

# The MORE Program

## Mobile Outreach Response and Engagement



### “Doing More to Support Recovery”

**Program Philosophy:** The Alcohol, Drug Addiction, and Mental Health Services Board of Erie County, Firelands Counseling and Recovery Services (FCRS), and Erie County Sheriff’s Office will work collaboratively to assist individuals with severe mental illness who are involved in the criminal justice system. MORE will bring both systems together to help provide care to these individuals in the safest and least restrictive setting in order to best help patients end the cycle of incarceration and/or hospitalization.

**Program Goal:** Provide local individuals with MORE treatment support through partnered and routine intensive case management intervention to reduce frequency of hospitalization, recidivism, and decompensation of an individual’s mental health or co-morbid drug/alcohol use disorders.

**Who is Eligible:** Individuals 18 years and older who are residents of Erie County and meet one of the following targeted populations:

- Persons with high/frequent involvement in the criminal justice system and severe mental illness.
- Persons with high/frequent involvement in the criminal justice system and drug/alcohol addiction or repeated evidence of drug/alcohol intoxication at the time of arrest or other law enforcement contact.
- Persons who have come into to contact with the criminal justice system, may not have severe mental illness or addiction, however, they show signs/symptoms and may benefit from outreach to learn more about available resources.

\*Individuals with Severe Persistent Mental Illness only, with no legal involvement or frequent law enforcement contacts will also be considered on a case-by-case basis. Please feel free to refer for clinical review and indicate this in the brief description section.

### **How to refer or become involved:**

Referrals can be made in several ways to Firelands Counseling and Recovery Services (FCRS) or the Erie County Sheriff’s Office.

Completed referral forms on the reverse page may be faxed to:

Firelands Counseling - ATTN: Sheila Piatek at 419-557-5179 or  
Erie County Sheriff’s Office - ATTN: Deputy Henderson at 419-627-7547

Contact Firelands at 419-557-5177 and ask to help schedule a referral with immediate needs to the MORE program.

You may also directly contact:

Firelands Program Coordinator, Sheila Piatek, LPCC-S, LICDC-CS at 419-557-5036 or [piateks@firelands.com](mailto:piateks@firelands.com)  
Erie County Sheriff’s Office, Deputy Chad Henderson, at 419-557-5149 or [CHenderson@eriecounty.oh.gov](mailto:CHenderson@eriecounty.oh.gov)



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\*\*\* Note: MORE Program referrals in immediate need can be offered same day or soonest available intake times. Please call Firelands Health, Counseling and Recovery services at 419.557.5177 with the individual to get this appointment\*\*\*

**Client information:**

*\*Must be an Erie County Resident*

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN#: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Preferred phone #: \_\_\_\_\_ Client email: \_\_\_\_\_

**Guardian/Guarantor information (If applicable):**

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred phone #: \_\_\_\_\_

**Insurance Information (if known at the time of referral):**

- Private/Commercial: \_\_\_\_\_
- Medicare: \_\_\_\_\_
- Medicaid: \_\_\_\_\_

**Is the individual best described by at least one of the following descriptions? (check all that apply):**

- High/frequent involvement in the criminal justice system and severe mental illness.
- High/frequent involvement in the criminal justice system and drug/alcohol addiction or repeated evidence of drug/alcohol intoxication at the time of arrest or other law enforcement contact.
- Has come into to contact with the criminal justice system, may not have severe mental illness or addiction, however, they show signs/symptoms and may benefit from outreach to learn more about available resources.

**Does the individual also have current or pending legal charges or other involvement?**

- Yes
- No – Skip to \*

If so, arresting police department (not all reports can be accessed via glyph): \_\_\_\_\_

Involved Court(s): \_\_\_\_\_

Probation/Parole Officer(s): \_\_\_\_\_

Number of arrests/LE contacts in the last 12 months (leave blank if unknown): \_\_\_\_\_

To your knowledge, has the individual has been sentenced to follow treatment recommendations or has agreed to enter a plea of guilt/no contest to obtain treatment? (leave blank if unknown):  Yes  No

\*Please provide a brief description of current and/or history of mental health and legal issues not captured above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral Source Name and Contact Information:**

Agency/Department: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

Date referral received (for office use only): \_\_\_\_\_ Received by: \_\_\_\_\_

- Initial Meeting Date: \_\_\_\_\_  Agreed  Declined