

Ross County Heroin Partnership Project

Sequential Intercept Mapping and Action Planning



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OHIO CRIMINAL JUSTICE
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OF EXCELLENCE



Ross County, Ohio

Heroin Partnership Project Sequential Intercept Mapping FINAL Report

December 7 - 8, 2015

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Sequential Intercept Mapping

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Ross 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 Ross County, Ohio on December 7 & 8, 2015. The workshops were sponsored by the Heroin Partnership Project comprised of a local task force led by Dr. John Gabis in collaboration with state partners, including the Supreme Court of Ohio, The Ohio Attorney General's Office, and the Office of Criminal Justice Services, who also funded the SIM workshop. 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 Ross County achieve its goals

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

Background

The Ohio Office of Criminal Justice Services requested a proposal from the Criminal Justice Coordinating Center of Excellence (CJ CCoE) to adapt the Sequential Intercept Mapping (SIM) workshop for the Heroin Partnership Project with Ross County. The Substance Abuse and Mental Health Services Administration developed the *SAMHSA Opioid Overdose Toolkit: Facts for Community Members, Five Essential Steps for First Responders, Information for Prescribers, Safety Advice for Patients & Family Members, and Recovering from Opioid Overdose*, to provide guidance to communities and stakeholders for addressing opioid overdoses. In Ohio, the Governor's Cabinet Opiate Action Team (GCOAT), which was formed to coordinate cross-systems efforts to address opioid addiction and the increase in overdose deaths, issued the *GCOAT Health Resource Toolkit for Addressing Opioid Abuse* to encourage communities to use a collaborative approach to increase the capacity of local partners to implement effective responses to opioid abuse and addiction. The SIM framework, SAMHSA Toolkit, GCOAT Toolkit and expert consultants were utilized to adapt the SIM workshop to facilitate planning around the interface of community based prevention and awareness, addiction, mental health and other health services, interdiction and the criminal justice system. The *Sequential Intercept Mapping* and *Taking Action for Change* workshops are designed to provide assistance with

- Creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of an action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with opioid addiction in contact with the criminal justice system

The Ross County Planning Team also identified the following as community goals associated with the mapping exercise:

- Rally people
- Provide direction that leads to action
- Get a vision for how everything is connected and what systems will look like once gaps are filled
- Work together
- Communicate with the community, including media and news releases

The participants in the workshops included 36 individuals representing multiple stakeholder systems including substance abuse treatment, mental health, medical, housing, corrections, county jail, developmental disabilities, consumers and family, law enforcement, courts, vocational, hospital, veteran, and county administration services. A complete list of participants is available in the resources section of this document. John Ellis, Teri Gardner, Mark R. Munetz, Douglas Powley, and Ruth H. Simera, from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

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

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

- Notion that people deserve what they get (Darwinism)
- Abstinence “only” type treatment
- Addiction as a generational or genetic phenomenon – destinies
- Bad environment = bad outcomes
- Decrease number of prescribers
- Treatment demand vs. capacity

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

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

Existing Cross-Systems Partnerships

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

- Opiate Task Force
- Community Corrections Planning Board
- Ross County Drug Abuse Coalition
- Ross County Re-entry Coalition

Each of these groups consists of individuals and agencies representing mental health, substance abuse, criminal justice, social services, community and family members, but few consumers are involved.

The recent application of Ross County's Heroin Partnership Project to Ohio's Heroin/Opiate Task Force comprised of the Office of Criminal Justice Services (OCJS) and several state partners was looked upon favorably in part due to the strong partnerships in Ross County. With the award of project funds from OCJS to implement a pilot project tackling the heroin/opiate issue in a hard-hit county in central/southern Ohio, Ross County hired a project coordinator to guide and coordinate the cross-systems work of the project.

Consumer Involvement

The local planning team did not include a consumer or community representative; however, there were three consumers in attendance during the workshop, two of which were also service providers. A representative of NAMI was registered for the workshop, but did not attend.

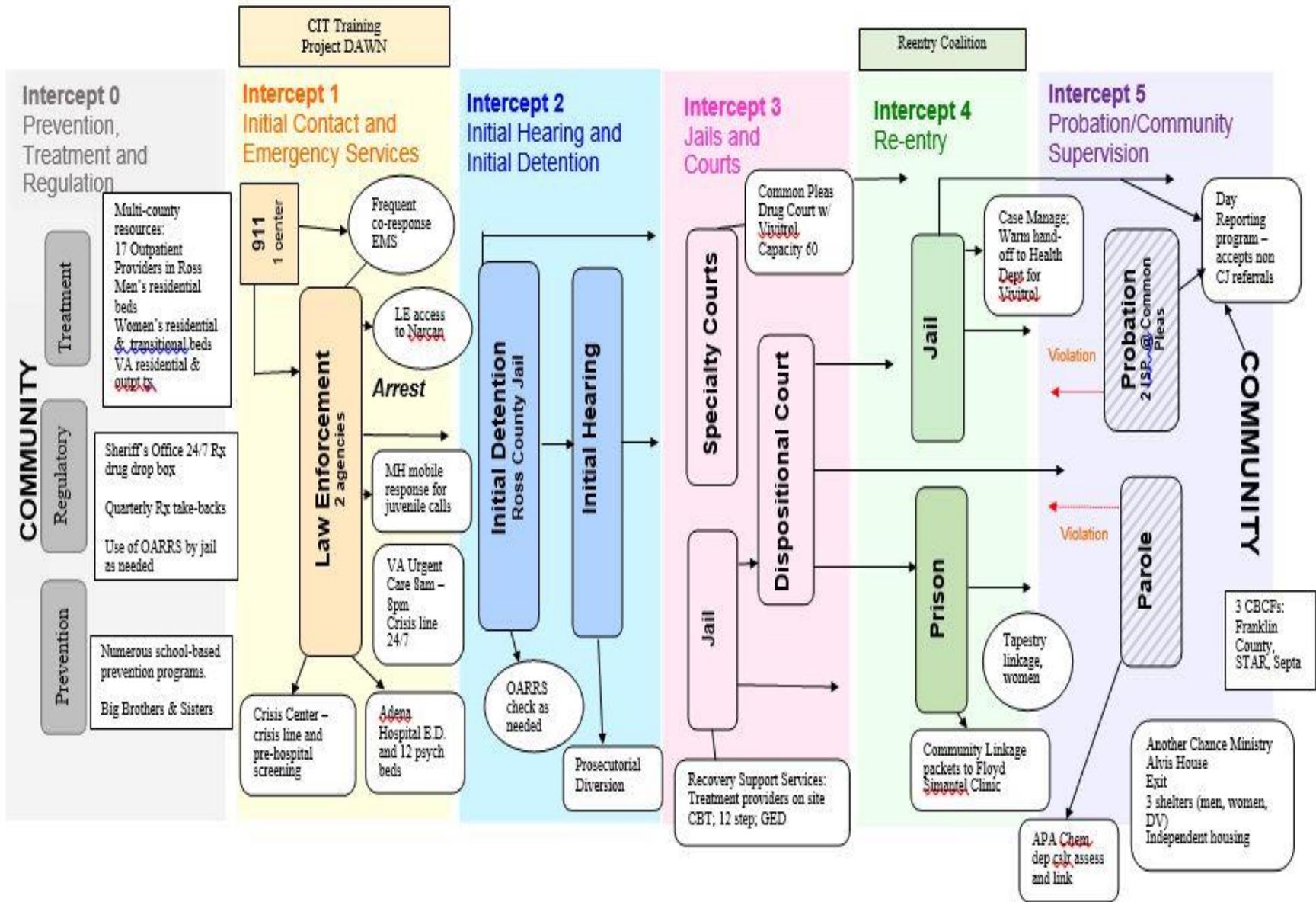
Recommendations:

- Build interaction and ongoing relationships with additional consumers and family members who have shown interest in collaborating to improve the continuum of criminal justice and behavioral health services. Include current and past consumers as core members of committees and task forces whenever possible.
- Be strategic in collecting data. Identify clearly what data will help to inform the treatment and criminal justice systems of needs within the systems and needs of persons being served.

Sequential Intercept Mapping

Ross County, Ohio

Critical Intervention Points for Change: Heroin Partnership Project



Ross County Sequential Intercept Map Narrative

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

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

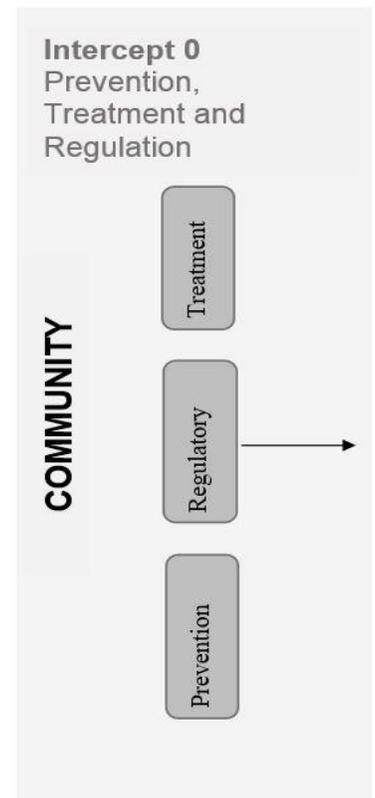
This narrative reflects information gathered during the *Sequential Intercept Mapping Exercise*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Ross County Sequential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

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

Intercept 0: Prevention/Treatment/Regulation

Prevention

- The **D.A.R.E. (Drug Abuse Resistance Education)** program is offered by the Ross County Sheriff’s Office and local police departments for grades 5 and 6, and this year will be implemented in high schools.
- **Keys to Success**, in the infancy stage of development, is a program sponsored by Chillicothe High School. Students can voluntarily participate and those who meet benchmarks are eligible to be entered into a raffle drawing for a car. Benchmarks include 2.5 grade point average requirement, no discipline, and submission to random drug testing. Juvenile Court is seeking additional reward options.
- All but two schools are currently participating in at least one evidence-based prevention program. Current offerings include *Too Good For Drugs* (9th grade and middle school in Chillicothe Schools); *Life Skills, 2nd Step, Project Alert*, and *PAX Good Behavior Game* (elementary school). *Life Skills* and *Too Good for Drugs* will be expanding coverage to elementary classrooms soon. In addition, although not an evidence-based program, *The Leader in Me* is offered in Chillicothe and Union-Scioto school districts.
- *South Central Ohio Big Brothers/Big Sisters* provides evidence-based programming through education sessions, alternative activities, referrals, and mentors for children
- Heroin Partnership Project (HPP) committee/task force
- Suicide Prevention Coalition
- Drug Abuse Coalition is still separate from HPP
- Intermittent/very seldom information dissemination at Grand Rounds for prescribing physicians



- Project DAWN (Deaths Avoided With Naloxone) – Health Department provides kits to families, friends, and community

Regulation

- There is very limited, scarce dissemination of information regarding prescribing guidelines or the Ohio Automated Rx Reporting System (OARRS) and a general sense that prescribers are not utilizing (OARRS) on any consistent basis
- There is one permanent prescription drug drop off location at the Sheriff's Office; also hold quarterly take back events at various locations, advertised in newspaper and radio

Treatment

- The ADAMH (Alcohol, Drug Addiction, and Mental Health Services) Board did not have referral source data available at the workshop, but reported that the most common referral sources for treatment are jail, self, EMS, child welfare, probation, and parole.
- There is access to Vivitrol, but barriers include requirements for number of days of abstinence prior to treatment initiation. There are at least four known providers for Suboxone but barriers include a lack of prescribers that accept insurance and coordinate behavioral health treatment. There is no Methadone treatment available in Ross County.
- Trauma and disclosure of trauma is perceived to be a barrier to treatment.
- There are 17 outpatient treatment providers. Evidence-based practices include Cognitive Behavioral Therapy, Motivational Interviewing, Stages of Change framework, Motivational Enhancement Therapy, and Trauma Informed Care.
- Of the 31 overdose deaths in 2014, 19 involved opioids. The community does not have a formal overdose death review process, and at the time of the workshop did not have information on how many of these individuals were currently engaged or had prior contact with the behavioral health system; however, it was reported that all but two of the individuals had prior involvement with the criminal justice system, and the ADAMH Board did a cross-check of those individuals that had received their services and following the workshop reported that several of the deaths occurred after engagement in treatment in the ADAMH system.
- Participants of the workshop highlighted the need to recognize that Ross County residents have access to services in a multi-county area via the ADAMH Board. While location of services could be a barrier to some clients, it is also important to ensure that individuals are accessing available services and that local service providers are influencing clients in a positive manner regarding use of available out of county services. This may be particularly important for adult males, as the treatment options within the county are limited.
- The following is a list of some of the services that were noted (not meant to be all inclusive):
 - Zion Baptist sober living house – 12 male beds
 - Adena partnering with sub-acute detox providers to develop capacity in Ross County
 - Have access to detox services out of county. Typically linked to residential once return.
 - 43 beds women transitional – kids can stay on weekends
- Care Coordination project has roughly 350 people enrolled for coordination of services; about half are Ross County.
- Most school districts have mental health counselors in the schools.
- NAMI (National Alliance on Mental Illness) and the VA have roughly ten trained peer supporters
- Veterans Administration has sub-acute and acute detox services, although not a dedicated unit. In total the VA has 50 beds for a multi-county and multi-state region. They are working on a specific plan for a dedicated unit and ambulatory detox.

Intercept 0 Gaps

- Most schools have limited prevention programming; overall, there is not enough programming to have adequate levels of prevention to impact a large scale difference
- College (Ohio University) prevention programming
- Early childhood gaps for mental health treatment and support services (0-5 years)

- Ability to get consistent information out to the community
- Inconsistent dissemination of information regarding prescribing guidelines and expectations
- Methadone Treatment
- Medication Assisted Treatment (MAT) options are limited
- Accessible and effective treatment for men
- Not In My Back Yard (NIMBY) concerns and effective programming to overcome those concerns
- Ability to pay greatly affects access to treatment; 2-6 months waiting
- No in-county residential services for women
- No use of evidence-based Screening, Brief Intervention, and Referral to Treatment (**SBIRT**)
- Demand exceeds supply of treatment alternatives
- Workforce barriers and shortages for licensed substance abuse treatment professionals
- Transportation that is perceived as accessible and friendly to individual needs
- Lack of proper identification or medical cards
- Hepatitis C treatment
- Medical treatment services for Vivitrol consumers
- Zoning barriers to develop freestanding agencies
- Protocol for prescribers for detoxing/working with clients using opiates
- Use of OARRS

Intercept 0 Opportunities

- Currently looking into *Drug Free Schools* club offered by Rotary
- Ross County Day Reporting will accept referrals from any organization, especially the criminal justice system, but will also provide services to individuals not involved with the criminal justice system
- Health Professional Shortage Area
- 32 residential men's beds across multiple counties
- VA (Veterans Administration) has full Medication Assisted Treatment program and access to evidence-based practices for treatment
- Care Coordination Project (350 enrolled; half in Ross County) – ADAMH (MAT, Detox, Treatment, Vocational, Transportation, and Legal)
- Explore using tuition assistance for workforce development
- Marketing of existing resources and services
- Increased utilization of evidence-based practices
- Project DAWN – expand knowledge and understanding

Recommendations:

- Given the high proportion of individuals that died from drug overdose who had prior involvement with the criminal justice system, it seems imperative that the justice system, at every point of intercept, have consistent mechanisms in place for identifying, assessing and linking to effective treatment services those individuals with substance use and co-existing disorders.
- The community is encouraged to establish multiple permanent medication drop-off locations and use various forms of communication to impress upon the community the importance of discarding unneeded or aged medications and how to go about doing so. For example, Lucas County, Ohio has established 12 medication return locations for both prescription and over-the-counter medications: <http://www.lucascountyhealth.com/#/welcome/medication-return>. In addition to the Health Department, various agencies also include the return locations on their websites, and a variety of news releases aid in disseminating information.

- On 1/19/16 the Governor’s Cabinet Opiate Action Team announced the adoption of new opioid prescribing guidelines for the outpatient management of patients with acute pain. The guidelines include recommendations for the use of non-opioid treatment options and limiting the amount of opioids used for treatment of acute pain. Two previous sets of guidelines were issued for Ohio’s emergency departments and acute care facilities, and for treatment of chronic pain lasting longer than 12 weeks. All three sets of guidelines were developed in conjunction with clinical professional associations, providers, and state licensing entities and can be found on the Ohio Department of Mental Health and Addiction Services website (Initiatives/(GCOAT) Opiate Action Team), <http://mha.ohio.gov/Default.aspx?tabid=828>. The Centers for Disease Control also recently issued draft guidelines on opiate prescribing for chronic pain: <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>. These guidelines should be disseminated widely to prescribing physicians, other medical professionals and the community at large, along with ongoing dissemination of professional articles providing thoughtful reflection on the matter, such as the recent *Perspective* article in the New England Journal of Medicine, “Opioid Prescribing for Chronic Pain — Achieving the Right Balance through Education,” by Daniel P. Alford, M.D., M.P.H.eg., <http://www.nejm.org/doi/full/10.1056/NEJMp1512932>
- Schools are engaged in several evidence-based prevention programs, and while increased consistency across districts and across classrooms could be beneficial, the larger gap in prevention efforts seems to be at the community and environmental levels.

 - Programs aimed at healthy parent involvement, e.g., *Parents Who Host Lose the Most* (public awareness campaign) and *Know!* (tips for raising drug free children) can assist in creating positive expectations and establishing healthy norms in the community. Businesses, chambers of commerce, and community members can be engaged to promote these campaigns.
 - In 2008 the Community Anti-Drug Coalitions of America (CADCA) National Community Anti-Drug Coalition Institute published *The Coalition Impact: Environmental Prevention Strategies*, a resource designed to help community coalitions expand their knowledge about affecting population-level change. This publication is available at <http://www.voicesunited.net/documents/prevention/Environmental%20Prevention%20Strategies.pdf>
- During the course of the workshop, participants discussed various misconceptions and misgivings about alternate forms of Medication Assisted Treatment and became increasingly interested in investigating opportunities for expanded use of MAT. The community and service providers should be encouraged to base decisions about the provision and use of treatment protocols on available evidence in conjunction with the needs of the community and the existing resources to effectively manage services.
- Participants identified communication and information dissemination with the community at large as an area of challenge. A variety of tools can and should be used to reach the greatest number of people, and often the same resources can be used to educate lay persons and professionals. Some clever educational tools can be found on line. For example, an Australian based organization, liveactiveclinic.com posted “Understanding Pain in less than 5 minutes, and what to do about it!” on youtube.com. https://www.youtube.com/watch?v=C_3phB93rvI. The Lucas County Heroin and Opiate Initiative developed three videos focusing on prescription painkiller and heroin abuse from the perspectives of law enforcement, criminal justice, medicine, and the impact on families. One video is designed for Clinicians, one for families, and one for the general community. These videos are used in educational and public presentations and are also available on the Harbor Behavioral Health website: <http://www.harbor.org/lucas-county-heroin-a-opiate-initiative.html>

Intercept I: Law Enforcement / Emergency Services

In Ross County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement. Law enforcement (LE) options for responding to people with substance use related concerns include advise, summons, arrest, transport to county jail, transport to hospital, or transport to crisis center.

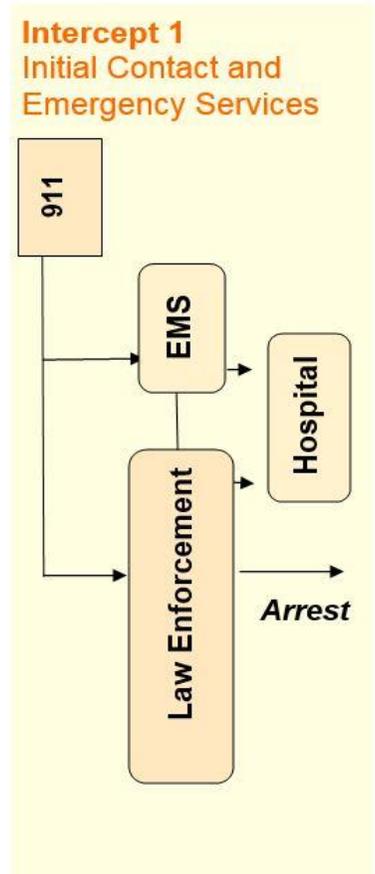
Dispatch / 9-1-1

- Ross County has one answering center. Calls are routed to either Chillicothe or Ross County Sheriff's Office.
- Calls involving persons with substance use related concerns will be dispatched to both fire/EMS (Emergency Medical Services) and police. EMS will wait for law enforcement if EMS is first on scene.
- 100% dispatchers are trained in the Crisis Intervention Team (CIT) model.

Law Enforcement & Emergency Services

According to the Ohio Peace Officer Training Commission County Agency Report issued February 19, 2015, Ross County has three Law Enforcement Agencies: Adena Health System Police Department, Chillicothe Police Department, and Ross County Sheriff's Office.

- Law Enforcement (LE) can currently use the following options for persons with substance use related crisis:
 - Arrest and transport to Ross County Jail
 - EMS or police transport to Adena Medical Center E.R. whenever individuals exhibit active mental health concerns, medical concerns or Narcan has been administered
 - Transport to crisis center – mental health professionals available 24/7 to screen and assess. Officers will transport directly to the crisis center if there is risk of self-harm with no medical concerns.
 - Contact and assistance from family members
 - Primary Care Physicians
- CIT training is available for law enforcement and corrections; 10-25% Chillicothe P.D. officers are CIT trained, and roughly 35% of Sheriff's Office has been trained since the inception of CIT. Adena Health System officers have not yet participated in CIT.
- Law Enforcement has naloxone/Narcan available, the Sheriff's Office just two weeks prior to the workshop. Nine administrations of the drug occurred by police since November. If Narcan is administered, the individual must be transported to the hospital.
- Mental health will co-respond with law enforcement on some calls involving the juvenile population



Crisis Services

- Staffed crisis hotline 24/7 provides pre-hospitalization screening and is provider of 211 service for information and referrals

Hospitals / Emergency Rooms/Inpatient Psychiatric Centers

- Adena Health System Medical Center Emergency Department: Intake includes assessment and rapid urine screen. Narcan is administered if warranted. The hospital does not report overdoses to law enforcement. Social work is consulted and will give the consumer some information, but no warm hand-off occurs before or at discharge.
- Officers who transport individuals to the hospital do not have to wait until a disposition is determined.
- Adena has an inpatient psychiatric unit with 12 beds which is staffed 24/7 at varying levels.
- Adena is the largest hospital in the region and has a large pain clinic that serves twelve counties. This may contribute to the disproportionately high opioid distribution rates in Ross County.

Detoxification

- No alternatives other than jail within the county. As a result all detox referrals go out of county. In these cases, officers have to wait at the hospital for medical clearance before transferring elsewhere for inpatient services.
- ADAMH Board provides assessment for inpatient detox.

Veterans

- VA Urgent Care is reducing hours to 8am – 8pm. They have own police and fire. If someone arrives during down time, fire/police will transport to Adena.
- 24 hour crisis hotline: Information and referrals with follow-up within 24 hours.
- During the Planning Team conference call, when discussing Ross County's opioid distribution rate per capacity, it was noted that the VA sometimes prescribes more than a 30 day supply at a time.

Intercept I Gaps

- ▣ Chillicothe Police Department needs more CIT training.
- ▣ With the exception of the City of Chillicothe, most EMS is all volunteer; response time can be delayed 20-30 minutes in some cases, leaving law enforcement to handle the situation.
- ▣ Law Enforcement must wait at crisis center until disposition is determined.
- ▣ Mobile crisis response by mental health and addiction system
- ▣ Hand off for EMS to a treatment resource
- ▣ Screening for veteran status
- ▣ Pink slip used by SPV Mental Health Center and Adena Emergency Department is not used by law enforcement as intended by law. Those present at workshop indicated that law enforcement has been advised by local law director not to detain and transport against an individual's will.
- ▣ Hospital does not report overdose information to anyone other than to follow-up or to the on-call physician.
- ▣ Adena does not have a clear protocol for releasing clients or referring to treatment after overdoses or other drug related crisis; no list of drug treatment options is available at Adena Emergency Department
- ▣ Identifying and accessing resources for human trafficking victims

Intercept I Opportunities

- ▣ Veterans can be transported directly to VA during Urgent Care hours; opportunity to screen for veteran status at all stages of involvement
- ▣ Strong emphasis on CIT training: dispatcher, EMS, deputies, police, with goal to have CIT officer on each shift

Recommendations:

- ▣ Implement a procedure for collecting and analyzing law enforcement data on drug related calls, encounters, and dispositions.
- ▣ As part of the mental health training and protocols for law enforcement, include protocols for involuntary civil commitment (pink slip) by law enforcement to address the gap and barriers noted in the previous section of this report.
- ▣ Strengthen the discharge process at the hospital and encourage drug users to seek treatment and recovery, including procedures for dissemination of information to discharged individuals and family members; referrals to treatment options; following up with individuals; and legitimate mechanisms for sharing information about drug-related crises.
- ▣ Consider replicating a program that creates a team approach and includes law enforcement involvement in diversion. Examples include Seattle's LEAD (Law Enforcement Assisted Diversion) Program, the Gloucester P.D. Angel Project, and the Lucas County Sheriff's Office DART Program.
- ▣ As a step toward a law enforcement diversion program, consider creating policies and procedures to permit community members to drop off medications/drugs at law enforcement agencies, without threat of arrest, and receive referrals for treatment and support services

- The State Pharmacy Board website publishes a quarterly OARRS report, which includes the per capita opioid distribution rate by county. This published rate could be used as one metric in measuring success in reducing opioid misuse.

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

Initial Detention

- Ross County jail is the only detention facility
- The jail has 6500-6600 bookings per year; roughly 1/3 are first time arrests and 1/3 are repeat offenders.
- Corrections Officers performs booking function and completes a basic medical screen.
- The jail has a protocol for dealing with substance withdrawal and works with EMS

Arraignment

- There is one Municipal Court with two judges
- Municipal court issues high bonds on felony arraignments, to be later reduced to signature bonds at bind over.
- There is one Common Pleas Court with two judges
- There is one combined Juvenile/Probate Court
- Probable Cause hearings occur on weekends as needed.
- Prosecutor-based diversion is available and lasts for about one year. Substance use is not precluded from eligibility.

Intercept II – Identified Gaps

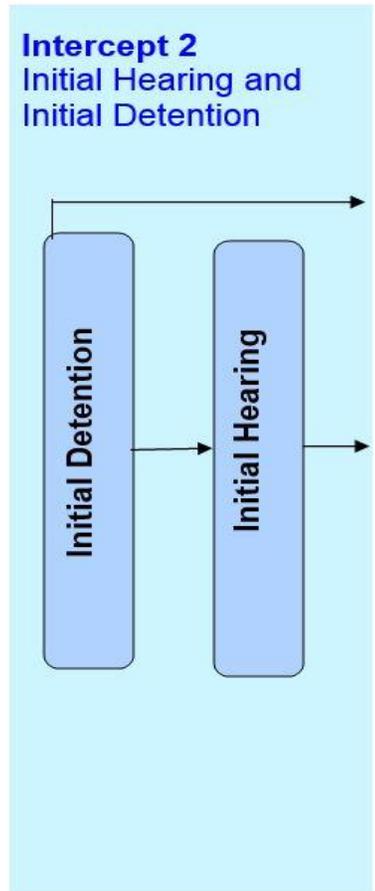
- There are no pre-trial investigations, therefore no pre-trial screening for bond recommendations, including type of bond and conditions of bond
- Validated screening tool
- Information from jail is not provided to courts
- Jail medical staff is not on site 24 hours/day
- Behavioral health staff is not at court for initial hearings, making it unlikely that booking and court information will be fully available for new client cases

Intercept II – Identified Opportunities

- In process of increasing screening questions for substance use at jail intake
- Validated and brief substance use and mental health screening tools are available for free and fairly easy to utilize
- Recovery Council receives the jail roster
- Common Pleas Court screens for veteran status

Recommendations

- The community does not currently gather data about persons with substance use and co-occurring disorders in the Ross County criminal justice system. Steps should be taken to identify individuals with potential substance use or mental health disorders, e.g., identify a mechanism for cross-referencing inmate names and numbers with mental health system enrollment rosters and/or Medicaid enrollment rosters as part of booking processing to establish earlier access to resources and services

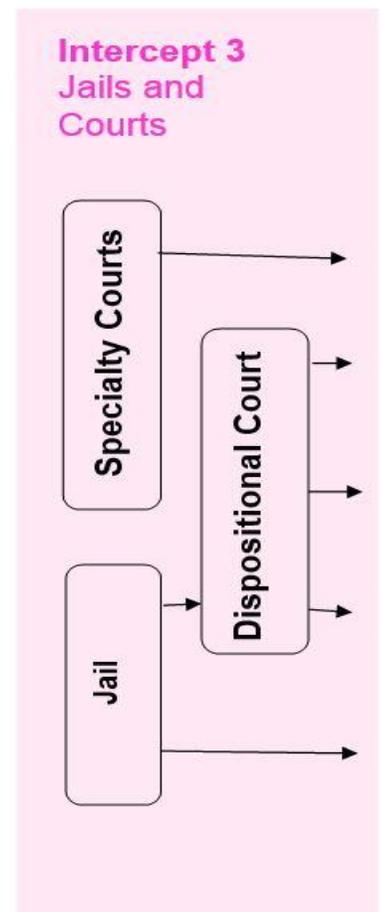


- In addition to identifying active clients, the jail should implement screening tools to identify individuals not currently involved in the local mental health system. The combination of these two strategies should provide reasonable baseline information on the incidence/prevalence of individuals with substance use and co-occurring disorders involved in the justice system. For example, Ohio Department of Rehabilitation and Correction (ODRC) utilizes the TCU Drug Screen V at reception. Information and forms can be found at Texas Christian University Institute of Behavioral Research <http://ibr.tcu.edu/forms/tcu-drug-screen/>
- Consider completing risk assessments, e.g., Ohio Risk Assessment System (ORAS), at the pre-trial stage and using results of the risk assessment to inform pre-trial decision-making in place of charge-based decision making. Individuals on pre-trial release can be ordered by the court to participate in indicated treatment as a condition of release. In conjunction, it can be helpful when standardizing screening and referral at municipal court to employ a liaison with the mental health system to coordinate response by the court and the mental health agencies for defendants with mental health needs.
- Develop basic materials and procedures for informing inmates of what to expect during the criminal justice process. Peers, mentors, advocates, or case managers can be trained to fulfill this function, in conjunction with written materials.

Intercept III: Jails / Courts

Jail

- Ross County Jail is a full service jail with a rated capacity of 94-110 inmates and an average daily census of 182 inmates. Census has been as high as 209. The majority of inmates (approximately 61%) are new arrestees awaiting trial or probation/parole hearings. Approximately 37% are convicted and serving a sentence or awaiting transfer to ODRC or another jurisdiction.
- The jail has dorm style pod for females; capacity is 48-50.
- The Infirmary has one cell with two bunks, and there is a 16-bed pod that is available for special populations and to provide medical assistance as needed.
- Medical staff is contracted. There are three nurses and one physician. A nurse is on site 96-112 hours/week. The physician is on site three times per week.
- Individuals are assessed after 48 hours and at 14 days. Screening occurs for medical, substance, mental health, trauma and veteran status.
- The medical staff has access to OARRS and uses as needed.
- Behavioral Health agencies provide services within the jail, including case management, anger management, substance abuse education and support:
 - Friel
 - Recovery Council
 - Scioto Paint Valley Mental Health Center – assessment and counseling services
 - New Directions provides Cognitive Behavioral Therapy
 - ADAMH Care Coordination
- Other services include AA meetings and GED services
- Outside medications are permitted once verified and approved by medical staff.
- Job & Family Services staff meet with clients while incarcerated. Court can modify support order in some cases, up to two times per year.



Court

- The VA has peer supports available and would like to encourage greater use. The Veterans Justice Outreach workers can assist with navigating the criminal justice system and link to supports.
- Generally, all felony offenses are remanded to prison or placed on community control.

- Juvenile Court seeing a lot of men involved in substance abuse who have children and families at risk of having children removed because of substance abuse related problems
- The Municipal Court and ADAMH Board have a contract for Indigent Driver's Treatment

Specialty Courts

- Ross County Common Pleas Court, Judge Michael M. Ater, has a certified Drug Court and memorandum of understanding (MOU) with a treatment service provider. Referrals come through attorney screening and judge input. Qualifications are the same as Intervention in Lieu (ILO/TPO): Felony 4 or 5, drug offense, after plea but before finding of guilt. Service is targeted at drug addicted individuals who have committed a crime. Successful graduation results in dismissal. The program will accept individuals with higher level charges but only after guilty plea and finding. The program takes a little over a year to complete and is structured in four phases with graduated sanctions and incentives/rewards. The graduation ceremony is open to public, but not publicized. Current caseload is 40+ and could go up to 60.
- Specific to opiate addiction, the Common Pleas Judge will strongly encourage and support MAT (Vivitrol) at all intercepts and is committed to finding a way to pay for anyone who doesn't have resources. The county currently has a Smart Ohio – community prison diversion program - grant to assist individuals.
- The Juvenile Court is in the early process of developing a Family Dependency Court for child protective cases when families are at risk for removal of children.
- Application is pending for Municipal Court Drug Court program through Chillicothe Municipal court, Judge Toni Eddy.

Intercept III – Identified Gaps

- ▣ May be interruption in medications if support services are not available on the outside
- ▣ Jail does not track the number of individuals identified as having a substance use problem
- ▣ Jail does not use a validated screening tool to identify individuals with a potential substance use disorder
- ▣ No cross-system sharing of information with mental health, addiction or developmental disability service agencies
- ▣ Jail does not share information with courts on a regular basis
- ▣ No information is available about the number of people with substance use or co-occurring disorders that are linked with services at discharge from jail

Intercept III – Identified Opportunities

- ▣ Drug Court's commitment to use of MAT and Smart Ohio grant to assist individuals
- ▣ Ohio Family Drug Court Statewide Reform Grant (SSRP) will help support efforts with families and children.
- ▣ Addiction Treatment Program through the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has potential to expand to Ross County

Recommendations:

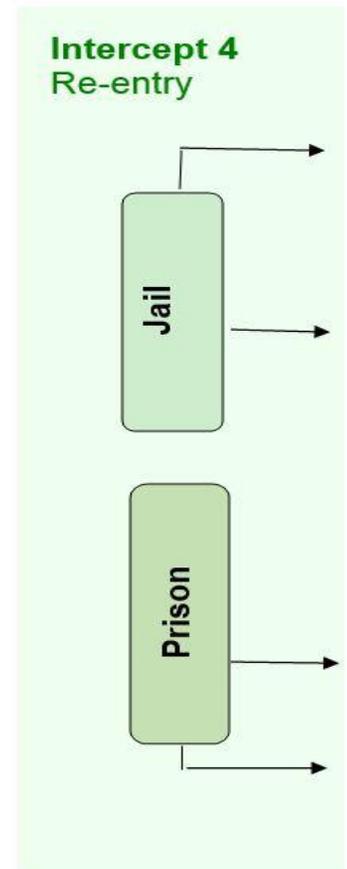
- ▣ Utilize valid screening tool(s) in jail to identify individuals who may need further assessment. The Brief Jail Mental Health Screen is available at no cost on the website of the Substance Abuse and Mental Health Service (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation website. The Texas Christian University Drug Screen II is available at no cost on the website of Texas Christian University Institute of Behavioral Research. Other validated tools are available as well.
- ▣ Establish how substance use and co-occurring disorders illness will be defined and how data will be collected to capture reasonably accurate statistics on persons with substance use disorders and co-occurring disorders entering the jail.

- Identify a mechanism for cross-referencing inmate names and numbers with mental health system enrollment rosters and/or Medicaid enrollment rosters as part of booking processing to establish earlier access to resources and services.
- Once the jail has a mechanism for identifying individuals who need further assessment or who are involved in the local treatment system, establish procedures for appropriately informing the court of individuals' treatment needs and participation to aid in case planning.

Intercept IV: Prisons / Reentry

Reentry

- An estimated 150 or more individuals return from prison to the community each year, with roughly 70% released on supervision. Community Linkage program of OhioMHAS and ODRC completes screening and assessment, provides individuals with 30 days of psychiatric medication upon release, and links to local agency to ensure that first treatment appointment is scheduled.
- Roughly 6000 releases (includes duplicates) occur from jail to community each year, with 50% on community control.
- Release from jail occurs at all hours.
- Approximately 255 individuals are incarcerated in prison; approximately 1/3 are female
- The Terry Collins Reentry Center in Chillicothe is a collaboration between Ross County Sheriff's Office, Exit, Adult Parole Authority and Alvis. With county, state and non-profit resources all located at the Reentry Center, it enables a strong relationship with the Adult Parole Authority. Workshop participants expressed an interest in developing an exit package for people coming out of jail/prison and may want to borrow examples from other communities.
- From 1/1/15 – 12/4/15 OHMHAS completed 26 referrals to Ross County for individuals with mental health and/or substance use disorders reentering the community from prison, who agreed to be linked with community services. Six individuals were diagnosed with Post Traumatic Stress Disorder (PTSD) (16%); four with Schizoaffective Disorder (11%); three with Major Depressive Disorder (8%); three with opioid dependence (8%); and three with alcohol dependence (8%). 22 of the 26 individuals had a history of substance abuse (85%), and 11 of the 26 had a history of involvement in substance abuse treatment (42%).
- Sheriff's Office Day Reporting program
- Reentry Coalition – hiring returning citizens
- Reentry Coordinator within the Adult Parole Authority
- Care Coordination is in place to coordinate treatment with release date. Scioto Paint Valley Mental Health Center and ADAMH Board receive linkage packets for individuals with behavioral health disorders returning from the state prison system and appointments are given at Floyd Simantel Clinic to link to appropriate treatment.



Intercept IV – Identified Gaps

- Additional coordination or follow up with individuals after initial appointments resulting from linkage packets from DRC/OhioMHAS – no wrap around
- Lack of peer supports (true at other intercepts as well)

Intercept IV – Identified Opportunities

- There is opportunity to do more with follow up and coordination with individuals referred from state system through linkage packets.
- Examples of reentry brochures, handouts, resource guides, and service fairs around Ohio can serve as models for materials to be developed in Ross County, e.g., Sandusky County Reentry Task Force *Wallet-full of Resources* and brochure and Lucas County “*First Wednesdays*” *Going Home to Stay* program.
- OhioMHAS is working on the process for Peer Support Specialists to become certified, which will allow for some peer support services to be eligible for Medicaid reimbursement in FY 2017.

Recommendations:

- There were four staff members at the ADAMH Board and Floyd Simantel Clinic identified by OhioMHAS as contacts for the Community Linkage program. These individuals could provide helpful information about the needs of returning citizens and should be on the front lines of receiving information on available resources for the individuals returning to the community, so should be actively engaged in the Heroin Partnership Project.
- If resources allow, consider providing in-reach services for inmates who are scheduled to be released from the state prison system, to engage them 3-6 months prior to release. Butler County uses this approach which has yielded a dramatic increase in engagement in treatment and other services.

Intercept V: Community Corrections / Community Support

Probation

- Municipal Court has two Probation Officers.
- Common Pleas Court has five probation officers: one part-time, two Intensive Supervision Probation (ISP) and two general probation. Caseloads are currently at 200-220, with 900 individuals on supervised control. General P.O.s are performing 200-250 drug tests per month.
- Intensive High risk caseload is 40-50 individuals
- Some officers trained in Effective Practices in Community Supervision (EPICS), Motivational Interviewing, or CIT; otherwise, training is limited to the state required training for Probation Officers (POs)
- Pre-sentence investigation combined with ORAS results helps guide the type of supervision that is assigned. Generally individuals with a low ORAS score are assigned to general probation, and those with a high risk score are assigned to Intensive Supervision Probation
- The Community Based Correctional Facility (CBCF) is STAR/SEPTA and is located in Franklin County.

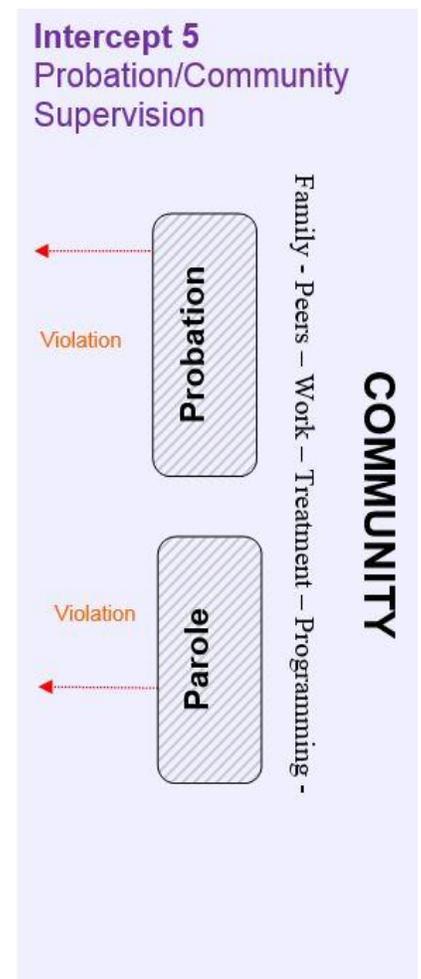
Parole

- Adult Parole Authority have four officers assigned who currently manage 236 cases and 84 Transitional Control cases.

Community Supports

The Treatment Sub-committee of the Heroin Partnership Project surveyed various agencies in October 2015 to identify available services, eligibility requirements, etc... The meeting minutes of the committee were included in the SIM workshop manual and include details for the following agencies. Some pertinent evidence based service examples are included.

- Ross County Sheriff’s Office, Day Reporting - Cognitive Behavioral Therapy (CBT)
- The Recovery Council



- Integrated Services
- Scioto Paint Valley Mental Health Center – Substance Abuse and Mental Illness (SAMI) services, Medication Assisted Therapy (MAT - Suboxone and Vivitrol provided on site), Dialectical Behavior Therapy (DBT), CBT, Motivational Interviewing and Stage of Change. Floyd Simantel Clinic has residential treatment for co-occurring disorders
- Adena OBGYN – MAT (Subutex and Suboxone), Detox group
- Ross County Health District – MAT (Vivitrol), Narcan
- STARR - CBT
- ADAMH Board
- SOLACE – 12 step meetings
- Friel & Associates, LLC
- VA Hospital – domiciliary vocational case management for reentry, medical detox, acute psychiatric unit, outpatient suboxone program, outpatient contingency management program (cocaine), Narcan, MAT (Vivitrol), Peer Support Services
- Adult Parole Authority – Thinking for a Change
- Zion Baptist Church – Transitional Housing
- Safehaven

Other community supports that were discussed during the workshop:

- Tapestry Alumni
- Shelters, independent housing and sober housing – Alvis House; 2nd Chance Ministry (12 beds)
- Recovery Council recently added sober housing for women

Intercept V – Identified Gaps

- ▣ Sex offender programming and treatment
- ▣ Family transitional housing
- ▣ Transportation barriers
- ▣ Concerns with HUD restrictions
- ▣ Job placement is difficult
- ▣ Lack of sober living housing

Intercept V – Identified Opportunities

- ▣ Reentry Center provides opportunities to learn how to move from institution to community

Recommendations:

- ▣ Establish a goal to have all probation and parole officers complete training in EPICS (Effective Practices for Correctional Supervision)
- ▣ In addition to other options being considered, it may be helpful for the task force to review the information and recommendations contained in the White Paper on *Criminal Justice and Behavioral Healthcare: Housing, Employment, Transportation and Treatment* issued by the Ohio Association of County Behavioral Health Authorities in January 2015.
- ▣ Make information about 12-step programs and meetings readily available at the hospital, health department, courts, treatment centers, reentry center, etc...
 - ▣ Alcoholics Anonymous Meetings can be located through the Central Ohio Group Fellowship of Alcoholics Anonymous website (http://www.aacentralohio.org/mtg_search.php)
 - ▣ Ross County is included in the Ohio Regional Service Committee of Narcotics Anonymous. Meetings can be located through the naohio.org website (<http://bmlt.naohio.org/>)

Priorities for Change

Ross County, Ohio



Ross 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 five priority items that received the greatest number of votes, ranked in order of voting preference.

Top Priorities for Change

1. Housing Continuum
2. Addressing families and co-dependents; education and awareness
3. Clear protocol at Adena for releasing clients and referring to treatment after overdose and other drug-related crises
4. Specific opiate prescribing guidelines, including protocols for withdrawal of prescriptions, detox, and use of OARRS
5. Medication Assisted Treatment options in Ross County



Additional Recommendations

Cross-Intercepts Recommendations:

- Identify specific ways to incorporate trauma informed care into the sequential intercept model. Policy Research Associates has done substantial work and training on this subject and may be a good source for guidance and materials (www.prainc.com).
- Expand forensic peer counseling, support, and specialists to promote recovery at all points of intercept.
- Utilize valid risk assessment measures to determine level of risk, identify individual needs, and make recommendations for services.
- Utilize the framework described by the Justice Center at the Council of State Governments in the publication, "Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery," as a decision-making guideline for appropriating effective services to individuals with the highest risk and needs. The framework is applicable at all points of intercept in the justice system provided that validated assessment information is available related to risk for recidivism, risk of violence, and mental health risks and needs. Jails and courts have a greater opportunity for organized use of the framework with the existing requirement for felony probation to utilize the Ohio Risk Assessment System (ORAS) and the existing screening mechanisms already in place in the county corrections facility, which can fairly easily be supplemented or enhanced with validated tools. The publication issued jointly by the National Institute of Corrections, The Council of State Governments Justice Center, and the Bureau of Justice Assistance outlines this framework and provides general guidance on decision making. An electronic copy of the publication was provided to the Re-entry Coordinator and can be shared freely among the local stakeholders. Access to the publication is also available at no cost from the Justice Center website (www.csgjusticecenter.org)

Parking Lot Issues

- Student loan access for some felony histories
- Student loan default due to incarceration
- Interdiction and law enforcement are a part of the Heroin Partnership Project and need further discussion

- The county does not have adequate numbers of licensed substance use treatment professionals to provide treatment services at the various intercepts when someone is identified as a person with a substance use disorder.

Next Steps:

The CJ CCoE will provide a draft of the full report to the Ross County Coordinator of the Heroin Partnership Project by January 31, 2016.

State partners will meet monthly with the local task force and provide support with research, attainment of resources, and attention to other components of a comprehensive approach to effectively addressing the heroin/opiate epidemic, such as interdiction. Michele Worobiec at the Supreme Court of Ohio agreed to serve as the point person to the state partners. The next meeting of the Heroin Partnership Project was scheduled for December 22. The Office of Criminal Justice Services is working on an analytical report specific to Ross County and will share the results of that report once completed. University of Cincinnati will be available for guidance on best practices, e.g., EPICS for Influencers will soon be available.

Sustainability to be discussed by local task force.

Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Additional Resources

Arnold Foundation	arnoldfoundation.org
CIT International	citinternational.org
Coalition on Homelessness and Housing in Ohio	http://cohhio.org/ http://www.cohhio.org/pdf/Training/BuildinganOffenderReentryProgram.pdf http://cohhio.org/programs/soar_2011
Corporation for Supportive Housing	40 West Long Street, PO Box 15955, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	http://csgjusticecenter.org/mental-health/
The Federal Bonding Program	http://www.bonds4jobs.com/
Lutheran Metropolitan Ministry Community Re-entry	http://www.lutheranmetro.org/Community-re-entry/ 216.696.2715 Email: mail@lutheranmetro.org
National Association of Pretrial Services Agencies	NAPSA.org
National Alliance on Mental Illness (NAMI) NAMI Ohio	www.nami.org www.namiohio.org
National Center for Cultural Competence	http://nccc.georgetown.edu/
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	http://store.samhsa.gov/home
National Criminal Justice Reference Service	https://ncjrs.gov/
National GAINS Center/TAPA Center for Jail Diversion	http://gainscenter.samhsa.gov/

National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	www.drugabuse.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Coordinating Center of Excellence	www.neomed.edu/cjccoe
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	http://www.drc.ohio.gov/web/reentry_resource.htm
Ohio Ex-Offender Reentry Coalition	http://www.reentrycoalition.ohio.gov/
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Policy Research Associates	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org/
Pretrial Justice Institute Diversion Programs	http://pretrial.org/DiversionPrograms
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	http://summitcountyreentrynetwork.org
Supreme Court of Ohio Specialized Dockets Section	http://www.supremecourt.ohio.gov/JCS/specdockets/
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	http://cit.memphis.edu/
Veterans Justice Outreach	http://www.va.gov/HOMELESS/VJO.asp

Sequential Intercept Mapping Participant Roster Ross County, Ohio | December 7 & 8, 2015

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Action Planning Matrix for Ross County, Ohio

Priority Area 1: Housing Continuum				
Objective		Action Step	Who	When
1.	Sober Living for Women	<ul style="list-style-type: none"> a. Look into locations b. Look for funding c. Zoning d. Collect data 	Tammy and Dennis	
2.	Residential treatment in Ross County	<ul style="list-style-type: none"> a. Look for location b. Zoning c. Funding d. Collect data e. Contact with ODRC and OHMHAS 	Troy and Tammy	
3.	Expand and improve services at existing homeless shelters	<ul style="list-style-type: none"> a. Determine emergency status b. Increase case management c. Improve community referrals d. Improve collaborations 	Tammy	
4.	Revitalize Ross County Continuum of Care	<ul style="list-style-type: none"> a. Marketing/community image b. Recruit new members c. Improve communications 	Dennis	January 2016 meeting
5.	Improve Metro Housing application process	<ul style="list-style-type: none"> a. Improve customer service b. More user friendly c. Increase community referrals 	<u>Tamra</u>	

Action Planning Matrix for Ross County, Ohio

Priority Area 2: Addressing families and co-dependents; education and awareness					
Objective	Action Step	Who	When		
1.	Standardize school prevention program	<ol style="list-style-type: none"> 1. Review all activities in schools 2. Explore evidence based models for education – life skill development 3. Develop universal county plan for K-12 4. State wide options and leverage for services 5. Explore funding options 	<p>Prevention specialist; Pickaway Area Recovery Services; School Resource officers</p> <p>ADAMH Bd, Superintendents, Guidance Counselors, Principals</p> <p>ADAMH Bd; Pickaway Area Recovery Services; state</p>	<p>February 1, 2016 April 1, 2016</p> <p>Implementation 2016-2017</p> <p>Ongoing</p>	
2.	Family Drug Court	<ol style="list-style-type: none"> 1. Visit Family Dependency Court 2. Develop Court Steering Committee 3. Develop guiding principles – federal guidelines and best practices 4. Specialized dockets 5. Identify and implement standard screening tool 	<p>Job & Family Services; Judge, Magistrate, ADAMH Bd</p>	<p>March 1, 2016 January 1, 2016 May 1, 2016</p>	
3.	Develop & distribute universal literature	<ol style="list-style-type: none"> 1. Identify comprehensive list of providers in addition to 5 county ADAMH Bd 2. Provide felony chart; death risk numbers 3. Develop resource packets 4. Disseminate resource packets 	<p>Heroin Partnership Treatment sub-comm. Public Defender office VA- copies, hospital Family Children First Public Defender, JFS, churches, visitation @ jail</p>	<p>February 1, 2016</p> <p>February 1, 2016 April 1, 2016 June 1, 2016</p>	

Action Planning Matrix for Ross County, Ohio

Priority Area 3: Clear protocol at Adena for releasing clients and referring to treatment after overdose and other drug-related crises				
Objective	Action Step	Who	When	
1. Identify clients who have substance abuse issues when going through E.R.	<ol style="list-style-type: none"> Judge provides list of probationers to police/sheriff Police/Sheriff contact probation/judge Contact dispatcher Adena provides client with list of providers Social worker makes contact with referral source of client's preference Give information to client's family 	<p>Judge</p> <p>Police/Sheriff Social Worker/EMS Social Workers Social Workers</p> <p>Social worker/Nurse</p>	<p>Upon getting new case</p> <p>Immediately Before release Before release Before release</p> <p>At release</p>	
2. Set standards for E.D. doctors	<ol style="list-style-type: none"> Provide education to E.D. doctors, nurses, and social workers 	Adena	Immediately	
3. Identify family needs of substance abusers who interact with police, sheriff departments	<ol style="list-style-type: none"> Contact Children's Services for training 	Police/Sheriff on scene	Immediately with training from Children's Services (up to 2 months)	
4. Test clients with a 14 panel quick urine screen	<ol style="list-style-type: none"> Buy new test kits that test for suboxone/subutex 	Hospital E.D.	Immediately	
5. Contact Dr. Fortney	<ol style="list-style-type: none"> Make contact with second in command at Adena Discuss inpatient detox at Adena 	Dr. Angel Judge Ater	<p>Within 2 weeks</p> <p>2 weeks – 6 months</p>	
6. Address gaps in system	<ol style="list-style-type: none"> Have Urgent Care facilities treat patients with same protocols as E.D. when Rx drugs of abuse Have clinical nurse, etc...contact OARRS before prescribing 	Adena personnel Adena personnel	<p>ASAP – 3 months</p> <p>ASAP – 1 month</p>	

Action Planning Matrix for Ross County, Ohio

7.	Educate prescribers, doctors and providers about <u>Vivitrol</u>	<ol style="list-style-type: none"> 1. Attend a meeting of staff E.R. doctors and nurses 2. Provide <u>Vivitrol</u> education and develop protocol 	Health Department Health Dept and E.R. doctors	Immediately By 1/31/16
8.	Get detox capabilities at hospital and develop protocols	<ol style="list-style-type: none"> 1. Educate doctors and gain support 2. Recruit appropriate physicians 3. Work with <u>Maryhaven</u> to provide ambulatory detox 4. Meet with other successful providers: Quest, Compass 5. Speak with Dr. Fortney 	<u>Adena</u> Kim Jones Community Health Advocate (items 1-4) Judge <u>Ater</u> , Tim Angel	Immediately and ongoing <u>Maryhaven</u> detox by 6/30/16 By 12/31/15

Action Planning Matrix for Ross County, Ohio

Priority Area 4: Specific opiate prescribing guidelines, including protocols for withdrawal of prescriptions, detox, and use of OARRS				
Objective		Action Step	Who	When
1.	OARRS Compliance	1. Standardized reporting methods to assess compliance	Bouland @ VAMC	April 1, 2016
		2. OARRS incorporated into EMR with single sign-on	Forney @ Adena	2017
		3. For non-compliant prescriber, employer-based education and progressive discipline	Health System leadership	April 1, 2016
		4. For abnormal or aberrant use, referral for assessment, urine drug screen		
2.	Opiate prescribing	1. Develop recommended treatment options	Provider team (PCPs and others)	7/1/2016
3.	Treatment of active withdrawal	1. Education on syndrome	Medical Education Committee (CME)	
		2. Education on treatment of withdrawal		
4.	Tapering of controlled substances	3. Education on crucial conversations with patients		
		4. Referral for substance abuse treatment	Health system partnerships	1/1/2016
5.	Detox facilities	1. Reassessing mechanism of pain	CME	7/1/2016
		2. Include assessment for compliance, abuse, addiction; refer as appropriate		
		3. Education on methods		
6.	Identify high-volume prescribers	1. Partnership with treatment facilities including VAMC	Health System Administration, ADAMH, Maryhaven, SATP	
		2. Intensive outpatient provider		
6.	Identify high-volume prescribers	1. Intervention	Fed/state partners, Peer Review, Quality Committee, OIG	4/1/2016

Action Planning Matrix for Ross County, Ohio

Priority Area 5: Medication Assisted Treatment options in Ross County			
Objective	Action Step	Who	When
1. Potential expansion of MAT (Methadone, Suboxone , Vivitrol)	<ol style="list-style-type: none"> 1. Convene work group 2. Explore OTP 	PVADAMH, RCHD, ODMHAS, RCDAPC	1/2016
2. Expand ambulatory detox/induction	<ol style="list-style-type: none"> 1. Locate facility 2. Education and contract with providers 3. Recruit support and counseling resources 4. Recruit other provider agencies 5. Telemedicine 	<p>Adena</p> <p>Adena</p> <p>Maryhaven</p> <p>PVADAMH</p>	<p>1st quarter</p> <p>2nd quarter</p> <p>2nd quarter</p> <p>1st quarter</p>
3. Explore best practices, Ohio and nationally	<ol style="list-style-type: none"> 1. Low dose protocols 2. Instant access (Angel program) 3. Children's Treatment (ambulatory detox) 4. Detox protocol 	ODMHAS, PVADAMH, RCHD, Dr. Luckdoo	January 2016 group will determine dates
4. Public education	<ol style="list-style-type: none"> 1. Convene work group 2. Decide statistics to be gathered 3. Schedule Town Hall 4. Explore other educational strategies including doctor and provider 	<p>Drug Coalition</p> <p>Various</p> <p>Drug Coalition</p> <p>Drug Coalition</p>	TBD by January 2016