



Wayne County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response



OHIO CRIMINAL JUSTICE
COORDINATING CENTER
OF EXCELLENCE



Wayne County, Ohio

Sequential Intercept Mapping Final Report

November 27-28, 2018

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Sequential Intercept Mapping

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Wayne 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 Wayne County, Ohio on November 27 & 28, 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 Wayne County achieve its goals

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

Background

The Mental Health and Recovery Board of Wayne and Holmes Counties in partnership with the Wayne County Sheriff's Office requested the *Sequential Intercept Mapping and Taking Action for Change* workshops in July 2018 following a period of invitation for letters of interest.

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 aid 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 30 individuals representing multiple stakeholder systems including substance use disorder treatment, mental health, medical, housing, county jail, individuals in recovery, law enforcement, courts, and county administration services. A complete list of participants is available in the resources section of this document. Teri Gardner, Leslie Hannah, 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 Wayne 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 Wayne County Sequential Intercept Map created during the workshop can be found in this report on page 6.

Keys to Success

In addition to the items below, communities are strongly encouraged to A) identify or develop agencies and/or individuals who are champions to the cause and can serve as **boundary spanners** – spanning the gap between systems, understanding and effectively representing the needs and concerns of individuals being served and of the multiple systems involved, and effectively assisting in articulating and reconciling different points of view, B) create early opportunities for **momentum** by addressing manageable action items early in the change process, developing measurable and reasonable action plans, and recognizing that change is necessary while resisting temptation to tackle global, pervasive problems; and C) utilizing and implementing **evidence-based or evidenced-informed practices** whenever possible and practical.

Cross-Systems Partnerships; Task Force

Wayne 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 that were identified by the local planning team and workshop participants: Community Corrections Board, Crisis Intervention Team (CIT) training and Steering Committee, Opiate Task Force and Community Collective Impact Model for Change, Common Pleas Drug Court, Common Pleas Reentry Court, Juvenile Family Dependency Court, and Quick Response Teams. The community is strongly encouraged to consider how best to incorporate the Sequential Intercept Mapping participant group and action planning work groups into an existing structure instead of creating a new task force.

Individual in Recovery Involvement

The local planning team included an individual in recovery who also attended the workshop in their professional capacity; however, individuals in recovery that were not serving additional roles were not represented. The SIM group is strongly encouraged to solicit participation from additional community members and individuals in recovery; ideally each work group/committee will include consumer, family and/or advocate representation.

Representation from Key Decision Makers; Community Investment

- The group composition provided reasonable cross-system representation with key decision makers present from the jail, substance use disorder treatment and the mental health system.
- Key stakeholder roles and decision makers that were notably absent from the process included court system leadership (judiciary); call-takers/dispatchers; peer support/recovery coaches; individuals with lived experience/community members; Adult Parole Authority; veterans' services administration; and prosecutor's office.

Data Collection; Information Sharing; Communication

- The Wayne 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
 - Wayne County Jail Data for January 2018 to August 2018
 - Wayne County Jail Protocols

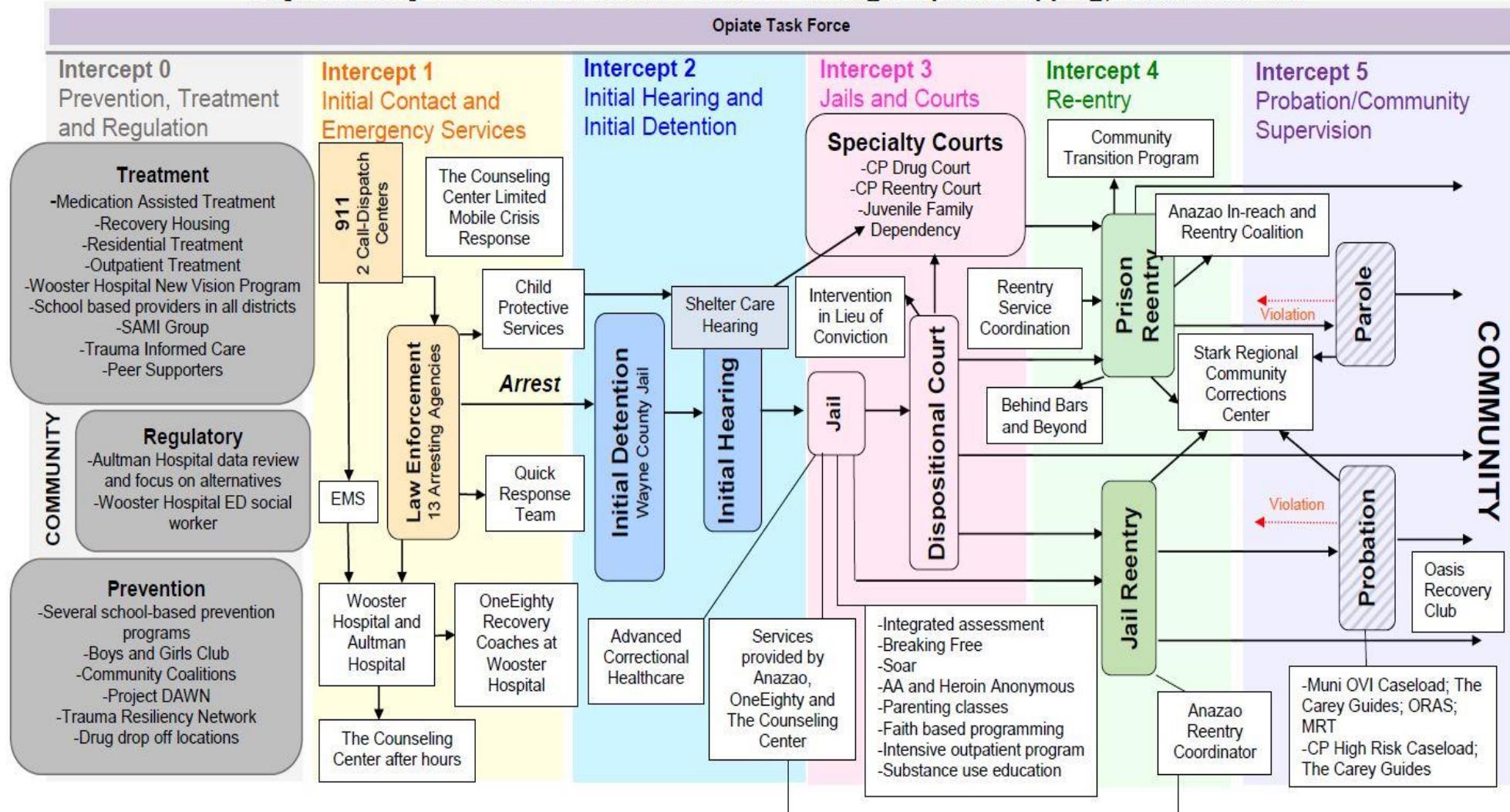
Recommendations

- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with substance use disorders and often co-occurring disorders in the Wayne County criminal justice system and promoting use of alternatives.
- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the substance use and criminal justice systems of needs within the systems and needs of persons being served.
- Align and combine priority areas that overlap with priority areas of the mental health Sequential Intercept Mapping exercise completed in 2017, e.g., mobile crisis. Explore similarities between the workgroups.

Sequential Intercept Mapping

Wayne County, Ohio

Wayne County Critical Intervention Points for Change: Opioid Mapping, November 2018



Wayne 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 encounter 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, encounter and flow through the local systems of care, including the justice system.

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

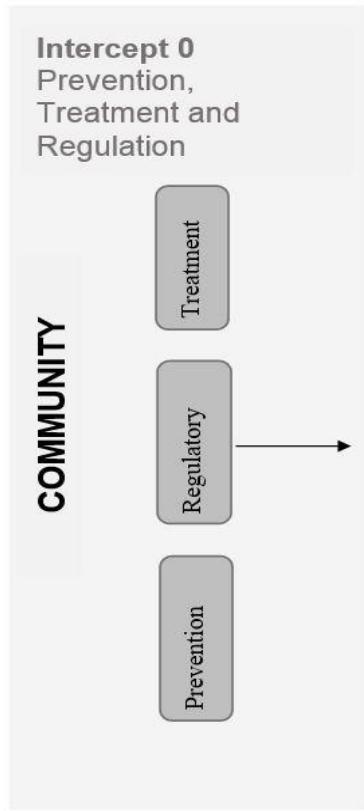
The following represents services, agencies and programs that were highlighted during the workshop and is not meant to be an exhaustive or comprehensive roster of all prevention, regulation, and treatment supports available in Wayne County.

In addition to the services and resources outlined below, participants discussed challenges and barriers related to youth transitioning out of high school, external pressure to comply with court orders and other expectations, building necessary transitions to recovery without ample time to do so, difficulty prioritizing various tasks, substance use disorder stigma, and lack of acknowledgment of autonomy for those with substance use disorders.

Prevention

Those present at the workshop indicated that the opiate epidemic in Wayne County is most frequently affecting males that are 35 years or older; however, the community is experiencing a downward trend in the age of affected individuals.

- Opiate Task Force meets every other month and primarily focuses on programming. The task force has five subcommittees: Intervention,



Prevention, Support, Treatment and Evaluation/Data; each subcommittee has an action plan to follow. Recently, the task force began to explore emergency department resources and responses to the opioid epidemic; Aultman Orrville Hospital joined the task force to aid in this task. The Task Force Executive committee also reviews the annual analysis of death certificate data on overdoses, and the Wayne County Health Department creates a “white paper” review and posts it on their website.

- The Mental Health and Recovery Services Board of Wayne and Holmes Counties received a Collective Impact Grant from the Ohio Department of Mental Health and Addiction Services. The grant is in the second year and is the strategic prevention framework that guides the Opiate Task Force.
- Community Corrections Board meets quarterly to review jail trends, reentry and more. The board adopted the *Stepping Up* Initiative and sponsored the Wayne County Mental Health Sequential Intercept Mapping exercise.
- There are a few community-based prevention or education strategies currently in place, including:
 - four Community Coalitions collaborate with each other and the Opiate Task Force with primarily environmental strategies focused on reducing alcohol and tobacco use in youth
 - Wooster Boys and Girls Club – integrated at local schools
 - College of Wooster Community Care Network – students are paired with an older adult
 - Heartland Career Readiness Committee – targets young adults that do not attend college
 - Hidden in Plain Sight – programming for parents through the Community Coalitions
 - Wayne County Trauma Resiliency Network – targets the community at-large and has held one event
 - Project DAWN (Deaths Avoided with Naloxone) is administered by Wayne County Health Department.
- Prevention programs are implemented in schools at the request of each school. Participants indicated that utilization of prevention services declined after financial cuts occurred in 2007 and has not yet rebounded. Evaluations of programs are completed by each school with various outcome measures. These evaluations are not shared across districts or counties. Survey data has increased and nearly all districts returned surveys in 2017.
- Those present at the workshop identified several school-based prevention programs and activities currently in use:
 - Botvin *LifeSkills* Training Program – three school districts
 - Drug Abuse Resistance Education (DARE) - program was re-implemented due to advocacy from a School Resource Officer. During this discussion, the Orrville Police Department representative indicated that juvenile crime rates have decreased dramatically since the mid-1990s.
 - Drug Free Clubs – within 2-3 school districts
 - O-Huddle – youth mentoring program
 - Peer-to-peer mentoring
 - Teen Institute – one school and within Orrville school district under a different name
 - Behavioral Health partners – available within all schools and provide treatment and referrals for children of concern
 - Drug testing for student athletes
- Prescription drug drop-off locations are available primarily at law enforcement agencies and the Wayne County Justice Center.
 - The community participates in the National Drug Enforcement Administration (DEA) semi-annual drug take-back days.
- Screening Brief Intervention and Referral to Treatment (SBIRT) is utilized minimally at Anazao Community Partners and OneEighty; however, there is not coordinated use of SBIRT and there are concerns about increasing utilization and referrals without a clear plan for ensuring efficient access to care.

Regulation

- Ohio Automated Rx Drug Reporting System (OARRS) is utilized at the probation departments for individual review and at provider agencies that offer Medication Assisted Treatment.
- Wooster Community Hospital granted OARRS access to emergency department social workers to identify individuals in need of a care plan.

- Aultman Orrville Hospital reviews prescriber data and focuses on pain assessments and offering alternatives to opioids.
- Those present at the workshop stated that there were reviews of aggregate prescriber data in the past; however, this no longer occurs.

Ohio Automated Rx Drug Reporting System (OARRS)								
Wayne County- Opiate Rx Per capita- 2010-2017								
Year	2010	2011	2012	2013	2014	2015	2016	2017
Pick Dose/Cap	57.6	59.0	62.0	60.7	58.1	54.2	47.8	42.3
State Dose/Cap	67.5	67.8	68.7	67.4	65.1	60.8	55.1	49.26
County Pop: 114,520								

Treatment

Those present at the workshop, indicated that treatment capacity is an overall issue.

- OneEighty provides walk-in hours for assessments five days/week and until 9:00 PM on Monday, Tuesday and Thursday. Intensive outpatient program (IOP) is also available at the Millersburg and Wooster locations during the morning, afternoon and evening.
- The Counseling Center of Wayne-Holmes Counties offers a Substance Abuse and Mental Illness (SAM) group, and A New Day also provides services for co-occurring disorders; however, higher levels of care for co-occurring disorders is lacking in the county.
- Medication Assisted Treatment (MAT) availability exists with Vivitrol and Suboxone; no methadone is available. Those present at the workshop described concerns regarding buprenorphine diversion due to the difficulty of monitoring this medication.
 - OneEighty provides same-day Vivitrol injections and buprenorphine within 1-2 weeks. Buprenorphine has a coordinated start since the addition of Dr. Nicole Labor and during the wait individuals are engaged with treatment.
- Currently, there are no detoxification units in Wayne County; therefore, individuals in need of detoxification services are referred out of county. Typically, individuals can access services same day and a regional funding agreement is in process. The following withdrawal management services are available in Wayne County:
 - Wooster Community Hospital through its New Vision program provides withdrawal management. Individuals can be assessed for eligibility by an emergency department social worker six days/week. If eligible, individuals are placed in a medical unit.
 - OneEighty utilizes the bridge device to transition individuals from detox to treatment and ambulatory detox is available with Suboxone and the bridge device.
- These existing housing services were highlighted.
 - OneEighty provides five recovery houses, Noble House 16-bed residential treatment facility for men, and Beacon House 12-bed residential treatment facility for women. The agency has increased eligibility interviews to two times/week; currently there is a weeklong wait list. Individuals utilizing buprenorphine are eligible for these housing options. The American Society of Addiction Medicine (ASAM) level 3.1 makes those with serious mental illnesses difficult to house; therefore, they are usually referred to Stark County.
 - Beacon House expansion will double women's residential treatment capacity to 24 beds
 - Village Network is awaiting approval for a 6-bed facility to accept individuals aged 18-21
 - Seven level two recovery houses with a potential of adding an eighth for level three
 - 1-2 faith-based recovery houses
 - Salvation Army – emergency housing for men
- OneEighty operates Oasis Recovery Club, which provides a volunteer run sober drop-in center for those in recovery from substance use disorders. The center provides food, computers, entertainment, and more; currently hours are fluctuating.

- Probation Departments will refer individuals to the center; however, those present at the workshop indicated that there is a concern about recent drug activity.

Intercept 0 Gaps

- Chamber of Commerce involvement
- Lack of drug drop-off sites, i.e., hospital or pharmacy locations
- Dual disorder treatment other than outpatient services
- Transportation
 - To treatment and other appointments, especially outside of Wooster or Orrville
 - To Family Court
- Identifying and responding to high activity areas/overdose “hot spots”
- Afterhours/weekend access to treatment
- Housing
 - Emergency housing
 - Recovery housing for criminal justice population
- Level three residential treatment is difficult to access for those with serious mental illnesses
- Juvenile Court is not addressing substance use issues with children whose parents are living with substance use disorders
- OARRS not utilized across systems
- Residential treatment wait time
- Meeting employment needs and responsiveness to criminal justice and recovery community

Intercept 0 Opportunities

- Deterra charcoal disposal bags and efforts to dispose of medications in nursing homes and miscellaneous other sites
- Coordinated use of SBIRT
- Regional funding agreement for detoxification services in progress
- HIPAA coordination of care
- Church involvement
- Transitional age youth treatment and residential opportunities

Recommendations

- Encourage a comprehensive approach to choosing prevention programs within local school districts. The recent increase in survey participation may provide an opportunity to disseminate aggregate results with recommendations for a coordinated approach moving forward.
- The community has multiple permanent medication drop-off locations and should enhance communication to impress upon the community the importance of discarding unneeded or aged medications and how to go about doing so.
- Compare death certificates to behavioral health system rosters and jail roster for at least 12 months prior to death to determine if, where and how individuals at risk of overdose death might be served and intervened.
- Convene a treatment provider workgroup to address the issue of access to appropriate treatment for individuals with co-occurring disorders.
- The Opiate Task Force could select a key member to join and attend Chamber of Commerce Meetings. This could open a variety of opportunities for collaboration, engagement and education of potential employers.

Intercept I: Law Enforcement / Emergency Services

In Wayne 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 county jail, or transport to hospital.

Dispatch / 9-1-1

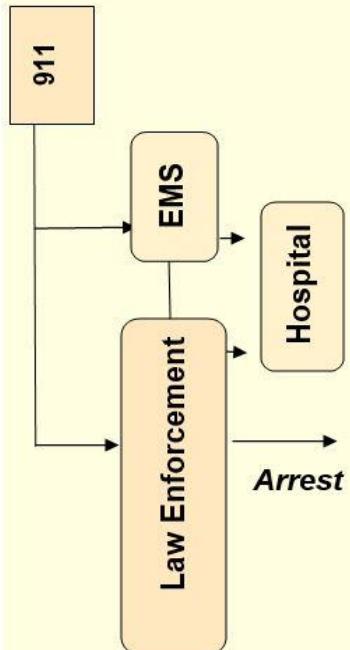
- Wayne County has two call and dispatch centers: Wayne County Justice Center and Wooster-Ashland Regional Council of Governments (WARCOG); each center is responsible for dispatching fire and emergency medical services (EMS) for their jurisdiction.
- The centers have drug related codes and overdose codes. Code occurrence is reviewed in a report. Those present at the workshop indicated that the opioid epidemic was established before data was collected.

Law Enforcement & Emergency Services

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 2018, Wayne County has 13 Law Enforcement Agencies: Apple Creek Police Department, Creston Police Department, Dalton Police Department, Doylestown Police Department, Marshallville Police Department, Mount Eaton Police Department, Orrville Police Department, Rittman Police Department, Shreve Police Department, Smithville Police Department, Wayne County Sheriff's Office, West Salem Police Department and Wooster Police Department with an estimated 138 full-time officers.

- Consistent with recent reports from other counties, law enforcement in Wayne County indicated that the prevalence with which they are encountering illicit substances follows this order: 1) methamphetamines, 2) crack/cocaine, and 3) heroin. Prior to the workshop, the planning team also reported that while opioid overdoses continue to increase, the number of deaths from overdose is trending down.
- Law enforcement currently uses the following options for individuals with a substance use related crisis:
 - Those present at the workshop stated that law enforcement is reluctant to arrest due to the delay in the Ohio Bureau of Criminal Identification and Investigation lab testing and reporting. Typically, utilization of a direct indictment will occur once report arrives.
 - Utilize summons to court dependent upon offense.
 - EMS or police transport to Wooster Community Hospital, Aultman Orrville Hospital or Summa Health Wadsworth-Rittman Medical Center whenever individuals exhibit active medical concerns or Narcan® has been administered.
 - Arrest and transport to Wayne County jail.
- Both law enforcement and EMS will co-respond to the scene and carry Narcan®.
- Crisis Intervention Team (CIT) training is offered once a year. A few hours are dedicated to substance use disorders, local resources and the Question, Persuade and Refer (QPR) model of suicide intervention.
- Wayne County has a Quick Response Team (QRT) that respond post-overdose within 72 hours. Referrals are obtained through the dispatch centers and local hospitals, ranging from zero to three or four referrals per week. Team consists of Wayne County Sheriff's Office representative and OneEighty recovery coach; team will complete follow-up services within 30 days. OneEighty collects data on those that are located.
 - Team is considering responding to high activity areas rather than searching for individuals by referral; however, the Orrville Police Department representative indicated that they are struggling to identify high activity areas and dealers due to change in behavior trends.
- Law enforcement will contact Child Protective Services to take custody of children as needed.

Intercept 1 Initial Contact and Emergency Services



Crisis Services

- There is no drop-off or stabilization unit within the county.
- The Counseling Center of Wayne-Holmes Counties operates a 24-hour crisis hotline and 24/7 mobile crisis team. The center focuses primarily on mental health concerns; however, those with co-occurring disorders are eligible for services. The center will provide support for individuals throughout psychiatric hospital stays and follow-up services upon release.
 - Last fiscal year, the center had 3,887 total calls and 1,355 were crisis service calls.
- Juvenile Court is considering the creation of a 24/7 drop-off center for assessment and triage as part of the Juvenile Detention Alternative Initiative (JDAI).

Hospitals / Emergency Rooms

- Hospitals utilized by law enforcement, EMS and the public include Aultman Orrville Hospital, Wooster Community Hospital and Summa Health Wadsworth-Rittman Medical Center; each have Emergency Departments.
 - OneEighty will provide recovery coaches to Wooster Community Hospital upon request. The hospital will be increasing the availability of social workers to 12 hours/day.
 - Aultman Orrville Hospital utilizes the Columbia Suicide Screen.
- The Counseling Center of Wayne-Holmes Counties will provide assessments for detox placement after-hours at Aultman Orrville Hospital and Wooster Community Hospital.
- Project DAWN is available at Aultman Orrville Hospital and Wooster Community Hospital for patients.
- Typically, law enforcement will wait at the hospital until a disposition is made, so they can provide handouts, resources and education on the Good Samaritan law.

Detoxification

- Currently, there are no detoxification units in Wayne County; however, Wooster Community Hospital through its New Vision program provides withdrawal management. Individuals can be assessed for eligibility by an emergency department social worker six days/week. If eligible, individuals are placed in a medical unit.

Intercept I Gaps

- 24/7 drop-off center for sobering and/or crisis services
 - Detoxification and access to services
- Afterhours support people/recovery coaches
- Coordination of services and amount of time involved for law enforcement

Intercept I Opportunities

- Peer recovery coaches in Wooster Community Hospital
- Offer CIT training more than once per year – currently, 75% are trained
- Revise Project DAWN policy at local hospitals

Recommendations

- Consider developing Peer Recovery/Support Services that can be utilized at various points of intercept, including the remaining hospital emergency departments.
- The county has a 24/7 hotline, mobile crisis, Quick Response Team, Crisis Intervention Team and steering committee and increasingly engaged hospital representatives that could use the CIT Steering Committee or create a sub-committee of the steering committee to work on maximizing existing resources and coordinating response protocols in order to enhance mental health system response during crisis episodes

and decrease response time for law enforcement. The Crisis Admissions workgroup of Athens County might serve as a good model (Appendix C).

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

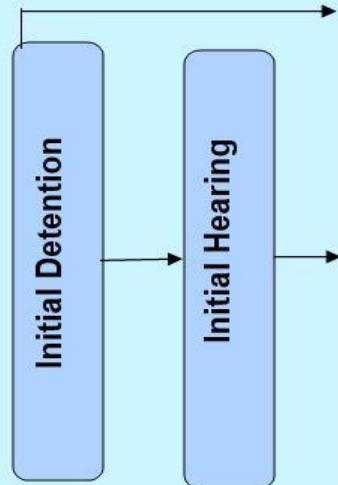
Initial Detention

- Wayne County jail is the only full-service detention facility. Most individuals that are booked for non-violent drug offenses are booked and released on a signature bond; however, repeat offenders may be held after multiple arrests.
- The jail pre-screens all potential inmates before acceptance into the facility. The pre-screen contains questions pertaining to mental health and medical concerns. If medical clearance is needed, referral to Wooster Community Hospital or Aultman Orrville Hospital for clearance and mental health screening occurs.
 - Wooster Community Hospital will be increasing the availability of social workers to 12 hours/day.
 - Aultman Orrville Hospital utilizes the Columbia Suicide Screen.
- The jail does not conduct a formal screening process; typically, screening is based on experience and prior knowledge of the individual.
- The jail will provide regular check-ins and alert buttons for those in withdrawal; some individuals can be placed in a holding cell upon acceptance if deemed at risk based on pre-screen.
- The jail screens for trauma using the Life Events Checklist (LEC5); an estimated 80% screen positive.
- Medical services are contracted through Advanced Correctional Healthcare.
- Individuals may have access to outside medications once the medications are verified; Medication Assisted Treatment is discontinued for most individuals except pregnant women; Advanced Correctional Healthcare may allow if additional finances were available. If an individual does not come in with medication, medical staff will verify their medications and order via FedEx from Diamond Pharmacy.

Arraignment

- Wayne County has two Municipal Judges, two Common Pleas Judges and one Juvenile Judge. Wayne County has one Municipal Court located in Wooster. All misdemeanor and most felony initial hearings take place in this court via video the next business morning (Monday-Friday); no hearings are held on the weekends.
 - The court averages 100 misdemeanor arraignments per week with an average of 10-20 hearings on Monday and 5-10 hearings per day throughout the remainder of the week.
 - On average, the court holds felony arraignments three days/week with 15-25 arraignments occur per week via summons for felonies. Video arraignments occur daily with individuals booked into the jail, averaging three hearings per day.
- Bail is available on a case-by-case basis and is determined by highest offense. Recommendations are based on dangerousness and risk of failure to appear through the Municipal Probation Department.
- There are no formal pretrial services at the Municipal level.
- Referrals to Intervention in Lieu of Conviction and Family Dependency Court can occur; typically, other specialty court referrals do not occur at initial hearing.
- Children brought into the custody of Children's Services will have a shelter care hearing in Juvenile Court approximately 24 hours after being taken into custody. A public defender will represent parents that are unavailable to attend.

Intercept 2 Initial Hearing and Initial Detention



Intercept II – Identified Gaps

- Identifying individuals who are likely to reoffend and accessing help earlier
- Assessments earlier in the process, i.e., at courthouse or jail
- Pretrial services
 - Use of validated tools at pretrial
- Validated screening tools at jail
- Electronic monitoring financial support (currently at defendant's expense)
- No information from hospital to jail, re: identified mental health and/or substance use concerns
- Medication Assisted Treatment in jail
- Bed space at jail
- Delay in sentencing

Intercept II – Identified Opportunities

- Local providers could prescribe MAT to continue while incarcerated
- Assessments at the jail

Recommendations

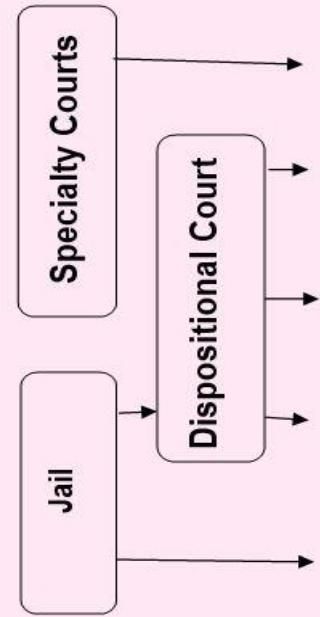
- Institute validated screening tools at the time of booking in the county jail to determine need for further assessment or reconnection to services. The Texas Christian University Drug Screen V is available at no cost on the website of the Texas Christian University Institute of Behavioral Research, 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 provided to the Mental Health and Recovery Board of Wayne and Holmes Counties point of contact.
- Explore options of how the Pretrial Services functions (bail investigation, risk assessment and information sharing) could be developed with existing staff for in-custody defendants.

Intercept III: Jails / Courts

Jail

- Wayne County jail has a rated capacity of 120 and an average daily census of 140 inmates. On average, nine individuals are booked into the jail each day. An estimated 43% are pretrial detainees.
- Three cells with two beds each near the booking area are available for individuals experiencing medical or mental health crises. In addition, one cell is available for individuals placed on suicide watch.
 - Regular checks occur to monitor inmates for potential overdose or withdrawal from substances. There are buttons available to inmates to alert staff for assistance.
- Two Correction Officers have completed the full 40-hour CIT course.
- Individuals that are known to be staying ten days or more receive a mental health and substance use screen by OneEighty staff to determine what services may be beneficial. Based on results and a variety of factors, individuals can be referred to receive a full diagnostic assessment.
 - Based on data collected from these screens, it is estimated that 88%

Intercept 3 Jails and Courts



have a mental illness, 1% have a serious mental illness and 83% have a substance use disorder.

The data reported on the Jail Data Sheet (Appendix B) is based on these brief screens.

- OneEighty provides several services within the jail. Current offerings include:
 - Intensive outpatient program (IOP) - segregated by gender; female curriculum is trauma focused.
 - Breaking Free – a long-term 10-week/20-session Cognitive Behavioral Therapy (CBT) program that targets repeat offenders. A criminal thinking scale determines eligibility.
- Anazao Community Partners provides Soar, a short-term CBT program that focuses on reentry that is modeled after *LifeSkills* and Courage to Change. Individuals can opt-in to the program without completing the 10-day mental health and substance use screen.
- LifeCare Hospice provides a grief counselor for those experiencing the loss of a loved one.
- Recovery coaches come to jail upon request.
- The jail provides *LifeSkills*, AA, NA, Heroin Anonymous, substance use education, parenting and faith-based programming.
- During the workshop, some discussion occurred around the management of youth. The county utilizes the Multi-County Juvenile Attention System. Youth stay on average 13 days if held after a detention hearing and the center averages seven youth from Wayne County per day. The center provides several services:
 - Clinician five days/week for six hours/day
 - Electronic educational services are contracted through Triway Local School District. Home school district can send work through parents as well.
 - Two-day substance use education and anger management classes are available. Individual meetings are available as needed/requested.
 - Mental health, substance use and trauma screening to aid in release planning

Court

- Intervention in Lieu of Conviction is utilized. Participant are required to complete monthly drug screens and charges will be dropped if program is successfully completed.
- The Wayne County Prosecutor's Office offers a diversion program for first-time offenders. If an individual completes treatment, then charges are dropped.

Specialty Courts

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

Judge Name	Jurisdiction	Docket Type	Status December 2018
Judge Corey E. Spitzer	Common Pleas	Drug	Certified
Judge Mark Wiest	Common Pleas	Reentry	Certified
Judge Latecia Wiles	Juvenile	Family Dependency	Certified

- Juvenile Family Dependency Court meets weekly and provides a full-time case manager; however, there is difficulty retaining staff and providing participant transportation.

Intercept III – Identified Gaps

- Transportation for specialty docket clients
 - Addiction Treatment Program (ATP) Funds
- Programming space in jail
- Long delays in case processing
- OneEighty staff capacity in jail; clinical hours available to incarcerated individuals
- Retaining staff at the Juvenile Family Dependency Court
- Mental Health Court
- Number of medical/mental health cells

- Transport to programs from jail
- Lack of access to Medication Assisted Treatment, except Subutex for pregnant women
 -
- Attrition for clients in programs due to transfer

Intercept III – Identified Opportunities

- Clinical Intern for OneEighty in jail
- Local providers could prescribe MAT to continue treatment in jail
- Increase Information Technology training
- Multi-County Juvenile Attention System
 - Renovations/updates
 - Data review for needs

Recommendations

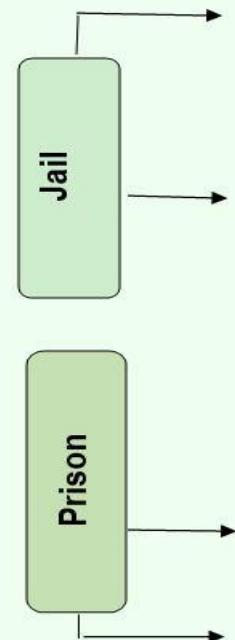
- Review policies and practices of other jails – Ohio or elsewhere – where MAT is made available to inmates and negotiate inclusion of MAT in the jail medical provider contract. Also, reference the joint recommendation/position issued by the American Correctional Association (ACA) released recently on the Treatment of Opioid Use Disorders for Justice Involved Individuals (Appendix A).

Intercept IV: Prisons / Reentry

Reentry - Prison

- On average, 75-90 individuals return to Wayne County from prison per year.
- Among the individuals returning from prison to the community each year, the Community Transition Program of CareSource (CTP) and the Ohio Department of Mental Health and Addiction Services (OMHAS) completes screening and assessment for substance use disorders and sends referral packets to partner agencies for linkage to local services. In Wayne County, there were 17 referrals as of the date of this workshop. The providers receiving the packets include Catholic Charities of Wayne County and Anazao Community Partners. Both agencies engage in pre-release in-reach.
- Community Linkage referrals from OMHAS regarding individuals with serious mental illness returning from prison to the community are sent to The Counseling Center of Wayne-Holmes Counties.
- Anazao Community Partners implements the county Reentry Coalition, which provides monthly video in-reach, assessment, eligibility determination, behavioral health diagnosis within six months, referral to services and follow-up.
 - Reentry Service Coordination provides monthly meetings at Anazao to provide referral services for those returning from prison. Agencies, returning citizens and parole officers attend.
 - Behind Bars and Beyond is staffed by volunteers of the Reentry Coalition. They provide prison in-reach and hold monthly support meetings at St. James Church to provide support services for those returning from prison.
- The county utilizes the Stark Regional Community Corrections Center (SRCCC) in Canton as its primary Community-based Correctional Treatment Facility (CBCF).
 - SRCCC can house 106 males and 24 females. Individuals are released with a release plan.

Intercept 4 Re-entry



Reentry – Jail

- Individuals are released with whatever remains of the medication they brought into the jail. Those who did not bring in their own medication may be released with a prescription for up to two weeks under certain circumstances. The Counseling Center has a pharmacy on-site to assist with this process.
- Anazao Community Partners provides a reentry coordinator that meets with individuals face-to-face, utilizes a checklist for reentry and provides follow-up to track engagement; however, no data is available. Referrals to the reentry coordinator are typically limited to individuals incarcerated ten or more days who also completed the mental health and substance use screening through OneEighty.
- The Counseling Center of Wayne-Holmes Counties, OneEighty and peer supports provide in-reach.

Veterans

- Wayne County has a Veterans Justice Outreach representative; however, there is minimal collaboration with these services.

Intercept IV – Identified Gaps

- Coordination with Veteran services
- Medication policies for those reentering the community
- Coordination of reentry for individuals that stay for less than ten days
- Engagement data of those receiving reentry coordination services

Intercept IV – Identified Opportunities

- Exploring Vivitrol upon release

Recommendations

- Clarify the policy regarding issuance of prescription for medications upon release from jail for those individuals who did not bring in outside medications.

Intercept V: Community Corrections / Community Support

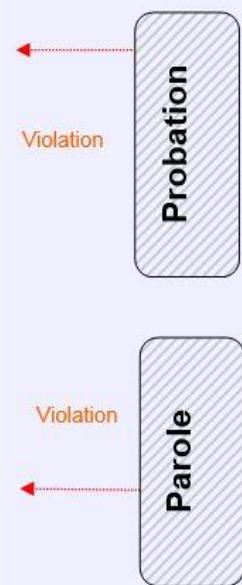
Probation

- Those present at the workshop stated that local agencies and law enforcement have a good relationship with the Probation Departments.
- Common Pleas has seven Probation Officers including the supervisor, each with a caseload average of 300; however, the supervisor has a smaller caseload. Three have specialized caseloads – two for Intensive Supervised Probation (ISP), which can include individuals with mental health concerns and Drug Court participants with an average caseload of 40+ and one for low-moderate risk with an average caseload of 70-100. A few Probation Officers are trained in *Thinking for a Change*. Probation Officers utilize a sanction grid based on risk level of the individual and offense. The sanction grid includes basic supervision, intensive supervision and then assessment for eligibility for Drug Court.
 - OneEighty provides weekly meetings with peer supporters and Drug Court participants and in-house 12 panel/adulterants drug testing

Intercept 5 Probation/Community Supervision

Family - Peers – Work – Treatment – Programming -

COMMUNITY



- Municipal Court has six Probation Officers including the supervisor, each with a caseload average of 175. Two officers have specialized caseloads – one for non-reporting first offense DUIs (driving under the influence) with an average caseload of 300 and one for domestic violence with an average caseload of 150. Ohio Risk Assessment System (ORAS) results are used to help determine supervision level. The Probation Department generally uses a graduated approach to probation, i.e., basic probation first, then intensive, then assessment for eligibility for drug court, and the department received a grant to incorporate substance use screening. Probation Officers also utilize a graduated sanction approach.
 - Moral Reconation Therapy (MRT) is provided weekly and centered around domestic violence with eligibility based on high risk level.
- Both Probation Departments utilize The Carey Guides and Cognitive Behavioral Therapy (CBT) techniques.
- Some Probation Officers receive mental health and substance use training.
- Juvenile Court Probation Officers utilize a screener with questions pertaining to trauma and substance use. Probation Officers are reporting a low use of “heavy” drugs.

Parole

- Adult Parole Authority was not represented at the workshop. Jail staff reported having a good working relationship with parole, and anecdotally noted that parole officers have limited authority.

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 Wayne County.

- The Counseling Center of Wayne-Holmes Counties provides a pharmacy for those needing mental health medications.
- OneEighty provides individual counseling, intensive treatment programs, group treatment, recovery housing and peer recovery services.
 - Noble House – residential treatment for men
 - Beacon House – residential treatment for women
 - Five recovery houses
- The Wayne County Housing Coalition provides advocacy and support for individuals seeking housing.
- A New Day provides transportation upon request.
- OneEighty operates Oasis Recovery Club, which provides a volunteer run sober drop-in center for those in recovery from substance use disorders. The center provides food, computers, entertainment, and more; currently hours are fluctuating.
 - Probation Departments will refer individuals to the center; however, those present at the workshop indicated that there is a concern about recent drug activity.
- Those present at the workshop noted that local employers need more employees and therefore may be open to hiring individuals in recovery and those reentering the community from jail or prison.
 - Municipal Probation Department is having trouble with employment placement and willingness of non-profits to accept community service assignments; several non-profits have policies that disallow individuals with a criminal record to complete community service.

Intercept V – Identified Gaps

- Very little contact between Probation and Parole; communication lacking
- Wait time for some services
- Funding for monitoring and drug testing
- Transportation
- Affordable treatment
 - Treatment dollars to pay for individuals that are not Medicaid eligible

- High Probation caseload sizes
 - Municipal Probation caseload size forces a lot of triaging
 - Common Pleas ISP caseload size
- Housing; need communication and information to gauge needs
- Bed wait for residential treatment for those in the CBCF
- Employment for those in recovery
 - Meeting employment needs and responsiveness to criminal justice and recovery community

Intercept V – Identified Opportunities

- Hope to get Day Reporting up and running in the next year
- Employers may be open to hiring those in recovery and those reentering the community from jail or prison; may need more value propositions to increase willingness to hire
- Duplicating drug testing; may be an opportunity to share drug testing information and responsibility

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 committee overlooking the mapping process may want to contact OOD for updated service information and engage their assistance. OOD's website is www.ood.ohio.gov

Priorities for Change

Wayne County, Ohio

Wayne 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 if 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. After hours crisis services
2. 24/7 drop off center
3. Transportation
4. Pretrial services
5. Medication assisted treatment in jail

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

- Identification of overdose “hotspots” (4 votes, Intercept 0)
- Access to treatment beyond Monday-Friday (3 votes, Intercept 0)
- Drug drop-off locations that are not located at a law enforcement agency (3 votes, Intercept 0)
- Residential treatment wait time (3 votes, Intercept 0)
- Level three residential treatment is difficult to access for those with serious mental illnesses (2 votes, Intercept 0)
- Funding for drug testing (2 votes, Intercept 5)
- Identifying individuals who are likely to reoffend and accessing help earlier (1 vote, Intercept 2)
- Programming space in jail (1 vote, Intercept 3)
- High Probation caseload sizes (1 vote, Intercept 5)
 - Municipal Probation caseload size forces a lot of triaging
 - Common Pleas ISP caseload size

Parking Lot Issues

- Legislative timelines for child welfare cases – unrealistic and conflictual/different than recovery timeline/needs
- Ohio Department of Education demands on graduation requirements vs. local needs
- State level coordination of Collective Impact and opiate Sequential Intercept Mapping and HUBs
- State's inadequate response to treatment system after closure of pill mills. State level coordination did not occur across systems to respond appropriately to a statewide crisis.
- How can we address individuals that fall through the cracks and work with individuals who are not ready for treatment?
- Treatment and support services for children whose parents are incarcerated

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

Additional Resources

Arnold Foundation	arnoldfoundation.org
CIT International	citinternational.org
Coalition on Homelessness and Housing in Ohio	http://cohhio.org/ http://www.cohhio.org/pdf/Training/BuildinganOffenderReentryProgram.pdf http://cohhio.org/programs/soar_2011
Corporation for Supportive Housing	40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	http://csgjusticecenter.org/mental-health/
The Federal Bonding Program	http://www.bonds4jobs.com/
Lutheran Metropolitan Ministry Community Re-entry	http://www.lutheranmetro.org/Community-re-entry/ Email: mail@lutheranmetro.org Phone: 216-696-2715
National Association of Pretrial Services Agencies	NAPSA.org
National Alliance on Mental Illness (NAMI) NAMI Ohio	www.nami.org www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu/
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	http://store.samhsa.gov/home
National Criminal Justice Reference Service	https://ncjrs.gov/
National GAINS Center/TAPA Center for Jail Diversion	http://gainscenter.samhsa.gov/
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	www.drugabuse.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Coordinating Center of Excellence	www.neomed.edu/cjccoe
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	http://www.drc.ohio.gov/web/reentry_resource.htm
Ohio Ex-Offender Reentry Coalition	http://www.reentrycoalition.ohio.gov/
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Policy Research Associates	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org/
Pretrial Justice Institute Diversion Programs	http://pretrial.org/DiversionPrograms
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
Supreme Court of Ohio Specialized Dockets Section	http://www.supremecourt.ohio.gov/JCS/specdockets/
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	http://cit.memphis.edu/
Veterans Justice Outreach	http://www.va.gov/HOMELESS/VJO.asp

Sequential Intercept Mapping Participant Roster
Wayne County, Ohio | November 27-28, 2018

Name	Title	Organization	Email
Ron Amstutz	Commissioner	Wayne County Commissioners	ramstutz@wayneohio.org
Rod Baca	Public Defender	Wayne County Public Defender's Office	rbaca@wayneoh.org
Leslie Baus	Mobility Coordinator	Community Action Wayne/Medina	lbaus@cawm.org
Kristen Beichler	Emergency Department Unit Director	Aultman Orrville Hospital	Kristen.beichler@aultman.com
Matt Birkbeck	Chief	Orrville Police Department	mbirkbeck@orrville.com
Kim Booth	Director of Emergency Services	Wooster Community Hospital	kbooth@wchosp.org
Tod Carmony	President/Chair	Wayne Insurance Group/Wayne County Opiate Task Force	Tod_carmony@waynemutual.com
Nick Cascarelli	Wayne County Health Commissioner	Wayne County Health Department	ncascarelli@wayne-health.org
Piper Davidson	Justice Center Counselor	OneEighty	davidsonp@one-eighty.org
John Dillon	Clinical Services Director	Wayne County Children's Services	John.dillon@jfs.ohio.gov
Bobbi Douglas	Executive Director	OneEighty	douglasb@steps-ewh.org
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Cheryl Gerwig			cgerwiq@waynecourts.org
Misty Hanson	Chief Probation Officer	Wayne County Juvenile Court	mhanson@waynecourts.org
Vicky Hartzler	Associate Director	Wayne and Holmes Counties Mental Health and Recovery Board	vhartzler@whmhrb.org
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Jacquelyn Kraps	Chief Clinical Officer	The Counseling Center	jkraps@ccwhc.org
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Nicole Labor	Medical Director	OneEighty	laborn@one-eighty.org
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Michelle Oney	Probation Officer	Wayne County Municipal Court	money@waynecourts.org
Stan Popp		Wayne County Housing Coalition	spopp@waynemha.org
Jammie Richards	Captain/Jail Administrator	Wayne County Sheriff's Office	jrichards@wcsohio.org
Scott Rotolo	Assistant Chief	Wooster Police Department	srotolo@woosteroh.com
Sue Smail	Commissioner	Wayne County Commissioner	ssmail@wayneohio.org
Tara Snyder	Executive Director of Nursing Services	Aultman Orrville Hospital	Tara.snyder@aultman.com
Dave Stauffer	Chief Operating Officer	The Counseling Center	dstauffer@ccwhc.org
Sandy Stebly	Director	Tri-County Preschools	Tesc_sstebly@tccsa.net
Mark Woods	Executive Director	Anazao Community Partners	woodsm@anazao.co
Judy Wortham-Wood	Executive Director	Wayne and Holmes Counties Mental Health and Recovery Board	jwood@whmhrb.org

Action Planning Matrix for Wayne County, Ohio

Priority Area 1: After hours crisis services				
Objective		Action Step	Who	When
1.	Determine ways to improve response at initial point of contact (law enforcement and crisis)	A. Additional in-person meetings and training B. Preview of The Counseling Center procedures around on-call access	Scott Rotolo, Bobbi Douglas, and Jacquelyn Kraps Jacquelyn Kraps and Dave Stauffer	Possibly coincide with Advanced CIT 2-3 weeks
2.	Provide 24-hour access to consultation, referral and assessment for detox and substance use disorder treatment	A. Determine a protocol to implement (discuss with staff) B. Considering recovery coaches	Judy Wortham-Wood and Bobbi Douglas Jacquelyn Kraps and John Dillon	3 months planning 3 months implementation
3.	Examine creative tech related options	A. Have ongoing exploration of tele-mobile crisis, ACHASS application, etc.	Full work group	Ongoing

Action Planning Matrix for Wayne County, Ohio

Priority Area 2: 24/7 drop-off center				
Objective		Action Step	Who	When
1.	Identify who should be at the table	A. Identify/benchmark drop-in centers in other communities B. Hold internal discussions within interested agencies	Ruth Simera and committee Anazao Community Partners, OneEighty and The Counseling Center	Spring 2019 Spring 2019
2.	Collect supportive data to demonstrate need for center	A. Engage local emergency departments (ED) to request tracking/monitor data regarding patients who may benefit from the availability of such a center B. Engage local agencies to obtain data regarding clients who could benefit from the availability of such a center	Aultman Orrville ED, Wooster ED, and Wayne and Holmes Counties Mental Health and Recovery Board Anazao Community Partners, OneEighty and The Counseling Center	Spring 2019 Spring 2019
3.	Develop and present a pitch for space, funding and staffing	A. Benchmark pitches from other successful centers B. Apply and integrate Wayne County specific data C. Identify and approach pretrial partners	Ruth Simera and committee Committee Committee	Fall 2019 Fall 2019 Fall 2019

Action Planning Matrix for Wayne County, Ohio

Priority Area 3: Transportation				
Objective		Action Step	Who	When
1.	Determine transportation need	A. Assess current transportation availability B. Determine where they need to be transported to – survey to stakeholders a. What is going well? b. What are the needs?	Community Action Mobility Coordinator Community Action Mobility Coordinator and Wayne and Holmes Counties Mental Health and Recovery Board	January 2, 2019 February 1, 2019
2.	Educate stakeholders of available transportation	A. Work with Transportation Coalition to develop transportation education campaign B. Networking	Transportation Coalition Transportation Coalition	March 2019 March 2019
3.	Seek funding for transportation	A. Establish current local funding B. Establish national/regional funding C. Define funding source D. Apply for all available funding	Wayne and Holmes Counties Mental Health and Recovery Board and Community Action Wayne and Holmes Counties Mental Health and Recovery Board and Community Action Wayne and Holmes Counties Mental Health and Recovery Board and Community Action Wayne and Holmes Counties Mental Health and Recovery Board and Community Action	Ongoing Ongoing Ongoing Ongoing
4.	Recruit transportation providers	A. Look at existing pool to establish capacity B. Develop dispatching system C. Retired and Senior Volunteer (RSVP) program	Community Action Community Action Community Action	February 2019 February 2019 June 2019

Action Planning Matrix for Wayne County, Ohio

5.	<p>Assess availability of grouping services to make transportation more efficient</p>	<p>A. What services are provided in what locations? B. Research best practices C. Benchmarking</p>	<p>To be determined To be determined To be determined</p>	<p>To be determined To be determined To be determined</p>
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Action Planning Matrix for Wayne County, Ohio

Priority Area 4: Pretrial services				
Objective	Action Step	Who	When	
1. Assess interest and commitment of Common Pleas and Municipal Court Judges regarding the implementation of pretrial services	A. Conversation/meeting with all Judges	Cheryl Gerwig and Michelle Oney	12/14/18	
2. Identify system wide education about legal foundations of pretrial services	A. Identify education resources/trainers (National Institute of Corrections?) B. Search/apply for funds	Cheryl Gerwig Michelle Oney	2/28/19 2/28/19	
3. Schedule training	A. Schedule training for system wide partners	Cheryl Gerwig and Michelle Oney	3/31/19	
4. Hold training	A. Provide training/educational services	Committee meeting/Judges/Prosecutor/Public Defender	6/30/19	
5. Determine if Wayne County has the resources/support/funding to begin implementing pretrial services	A. Final discussion with Judges/Prosecutors/Public Defenders/Committee members	Committee meeting/Judges/Prosecutor/Public Defender	7/31/19	
6. Identify personnel needs	A. Discussion with staff and Judges about availability of staff or if additional staff is need	Judges/Court staff	8/31/19	
7. Hold next committee meeting	A. Meet on January 15, 2019 at 10:00 AM	Committee members	1/15/19 at 10:00 AM	

Action Planning Matrix for Wayne County, Ohio

Priority Area 5: Medication assisted treatment in the jail				
Objective		Action Step	Who	When
1.	Facilitate meeting between Advanced Correctional Healthcare and OneEighty	A. Invite Dr. Labor and Bobbi Douglas to upcoming medical meeting (schedule 12/20/18 at 9:00 AM) B. Invite Wayne and Holmes Counties Mental Health and Recovery Board representative C. Invite probation representative	Captain Richards Captain Richards Captain Richards	11/29/18 11/29/18 11/29/18
2.	Discuss pros and cons of medication assisted treatment within the jail	A. Add discussion topic to the meeting agenda B. Notify Verda (Advanced Correctional Healthcare) of meeting agenda	Captain Richards Captain Richards	11/29/18 11/29/18
3.	Determine cost and funding sources	A. Add to meeting agenda B. Inquire about Wayne and Holmes Counties Mental Health and Recovery grants/funding available C. Free vivitrol samples? D. Medicaid eligibility (release prior to administrator of vivitrol?)	Captain Richards Vicky Hartzler Dr. Labor/OneEighty Captain Richards	12/19/18 12/20/18 12/20/18 11/30/18
4.	Determine specific prescription and type to be used	A. Add to meeting agenda	Captain Richards	12/19/18
5.	Prioritize who is eligible for medication assisted treatment	A. Follow up with ongoing discussion post-medical meeting B. Develop policy/procedure regarding medication assisted treatment in jail for OneEighty	Piper Davidson, Probation, OneEighty and Medical Team Piper Davidson, Probation, OneEighty and Medical Team	To be determined To be determined

Appendix

Appendix A



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

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301-547-4112

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

Statement supports access to all evidence-based treatment options

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

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

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

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

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

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



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

2018-2

Introduction:

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

Policy Statement:

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

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

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

A. Screening/Prevention

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

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

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

B. Treatment

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

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).

Appendix B

JAIL BOOKINGS Please report most recent data available (12-36 months) and use a consistent time range throughout the report.	
Person Completing Form (name/title) <u>James Richards, Captain, Wayne County Sheriff's Office</u>	
Time period being reported (Identify a recent six-month to one year period) <u>1/1/2018-8/31/2018</u>	
What is the rated capacity of the jail?	120
What is the average daily total population of the jail?	140
What is the average number of total daily bookings?	9
What type of automated system is used to collect Jail Booking, classification, health and release information?	Jail management system or manually
Based on the total jail population for the time range being reported, please provide the number for each classification of inmate below: <i>(If unable to provide objective data on booking types, please provide estimated average percentage for each booking)</i>	
Pretrial Misdemeanor	245
Pretrial Felony	293
Probation Violation	105
Sentenced local	1663
Sentenced awaiting transport	185
Other (specify)	
Are there special accommodations made for substance dependent individuals? Separate facility or unit?	No
Is there a medical pod?	No
Is there a mental health pod?	No
What are the days/hours per week the following medical professionals are on site? Physicians?	2
Nursing staff?	72
Mental health and/or addictions staff (e.g. psychiatrist, psychologist, substance use counselor.... others)?	70
Do inmates have access to medication assisted treatment (MAT) (e.g., naltrexone/Vivitrol)?	No
What detox or withdrawal management services are available to inmates?	Please see attached protocols
<i>The following section asks about people who were identified as having a substance use problem for the timeframe being reported.</i>	
How many people, total, are identified as having a substance use (i.e., alcohol or other drugs) problem?	791 (out of 969 assessments)
How many people identified as having a substance use problem were identified by jail booking staff?	0
How many people identified as having a substance use problem were identified while incarcerated after initial intake (by corrections officers, health staff or others)?	791
How many people, total, are identified as having a substance use problem?	261
Of those identified as having a substance use problem, how many had an opiate use problem?	
What screening tool is used to identify possible substance use?	Self-generated screening tool
What screening tool is used to identify possible mental illness?	

Does your Booking/Automated system allow the Jail to identify or flag defendants with substance use and/or mental illness for future booking information?	No
What is the average daily population of persons with substance use disorders?	101
What is the average daily population of persons with mental illness?	123
What is the average number of daily bookings of people with substance use disorders (total)?	7
What is the average number of daily bookings of people with substance use disorders involving opioids?	2
What is the average number of daily bookings of people with substance use disorders involving non-violent offenses?	5
What percentage of the pre-trial population represents persons with substance use disorders?	441
What percentage of the pre-trial population represents persons with substance use disorders Involving opioids?	146
What percentage of the pre-trial population represents persons with substance use disorders involving non-violent offenses?	331
What percentage of the sentenced population represents persons with substance use disorders?	1515
What percentage of the sentenced population represents persons with substance use disorders involving opioids?	500
What percentage of the sentenced population represents persons with substance use disorders involving non-violent offenses?	1136

CROSS TABULATION OF MULTI-SYSTEM DATA

For the entire population of persons booked into jail during the identified timeframe (open or closed cases):

Is Jail information on inmates' possible substance use disorder and/or mental health shared on a regular basis with mental health, substance use treatment or developmental disability agencies? ----If so how and when?	Yes – contract with these agencies to do provide services in the jail
Is Jail information on inmates' possible substance use disorder and/or mental health shared on a regular basis with courts? ----If so, how and when?	Yes
On an as-needed basis	
How many people were known to the substance use treatment system?	Unknown
How many people accessed acute crisis services in the jail during the specified reporting period?	Unknown
How many people were known to the mental health treatment system?	Unknown
How many people were known to the Developmental Disabilities system?	Unknown

ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION

For those who are identified as **persons with substance use disorders** (which may include co-occurring mental illness or developmental disabilities) by jail, other criminal justice, or treatment systems, what are the nature of the charges?

Misdemeanors	538
Felonies	253
Violent Behavior	198
Violations of Probation	79
Frequency - How many arrests / bookings per person? (average)	See attached
Length of stay in the jail for each episode of incarceration (average)	14 days

DISCHARGE / REENTRY of **individuals with substance use disorders, which may include co-occurring disorders:**

Provide total number:

How many people with substance use or co-occurring disorders left the jail with financial benefits, entitlements, or identified income/resources in place?	553
How many people with substance use or co-occurring disorders left the jail with a shelter as the identified residence?	25

How many people with substance use or co-occurring disorders left the jail and had no known residence?	158
How many people with substance use or co-occurring disorders left the jail with an appointment at a substance abuse or mental health treatment service?	153
How many people with substance use or co-occurring disorders had contact with a helping professional from the community to facilitate reentry?	791

Community Collaboration Questionnaire

Effective and efficient services for people with substance use disorders or co-existing mental illness in the justice system requires meaningful cross-system collaboration. The *Community Collaboration Questionnaire* provides the CJ CCoE with background information about your community's experience in collaborating across systems. It is recommended that one questionnaire be completed in consultation with all key stakeholders.

This information helps prepare the CJ CCoE for providing the best direction during the training about the points of intervention most useful in your community. This Word document can be filled in and returned by way of email to rsimera@neomed.edu

Community: Wayne County		
Contact Person:	Phone:	Email:
Joanna Edwards	330-264-2527	JEdwards@whmhrb.org

Please check the appropriate box for each and provide descriptions as necessary.		
1	How many deaths have there been resulting from drug overdose in your county in the past 12 months (or the most recent 12-month period for which statistics are available)? Identify the time period. Do you have data available for the prior 12 months? If so, please provide. Identify the time period.	(insert number) 21 (8/10/17-8/10/18) Not at this time; we did have 15 recorded overdose deaths 1/1/7-8/9/17
2	Of the deaths reported in question #1, how many involved opioids?	(insert number) 23 of 36 (1/1/17-8/10/18)
3	Of the drug overdose deaths, how many individuals were currently engaged or had prior contact with the behavioral health system? Engaged in mental health treatment system only Engaged in substance use treatment system only Engaged in both mental health and substance use treatment systems (i.e., Dual disorder)	(insert number) Total: 27 of 36 (1/1/17-8/10/18) MH only: 7 SU only: 11 Dual:9
4	Of the drug overdose deaths, how many individuals had prior involvement with the criminal justice system within the past year?	(insert number) In 2017 17 out of 25 has been through the criminal justice system. In 2018 8 out of 11 have been. Total 25 out of 36 for the two years have been through the system.
5	Has your community begun to collaborate in providing services/working with people with substance use disorders and co-occurring disorders in the criminal justice system? (If yes, please explain). <i>Yes. Services are offered on-site at the jail and we have a drug court in place. The probation department routinely refers probationers to mental health/substance abuse treatment providers. MAT and recovery coaches are also available.</i>	Yes

6	<p>Does your community have a cross-system collaborative team or task force?</p> <p><i>If yes, please list the membership by agency and/or title, listing mental health providers, criminal justice services, substance use services, consumers, family members, elected officials and others.</i></p> <p><i>Two collaboratives come to mind: the Opiate Task Force (OTF) and the Community Corrections Board.</i></p> <p><i>OTF members include:</i> <i>Wayne County Commissioners; Mayor of Wooster; Executive Director, OneEighty; Director, Child Support Enforcement Agency; The United Way; Judge, Court of Common Pleas; Wayne County Prosecutor; Executive Director, Wayne County CSB; Wooster Police Department; Wooster Community Hospital; Executive Director, Viola Startzman Free Clinic; Executive Director, Anazao Community Partners; Executive Director, Community Action Wayne/Medina; Health Commissioner, Wayne County Health Department; Wayne County Sheriff; Executive and Associate Directors, Mental Health and Recovery Board of Wayne & Holmes Counties</i></p> <p><i>Community Corrections Board:</i> <i>Judges, Municipal and Common Pleas; Wayne County Sheriff's Department; The Counseling Center of Wayne and Holmes Counties; Executive Director, Anazao Community Partners; Executive Director, OneEighty; Executive and Associate Directors, Mental Health and Recovery Board of Wayne & Holmes Counties; Adult Probation; Wayne County Prosecutor</i></p>	Yes
7	<p>Does your community provide for cross-training of mental health, substance use, criminal justice and other providers?</p> <p><i>If yes, please list recent programs:</i> <i>CIT (basic and advanced)</i></p>	Yes
8	<p>Does your community offer primary prevention/education programming for substance use?</p> <p>If yes, to what audience? <i>We provide community-based prevention/education delivered through the work of our local coalitions and the mentoring of high-risk youth.</i></p> <p>Is the programming evidence-based? <i>Yes</i></p>	Yes
9	<p>Does your community have resources identified to work with people with substance use and/or co-existing disorders?</p> <p>In the criminal justice system? <i>Our drug court, jail-based services, and the referral relationship between probation and providers all serve to work with people with substance use and/or co-existing disorders.</i></p> <p>If yes, how are resources publicized? <i>Attorney referrals, the Wayne County Adult Probation website, and the Supreme Court of Ohio websites all provide publicity for these resources.</i></p>	Yes

10	<p>Do treatment agencies and courts have dedicated staff or staff time to work with the criminal justice/substance use population?</p> <p><i>Please describe:</i></p> <p><i>Our local drug court, jail-based service providers, recovery coaches, peer supports, and case managers are all dedicated to working with the criminal justice/substance use population. CSB also has a case manager and visitation specialist assigned to this population.</i></p>	Yes
11	<p>Does your community gather data about persons with substance use disorders and co-existing mental illness involved with the criminal justice system?</p> <p><i>Please describe:</i></p> <p><i>OneEighty tracks referral sources, including cases referred by the criminal justice system. The probation department and jail also gathers data regarding these diagnoses.</i></p>	Yes
12	<p>Does your community have an identified boundary spanner (individual whose identified role is to link the criminal justice, substance use, and mental health treatment systems)?</p> <p><i>Please describe the position and the person(s):</i></p>	No
13	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance treatment coordination across agencies or systems?</p> <p><i>Please describe or if possible, provide copies of MOUs:</i></p> <p><i>Drug Court and Community Corrections – will provide copies.</i></p>	Yes
14	<p>Are there any local agencies that have not participated in collaboration efforts?</p> <p><i>Please describe:</i></p> <p><i>Some of our smaller mental health agencies have not participated in these efforts. Local hospitals/Emergency Departments have also had limited participation (particularly with regards to QRT referrals).</i></p>	Yes
15	<p>Does your community have any jail or court diversion programs for substance use or co-existing disorders at this time?</p> <p><i>Please describe:</i></p> <p><i>We offer Intervention In Lieu of Conviction, which also provides a probation officer with a specialization in this population.</i></p>	Yes
16	<p>Does your community have any specialty courts?</p> <p><i>Please describe:</i></p> <p><i>Drug Court, Family Dependency Court, Re-entry Court</i></p>	Yes
17	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement?</p> <p><i>Please describe or if possible, provide copies of MOUs.</i></p> <p><i>Yes – probation will provide copies.</i></p>	Yes
18	<p>Have screening or assessment procedures been instituted in the mental health, substance use and criminal justice systems to identify people with substance use disorders and co-occurring mental illness?</p> <p><i>Please describe:</i></p> <p><i>Jail screening – ask Piper Davidson at OneEighty</i></p>	Yes
19	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison?</p> <p><i>Please describe:</i></p> <p><i>Re-entry Court, support groups, Re-entry Coalition, NAACP Criminal Justice committee</i></p>	Yes
20	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p> <ul style="list-style-type: none"> - <i>HIPAA</i> - <i>42CFR</i> - <i>Sensitivity to the distinct roles/missions of each agency</i> 	

21	<p>Please describe any other examples, other than what is already listed in this questionnaire, of successful collaboration to address issues associated with substance use and mental disorders in your community, including those involving criminal justice services.</p> <p><i>The Wayne County Opiate Task Force (described above) has five main subcommittees: Intervention, Prevention, Support, Treatment, and Evaluation & Data. Most subcommittees meet on a monthly basis, with the large task force meetings taking place every other month. Our CIT training group offers both Basic and Advanced level education.</i></p>
22	<p>What would you list as your community's strengths?</p> <ul style="list-style-type: none"> - <i>Our Opiate Task Force</i> - <i>CIT (basic and advanced)</i> - <i>Strong continuum of care</i> - <i>Strong probation department with extensive knowledge, experience, and familiarity with this population</i> - <i>OneEighty recently received its terminal distribution license</i> - <i>Dr. Nicole Labor is now full-time at OneEighty providing MAT</i> - <i>Community relationships including those with the College of Wooster, the NAACP, and the Re-entry Coalition</i> - <i>Quick Response Team (QRT)</i>
23	<p>What would you list as your community's biggest challenge at this time?</p> <ul style="list-style-type: none"> - <i>Scheduling: it's difficult to get all of the key stakeholders to the table</i> - <i>Housing</i> - <i>Transportation</i> - <i>Compliance with appointments and follow-up</i> - <i>Lack of a universal Release of Information</i> - <i>Behavioral Health Redesign – billing, reimbursement, licensure requirements for providers, etc.</i> - <i>HIPPA</i>

Appendix C

THE STEPPING UP INITIATIVE Athens County Stepping Up Initiative

Program Brief

Crisis Admission Workgroup – Athens County, Ohio

Problem Statement: Ohio Health O'Bleness Hospital is the only hospital in Athens County and serves as the primary after-hours access to mental health crisis care. Over a two-year period, the number of individuals brought into the Ohio Health O'Bleness 17-bed Emergency Department for medical clearance and pre-screening for psychiatric hospitalization increased significantly, and with that increase a need to address issues of communication, coordination, protocol and safety became apparent. Ohio Health O'Bleness assembled a group of stakeholders to discuss issues and concerns associated with patients presenting to the Emergency Department for medical clearance and pre-hospitalization screening, and in 2011 the Crisis Admission Workgroup formed.

Program Overview: The Crisis Admission Workgroup meets several times a year to address issues around crisis admissions, medical clearance, documentation and communication among stakeholder partners. Members represent:

- Mental health providers/agencies
- Law Enforcement agencies
- Emergency medical services
- Appalachian Behavioral Healthcare
- Athens-Hocking-Vinton Alcohol Drug Addiction and Mental Health Services Board (317 Board)
- Substance use treatment providers
- Southeastern Ohio Regional Jail
- OhioHealth O'Bleness hospital security and Emergency Department medical staff

Members discuss information pertaining to recent patients, and ongoing concerns and questions. Often there are specific issues to address; however, the group is convened on a regular basis whether there is a specific issue to resolve or not. The group has been beneficial for resolving issues and identifying creative solutions to problems; meetings will continue if the group continues to be relevant.

Outcomes: Protocols and procedures to improve collaboration and communication around the *Ohio Revised Code 5122: Hospitalization of Mentally Ill* were developed by the creation of a "blue slip" (application for emergency pre-screen, attached), which allows Law Enforcement to be compliant with the mandates of ORC 5122 without generating multiple pink slips for the same person. Even though Law Enforcement is authorized by law to generate a pink slip, the preference in this area of the state is for pre-screener to do so. In addition, agreements regarding transportation and back-up safety needs have been addressed. For example, Hospital Protective Services officers transport patients to Athens Behavioral Health when their rapport with the patient allows. These transports can be less traumatic for the patients because they often have spent time with the transporting officers. Athens Police Department donated a cruiser for these transports; therefore, their time commitment for transports have significantly decreased. Local Law Enforcement agencies will provide support when needed. The workgroup is a means for continuous quality improvement by providing a regular channel for addressing roles, responsibilities and recent events.