

Ottawa County

Sequential Intercept Mapping and Action Planning for Opioid Epidemic Response



Ottawa County, Ohio

Sequential Intercept Mapping Final Report

April 24 – 25, 2018

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Sequential Intercept Mapping

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Ottawa 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 Ottawa County, Ohio on April 24 & 25, 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 Ottawa 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 & Recovery Board of Erie & Ottawa Counties and the Ottawa County Sheriff's Office requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in March 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 31 individuals representing multiple stakeholder systems including substance use disorder prevention, treatment, and recovery, mental health, social services, medical, corrections, county jail, individuals in recovery, law enforcement, courts, local school districts, and county administration services. Key stakeholders not represented include Municipal Court, Ottawa County Health Department, County Coroner. A complete list of participants is available in the resources section of this document. Daniel Peterca, Russell Spieth and Ruth H. Simera, from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

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

Objectives of the Sequential Intercept Mapping Exercise

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

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

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

Existing Cross-Systems Partnerships

Ottawa County stakeholders and service providers, like those from most other Ohio counties, have been involved in many collaborative projects and relationships over time. There are currently three primary cross-system collaborative teams/coalitions: Crisis Intervention Team (CIT), DART Program, Ottawa County Opiate Collaborative (an initiative of the Ottawa County Family & Children First Council) and *Stepping Up* Initiative.

Consumer Involvement

The local planning team included two individuals in recovery; both attended the workshop.

Data Collection

- The Ottawa 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
 - Ottawa County Jail Data for 2017

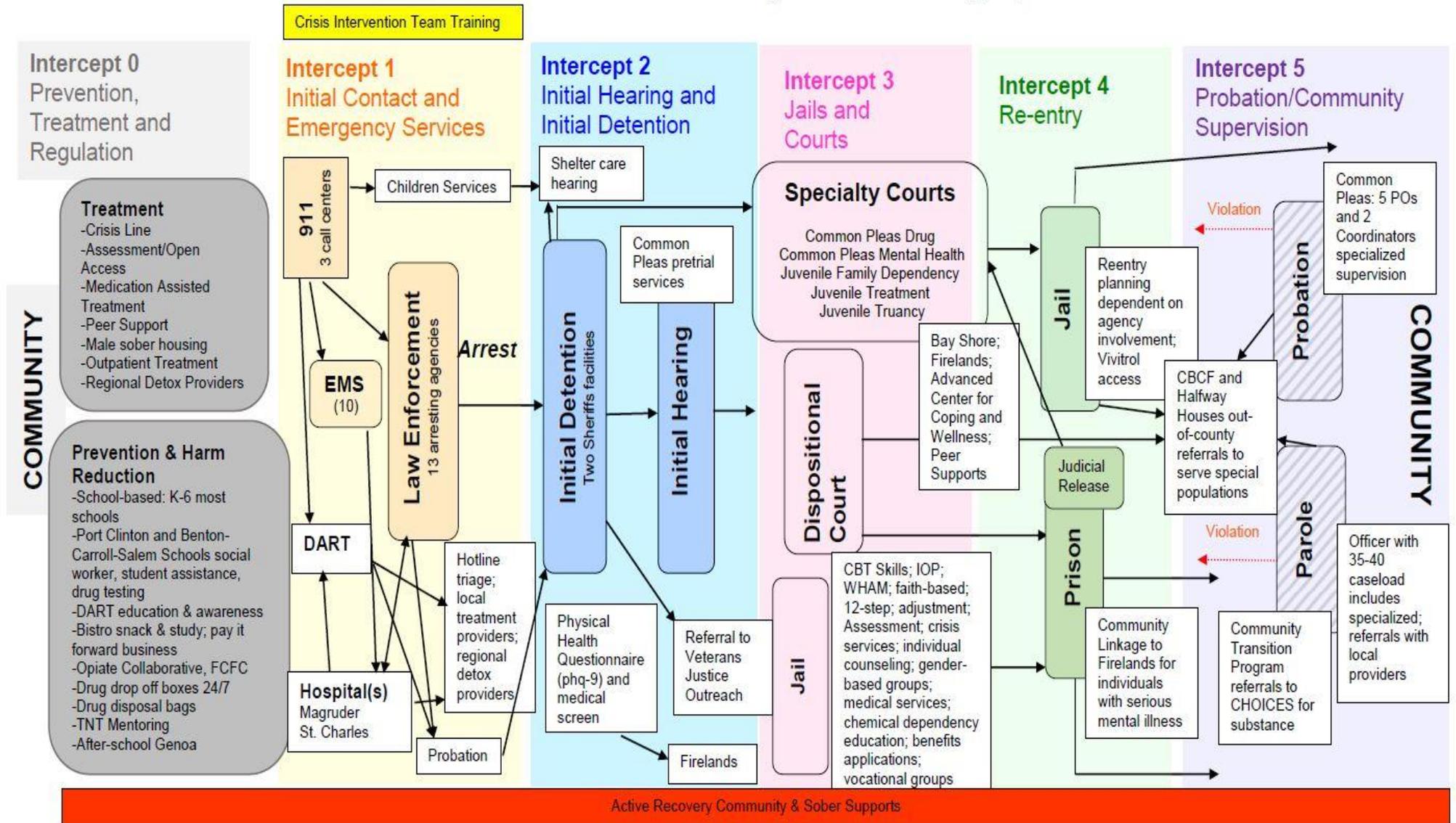
Recommendations:

- Ottawa County has an Opiate Collaborative through their Family & Children First Council. That Collaborative could easily become the overarching organization for coordinating prevention, regulation and treatment strategies for the county. Whether through a Collective Impact or other organizing framework, this approach would enable a county-wide shared vision, agreed upon data collection strategies, and cross-systems approaches. The group should also be encouraged to include additional partners, such as the Ottawa County Coroner and health providers, especially hospital decision makers, in the collaborative.

Sequential Intercept Mapping

Ottawa County, Ohio

Critical Intervention Points for Change: Ottawa County, April 2018



Ottawa County Sequential Intercept Map Narrative

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

This project was an effort to develop strategies across multiple systems to improve the care of individuals affected by opioid use and trafficking and decrease deaths associated with opioid overdose. In 2017, there were 24 overdose cases reported by Nursing Informatics at Magruder Hospital: ten unintentional poisoning by heroin, one intentional self-harm poisoning by heroin, one unintentional poisoning by other opioids, two intentional self-harm poisoning by other opioids, one unintentional poisoning by fentanyl, and nine unintentional poisoning by unspecified narcotics. The hospital does not know the official cause of death at the time the patient's chart is coded, so typically codes these types of cases as cardiac arrest. Overdose deaths were not reported prior to the workshop. This information can be requested from the office of the Coroner, Dr. Daniel Cadigan.

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

This narrative reflects information gathered before, during, and after the *Sequential Intercept Mapping Exercise*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Ottawa County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

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

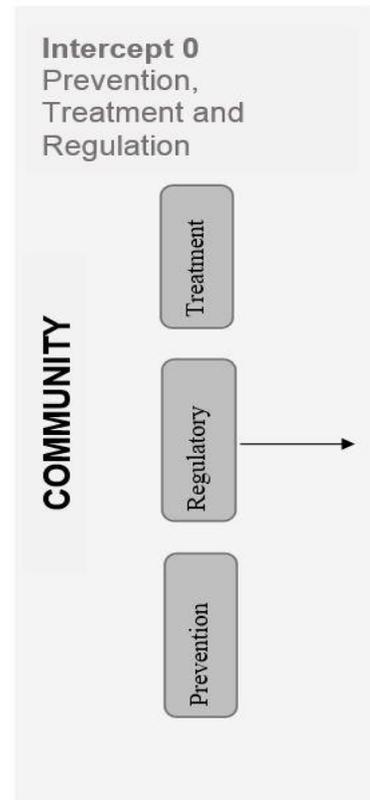
Intercept 0: Prevention/Treatment/Regulation

The following represents services, agencies and programs that were highlighted during the workshop and is not meant to be an exhaustive or comprehensive roster of all prevention, treatment, and regulation supports available in Ottawa County. In addition to the services and resources outlined below, participants discussed challenges and barriers to developing a comprehensive response and system of care, including community attitudes that promote stereotypes and stigma, balancing consequences for behavior with acknowledgment of addiction as a disease and treating everyone with dignity and respect, creating a sense of fairness in access to care for different illnesses, community acceptance of the problem.

Prevention & Harm Reduction

- There are a few community-based prevention or education strategies currently in place, including:
 - Annual Family Fun Fair
 - Project Connect is in its first year
 - Family & Children First Council – Opiate Collaborative – has been focused on how to spread the word about dangers of opioids, including a campaign that includes dark silhouette standees, social media, flyers, peers, and other news outlets. The Collaborative sponsored an opiate overdose awareness day in August 2017.
 - Resource cards for individuals that have experienced an overdose, distributed by the DART program

- Prescription drug drop off boxes are available 24/7 at police agencies
- Prescription drug disposal bags are distributed to elderly individuals via Meals on Wheels
- Prevention programs are marketed to schools and attempts are made to honor all requests. Those present at the workshop identified at least nine school-based prevention programs currently in use:
 - Whole Child Matters (also connects with families)
 - Botvin Life Skills
 - Dinah Dinosaur
 - Hidden in Plain Sight
 - Rachel's Challenge
 - After-school Genoa
 - Port Clinton School Social Work has a Student Assistance Coordinator and offers a drug testing program for grades 7-12, whereby student drivers and students in extracurriculars can engage to be randomly tested. Positive tests result in mandated counseling and an external referral. Other activities and resources are used as part of this program, including outside speakers. A recent speaker was Tony Hoffmann.
 - TNT Mentoring is available in all school districts
 - Bistro offers Snack and Study Program; retired teachers volunteer



Treatment

- All in attendance agreed that Ottawa County has a very active and engaged recovery community
- Comprehensive outpatient treatment services are available within the county with no wait time
- There is no inpatient treatment or detox services in Ottawa County
 - Options include Erie County Health Department or Arrowhead and Zepf in Lucas County
- The only residential option currently is 15-bed sober housing for men
 - Anticipate 15-bed sober housing for women, Level 2, in Ottawa County
 - Erie Health Dept planning 80 recovery beds, Level 3 for women in summer 2018
- Medication Assisted Treatment availability exists with Vivitrol and Suboxone; no methadone is available
 - Firelands and CHOICES provide Suboxone
 - Firelands and Erie County Health Department provide Vivitrol
- The Crisis Hotline is available 24/7 by phone and text
- Assessments are available via Open Access at Bay Shore, Firelands, and CHOICES
- Peer Support is available through provider agencies

Intercept 0 Gaps

- Schools want social workers
- No coordinated prevention plan and implementation
- Communication from school to home
- Transportation
- Community awareness of services, including 211
- Available assessment hours
- Coordination with health department
- Coordinated comprehensive treatment with suboxone is inconsistent across providers
- Bridging the gap to Vivitrol
- Women's Sober housing

- Review and monitor OARRS community data

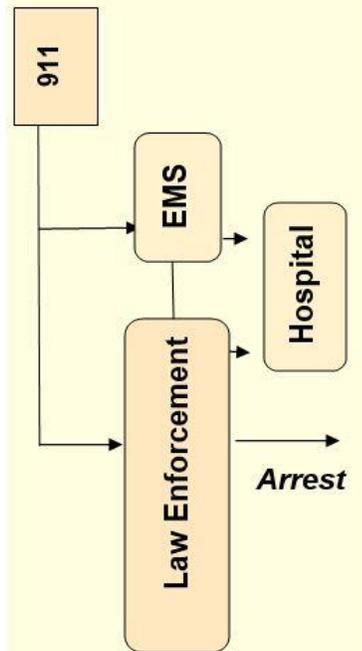
Intercept 0 Opportunities

- 211 is an existing service with greater potential

Recommendations:

- The community might benefit from developing a coordinated prevention/education plan with strategies to address the community at large and the school systems. There are many good programs in place with potential for increasing the impact of each through a shared vision. One possible source for assistance in developing a common philosophy and plan is Partnership for Drug-free Kids (previously Partnership for a Drug Free America) <https://drugfree.org/>
- One of the subject areas lacking during the workshop was regulation of opioid prescriptions. While there was discussion surrounding concerns related to buprenorphine prescribers, there was no indication that anyone in the county is routinely monitoring OARRS (Ohio Automated Rx Reporting System) information related to prescribing trends in Ottawa County. This should be included as routine review within the Opioid Collaborative to help determine what educational or regulation activities are needed.

Intercept 1 Initial Contact and Emergency Services



Intercept I: Law Enforcement / Emergency Services

In Ottawa 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

- There are three call centers and each dispatch for their jurisdictions (county/Sheriff's Office, Port Clinton, and Oak Harbor)
- Children's Services is contacted if an overdose involves parents of dependent children
- Dispatch contacts the DART officer in cases of overdose.

Law Enforcement & Emergency Services

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued January 17, 2018, Ottawa County has 13 Law Enforcement Agencies: Carroll Township Police Department, Catawba Island Township Police Department, Clay Center Police Department, Clay Township Police Department – Genoa, Danbury Township Police Department, Elmore Police Department, Genoa Police Department, Marblehead Police Department, Oak Harbor Police Department, Ottawa County Sheriff's Office, Port Clinton Police Department, Put-In-Bay Police Department, and Rocky Ridge Police Department with an estimated 103 full-time officers.

- EMS is notified first in cases of substance use emergencies. Both EMS and law enforcement respond. EMS is primary responder, although law enforcement is often first on the scene. There are two basic options for individuals with substance use related crisis: hospital or arrest and transport to jail. Detox can follow the hospital visit, but all detox options are out-of-county and take time to access. Individuals might wait 24 hours.

- The Sheriff's Office was going live with a new Computer Aided Dispatch (CAD) system during the workshop. The new system should increase the record management capacities for all Sheriff's Office functions, including the jail.
- Law enforcement officers in Ottawa County do not utilize the civil commitment process (pink slip) for mental illness. In most cases, officers work to convert the situation to a voluntary transport to either a crisis center or the hospital. If that does not work, then officers arrest or threaten arrest. There is no mobile crisis service in the county.
- Ottawa County completed their first Crisis Intervention Team training the week prior to the SI Mapping workshop with 22 graduates. One to two hours plus discussion was spent on substance use disorders. The next training cycle is scheduled, and the Sheriff's Office plans to train 100% deputies, corrections and dispatch. The program also joined with the NAMI Seneca Sandusky Wyandot CIT Steering Committee.
- DART program began in August 2017 to respond to dispatch calls for individuals experiencing an overdose or to the hospital for walk-in cases of overdose. The DART officer cooperates with police, provides information and referrals, and urges individuals to consider treatment, with a choice of treatment or arrest. DART may also report incidents to probation.

Crisis Services

- Firelands offers a 24/7 hotline and 24/7 crisis assessments at the hospital or jail. There is no mobile crisis service, nor a drop off or stabilization unit within the county.

Hospitals/Emergency Rooms/Inpatient Psychiatric Centers

- The only hospital in Ottawa County is Magruder Hospital, which is small. Magruder will utilize Narcan, stabilize the individual, provide written materials and in some cases contact the hotline for triage or make referrals to services before discharge. There are no other substance use services at the hospital.
- St. Charles Hospital in Lucas County is sometimes used for responses on the west side of Ottawa County.
- Law enforcement officers only need to wait at the hospital until a disposition is determined if they are planning to arrest the individual or if an individual is volatile and there is potential for violence
- There was some discussion about consequences of prescription drug shortages
- Northern Ohio Psychiatric Hospital is the state hospital that serves Ottawa County; there is often wait time for admission

Detoxification

- Erie County Health Department provides detox services, but participants indicated that seldom is a bed available (approximately 10% of referrals can be served.)
- Magruder Hospital refers to Zepf or Arrowhead in Lucas County, or other surrounding county resources as needed

Intercept I Gaps

- ▣ Resources and services for the west side of the county
- ▣ DART capacity (currently one full time person)
- ▣ Detox services and capacity
- ▣ No mechanism for holding individuals who have overdosed to ensure they are out of danger
- ▣ Pink slip process – difficulty using and understanding
- ▣ Problems with pink slip for mental health via Firelands (this may need more clarification and discussion)

Intercept I Opportunities

- ▣ CIT program formally initiated and opportunity for expansion; planning two training cycles per year and will include corrections and dispatch

- Potential partnerships

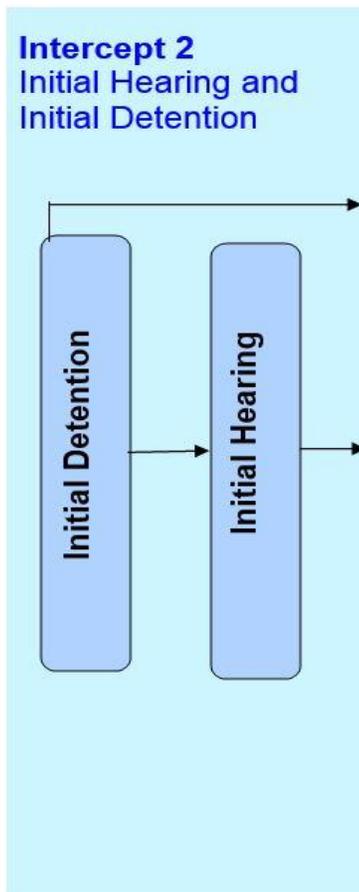
Recommendations:

- Consider including CIT data/stat sheet in the new CAD system.
- The DART program is currently one full time individual who is on call 24/7. To be more sustainable and avoid burnout, the program should explore inclusion of peer recovery support individuals in its model, as well as seek additional financial support to add at least a second part time staff person.
- Identify ways for Magruder Hospital to be a more engaged partner, at least in troubleshooting problems in the community and participating in decision making. There are also models for hospital involvement including education, outreach, induction of buprenorphine in the Emergency Department and appropriate use of inpatient services that do not place a heavy burden on the hospital.

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

Initial Detention

- There are two county jail facilities, with a combined capacity rating of 87. One facility (MSJ) holds inmates with no greater than F3 charge; and one (“Main jail”) is for more severe felonies. The combined jails daily census is averaging 95. The lifetime recidivism rate of the inmates is approximately 55-60%.
- Booking can occur at either jail facility. Significant substance use offenses, intoxicated individuals, individuals with serious mental illness and more severe felonies are placed in the Main facility. The Main facility is also more likely to exceed its capacity of 39 (five females, 34 males). On the day of the workshop there were 47 inmates in the Main facility.
- The booking process includes computer based medical, psychological, observation, and history questions and includes the phq-9 (Patient Health Questionnaire–9) to screen for severity of depression, and substance use screening questions, all of which are completed by correctional staff. Positive screening results are faxed to Firelands within 24 hours weekdays and 48 hours weekends. Firelands contacts individuals by phone and in person. Those present at the workshop indicated that some individuals with substance use disorders are missed in the screening process.



Arraignment/Initial Hearing

- Initial hearings occur within 72 hours on weekends and within 24 hours week days. There are no weekend court hours, although the Municipal magistrate will call in to determine bonds on holidays or long weekends.
- Pretrial Service functions include bond commissioner investigations with assistance from probation. There are no other formal pretrial services. Full risk assessments are not completed. Reports are taken from the arresting agency at the time of arraignment and bond recommendations are based on the summary of facts of the case.
- All individuals released on recognizance bond pretrial are supervised by probation. All officers are used for this function. Pretrial supervision makes up approximately 1/3 of total caseload. Probation officers are also responsible for presentence investigation reports. At the Common Pleas level this will include the Ohio Risk Assessment System (ORAS).
- 80-90% felonies are direct indictment, as are the majority substance use related cases. The appearance rate is reportedly good.
- Arraignments occur via video, except Felony 1 cases which are done in person

- Bureau of Criminal Investigation (BCI) reports are waiting 6-8 months. The prosecutor's office indicated they are trying to manage these pending cases on an individual basis to bundle charges and reduce negative consequences if an individual is doing well in treatment, recovery, Intervention in Lieu,
- If dependent children are removed from the home as a result of a parent's overdose or other substance related encounter with police, and Children's Services files for custody, then a shelter care hearing must occur within 24 hours
- There is no Public Defender's office. Less than 5% individuals have retained counsel; 95% will receive court appointed counsel. Counsel is assigned after the initial hearing; however, most individuals will have counsel at felony arraignment.

Intercept II – Identified Gaps

- ▣ Data collection and monitoring, including recidivism data and underlying, contributing factors
- ▣ No validated risk assessment to inform pretrial decision making; no formal bond investigation at felony level; assessment data not available at initial court hearing
- ▣ MOUs and authorized releases of information
- ▣ Female beds/space
- ▣ Room for programming at main jail
- ▣ No weekend court hours
- ▣ 6-8 months wait for BCI results can delay indictment; no formal process to address timing of indictment for people who are engaged in treatment and doing well
- ▣ Challenge to perform screening on summoned cases
- ▣ No screening for veteran status
- ▣ Lack of resources to cover all probation activities and bail supervision

Intercept II – Identified Opportunities

- ▣ Potential for collaboration with veteran's resource office

Recommendations

- ▣ Consider developing formal pretrial services and/or functions that include risk assessments to inform bond/release decision making. With 60% of the jail population made up of pretrial detainees, there is opportunity to decrease the jail population by only detaining those individuals that are a threat to public safety or at high risk for failing to appear in court.
- ▣ The jail does a thorough job of screening individuals at booking. This information should be captured electronically for data collection and analysis purposes to aid the jail in determining what resources and services are of need to inmates. The information could also be useful to the court in making referrals and recommendations for bond and conditions of bond. Jail, probation and court staff should consider meeting to discuss procedures to accomplish appropriate and meaningful information sharing.

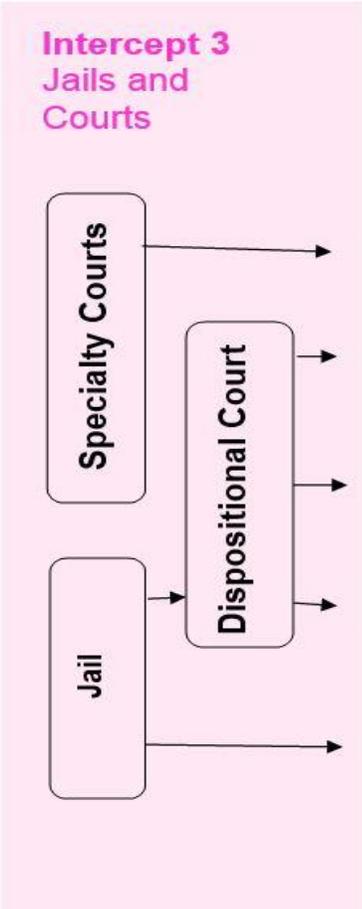
Intercept III: Jails / Courts

Jail

- Medical services are contracted through a local physician and the Board of Health
 - Nurses call in every day; slips are issued to Board of Health and nurse sees all requests
 - Doctor is on site on Thursdays; withdrawal protocols in place 24/7
 - Physical are completed on Tuesdays and Thursdays
- Outside medication is permitted. Inmates are charged a one-time \$3 handling fee for prescription. If they do not bring their own medications, they must pay the full amount of their prescription cost if they have money coming in; otherwise the jail pays for the prescription. Firelands can help underwrite medication costs in

some instances. Most existing medications are continued, with some exceptions (the primary exception is benzodiazepines).

- For psychiatric services, appointments are scheduled, and individuals are transported to Firelands.
- The jail is strapped for space and has difficulty accommodating services, although would like to have more.
 - The jail program director is through Whole Health Action Management and provides triage, is chemical dependency certified, and provides Thinking Errors programming
 - The Main Jail is largely limited to individual counseling and assessments provided by Firelands because of shortage of space, although a chemical dependency education group is offered through Bay Shore, and existing service providers are permitted to come in to the jail to meet with clients
 - MSJ can offer more programming, as the facility has a classroom, including the following:
 - WHAM groups for both men and women, every Friday, with a set curriculum
 - Weekly vocational groups for males and females
 - Intensive Outpatient Treatment through Firelands
 - Jail Adjustment through Firelands
 - Benefits applications, reentry service assessments and linkage to various services through Bay Shore
 - AA and faith-based programming at both jails
 - CBT skills group
- Jail may provide information to the court if someone seems eligible for specialized docket, etc.
- Individuals with lived experience in attendance at the workshop reported that a lot has changed in the past five years, with many improvements. In addition, jail staff reported anecdotally that inmate comments suggest there are two programs/agencies they find most helpful: Firelands and Sober Living at Light House.



Court

- Intervention in Lieu: defense counsel files the request, and the case is referred to probation for Pre-sentence Investigation. Assessment is completed by contracted counselor (Advanced Center for Coping and Wellness) who also provides Intensive Outpatient Treatment and continuing care. Public funded agencies are not utilized for this service. It was noted that probably too many are being referred based on eligibility criteria associated with criminal history as opposed to mental health or substance use criteria.
- Substance use and mental health evaluations are frequently requested by probation.
- A formal felony diversion program exists; referral is typically by prosecutor and defense counsel in the form of a joint application. Eligibility determination is made based primarily on history and police reports. No violence or risk assessment is completed.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of August 17, 2018, Ottawa County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status August 17, 2018
Bruce Winters	Common Pleas	Drug	Certified
Bruce Winters	Common Pleas	Mental Health	Certified
Kathleen L. Giesler	Juvenile	Family Dependency	Certified
Kathleen L. Giesler	Juvenile	Juvenile Treatment	Certified
Kathleen L. Giesler	Juvenile	Truancy	Certified

- All specialized dockets are post-conviction; typically, individuals will be engaged in treatment before sentencing.
- Drug Court can accommodate up to 30 people. At the time of the workshop there were 19 on the caseload, and the number of participants has been increasing. Opioids and alcohol are primary substances for clients. Firelands, Bay Shore, and Advanced Center for Coping and Wellness are the providers. Defense counsel makes referral and Probation Officer oversees assessment
- Mental Health Court can accommodate ten participants. At the time of the workshop there were seven on the caseload, and the number was steadily increasing. Same providers are used as Drug Court.
- Treatment teams are the same for both courts, so meet at same time.
- Peer Specialists are utilized in all adult specialty dockets; currently the program can meet demand and is gender specific.
- Many clients have dual disorders; treatment providers will help recommend which specialty docket is best
- Juvenile dockets include the following:
 - Hope Court (Family Dependency) serves both mental health and substance use cases for parents reunifying with children. Current caseload is seven.
 - Truancy
 - Juvenile Treatment (FACT Court = Families and Children Together)

Veterans

- Jail identifies vets and contacts Veterans Justice Outreach

Intercept III – Identified Gaps

- ▣ No psychiatric services available in the jail
- ▣ Communication between the jail and outside providers because of needed release of information; universal release form
- ▣ No specialty dockets at Municipal Court
- ▣ Need for peer specialists
- ▣ Trauma programming
- ▣ No specialty court dockets for veterans

Recommendations:

- ▣ If no psychiatric services are available within the county to serve the jail population, consider exploring telepsychiatry services.
- ▣ The state of Ohio Medicaid office will be releasing a standardized authorization form in January 2019 that can be used by criminal justice and health providers. This should aid in smoothing the way to greater communication between the jail and outside provider. Until that form is released, there is a sample form in the recently released manual, “**Sharing Confidential Mental Health and Addiction Information in Ohio: Mental Health and Addiction Providers and Law Enforcement,**” which was also recently distributed to all CIT Coordinators and any partners included in the CIT email distribution list from the Criminal Justice Coordinating Center of Excellence. This manual and video conference recording are available on the CJ CCoE website: <http://www.neomed.edu/cjccoe/sequential-intercept-mapping/resources-by-intercept/>

Intercept IV: Prisons / Reentry

Reentry – Prison

- The Community Transition Program of CareSource and the Ohio Department of Rehabilitation and Correction completes screening and assessment for substance use disorders and sends referral packets to partner

agencies for linkage to local services. In Ottawa County, two referrals have been made thus far to Choices Behavioral Healthcare.

Reentry – Jail

- The county is currently working on developing a reentry coalition and determining who all the stakeholders need to be, what activities can be undertaken, including Citizens Circle, In-reach, etc.
- Jail Coordinator does not currently provide the coordinated reentry planning/checklist, but there is discussion around this.
 - The Main jail has more significant gaps in coordinating discharge than the MSJ jail
- Quick releases are a challenge, and the large pretrial population has less predictable release dates.
- Vivitrol is available upon release with quick access.

Intercept IV – Identified Gaps

- ▣ Reentry planning from jail, especially unknown release dates
- ▣ No central resource or handout for discharge

Intercept IV – Identified Opportunities

- ▣ Vivitrol access

Recommendations:

- ▣ The GAINS Reentry Checklist is a helpful tool in coordinating discharge planning from jails and should be instituted to whatever degree possible in Ottawa County. The checklist can be used by jail staff or probation or an external entity providing the service but is an important tool in identifying and recording the resources needed and referrals made for inmates being discharged.

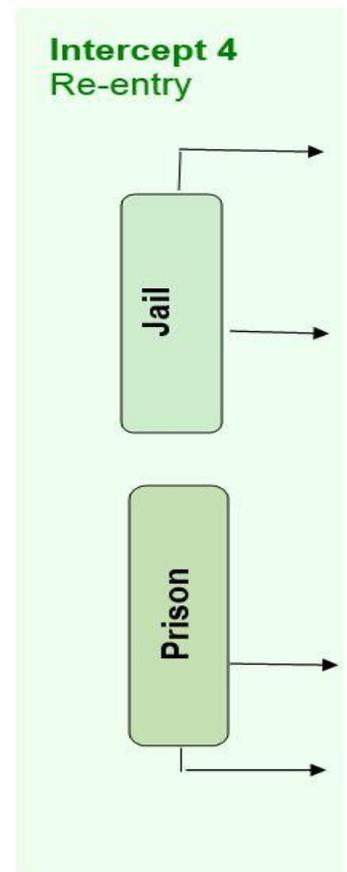
Intercept V: Community Corrections / Community Support

Probation / Parole

- One parole officer covers Ottawa and Sandusky Counties and has a caseload of 35-40 for Ottawa. About half have a serious mental illness or substance use disorder. The officer makes referrals to local providers but does not provide any in-reach. Only 2-3 veterans are on the caseload. It is helpful that individuals are being signed up for medical benefits prior to release from prison; they typically get their card within a couple weeks after release.
- Municipal Court has two Probation Officers
- Common Pleas has five Probation Officers and two coordinators for Specialty dockets. Some POs supervise specialized docket individuals. Mental Health Court has one assigned PO. Average caseload sizes are 50 probationers. All have increased training for these specialized caseloads.

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 Ottawa County.



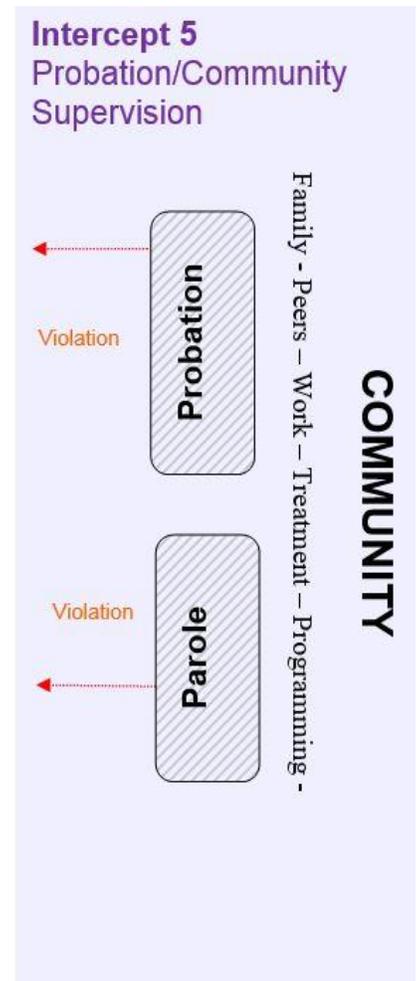
- The Community Based Correctional Facility utilized by Ottawa County is Crossway in Tiffin. The county utilizes others and halfway housing as well because Crossway does not accept individuals with serious mental illness. Other options include Worth Center, CTF Toledo, Monday, Septa for Sex offenders/Substance use, Stella Maris, Volunteers of America in Mansfield, and Lighthouse.
- These housing services were highlighted:
 - Recovery housing for males exists
 - Recovery housing for women is in the planning stage (Lighthouse)
 - DV shelter has 6 beds and children can stay with the women

Intercept V – Identified Gaps

- Lack capacity for probation supervision
- Municipal court has no specialized services and currently no capacity to utilize risk assessment or the ORAS
- Parole has no capacity to provide in-reach, resulting in some individuals with mental illness being missed for specialized dockets
- Lack of appropriate employment

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. More information can be found on OOD’s website, www.ood.ohio.gov.



Priorities for Change

Ottawa County, Ohio

Ottawa County Priorities

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

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

Top Priorities for Change

1. Women's Sober Housing
2. Trauma Programming
3. Reentry Planning and Coordination in Jail
4. DART Capacity
5. Transportation

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

- No psychiatric services in jail (4 votes, Intercept 3)
- Female beds/space (3 votes, Intercept 2)
- Room for programming at the Main jail (3 votes, Intercept 2)
- Coordination with health department (3 votes, Intercept 0)
- Pink slip process – difficulty using and understanding (2 votes, Intercept 1)
- No coordinated prevention plan and implementation (2 votes, Intercept 0)
- Schools want social workers (1 vote, Intercept 0)
- Community awareness of services, including 211 (1 vote, Intercept 0)
- Available assessment hours (1 vote, Intercept 0)
- 6-8 months wait for BCI results can delay indictment; no formal process to address timing of indictment for people who are engaged in treatment and doing well (1 vote, Intercept 2)
- No screening for veteran status (1 vote, Intercept 2)
- Detox capacity (1 vote, Intercept 1)
- Lack of appropriate employment (3 votes, Intercept 5)

Next Steps:

- The Ottawa County Opiate Collaborative was scheduled to meet at 3:00pm on May 3, 2018 at Magruder Hospital, the last meeting to prepare for the "Ottawa County Celebrates Recovery Walk" on May 6, 2018. A full meeting of the Collaborative was expected to occur in August, prior to the August 30 Overdose Awareness Day.

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

Additional Resources

CIT International	www.citinternational.org
Centers for Disease Control and Prevention	www.cdc.gov/drugoverdose/index.html
Coalition on Homelessness and Housing in Ohio	www.cohhio.org/
The Collective Impact Framework	www.collaborationforimpact.com/collective-impact/
Corporation for Supportive Housing	www.csh.org 40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	www.csjusticecenter.org/mental-health/
Crisis Text Line	www.crisistextline.org/
The Federal Bonding Program	www.bonds4jobs.com/
Laura and John Arnold Foundation	www.arnoldfoundation.org
Lutheran Metropolitan Ministry Health & Wellness	www.lutheranmetro.org/home-page/what-we-do/health-wellness-services/ Phone: 216-696-2715 Email: mail@lutheranmetro.org
National Association of Pretrial Services Agencies	www.NAPSA.org
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	www.nccc.georgetown.edu/
National Center for Trauma Informed Care and Alternatives to Seclusion and Restraint	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.store.samhsa.gov/home
National Criminal Justice Reference Service	www.ncjrs.gov/
National Institute of Corrections	www.nicic.gov/
National Institute on Drug Abuse	www.drugabuse.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Automated RX Reporting System	www.ohiopmp.gov/
Ohio Criminal Justice Coordinating Center of Excellence	www.neomed.edu/cjccoe
Ohio Department of Health – Project DAWN	www.odh.ohio.gov/health/vipp/drug/ProjectDAWN.aspx
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	www.drc.ohio.gov/reentry-office
Ohio Ex-Offender Reentry Coalition	www.drc.ohio.gov/reentry-coalition
Partners for Recovery	www.samhsa.gov/partners-for-recovery
Police Assisted Addiction and Recovery Initiative	www.paariusa.org/
Policy Research Associates/SAMHSA's GAINS Center	www.prainc.com
The P.E.E.R. Center	www.thepeercenter.org/
Pretrial Justice Institute	www.pretrial.org
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
State of Ohio Board of Pharmacy	www.pharmacy.ohio.gov/
Substance Abuse and Mental Health Services Administration	www.samhsa.gov

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

Additional Publications

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

Provisions of CARA

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

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

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

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

<http://projectlazarus.org/>

Sequential Intercept Mapping Participant Roster

Ottawa County, Ohio

April 24 – 25, 2018

Name	Title	Organization	Email
Pat Adkins	Superintendent	Port Clinton Schools	padkins@pccsd-k12.net
Melinda Bahnsen	Parole Officer	Adult Parole Authority	Melinda.bahnsen@odrc.state.oh.us
Kenn Bower	Executive Director	Light House Sober Living	lighthousesoberliving@gmail.com
Regan Claypool	Director	WSOS Community Action	reclaypool@wsos.org
Laurie Cleaver	Director	Ottawa County Transportation Agency	lcleaver@octapublictransit.org
Ann Dickman	Emergency Department Coordinator	Magruder Hospital	adickman@magruderhospital.com
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Mary Hall	Pastor	Chapel On The Lake Church/Greater Things Ministries	info@bradmary.com
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Michael Hurst	Individual in Recovery		Hurstfamily700@gmail.com
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Mary Maine	Owner	Portage Resale	Prc.portclinton@gmail.com
William Marshall	Jail	Ottawa County Sheriff's Office	bmarshall@ottawacountysheriff.org
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Victoria Peterson	Founder/Mentor	Greater Things Ministry	Greaterthingsjohn412@aol.com
Jaimee Prieur	Mental Health Coordinator	Ottawa County Court of Common Pleas	jprieur@co.ottawa.oh.us
Katelyn Ritzler	Data Coordinator	Ottawa County Court of Common Pleas	kritzler@co.ottawa.oh.us
Diane Taylor	Deputy Director	Mental Health & Recovery Board of Erie & Ottawa Counties	deputy@mhrbeo.com
James VanEerten	Prosecutor	Ottawa County Prosecutor's Office	jvaneerten@co.ottawa.oh.us
Mary Beth Wade Jones	Peer Support	Bayshore Counseling	mbwjones@bayshorecs.org
Kim Weis	Director of Emergency Department, Urgent Care and Occupational Health	Magruder Hospital	kweis@magruderhospital.com
Henrietta Whelan	Executive Director	Bayshore Counseling	hwhelan@bayshorecs.org
Bruce Winters	Judge	Ottawa County Court of Common Pleas	brucewinters@hotmail.com
Jodi Zbierjewski	Individual in Recovery		ziz2@frontier.com

Action Planning Matrix for Ottawa County, Ohio

Priority Area 1: Women's Sober Housing					
Objective		Action Step		Who	When
1.	Site identification	A.	Locate a home within a ten-block radius of the courthouse	Light House Women's Home Sub-committee	5/25/18
		B.	Locate a home within specified area with 5+ bedrooms and ample space for bathrooms/common areas	Light House Women's Home Sub-committee	5/25/18
		C.	Locate a home that meets the location and size need with as little renovations needed as possible. Identify renovations that would be needed	Light House Women's Home Sub-committee	5/25/18
2.	Site purchase	A.	Enter purchase agreement/attorney review	Light House Board/Judy Flood	5/25/18
		B.	Have inspection and appraisal done	Kenn Bower	6/8/18
		C.	Complete closing	Kenn Bower	6/15 – 6/30/18
3.	Site opening	A.	Complete needed renovations	Contractor/volunteers	6/30 – 10/1/18
		B.	Furnish home	Kenn Bower/Volunteers	6/30 – 10/1/18
		C.	Grand opening	Kenn Bower/Light House Board	10/1/18
4.	Capital dollars	A.	Ohio Department of Mental Health and Addiction Services grant	Light House Women's Home Sub-committee	6/10/18
		B.	Ensure matching funds from fundraising	Leadership Ottawa County/Light House Board	5/25/18
5.	General funding	A.	Fundraisers	Light House Fundraising Committee Kenn Bower	Ongoing
		B.	Mental Health & Recovery Board of Erie and Ottawa Counties operating funds		Ongoing
		C.	Explore other grants available (Terra, Mary-Bistro, Ottawa County Community Foundation)	Kenn Bower	Ongoing
6.	Review/progress meeting	A.	Conduct a meeting to monitor progress of objective and identify new needed objectives	Sequential Intercept Mapping Women's Sober Living Group	5/21/18 4pm at 315 Madison
		B.	Monitor impact/need of Women's Home and see if need is being met		

Action Planning Matrix for Ottawa County, Ohio

Priority Area 2: Trauma Programming				
Objective		Action Step	Who	When
1.	Increase community awareness of trauma informed care/approaches	A. Identify/elaborate on definition of trauma	Henrietta Whelan	End of May
		B. Identify screening tool to offer to organizations	Henrietta Whelan	End of May
		C. Offer additional trainings/one site for all resources (who is in charge)	Laura Miller/Diane Taylor	End of May
		D. Contact Ruth Simera for models	Jaimee Prieur	End of May
2.	Identify individuals who have experienced trauma	A. Find out what resources/screenings other schools/jails/communities are using	Jaimee Prieur	End of May
		B. Find out how resources/screenings are implemented	Jaimee Prieur	End of May
3.	Determine best practices for all organizations	A. Research evidence-based practices	Julie Groover	End of June
		B. Identify specific organizations and populations (different programming)	Julie Groover	End of June
4.	Implement programming across the community	A. Develop a group structure	To Be Determined	To Be Determined
		B. Identify how to implement programming in the school	Pat Adkins/Donna Kelley	End of July
		C. Identify how to implement programming in the jail	Laura Miller/Julie Groover	End of July

Action Planning Matrix for Ottawa County, Ohio

Priority Area 3: Reentry Planning and Coordination in the Jail				
Objective		Action Step	Who	When
1.	Evaluate current discharge plan	<ul style="list-style-type: none"> A. Review discharge process and collect number of individuals discharged and the type of discharge B. Evaluate current staffing role within discharge process C. Evaluate need for additional resources 	Bill Marshall	May, 15.2017
2.	Research other models in different counties	<ul style="list-style-type: none"> A. Work with Ruth Simera for other options B. Utilize jail reaccreditation sites and similar county jail planning resources 	Research Agency/Diane Taylor	June 1.2018
3.	Evaluate short term discharge strategy and long-term discharge strategy	<ul style="list-style-type: none"> A. Establish pilot plan regarding unexpected discharge B. Establish pilot program for planned discharge C. Identify gaps in discharge services D. Develop warm hand off strategy for all discharges 	Entire team Diane Taylor will coordinate	August 15 th , 2018
4.	Implement discharge strategy	<ul style="list-style-type: none"> A. Implement GAINS/referral handout (subject to change based on research) B. Develop collaboration with providers and create memorandum of understandings 	Entire team Diane Taylor will coordinate	October1, 2018
5.	Educate team on prison reentry	<ul style="list-style-type: none"> A. Research all current programs and procedures in place B. Establish plan to coordinate reentry and implement new strategies with reentry coalition 	Entire team Diane Taylor will coordinate	April 2,2018

Action Planning Matrix for Ottawa County, Ohio

Priority Area 4: DART Capacity				
Objective		Action Step	Who	When
1.	Family engagement	A. Identify family resources to help educate families. Talk to counseling agencies to learn what resources are available	Trevor Johnson and Nate Kehlmeier	July 1, 2018 and ongoing
2.	Create a resource folder for overdoses and or voluntary referrals	A. Find funding sources and identify what info needs to be in the folders	Margaret Osborne and Stephanie Kowal	July 30, 2018
3.	Create a peer to peer support	A. Identify peers in recovery to help guide those in need of recovery	Trevor Johnson and Mike Hurst	July 30, 2018 and ongoing
4.	Create a response guide	A. Create a guide to show the initial response (check with Lucas County DART program)	Trevor Johnson, Nate Kehlmeier and Margaret Osborne	June 30, 2018

Action Planning Matrix for Ottawa County, Ohio

Priority Area 5: Transportation				
Objective		Action Step	Who	When
1.	Determine need for transportation	D. Perform a needs analysis	Judge Bruce Winters to contact universities	May 15, 2018
2.	Improve access to transportation	A. Identify providers	Mary Hall, Judge Bruce Winters and Laurie Cleaver	June 15, 2018; May 15, 2018; May 15, 2018
		B. Find out availability and limitations		
		C. Determine costs and ask for donations or reduced fares		
		D. Identify additional funding sources	Trey Hardy	May 15, 2018
		E. Research ride shares	Laurie Cleaver	May 15, 2018
3.	Education of transportation services	A. Improve communication between agencies	All	Ongoing
		B. Community outreach	All	Ongoing

Appendices

Appendix A



ASAM American Society of
Addiction Medicine

FOR IMMEDIATE RELEASE

MARCH 20, 2018

Contact: Jeff Washington, Deputy Executive Director, ACA, Alexandria, VA jeffw@aca.org
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American Correctional Association and American Society of Addiction Medicine Release Joint Policy Statement on Opioid Use Disorder Treatment in the Justice System

Statement supports access to all evidence-based treatment options

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

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

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

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

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

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



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

2018-2

Introduction:

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

Policy Statement:

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

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

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

A. Screening/Prevention

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

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

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

B. Treatment

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

Appendix A

C. Reentry and Community Supervision Considerations

1. All individuals returning to the community who have an OUD should receive education and training regarding unintentional overdose and death. An opioid antagonist (naloxone) overdose kit or prescription and financial means (such as insurance/Medicaid) for obtaining the kit may be given to the individual, along with education regarding its use.
2. When possible, an opioid antagonist (naloxone) and overdose training should include the individual's support system in order to provide knowledge about how to respond to an overdose to those who may be in the individual's presence if an overdose does occur.
3. Immediate appointment to an appropriate clinic or other facility for ongoing treatment for individuals returning to the community with substance use is critical in the treatment of opioid use disorder. As such, ideally the justice involved population's reentry needs should be addressed at least 1 to 2 months prior to release in order to avoid any interruption of treatment.
4. Reentry planning and community supervision should include a collaborative relationship between clinical and parole and/or probation staff including sharing of accurate information regarding MAT.
5. Parole and probation staff should ensure that residence in a community-based halfway house or similar residential facility does not interfere with an individual's treatment of OUD with MAT.

D. Education

1. Scientifically accurate, culturally competent, and non-judgmental training and education regarding the nature of OUD and its treatment should be provided to all justice system personnel including custody officers, counselors, medical personnel, psychologists, community supervision personnel, community residential staff, agency heads and leadership teams.
 2. This training should include education about the role of stigma involving substance use disorders and the subtle but very real impact that stigma has on those suffering from substance use disorders and those treating them.
-

Appendix A

This Joint Public Correctional Policy was unanimously ratified by the American Correctional Association Delegate Assembly at the 2018 Winter Conference in Orlando, FL. on Jan. 9, 2018. ⁱ BJS. (2017, June). Special Report. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. ⁱⁱ Binswanger IA, Blatchford PJ, Mueller SR, and Stern MF. Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009. *Ann Intern Med* 2013 Nov 5; 159(9): 592–600. ⁱⁱⁱ Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ* 2017;357:j1550

^{iv} Lee JD, Friedmann PD, Kinlock TW, et al. Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders. *N Engl J Med* 2016;374:1232-42. ^v <https://www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf> ^{vi} ASAM. National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (ASAM, 2015).