Agenda

Alkermes Comment on Interim Report

Auglaize County Sheriff's Office ACRP

Franklin County Opiate Action Plan

Franklin County Sheriff's Office Programs

Overdoses in Franklin County are focus of both prosecution and treatment (Article)

Chief Deputy: Treatment, not arrest, best prescription for addiction (Article)

Columbus Man Pleads Guilty to Dealing Lethal Heroin Fentanyl Mix (Article)

Franklin County Pathways Program

Profile: Melissa Young

Profile: Stella Jones

Profile: Kimberly Mounts

PATHWAYS to Women's Healthy Living Brochure

Franklin County Sheriff's Office Opiate and MAT Seminar

Franklin County MAT Implementation Planning Session

Franklin County inmates to be offered anti-addiction drug Vivitrol on release

Franklin County CIT Training for Corrections

Arming Deputies with Different Kinds of Weapons

Franklin County Mental Health First Aid

Franklin County Sheriff's Office addresses recidivism in the County Jail by partnering with Community based employers

Hamilton County Sheriff's Office Response to Opiate Crisis

Current Programs in Place by the Lorain County Sheriff's Office Drug Task Force

Lucas County Sheriff's Office Drug Abuse Response Team

NaphCare's Experience with Opioid-Addicted Patients in Jails

Mercer County Sheriff's Office

Ohio Opioid Roundtable Recommendations and Current Programs



NATIONAL SHERIFF'S ASSOCIATION STAKEHOLDERS ROUNDTABLE THE OPIOID EPIDEMIC

10:30- 11:00	Registrations
11:00-11:15	Opening Remarks and Participant Introductions Sheriff Dallas Baldwin, Sheriff Mark Wasylyshyn, & Executive Director Jonathan Thompson
11:15-11:30	Brief Remarks: Chief of Staff and Senior Counsel Beth McGarry, OAAG – Office of Justice Programs
11:30-12:00	Brief Remarks: Acting Director Richard Baum, ONDCP.
12:00-12:45	 LUNCH (onsite) Panel I Discussion: Traditional Problems-Non-Traditional Solutions What Is Your Agency Doing To Address The Opioid Crisis? M.A.T, Franklin County Sheriff's Office Shruti Kulkarni, CLADD Dr. Shawn Ryan, President of the Ohio Society of Addiction Medicine Zach Klein, Columbus City Council President Paul Imhoff, Upper Arlington Schools Superintendent Zach Holzapfel, Alkermes (Medication Assisted Treatment) Pastor Greg Delaney (Recovery-Faith Based Community)
12:45 – 1:00:	BREAK
1:00 – 1:45: 1:45- 2:00	Panel II Discussion: Non-Traditional Problems with Traditional Solutions How Is The Opioid Epidemic Impacting Private Industry And What Are You Doing To Address It?
	How Is The Opioid Epidemic Impacting Private Industry And What Are You Doing To Address It? Chamber of Commerce: Jason Radcliff, FOP Alex Boehnke, Retail Merchants Construction Trades: Ryan Augsburger, Manufacturers' Association: Federation of Independent Business: NACo: Paul Dobson, Prosecutors Sheriff John Tharp
1:45- 2:00	How Is The Opioid Epidemic Impacting Private Industry And What Are You Doing To Address It? Chamber of Commerce: Jason Radcliff, FOP Alex Boehnke, Retail Merchants Construction Trades: Ryan Augsburger, Manufacturers' Association: Federation of Independent Business: NACo: Paul Dobson, Prosecutors Sheriff John Tharp BREAK

The Ohio Council of Retail Merchants re: Retail Theft

Shelby County Sheriff's Office

Drug Trafficker Registry Proposal

Wood County Prosecuting Attorney's QRT

Eight Ways Faith Communities Organize for Recovery Ministry

Faith-Based Approach Slides



Comment on the Interim Report of the President's Commission on Combating Drug Addiction and the Opioid Crisis August 25, 2017

The Interim Report released by the President's Commission on Combating Drug Addiction and the Opioid Crisis is groundbreaking and outlines important steps to end the opioid epidemic. Having carefully studied the findings and recommendations in the Commission's Interim Report, we offer our support of the recommendations and are confident that their implementation will enable our country to bring an end to the current opioid crisis.

Alkermes is a global biopharmaceutical company that is committed to developing innovative medicines for the treatment of central nervous system diseases, including opioid and alcohol dependence. We manufacture VIVITROL® (naltrexone for extended-release injectable suspension), a once-monthly injectable medication for the treatment of alcohol dependence and the prevention of relapse to opioid dependence, following opioid detoxification. We work closely with addiction treatment professionals, organizations and those who have been directly impacted by opioid and alcohol addiction.

We thank the Commission for the invitation to offer our comments, and we welcome future opportunities where we may be able to assist.

Authorized Providers of Medications to Treat Opioid Addiction - We strongly agree with the Commission's statement that "all FDA-approved MAT should be offered by authorized providers, not just one or two of these approved options. These decisions of which (if any) MAT to be used must be based upon what is best for the patient, not what is best for the provider. This can be mandated by the Executive Branch."

On July 22, 2016 the Comprehensive Addiction and Recovery Act (CARA) was passed overwhelmingly by Congress, laying the groundwork for reforming the current opioid addiction treatment system. Section 303 of CARA amends the federal laws governing office-based opioid addiction treatment providers (OBOTs) and now requires all OBOTs to have the capacity to offer (either directly or by referral) all FDA-approved medications for the treatment of opioid use disorder, along with counseling and other appropriate ancillary services.

The current HHS/SAMHSA-regulated training course for waivered treatment providers of Schedule III-V opioid addiction medicines must be updated to comply with the current requirements under Section 303 to educate on multiple forms of treatment including, but not limited to: opioid maintenance and detoxification, appropriate clinical use of all FDA-approved medications for the treatment of opioid use disorder, and individualized treatment planning.

As the Commission noted, patients are often provided medicines based on the setting of care and not based on a clinical assessment and informed discussion with the patient regarding all FDA-approved treatment options. We strongly encourage SAMHSA to immediately issue a notification to all existing OBOTs outlining the requirement to offer (either directly or by referral) all FDA-approved medications.

We also ask the Commission to consider incorporating the utilization of an Informed Consent document as a mechanism to ensure patients are aware of their treatment options. The Informed Consent protocol

should include the possible risks and benefits of the FDA-approved medications, and should objectively present both opioid agonists and antagonists.

Similarly, opioid treatment programs (OTPs) (sometimes referred to as "methadone clinics") are also cited in the Commission's Interim Report as needing to offer all approved MAT. We applaud the Commission's acknowledgement that OTPs should provide patients the same access to all FDA-approved treatment options that must also exist in OBOTs. Based on HHS data, very few OTPs offer the full range of FDA-approved opioid addiction treatment medications despite all being addressed within current federal guidelines. To support OTPs in offering all treatment options, we encourage the Commission to consider applying the same Informed Consent policy as that which we propose for use in OBOT settings.

Current federal regulations governing certification of OTPs also include the requirement that every OTP maintain current protocols for detoxification off of all opioid medicines. We encourage the Commission to call for the enforcement of these regulations. Likewise, continuing medical education should ensure appropriate training in current detoxification protocols as well as the prescribing of medications approved by the FDA.

Federally-Qualified Health Centers —We agree with the Commission that federally-qualified health centers (FQHCs) play an important role in the health care continuum and are frontline providers of substance abuse treatment, including MAT. The role of FQHCs in providing access to high quality and affordable patient-centered care ensures those seeking treatment for opioid addiction will have access to treatment options that best fit their individual needs. FQHCs should adhere to the principles of §303 of CARA, including access to all forms of FDA-approved MAT.

Criminal Justice Settings - The Interim Report also includes the recommendation that "[t]he DOJ, in consultation with HHS and ONDCP, should be directed to increase the use of MAT for OUDs in these correctional settings." Providing medications - plus counseling and other recovery supports - to opioid-dependent individuals in reentry programs presents a major opportunity to support successful reintegration back into the community. The Bureau of Prisons provides a positive example of the voluntary use of relapse prevention medications, counseling and recovery supports in this unique patient population oftentimes at high risk of overdose after release from jails or prisons. Expanded access to MAT for individuals addicted to opioids in this setting can provide an enormous benefit not just to the opioid-addicted individual, but also the families and communities to whom he or she returns following incarceration.

<u>Prescriber Education</u> — We also strongly agree with the Commission's finding "that many medical providers are not well-versed on how to screen for addiction, and what to do if a patient has become dependent on substances or presents with an SUD." Many medical providers have received little or no training on modern approaches to opioid addiction treatment. Given the high prevalence of opioid addiction, training on all FDA-approved treatment options for opioid use disorder should be included as part of prescriber education.

Naloxone - We agree with the Commission's recommendation to increase access to naloxone through both public health and public safety initiatives. In addition, we urge the Commission to consider policies and initiatives that would encourage overdose survivors to enter into treatment for opioid addiction, when clinically indicated. For opioid-addicted overdose survivors, the compulsion to return quickly to using is extraordinarily high. Consequently, the Commission should consider policies and initiatives that break the cycle of "rescue, release and relapse" and instead provide the opportunity for such individuals to be presented with available treatment options, including MAT, detoxification, or inpatient rehabilitation.

Alkermes appreciates the work done by the President's Commission on Combating Drug Addiction and the Opioid Crisis and its focus on what may be the greatest public health and safety threat of our time. With the leadership of the President and this Commission, and the thoughtful and results-oriented steps outlined in the Interim Report, we can put an end to the current opioid crisis. We stand ready to assist you in this endeavor.

References

¹ Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS): 2014. Data on Substance Abuse Treatment Facilities. BHSIS Series S-79, HHS Publication No. (SMA) 16-4963. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. For example, see Table 2.4, on page 27.

² See Substance Abuse and Mental Health Services Administration. Federal Guidelines for Opioid Treatment Programs. HHS Publication No. (SMA) PEP15-FEDGUIDEOTP. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

MENTAL HEALTH NOTES

Auglaize County Sheriff's Office Medical Department P.O. Box 26 Wapakoneta, OH 45895 Phone 419-739-6701 ext 296

To: Sheriff

CC:

From: Angelette A. Ten Hoven, MA, MSW, LSW

Date: 9/9/2017 **Re:** ACRP

LSW reviews recent book-in's and drug screenings to identify individuals admitting to or testing positive for narcotics; the nurse will also notify individuals to contact me concerning the program. If individuals meet criteria, (they are Auglaize County residents, test positive for narcotics and were booked-in on a felony), LSW will meet with the inmate to discuss the ACRP program, determine their interest and provide information on Vivitrol itself, as well as, the program. LSW will then, contact the inmate's attorney and felony probation officer who is in charge of the program, Jason Iannantuono, concerning inmate interest to begin the enrollment process. Those individuals, who do not meet criteria, are provided contact information to resources in their community to seek and obtain various forms of treatment for their addiction issues.

Britney conducts a physical of the inmate within 2 weeks of book-in; orders and calls for lab work; gathers results; sets up apt with Dr. Holleran and the assessment with Amy Bruin. She then, meets with the inmate and Dr. Holleran for an exam, of which he then, signs the approval form. Britney emails labs and forms to Amy at JTDMH to conduct assessment. She then, works with the inmate to fill out CSBG form for transportation to JTDMH and then faxes the form.

Statistics

Successful completion: 14/47 = 30%Still in the program: 12/47 = 28% Re-incarcerated:

16/47 = 34%

Deceased:

3/47 = 6%

Incarceration is a symptom of something more going on with the individual, such as drug use and/or mental health issues or other litigating circumstances. By the time individuals are arrested for crimes committed in relation to their drug use, measurement tests administered by LSW reveal severe degree of problems related to their drug use. In the case of opioid addiction, the benefit of the ACRP program can be the difference between life and death.

Challenges

While the program is intended to keep individuals out of prison, those charged with a misdemeanor are not eligible in spite of the same deadly consequences from opioid addiction.

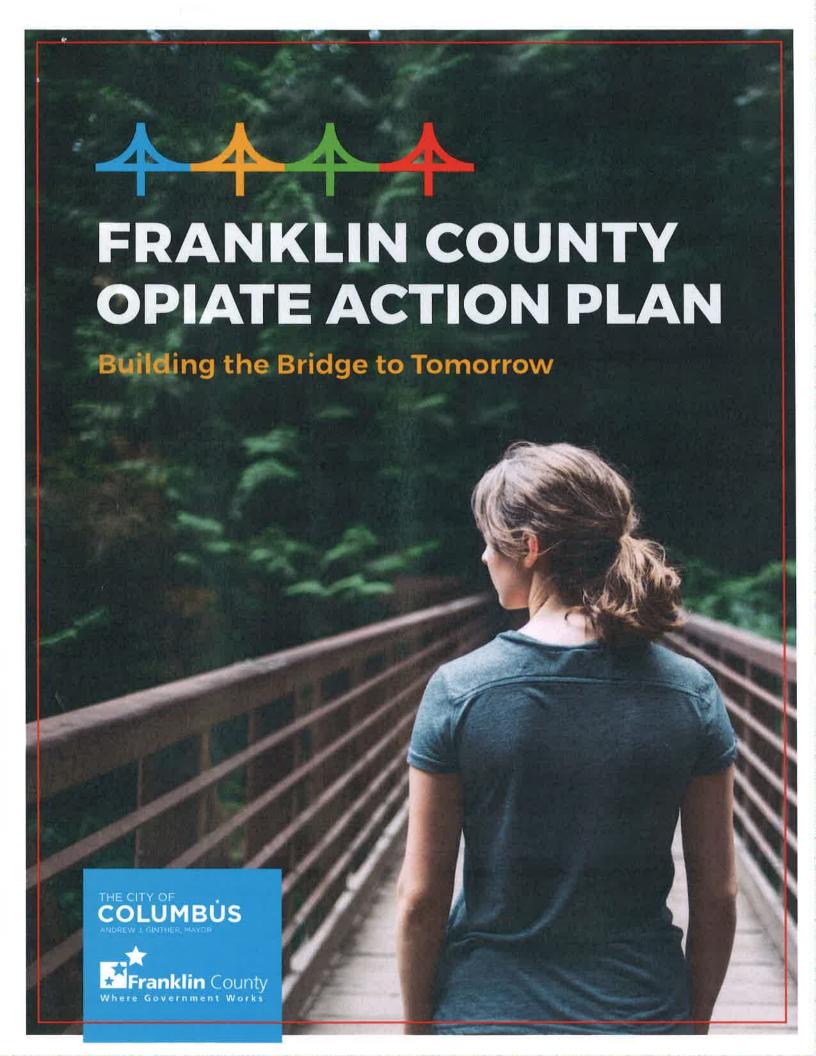
In some cases, individuals don't report an opioid addiction, in spite of their positive drug screen, but state that "it must've been mixed with another drug," such as marijuana, cocaine, and/or methamphetamine, etc.

The programs success depends on the motivation of the inmate to overcome their addiction to opioids; however, what we are witnessing now, are individuals transferring their addiction to other drugs, largely stimulants, such as methamphetamines and cocaine.

Results

Is the program a success? Fifty-eight percent of the participants have either successfully completed the program or are currently enrolled while 34% are reincarcerated for various reasons, some for heroin use or other drugs. Since the program's inception, 94% of the participants are still alive.

Angelette A. Ten Hoven, MA, MSW, LSW Counselor, Auglaize County Sheriff's Office





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^{*}We recognize there are some nuances between the terms opiate and opioid. For the purposes of this report, the term opiate will refer to both natural and synthetic drugs derived from opium.



Letter from Franklin County Commissioners President John O'Grady

Dear Community Member,

It is the charge and duty of the Franklin County Board of Commissioners to ensure the future is bright for every Franklin County resident. When we saw, last year alone, 353 of our residents died of accidental overdoses, we knew reversing the tide of the opiate epidemic would require a heightened and aggressive community response. We are facing a true public health crisis that is claiming the lives of our brothers, sisters, aunts, uncles, friends, neighbors and co-workers.

Our priority must be to tackle the opiate epidemic and save more lives, and this report is a reflection of the work yet to come. It encompasses many diverse partners including elected officials, public health officials, medical personnel, first responders, law enforcement, mental health clinicians, consumers, family members and faith community members to name a few.

In this report, you will see the outline of four pillars - prevention and community education; healthcare and risk reduction; treatment and supports; and first responders and law enforcement. You will also see both short term and longer term strategies to address the opiate epidemic and the accountability structure for how this plan will come to life. This approach is also important because it provides a framework our community can adopt for any future community emergencies.

The Franklin County Board of Commissioners is proud to support the implementation of this plan by providing both personnel and financial support. But most importantly, we are proud of what this plan represents. Together, we will save lives.

Sincerely,

John O'Grady, President

Franklin County Board of Commissioners



Letter from Columbus Mayor Andrew J. Ginther

Dear Neighbor,

The City of Columbus has been ranked one of the best places in the world to live. But we are not immune to the epidemic that is happening in cities all over the country. Addiction has become a public health crisis in our community and affects every school, every church, and every business in the city and Franklin County.

We have held numerous community conversations about this crisis. The talk is important – every time we discuss addiction and the effect it has on our families, friends and colleagues, we chip away at the stigma that surrounds the disease. But it is now time to act.

The City of Columbus is joining with Franklin County, public health and social services agencies, first responders, law enforcement, healthcare organizations and businesses to address this crisis with an action plan in four key areas: prevention and community education; healthcare and risk reduction; treatment and supports; and first responders and law enforcement.

I want to thank all of the elected officials, organizations and individuals who worked together to develop this action plan that will save lives. This collaborative effort gives us an opportunity to build a response structure that empowers us all to work in better and smarter ways to address the opiate crisis that threatens our community.

Assistant Fire Chief Jim Davis says that every time we save a life, we have the chance to be someone's bridge to recovery - their bridge to the future. Together, we will lift up those struggling with substance use disorders and their families and friends by working together.

Sincerely,

Andrew J. Ginther, Mayor City of Columbus



Letter from Columbus City Council President Zach Klein

Dear Community Member,

Members of Columbus City Council are committed to ensuring the safety of everyone working, living, and raising a family in the City. Columbus is growing. We are now the 14th largest city in the country. With our growing population and economy, our City has seen countless opportunities and successes, but like other metropolitan areas, we also have significant issues and problems that must be addressed and solved. In the last several years, Columbus, like the rest of Ohio, has seen a drastic increase in drug overdoses from opiate use. Addiction is a mental health crisis that not only affects the user, but also family, friends, coworkers, neighbors, and our economy. Families are torn apart and communities are suffering as a result of the opiate crisis.



City Council has allocated additional funds for treatment facilities, special docket courts, and needle exchange programs. We have supported the efforts of the Columbus Division of Fire and now the Columbus Division of Police to carry life-saving Narcan. My colleagues and I are proud of these efforts, but we know that more must be done. It is not enough only to save lives; we must also change lives.

The City of Columbus and Franklin County are partnering with public health departments, service providers, law enforcement, and the private sector to address this mental health issue. This Action Plan developed by ADAMH will focus on implementing solutions in four areas: Prevention and Community Education, Healthcare and Risk Reduction; Treatment and Supports; and First Responders and Law Enforcement.

I am grateful for David Royer and the ADAMH staff for the vision outlined in this plan. I would also like to thank all of the government officials, law enforcement personnel, social service agencies, and community partners that assisted ADAMH with information and input. I am honored to be a part of a community where so many organizations and individuals have come together to work towards solutions for this devastating epidemic.

In closing, it is important to note that addiction and its negative impact on a community are not new. In fact, drugs have ravaged many communities, particularly minority communities, without the same attention and concern that it should have received. We cannot correct the historical wrongs, but we can build a sustainable and effective model to address mental health issues, like drug addiction, for the future, regardless of the popular drug of the day or whom it is affecting.

It is time to join hands, like we always do, to execute the actions items outlined in this plan, and Columbus City Council is ready to do it.

Sincerely,

Zach Klein, Council President

City of Columbus

Acknowledgments

Special thanks to all the organizations and community members who provided insight and expertise to make this action plan a reality.

Abraxas Counseling Center Advanced Recovery Services

Aetna Alvis

Byron L. Potts & Co., LPA

CareSource

Central Ohio Hospital Council
City of Whitehall, Division of Police
City of Whitehall, Mayor's Office

Columbus Area Integrated Health Services, Inc.

Columbus City Council
Columbus Division of Fire
Columbus Division of Police
Columbus Public Health
Columbus Urban League
Community for New Direction
Community Shelter Board

CompDrug

Concord Counseling

Consumer and Family Members

Equitas Health

Ethiopian Tewahedo Social Services Family Missionary Baptist Church Franklin County Children Services Franklin County Coroner's Office

Franklin County Court of Common Pleas Franklin County Court of Common Pleas

- Adult Probation

Franklin County Municipal Court Franklin County Public Defender Franklin County Public Health Franklin County Sheriff's Office Greater Hilltop Area Shalom Zone

Groveport Madison Schools

Hamilton Township Fire Department

Heart of Ohio Health Center

House of Hope, Inc. Loud Life Foundation

Lower Lights Christian Health Center

Lower Lights Ministries

Maryhaven

Molina Healthcare Mount Carmel Health

Nationwide Children's Hospital

Netcare Access

Obetz Police Department

Office of the Franklin County Prosecuting Attorney

Ohio Health One Day Moms One Nine Ninety

Optum

Paramount Health Care PrimaryOne Health

Recovery Works Columbus

Southeast, Inc.

State of Ohio Board of Pharmacy

Syntero

Talktainment Radio

The Ohio State University Wexner Medical Center
– Department of Psychiatry and Behavioral Health
The Ohio State University Wexner Medical Center

- Talbot Hall

Twin Valley Behavioral Health

Tyler's Light

United Healthcare

United State District Court, Southern District of Ohio United States Probation, Southern District of Ohio

Introduction

The opiate epidemic is eroding the quality of life for Franklin County residents. This public health crisis is killing our residents and devastating families. It is impacting every sector of our economy, including healthcare, education, business and local governments.

The Franklin County Board of Commissioners, the Office of Columbus Mayor Andrew J. Ginther, and the agencies throughout the city and the county that are touched by the opiate crisis have developed an aggressive plan to save as many lives as possible.

The Franklin County Opiate Action Plan assertively attempts to stabilize the issue in the short term while offering important long-term strategies. The plan focuses on four overarching goals:

- 1. Prevent opiate abuse and addiction;
- 2. Reduce the number of opiate-related deaths;
- 3. Expand access and decrease wait for treatment; and
- 4. Improve the safety of our community.

This plan is intended to be dynamic. As the opiate epidemic evolves, the actions identified in this plan will change as needed. In order for this plan to be fully implemented, it will require additional resources at many levels.

It is important to note that this plan does not directly address how to reduce the supply of opiates in our community. Our law enforcement partners are addressing this directly. While this is a critical goal, these ongoing efforts through law enforcement activities fall outside the scope of this plan.



Meet Jan

Throughout this plan,
you'll have the opportunity
to meet Jan. We'll share
information about her
personal journey with an
opiate-use disorder.

How Did We Get Here?

There are many social factors that increase a person's risk of becoming addicted to a substance, including but not limited to poverty, homelessness, unemployment and trauma. However, there are three major factors that caused the opiate problem to shift to a crisis throughout our entire community.

These are:

- 1 Misuse and Abuse of Prescription Drugs
- **2** Resurgence of Heroin
 - **a.** As prescription pain pills were getting more difficult to get with the crackdown on pill mills and overprescribing, people were turning to heroin which was cheaper and easier to get.
- **3** Introduction of Synthetic Opiates
 - **a.** Examples of synthetic opiates are fentanyl and carfentanil. Although heroin use and fentanyl are not new phenomena, the scale of the problem has increased dramatically, particularly due to the increasing prevalence of fentanyl in the U.S. and the Midwest specifically.
 - "As a society we have created and supported this false premise and narrative that life should be 'pain free' both physically and emotionally. Although this is not true of course, people have found that opiates address both types of pain, thus feeding the epidemic."
 - Dr. Mark Hurst, Medical Director, Ohio Department of Mental Health and Addiction Services

The opiate epidemic is a national crisis. Each day in the United States, approximately 129 people die as a result of a drug overdose. (*Drug Enforcement Administration, 2016 National Drug Threat Assessment Summary*). In addition, the Center for Disease Control (CDC) estimates that for each person who died from a prescription painkiller overdose in 2008, there were 10 people admitted for treatment for substance use disorder, 32 people visited the emergency department for substance use disorder, 130 people who were abusers or dependent, and 825 non-medical users. (Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), *Increases in Drug and Opioid-Involved Overdose Deaths – United States, 2010-2015*).

Ohio has been especially hard hit by the epidemic. On average, eight people in Ohio die every day from an overdose (Ohio Department of Health). For the ninth year in a row, unintentional drug overdose remains the leading cause of injury-related deaths for Ohioans (Ohio Department of Health). The increase in overdose deaths continues to be driven by the prevalence of fentanyl in many parts of the state, with 1,155 people dying in 2015 attributed to fentanyl, an increase from 503 people in 2014 (Ohio Department of Health).



In 2016, 353 people died in Franklin County due to an accidental drug overdose (2016 Annual Report, Franklin County Coroner's Office). Over the past five years, the number of people who died from an accidental drug overdose increased by 71%. (2012-2016 Annual Report, Franklin County Coroner's Office). Franklin County reported the ninth most deaths due to fentanyl in 2015 (40 deaths). This is fewer than Hamilton (1st, 195 deaths) and Cuyahoga (5th, 83 deaths) (Ohio Department of Health). The 13 counties with the most deaths due to fentanyl account for three quarters (75%) of all fentanyl-related deaths in Ohio in 2015 (Ohio Department of Health). In general, fentanyl-related overdoses are highest among people ages 25 to 34 (32%) and men (70.5%) (Ohio Department of Health).



Prescription Misuse

Three out of four people who use heroin report first misusing prescription opiates (JAMA 2014, *Prescription Drug Abuse, Heroin Use Among Suburban and Rural Whites*).



Healthcare

The impact on healthcare costs for prescription drug use disorders is \$25 billion annually (Drug Enforcement Administration, 2016 National Drug Threat Assessment Summary).



Hepatitis C

The number of persons infected with Hepatitis C has increased from 950 cases in 2012 to over 1,600 cases in 2015 in Franklin County (Columbus Public Health, Opiate Abuse: A Public Health Crisis).



Neonatal Abstinence Syndrome

Children born in central Ohio hospitals who were exposed to drugs in placenta or from breast milk increased from 424 in 2012 to 665 in 2015, with preliminary data for 2016 indicating 744 encounters through September 30, 2016 (2017 Franklin County Opiate Crisis Summit Presentation, Dr. Anahi Ortiz).



Children Services

28% of all children taken into protective custody by children services agencies had parents who were using opiates at the time of removal from the home, and 70% of children in custody under the age of one have opiate-involved parents (Public Children Services Association of Ohio, *The Opioid Epidemic's Impact on Children Services in Ohio 2017*).



First Responders

Incidents involving naloxone administration have increased from an average of 5.18 per day in 2011 to 6.48 in 2016 (Columbus Public Health, *Naloxone Treatment Monthly Breakdown*).

The average number of doses administered per day has also increased dramatically from 6.55 in 2011 to 10.29 in 2016, indicating the presence of ever-stronger strains of opiates (Columbus Public Health, *Treatment Monthly Breakdown*).



Law Enforcement

The number of law enforcement drug seizures of fentanyl increased from 110 in 2013 to 3,882 in 2015 (Ohio Department of Health, *2015 Ohio Drug Overdose Data: General Findings*).

What Are We Doing Now?

There are already many local efforts underway to address the opiate epidemic, including but not limited to:

Franklin County Opiate Task Force

The Franklin County Opiate Task Force recognizes substance use disorder as a complex, multifactorial health disorder that can be prevented and treated. The task force exists to promote awareness to the problem in Franklin County, to examine preventive measures and aid in implementation, to provide educational opportunities for professionals to improve prescribing of opiates, to examine law enforcement measures and promote innovative programs, to examine legislation and promote opiate related bills, and lastly, to examine our recovery community, increase certified recovery homes and promote use of peer recovery advocates. (Franklin County Opiate Crisis Task Force website, About Us page). Since the inception of the task force, they have worked to standardized protocols in emergency departments around opiates and overdoses; developed a pocket guide for providers with current resources for pregnant women with addiction; created the rapid response surge notification protocol and brought naloxone trainings to family members and friends of loved ones with a substance use disorder.

Heroin Overdose Prevention and Education (HOPE) Task Force

The HOPE Task Force combats the heroin epidemic with a multi-pronged approach: enforcement, education and prevention. Established in 2016, the HOPE Task Force was created as a restructuring of the Franklin County Drug Task Force. Experienced narcotics and homicide detectives working on the HOPE Task Force are treating opiate overdose scenes as crime scenes; investigating the source of the supply that caused the overdose. In addition, HOPE Task Force collaborates with treatment providers to refer those with substance use disorders to long-term treatment. Detectives armed with the knowledge and partnership of treatment providers in the Franklin County community choose to help those with an opiate use disorder instead of locking them up. (Franklin County Sheriff's Office website, HOPE Task Force page).

The Alcohol, Drug and Mental Health Board of Franklin County (ADAMH)

Locally, ADAMH continues to direct resources to combat the opiate epidemic. The ADAMH Board of Trustees recently approved 11 new initiatives totaling \$2.2 million funding high-priority interventions specific to opiate use treatment and prevention. Among the projects funded with these newly invested dollars are the Mobile Opiate Response teams (pilot programs with the Franklin County Sheriff's Office and Columbus Division of Fire); and the expanded opiate detox programming and community education through the #TogetherFamiliesHeal web portal. This portal provides information for family members who have a loved one with a substance use disorder. ADAMH funding also supports local initiatives like naloxone distribution and community education through CompDrug and the Safe Point risk reduction program to encourage those with an addiction to seek treatment for their substance use disorder.

Opiate Action Plan Development and Committee Structure

Development of the Plan

The Franklin County Opiate Action Plan is a collaborative plan created with the input of stakeholders from across the county who all seek to save lives by addressing aspects of the opiate epidemic. Over a four week period, ADAMH staff interviewed more than 100 professionals, as well as people in recovery and family members, to learn their perspectives on how best to address the needs of the community. This plan provides immediate and long-term actions as part of the collaborative approach needed to address this public health crisis.

Formation of the Steering Committee

The key agencies responsible for leading the execution of this plan will initially serve on the Steering Committee and will coordinate activities of other stakeholders in their respective lines of business represented by these subcommittees: Prevention and Community Education, Healthcare and Risk Reduction, Treatment and Supports and First Responders and Law Enforcement. The Steering Committee members will elect their own chair and cochair to lead the work of the Franklin County Opiate Action Plan and will meet monthly.

Responsibilities of the Steering Committee

The Steering Committee will select two members of the Steering Committee to co-chair each subcommittee group. The Steering Committee will also recommend appropriate staff members to participate in the opiate action plan at the subcommittee level, coordinate the Corporate Advisory Council and Community Groups, collect progress on the subcommittee groups' metrics, and report progress to the Franklin County Commissioners, Columbus Mayor Andrew J. Ginther and Columbus City Council. The Steering Committee will be responsible for identifying and pursuing policy or advocacy issues that need added or changed to remove barriers to implementing the action plan. Additionally, the Steering Committee will develop or expand community-level metrics for monitoring and timely reporting on the opiate epidemic with the intent of making data-driven decisions.

Corporate Advisory Council

The Steering Committee will identify business leaders in the community to serve on an advisory council to provide expert counsel as needed especially in the areas of data development and collection, economic impact and alternative funding options. Corporate Advisory Council representatives will meet with the Steering Committee on a quarterly basis.

Community Groups

The Steering Committee will identify community leaders of local task forces, coalitions, recovery and support groups, faith-based organizations and others to represent community groups throughout Franklin County. Representatives from the Community Groups will provide community input and feedback to the Steering Committee on quarterly basis.

Subcommittee Groups

Selected members of the Steering Committee will chair and co-chair the subcommittee groups to assure consistent alignment with the overarching goals of the plan. The chair and co-chair will determine their own meeting schedule and will work with subcommittee group representatives to report on progress, address challenges and obstacles and identify trends to be shared with the Steering Committee.

Measurements

The Steering Committee will develop key metrics around the annual outcome statements identified in this plan in order to assess progress towards meeting the stated goals. These metrics will be measurable, quantitative statements that identify the agencies responsible for accomplishment of the actions, as well as the representative responsible for presentation of the action to the Steering Committee.

Next Steps

The Steering Committee will begin meeting in the summer of 2017 to take action on the items identified in this plan. Initially, the Steering Committee will focus on developing the measurements identified within the plan and convening additional stakeholders necessary to carry out the identified actions. Once this work is complete, the four subcommittee groups will begin meeting on a monthly basis to implement activities related to the measurable actions. The Steering Committee will meet with the four subcommittee groups every other month.

The Steering Committee will develop and share public reports to show progress on the commitments identified in the plan at the end of each calendar year. The Steering Committee will require subcommittee groups to report on the actions undertaken to date at the regular meetings of the Steering Committee to support the public reports.

Steering Committee Actions

There are a set of actions assigned to the Steering Committee that require strong collaboration among all parties to create, coordinate and move forward on the plan.

Operating Principles

- 1 The Steering Committee will identify resource gaps and recommend solutions to assure adequate support for initiatives identified in this plan.
- 2 The Steering Committee will develop a cultural competence strategy to ensure that the actions outlined in this plan meet the needs of Franklin County's diverse cultures.
- 3 The Steering Committee will establish and maintain a process to identify funding opportunities, directly or indirectly focused on the opiate crisis, and inform represented agencies of their availability.

Corporate Advisory Council and Community Groups

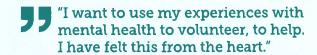
- The Steering Committee will develop and implement a process to connect with grassroots community groups to better understand issues, barriers and emerging trends. This process will include:
 - a. Identifying existing community groups
 - **b.** Establishing a consistent way to gather and share information with community groups
 - **c.** Partnering with community groups to disseminate information about prevention, risk reduction and treatment programs
- 5 The Steering Committee will develop and implement a process to connect with business leaders and private organizations who have a vested interest in the Franklin County community. This process will include:
 - **a.** Identifying business leaders and private organizations to serve on the Corporate Advisory Council
 - **b.** Establishing a consistent way to gather and share information with the Corporate Advisory Council
 - Partnering with business leaders and private organizations to assist with resource gaps

Policy and Advocacy Issues

- The Steering Committee will develop and implement a process to consider and recommend action on policy and advocacy issues that impact the work outlined in the Opiate Action Plan. This process will address issues, included but not limited to:
 - a. Requirements for opiate prescribers to use OARRS (Ohio Automated Rx [Prescription] Reporting System) to review client history and enter prescriptions in OARRS
 - **b.** Education requirements for medical students about general pain management, appropriate prescribing, and opiate addiction
 - **c.** School health education standards for middle and high school youth that includes evidence-based prevention programs proven to reduce mental health difficulties and substance use
 - **d.** Available screening programs for pregnant women to identify the need for treatment and support for both the mother and baby
 - e. Prescription disposal requirements and guidelines

Data and Metrics

- The Steering Committee will design and implement a process to collect, distribute and report on disparate data available from organizations across Franklin County. The data will be used to inform decisions, identify trends, contribute to policy recommendations and measure the success of actions outlined in the Opiate Action Plan. This process will include data such as:
 - a. Poisoning death review data
 - **b.** Number of individuals booked in Franklin County jail due to violating probation and/or parole for an opiate-related charge
 - **c.** Percentage of individuals in Franklin County jail with identified opiate use disorders who receive a pre-release Vivitrol shot
 - **d.** Number of children in Franklin County schools identified as having chronic absence/truancy
 - e. Number of children removed from home/taken into Franklin County Children Services custody due to parental opiate use
 - **f.** Number of infants in Franklin County receiving a diagnosis of Neonatal Abstinence Syndrome
 - **g.** Number of mothers in Franklin County receiving a positive screening for presence of opiates in breast milk
 - **h.** Number/volume of opiate prescriptions dispensed to individuals in Franklin County
 - i. Number of individuals readmitted to acute care setting in Franklin County for an opiate use disorder
 - **j.** Average number of days individuals in Franklin County with an opiate use disorder are on a wait list for admission to services at each level of care by provider
 - **k**. Number of individuals with opiate use disorders in Franklin County who receive same-day or direct admission to inpatient treatment programs
- (3) The Steering Committee will coordinate the development of partnerships with professional researchers to leverage big data/analytics in efforts to continue to understand the epidemic and make data-driven decisions.
- The Steering Committee will develop a public reporting protocol to assure Franklin County residents are aware of available resources and the current status of key performance metrics regarding the opiate epidemic.



Franklin County Opiate Action Plan Committee Structure

Prevention and Community Education

Alcohol, Drug & Mental Health Board of Franklin County (ADAMH)

Columbus Public Health

Franklin County Children Services

Franklin County Public Health

Prevention Providers School Districts

Healthcare and Risk Reduction

Central Ohio Hospital Council Columbus Public Health Franklin County Coroner's Office Franklin County Public Health Hospital Systems

Corporate Advisory Council

Business Leaders and Private Organizations

CENTRAL STEERING COMMITTEE

Alcohol, Drug & Mental Health Board of Franklin County Central Ohio Hospital Council Central Ohio Mayors and Managers Association

Columbus City Attorney
Columbus City Council
Columbus Public Safety
Columbus Public Health
Educational Service Center
Franklin County Children Services
Franklin County Coroner's Office

Franklin County Public Health Franklin County Sheriff's Office Office of the Franklin County Commissioners Office of the Mayor of Columbus Andrew J. Cinther

Franklin County Municipal Court

Community Groups

Task Forces, Coalitions, Faith-Based Organizations and Others

Treatment and Supports

Alcohol, Drug & Mental Health Board of Franklin County (ADAMH)

Alcohol and Other Drug (AOD)
Treatment Providers

First Responders and Law Enforcement

Columbus Division of Fire
Columbus Division of Police
Columbus Public Safety
Frenklin County Court of
Common Pleas
Franklin County Municipal Court
Franklin County Prosecutor
Franklin County Public Defender
Franklin County Sheriff's Office
Specialty Dockets
Suburban Fire Departments
Suburban Police Departments

FRANKLIN COUNTY SHERIFF'S OFFICE



PROGRAMS

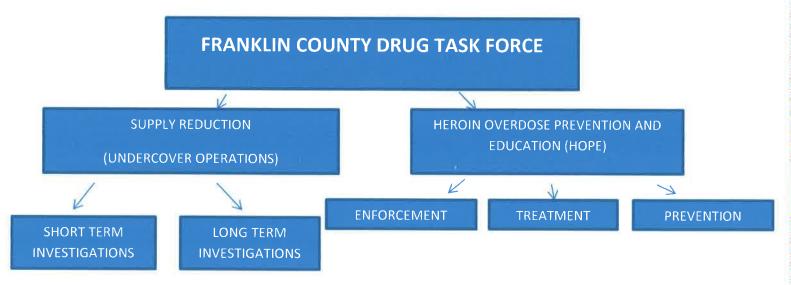
FRANKLIN COUNTY HEROIN OVERDOSE PREVENTION AND EDUCATION TASK FORCE (HOPE)

PURPOSE OF HOPE:

In response to the increasing amount of overdose deaths in Franklin County, Ohio the Franklin County Sheriff's Office recognized the heroin overdose death epidemic requires a coordinated law Enforcement, educational, and treatment based response. As a result, a new vision led to the restructuring of the already existing Franklin County Drug Task Force (FCDTF). In addition to the traditional enforcement actions, the addition of the Heroin Overdose Prevention and Education Task Force (HOPE) as a working branch was established to respond to drug overdose incidents.

In partnership with the Franklin County Prosecutor's Office, Franklin County Coroner's Office, ADAMH, Southeast Inc., and addiction support groups such as The Addict's Parents (TAPS) United, multiple agencies have united under the HOPE model to focus investigative resources, support legislative change, provide education to treatment options, and increase public awareness of the heroin use epidemic in Franklin County.

ORGANIZATIONAL COMPONENTS:



Break-down of the restructured Franklin County Drug Task Force (with the HOPE model)

Supply Reduction:

The Franklin County Drug Task Force (FCDTF) is already tasked with the primary goal of supply reduction. The FCDTF is made up of local, state, and federal law enforcement participation. Through two (2) units that work separately, yet in concert when necessary, short term and long term investigations are

occurring on a daily basis. The primary goals for these investigations are drug related Trafficking charges on sources of supply in and around Franklin County, Ohio.

- A. Short Term Focus on street level dealers and investigations typically take 1-2 weeks to complete. Investigators utilize undercover buys, search warrants, and other investigative techniques with the primary goal of prosecuting the offenders at the state level.
- B. Long Term Focus is on mid to high level dealers in an around Central Ohio. Investigators are attached with DEA agents and conduct covert operations with the primary goal of prosecuting large Drug Trafficking Organizations (DTO's) at the federal level. Investigations can take anywhere from a few weeks to multiple years.

Heroin Overdose Prevention and Education (HOPE)Task Force:

The (HOPE) Task Force is comprised of (3) three major components.

- A. **Enforcement**: A team of investigators with both crimes against persons experience, and narcotics investigations experience work together to initiate investigations with the primary goal being immediate source of supply target acquisition in a heroin overdose death event, and prosecution of the source of supply for state or federal level Manslaughter charges.
- **B.** Treatment: By partnering with Southeast Inc., and other similar local agencies, relatives and/or friends of overdose death victims will be put in contact with medical professionals and mental health specialists to assist with detoxification, medically assisted treatment programs, and counseling.
- C. Prevention/Education: The HOPE Task Force would work closely with the already established Operation: Street Smart program which offers narcotics and overdose education to the general public. By working closely with the Street Smart operation, surviving Families would be offered educational seminars free of charge.



Overdoses in Franklin County are focus of both prosecution and treatment

By John Futty
The Columbus Dispatch
Posted Apr 12, 2017 at 8:59 AM
Updated Apr 12, 2017 at 7:34 PM

A white board hanging in the Franklin County prosecutor's office is running out of space to write the names of those charged with providing drugs that caused fatal or nonfatal overdoses.

The board contains the names of 12 people who have been indicted for one or more counts of involuntary manslaughter.

The latest name added is Shawn W. Point, 30, who was indicted last Friday on charges of involuntary manslaughter, corrupting another with drugs and trafficking in drugs. He is accused of selling drugs that led to the Sept. 21, 2015 overdose death of Sean D. Herman, 26, and the near-fatal overdose of Herman's 27-year-old girlfriend at their apartment on East Broad Street in Bexley.

Herman's death was caused by an overdose from the combined effects of fentanyl and morphine that prosecutors say Point sold to the couple. He also has been indicted on an involuntary manslaughter charge in Fairfield County in connection with the fentanyl overdose death of Nicholas Cline on September 14, 2015.

Such cases didn't use to result in prosecutions because law-enforcement often didn't investigate them as anything other than overdose deaths, O'Brien said.

The names of 13 people indicted for nonfatal overdoses, which brings a felony charge of corrupting another with drugs, also are listed on the board.

The board, maintained by Assistant Prosecutor Carol Harmon, has been growing since 2015, when Chief Deputy Rick Minerd of the county sheriff's office decided it was time to take a new approach to dealing with the problem of opiate addiction and those who feed it.

He created the HOPE Task Force, which stands for Heroin Overdose Prevention and Education. Those who survive overdoses are directed toward treatment. Those who provide the drugs that cause overdoses are investigated with an aim toward prosecution.

"We're focusing our enforcement efforts on those who are causing deaths, those who are cutting their product with fentanyl and other synthetic drugs" that contribute to the growing number of overdoses, he said.

The majority of those indicted for causing fatal and non-fatal overdoses in Franklin County were investigated by the task force.

A closer look at the list shows that three of the defendants have gone to prison after pleading guilty to causing deaths and three have been sent to prison after pleading guilty in non-fatal overdoses. The rest of the cases, other than a defendant who died after his arrest, are pending.

Prosecutor Ron O'Brien announced in 2015 that his office would work with the task force to scrutinize every overdose death in the county. He assigned Harmon and Assistant Prosecutor Jamie Sacksteder to work with the task force.

Minerd convinced the county commissioners to fund two deputies and a sergeant for the task force. The Alcohol, Drug and Mental Health Board of Franklin County provided funding for a social worker from Southeast Inc. to assist with getting overdose survivors into treatment.

Last year, Minerd said, 65 percent of the survivors encountered by the task force agree to schedule an appointment to begin treatment. Of those, 50 percent showed up for their initial appointment.

Minerd said many of those who hear about the task force have "a misconception that detectives are now social workers.

"We're still arresting people, but we have a better understanding of what addiction is, what resources are available and how to refer people to those resources."

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The Columbus Dispatch

Chief deputy: Treatment, not arrest, best prescription for addiction

By Kimball Perry

The Columbus Dispatch

Posted May 28, 2017 at 8:50 PM Updated May 28, 2017 at 8:50 PM

Every day, Sgt. Shawn Pak saw the damage heroin and opioids cause in his job at the Franklin County jail. And the deputy with the county sheriff's office believed addicts were responsible for their own misery.

"It was kind of businesslike, kind of a detached view," Pak said.

That view changed, though, when the brother of Pak's best friend became addicted to heroin, bringing to his family the pain and helplessness so many other families have suffered.

Pak changed his attitude after "seeing the pain in my best friend's eyes" when he told Pak about the horror addiction imposed on his family. The family's matriarch, who is like a second mother to Pak, is now terrified by the telephone.

"She told me, 'Every time the phone rings, I'm expecting it be be the call that he's dead," Pak said.

The family was elated when that brother was taken off the streets.

"He's in jail," Pak said. "They're relieved. At least he's alive."

Rick Minerd, the department's chief deputy, wants more first responders to undergo Pak's change in attitude if they want to save lives.

Minerd, who has been a deputy for 26 years, used to believe addicts were too selfish to care about anyone else, so they deserved their woes.

But he came to the same conclusion as Pak after taking part in a prostitution sting to arrest young women who sold their bodies to get money for drugs. After that sting, Minerd ultimately decided law enforcement officers should help addicts get treatment.

"I used to think addicts came from bad families," Minerd said. "The more I learned (about addiction), the more of an open mind I had."

Law enforcement officers are taking more drugs than ever off of the streets, but more people are dying. Last year, 353 people in Franklin County died from drug overdoses, a 10 percent increase over the 321 who died in 2015. As the heroin and opioid epidemic made a deadly sweep across Ohio, the 2015 statewide overdose deaths of 3,050 people rose in 2016 to 4,149 deaths, a 36 percent increase.

Because the old attitudes haven't worked, Minerd said, he is helping to change them. Law enforcement will better serve the community, he said, by better understanding addiction's hold.

"I think it's one of the biggest gaps that's here — a misunderstanding from cops and the community of what addiction is," he said.

"Some of those experiences open people's eyes. I think for cops, you have to be slapped in the face."

More and more, health and addiction professionals note that addiction is an illness that can be treated with proper time, tools and techniques. None of those include dumping addicts in jails. That doesn't mean no arrests. It means smarter arrests.

"We have to educate cops on what addiction is, to allow cops to be traffic cops for addiction," Minerd said.

It also means addicts have to want to get clean, which might take several rounds of rehabilitation to stay clean.

"It's still a choice. You have to work extremely hard," Minerd said.

Last week, Franklin County's Alcohol, Drug and Mental Health Board announced it will provide \$1 million for a two-year program to provide rehabilitation, mental health and other services for overdose patients.

That program stems from the county's HOPE task force, or Heroin Overdose Prevention and Education. It is a collaboration of government agencies and social workers to crack down on drug dealers, including prosecuting those who provide drugs that result in overdose deaths, and to place those who overdose in treatment and educate them.

"We are trailblazers in Ohio," Minerd said of the HOPE model.

Minerd wants the Ohio attorney general, whose office runs the Ohio Peace Officer Training Academy, to include training about addiction and rehabilitation.

The Franklin County sheriff's office already is providing more training for its deputies, including how to administer naloxone, the drug that can offset the effects of an opiate overdose.

"It's a mindset that we continue to turn around," Minerd said.

The design of the new jail that Franklin County plans to open in 2019 will reflect that change by adding more space to educate inmates about addiction.

"It's slowly changing," Minerd said. "I do think it's working."

THE UNITED STATES ATTORNEY'S OFFICE

SOUTHERN DISTRICT of OHIO

U.S. Attorneys » Southern District of Ohio » News

Department of Justice

U.S. Attorney's Office
Southern District of Ohio

FOR IMMEDIATE RELEASE

Thursday, August 10, 2017

Columbus Man Pleads Guilty to Dealing Lethal Heroin Fentanyl Mix

COLUMBUS, Ohio – Richard R. Edwards, 28, of Columbus, pleaded guilty in U.S. District Court to distributing heroin and fentanyl that resulted in the death or serious bodily injury of another.

Benjamin C. Glassman, United States Attorney for the Southern District of Ohio, Steve Francis, Special Agent in Charge, Homeland Security Investigations (HSI), Franklin County Prosecutor Ron O'Brien, Franklin County Sheriff Dallas Baldwin and other members of the Sheriff's Office's Heroin Overdose Prevention & Education (HOPE) Task Force announced the plea entered into today before U.S. Magistrate Judge Elizabeth A. Preston-Deavers.

In the statement of facts filed as part of the plea agreement in this case, Edwards admitted that his distribution of heroin and fentanyl led to a non-fatal overdose of a Columbus man in August of 2106, and a fatal overdose of a Columbus woman in December of 2016.

Edwards was arrested in March and has remained in custody since.

Distribution of heroin in this case is punishable by up to 20 years in prison.

"We will continue to work with all of our law enforcement partners through initiatives like the HOPE Task Force to bring the available federal tools and resources to bear on the narcotics traffickers who are causing so many deaths and overdoses in our Southern Ohio communities," U.S. Attorney Glassman said.

"A fatal dose of fentanyl can fit inside the tip a finger nail, making it the deadliest chemical substance that we have to contend within the law enforcement community," said Special Agent in Charge Francis. "Today's guilty plea demonstrates our unrelenting resolve to bring to justice those responsible for distributing this lethal poison in our communities."

"This is the first case investigated by the Franklin County HOPE Task Force to be adjudicated at the Federal Level since its inception in January of 2016," said Sheriff Baldwin. "The HOPE Task Force is a Franklin County Sheriff's Office led initiative which investigates Fatal and Non-Fatal overdose incidents with the combined objectives of incarcerating those responsible for the sale of deadly and dangerous opiates which cause death and/or serious physical harm, and linking survivors of Non-Fatal overdoses with Healthcare, Treatment, and Recovery programs overseen and administrated by Southeast Healthcare Inc."

"This case is another example of the collaborative effort between all agencies working together in the prosecution of criminals selling drugs on the streets that are killing people," Prosecutor O'Brien said. "We will continue to stand united against this kind of criminal conduct that continues to destroy lives on a daily basis."

U.S. Attorney Glassman commended the investigation of this case by HSI and HOPE Task Force officers. Deputy Criminal Chief Michael J. Hunter is representing the United States in this case.

Established in 2016, the Heroin Overdose Prevention & Education Task Force was created as a restructuring of the Franklin County Drug Task Force. Experienced narcotics and homicide detectives working on the HOPE Task Force are treating opiate overdose scenes as crime scenes; investigating the source of the supply that caused the overdose. This case represents the first federal prosecution of a "death-resulting" case in Columbus that stemmed from a joint investigation with the HOPE Task Force.

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Topic(s):

Drug Trafficking

Component(s):

USAO - Ohio, Southern

Contact:

jennifer.thornton@usdoj.gov

Updated August 10, 2017

Franklin County Pathways Program

The Problem or Need for the Program

In April of 2014, 85% of the female population in the Franklin County jail had a mental health disorder diagnosis that required prescription medication. According to the Franklin County Justice and Behavioral Health Systems Improvement Project Preliminary Report, more than half (56%) of all adults entering jail on felony charges and nearly half (49%) entering jail on misdemeanor charges return within 3 years of release. Sixty-eight percent of people with behavioral health disorders return to jail more frequently and experience longer stays.

Data analysis from Franklin County jail bookings indicate 14 percent of individuals with behavioral health disorders released from jail are not receiving the treatment and supports they need in jail, or in the community. This is in part due to information on risk and needs not being systematically collected and used to inform decision making as to treatment or services. Moreover, the absence of a coordinated transition plan to ensure the facilitation of continuity of care aids in the frequent return of most people with behavioral health disorders. Finally, between 2011 and 2014, local law enforcement reported a 300% increase in the number of individuals transported to the jail because they were denied crisis services due to community providers being over capacity.

Description of the Program

Objective: Identify and serve 50 females that have a mental illness or co-occurring mental illness and substance use disorder; provide them with a continuum of care and continuation of social services in post-release; and reduce the recidivism rate by 50% for females involved in the program.

Clientele-target population: females who (1) have multiple jail stays, three or more within 12-36 months; (2) may have faced, are facing, or could face criminal charges for a misdemeanor, or a felony that is a recent nonviolent offense; (3) self-identify as having mental illness, or diagnosed with a mental illness or co-occurring disorder, or who demonstrate behaviors that corrections Deputies trained in Crisis Intervention (CIT) determine are consistent with symptoms of a mental illness that warrant further assessment; (4) plans to reside in Franklin County upon release; and (5) determined as moderate to high-risk for re-offending upon release as defined by the Ohio Risk Assessment System (ORAS) (See Attachment 1 for further details regarding ORAS). High-risk offenders whose diagnostic behavioral health assessment indicates a high need for treatment for mental health or co-occurring disorders receive priority consideration.

Overview of Pathways: Pathways, is divided into two phases. All women who meet the above criteria are eligible to enroll in phase 1 of the program. Phase 1 is a pre-release woman-centered psychosocial cognitive behavioral group that includes an assessment, a reentry plan, and a Risk-Need-Responsivity (R-N-R) tailored linkage to social service providers upon release. Phase 2 is an intensive post-release program whereby, CIT Officers, CIT Deputies, and mental health social workers (Team) work together to create a direct link for each participant to the treatment and social service providers based on R-N-R. In addition, the Team follows the participant into the community, working with them and tracking their progress for three years. However, only those individuals who receive priority consideration are enrolled in phase 1 and phase 2. Below, is a detailed description of both phases.

This project is an imperative step, and smaller part of a larger plan Franklin County Commissioners are undertaking to address the findings of the Franklin County Justice and Behavioral Health Systems Improvement Project Preliminary Report. The report identified the insufficient number of safeguards in place at each critical juncture within the criminal justice system, from the call to law enforcement to discharge/release from jail. With the knowledge and understanding, the earlier the interception in the criminal justice decision continuum, the greater probability of reducing penetration into the criminal justice system, Pathways intercedes at three critical points on the criminal justice continuum.

Critical Point three (3) - while women are in jail awaiting trial, they undergo an initial screening to determine medical/mental health needs. CIT correctional deputies identify potentially eligible females for enrollment in Pathways. CIT Officers, CIT Deputies, and mental health social workers (Team) work together to initiate an introduction and explain the program to the women identified as an appropriate fit for the program. After the informal orientation and obtaining written agreement to participate, the Team works with the women to begin individual reentry planning and linking participants to services and benefits.

With participant written consent, the Team consults with the social worker from Southeast Inc., to review the ORAS and the standardized clinical assessment. The Team follows the core correctional practice - Risk-Need-Responsivity principles to tailor linkages based on the behavioral health and social service needs identified and prioritized in the assessments. In addition, the Team is a direct link for each participant to the treatment provider. Prior to release, the Team, participant and the community-based mental health agency discuss and coordinate an individual reentry plan to ensure continuum of care and avoid gaps in care.

In conjunction with the efforts of the Team, participants are introduced to the concept of wellness (healthy living) through group facilitation using a psychosocial cognitive behavioral approach. The facilitators incorporate identification of criminogenic thinking, stages of change, and motivational interviewing techniques into each group session. In spring of 2017, Pathways will introduce a self-esteem + self-care program that utilizes mindfulness practices, expressive arts, and interactive engagement towards personal growth and coping skills. The purpose of these groups is to initiate a willingness to modify current unhealthy behaviors that contribute to the cycle of addiction and incarceration

Critical Point four (4) reentry/post-release: If a participant is determined to be at imminent risk of homelessness upon release, participants are eligible to receive transitional housing for a maximum of 90 days. NISRE Inc., provides participants with an average of 15 hours of individualized direct case planning and management, employment readiness, and life skills groups. In addition, NISRE Inc. works in cooperation with the Team and participant in preparing a transitional housing plan to secure safe, sober, and affordable housing.

Regardless of housing arrangements, within 24-48 hours of release, the team makes contact with every participant and ensures a "warm hand-off" to the community based mental health agency to take advantage of the momentum gained in pre-release in-reach. All participants receive a post-release weekly call and a bi-weekly face-to-face wellness follow-up/check-in, preferably in their home or a designated safe place. The visits are conversational in nature, but incorporate motivational interviewing techniques to assess and discuss the following: treatment adherence, medication adherence if applicable, coping strategies, self-management of symptoms, recognizing declines, pro-social behaviors, and relapse prevention for those participants with co-occurring mental health and substance use disorders. The visits also provide additional information and linkages to social service providers, if warranted.

A "Red Alert" is issued to anyone who fails to appear for two consecutive appointments. A "Red Alert" automatically triggers a home-visit by the Team and Fire-Emergency Medical Services (EMS) to determine the reason for the missed appointments. In response to the overwhelming number of opioid overdose deaths in our community, all Team members are/or will be trained by one of the city's leading trauma hospitals in the proper administration of Narcan/Naloxone.

Critical Point one (1) when law enforcement and/or EMS responds to a situation that involves a Pathways participant. This interception is supported by the Team dispatched onsite to manage the scene and facilitate appropriate connection to community-based behavioral health services. This also triggers a "Red Alert".

If law enforcement is called to respond to a situation that involves a post-release Pathways participant, the Team will be dispatched to the location to work with the participant, EMS, and law enforcement to deescalate potential arrest and to notify the mental health service provider working with the participant for an expedited appointment.

Timeline: Development & Planning: October 2015 began our six-month initial planning and development phase, which included the following activities: working with ADAMH to select mental health service provider (Southeast Inc.) and appropriate staff; providing oversight and approval of the procurement process- contracts and memorandums of understanding; Conducting jail security clearance, and protocol and procedural training to facilitators and vendors. Coordinating the introduction and orientation of the project to essential jail personnel and outside vendors; developing protocols for community referrals and decision-tree for crisis calls; planning post-release follow-up activities and case management services; coordinating and continuing to coordinate CIT training for selected police and correctional officers. Identifying and assigning personnel to work with the program; designing marketing materials for orientation; identifying eligible program participants for Pathways; preparing and conducting orientation; designing participant agreements; reviewing and selecting the curriculum for the psychosocial group.

Implementation and Operational Activities: March 2016 kicked off the Pathways program. The activities in this phase are currently ongoing and include the following: obtaining signed participant agreements; release of information forms; preparing lesson plans; preparing individualized reentry plans in conjunction with participants. Post-release follow-up, visits and case management services; evaluation of critical needs; consistent and timely communication with behavioral health, housing, and social services providers; tracking of weekly activities; conducting monthly staffing of individual cases; making appropriate referrals to the network of partners. Hosting and conducting graduations for participant successful completion of program.

See Attachment # 2 Project Timeline & Activities for contribution from specific partners.

Use of Technology List

Internet services: Google.com & Google Chrome;

Software: Microsoft Office

Databases:

Ohio Risk Assessment System: (ORAS) a valid risk and need assessment database for use by criminal justice professionals at various points in the criminal justice continuum to measure probability of a person re-offending

Premiere One Database: Columbus Division of Police uses this for virtually all aspects of law enforcement such as checking for warrants

Computer Aided Dispatch the system: 911 Dispatcher uses to dispatch officers to the scene and to alert officers of any possible danger

CourtView: web-based database for Franklin County Municipal Court records

Case Information Online System: web-based database for Franklin County Common Pleas - County Clerk of Courts for Criminal and Civil cases filings

Franklin County Correctional Center Jail Information Management System: to track inmates from bookings to release

Franklin County Correctional Center - Northpointe Inmate Classification: web-based decision-tree classification system

BRASS - County Budget for Results and Outcomes Database: continuous improvement metrics to measure objectives and goals of county initiatives and programs

U.S. Department of Justice Grant Management System: web-based database to measure objectives and goals of federally funded initiatives and programs

U.S. Bureau of Justice Assistance: performance-based measurement tool web-based tool to capture quarterly performance measurements for federally funded initiatives and programs

The Cost of the Program

There were no capital costs incurred in planning or implementing this project. Pathways leveraged capital costs by using existing structures and software from the above-named partners. Each partner operates through a fully functioning department, agency, or office. The Sheriff dedicated a portion of the gymnasium in one of the local jails to become an improvised classroom for Pathways. The total operating costs of this project is \$490,000.

Personnel: includes number of hours worked multiplied by the hour rate, divided by the percent of the monthly rate for FICA, Public Employee Retirement System, Unemployment Compensation, Medicare, and the health insurance allocation for 2 full-time LISW Facilitators/Reentry Specialists; 5% of a Fiscal manager's time; and 5% of a Program Administrator's time. \$200,344

Consultants: 1 Social Worker Project Manager and 1 Field Social Worker. The cost of 7 CPD CIT officers; Sheriff CIT Deputies-Corrections patrol and jail staff, Fire-EMS, transitional housing provider for 30 day increments at a per diem rate of \$25 per day with a total maximum stay of 90 days, and an University consultant evaluator. \$234,600

*Travel: Two Mandatory trips per BJA grant guidance to Washington DC to include: airfare, lodging, per diem; taxi and other related travel costs -\$7,650. Note: this cost can be reallocated based on program need. It also includes mileage for field social worker to transport participants to and from appointments with treatment providers, medical doctors, and social services agencies (\$3,750). \$11,380

Supplies: Bus Passes: 20 one-day bus passes per participant for 50 participants; two-year subscription to an online data collection and analysis tool used for evaluation purposes; general office supplies and program supplies for classroom participation by participants —pencils, notebooks, binders, and erasers. \$9,050

Other Costs: covers a portion of annual telephone, internet, networking, printing, and utilities expenses for the behavioral health agency who provides the social workers for this project; Crisis Intervention Training for 3 Columbus Police Department patrol officers and 3 Franklin County Sheriff's Office patrol officers. Costs will support the hourly wages for the trainees and the related backfill (backfill is the cost to have a patrol officer cover the shift of the officer in training) CIT is approximately equivalent to 100 person hours (40 hours for trainee + 40 hours of 1.5 x overtime for backfill) this is equivalent to \$4,450 per trainee. \$34,576

The Results/Success of the Program

With cooperation and collaboration of the jail social service staff and CIT-Deputies, we have successfully identified potential participants for enrollment in Pathways. We are on track to meet and exceed our target number of 50 enrollments.

Prior to entering the pre-release psychosocial cognitive behavioral portion of the program, 44% of the participants accepted had received a disciplinary infraction by jail staff compared to 22% of the same participation receiving a disciplinary infraction during or after program completion. Our reduction of the recidivism rate is incremental, but steady based on the number of participants to participate successfully in the pre-release psychosocial cognitive behavioral portion of the program. Of the 30 total participants that successfully graduated or received a certificate of participation from the pre-release psychosocial cognitive behavioral portion of the program, only one (or 3 %) were arrested on new charges. This information includes all cohorts to date.

Here are a few facts to celebrate:

Cohort 1 Review:

Dates of CBT Programming Pre-release are from March 1, 2016 - April 28, 2016

Length of time since CBT program completion: 10 months

of Participants Accepted into Group: 14

of Successful Graduations: 5

of Certificates of Participation: 8 (Reason: Missed 2 group sessions but completed all other

components)

Unsuccessful Completions: 1 (Reason: Released early)

Based on the baseline data for five of the successful graduates in Cohort 1 with a look-back period of three years commencing in March 2013, here are some additional facts to celebrate: These five women accounted for an average of 3.2 bookings per graduate per year. They experienced a combined 17 or 3.4 individual disciplinary actions that involved an order to separate from other inmates or special observation while in jail. Together these five graduates accounted for 1,138 jail bed nights or 227.6 bed nights on average per graduate combined that equates to a taxpayer cost of \$89,902

Performance indicators for these five graduates of Cohort 1 as of February 22, 2017, indicate the following achievements: The recidivism rate for these five women beginning on the date of release through February 22, 2017 is 80%. Four of the five women released in cohort 1 have not been arrested, or booked into the County Jail on a new charge or probation revocation. The one participant that returned to the jail received 3 new bookings and experienced three jail bed nights and received 4 disciplinary actions during and after post group completion.

Worthiness of Award

Federal grant funders (Bureau of Justice Assistance, Department of Justice, and Substance Abuse Mental Health Services Administration) are routinely impressed with our public-private partnerships, and technical assistance providers, such as the Council of State Governments, have touted our successful creation of intergovernmental multidisciplinary collaborations as highly praiseworthy. The Pathways program is a direct reflection of these collaborations and partnerships. Pathways, incorporates best practices in CIT, Mental Health First Aid (MHFA), as well as evidence-based approaches that have been, and continue to be the cornerstone of efforts proven to be most effective in correctional settings to prevent relapse, and reduce recidivism.

As a result of these best practice endeavors, Pathways is making a marked difference in the behaviors of those who participate in the program. Jail Administrators, as well as Correctional Deputies have admitted anecdotally, the stark contrast in the behavior of participants prior to, and after participating in the cognitive-behavioral program. Furthermore, the report on disciplinary infractions from the Franklin County Jail Management System showed that 44% of the participants had received a disciplinary infraction by jail staff prior to entering the pre-release cognitive behavior program. In comparison, 22% of these same participants received a disciplinary infraction during or after program completion of the cognitive behavior program.

Melissa Young is dedicated, determined and courageous in her relentless motivation for change



I have battled with substance abuse for over 15 years, funneling in and out of the county jail. Often times I found myself with little to no hope of ever doing anything different in my life. When I say nothing different, I literally mean nothing different. Not even the birth of my older two children was enough for me to stop using drugs or change my criminal behavior. I was released from doing a 6-month sentence at the Franklin County Correctional Center in 2015 and returned within a month and a half doing yet another 90 day sentence of probation violation due to another relapse from opiate addiction.

This time was different for me because I really was tired. I signed up for this program called Pathways for Women Healthy Living, but a few weeks in, I was removed from the group due to an institutional keep separate from a fight. I was so hurt because after the first group I knew that this was something that I needed. From day one I could feel the compassion of the facilitator and the need for me to do something different. 10 weeks later I signed up again and was accepted into PWHL, I knew then that this was a new beginning for me. This time I was determined to hang in there and not allow anything or anyone to take me off focus.

I did just that and completed the Pathways program before my release. I learned things about myself that I never know, such as: how to deal with situations, triggers, warning signs, people, places, and things. I learned who I really was as a person outside of my addiction. I learned that I am a caring, loving, compassionate person with a heart of gold. This program called Pathways was a family – a family that I never had before.

Upon my release, I was a little scared, but I was more determined to change my life and develop into the amazing woman that I had learned I could be through the hands-on approach and outreach of the Pathways team. This time when I left the Franklin County Correctional Center, I left with a purpose in mind, that being to keep my head up and focus on the new lifestyle that I now wanted more than anything.

I enrolled myself into an Alcohol and other Drug intensive outpatient program at The Columbus Health Department. This AOD program which is a total of 16 weeks has enhanced my determination and resilience for a new-life style for me and my unborn child. I have learned techniques and processes that can assist me in my sobriety, as well as empower my self-esteem and strengthen my self-perception. It is through the support of my Pathways team that I was able to accept the services I needed in order to improve my life. I graduate December 2016 and for the first time I can say I have accomplished something I am proud of.

I am very thankful to have Pathways team in my life and every step of this journey. I recommend anyone to get connected with this amazing program and give themselves a change at developing a better, stronger and healthier lifestyle. I am now in the process of regaining those things that I lost while in active addiction: Rebuilding a relationship with my 2 younger sons was once a dream, but has now become a reality with the support of the Pathways team. I feel so much better as a woman and a mother — one who refuses to allow addiction to control my life anymore.

Today is the beginning of a brand new me and I love who I am discovering one step at a time. Thank you to Commissioner Brown, Michael Daniels, Homeland Security & Justice Programs, CIT Officers and the awesome team of Pathways to Women's Healthy Living.

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Dynamic, vibrant and motivated represents the strength of Miss Stella Jones



I have spent multiple years of going in and out of the county jail and struggling with my addiction to crack cocaine while trying to maintain my mental health illness. I just didn't know how to make good decisions and I kept returning back to that active addiction to crack. Each time it landed me homeless, non-medication compliant, and back in county jail with another charge, usually theft. I used to wonder what life was really like without the use of drugs. I just didn't know. Although I suffer from the disease of addiction along with a mental health illness, I know I can live a healthy life-style drug and criminal activity free. Yes, that is what I wanted. I just didn't know how to live that way. I never thought anyone cared enough for me to help show me the way until while severing out a sentence of 9 months and 16 days for theft, I took this group that was offered in our county jail.

While in the Franklin County jail, I signed up for this group called Pathways to Women's Healthy Living through Homeland Security & Justice Programs. This group turned my life around and I knew I would be able to live a more productive life which I could be proud of.

It was the teaching of self-esteem and personal touch from our facilitator that made the difference. Sargent Beaudry who is the CIT officer at the jail was instrumental in helping me when things got tough. She would check on me and make sure I was alright. I was able to ask question and get answers that I could understand. This made me feel like I was a contributing part of the process.

For me I think that it was the personal touch of the Pathways team that picked me up with a cup of coffee from White Castle and a big bright smile that made me know I was safe and this time it was going to be different. This time I can make it.

I attend my group sessions through Southeast and I knit and crochet as well as make jewelry to pass the time. I am hopeful that I will be able to sell these items and continue to invest in myself so that I can invest in others. I am writing a book called "Why You, Why Me, Why Anyone" by Stella Lynn. This is only a reality because of the assistance and help of Pathways and CIT officers and team members. Thank you for all that support and leadership in my life.

Today, I am hopeful for a brighter future and sharing my story with others. That if I can do it so can you, believe in yourself and ask for some help. Thank you to the Pathway team Jennifer Mancini, Shannon Beaudry, Ms. Caitlin, Ms. Dyana, and Ms. Patrice. And to Commissioner Brown and Michael Daniels for having the vision that has given me my life back.

Unique, innovative, and over-comer represents the courage of Miss Kimberly Mounts



I battled addiction to heroin for the past 11 years which was a direct result of my criminal activities. My last arrest was August 2015. While incarcerated I took a class called Pathways to women's Healthy Living. I met Ms. Patrice our facilitator from day one she planted a seed of hope that began to grow. I remember the flyer said that the class was for women who were tired of being in and out of jail. That made me think of my present situation, my answer was yes I am tired; I was tired of chasing my addiction, being in and out of jail and tired of the life style all together. For me this was my rock bottom. While taking this class I learned about changing my thinking patterns and identifying my thinking errors. I also learned way to build my self-esteem and love myself. It was a very empowering class.

I got out in May and was ok for the first couple of months. Then I found myself back with the wrong people, before I knew it I was back in active addiction, and the cycle of disparity began. This time my addiction was worse than it had ever been before, my life spiraled downhill so quickly. I was sleeping outside and doing things in order to feed my addiction, things that I had never done before. I felt so much guilt and shame to the point of no longer valuing my life, for me at that point death was my only option. I actually thought and planned out my own demise, but then I got a phone call from my facilitator of Pathway's Ms. Patrice, she left me a message that spoke life to my darkness. It was that message of hope that gave me the courage to call her back. Her voice was a soothing response to my chaos and debilitating cycle of addiction and world wind of destruction. The next day Ms. Patrice, CIT Officer Jennifer Mancini, and Dyana from Southeast showed up at my door and my journey of

recovery began. I was ashamed and felt underserving of such care or love, but they held on to me and I felt important.

It was the extended care and outreach of services that I began to stand on the foundation that Pathway's had laid for me. Ms. Patrice and Jennifer reached out to me and through our communicating they shared the importance of living a healthy life and making positive productive choices. After getting sober and my mind cleared I felt a purpose in my life for the first time. I moved into a sober living environment at Jessie's World and began taking the steps to change the course of my life with a brighter future on the horizon. Rebounding from relapse is a difficult place to be but through the support from Commissioner's Brown office, words of encouragement from Michael Daniels, Pathway staff, and CIT Officers who showed me so much love, support, and concern made it easier for me to stick with the process and weather the storms from the life style of addiction.

Coming from someone without a family this support made all the difference and helped me develop the strength to press forward for my recovery. Today I have been back to the county jail but this time as a visitor to share my story with the ladies and encourage them that a new life is achievable. I am working on my GED and then will enroll in Columbus State Community College to follow my dream of becoming a youth drug counselor to assist young girls and empower them to take a different path in hopes that they will never go into the dark places that I have been in my life. This is my way of giving back for the services and out stretched care I received through Pathways. I now have one of my children back in my life and working towards another one. I have made several healthy friendships and have learned to love the new me in sobriety and find out who I am sober. Today I know how to laugh, smile, and enjoy life without the use of drugs. I have found the confidence in a life style of sobriety which I once thought was never achievable for me. In my new journey of life I continue to grow every day by using the tools I was given in that class so many months ago. Today I am blessed and have found happiness beyond measure in my new self.



Stop the revolving door! Go home and stay home, an alternative to incarceration.

The Pathways to Women's Health Living program is made possible through a FY 2015 Justice and Mental Health Collaboration Grant. Grant #2015-MO-BX-0002



Franklin County Reentry Coalition 373 S. High Street 25th floor Columbus, Ohio 43215

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Phone: 614.525.4595



PATHWAYS to Women's Healthy Living

PATHWAYS to Women's Healthy Living

Breaking the Cycle

The primary goals of this voluntary program are to reduce the likelihood of adult female offenders with a diagnosis of mental illness or co-occurring substance use disorders returning to the Franklin County jail (recidivism); develop an individualized continuum of care plan for transition into the community; and reduce the number of females with mental illness from entering the jail.

Participant Eligibility

- ✓ Adult females with multiple stays in the jail within 12 to 36 months who may face, are facing, or could face criminal charges for a non-violent misdemeanor or felony offense;
- Females self-identifying as having mental illness, or a diagnosis of a mental illness or co-occurring disorder, or who demonstrate behaviors that a Judge, Probation, CPD CIT Officers, EMS, or corrections CIT Deputies and mental health jail staff deemed consistent with symptoms of a mental illness that warrant further assessment;
- ✓ Plan to remain in Franklin County upon release; and
- ✓ Assessed as moderate to high-risk of reoffending upon release as defined by the Ohio Risk Assessment System.

Our Commitment

Our team will work directly with participant pre-release to identify and assess social and mental health needs and prepare a reentry plan. Continuity of care will be emphasized through post-release to address those needs essential to maintain stability and ensure successful community reintegration.

Pathways' Team will:

- Conduct Assessments
- * Provide Weekly Group Sessions
- Create an Action Plan
- * Provide Case Management
- Refer and link participants to appropriate community based services
- Monitor and assist participants with post-release reintegration



Living Healthy & Enjoying Life

Evidence Based Approaches

Pathways aims to empower women through a holistic approach to wellness utilizing Cognitive Behavioral Therapy, Motivational Interviewing, and Pro-Social Activities based on the Stages of Change.

Pathways builds on a strong foundation of integrating cognitive and behavior techniques to ameliorate mental health symptoms.

These evidence-based approaches have been, and continue to be the cornerstone of efforts proven to be most effective in correctional settings to prevent relapse and reduce recidivism.

Our partners include:

- Franklin County Board of Commissioners
- Franklin County Office of Homeland Security& Justice Programs
- Franklin County Reentry Coalition
- Franklin County Sheriff
- ADAMH
- Southeast Integrated Health Center
- Columbus Police Department
- Columbus Division of Fire
- Franklin University

FRANKLIN COUNTY SHERIFF'S OFFICE OPIATE & MEDICATION ASSISTED TREATMENT FOR JAILS SEMINAR

Date:

August 23rd, 2017

Time:

8:00am-5:00pm

Location:

Franklin County Government Center Auditorium

373 S. High St. Columbus, Ohio

PURPOSE OF SEMINAR:

The Franklin County Sheriff's Office has secured Technical Assistance to assist us in the implementation of a robust Medications Assisted Treatment (MAT) program in our Jails.

Along with The National Institute of Corrections, The Franklin County Sheriff's Office hosted a discussion of National Best Practices related to MAT within jails.

Representatives of the Middlesex County, Massachusetts Sheriff's Office, a National Institute of Corrections designated Center of Innovation for MAT, were on hand to present their journey through this process. They will be shared their program as well as their successes and failures as they addressed this issue within their Community.

The Franklin County Sheriff's Office presented on their "Pathways" program and their HOPE Task Force model.

The Shelby County, Ohio Sheriff's Office presented to the group their model that includes making the connections for this population to employment opportunities in their community.

This seminar was intended to be a true exchange of Best Practices and discussion for Sheriff's and staff as we deal with the Opioid epidemic plaguing our jails. The presentation portion of the program was the first half of the day.

The second half of the day was a discussion and planning session for Franklin County Stakeholders as we discussed how Franklin County will implement MAT within our current facilities.

Attendees Franklin County:

Franklin County Sheriff's Office

Franklin County Commissioner's Office

Franklin County Justice Programs Office

Franklin County Municipal Courts

Franklin County Common Pleas Courts

Franklin County ADAMH

Franklin County Community Providers

Naphcare- Franklin County Corrections Center Medical Provider

Franklin County Adult Probation

Attendees Federal Partners:

National Institute of Corrections

National Association of Counties

National Sheriff's Association

Major County Sheriff's Association

Attendees Ohio Sheriff's:

Franklin County

Shelby County (Confirmed)

Montgomery County

Hamilton County

Cuyahoga County

Delaware County

Buckeye State Sheriff's Association

This seminar proved to be a very effective "Force Multiplier" as multiple jurisdictions, including the four Largest Jails in the State of Ohio were represented and were part of the "Peer to Peer" presentations and discussions for the first part of the day.

With the second half of the day, the Franklin County decision makers attached to the Criminal Justice system were able to work through how Franklin County would implement an effective MAT Program in our jurisdiction. It was very effective and very helpful to have our Federal Partners at the table as part of this working group. They were able to provide insight from a National perspective as well as share National best practices.

Franklin County was able to walk out of this seminar with a template for implementation for a robust MAT Program in our community. This template is also scalable for other jurisdictions both Large and Small as many of Ohio's jails not considered Large Jails.



Meeting Brief

Session Title:

Franklin County M.A.T. Implementation Planning Session

Date:

August 23, 2017 – afternoon session

Organizations in Attendance:

Franklin County Sheriff's Office, Middlesex County, MA Sheriff's Office, Shelby County, OH Sheriff's Office, National Institute of Corrections, NACO, Franklin County Justice Policy and Programs, ADAMH, Franklin County Municipal Court and Probation, Franklin County Public Defender's Office, Franklin County Commissioner's Office, and NaphCare

Purpose:

The Franklin County Sheriff's Office in collaboration with the National Institute of Corrections hosted a daylong information sharing and discussion session on national best practices related to planning, implementation and evaluation of medication assisted treatment (MAT) programs in correctional environments. Presentations from the Middlesex County Sheriff's Office, Franklin County Pathways and HOPE Task Force programs, and the Shelby County Sheriff's Office were provided to audience members during the AM session. The afternoon session included an in-depth whiteboard discussion directed toward Franklin County stakeholders engaged in the planning and implementation of a MAT program in the Franklin County Correctional Center.

Afternoon Session Objective:

 Develop a pre-release MAT model for the Franklin County Sheriff's Office that aligns with other best practice models and can be replicated elsewhere

The following notes reflect key reflections and discussions from the August 23rd afternoon MAT planning session:

Overview of Funding and Existing MAT Services in the Jail:

ADAMH of Franklin County intends to allocate up to \$400,000 of federal CURES funding toward the implementation of medication assisted treatment (MAT) within Franklin County Corrections. Historically, MAT in a pre-release setting has been limited to participants of specialty dockets supported with ATP funds administered through ADAMH. Current providers of MAT through the ATP program are Southeast, CompDrug, and Maryhaven and only eligible specialty dockets may refer clients. Additionally, the Pathways program has secured a limited number of free samples from Alkermes and has utilized either Southeast and/or NaphCare thus far to administer the Vivitrol shot. For the time being, ATP funding and CURES funding will be administered separately due to the reimbursement process used. ADAMH hopes to "unbundle" the ATP reimbursement process so that MAT implementation can be better streamlined utilizing one provider in the jail. As it stands, Jail Administration must work with multiple providers thus creating scheduling difficulties and space issues.



I. Key Considerations Shared by Middlesex, MA MATADOR Program Staff

- a) Quality staffing is essential. In Middlesex, one full time coordinator (recent addition of a part time staff person to assist Coordinator) is largely responsible for program services, program outreach before, during and after MAT administration and tracking of clients after release from the jail. In Middlesex, this individual is Leah Lewis and it was glaringly clear to all that the coordinator needs to be committed, compassionate and able to balance a variety of roles.
- b) Emphasized to Franklin County that the MAT program as originally designed will likely look very different a few months into implementation.
- c) Encouraged Franklin County to limit rather than broaden the MAT target population at least during the initial stages of the program roll-out.

II. Discussions Regarding Target Population:

Based on the funding support, it is anticipated an average of **32 individuals per month** (figure is above and beyond those served by ATP funding) could be served with support from the CURES MAT funds. Attendees discussed the following methods for narrowing the target population:

- Males and Females both eligible for services
- Medically Eligible as determined by pre-lab work up
- *Voluntary* MAT program participation will be strictly voluntary unless it is determined the Court has the authority to mandate participation.
- Franklin County residents only
- FCCI and FCCII Consensus was that FCCI (downtown jail) is not conducive to implementing MAT due to the physical layout of the building. MAT model should initially target individuals housed at FCCII.
- Motivation to Seek Treatment MAT recipients must indicate a willingness to follow through with treatment upon release. It was suggested the URICA screening tool could be used to measure treatment motivation and readiness.
- *Pre-Sentence vs Post-Sentence-* Consensus leaned toward offering MAT initially to participants post sentence due to the multiple layers of unknowns presented with the pre-sentence population.
- Community Control Status Consensus regarding the offering of MAT services to individuals sentenced to community control/probation to leverage the built in case management component offered by a probation officer, which is critical for treatment.
- No charge restrictions.



**Team Members were reminded the initial "look and feel" of the MAT program would likely evolve over time.

III. Existing Inputs

- a. Jail In-Reach Team: Southeast Inc has a team of 3 or 4 in reach staff available to conduct level of care diagnostic assessments where needed. Assessment team may serve as a referral source into the pre-release MAT program.
- b. Brief Jail Mental Health Screen/NAPHCARE Screen at Intake: NaphCare medical staff are conducting a screen at intake that expands upon the Brief Jail Mental Health Screen and incorporates AOD related questions. This screening could help to "red-flag" potential referrals to the MAT program.
- c. ATP MAT Program: MAT is already being offered pre-release so a sub-set of the eligible population is already being served thus providing for "lessons learned" in the program flow.
- d. NaphCare: New jail medical provider has indicated a willingness to provide the lab prework up required to administer MAT along with offering actual MAT administration.
- e. FCSO Jail Mental Health Staff: FCSO has existing Mental Health Staff that could be utilized as a referral source for MAT participation and for treatment referral, linkage and care coordination.
- f. JFS Navigators: Jobs and Family Services will be dedicating a team of staff to work with individuals deemed super-utilizers of jail services and could be used for benefits linkage and possibly other supportive type services.

IV. Program Design Discussions

- a. Per ADAMH, treatment linkage post release must be a mandatory component of the MAT pre-release program and where possible, a warm hand off to the provider should be established.
- b. Per Jail Team, MAT clinic should be scheduled during non-traditional hours to avoid the scheduling and space challenges. MAT administration will require at minimum two to three inmate contacts to accommodate for pre-lab work up and any necessary follow up. It was suggested the pre-lab work up could be conducted by NaphCare similar to a "sick call" and then MAT could be administered off hours.
- c. Must determine "who" will be the responsible entity for the overall day to day program coordination. Who will be our "Leah"?

V. Referral Sources

Based on the target population discussions, the following could serve as the referral paths into the pre-release jail MAT program: 1) Jail Intake Screening, 2) Probation, 3) Existing Jail MH Team - Doug, Christina and Theresa, 4) Pathways Women's Program, and 5) Specialty Dockets not able to access ATP funding to support MAT.



The Columbus Dispatch

Franklin County inmates to be offered anti-addiction drug Vivitrol on release

By Kimball Perry

The Columbus Dispatch

Posted Sep 13, 2017 at 5:38 AM Updated Sep 13, 2017 at 5:38 AM

Starting Oct. 1, inmates released from the Franklin County jail can choose to be injected with Vivitrol, a drug that prevents opioid and alcohol relapses, the newest step taken by a task force to combat an epidemic of overdose deaths.

Up to 520 inmates each year are expected to use naltrexone, sold as Vivitrol, said Kythryn Carr Hurd at a meeting Tuesday of the Franklin County Opiate Task Force. She is the vice president for clinical services at the Alcohol Drug and Mental Health Board of Franklin County.

"They have to have a substance-use disorder and be willing to continue treatment upon release," Carr Hurd said.

The goal is to give those who want to recover every tool possible. It's hoped that those who take the Vivitrol shot will be better prepared to get housing and jobs because they aren't using drugs.

Immediately prior to the inmates walking out the jail door, Carr Hurd added, "they will receive the injection and be linked immediately to treatment.

"There is a lot of success with Vivitrol."

The non-addictive drug keeps opioid molecules from connecting to opioid receptors, blocking any possible high.

The Vivitrol program is part of the **task force's action plan** to combat the plague of heroin and its manmade relatives, which have ravaged Ohio with overdoses and overdose deaths.

Last year, Ohio had **4,050 overdose deaths**, a one-third increase from the year before. Franklin County drug overdose deaths are up 88 percent from a year ago and are on pace to account for 536 overdose deaths this year, 80 percent of them related to heroin, manmade heroin or its relatives.

The Vivitrol program won't be cheap.

The 520 injections for the inmates expected to use the program cost \$769.23 each, or \$400,000 per year. Another \$50,000 per year is expected to be used for medical evaluations and oversight of the program. The money comes mostly from the federal government. The program is planned for the remainder of this year and 2018. Availability of funds will determine whether the program is continued beyond that.

"This is an expensive proposition, but if we're truly going to tackle this problem, we have to do it," Columbus City Council President Zach Klein said at Tuesday's meeting.

"I am very optimistic about addressing the problem ... and I'm typically not an optimistic person. We are serious about this."

The task force was created in March when Franklin County and the city of Columbus combined forces and funding to appoint ADAMH to be the lead agency in its fight against opioids. Klein effectively is the task force's leader.

ADAMH was chosen because it has an \$80 million annual budget that includes \$57 million from a Franklin County property tax. It provides no services, but contracts with agencies to provide them.

That's what it did earlier this summer when it announced it would spend an additional \$5 million to create a 50-bed drug-treatment facility. Local emergency responders have complained there are too few detox beds for further treatment of those they save from overdoses.

The epidemic continues to rage. In Columbus, there are an average of 10 runs per day to administer Narcan, also known as naloxone. It's an opioid-overdose reversal drug that revives overdose victims.

"Narcan saves lives," Klein said. "Now, we have to change lives" with the new programs and

approach.

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Franklin County CIT Training for Corrections

Overview

The Franklin County Sheriff's Office was one of the first Jails in the Country to pilot the CIT of Corrections curriculum for the National Institute of Corrections.

The National Institute of Corrections chose Franklin County as a pilot site for this new training and brought a team of 8 staff to Franklin County to conduct a multifaceted training approach.

This training had several tracks. In the first track NIC staff and Instructors trained and certified approximately 30 Corrections Division staff as CIT Deputies.

The second track was the Train the Trainer. NIC instructors taught our staff how to run CIT classes on our own.

The CIT for Corrections course is based off the Memphis Model, with basically the exact same curriculum as CIT for patrol being taught by CPD. The main difference is the scenarios are Corrections based instead of Patrol based.

Each jurisdiction is encouraged to tweak the curriculum to suit their individual communities.

We have done this, and this is one of the things that made our program stand out nationally. The following are some of the things unique to our Training:

- We require a pre-read prior to the class. We require all selected CIT candidates to read a book called <u>Crazy- A Father's Search Through America's Mental Health</u> <u>Madness</u> by Pete Early.
- 2) We have a Diversity Panel- we have Hispanic, Somali, and LGBT community representatives in to have a panel discussion with the class to discuss how different cultures view and react to Mental Health Issues.
- 3) NAMI Panel- the National Association of Mental Illness partners with us to provide community members who suffer from Mental Illness as well as family members of those with mental Illness to have a panel discussion with the CIT candidates.
- 4) LGBT scenarios- due to Franklin County having a large LGBT community, we partnered with Stonewall Columbus, who provides us with several Cross-gendered actors for several of our scenarios. At the completion of these scenarios, the class moves into the classroom and an additional panel discussion completed.

To run one of these classes requires a large amount of time and effort in the planning stage. The coordination of the schedules, obtaining instructors and volunteers is very labor intensive. Major Tuner and Sgt's Rennie and Beaudry have taken the lead on this project.

As part of the 2017 budget we requested two full time CIT coordinators at eh level of Sgt. The coordination of this type of training would be a Major part of their assigned duties.

We work heavily with the ADAMH Board on this training, and they are a huge part of the planning and coordination.

We have committed to run three classes a year, with our next class scheduled of r August 7th-11th, 2017.

CIT Training is a priority program for the NIC and SAMHSA. This along with MHFA Training are several of the classes the NIC would more than likely have us teach regionally as a Center of Innovation.

The Franklin County Sheriff's Office currently has ninety two (92) Deputies assigned to the Corrections Division who have completed this training and are CIT Certified.

The Franklin County Team has been requested and done many presentations at State and National Conferences on our program.

This training is directly tied to the recommendations for CSG as part of the Stepping Up Initiative final report.

Media

http://jailtraining.org/2016/09/26/arming-deputies-with-different-kinds-of-weapons/

https://community.nicic.gov/blogs/mentalhealth/archive/2011/08/04/crisis-intervention-team-training-for-correctional-officers-introduction.aspx

https://www.correctionsone.com/jail-management/articles/4206236-Crisis-intervention-in-a-correctional-setting/

http://www.prnewswire.com/news-releases/crisis-intervention-training-for-correctionsemployees-working-with-mentally-ill-offenders-214157291.html

https://www.youtube.com/watch?v=EVcw1PdtTvw

CIT Websites

https://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT

http://www.namiohio.org/mental health programs/CIT

http://www.citinternational.org/

Research

http://citint2.cloudaccess.net/images/stories/CIT/Research/mcguire%20et%20al%202010%20beh%20sci%20law.pdf

http://citint2.cloudaccess.net/images/stories/CIT/Research/ccoe%20%20summary%20of%20ohio%20cit%20research%20studies.pdf

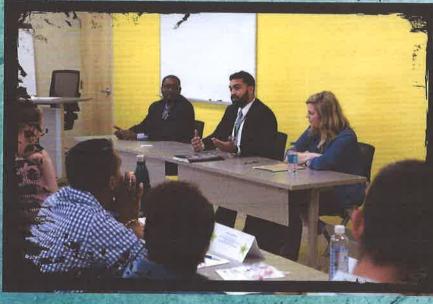
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http://citint2.cloudaccess.net/images/stories/CIT/Research/kent%20state%20research%20briefing%202.pdf

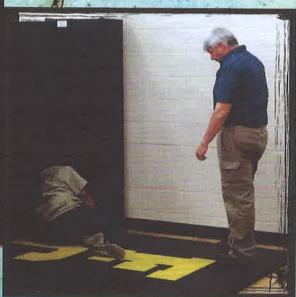
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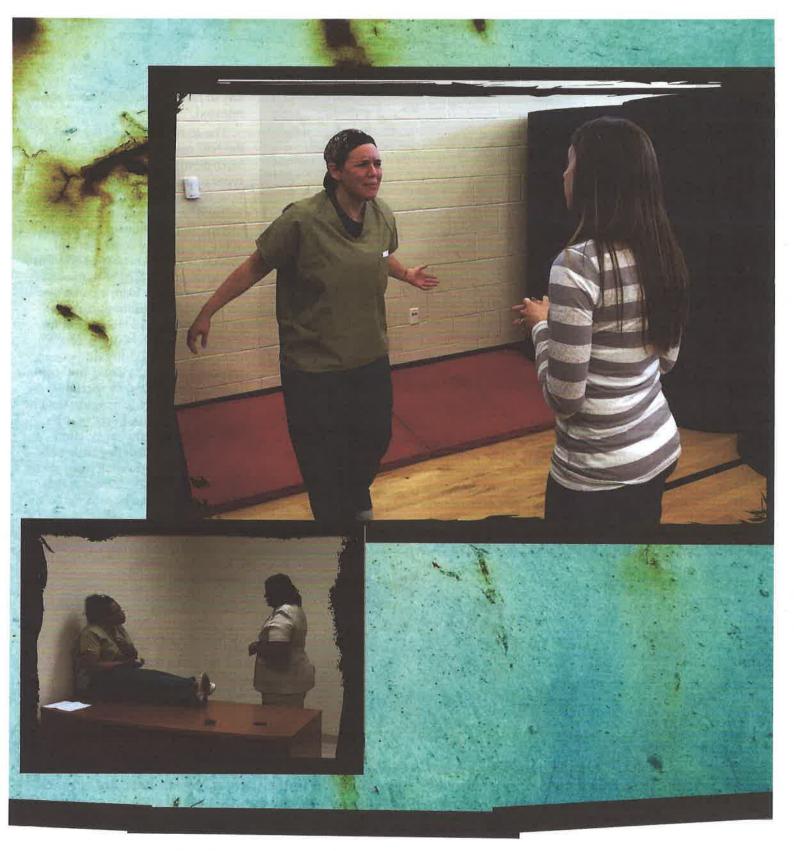
COMMUNICATION, PATIENCE, KNOWLEDGE



AMANDA TRUMP



Ask any jail administrator in the country and he or she will tell you that their jail is the largest mental health facility in their city or county. While the Constitution only requires that jail officials act without deliberate indifference to an inmate's serious medical needs, administrators nonetheless struggle to find creative ways to address the growing problems presented by housing inmates with mental health issues and the consequent strain on resources and efficiency. "Sometimes I feel like I work in a mental health facility," says Sgt. Shannon Beaudry, first shift supervisor at the Franklin County Corrections Center II in Columbus, Ohio.



Sgt. Beaudry was part of the first group of Franklin County sheriff's deputies who participated in Crisis Intervention Team (CIT) training specifically designed for those who work in corrections. The training, which took place last August, was hosted by the National Institute of Corrections (NIC) and was the first-of-its-kind in Ohio. The NIC

also provided the information and framework for the Franklin County Sheriff's Office (FCSO) to establish its own CIT training. This training has proven to be invaluable in the daily work for the 24 corrections deputies who successfully completed it.

From the Streets to the Jail

FCSO patrol deputies have participated in CIT training for years; realizing the need for training when interacting with the mentally ill on the streets in their community. The Columbus Division of Police offers the training multiple times a year and it has been beneficial for

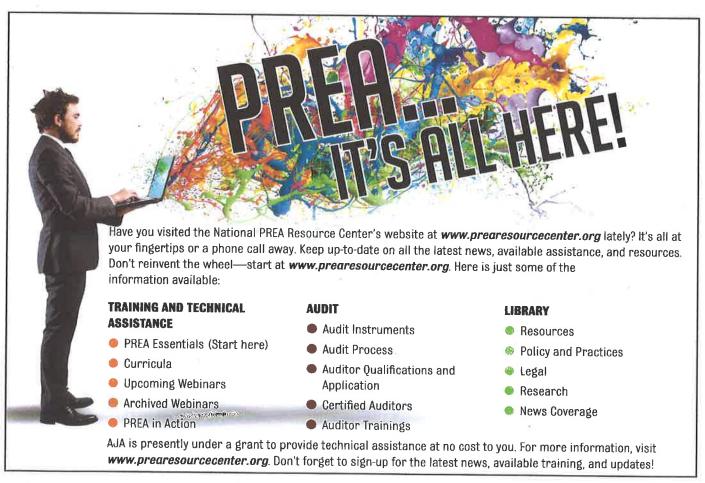
A Little Communication... One Saturday morning, Sgt. Beaudry received a call from a deputy stating a male inmate was claiming to have suicidal thoughts and depression and requested to go on a safety watch. Sgt. Beaudry took the time to communicate with the inmate, asking him questions to find the underlying issue. After he was asked about his feelings and any issues he was experiencing, the inmate admitted he had issues with others in his dorm causing him to experience depression and anger. To rectify the situation, Sgt. Beaudry suggested a change in dorm instead of the inmate going on a mental health safety watch, which would have placed him on suicide protocols for 48 hours. CIT gave Sgt. Beaudry the tools to assist this inmate in crisis and save time and resources of the facility.

FCSO deputies and the surrounding municipal agencies. However, FCSO command staff quickly realized the need for specialized CIT training for its corrections deputies. Corrections deputies encounter different issues and were in need of training specifically for them. Corrections Chief

Deputy Geoff Stobart explains, "Patrol officers interact with a person one time while he or she is in crisis. The officer then takes that person to either a mental health facility or to us, at the jail. We have to care for that person over and over,

day in and day out until he or she is released."

The 40-hour training is based on the NIC core components. Deputies learn mental health basics including types of disorders. They also hear from consumers, people who have suffered or currently suffer from a mental illness. Trainees are taught about the probate court warrant process, learn about issues affecting veterans and victims of human trafficking, and hear from a panel that includes representatives from the LGBT, Somali, and Hispanic communities. Franklin County courts offer multiple specialty dockets, including veterans, drug, and mental health courts. Another specialty docket is CATCH (Changing Actions to Change Habits Court), which helps human-trafficking victims who struggle with drug addiction. Deputies in CIT training learn about the goals of the specialized courts and how cases can be referred to them.



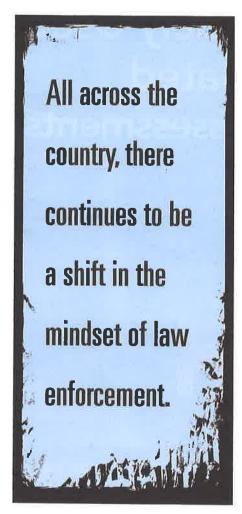
Even more importantly, deputies learn about de-escalation and communication techniques they can use in their daily job duties. Two full days are dedicated to scenariobased training—placing deputies in situations they may encounter and working on how to deal with what issues may arise. CIT for corrections deputies also offers scenario-based training specific to a jail facility. In scenarios, actors engage in challenging behaviors to allow deputies to apply classroom training to handle the situations efficiently, safely, and with compassion.

After the first class ended for the FCSO's corrections deputies, benefits from the training were felt quickly and have proved invaluable. Chief Stobart explains, "This training is making a huge difference for our office."

Armed with Information

All across the country, there continues to be a shift in the mindset of law enforcement. Deputies are relying more on interpersonal communication skills and problemsolving. Now, instead of giving orders to inmates, deputies are talking to them. CIT-trained deputies make follow-up visits with inmates to continue communication. During these visits, CIT deputies ensure the inmate is adjusting and answer any questions the inmate may have. In addition, they explain the resources that are available to the inmate. With established boundaries, deputies are able to communicate on the inmate's level and show concern for his or her well-being.

Deputies understand through CIT training the difference between when an inmate is being combative and when an inmate is acting out because of an issue. As a result, deputies are less likely to use force for compliance. FCSO Sgt. Mandie Rennie says, "Because of this training, we now have communication lines available to us to gain the trust of the inmates and we, as deputies, have gained more confidence and patience when doing our jobs."



Win-Win Results

Awareness is key not only to early intervention and ensuring that inmates receive mental healthcare while in FCSO's facilities, but also for inmates to be linked to services post-release. For the first time, deputies are learning about community resources, treatment services, and county and municipal court systems. Deputies are armed with pertinent information to give to inmates while they are in crisis. They also understand the lexicon to better connect inmates with services from outside agencies. "We can better recognize when an inmate may be a client of a mental healthcare provider before they came into our facility and we can ensure they are linked with their case worker so they continue receiving the care they need," Sergeant Beaudry states.

In collaboration with the Ohio chapter of the National Alliance

on Mental Illness and the Alcohol, Drug, and Mental Health Board of Franklin County, FCSO is planning two more CIT classes in 2016 to increase the number of CIT officers in corrections to a total of 72. "It is not often in government that everyone can benefit. CIT is truly a win-win: deputies, inmates and the community all benefit," explains Chief Stobart.

In June 2016, FCSO was recognized with the CIT Program of the Year award by the National Alliance on Mental Illness Ohio at the CIT Advanced Training Conference. While presenting the award, Director Gary Mohr of the Ohio Department of Rehabilitation and Corrections specifically mentioned Deputies Andrea Clark and Natalie Randall. Sheriff Zach Scott explains, "Dep. Clark's communication skills and rapport building and Dep. Randall's de-escalation techniques to help inmates in crisis are clear successes of the FCSO CIT Program."

No established Supreme Court cases require training in CIT or the use of the techniques and skills that it addresses. CIT training, however, can be a valuable piece of a complex puzzle when discussing the issue of the mentally ill who are incarcerated and how best to respond to their needs while simultaneously ensuring and furthering the operational imperatives of the jail. Beyond the ability to communicate with mentally ill inmates, long-term solutions are necessary to ensure they do not recidivate.

Amanda Trump is public affairs professional in local government connecting government and the public it serves. She currently serves as Executive Administrator to the Sheriff at the Franklin County Sheriff's Office in Columbus, Ohio. She earned her bachelor's degree in political science from The Ohio State University and is currently enrolled at Kent State University to earn a master's degree in mass communication and journalism. Ms. Trump can be reached at aetrump@franklincountyohio. gov.

Franklin County Mental Health First Aid

Overview

The Franklin County Sheriff's Office has adopted Mental Health First Aid Training for ALL Uniformed staff within the Corrections Division.

Mental Health First Aid is an eight (8) hour course in Mental Health similar to CPR or First Aid training. It's basically a Mental Health 101 or basic class in Mental Health.

To date over 350 Franklin County Sheriff's Office Corrections Division Deputies have completed this course.

This course has been added into our Basic Corrections Training for the new recruits. This is above and beyond the Basic OPOTA requirements.

We currently have two (2) Certified MHFA Trainers. Sgt. Shannon Beaudry and Sgt. Mandy Rennie. These two are also our CIT Coordinators for Corrections.

The instructor course is a forty (40) hour class and it is a pretty tough curriculum.

We hope to add several additional Instructors to include someone assigned to the Training Academy.

It should be noted that it takes two instructors to deliver a class, and once certified as instructors, they are required to instruct 3 classes a year to maintain their certification.

Metal Health First Aid Training is a priority program for the NIC and SAMHSA. This along with CIT Training are several of the classes the NIC would more than likely have us teach regionally as a Center of Innovation.

It should be noted that there is a cost associated with this training. MHFA manuals are required for all participants. These manuals cost approximately \$14 each.

Media

http://www.cnn.com/2016/09/05/health/prison-mental-health-first-aid/index.html

https://www.azpm.org/p/home-articles-news/2017/5/18/110838-tucson-police-to-take-mental-health-first-aid-training/

https://www.mentalhealthfirstaid.org/cs/external/2016/10/police-chiefs-community-mental-health-providers-one-mind-mental-illness/

https://www.thenationalcouncil.org/about/mental-health-first-aid/mental-health-first-aid-public-safety/

https://www.youtube.com/watch?v=lpFOkxPZv68

https://www.youtube.com/watch?v=nmbLvZVTQNo

Mental Health First Aid Website

https://www.mentalhealthfirstaid.org/cs/

Research

https://www.mentalhealthfirstaid.org/cs/about/research/

https://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2013/10/MHFA-Research-Summary-UPDATED.pdf

http://www.integration.samhsa.gov/mental-health-first-aid

https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/mental-health-first-aid-training

http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1229#hide1

Franklin County Sheriff's Office addresses recidivism in the County Jail by partnering with Community based employers.

Recidivism is a major issue for Jails and Jail Administrators around the country, the revolving door of Inmates cycling in and out of local jails is an issue for every County in the United States regardless of if you have a 50 bed jail or several thousand beds. This is case for the Franklin County Sheriff's Office as well.

"We cannot turn a blind eye to this issue." Said Sheriff Dallas Baldwin. So the Corrections Division of the Franklin County Sheriff's Office has revamped the curriculum of its already existing life skills classes to include Community Based Partners and Employers.

Evidence based best practices have clearly established that assisting those who are Justice Involved with the tools to reenter our communities is the best opportunity for us to break the cycle of recidivism. Chief Deputy Geoff Stobart explains, "73% of the inmates released from the Franklin Jail are released back into our Community. These people are our neighbors, they attend our churches, and they have children who attend our schools. It is our best interest as a Community to do everything in our power to return them to our Community with the skills to succeed."

Life Skills is a 6 week program that was designed to increase the preparedness for employment of individuals who are Justice Involved.

The curriculum for this program is intended to increase the participant's chances of employability, while addressing their barriers to employment. Over the 6 week period participants were exposed to and took part in the Servsafe safe food handling certification which is a certification required to work in the food industry, application completion for individuals with barriers, resume writing and peer review, budgeting and proper interviewing etiquette presented by the Urban League, and mock interviews with both their facilitator and volunteers from outside businesses. The volunteers included: Hot Chicken Takeover, Clean Turn, The Urban League, and Commissioner Brown's Office.

John Rush CEO of CleanTurn stated "CleanTurn Enterprises is very intentional about providing training and employment for men and women who have spent time incarcerated. We firmly believe folks should not be defined by their worse decisions."

At the end of the program each participant received a copy of their certificates (both class completion & Servsafe), resume, and a disc that includes a digital copy of their resume along with a Franklin County resource guide was placed in their property. The gentlemen in the first Life Skills cohort were given all of the tools and community connections needed to become successful members of the Franklin County workforce.





Hamilton County Sheriff's Office, Response to Opiate Crisis.

Hamilton County has been particularly affected by the ongoing opiate crisis. Sheriff Neil has met this crisis head on by engaging in cutting edge law enforcement programs, collaboration with other entities and agencies on a level never before seen in this county and engaging in prevention and treatment options. This multi-teared approach to the problem is geared at reducing the number opiate related deaths, holding drug dealers responsible for their crimes, providing access to treatment for those addicted, and reducing recidivism in the county jail amongst addicted individuals.

Patrol / Enforcement

In 2015, Sheriff Neil ordered that all Patrol / Enforcement deputies be trained and equipped with nasal Narcan. Deputies frequently arrive at the scene of an overdose prior to EMS personnel. Having the deputies trained and equipped with Narcan gives the overdosing subject a much better chance at survival.

Hamilton County Heroin Coalition / Hamilton County Heroin Task Force:

The Hamilton County Sheriff's Office partnered with the Hamilton County Heroin Coalition. This coalition consists of local, state and federal partners working together with elected officials, members of the medical community, treatment providers, addiction specialists and concerned citizens. One component of the Hamilton County Heroin Coalition is the Hamilton County Heroin Task Force. The Heroin Task Force was created with the cooperation of the Hamilton County Police Chiefs Association. This group is tasked with investigating opiate overdoses, (With a focus on fatal overdoses) and working the case back to identify and prosecute the source of supply of the opiate that caused the overdose.

The Hamilton County Sheriff's Office is a key partner in the Heroin Task Force. Sheriff Neil has provided one Detective Sergeant and two veteran Detectives to this task force. Along with the manpower, the Sheriff's Office manages all of the property and evidence related to these investigations and provides computer and technical support to the task force. Sheriff Neil has deputized every member of this multijurisdictional task force in order to help eliminate jurisdictional boundaries when conducting investigations into overdoses and overdose deaths. This task force has proven effective at holding those accountable who supply deadly opiates in our region. The Hamilton County Heroin Task force is comprised of officers from the Hamilton County Sheriff's Office, The Cincinnati Police Division, The Norwood Police Department, Sharonville Police Department, Ohio State Highway Patrol, Ohio Bureau of Criminal Investigations, Blue Ash Police Department and The U.S. Drug Enforcement Agency. In 2016, the Hamilton County Heroin Task Force was recognized by the Ohio Attorney General by being awarded the Ohio Distinguished Law Enforcement Group Achievement award.

Hamilton County Sheriff's Office

Innovations and improvements in Corrections:

The opiate crisis has been extremely difficult on our operations in regards to Jail Services. The Hamilton County Justice Center has an average daily population of 1,524 inmates. In 2016, there were a total of 30,977 admissions into the jail. This ranks the Hamilton County Justice Center as one of the top 25 busiest jails in the Nation. A large part of our jail population is due to the opiate crisis. Inmates are often arrested for possession, or dealing drugs or ancillary crimes related to the individuals drug habit. These issues have caused the Hamilton County Sheriff's Office to look for new and innovative ways to try to reduce the inmate population, decrease recidivism, and assist addicted inmates in rehabilitation efforts. Through a series of partnerships and reallocation of resources, the following efforts have been put into place:

Veteran Unit

The veterans unit was implemented based on recommendations to Sheriff Neil from Sister Kateri Koverman, a Sister of Charity nun. Sister Koverman served in the United States Army during Vietnam and suffered from PTSD. Based on her own experiences and training, she knew that she would be able to assist incarcerated veterans with their problems. A sentiment she often shared with people is, although these inmates committed a crime, they deserve our respect and support because they stepped up and signed their name on the dotted line and served their country. The unit currently houses sixteen inmates, but the overall program serves an average of 50 inmates daily. The veteran inmates routinely receive support and post incarceration placement from various agencies throughout the county. Some of the participants are volunteers from the Veterans Administration, Alcoholics Anonymous, Narcotics Anonymous, the American Legion, Shelter House and Joseph House. Housing several of the veterans in one unit so they may aide each other with solutions to their issues is key to success.

Detoxification Unit

As a result of the growing heroin addiction epidemic, the amount of offenders being incarcerated who experience withdrawal symptoms is continuously growing. In order to aide these offenders in coping with the physical symptoms of withdrawal; a specific unit was designated where inmates are housed for the first seven to ten days of their incarceration so that the Medical staff can better treat them.

Recovery Unit

The growing amount of people incarcerated who are addicted to opiates is a problem faced by every jail in Ohio. In order to help resolve this problem, many criminal justice professionals and medical professionals realize that some form of treatment must be provided to these incarcerated individuals to have any chance of breaking the cycle of addiction. The Jail Services Division has partnered with several organizations throughout

Hamilton County Sheriff's Office

the county to provide opiate addiction support and education to the inmate population. In order to focus this support on individuals who want it, a unit was designated as the "recovery unit". One of the goals of this unit is post-incarceration placement into more intensive treatment. Although statistical data is still being collected as to the effectiveness of this unit, based on responses from the inmate population it appears to be very favorable.

Alcoholics Anonymous/Narcotics Anonymous Counseling

The amount of offenders being incarcerated that have addiction problems is staggering. In order to combat this problem, the Hamilton County Sheriff's Office partners with Alcoholics Anonymous and Narcotics Anonymous to provide ongoing support to the inmate population.

The Hamilton County Sheriff's Office remains committed to working hard through cooperation and partnerships to combat this ongoing opiate crisis. This agency will continue to engage in programs and practices that have proven effective while embracing innovations that show promise.

CURRENT PROGRAMS IN PLACE BY THE LORAIN COUNTY, OHIO SHERIFF'S OFFICE DRUG TASK FORCE:

Lorain County has a population of 305,000 and has large cities, smaller villages and much rural area. We are part of America's northern border with 22 miles of Lake Erie coastline with Canada to the north.

We have 15 municipal police departments, a Sheriff's office, a Metro Parks law enforcement agency, a local Ohio State Patrol Post and a Coast Guard station in our jurisdiction. In additional, the DEA and ICE have agents assigned to our office. We recently became a member of the Ohio HIDTA.

We early on saw the need to offer prescription drop off days and we believe we were the first county in Ohio to offer this service county-wide. We have had these events for the last 8 years. In addition, we have 14 24 / 7 collection drop boxes at police stations around the county. We collected over two tons of medication at the April 2017 turn in.

In the earlier part of the century we averaged 20+ opioid overdose deaths per year in the county. In 2012 that number jumped to 60. We got Ohio law changed so law enforcement officers in Lorain County could carry and use Narcan to reverse an opioid overdose. We were the first county in Ohio to have this program. Every one of our departments agreed to train every officer. Since the law went into effect in October of 2013, law enforcement in Lorain County has "saved" over 350 lives by administering Narcan.

County wide our overdose death number remained in the low 60's until 2016 when it jumped to 131. Our county coroner estimates that number will increase again in 2017.

We are presently participating with the Cleveland DEA office in an OCDEF funded heroin initiative. We have a total of 36 officers trained or sworn in from 11 area law enforcement agencies. The officer's overtime is paid through this program and officers are assigned to conduct follow investigations on overdoses where the user either died or recovered.

Information found during these investigations is forwarded to the Lorain County Sheriff's Office Drug Task Force where an analyst supplied by the Ohio National Guard downloads the information to the DEA. This combined effort has resulted in identifying heroin suppliers with the purpose being to develop sufficient evidence to arrest, prosecute, convict and put in prison these traffickers in either state or Federal courts on involuntary manslaughter or corrupting another with drug charges.

We are one of a just few drug task forces in Ohio that have at least one full time pharmaceutical diversion officer to investigate drug crimes in our 6 hospitals, 22 nursing homes, 14 adult care homes and 52 retail pharmacies. At any given time we have at least one active investigation involving a doctor or nurse or other health care worker involved in pharmaceutical diversion which always involves opioids.

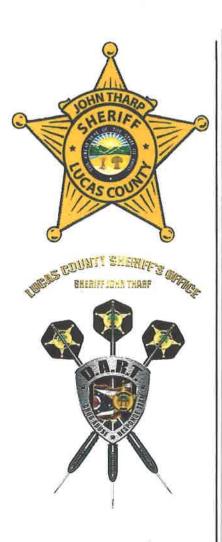
We routinely offer training in diversion crimes to other law enforcement agencies and lecture at the University of Toledo College of Pharmacy.

In 2016 we gave 33 presentations on the opioid crisis to schools, churches, social organizations and other interested parties in Lorain County. We joined with the Elyria City Schools to produce an excellent video on heroin. Called "Heroin, Your First Time May be Your Last" it is available on YouTube and has had over 6,000 views.

We were the focus of a documentary on heroin in Middle America that was produced by the BBC in 2016.

We are in the midst of formulating a rapid response team that will visit opioid overdose survivors and offer information on recovery programs. Again, we have had a buy-in by every police department in the county.

We were one of the first counties in Ohio to offer prescription drop boxes 24 /7 at participating police departments. We also hold collection days in the spring and fall at 16 locations. The public reaction has been spectacular as evidenced by the fact we collected over two tons of outdated or unused medication at our last turn in day.



D. A. R. T. DRUG ABUSE RESPONSE TEAM

BECOMING PART OF THE SOLUTION

On February 12, 2015 The Toledo Blade editorial page called on the community to support D.A.R.T., noting that the unit was "changing how law enforcement responds to Ohio's top public health problem." Despite widespread acclaim and success, D.A.R.T. lacks the resources to meet the growing demands of the epidemic. D.A.R.T. officers have excessive caseloads, and frequently cannot locate overdose victims because the officers were unable to meet the addicts immediately after such an occurrence. Overdoses are when the addict is easiest to locate and amenable for treatment at local hospital emergency rooms. These missed opportunities can prove to be fatal, and detrimental to families in the Lucas County community.

D.A.R.T. now operates with a lieutenant, six deputy sheriffs, Metropark Officers, one Toledo Police Department Vice Detective, one Mercy Public Safety Department Officer, a part-time lieutenant from the University of Toledo, three part-time patrolmen from the Oregon Police Department, two part-time Lucas County Public Library Officers, two part-time Waterville Township patrolmen, college/high school interns, community volunteers, and support from the Chief and Assistant Chief of the Springfield Township Fire Departments. The D.A.R.T. Officers have a case load that surpasses 1,900 clients and continues to grow daily. D.A.R.T. needs an additional ten officers and five counselors to give each case the attention it needs and deserves. Working together, we can combat the epidemic of heroin and opiate addiction that impacts Northwest Ohio Communities.

Your support of the D.A.R.T. unit will increase the team's resources to save more lives and families. The officer's intervention with addicts will reduce criminal activity associated with opiate addiction, create a reduction of incarceration costs, and will directly address members of our community struggling with the disease of opioid addiction. This illness impacts every ethnicity, educational level, and socioeconomic class in Lucas County, the State of Ohio, and the United States.





D. A. R. T. DRUG ABUSE RESPONSE TEAM

Problem:

In Northwest Ohio, needless deaths due to heroin and synthetic opioid overdoses have reached epidemic levels.

Response:

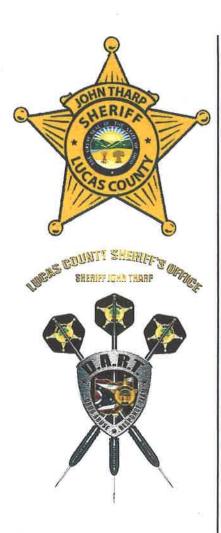
In June of 2014, Lucas County Sheriff John Tharp created the Drug Abuse Response Team (D.A.R.T.), within the Lucas County Sheriff's Office as part of a county-wide collaborative initiative with the assistance of Attorney General Mike DeWine and his staff.

D.A.R.T. Mission:

Our mission is to raise the awareness of the dangers associated with opiates, and synthetic opioids like fentanyl within our community.

D.A.R.T. Objectives:

- 1. Providing alcohol and drug education formats to everyone of any age in our community.
- 2. Providing alcohol and drug intervention by linking addicts and families with supportive services for two years. Including formal and informal follow-ups by officers to ensure sobriety and safety.
- 3. Utilizing alcohol and drug investigative recovery and treatment services by collaborating with various court jurisdictions. This will assist in combating retail theft, family victimization, multiple overdoses, and illegal drug activity while promoting recovery.
- 4. Providing alcohol and drug supportive services which includes weekly family educational groups, peer to peer linkage, and therapeutic recovery group sessions.
- 5. Increase human trafficking victim identification and public awareness through coordinated public outreach and awareness platforms that include education and research which includes working with federal agencies.



D. A. R. T.

DRUG ABUSE RESPONSE TEAM

Responding to the opiate public health and safety crisis, Lucas County Sherriff John Tharp launched an addiction response unit in July 2014. Since that time the Drug Abuse Response Team (D.A.R.T.) continues the collaborative works with a variety of law enforcement agencies, first responders, the Lucas County Mental Health and Recovery Services Board, various treatment agencies, volunteers, religious organizations, private business groups, and governmental entities.

Working beyond their role as first responders, the D.A.R.T. officers and counselors.

Working beyond their role as first responders, the D.A.R.T. officers and counselors intervene in situations involving opiate overdoses and/or other drug abuse issues with victims and their families. The D.A.R.T. Unit provides linkage to detoxification, treatment, and recovery housing to victims of overdoses in the community. This also includes working with inmates in the Lucas County Correctional Center with an opiate addiction. D.A.R.T. Officers also provide and connect addicts and families with supportive services.

• First contact with a victim and/or their families, the D.A.R.T. Unit provides them with the Lucas County Recovery Tool Kit; which is filled with information on

recovery and mental health resources.

 Within or under 24 hours of coming into contact with D.A.R.T., the victim can visit with a mental health and recovery counselor who assesses and provides opportunities for treatment. The members of D.A.R.T. can personally accompany and support the victim and their family throughout the recovery process.

 D.A.R.T. officers and counseling staff continue to follow-up formally and informally with the victim and their family for up to two years. Referrals are made for counseling services, life coaching, and support groups such as NarAnon or the co-facilitated D.A.R.T. family support group S.A.F.E. (Supporting Addicts

Families Everywhere).

 Due to the mentor like relationships with the officers and counselors of D.A.R.T. opiate victims have volunteered information, which has resulted in many high profile indictments of opioid dealers in the area.

 Sheriff John Tharp hosts the quarterly Lucas County Coalition where members of the D.A.R.T. unit as well as vested community members work to combat this epidemic.

 Working in conjunction with the treatment provider "A Renewed Mind", inmates from the Lucas County Correctional Center are assessed and/or linked for the administration of Naltrexone (Vivitrol) prior to their release date.

 Inmates identified with an opiate addiction are offered linkage to D.A.R.T. with the possibility of family members becoming trained and provided with the

lifesaving drug Naloxone (Narcan).

 D.A.R.T. consistently brings awareness to the opioid health epidemic by participating in events like block watch meetings, community forums, fairs, festivals, religious panel discussions, school events, and educational presentations with area hospitals. Social media and publications continue to play a huge role in spreading awareness.

 In 2015 D.A.R.T. encountered an estimated 1800 victims with twice that number of family members. In 2015, the unit removed three females from a life of prostitution by placing them into a "safe house" and linking them to

counseling and supportive services.

 D.A.R.T. works with the community by listening, educating, and supporting our citizens as we serve as a bridge to treatment.

 From January 1, 2016 - December 31, 2016 D.A.R.T. responded to and opened 973 new cases.



D. A. R. T. DRUG ABUSE RESPONSE TEAM

Steven's Story

An average of three people a week in the Toledo area die of heroin-related overdoes, largely because of a lack of treatment. Without the D.A.R.T. unit run by the Lucas County Sheriff's Office, Steven Fisher, 25, of Toledo, could have been one of them.

Steven's story is typical of the estimated 10,000 people in this region who are addicted to heroin and other opioids. After using prescription painkillers – mainly Percocet and Oxycontin – he graduated to heroin when he was 20. Eventually, Steven was shooting up to a gram a day and spending \$50 to \$100 a day to support his habit. If he stopped using, he felt the agony of withdrawal, including wrenching body aches, nausea, diarrhea, and feverish sweats.

To get money to buy drugs, Steven sold drugs and worked at local restaurants. But it wasn't enough. Soon, he was "boosting," breaking into buildings and selling the stolen property. In 2012, he spent a year in prison for burglary, after breaking into a neighbor's house and stealing three televisions.

"Addiction makes you do things you don't want to do," he said. "I'm not a bad person, but I've made some bad choices."

In early January, Steven decided to get treatment, but the waiting list for detox at a local treatment center was eight weeks. So Steven went out and used again. On January 14th, he overdosed, locked in his bathroom with a needle in his arm. Steven's brother called 911 and Steven was taken to the University of Toledo Medical Center.

After Steven was discharged, he received a call from a D.A.R.T. officer, Deputy Charles Johnson, who noticed Steven's case while going through daily reports from the Toledo Police Department. Deputy Johnson called Steven's house. The day after the two talked, he visited Steven at home.

The next day, D.A.R.T. officers took Steven to the Zepf Center in Toledo to get assessed and start detox. Again, Steven was told there were no available beds. "If I can't get in," Steven said, "I'm going to go out and use again."

Another D.A.R.T. officer, Deputy Shawn McMahon, told the receptionist he wasn't leaving until Steven got in. A few hours later, Steven was admitted to detox. Eight days later, he entered recovery housing.

During his first two months in treatment, Steven saw five members of his group leave, relapse, and die. With the help of D.A.R.T. officers and Zepf counselors, however, Steven stayed with it. Today, he's clean, excited about his new life, and eager to get back to work. A 2009 graduate of Maumee High School, Steven plans to enroll in Owens Community College and become a chemical dependency counselor.

"My life is a million times better," he said. "And it's only going to get better."

D.A.R.T. continues to divert nonviolent addicts from jail and prison by getting them into treatment and opening the door to a new life. Still, with a backlog of nearly 200 cases – and new cases coming in ever day – D.A.R.T. officers can't keep up with this growing and lethal epidemic of addiction. Your support of D.A.R.T. will help caring and committed law enforcement officers save lives and make this a safer and better community.



DO YOU?

- Struggle with Heroin and other Opiate Addiction?
- Feel hopeless from addiction?
- Want help but don't know where to begin?

Contact the D.A.R.T. Unit!

To reach the D.A.R.T. Unit of the Lucas
County Sheriff's Office
call 419-213-6582
fax419-213-6584
www.lcsodart.com

Lucas County Sheriff's Office 1622 Spielbusch Avenue Toledo, OH 43604

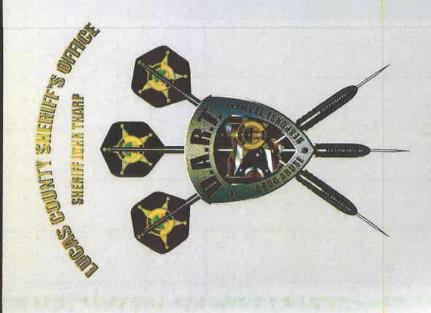
For Emergencies, Dial 911



Sheriff John Tharp would like to thank all who have supported the D.A.R.T. Unit. The continued aid from the citizens of Lucas County will help maintain the unit and its lasting success.



A special thank you to the Attorney General of Ohio for his continued entrustment and contributions.



LUCAS COUNTY SHERIFF'S OFFICE

D. A. R. T. DRUG ABUSE RESPONSE TEAM

Opiate addiction has become an unfathomable epidemic in the Lucas County area. Let us provide basic information about how to get help and treatment.

D. A. R. T.

DRUG ABUSE RESPONSE TEAM

GOAL

To raise awareness about the dangers associated with Heroin and other drug usage.

MISSION

To stop the profound number of deaths of loved ones caused by opiate overdoses while helping victims to overcome their addictions. To educate and support family and friends of these victims.

WHO WE ARE

D.A.R.T. operates with an administrator from the Lucas County Sheriff's Office, Deputy Sheriffs, Forensic Counselors, as well as officers from other local jurisdictions.





The Lucas County Toxicologist reported, "In 2014 there were 145 heroin related deaths and in 2015 our area saw an increase in opiate related deaths to 215. The numbers continue to rise."

OUR STORY

Responding to the public health and safety crisis, Lucas County Sheriff John Tharp launched the Addiction Resource Unit in July of 2014. This Unit was the first of its kind in our nation. Today, our D.A.R.T. Unit reaches far beyond their traditional roles as first responders, and has engaged the Unit directly with linkage to treatment for victims and their families.

"Our officers meet in the community with overdose victims and their families building strong relationships of trust. These officers transport addicts to effective local treatments that are available. Providing encouragement, the officers monitor and engage the victims as they progress through their treatment and recovery process".

Process and Procedures:

- D.A.R.T. officers respond to area hospitals for communication with overdose victims;
- Maintains communication with family and friends of the victim;
- Maintain a compassionate demeanor while reassuring and providing support to the victim with immediate help for assessment and treatment;
- Transports victims for assessment, disposition, detox, and recovery housing
- Continue necessary communication and support with victims as they enter detox and recovery housing;
- Support the victim and their family across the time frame of recovery.



NAPHCARE'S EXPERIENCE WITH OPIOID-ADDICTED PATIENTS IN JAILS

How has the opioid issue impacted NaphCare?

The opioid epidemic is severely impacting NaphCare's patient population. Each year NaphCare supervises thousands of patients through the dangerous process of withdrawing from opioids, and also administers opioid maintenance medication to opioid-addicted, pregnant patients. Our opioid addicted patients are at risk of the following:

- Death by overdose, either upon entry to jail while under the influence of opioids, or through use of illegal drugs smuggled into the jail and used by our patients while incarcerated;
- Death during opioid withdrawal as a function of complications from the withdrawal process;
- Death by overdose after release from jail, as a function of patients returning to a high dose of illegal opioids after a period of non-use while incarcerated;
- Risks to the developing fetus and complications after birth as a function of fetal abstinence syndrome.

What is Naphcare seeing in jails?

As of July 2017 NaphCare provided comprehensive, proactive healthcare to a total average daily population of 25,371 patients in 23 jails. As of July 2017, 2,999 of these NaphCare patients (almost 12%) were being monitored during opiate withdrawal using COWS (Clinical Opiate Withdrawal Scale). As opposed to past views, the medical community now recognizes that opioid withdrawal can be life threatening.

The severity of the epidemic varies by region. For example, NaphCare provides patient care at three jails in Ohio – in Montgomery, Hamilton and Franklin Counties – that are at the epicenter of the opioid addiction crisis. These jails have extremely high levels of opioid-addicted patients. In July 2017 NaphCare had 246 patients out of a total population of 840 on COWS monitoring at the Montgomery County, Ohio jail. On the other extreme, NaphCare had only 1 out of 243 patients on COWs monitoring at the Black Hawk County, Iowa jail.

NaphCare also has a considerable number of opioid-addicted pregnant patients who require opioid maintenance therapy to prevent opioid withdrawal, which could trigger miscarriage or other complications of a developing fetus.

¹ NaphCare services a substantial additional population of inmate patients by providing its award-winning Electronic Health Record *Tech*Care® to counties that directly employ a health care staff to provide health care to the inmate population.

NaphCare also routinely administers Narcan to incarcerated patients to prevent overdoses. So far during this fiscal year (October 2016 to June 2017), NaphCare dispensed 346 doses of Narcan — placing it in the top 30 drugs NaphCare has administered at its 23 jails. NaphCare staff members have saved numerous lives through administration of Narcan. For example, earlier this year, one of NaphCare's nurses at the Spokane County, Washington jail had to administer Narcan to save a patient during an intake screen. Our nurse was alerted to a potential problem when she noticed that the patient was taking longer than expected to provide a urine sample. She entered the restroom to find the patient passed out on the floor with several blue pills — hydrocodone — in her hand. Our nurse resuscitated the patient and provided Narcan, saving the patient's life. Unfortunately, this kind of life-saving administration of Narcan is not an infrequent occurrence.

What is Naphcare doing to combat the epidemic of opioid abuse?

NaphCare has grown increasingly concerned that the traditional opiate detox protocol, which consists of COWS monitoring and administration of comfort medications, is insufficient to protect the lives and health of our patient population. NaphCare has tested a new supervised withdrawal protocol at the Washington County (Hillsboro), Oregon jail. The central feature of the new protocol is the administration of a five-day taper using buprenorphine (Subutex). The protocol also calls for close supervision and monitoring of patients and administration of electrolyte containing fluids.

NaphCare is working to expand its base of providers who hold the required license to prescribe buprenorphine. NaphCare is working to expand its ability to maintain pregnant patients on buprenorphine or methadone while incarcerated; to work with our partners in corrections to develop centralized "detox units" wherever possible; to enhance our staff training regarding detox assessment and management; and to expand its new Washington County buprenorphine detox protocol to other jails wherever possible.

NaphCare also engages in discharge planning activities to guide inmates to community resources upon release. In some locations, NaphCare works in partnership with corrections to administer Vivitrol shots to inmates who elect to receive this medication to reduce opioid cravings upon initial re-entry into the free world. In terms of release planning, NaphCare prefers endeavors to provide patient education upon discharge. Ideally, patients released from jail would be given the choice to pursue an appropriate medication assisted treatment option, either a maintenance approach (methadone or buprenorphine) or use of Vivitrol, together with addiction counseling, drug rehabilitation and other needed services.

What is needed to assist in addressing the Opioid crisis?

New initiatives and improved healthcare delivery systems and approaches are needed both in jail and in the free world in order to combat the opioid epidemic. Revisions to public policy could remove barriers to providing needed care to opioid addicted patients. Our recommendations include the following:

- Establishment in jails of centralized "detox units" to provide for centralized monitoring of patients undergoing opioid withdrawal.
- Expansion of the use of a buprenorphine taper or maintenance to prevent or reduce opioid withdrawal symptoms and risks.
- Increased understanding on the part of providers on the risks of opioid withdrawal and the benefits of using buprenorphine to mitigate these risks.
- Increased flexibility and support on the part of correctional partners and regulators to facilitate use of a buprenorphine taper during the supervised withdrawal process (and buprenorphine maintenance for pregnant, opioid-addicted patients).
- Increase in the use of electrolyte containing fluids (orally or intravenously as indicated) to maintain hydration and electrolyte balance for patients undergoing supervised opioid withdrawal.
- Increased efforts to prevent opioids from being illegally smuggled into jails and prisons.
- Increased focus on discharge planning and services to educate patients being released from jail on the increased risk of overdose upon release, and options for treatment, education, counseling and the full range of medication assisted treatment (MAT) approaches.
- Increased access to drug addiction therapy, counseling and support services from community providers while in jail;
- Increased opportunities for half-way houses, treatment programs, and other creative approaches upon release from jail to prevent inmates from re-entering environments that are likely to lead to the recurring pattern of drug-using behavior and recidivism.

Mercer County

The only program the Mercer County Sheriff's Office has is we have what we call the Rapid Response Team. This team is comprised of myself, the head of the Mercer County EMA and a member of Foundations, our local mental health provider.

Within one week of any overdose we make an attempt to do a home visit of the individual and sign them up for a treatment program for alcohol/drugs, as well as giving them information regarding local programs and assistance. We do not discuss the criminal aspect of their cases, if there is one. While most individuals refuse assistance, we have been successful in signing up a few for treatment.

OHIO OPIOID ROUNDTABLE RECOMMENDATIONS AND CURRENT PROGRAMS

PROGRAM # 1

The Putnam County Police Chief's Assn. to together a program last year for all 9 Putnam County Jr./Sr. high school using recovering addicts, judges and law enforcement. The recovering addicts were all early 20's, we had an 18 yr. old female for 1 one for the programs. They spoke about how they got started using alcohol and marijuana. Then how they moved to strong drugs. How they told their self that they would never use heroin. What it cost their family, friends and their self? Talked about being homeless and what they had to do to get their fix. Talked about overdosing and almost dying. The biggest impact from the programs, the student took the information home and told their parents. We received very positive feedback from the parents. After the school programs were complete we put together 2 town hall meetings with attends of 351 and 217. We still used recovering addicts. We added the AG's office for stats and addiction counselors. Received great feedback. We believed we hit our goal of education students and the public. The program will run every 2 years in the school and 1 town hall once a year.

PROGRAM #2

Below is a heroin / opiate program we have initiated in Delaware. We use our CAD system to generate leads for Maryhaven, and also do some follow up work when we investigate an OD. It is very similar to and we borrowed heavily from other programs (Lucas Co., Colerain).

The reader's digest version is that we will be following up with all OD's that we take to provide information about Maryhaven's Rapid Engagement Specialist, as well as provide the families with some information on where they can find resources.

Additionally, we have created the RES (for Rapid Engagement Specialist) disposition for CAD. Much like CIT, the RES disposition creates a report that will go to Maryhaven every morning. Maryhaven will then call everyone referred to them to offer services. This is for heroin / opiate addiction, and can be for anyone you think might benefit from service – it does not have to be an OD, or drug crime – if you think any behavior is potentially related to an opiate addiction, you can add the RES disposition.

Also, just to clear up any potential confusion... We have also placed the rapid engagement info on the back of the prosecutor's notice that relates to immunity. This is not related to this program, and is just another way to get the info out. Going to rapid engagement does not qualify the person for immunity... the rapid engagement specialist provides services to bridge the gap until they can get to the appointment that does qualify them for immunity.

Rapid Engagement:

The Delaware Police Department is formally initiating a Rapid Engagement outreach in cooperation with Maryhaven's Rapid Engagement program. Rapid Engagement puts a heroin / opiate addict in direct contact with a counselor at Maryhaven. They will be seen the day of the visit, and will be supported by Maryhaven. Our outreach will be triggered by any heroin /

opiate overdose that we respond to. If the person survives, we will implement the following procedure:

- 1. Document all reports as we normally would.
- 2. If the OD occurs during the Rapid Engagement specialist hours of 8:00 AM 3:30 PM and you have opportunity to follow up after the patient receives medical release provide them with the Rapid Engagement information and offer to transport or make the connection to Maryhaven.
- 3. We should follow up every OD the next day (M F) if we have not been able to offer them services the day of the OD. For 2nd and 3rd shift, pass the information on via the pass on sheet, and send an email to the first shift Supervisor. The first shift supervisor will then coordinate a follow up visit to the person who OD'd at their place of residence. Anywhere in the City will be automatic, we can also go anywhere within the county, but can exercise some discretion based on staffing, distance, and fail to contact issues. The follow up will be simply to provide the information about Maryhaven's rapid engagement program, and offer a ride to Maryhaven if needed. The last appointment for walk in services is 3:30 PM.
- 4. When you make contact with the person who OD'd, you should preface your contact by informing them that you are not there to talk to them about the OD, but rather to supply information about Maryhaven and the Rapid Engagement program.
- 5. If assistance is refused, leave information (Rapid Engagement Specialist form). We should also try to leave information for the family of the OD person (Families in Recovery / Family Education). This information includes the info on Rapid Engagement, as well as additional information for families that Maryhaven has provided. (I will leave a limited supply of each in the squad room, but also feel free to print out and distribute the attached scanned copies.)
- 6. If you provide a ride, the person can be walked into the lobby, up to the door to enter on their own, or dropped off outside. It is up to the discretion of the transporting officer and comfort of the client. If you walk someone inside, they can be brought to the office and explain that the person is there to see the rapid engagement specialist.
- 7. Documentation. This has been debated fully, and at this time we will just allow the CAD call to document the contact. Include a simple statement in the disposition that says that you provided information about Maryhaven at the residence. We do not want to document information from the contact in a criminal report to insure that our intentions are not questioned. This is no different than if we flip someone to work as an informant for the drug task force.
- 8. If an officer (at his/her discretion) feels that they have a case that is heroin / opiate driven, they can provide the information and encourage a person to get to Rapid Engagement. We can provide services (i.e. a follow up or a ride the next day if so needed); and you can use your discretion to charge / not charge based on whether they go to Maryhaven for assistance. This is completely your decision, just keep in mind that it is available to you should you feel you have someone who is genuine in their intentions to get clean.
- 9. We have added a disposition code to CAD of **RES** (for rapid engagement specialist). This disposition code can be used any time you deal with a person you think might benefit from some outreach from Maryhaven. If you add an RES disposition, please follow the same procedure as the CIT dispo, i.e. add some details and include the name and contact info for the person you are referring. Maryhaven will get the report automatically in the AM and will reach out to the person to offer services. (For clarification, we do not need to do a PD follow up visit on RES dispositions, we will only do that on OD's)

RECOMMENDATION # 1

Thank you for what you are doing. I am a psychologist and a member of OACP. I am a psychologist for the Columbus Police Department and numerous other departments around the state, however I also specialize in chemical dependency treatment. I don't have all the answers to you question regarding "what works," but what I can tell you is that many programs look great on paper but simply do not appear to be effective, for various reasons I would be more than happy to discuss at a later time.

Having said that, what I am offering you is, that if you ever get in a conversation or round table discussion about these issues, there are two aspects which I believe are essential for successful recovery:

- (1) the drug user to understand (which many therapists do not understand) the difference between "FEELING" better as opposed to "GETTING" better and to know what getting better looks like in their case; individuals who relapse are invested in feeling better only--not getting better.
- 2) making a commitment to sobriety, and knowing what makes up a commitment. People who say they have committed to sobriety 3 times in their life, only to find themselves relapsing, have NEVER made a commitment.

Also, I teach patients how to tolerate adversity in life so they have to panic and get high to avoid, which takes us back to the concept of getting better.

I have never seen much treatment OUTCOME differences between in-patient and out patient programs. I don't really see the solutions as a "program" as much as a cultural shift in norming drug using behavior. There is a lot of great research on this, called "Social Norming" that I have experience in, which appears to have the greatest impact on reducing drug use.

PROGRAM # 3

Many agencies in Cuyahoga County are beginning to adopt versions of this national program.

http://paariusa.org/about-us/

PROGRAM # 4

Berea PD and North Olmsted have been doing this program known at Safe Passage for over a year. 5 departments in our regional area are also looking to implement the program.

http://cityofberea.org/en-US/Police-Staff.aspx

PROGRAM # 5

Hamilton County has set up a very effective Heroin Task Force that works with all of the law enforcement agencies in Hamilton County and Greater Cincinnati. Chief Tom Synan (tsynan@villageofnewtown.com) of Newtown PD was very instrumental in setting this up and is passionate about this issue. He recently testified before Congress about it. He could provide a multitude of information that could be beneficial.

Now that it is set up, Lieutenant Tom Fallon (<u>tfallon@norwoodpolice.org</u>) from Norwood PD is the Task Force Commander, and he and his agents have done a phenomenal job working with all of us and addressing this issue. In my view, the Task Force was ahead of its time and is a model for how this epidemic can be attacked effectively on the local level. The Heroin Coalition's website can be viewed <u>here</u>, and their strategic action plan can be found <u>here</u>.

PROGRAM # 6

SAAFE Initiative (Substance Abuse Assistance For Everyone)

Administered by a created Substance Abuse Assistance Group or SAAG

In this program, the justice related referral is a diversion style approach which a person who could have been booked into jail and referred for prosecution, will instead be engaged by officers and then people working with one of the above social services providers. The member will provide an individual assessment to determine what factors led an individual to engage in street level drug activity. Case managers along with law enforcement will provide comprehensive services to address those factors and reduce harm an individual is causing to themselves. Everyone will be provided with services based on the individual's own circumstances.

In the event of a justice related referral, a trained Lima Police Officer is generally the first point of contact with the individual. Once a Lima Police Officer has determined an individual is to be referred to the SAAFE Program as a justice related referral, a member of the social services portion of program will be notified. A member may respond to the scene, the hospital or Lima Police Department to make an initial contact with the individual. Upon initial assessment, arrangements will be made for immediate care medically or a scheduled full assessment and treatment plan initiated. A person referred to the program will be required to sign appropriate medical information release documents so SAAG can properly track progress and share information among the group on an as needed basis. Any criminal charge related to this initial contact between the officers and individual will then be placed on hold or not filed, pending the

successful completion of the SAAFE Program. During the duration of the program, necessary files will be kept by Sgt. Nick Hart to move forward with criminal charges in the event a participant does not successfully complete the required treatment. In the event of an individual being unsuccessful, the initial charge will be filed. If a conviction of the crime is obtained, part of the sentencing would include placing the person in a "supervised" program, essentially forcing reentry into a substance abuse program or drug court.

In the unfortunate event that someone has been the victim of an overdose, SAAFE trained Lima Police Officers will often be first on scene. Those officers will complete a referral sheet and provide it to SAAG. The goal of SAAG is to meet with the overdosed individual within 72 hours of the incident and encourage treatment. Whenever possible, family members will be included in all processes to help build a strong support group for the individual.

A social referral is made when an officer approaches someone they are familiar with and aware suffers from a dependency issue. This process is pursued without an accompanying criminal charge and considered entirely voluntary. A social referral is also applicable to someone who approaches law enforcement on their own, seeking help or guidance. In either case, these individuals will be referred to SAAG for review for entry into the program. The goal of SAAG will be to assess the individual within 72 hours of contact. A social referral can also be made for individuals who cannot have criminal charges diverted based on certain criteria. We will still offer services regardless, there will simply be to legal recourse if that individual is unsuccessful with treatment. Our local courts have expressed willingness to consider participation in sentencing and plea deals however.

PROGRAM # 7

When it became apparent that we, as a department, needed to be proactive with this problem earlier last year, we searched for what was working for other departments. I found that Colerain Township Police, located in the Cincinnati area, had instituted a Quick Response Team. As you surely know the concept, this team consists of a medic, police officer, and social worker/drug counselor who pay home visits to those that have overdosed. Colerain PD had the QRT system down to a science and professed to have very successful results. Although we don't have nearly the number of overdoses that Colerain or some other neighboring communities have, we felt it this approach would be manageable and beneficial to our city.

In 2017, we have had less than ten overdoses (where I have received documentation from the officers) and most of them happened in the month of May. With each incident, there has been a circumstance that has prevented me from having a structured follow-up. Whether it be the overdose subject is from a neighboring community that was passing through town at the time, the person is homeless and there is no known way to locate them, the person was jailed or hospitalized out of town. In one instance, I called and left messages to the mother of the overdose victim with no return call. In summary, we have had no luck with the very small sample size we have to work with. I'm happy we have so few overdoses, but I'm not certain this model is necessarily working for us (Oxford PD).

I was approached by a woman in the Butler County mental health community who said they have an "idea" in the works about having the 5 hospital emergency departments in our county be the gateway (my term, I'm not sure how they're describing it) points for addicts who are looking to get help and enter treatment. The ER would hold them, voluntarily of course, and make a call out for a drug counselor. Once the counselor got to the hospital, they would take the lead on where this person will be heading with their treatment options. We have a hospital in our small community and that would be perfect since the agencies and locations that can help these people are about ½ hour away from us. It's hard to tell them to find a ride when no one has a car or a license. I like this idea, primarily because it gives a local and reasonable reference for them. We can drop them off at this gateway point and the process will be put into motion. It is essentially a lot of work to follow up on these. Sometimes it's a wild goose chase to make contact with these overdose subjects. I can only imagine the lost time, in some busier departments, that is spent looking for someone only to never locate where they're staying that day. Our availability to intervene with their addiction is not always timed well with when they want an intervention. That's why I like the emergency room idea, where it is always there and always open for when they decide they want to stop using.

PROGRAM # 8

Forming a Countywide Joint Drug Task Force. Unanimous communication and cooperation among law enforcement executives in your area. Eliminate the politics from your drug enforcement operation. Use family of addicts to get the dealer.

THE OHIO COUNCIL OF

Retail Merchants
The voice of retail since 1922

50 W. Braid St., Suite 1111 Columbus, Ohio 43215 614.221.7833 * 614.221.7020 fax www.ocrm.net * info@ohioretailmerchants.com

April 13, 2017

The Honorable Fred Pepple, Chairman The Ohio Criminal Justice Recodification Committee 1 Capital Square Columbus, OH 43215

Dear Chairman Pepple:

The Ohio Council of Retail Merchants and our 7,400 plus members stand in opposition to the proposed language under consideration by this committee that would increase the threshold for felony retail theft from the current \$1,000 to \$2,500.

Organized retail crime is at an all-time high. This past year, 83 percent of merchants surveyed as part of the annual Organized Retail Crime (ORC) study conducted by the National Retail Federation (NRF) reported an increase in theft. The Survey also found that of the 59 senior retail loss prevention executives interviewed, 100 percent stated their companies had experienced organized retail crime in the past year, making it the first time in the survey's history that all companies reported being a victim. The average loss, according to the National Retail Federation, was \$700,259 per \$1 billion in sales, a significant increase from \$453,940 last year. ¹

Reducing this penalty would come at the worst possible time for retailers in our State. Research has shown organized retail crime is financing and driving Ohio's crippling opioid epidemic. Drug kingpins use the addicted as proxies to steal from retailers and stockpile their merchandise. They often sell those products to unsuspecting consumers online. Criminals are well aware of the felony theft threshold and will often steal right up to the specified amount. Making this change will embolden this behavior, essentially providing a cost of living adjustment for criminals and make Ohio's opioid crisis even worse. It should be noted that if Ohio increases the threshold up to \$2,500, it would be the highest amongst our surrounding states. For reference, the current threshold for neighboring states are as follows: PA-\$2,000; WV-\$1,000; KY-\$500; and IN-\$750. Not only would this change reflect one of the largest increases in felony threshold changes since 2001, it would make Ohio one of the highest in the nation with Texas and Wisconsin. A

We strongly believe these penalties must remain in place or be strengthened so that the judicial system and law enforcement can effectively prosecute criminals and enforce our current statutes. To remain profitable and operate a safe business where customers feel welcome, retailers rely on

3 Ibid

⁴ Ibid













National Retail Federation (October 2016) Organized Crime Survey, NRF, retrieved from https://nrf.com/resources/retail-library/2016-organized-retail-crime-survey

² Lawrence, A. (June 2015) Making Sense of Sentencing: State Systems and Policies. National Conference of State Legislatures, 2-3. Retrieved from https://www.ncsl.org/documents/cj/sentencing.pdf

the protections outlined in the current law which serve to effectively deter theft and appropriately prosecute serious offenders

In closing, we strongly encourage the committee to remove this language and keep in place Ohio statutes that protect both consumers and retailers.

Sincerely,

Alex T. Boehnke

Manager of Public Affairs

CC: The Honorable John Eklund, Ohio Senate;

The Honorable Matt Huffman, Ohio Senate;

The Honorable Nathan Manning, Ohio House of Representatives; The Honorable Dorothy Pelanda, Ohio House of Representatives;

The Honorable John Rogers, Ohio House of Representatives;

The Honorable Cecil Thomas, Ohio Senate



SHELBY COUNTY SHERIFF'S OFFICE

555 Gearhart Road Sidney, Ohio 45365 937-498-1111 www.shelbycountysheriff.com

The Shelby County Sheriff's Office has recognized the seriousness of the Opioid problem that is plaguing our local community. We have taken aggressive measures to assist in this crisis. We collaborate with local stakeholders within our community too provide new ideas for programming and services and also work together on existing programs so that we may better assist our county with solutions to the ongoing Opioid problem that is plaguing us.

Shelby County has the current programs already in progress that have been successful:

- Medication Assisted Treatment Program (Vivitrol Program). Community partners from our local Job and Family Services, Counseling Centers, Courts and Jail meet monthly to discuss clients that are in jail and that are out of jail that are participating in this program. Agencies talk about each individual's case plan and their progress in the MAT program. We have had several people within our community graduate from the MAT program and successfully remain clean and sober. On average we have 30-40 people in the program at a time. This program has been in place since Spring of 2015.
- Opiate Taskforce: Community Partners meet monthly to discuss the Opioid problems in our community and what we are doing to battle that. Recently the taskforce has set up town hall meetings within the community to talk about and educate the community on programs that are being offered.
- The Shelby County Sheriff's Office in collaboration with the Tri-County Board of Mental Health and Recovery Services and the Shelby County Commissioners has initiated a project called the Shelby County Transitional Treatment House. This project has been in development since May of 2016.



SHELBY COUNTY SHERIFF'S OFFICE

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The Transitional Treatment House is a sober living environment that prisoners can transition to after incarceration. Living in this home is in collaboration with re-entry programs that the jail offers to assist them in their recovery process. Clients that are participating in this program will be a part of the Medication Assisted Treatment Program which entails the use of the Vivitrol shot. We are working collaboratively with the Shelby County Counseling Center and The Tri-County Board of Recovery and Mental Health services to provide treatment for people in recovery. Our mission is to provide a safe environment for clients while in recovery so that they may live a drug-free productive life. To offer a clean, structured and sober living environment free from substance abuse and homelessness. The home will provide transitional housing combined with the Medication Assisted Treatment Program for individuals that need structure. This program will promote self-esteem, self-confidence, life skills, counseling and job opportunities to each individual person so that they may re-enter society as a productive law-abiding citizen. Our vision and goal is that each individual person will come out of the Transitional Treatment House with a new perspective about life. Through treatment, programming and mentoring individuals will lead a life with purpose and realize that their recovery is a lifestyle change to assist them as they re-enter into society.

• The Shelby County Jail has been active in re-entry programs to assist prisoners with their drug addiction while incarcerated for approximately 5 years now. A drug and alcohol counselor provides services in the jail 4 days a week. NA and AA come to the jail twice a month to provide services. We also have a Work Release Program to assist prisoners with getting jobs before they are released from jail. The jail provides bikes for these prisoners to assist them with the transportation piece. The MAT program is initiated while they are incarcerated. This program in conjunction with



SHELBY COUNTY SHERIFF'S OFFICE

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work release and counseling puts together an individual case plan for each prisoner to have before they are released from jail. This assists them with having a positive and productive start after release from jail.

- The Sheriff's Office works in collaboration with Community Partners such as our local Courts and Counseling Center to obtain and write grants to acquire funding to provide more services and programs to addicts that live in our community.
- Currently working on an ambulatory detox. program at our local counseling center to provide immediate services for persons that no longer want to use opiates. This is a new program that will be implemented within the next several months.
- Our local Health Department is working on a mobile Needle Exchange program.

Challenges and Recommendations:

- The need for more recovery homes and detox clinics in the area. Not enough stable living environments for addicts to go to for immediate services.
- A rise in HIV and Hepatitis C has been a local challenge in our community.
- Need more funding to provide more programs and counseling services.

Drug Trafficker Registry Proposal

The current situation related to the opiate crisis/epidemic is a local, state, and national problem. We are several years into battling this issue and the problem has worsened. In order to be more effective the laws need to catch up to the current times. Quite frankly the laws have to be strengthened. A registration requirement for convicted drug traffickers with very rigid and structured requirements developed in a manner to strengthen law enforcement's ability to be more effective is long overdue.

The current emphasis for dealing with the opiate crisis appears to be driven by a policy focused on lowering the population of incarcerated persons and pushing resources towards criminal offenders (addicts) for treatment. This approach marginalizes law enforcement with language such as "you can't arrest your way out of this problem". The repeated use of this phrase across all disciplines dealing with the opiate crisis time after time and roundtable after roundtable further diminishes and devalues law enforcement's role in dealing with the opiate crisis.

Law enforcement was basically told your traditional role cannot solve this problem and very little financial resources were pushed towards law enforcement. The pursued policy in effect created a self-fulfilling prophecy for law enforcement. Law enforcement is told what you do, "arrest people" is not of value to solving this problem and then dollars are allocated elsewhere. The results are what we are dealing with today. The results are unacceptable. The drug trafficker remains totally unaddressed throughout the process.

The proposed drug trafficker registry would be modeled after the sex offender registry. To be effective the controls and restrictions must be developed in a way to strengthen law enforcement's hand. The effectiveness of the proposed registry is not envisioned to be measured by a decline in the recidivism rate for convicted drug traffickers. The purpose is to put a registry in place with controls and restrictions that make it nearly impossible for a convicted drug trafficker to re-enter the drug trade in Ohio after release.

The below framework provides a very basic scope of the envisioned registry. There are many details to be worked out and no doubt some considerations not even included. The ultimate goal is to create a registry that works for law enforcement and makes it more difficult for the convicted drug dealer after release.

- 1) Convicted drug traffickers to register with the Sheriff's Office as do sex offenders
 - a. Determine type of trafficking offense broad or focused on opiate crisis
 - b. Establish a tier system for convicted drug traffickers
 - c. Each tier will have registration periods (years) established
- 2) Establish registration requirements

- a. Residence
- b. Work
- c. Phone numbers
- d. Vehicle registrations or vehicles to be driven
 - i. Explore possibility of "offender plates" similar to habitual OVI offender
 - ii. Explore possibility of having an identifier added to the driver's license
 - iii. Explore possibility of rental car notification by offender to Sheriff's Office
- 3) Establish restrictions on associations with other convicted drug traffickers
 - a. Restrictions on locations where drug trafficking is occurring
- 4) Strengthen asset forfeiture systems for registry violations
 - a. Money
 - b. Vehicles
 - c. Real estate

QRT Program

Paul Dobson, Wood County Prosecuting Attorney

The Wood County Prosecuting Attorney's Office will be developing a unit replicating a "Quick Response Team" (QRT). In such, the establishment of a Drug Abuse and Addiction Response Coordinator (DAARC) position within the prosecutor's office will occur. Additionally, The Wood County Sheriff's Office will assign a full-time deputy to the QRT. It is hoped that other law enforcement agencies around the county will be willing to provide some part-time assistance to the QRT as well. This unit will respond to notification of a drug overdose or other significant drug-related incident. The DAARC will coordinate the response by the deputy. The deputy will respond to the survivor's location. He or she will engage with the survivor and, if possible, the survivor's family and encourage the survivor to be evaluated and enter, as necessary, detoxification, in-patient treatment, or counseling. The deputy will also engage with the family to provide access to, and encourage them to seek, services that can help them deal with the survivor's drug habit or addiction and the emotional fallout therefrom. On-going support will be provided by the QRT unit.

Should the deputy be successful in convincing the survivor to participate in an evaluation, he or she will contact the DAARC, who will contact a behavioral health agency collaborator and arrange for an assessment within the shortest appropriate time period. The DAARC will take the necessary steps that may be needed to secure a bed in a detoxification unit or other appropriate facilities for the survivor. In addition, the deputy and the coordinator will collectively determine whether there are other needs of the survivor or the survivor's family and begin the process of addressing those needs. The deputy will have the survivor sign a release of information to the QRT, so his or her progress can be checked. If necessary, the deputy will transport the survivor to the assessment facility and ensure that the survivor is in proper care. Once the survivor is located in a secure placement, the deputy will disengage and return to duty. The DAARC will follow up with the facility in which the survivor has been placed in order to determine the survivor's status and whether or not he or she is continuing with care. The DAARC will provide whatever assistance or information is necessary and appropriate to the facility so as to keep the survivor in a continuum of care. Through the creation of a relationship between the QRT and the survivor, it is hoped that intelligence will be collected relative to other criminal conduct.

Balance of 4-Tiered Program

Paul Dobson, Wood County Prosecuting Attorney

Regarding the DAARC, the QRT unit will be one aspect of the position's larger duties. The DAARC will be responsible to evaluate and either establish, restructure, or strengthen three other programs.

The DAARC will establish, supervise, and coordinate a Prosecutor's Pre-Trial Diversion Program for drug-related criminal cases. Eligible defendants, after being charged with a criminal act, will have the option of entering into and completing a standardized, evidence-based program. Successful completion will result in dismissal of charges while failure will result in case prosecution.

The DARC will evaluate Wood County's current implementation of Intervention in Lieu of Conviction (IIL) as that system is established under ORC 2952.041. The judges of the Wood County Court of Common Pleas regularly use this statute in order to encourage criminal defendants to seek treatment. Wood County currently maintains no statistics on the success or failure rates of this system. The DAARC will establish criteria to measure success, research shortcomings in the current system and make recommendations for the improvement of the IIL system in Wood County. The DAARC will then collaborate with the adult probation department to implement any changes accepted and continue to monitor the success rates of the system on an on-going basis.

Finally, the DAARC will establish, in conjunction with common pleas court judges, a docket specifically for eligible drug offenders with programming especially addressing drug rehabilitation. Many of these defendants will be convicted of charges and will voluntarily enter a systemically standardized program. The DAARC will monitor and manage the progress of offenders through the drug docket program in coordination with the drug docket judge and other stakeholders, including the probation department. The DAARC will establish and maintain success criteria, evaluate the program, investigate other options, and offer recommendations for changes to the program as a means of increasing effectiveness.

This "four-tiered approach" is intended to meet drug dependent individuals at the many points at which they may enter the criminal justice system. The four-tiered approach permits a fluidity of response providing many options for police, prosecutors, defense attorneys and judges to explore the best program or system for the right individuals.

Eight Ways Faith Communities Organize for Recovery Ministry

Dr. Dale Ryan of the National Association for Christian's in Recovery observes that no two-faith communities address recovery in exactly the same way. Recovery ministry must be adapted to the specific traditions, values and vision of a local faith community. Here are eight different strategies he has identified.

AA in the Basement Strategy

Historically the most common recovery support strategy for the local congregation is to allow Alcoholics Anonymous (AA) or other Twelve Step Programs to meet in their church facilities. It is difficult to imagine where AA would be today if it were not for this kind of participation by local churches over the years. Literally hundreds of thousands of people have begun their sobriety in AA meetings in church basements.

Even though most religious people in recovery are very supportive of AA and other 'secular' programs; some are anxious about congregations whose commitment to recovery is limited to this strategy. Questions arise, such as; why is it that the power of personal transformation is facilitated by an organization external to the local church while the local church contributes only space? Why is recovery ministry at the margins of congregational life rather than at the center? It is not that the church wants to become more entangled with AA, but if recovery ministry remains marginalized, we will miss enormous opportunities.

Bridge Strategies

Another way to integrate recovery more fully into congregational life is to develop 'bridge' strategies. Most Christians in recovery want a way to bridge the 'recovery' world with the 'Christian' world. Typically local congregations have responded to this need by developing distinctively Christian support groups. These groups are not usually intended to replace secular resources but rather to 'bridge' to them. Literally thousands of congregations have established such 'bridge' groups in the last ten years. Most of these "Christian Twelve Step" groups are affiliated with a local church but others have joined together to form a network of affiliated groups. These 'safe places' are a wonderful resource. In most cases, however, they are still marginalized within the congregation. People within the 'bridge' group find help, but the ministry only rarely impacts the life of the whole congregation.

Alternative to AA Strategies

A third approach is like 'bridge strategies in practice, but includes an intention to 'replace' secular programs rather than 'bridging' to them. Although the intention is different, in practice these groups often serve many of the same functions as 'bridge' groups. In congregations that are overtly hostile to secular resources this may be the only possible kind of recovery ministry.

Recovery Department Strategies

A fourth approach is to develop a recovery ministry that parallels other ministry 'departments' such as the music ministry 'department' or children's ministry 'department.' In this model, recovery ministry becomes one of the mainstream elements of congregational life. Recovery is not the central feature of the congregation but it is fully integrated into the life of the congregation. Congregations that take this approach often develop a wide range of services in addition to 'bridge' support groups. These might include educational programs, long-term 12 Step study groups, and retreats. Pastoral staff members may supervise and coordinate a

counseling ministry. The strength of this approach is the range of resources and the impact of the ministry on the whole congregation.

Treatment-related Strategies

A fifth, and less common, approach to recovery ministry is for a local congregation to operate or identify with a residential treatment program, halfway house, or other facility for long-term care. A lot of good work remains to be done to adapt this kind of strategy to congregations in a variety of social and cultural settings but it can be a particular effective way for a local church to invest in recovery.

The Recovery-Friendly Church

It is important to emphasize that congregations need not have 'recovery programs' to be actively supportive of recovery. A congregation that 'shows grace' instead of shame in all its affairs will be profoundly helpful to people in recovery even though it lacks support groups or other elements of recovery programming. Dr. Ryan encouraged a pastor who did not think it was possible to develop a recovery ministry in his congregation to change the smallest part of the worship service, the way he welcomed people.

He encouraged him to say something like, "I know that many people who come to church experienced very abusive childhoods and that sometimes an experience like that makes it difficult to come to church later in life. If that fits your situation, I want to particularly thank you for coming today. I appreciate your trust and value your participation." The pastor did it and the effect was profound. Without inventing new programs he was soon well on his way to reshaping the congregation into a place both safe and helpful to people in recovery. Learning to tell the truth was the key. It is the heart of all recovery.

The Church in Recovery

There are few examples of congregations who have taken 'the church in recovery' approach. In this model, 'recovery' becomes the central paradigm of the congregation. Participation in recovery becomes as much a part of 'doing church' as participation in worship services — sometimes even a prerequisite for participation in large group meetings. It is still too early to know how effective this approach to recovery ministry will be. Dr. Ryan believes we may need to make mistakes in this direction before we know how to do it well!

The Church as Advocate

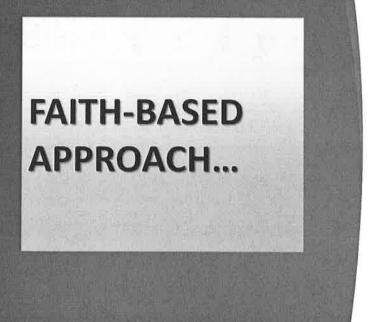
An eighth strategy is to create a coordinating committee to oversee not only recovery ministry but also efforts in prevention, education and public policy advocacy. Probably the best example of this approach is the Faith Partners Congregational Team Ministry. Faith Partners has trained numerous congregational teams to facilitate a comprehensive response to the problem of addiction. The approaches strength is the capacity to do a wide range of activities involving prevention, early intervention, referral assistance, and advocacy tasks in addition to recovery.

Conclusion

Dr. Ryan emphasizes there is no "right" way to do recovery ministry. There may be other strategies not listed here – and many others that have not yet been invented. Recovery ministry is early in the process of development. It's a time for creativity and exploration – taking risks, making mistakes, and trying new things. In the spirit of giving emerging leaders a voice Dr. Ryan's admonition to us all is for God to grant us the wisdom to know what the 'next step' is in our own particular situation.

"OUR CULTURE IS
NOT SO MUCH THE
PRODUCT OF
SECULAR
OCCUPATION
IS CHRISTIAN
EVACUATION...

S. MICHAEL CRAVEN



DON'T RE-INVENT RESEARCH

The most common problem for those seeking help is not a lack of capacity of service providers but a lack of Information ABOUT those service providers

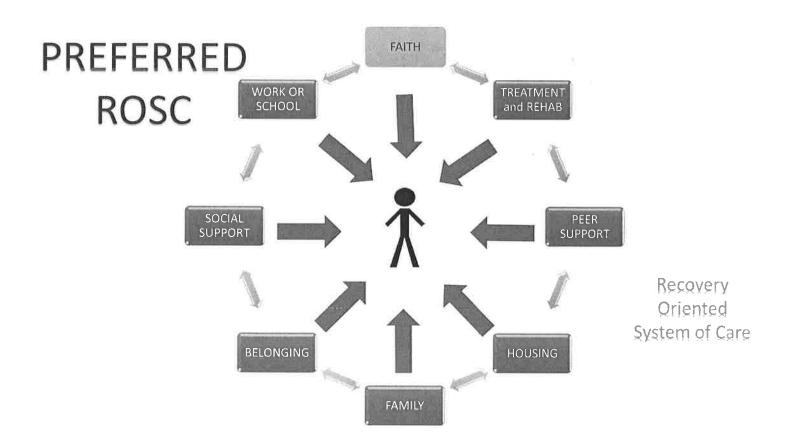
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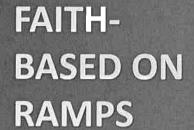


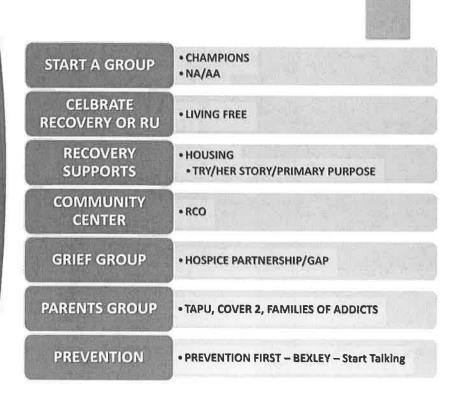
DON'T RECREATE

COLLABORATE

- HERSTORY GREENE COUNTY
 - · GROW
- UNDERSTANDING IS GREATER
 THAN HEROIN







FAITH-BASED ON RAMPS

EMBRACE THE *LOCAL TEAMS +U>H COALTIONS •MARTHA'S TEAM PRAYER • BATTERSON (CIRCLES) CANVAS PRICE HILL - IMPACT **SUPPORTING** TRANSPORTATION MENTOING COACHING **SERVICES** SUPPORT THE FINANCIALLY/VOLUNTEERS ONGOING EFFORTS CONNECT TO LOCAL AGENCIES AND SEE HOW **FOSTER CARE** TO ENGAGE! - LICKING COUNTY **GET CREATIVE!!!**

EQUIPPING EVENT PROCESS

CONNECT THE LOCAL CHURCH ENGAGE THE EQUIPPING TEAM

PREPARE A DATE AND VENUE ENGAGE LOCAL RESOURCES LEVERAGE THE TEMPLATE

EQUIP!