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December 9, 2021

Lorain County Jail Re-Entry Program

For nearly 200 years the Lorain County Sheriff has been responsible for maintaining and operating the Lorain County Jail. The responsibility has evolved to comply with standards set forth within the Ohio Revised Code. Ohio Jail operations have undergone many transitions during this period, and Lorain County is no different.

The evolution in custody, care, and control of prisoners in Lorain County mirrors that of what is required by prevailing beliefs and legislated mandates within the state. 150 years ago it was acceptable to provide for control, keep inmates behind a locked door and check on them once or twice a day at meal time. 75 years ago, Ohio laws required custody and control: make headcounts, serve three meals per day, provide for medical needs, and keep a deputy in the jail to monitor the inmates. By 1990 the laws pertaining to Ohio jail operations had increased significantly; care, custody, and control had been defined in great detail, uniformed jail standards were instituted, and in 2014 those standards were updated. Today, 177 standards are measured annually to ensure inmates are properly received, processed, housed, controlled, provided with leisure and recreation activity, afforded considerations for individual religious beliefs, have access to attorneys, and have their daily medical, mental health, and dental needs met. The square footage of bed space, living space, table space, seating space, and cell size are all set forth by law. The temperature of the air and water is measured, the ambient light is measured, and speed at which the heat and air conditioning systems blow is measured and regulated by law. Training for employees, hourly checks, nutritionist-approved meal plans, and health and safety precautions are all measured and regulated by Ohio Revised Code (ORC). The Lorain County Jail maintains near 100% compliance in all phases year after year, despite an aging building that struggles with cell size, bed space, a pandemic, and swelling inmate populations from time to time.

There is a term for all of those required tasks; they are called essential jail functions. They are essential to the day-to-day operation of the jail and the safety and wellbeing of the inmate population. They are, in fact, what makes the jail. Ohio sheriffs' budgets have been driven by the financial costs of supporting essential jail functions. Reception, booking, photographing, fingerprinting, DNA collection, showering, clothing, bedding and linens, meal service, laundry, transportation, doctors, psychologists, dentists, medications, correction officers,

maintenance staff, and medical staff all come directly from the Sheriff's budget. Those costs equate to about \$16 million dollars in Lorain County each year.

So what does the future of county jail evolution look like? What will the next twenty-five years require, and how often are nuances perceived and addressed? As with many things in life, rules and laws often evolve in a reactionary manner. As the automobile increased in popularity, traffic control lights rapidly evolved to regulate traffic and reduce car crashes. As evidence mounted regarding carcinogens associated with cigarette smoking, laws and warnings followed. As for jails, they are no longer being built with bars on cells, as they're outdated and have too often been used by inmates attempting self-harm.

Efforts are underway nationwide to reduce the number of people in jails. Bail reforms and treatment options have reduced some jail populations; sentencing guidelines have also played a part. The Lorain County Jail population is down compared to levels encountered five to ten years ago. The Covid Pandemic has played a role to be sure, but Lorain County judges have given consideration to confinement alternatives in both pre-trial and post-conviction decision making. Fewer people are staying in jail.

Some individuals make one poor decision and come to jail. They soon realize that jail is not a place they want to be and then make pro-social decisions in life that allow them to stay away. However, some individuals come to jail three, four, and five times per year, cycling in and out for years and decades. Lorain County Jail data shows that on any given day the average number of times each inmate has been booked at the jail is six. Certainly, there is a percentage of those "one-timers" who may be in jail for their first and only time, but there are also inmates who have been booked 20, 30, and even 50 times.

Numbers from the first six months of 2021 indicate 39% of inmates booked displayed symptoms of mental illness. And 23% of inmates booked required detoxification from alcohol, opiates, or benzodiazepines. That's six out of every ten inmate's coming into the jail with a significant health, or behavioral health issue. Combine that with jail data from the same period showing 40% of inmates are released within one day of arrival, 63% of inmates stay only five days, and by ten days 75% of inmates have been released. The result is a large portion of the jail population turning over quickly, and many ill and unstable people returning to the community within a very short period of time.

There is simply not enough time to correct poor behaviors and unhealthy decision-making processes that are present within a large segment of the jail population. And if there was, there is no compulsion to require motivation. There is little time to diagnose and treat the root causes for individuals who display mental health symptoms and crisis-driven behaviors. In response to these numbers, Sheriff Stammitti has built a robust staff of clinical professionals to provide services to inmates while in custody. The Lorain County Jail is staffed around the clock with medical care, including a health care administrator, a physician's assistant, ten nurses, and four mental health and addiction professionals. In addition, the jail contracts for services with a physician, a psychiatrist, a psychologist, and a dentist. The staff treats chronic illness, emergencies, sickness, disease, and now pandemics. They provide some of the only medical or mental health care large segments of the inmate population ever receive. Crisis related symptoms

and behaviors require substantial resources from the mental health clinicians. Each inmate is afforded the opportunity to engage with clinicians and talk through the internal processes and external stimuli that are driving their thoughts, feelings, and behaviors. The mental health and addiction counseling professionals are on duty seven days per week.

A Mental Health Service Encounter represents a face-to-face interaction between a mental health professional and an inmate who presents with a need for mental health services. These interactions can be initiated as a result of a crisis, referrals, or inmate requests in response to a wide variety of stimuli. Discussion consists of a review of current and prior mental health treatment, prior mental health hospitalizations, counseling, history of, or current suicidal ideation/attempts, grief issues, history of trauma, distress at the point of incarceration, interpersonal conflict, conflict with those around them, emotional and physical vulnerability, and being under the influence of substances. It can also address homelessness and transportation issues, monthly medication checks, clinical and suicide precaution follow-ups, doctor driven follow-ups, segregation assessments, and discharge planning. A wide variety of follow-up actions are available based upon individual needs including, but not limited to, increased monitoring, jail housing adjustments, referrals to the Clinical Team, the Psychologist, or the Psychiatrist.

3,037 inmates were booked during the first six months of 2021. 5,345 mental health encounters were facilitated, that's thirty per day. 74% of inmates received a mental health encounter; as previously stated 39% required more than one. The contracted psychologist met with 31% of inmates. The contracted psychiatrist met with 3%. An average of 17% of inmates receive daily psychotropic medications.

The Lorain County Jail is also the largest detoxification service provider in the county. 684 inmates required detoxification during the first six months of 2021, that's almost four new instances each day, or 23% of new inmates displaying active withdrawal from alcohol, opioids, or benzodiazepines. Those are the drugs which require clinical intervention; the prevalence of cocaine, methamphetamines, spice, and non-prescribed marijuana is not tracked. It's estimated that if those additional illegal substances were taken into consideration, 75% of inmates would present with a need for substance abuse treatment.

Jails have evolved to meet the needs of today's challenging inmate population and to care for them in a more comprehensive manner than ever before. State law requires compliance in many areas previously mentioned, and in a large number of medical and mental healthcare standards that have not been mentioned. The Lorain County Sheriff's Office currently exceeds ORC medical and mental health requirements and has earned continuous accreditation with the National Commission on Correctional Healthcare for over a decade. Yet we still see many of the same people coming back to jail over and over again.

So what is the next step, and where is the next evolutionary leap in county jails coming from? Most socio-economic factors do not fall within the province of the county sheriff. The disintegration of the family unit, poverty, education, quality jobs, low self-esteem, peer pressure, anti-social thinking and behaviors, the need for instant gratification, there is no answer for those problems to be found at the level of the county sheriff.

With direction from Sheriff Stammitti, the jail administration took a look at something we may have dominion over. While in custody, the inmate is briefly removed from their current social setting, without the distractions of having to respond to the stimuli of their normal environment, their immediate needs for food, shelter and healthcare are being met, lack of transportation is not an obstacle, drug and alcohol abuse is no longer possible, dysfunctional relationships are paused. If they are receptive, it's an ideal time to engage them. Most don't stay here very long, and for many their sole focus is upon when, or how, they can get out, and what they will do when that happens. However, for that brief time while they are here, and in between focusing on getting out, it's not uncommon to witness self-reflection. After all, most are aware that the decisions they're making, and the risks their taking in life are what led to jail. Many times the self-reflection and consideration for change doesn't last beyond the front door upon release. Perhaps we can improve the chance that it does. Certainly this geographic area is well represented by service providers for mental health and chemical dependency treatment; an internet search quickly identified over thirty providers located throughout Lorain County. The line of thinking evolves as engaging inmates while they are here and linking them with social services, treatment, and other resources available to them upon release. Though not a guarantee to create sustained change; information, resources, and linkage are the stepping stones to a new path if such a path is desired. In short, removing obstacles, building connections, and supporting pro-social decision making can increase the likelihood that inmates' follow-through with self-improving ideation that is often expressed while confined, but quickly forgotten upon release. And while the idea is not new, it's been difficult to focus upon since all current employees are already occupied with essential jail functions.

For example, and state prison systems have utilized re-entry coordinators for years. State prisoners are all sentenced offenders with established release dates that can be planned for well in advance. State prisoners nearing release typically present with minimal medical and mental health crises. While incarcerated, risk taking opportunities are reduced, external social factors are reduced, meal and rest periods are regimented, and medications are brought to them daily, they have daily access to medical and mental health professionals, just as they do at county jails. The difference is the length of time spent in that environment. Near the end of sentence, re-entry coordinators at the state level schedule and meet with inmates on multiple occasions to coordinate post release activities, discuss needs, and make action plans based upon each individual. Needs such as housing, employment, healthcare, transportation, treatment, education, legal aide, and government assistance are all discussed. Referrals are made and linkages are created. All this in hopes of increasing the chances for a pro-social lifestyle with a well-adjusted citizen returning to his or her community, thus reducing the chances of returning to prison. In addition, the 30 state prison facilities throughout Ohio are all under the direction of one authority, they have standardization in cohesive systems that are utilized across all locations.

In the county jail setting re-entry services have not been widely utilized, and there are significant obstacles that have prevented implementation. The numerous differences between jails and prisons have been difficult to overcome. In Lorain County Jail less than 20% of inmates are sentenced, the others are new arrests waiting adjudication, contempt cases waiting for court or probation, and parole violators waiting the decision of their judge. With 80% of inmates, release dates are not known in advance; they are impromptu. A bond posted, a decision made at

court, a dismissed case: by and large the release date is wildly unpredictable, and for 50% of inmates it comes within 48 hours. This type of irregularity prohibits the well planned, thoroughly assessed re-entry model utilized by the state prison system. Further complication stems from the prevalence of withdrawal symptoms or crisis fueled behaviors and decision making common to jail inmate populations. Again 62% of inmates at the Lorain County Jail present with mental health and/or withdrawal needs upon incarceration. Inmates arrive at our door within minutes of major life events that are often traumatic and harmful to themselves, loved ones, and family members. They arrive under the influence of alcohol or drugs, in crisis, highly emotional, sometimes violent, and often times lack the coping skills to deal with these factors in a socially accepted manner. Knowing that many of these same inmates will be released within two to ten days means any effort to engage with them prior to release must be tempered by the fact they may not be ready, willing, or able to discuss those topics and make such plans. Additionally, each county jail is independent of the others. Each jail is operated by the locally elected sheriff. There are no cohesive systems, no state wide compulsion to implement uniformity beyond Ohio Revised Code requirements.

More than ten years ago Sheriff Stammitti recognized the need for increased collaboration with community partners to benefit jail operations and improve inmate outcomes. He challenged jail administration to engage with, learn about, and develop relationships with social service organizations within the county and state. This change was significant. Until then, the jail was primarily an isolated and inward focused entity that grew and evolved along a traditional, correctional, safety and security path. To the point those traditional safety and security needs are still met, the challenge was to grow in new ways as well, to learn about community resources, to engage with community service organizations, and to begin to think about how to develop partnerships that could bring resources to the inmate population that had not been previously available.

During the previous decade, relationships have been established with the Mental Health and Addiction Services Board, and both of its former individual organizations. Collaborative agreements have been established with Lorain County Public Health, Nord and The LCADA Way (Lorain County Alcohol and Drug Addiction Services). Lorain County Jail staff participated in the latest revision to Ohio Standards for Full Service Jails. The Sheriff's Office took the lead in engaging with Stepping Up Ohio, the initiative to reduce the number of people with mental illnesses in jail. The Lorain County Sheriff's Office maintains participation in Ohio Jail Advisory Board sessions, and the Buckeye State Sheriff's Association Correction Committee. The jail participates in the Citizen's Circle (a county level re-entry service monthly meeting fostered by the state re-entry coalition). Jail staff has developed working relationships with Fireland's Recovery Services, Veterans Outreach Services, Lorain County Job and Family Services, and strengthened relationships with local judges and specialty dockets including The Veterans Treatment Court, The Recovery Court, and The Wellness Court, as well as Lorain County Adult Probation.

In 2016 Sheriff Stammitti supplemented these collaborative efforts by adding a Project Specialist to the jail staff. The Project Specialist is active in contracted services administration, onboarding personnel, compliance, and research, grant funding, and also ensured the Sheriff's Office would maintain the progress that had been made with community partners, and develop it

further. The addition of the Project Specialist eventually led to a deeper examination of re-entry services, and the nuances required to facilitate that type of service within the county jail setting. In 2018 a pilot program was developed to establish linkage with community services for inmates at the jail, similar to the services offered by state prison re-entry coordinators.

It's important to remember that this role, the task of applying resources toward post release activities of inmates who are currently in the care, custody, and control of the county jail's traditional umbrella of well-defined essential services, is wholly outside of the current requirements of Ohio Revised Code Standards for Jails; the standards the jail is required to comply with. And further, that the allocation of resources toward this task is an investment toward improving outcomes for released inmates, as well as toward a safer and healthier community. The county jail re-entry services pilot program would then require creative funding for this less than essential jail function.

The timing, however, was fortunate. In 2018 the Targeted Community Alternatives to Prison (T-CAP) initiative was launched by the Ohio Department of Rehabilitation & Correction (ODRC). T-CAP was a two year test program intended to reduce the state prison population. T-CAP targeted offenders who were sentenced to 12 months or less for non-violent, non-sex, non-mandatory Felony 5 offenses, and whose criminal history does not include any prior violent felony or sex offense. By assisting local communities to manage these low-level offenders as a less costly, more effective alternative to state prison, funding from ODRC has been made available to participating counties for these individuals to receive the essential treatment they need at the community level, and also helped reduce Ohio's growing prison population. In short, T-CAP offered probation and treatment, with jail as the last resort rather than prison.

Sheriff Stammitti, the Lorain County Board of Commissioners, Lorain County Common Pleas Court Judges, and the Lorain County Adult Probation Department voluntarily agreed to participate in the program. Temporary grant funding was sent to Lorain County from the state to administer the program. The majority of the funding was absorbed by the Lorain County Adult Probation Department to handle the increased workload and treatment. The Sheriff's Office received \$25,000.00 for each of the two initial years of the program. Sheriff Stammitti was intrigued enough by the potential of the re-entry idea that he agreed to use those funds to get the pilot program off the ground.

Twenty hours per week were allotted to the pilot program. Sheriff Stammitti hired someone with a Bachelor's Degree in Psychology, and a Chemical Dependency Counselor Assistant certification working toward a Master's Degree in Clinical Counseling to handle the duties. The process of developing this role took some time. We knew many of the tasks we wanted to address, and some others surfaced once we began. The role developed as Re-Entry/Case Manager. A referral form was developed to cover the wide range of services available to inmates. The referral form initially contained the following available service selections: Mental Health post release service coordination, Drug/Alcohol post release service coordination, Transportation assistance, Housing or Homelessness services, Medicaid or SSI/SSDI Outreach, Access and Recovery (SOAR) enrollment, Employment coordination, Peer Support, and Specialty Court referral. In 2020 Medicated Assisted Treatment (MAT) pre-release services were added with assistance of the State Opioid Response (SOR) 2.0 grant funding.

NARCAN training and kits were also added in 2020 with support from Lorain County Public Health and Project Dawn grant funding.

The role was staffed four hours per day, five days per week. Each day began with running reports to identify inmates who self-disclosed addiction issues, who claimed United States military service affiliation, and/or self-identified as homeless. The withdrawal reports are pushed out from our medical services staff. Veterans Administration (VA) and homelessness questionnaires were added into the booking intake process and are now completed with every booking. Each of these three inputs result in an interaction from the case manager. Follow-up is conducted, and, at a minimum, NARCAN training and a kit is offered, the local VA Outreach Coordinator is relayed information and linkage is facilitated if appropriate, available resources are shared regarding housing, and linkage is made with Neighborhood Alliance, and Coordinated Re-Entry of Lorain County.

The inmate population is advised during the booking process regarding the availability of case management/re-entry services and the referral form is readily available in each housing area. Five days per week referrals are examined and the appropriate actions are taken. Many inmates who remain in jail beyond ten days are those who have been charged with violent felonies, and those who have been arrested for felony contempt or probation related offenses. For those who fall into the second category, case management services and coordination are often facilitated with Lorain County Adult Probation. The intricacies of jail releases involving direct transport to treatment facilities benefit from the communications relayed to probation officers and ultimately to judges for improved pre-release and post release coordination.

This county jail re-entry coordinator role is evolutionary in function, and design. Traditional jail duties were built around compliance with required standards. Task “A” needs to be completed, Task “A” gets completed, and can then be verified and proven as needed for compliance with ORC. As our friends with both the Ohio, and National Stepping-Up Initiatives can attest to, local jails are good at accomplishing the tasks, but there are generally few mechanisms built to track wide varieties of data and statistics. The data was never needed beyond what is required by ORC, so it was never important enough to apply the additional time consuming (annual salary), and technology (up front expense) resources toward gathering and efficiently producing it. Again, this ties back to the differences between the State Prisons and the County Jails. The prisons all use the same data management systems, electronic medical record (EMR) systems and so forth. County jails can have any number of jail management software systems in use. In 2016 there were nineteen independent varieties in use throughout the state, and there was still one Ohio county jail operating on paper. There are no standardized EMR systems across the county jails either. So data collection and reporting was given priority and built into this re-entry services model.

The services that have been provided since the program launched are tangible. During the previous year, 168 inmates received NARCAN kits and training while in custody. 49% of the inmates we question regarding NARCAN want the kit. However, over 60% get released before we can inquire of them. Our delivery rate for those who we do talk to, and do want the kit is running at 84%. During the previous two years 136 inmates have been assisted with Medicaid enrollment prior to release; 39 have been approved, 18 have been denied, 42 were found to

already be active, and 37 had any number of other outcomes primarily due to being released before completion. From December 2020 through March 2021, 127 inmates self-identified as being homeless; 63 were released prior to engagement, 20 stated they had a place to go, 18 were placed in local shelters, 12 were released to other agencies, 9 wanted no help, and 8 went to a treatment facility. During the previous year, 155 referrals have been made to a local non-profit organization whose goal is to connect people who seek treatment, and support them in their journey to recovery; that linkage has resulted in 880 one-on-one, peer support mentoring sessions facilitated by video visitation, in person, or while providing 33 direct transports from jail to treatment. Certified Peer Support engagement reinforces the self-reflective decision making process among those who are ready for change.

Medication Assisted Treatment (MAT) has been underway for ten (10) months. During that period 64 inmates participated and received a boost toward sobriety upon release. Re-entry plays a significant role in MAT coordination, education, and data collection. Since May of 2019, 485 inmates have been referred to Veterans Outreach Services, 217 have been confirmed eligible for services, and linkage has been made. On several occasions the linkage from jail was the first connection to VA services since discharged from duty. During the previous eighteen months 117 inmates have been referred to specialty dockets (Recovery, Wellness, & Veteran), and 141 inmates have received assistance with pre-trial release services.

The pilot program has shown that re-entry services can be implemented at the local jail level and can improve outcomes. The pilot program has also been shown to reduced jail stays; judges are more willing to release inmates back into the community upon learning that coordinated services are in place and treatment and housing needs have been addressed. Does the program reduce recidivism? Will it slow down incarceration rates? Time will tell, but only after even more resources are applied to that statistical process. At twenty hours per week, the re-entry coordinator was buried by more requests for services than could be handled. Many inmates were released prior to receiving services, and there was no mechanism to track released inmates beyond the front door, with the exception of the MAT program.

Taken at face value; the program has more to do with social services than it does with jail services. It's a social service convenience store that happens to be located in a jail, an environment where 62% of the customers are displaying mental health needs, and/or withdrawing from alcohol and drugs, and another 15-20% are likely abusing illegal substances. It's a type of service that's not typically funded by county sheriffs. County jails are simply a place where many people with these types of needs end up. And no matter how beneficial re-entry programming may be, it does not correlate to traditional jail functions and ORC obligations. The pilot program provides only a small benefit to jail operations, and no benefit toward complying with Ohio Jail Standards. However, when viewed from the perspective of the community, rather than simply the jail, if inmates are at the point of being ready for change, and that readiness, if nurtured, reinforced, and assisted can become sustained change, then county jail re-entry is worthwhile. And with 6,500 inmates booked each year, there are significant opportunities for change.

The pilot program has served its purpose. It showed that re-entry services can be implemented at the county jail level, with a willing and supportive Sheriff, collaborative efforts involving county agencies, courts, probation, local treatment providers, and lots of creative thinking. It can improve outcomes and create a stronger and healthier community. However, the program would not be sustainable beyond the temporary TCAP grant funding stream, and could serve more inmates by increasing hours of operation. Yet, convincing sheriffs to fund this type of non-essential jail function is likely the single largest factor that has prevented the county jail re-entry programming from becoming widespread.

With sustainability in mind, and support from Sheriff Stammitti, discussions began with the Mental Health, Addiction and Recovery Services Board (MHARS) of Lorain County. Information was exchanged and services were discussed. It was not wholly new to them, several there had heard bits about it and been loosely aware of it for some time. Details and data were shared, the unique opportunity to apply resources and services to a segment of the population saturated with mental health and dependency treatment needs was discussed. MHARS acknowledged the opportunity and saw the value. Since MHARS funds this type of service within the community, we requested salary and benefit funding for one full time employee to expand and sustain re-entry services within the jail. After several discussions, the addition of pre-release chemical dependency assessment services, a commitment toward increased mental health re-entry services, a board member to champion the cause, and progressive new leadership, the request was graciously approved.

Sheriff Stammitti has retained the Re-Entry Coordinator in a full time capacity as funded through agreement with the MHARS Board of Lorain County, and he's given consent to seek another part-time employee to fill the 20 hour per week role for the remainder of the grant funding period. We're very pleased to expand re-entry services from 20 hours to 60 hours per week, and we look forward to fostering better outcomes for inmates as they return to the community in a sustained manner that does not require funding from the budget of the Sheriff. Additionally, we look forward to the continued collection of data, an increase in our ability to gather it, and the future when we can measure and share it.

Could the next evolution in county jails have nothing to do with the jail itself? While it's true that the re-entry coordinator must be located within the jail to function, and must have fluid access to execute tasks efficiently, because that's where the target population is, the jail just happens to be the collection center, the funnel through which persons in need are present and can be aided if they are open to assistance and change. The aid and resources offered are not of a special nature, not unattainable to the public. They are all readily available to county residents every day. All can be had with a phone call, an online search, or a trip to the clinic, or an agency. The numbers show that many inmates have not taken advantage of the resources, or are in need of new ones. The reasons are plentiful, of course. The evolution is that effort is made to improve access to community medical care, mental health care, chemical dependency treatment, housing, VA benefits, specialty dockets, and other assistance in a manner that has nothing to do with jail other than the fact that it's initiated there. The evolution is that the seeds of hope can be sown when the ground is fertile, when the sincerity of self-reflection, however briefly it lingers, may perhaps sustain growth. And if connected to resources quickly upon returning to traditional

social constructs, that growth will have a better chance to reach maturity and create profound change.

The evolution is that jail re-entry does not have to be an unfunded mandate pushed by the legislature into 88 unique county settings. This version of jail re-entry is a model of collaboration, of county agencies combining resources and maximizing opportunities to improve lives and strengthen community by overcoming the traditional obstacles that have inhibited county jail re-entry programming for years. This version of jail re-entry is possible thanks to a Sheriff who was willing to financially support a new and unproven idea that, by design, had no direct benefit for traditional jail operations, and in fact focuses wholly on benefitting inmates when leaving custody. This version of jail re-entry services required a MHARS Board to be flexible enough to see a new and unique opportunity to provide services to a segment of the population showing a high incident of mental health and addiction treatment needs, and most importantly to fund the service in a sustainable manner that will ensure it continues to benefit the community and reaches its full potential.

The next evolution in county jails, the one beyond custody, care, and control may be re-entry. Under the guidance of Sheriff Phil R. Stammitti, the Lorain County Sheriff's Office has built a jail re-entry program that overcomes the longstanding obstacles of applying re-entry services within a county jail's rapidly turning population. This program is unique, produces tangible results, and most importantly, improves outcomes and will lead to a healthier and stronger Lorain County. Further, it demonstrates how to implement county jail re-entry services without straining sheriffs' office budgets. It's a blueprint to be followed and can be duplicated throughout the state and nation.

For more information regarding the Lorain County Jail Re-Entry Program, contact Andy Laubenthal, Project Specialist, Lorain County Sheriff's Office 9896 Murray Ridge Road, Elyria, Ohio 44035. 440-329-3917, alaubenthal@loraincountysheriff.com. Sheriff Phil R. Stammitti, Lorain County Sheriff's Office 9896 Murray Ridge Road, Elyria, Ohio 44035.