courts provide initial hearings on weekends

Intercept II – Identified Opportunities

- Probate Judge specialized dockets and Assisted Outpatient Treatment
- Healthcare hold
- Universal release
- Veterans are identified in the jail

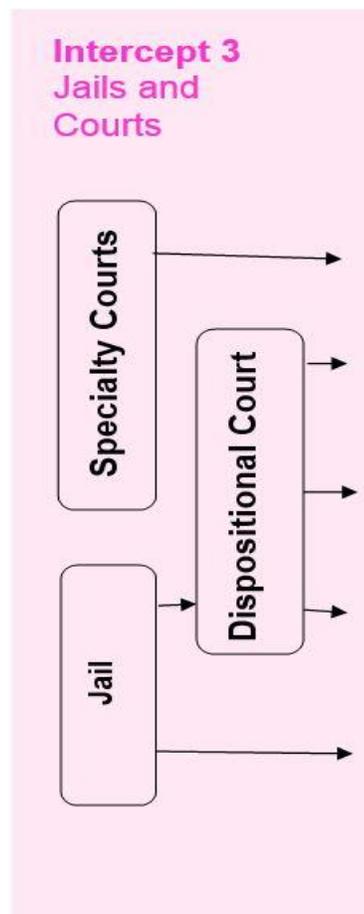
Recommendations

- Use validated screening tools for mental health and substance use at booking in the jail and use the results of the screening to identify individuals in need of assessment or reconnection to services.
- It may be helpful to convene meetings of key staff of juvenile court, child protective services and the adult court systems to discuss opportunities to improve continuity of care and case planning when families are involved in multiple systems.

Intercept III: Jails / Courts

Jail

- The Summit County Jail has a rated capacity of 677 and an average daily census of 647 inmates. The average number of daily bookings was reported as 34. Roughly, 13% are pretrial misdemeanor, 69% pretrial felony, and 23% probation violation.
 - Substance use disorder and mental health services are provided by Summit Psychological Associates seven days/week. Both individual and group counseling are available. Inmates are referred by correction staff, medical staff, family members and self-initiation.
 - Community Support Services and Portage Path provide mental health jail liaisons.
 - Individuals may have access to outside medications once the medications are verified; however, MAT is generally discontinued for most individuals except pregnant women, who are prescribed Subutex. Following the workshop, it was suggested that MAT could be continued for other individuals if a written taper protocol is issued by the prescribing physician and the patient brings a supply of medication.
 - The jail medical department manages detoxification services; individuals are placed on lower level bunk beds, but a special unit is not available.
 - Inmates can receive Narcan® training and pick-up their kit at the Summit County Public Health upon release. Narcan® is not provided



- by the jail to inmates upon release.
- Most Corrections Officers have completed CIT training.
- The jail provides AA/NA meetings via Correction Officers, intensive outpatient treatment (IOP) and faith-based services, which consists of one-on-one mentoring and a six-week bible-based curriculum.
- Glenwood Jail accepts individuals with lower level drug offenses and provides treatment, IOP, multiple offender DUI programming and aftercare services. Individuals may have access to outside medications once the medications are verified; however, since most individuals are transferred from the county jail, seldom is MAT able to be continued.
- Solon Detention Facility has 26 beds, 14 single cell and 12 dormitory style beds, and can house both pre and post-sentenced, male and female inmates.

Court

- Intervention in lieu of conviction is utilized for first time drug offenses; assessments are funded by ADM and Addiction Treatment Program and completed by the Greenleaf psycho-diagnostic clinic. Currently, there is a 4-5 week wait for an assessment. Individuals with co-occurring disorders are eligible. Individuals can complete a treatment program to have their case dismissed.
- All youth on probation with juvenile court are drug tested.
- Adjudication hearings for emergency custody cases occur 30 days after Shelter Care hearings. For those families whose children are continued in the custody of Children’s Services, the Juvenile Court process allows one year for successful reunification of the family. In cases where significant progress is made within the year, but a specific barrier exists to reunification (e.g., housing), the court can extend the case for up to one year.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of February 6, 2018, Summit County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status February 6, 2018
Paul J. Gallagher	Common Pleas	Domestic Violence	Certified
Christine Croce	Common Pleas	Drug	Certified
Joy Malek Oldfield	Common Pleas	Drug	Certified
Tammy O’Brien	Common Pleas	Reentry	Certified
Alison McCarty	Common Pleas	Reentry	Certified
Mary Margaret Rowlands	Common Pleas	Reentry	Certified
Amy Corrigan Jones	Common Pleas	Veterans Treatment	Certified
Linda Tucci Teodosio	Juvenile	Family Dependency	Certified
Linda Tucci Teodosio	Juvenile	Human Trafficking	Certified
Linda Tucci Teodosio	Juvenile	Juvenile Treatment	Certified
Annalisa Stubbs Williams	Municipal	OVI	Certified
Kathryn Michael	Municipal	OVI	Certified
Kathryn Michael	Municipal	Domestic Violence	Certified
Jon A. Oldham	Municipal	Drug	Certified
Annalisa Stubbs Williams	Municipal	Mental Health	Certified
Gerald K. Larson	Municipal	Veterans Treatment	Certified
Todd McKenney	Municipal	Drug	Certified
David E. Fish	Municipal	Mental Health	Certified
Lisa L. Coates	Municipal	Mental Health	Certified

- All specialized dockets will allow MAT.
- More than 80% of the individuals in the Common Pleas Drug Courts are opiate addicted.
- Akron Municipal Drug Court eligibility hearings occur within 2 weeks and assessments occur within 30 days of screening. Oriana House provides the screening and assessments.

- Family Recovery Court provides monitoring and services for custody cases and reports 70% success rate. Children's Services case workers are involved with these families and maintain contact with treatment providers to monitor and support progress of parents.
- Juvenile Drug Court has a data analyst that runs six-month reports on drug screen results. Very few of these youth test positive for opioids.

Veterans

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

Intercept III – Identified Gaps

- ▣ Booking report does not go to substance use disorder treatment providers
- ▣ Inconsistent sharing of information between jail medical and courts
- ▣ More counselors are needed in jails
- ▣ Jail staff does not know release date; therefore, there is a lack of discharge planning
- ▣ Clients on methadone may be removed from program if not release within 14 days
- ▣ Recidivism data; jail is unable to extract meaningful data about this population
- ▣ Gender specific services
- ▣ Substance use disorder liaisons
- ▣ Inmates must pick-up Narcan® kits at Summit County Public Health
- ▣ Intervention in Lieu has a 4-5 week wait for assessments
- ▣ Approach addiction and mental health concerns as family issues across the different court and service agencies

Intercept III – Identified Opportunities

- ▣ AA/NA are currently offered, but are not peer facilitated – potential for change
- ▣ Probation and pretrial staff respond to the county jail, but not the 12-day jails. Municipal probation screens inmate files for potential eligibility for specialty courts
- ▣ Universal/standardized release of information form

Recommendations:

- ▣ Utilize valid screening tool(s) in jail to identify individuals who may need further assessment. The Brief Jail Mental Health Screen is available at no cost on the website of the Substance Abuse and Mental Health Service (SAMHSA) GAINS Center for Behavioral health and Justice Transformation website. The Texas Christian University Drug Screen V is available at no cost on the website of Texas Christian University Institute of Behavioral Research. Other validated tools are available as well.
- ▣ 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.
- ▣ Review policies and practices of other jails – Ohio or elsewhere – where Medication Assisted Treatment (MAT) is made available to inmates and negotiate inclusion of MAT in the jail medical provider contract.

Intercept IV: Prisons / Reentry

Reentry – Prison

- An estimated 1400 individuals return from prison to the community each year. Of those, the Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction completes screening and assessment for substance use disorders and sends referral packets to partner agencies for linkage to local services. In Summit County, as of 6/11/18, there have been 207 referrals. Providers eligible to receive the packets include Akron UMADAOP, Catholic Charities, Coleman Professional Services, Greenleaf Family Center, Ohio Guidestone, Oriana House Inc, Portage Path Community MH Center, and Urban Ounce of Prevention Behavioral Health. Transportation for appointments, etc. and Peer Recovery Coaches are available upon release.
- The county utilizes the Summit County Community Based Correctional Facility in Akron as its primary Community-based Correction Facility (CBCF).
 - The facility houses 130 men and 45 females. The facility cannot access Medicaid and has 30 days of medication; therefore, individuals may not have access to medications for entire stay.
- Individuals released on judicial release receive case management from Oriana House.

Reentry – Jail

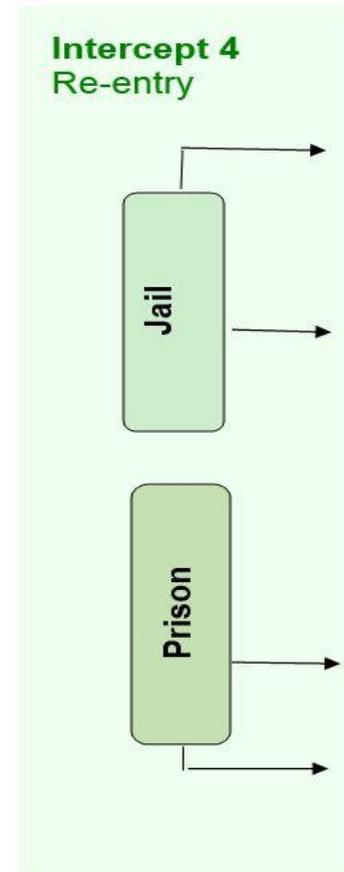
- Jail staff is not consistently informed of release dates; therefore, there are challenges to discharge planning.
- Summit Psychological Associates provides a reentry coordinator Monday-Sunday 8:00 AM – 8:00 PM and on-call to link individuals with substance use disorders to treatment.
- Individuals are released with remaining medications that were brought in upon booking and provided with a voucher for a 4-day supply of medications. Individuals with co-occurring disorders have difficulty picking up medications due to lack of transportation.
- Summit Psychological Associates provides Vivitrol® upon release.

Intercept IV – Identified Gaps

- ▣ CBCF only first 30 days of medical coverage and lack of access to resources
- ▣ JFS is not aware when individuals are released, so Medicaid reinstatement may not be occurring as timely as it should. Medicaid applications have been started for individuals who come into the jail without insurance, but the status of this process was not known by those in the workshop
- ▣ Released with 4-day voucher and not linked to providers, substance use disorder liaison, and intake applications at provider agencies are not scheduled at jail release
- ▣ Transportation by peer recovery coaches
- ▣ Transportation for individuals with co-occurring disorders
- ▣ Reentry checklist

Recommendations:

- ▣ There should be a reliable protocol via JFS to assist with Medicaid reinstatements and applications at the point of admission and/or prior to release of inmates.
- ▣ It is important for Summit Psychological Associates staff to know when inmates may be released/transferred to provide adequate discharge planning/referral.



- Increase access to Naloxone for people at risk of experiencing or witnessing opioid overdose. Because reentry from incarceration or institutionalization represents a high-risk period, Summit County Jail and its partners should consider instituting practices similar to Montgomery County, i.e., training inmates via Project DAWN and providing naloxone kits at discharge whenever feasible.
- Develop peer supports and recovery coach opportunities prior to jail release

Intercept V: Community Corrections / Community Support

Probation

- Probation Officers are assigned to all specialty courts.
- Common Peas has two probation officers for opiate supervision, five for intervention in lieu of conviction and three for mental health supervision. Roughly, 50% of individuals involved in intervention in lieu of conviction supervision and 70% of individuals involved in mental health supervision have substance use disorders.
- Probation Officers are not consistently informed of release dates; therefore, there are challenges to planning.

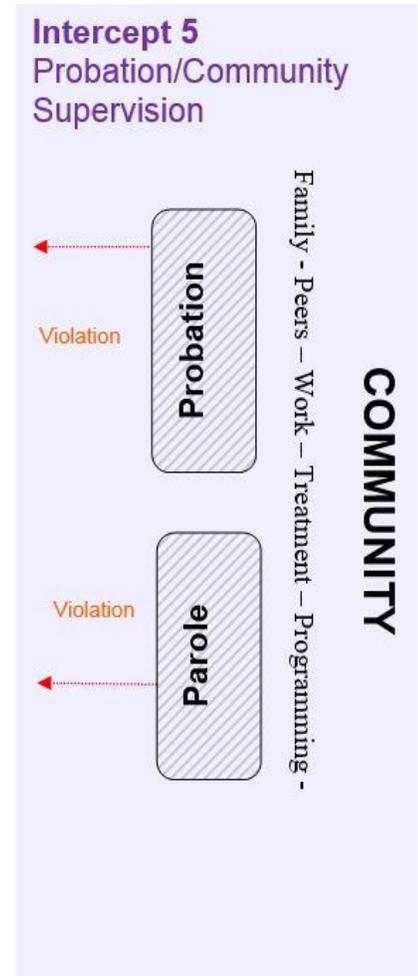
Community Supports

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 Summit County.

- Oriana House offers walk-in assessments Monday – Friday 8:00 AM – 6:00 PM.
- Summit Psychological Services offers walk-in assessments Monday – Thursday 8:00 AM – 8:00 PM and Friday 8:00 AM – 6:00 PM.
- Housing was identified as a gap for Summit County. These existing services were highlighted:
 - Community Health Center Touchstone beds
 - Oriana House recovery housing for 10 males and 10 females
 - ADM funds 18 female and 36 male recovery housing beds
 - Three halfway houses
 - One family recovery house

Intercept V – Identified Gaps

- Transportation with substance use disorder liaison/peer recovery coach
- Assessment and Treatment Capacity
 - Capacity for assessments with level of care recommendations (Greenleaf); 4-5 weeks wait
 - Recovery housing
 - MAT at the CBCF
- Access to MAT and Intensive Outpatient Treatment (IOP)
- Probation officers are not aware of release
- Oriana House concerns around individuals attending appointments due to delayed process
- No formal inventory of what housing is available in the community
- Women are choosing not to enter recovery housing because children are not accepted in all but one facility
- Housing for men with children



Intercept V – Identified Opportunities

- Fatherhood Initiative

Recommendations:

- Develop peer supports and recovery coach opportunities, which can assist with transportation for vital appointments in some cases
- Develop a routine communication mechanism for informing probation staff of jail release
- Evaluate existing housing resources and identify potential for housing that can include children.

Priorities for Change

Summit County, Ohio

Summit 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. Assessment, Treatment Capacity and Recovery Supports/Housing
2. Jail Services
3. Community Awareness
4. Emergency Treatment and Emergency Application for Admission
5. Data Tracking and Communication

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

- CBCF only have medical coverage the first 30 days and lack access to resources (4 votes, Intercept 4)
- JFS is not aware when individuals are released to reinstate Medicaid and individuals that come into the jail without insurance (3 votes, Intercept 4)
- Work force capacity for certified prevention specialists (2 votes, Intercept 0)
- Holding facilities do not have medical staff (2 votes, Intercept 2)
- Aging population and at-risk family prevention services (1 vote, Intercept 0)
- Communication/sharing of Summit County prevention strategic plan (1 vote, Intercept 0)
- Narcan® for all QRT (1 vote, Intercept 1)
- No testing of drugs at crime scene (1 vote, Intercept 1)
- Need more physicians that have completed buprenorphine waiver training and more Vivitrol® prescribers. Still have doctors that are cash-pay (1 vote, Intercept 1)
- No local AOD facility (1 vote, Intercept 2)
- Initial court hearings are not always completed within 24-48 hours; not all courts provide initial hearings on weekends
- Released with 4-day voucher and not linked to providers, substance use disorder liaison, and intake applications at provider agencies are not scheduled at jail release (1 vote, Intercept 4)

Additional Recommendations

Cross-Intercepts Recommendations:

- A backbone structure that aligns all efforts, e.g., Collective Impact, would provide a coordinated mechanism for disseminating resources and information, such as the strategic plan published by Summit County Community Partnership

Parking Lot Issues:

- Medicaid suspension during incarceration
- Age of consent for alcohol and tobacco use
- Antiquated sentencing laws and guidelines for substance involved offenses

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.cohio.org/
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.csgjusticecenter.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.paariusa.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
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
Summit County, Ohio
February 28 – March 1, 2018

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Action Planning Matrix for Summit County, Ohio

Priority Area 1: Assessment, Treatment Capacity and Recovery Supports/Housing			
Objective	Action Step	Who	When
1. Developing temporary housing from detox to treatment	A. Getting RFP \$\$ from ADM for Community Health Center, United Way funding and Catholic Charities for housing	Catholic Charities Community Health Center ARCH Summit Psychological Services Summit Psychological Associates UMADOP Vantage Aging Portage Path Community Health	ASAP
2. Transportation	A. United Way funding transportation with Summa B. Metro bus developing opiate scat like transportation		
3. Work force development	A. University of Akron collaboration with Kent State University B. University of Akron social work career fair	University of Akron	Spring 2018

Action Planning Matrix for Summit County, Ohio

Priority Area 2: Jail Services				
Objective	Action Step	Who	When	
1.	Develop policy/procedure to allow offenders who enter the jail who are already engaged in MAT, to continue with that prescribed therapy	<p>A. Data on population I. Number of people on MAT at booking II. Types of medication III. Treatment providers</p> <p>B. Identify booking procedure to make these determinations</p> <p>C. Determine how other jails have incorporated policies/procedures</p> <p>D. Provide education on addiction and MAT to SCJ/OWJ staff</p> <p>E. Collect state wide jail data regarding MAT in jail/policy and procedures</p>	<p>RuthAnn</p> <p>Colleen Simms and Mike Cody</p> <p>Jackie Pollard</p> <p>RuthAnn</p> <p>John Ellis and CJ CCoE</p>	<p>Delegate</p> <p>60 days</p> <p>90 days</p> <p>120 days</p> <p>90 days</p>

Action Planning Matrix for Summit County, Ohio

Priority Area 3: Community Awareness			
Objective	Action Step	Who	When
1. Complete readiness assessment of community	A. Design survey B. Implement survey C. Use this information to help with resource guide and public awareness campaign	Darryl Brake and Marilyn Keith	May 1 After May 1
2. Assess high school prevention curriculum	A. Inventory what area high schools are using – Hope Curriculum or other curriculums B. Advocate that all Summit County high schools use one standard curriculum (possibly Hope Curriculum)	Jeff Ferguson, Laura Broyles and Stephanie Strader	April 1 After April 1 - End TBD
3. Create county wide resource guide	A. Gather resource guides in area B. Decide most comprehensive C. Build on that	Chrissy Gashash, 211 and Chris Fremon-Clark	May 1
4. Create unified public awareness campaign	A. Engage IMAT/Joint Information System B. Develop messaging to use across community to break/reduce stigma	Lori Pesci, Cheryl Powell, Laura Broyles, Stephanie Strader and Chrissy Gashash	April 1 June 1

Action Planning Matrix for Summit County, Ohio

Priority Area 4: Emergency Treatment and Emergency Application for Admission				
Objective	Action Step	Who	When	
1.	Establish baseline data 2017 including deaths and reversals	A. Hospitals analyze data for Length of Stay after Overdose - track and release B. Summit County data		
2.	Identify a method and minimum safe time frame to transfer and observe overdose patients in an ED (consider pink slip approach)	A. Legal opinions needed B. County Executive and Mayor input C. Hospital legal, administration and physician leaders input	Dr. Smith, Mairin Mancino (Eileen Shaepiro) and Hospital CEO's	
3.	Educate first responders and health care providers on ORC 5122.	A. Pink slip use for overdose B. Hospital policy/procedures developed		

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

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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.

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).