



# WARREN COUNTY BLUEPRINT

IMPLEMENTING A COMPREHENSIVE RESPONSE TO ADDICTION



ADDICTION  
POLICY FORUM



**“ We envision a world where fewer lives are lost and help exists for the millions of Americans affected by addiction every day. ”**

# ADDICTION POLICY FORUM

## Our Mission<sup>1</sup>

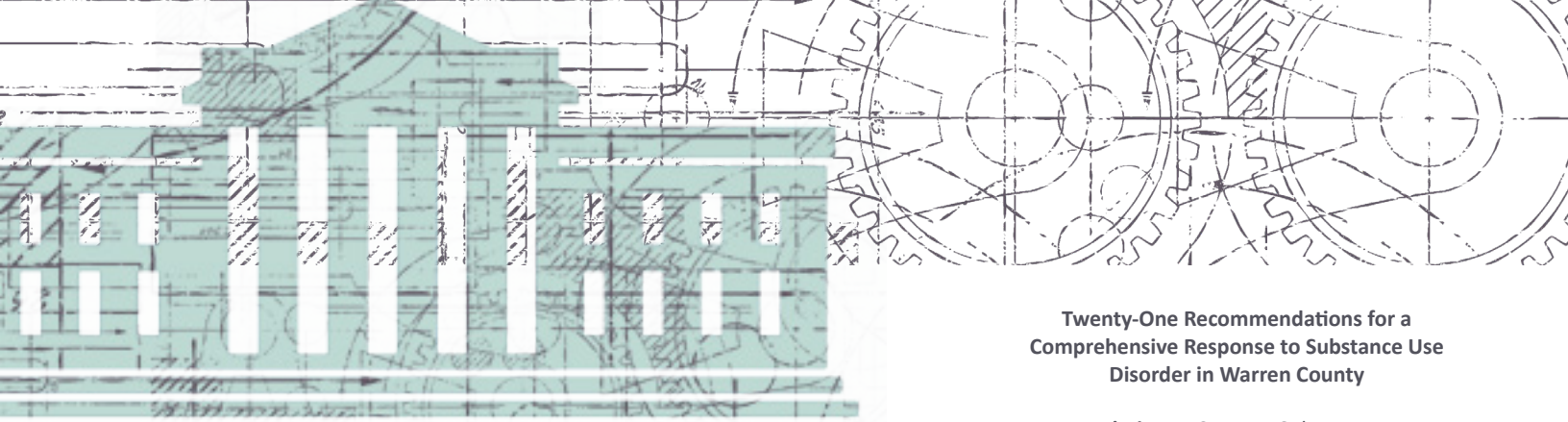
We are a diverse partnership of organizations, policymakers and stakeholders. Our mission is to work together to elevate awareness around addiction and to reshape national policies to implement a comprehensive response to addiction that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

## Our Role

We support, promote and work with others in the addiction community to advance knowledge and translate discoveries about substance use disorder and its consequences into practical solutions that make everyday life better for people living with, in recovery from, or at risk of addiction.

<sup>1</sup> <http://www.addictionpolicy.org/about>





## Twenty-One Recommendations for a Comprehensive Response to Substance Use Disorder in Warren County

# Executive Summary

The United States is in the midst of a public health crisis of substance misuse, addiction, and overdose. Approximately 63,600 people died in the United States from drug overdose in 2016. Opioid misuse and addiction are driving the epidemic, with opioids involved in 67% of 2016 drug overdose deaths. The highest rates of overdose deaths in 2016 occurred in West Virginia, Ohio, New Hampshire, the District of Columbia, and Pennsylvania.

Warren County, Ohio has been affected by this epidemic with an increase in drug overdose deaths in recent years. Out of a population of 227,000 residents, 58 residents died from overdoses in 2016, up 38% from the previous year.<sup>2</sup> In the first nine months of 2015, emergency responders administered 82 doses of naloxone to reverse suspected opioid overdoses. The opioid crisis in Warren County has led to increases in first responder costs, emergency room and hospital visits, incarceration costs, and the number of children in the care of Children Services.<sup>3</sup>

Warren County has worked to address this crisis. Multiple agencies and workgroups are working together to develop and implement evidence based practices that are appropriate for Warren County residents and the unique challenges they face.

The twenty-one recommendations in this blueprint are a comprehensive roadmap for Warren County to address substance use disorder, opioid addiction, and overdose death, utilizing evidenced based practices and inter-agency stakeholder partnerships. While all areas are critical, implementing criminal justice diversion programs, protecting children impacted by parental substance use disorder, and increasing capacity for medication-assisted treatment utilizing all three FDA-approved medications to treat opioid use disorder are essential pieces of the larger framework. Implementing changes in these areas first will have the largest impact in Warren County.

**While all areas are critical, implementing criminal justice diversion programs, protecting children impacted by parental substance use disorder, and increasing capacity for medication-assisted treatment utilizing all three FDA-approved medications to treat opioid use disorder are essential pieces of the larger framework.**

**Recommendation 1:** Create a Substance Use Disorder Community Coalition or Reconstitute the Warren County Opioid Task Force.

**Recommendation 2:** Include Families and Patients in Decision Making.

**Recommendation 3:** Launch an Addiction Public Awareness Campaign.

**Recommendation 4:** Expand Resources to Support Children who have a Family Member with a Substance Use Disorder.

**Recommendation 5:** Expand Evidenced Based Interventions in Child Welfare Agencies.

**Recommendation 6:** Provide Necessary Support Services for Caregivers.

**Recommendation 7:** Expand Substance Use Disorder Family Based Treatment Options.

**Recommendation 8:** Assess Prevention and Early Intervention Programs.

**Recommendation 9:** Implement a Student Assistance Program among School Age Youth.

**Recommendation 10:** Encourage Safe Prescription Drug Disposal.

**Recommendation 11:** Incentivize and Assist Providers to Implement Screening, Brief Intervention, and Referral to Treatment.

**Recommendation 12:** Increase Treatment Capacity.

**Recommendation 13:** Expand Transportation Access to Connect Individuals to Substance Use Disorder Treatment.

**Recommendation 14:** Offer Transitional Support Services after Inpatient Treatment.

**Recommendation 15:** Offer Overdose Survivors Linkages to Peer Recovery Support Services.

**Recommendation 16:** Implement Protocols to Connect Pregnant Women with Substance Use Disorder to Treatment.

**Recommendation 17:** Ensure All First Responders Carry Naloxone.

**Recommendation 18:** Encourage the Use of Naloxone Through Project DAWN.

**Recommendation 19:** Implement a County Bloodborne Infectious Disease Prevention Program.

**Recommendation 20:** Assess Recovery Supports and Opportunities for Expansion.

**Recommendation 21:** Assess Opportunities for Implementing a Sequential Intercept Diversion Model.



## Introduction

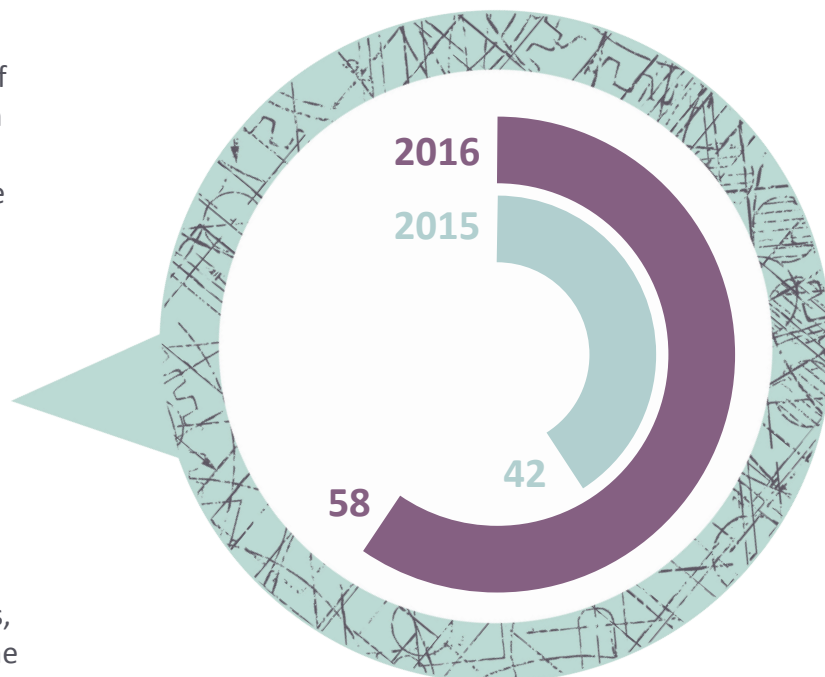
The United States is in the midst of a public health crisis of substance misuse, addiction, and overdose. 63,600 people died in the United States from drug overdose in 2016. Opioid misuse and addiction are driving the epidemic, with opioids involved in 67% of 2016 drug overdose deaths, an increase from 63% in 2015. The highest rates of overdose deaths in 2016 occurred in West Virginia, Ohio, New Hampshire, the District of Columbia, and Pennsylvania.

Warren County, Ohio has seen an increase in drug overdose deaths in recent years. **Out of a population of 227,000 residents, 58 residents died from overdoses in 2016, up 38% from the previous year.**<sup>2</sup> In the first nine months of 2015, emergency responders administered 82 doses of naloxone to reverse suspected opioid overdoses. The opioid crisis in Warren County has led to increases in first responder costs, emergency room and hospital visits, incarceration costs, and the number of children in the care of Children Services.<sup>3</sup>

To address these issues, “the Atrium Medical Foundation applied for and was awarded an Interact for Health Planning Grant to mobilize community resources and develop a plan that addresses the community and healthcare challenges presented by opioid and heroin addiction and overdose”.<sup>4</sup> The group met monthly from May until December 2015. As a result of these meetings, five priority areas were identified for action:

1. Expanding access to treatment services;
2. Raising community awareness;
3. Increasing penalties for drug dealers who are

4. prosecuted;
5. Developing information cards for treatment services; and
5. Enhancing naloxone efforts.



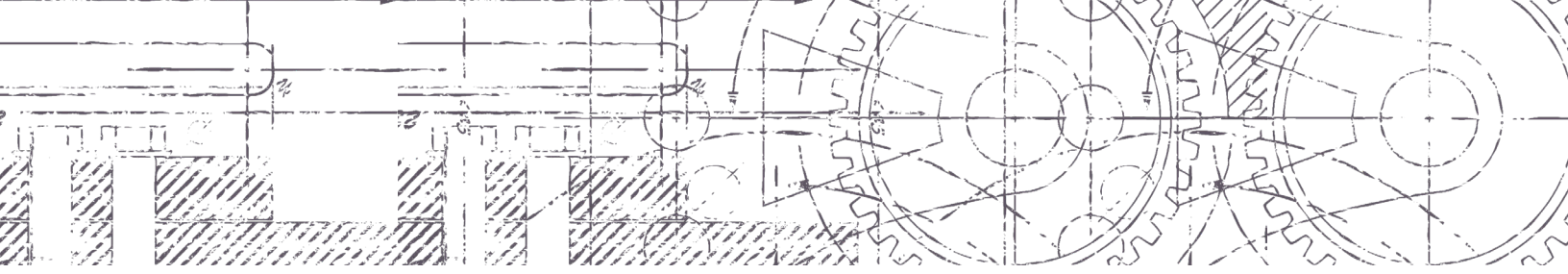
Additionally, there are multiple agencies working on initiatives to combat substance misuse in Warren County. The Warren County Drug Task Force is comprised of police and sheriff’s departments from across Warren County, federal agencies, such as the Drug Enforcement Administration (DEA) and the Federal Bureau of Investigations, and state agencies, such as the National Guard and Highway Patrol. The Warren County Drug Task Force is the location for the federal Southwestern Ohio High Intensity Drug Trafficking Area. The goals of the task force include providing increased funding and access to treatment services, community awareness, rapid response

<sup>2</sup> <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf>

<sup>3</sup> Atrium Medical Center Foundation. (2016). Report of the Warren County, Ohio Opioid Reduction Task Force. Retrieved from [https://www.mhrsonline.org/media/opioid\\_plans/Warren%20County%20Opioid%20Task%20Force%20Report.pdf](https://www.mhrsonline.org/media/opioid_plans/Warren%20County%20Opioid%20Task%20Force%20Report.pdf)

<sup>4</sup> Atrium Medical Center Foundation. (2016). Report of the Warren County, Ohio Opioid Reduction Task Force. Retrieved from [https://www.mhrsonline.org/media/opioid\\_plans/Warren%20County%20Opioid%20Task%20Force%20Report.pdf](https://www.mhrsonline.org/media/opioid_plans/Warren%20County%20Opioid%20Task%20Force%20Report.pdf)

<sup>5</sup> Drug Task Force - Warren County, Ohio. (n.d.). Retrieved from <http://www.wcdf.org/>



teams, prosecution of high-level drug traffickers, and development of treatment resource information.<sup>5</sup>

This Blueprint provides recommendations for building on existing Warren County efforts to implement a comprehensive response to addiction with interventions and initiatives in the following key areas:

- Coordination
- Public Awareness
- Protecting and Supporting Children
- Prevention and Early Intervention
- Treatment System Capacity and Access
- Public Health
- Recovery Support
- Law Enforcement and Criminal Justice

It is critical that the systems established for addressing opioid misuse, addiction, and overdose also address other substances of concern, including methamphetamine and alcohol misuse, to support improved health for all residents and improved quality of life for the entire community.

### Coordination

Substance Use Disorders (SUDs) have a devastating impact on individuals, families, and communities and require a comprehensive and coordinated response. There are roles in responding to addiction for stakeholders in multiple sectors of the community-- health, social services, government, treatment, recovery services, education, business, first responders, criminal justice and patients and families who have been personally impacted by substance misuse or addiction. It is critical that stakeholders remain engaged with each other to promote and

implement solutions.

### Recommendation 1: Create a SUD Community Coalition or Reconvene the Warren County Opioid Task Force.

Warren County should reconvene and expand on efforts of the Opioid Task Force to implement a response to addiction, including but not limited to opioids. If reconvening is not possible, then a new coalition should be developed to further such efforts. The group should meet regularly to coordinate and advocate for implementation of the recommendations in this blueprint, address challenges, identify new opportunities, and ensure interagency and cross-jurisdictional communication. Members should be trained to present on the science of addiction, and serve as ambassadors to Warren County residents and community organizations to lower stigma against the disease of addiction and the families impacted by it.

### Recommendation 2: Include Families and Patients in Decision Making.

**Patients with SUD and their families have a deep and personal understanding of the disease and its impact on their lives and community. They have firsthand knowledge of the services that are available as well as the barriers to accessing them.**

They also can identify systems that are supposed to be working in one way but are functioning differently or poorly. Efforts and coalitions addressing substance use in Warren County should ensure that families and patients are included as stakeholders and seek their input about the challenges of addressing addiction in their lives and those of their loved ones.

<sup>5</sup> Drug Task Force - Warren County, Ohio. (n.d.). Retrieved from <http://www.wcdf.org/>





### Public Awareness

Public awareness is critical for building support for new programs and policies. It is also important to ensure members of the community understand the scale of the problem in Warren County, can identify signs that a loved one may need help, and understand that while addiction is a chronic disease, treatment is effective, and people with addictions can and do enter recovery.

### Recommendation 3: Launch an Addiction Public Awareness Campaign.

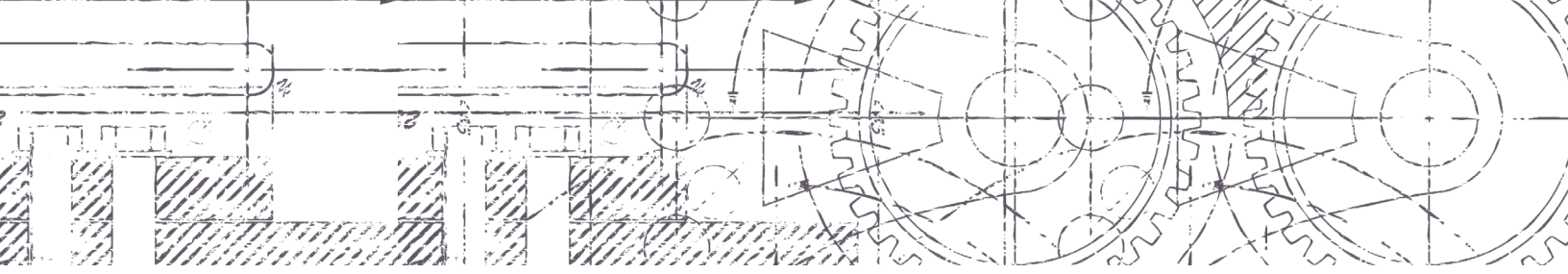
Across Southwest Ohio, including Warren County, Premier Health and its foundations launched a public service campaign in November 2017 to help address opioid misuse by discouraging behaviors that can lead to dependence. The campaign includes a website at [www.OpioidAssist.com](http://www.OpioidAssist.com). This site offers information regarding the dangers of opioid prescription misuse and where to seek help and support. The campaign also includes a partnership with the local Voices Project to share inspirational videos of people who have been touched by addiction. These videos are featured on [OpioidAssist.com](http://OpioidAssist.com) and on Premier Health's social media platforms.

Warren County should launch an expanded public awareness campaign to inform residents about the prevalence of substance misuse, addiction, and overdose. The campaign should include information about prevention, treatment and recovery resources in the community, the importance of carrying naloxone to reverse



### The Addiction Resource Center

(ARC) portal offers comprehensive resources to assist families and their loved ones who are struggling with a substance use disorder. This new platform dispels harmful myths about addiction by presenting the science behind the disorder in easy-to-read formats, guide concerned individuals through a self-assessment tool, help them develop a proposed action plan, and direct them to local resources.



an overdose, and the ability of people to heal and recover from SUD. Additionally, a website should include information about the efficacy of evidence-based prevention programs, the availability of treatment and recovery support services and services to support families in crisis or grieving a loved one lost to overdose. Addiction Policy Forum’s patient portal, [www.addictionresourcecenter.org](http://www.addictionresourcecenter.org), could serve as this resource.

Campaign materials should be disseminated widely to the general public and directly to law enforcement and first responders who may respond to an individual who has experienced or witnessed an



overdose. Resources for treatment, crisis referrals, and additional information should be shared with all first responders. This information should be provided in the form of pocket cards, wallet cards, and brochures to allow for easy carrying and distribution at the scenes of drug-related emergencies.

**Protecting and Supporting Children**

According to the National Alliance for Drug Endangered Children, over nine million children in the

U.S. live in a home with at least one parent who uses illicit drugs. These children are at an increased risk for depressions, suicide, poverty, delinquency, anxiety, homelessness, and substance misuse. Many children who have a family in active addiction live in kinship or foster care.

In Warren County, children are suffering acutely from parental substance misuse. Since 2013, Warren County has seen a 43% increase in the number of children in out-of-home placement. While this is largely being driven by the opioid epidemic, other substance use, such as methamphetamine use, poses a significant risk to the health and safety of Warren County children. In addition to the devastating human impact of caregiver SUD, the financial costs associated have ballooned in recent years, and in 2015 Warren County needed a \$666,281 advance to help cover the cost of caring for children who were removed from their homes.<sup>6</sup>

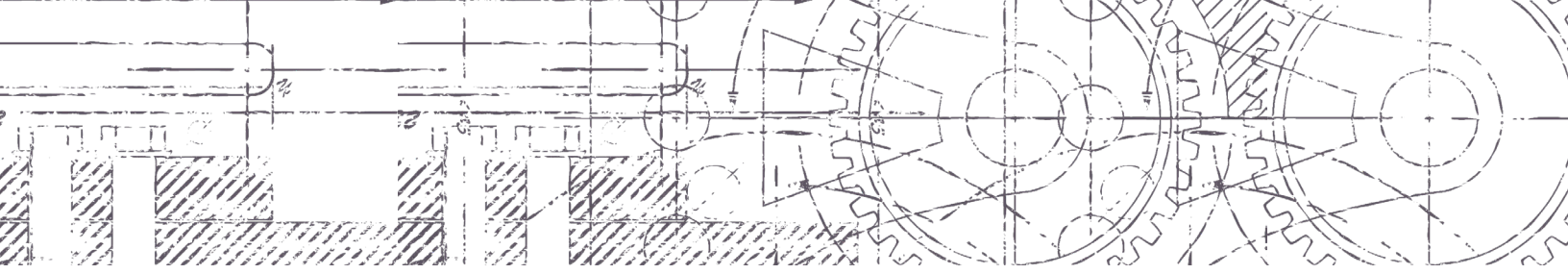
**Recommendation 4: Expand Resources to Support Children who have a Family Member with a Substance Use Disorder.**

There are currently 50 foster families in Warren County, far below the needed capacity. Due to this shortage, 60% percent of children in out of home placements are placed out of county, which poses significant challenges to familial visitation and service delivery and disrupts the child’s bonds with their school and community.<sup>7</sup>

Warren County should aggressively recruit more foster parents, including through newspaper and media coverage highlighting the critical role a foster parent can have in a vulnerable child’s life.

<sup>6</sup> Budd, L. (2016, August 28). Warren County faces projected \$1 million children services cost hike. My Dayton Daily News. Retrieved from <https://www.mydaytondailynews.com/news/local-govt-politics/warren-county-faces-projected-million-children-services-cost-hike/U79RaKA6A2ytaFoAUo5UdK/> Chopra, S. (2017, December 18). Warren County in dire need of more foster homes. Retrieved from <https://www.cincinnati.com/story/opinion/contributors/2017/12/18/warren-county-dire-need-more-foster-homes/941860001/>  
<sup>7</sup>Chopra, S. (2017, December 18). Warren County in dire need of more foster homes. The Enquirer. Retrieved from <https://www.cincinnati.com/story/opinion/contributors/2017/12/18/warren-county-dire-need-more-foster-homes/941860001/>





It is important to educate teachers, kinship caregivers, and foster parents about the complexities of SUD, as well as to train them in how to care for children experiencing the traumatic impacts of parental addiction (including neonatal opioid withdrawal syndrome), so that they can effectively help the youth in their care learn positive coping skills and strategies that can decrease their likelihood of developing a SUD of their own.

**Recommendation 5: Expand Evidence-Based Interventions in Child Welfare Agencies.**

Beginning October 1, 2019, the Family First Prevention Services Act will allow Ohio to access evidence-based prevention services for children at imminent risk of removal and their families (biological parents, adoptive parents, kinship caregivers) in the areas of substance use, mental health, and in-home parenting supports. Warren County should begin to learn about the opportunity and plan for the implementation and delivery of these services and accessing the new uncapped prevention funding.

There are promising interventions being implemented in the child welfare system, such as the Kentucky Sobriety, Treatment and Recovery Team (START), an evidence-based program for families with parental substance misuse and child neglect or abuse cases.<sup>8</sup> START is an integrated intervention that pairs a social worker with a family mentor to work collaboratively with families, providing peer support, intensive treatment and child welfare services. Compared with other child welfare services in Kentucky, START demonstrated the following successes:

- Nearly **doubled** sobriety rates for parents;
- **Cut in half** the number of children in the foster care system;
- For every dollar spent, saved **\$2.52** on foster care.

**Sobriety Treatment and Recovery Teams (START)**

**Sobriety Treatment and Recovery Teams (START)** is a Child Protective Services program for families with parental substance misuse and child abuse/neglect that helps parents achieve sobriety and keeps children with their parents when it is possible and safe.

**How it Works**

Each START team is made up of a dedicated supervisor and up to four “dyads,” each of which is composed of a specially trained caseworker from Child Protective Services (CPS) and a family mentor. The dyad also engages the family through a non-judgmental, strengths-based approach, using Motivational Interviewing and shared decision making. Each dyad works closely with START program partners in order to provide comprehensive services to families.

**Demonstrating Success**

START has proven to be very effective at improving outcomes for mothers. Mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START. Children in families served by START were half as likely to be placed in state custody as compared with children in a matched control group (21 percent and 42 percent, respectively).

<sup>8</sup> CEBC. (2016). Sobriety Treatment and Recovery Teams (START). Retrieved from <http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/>







The program’s goal is to keep children safe and reduce out-of-home placements of children, keeping families together when safe and appropriate and to address the parent’s SUD.



As Warren County begins implementing their recently awarded START funding, it is important to ensure that parents struggling with SUD who have preventative cases or whose children have been removed to out-of-home placement have access to evidence-based SUD treatment. Children Services should work directly with medication-assisted treatment providers to create rapid referral pathways for motivated parents to quickly commence treatment, and ensure that there is comprehensive behavioral health, recovery supports, and relapse prevention programming incorporated into treatment plans, to help expedite case plans.

**Recommendation 6: Provide necessary support services for caregivers.**

In recent years, more relatives have begun raising children because of parents’ inability to safely care for their children due to their substance use disorder or fatal overdose. “Many relatives and child welfare professionals have cited a direct correlation between

the spike in relatives caring for children and the national opioid epidemic”.<sup>9</sup> Relatives who step in to care of these children report that they and the children need a range of supports, including mental health services for individuals and the family, kinship navigators, respite care, and financial assistance.<sup>10</sup> Parents, youth, and kinship caregivers report tremendous value in prevention services to help promote recovery and strengthen the family.<sup>11</sup>

Warren County should provide support services for the caregivers of children whose parents are not their primary care givers due to the disease of addiction. This support should include peer support groups, supportive housing, evidenced based parent education programs, and individual and family mental health services.

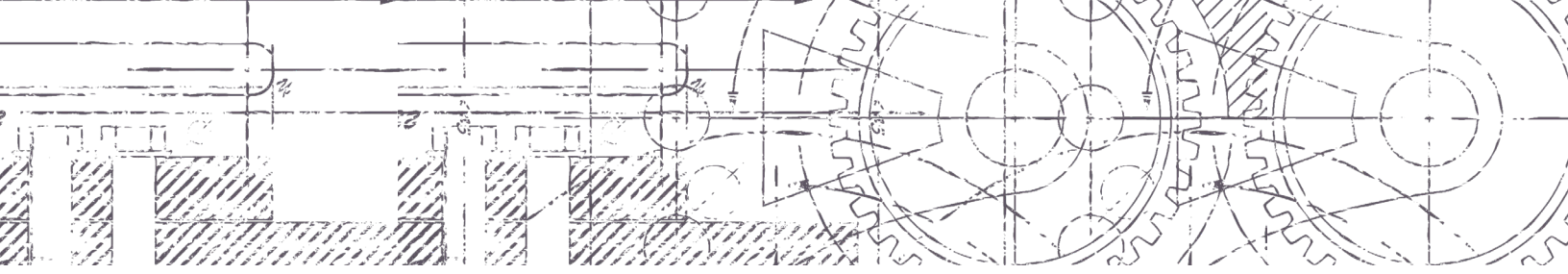
**Recommendation 7: Expand substance use disorder family-based treatment options.**

Family-based treatment allows children to remain safely with their parents and parents to access the intensive substance use disorder treatment services they need. Parents receive wraparound supports such as child care, tutoring, parenting classes, housing support, job training, and individualized therapy. This effective and holistic treatment model provides both adults and children the supports they need to succeed and stay together as a family.

The recently enacted Family First Prevention Services Act allows states to claim Title IV-E foster care maintenance payments for a child who would go into foster care but instead goes with their parent(s) to family-based treatment. The federal payment is allowable for up to 12 months and does not have an income eligibility requirement. Warren County should

<sup>9</sup> Hearing before the Committee on Health, Education, Labor and Pensions, Senate, (2018) (Testimony of William C. Bell). Retrieved from <https://www.help.senate.gov/imo/media/doc/Bell3.pdf>  
<sup>10</sup> Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies. Generations United. 2016. <http://gu.org/OURWORK/Grandfamilies/TheStateofGrandfamiliesinAmerica/TheStateofGrandfamiliesinAmerica2016.aspx>  
<sup>11</sup> Testimony of Sandra Killett. August 4, 2015. U.S. Senate Committee on Finance Hearing “A Way Back Home: Preserving Families and Reducing the Need for Foster Care”. <https://www.finance.senate.gov/imo/media/doc/04aug2015-KillettTestimony.pdf>





work with the state of Ohio to use this payment to offer family-based treatment to support families with substance use disorder.

### **Prevention and Early Intervention**

The most effective way to prevent addiction is to delay the age of drug and alcohol use initiation, and to intervene early when a person is misusing substances so that risky use does not progress into a SUD. There are numerous evidence-based prevention interventions proven to not only prevent or delay onset of substance use, but to also help prevent broader behavioral health problems. These approaches (both individual and environmental) can lead to major societal cost-savings over time and dramatically reduce the prevalence of both substance use and mental illness.

In Warren County, Solutions Community Counseling and Recovery Centers offer community-based and school based prevention programs. This includes training for law enforcement, teachers, and parents on topics including substance use, trauma-informed care, and mental illness.

### **Recommendation 8: Assess Prevention and Early Intervention Programs.**

Warren County should identify the prevention and early intervention programs that are already implemented in the county and assess each program on its structure and utilization of evidence-based resources, to determine gaps and opportunities for expansion. It is important to ensure that school-based programs are evidence-based and age-appropriate, and to educate parents about the importance of delaying the age of substance use initiation. Strategies such as requiring parents and students to participate in mandatory trainings as a precondition for receiving a school parking pass or other privileges are effective to encourage attendance and participation.

### **Project SUCCESS**

**Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)** is a school-based model to prevent and reduce substance use and misuse among adolescents. The program places trained counselors in public and alternative high schools to provide a full range of services, including prevention education, awareness, individual assessments, and specialized counseling groups.

#### **How it Works**

Project SUCCESS works with high-risk students attending traditional, secondary schools, and alternative schools. The program begins with an eight-session Prevention Education Series that allows for the development of a relationship with the trained counselor and the students. Upon completing the education series, students identified as being at high-risk for developing a substance use disorder are assessed and work with the counselor to devise a course of action that best suits their needs.

#### **Demonstrating Success**

A grant from the U.S. Department of Education from 2002-2006 studied the effectiveness of Project SUCCESS in public schools. Students involved in the Project SUCCESS group were 4.3 times less likely than those in the control group to report use of alcohol, tobacco and cannabis and 5 times less likely to report illicit substance use. Students who used alcohol, tobacco and cannabis were 4.14 times less likely to report continued use after 21 months and 7.33 less likely to report illicit substance use. <http://www.addictionpolicy.org/spotlightseries>





**Recommendation 9: Implement a Student Assistance Program among school-aged youth.**

A student assistance program (SAP) is a school-based strategy designed to prevent and reduce substance use and misuse among school-aged youth. A successful program provides a full range of services, including prevention, education, awareness, individual assessments, and specialized counseling groups. This program should offer universal, selective, and indicated prevention strategies in schools, filling a gap identified by many school administrators and parents. Each SAP is different, but all engage in the following activities:

- Screening and assessment of students;
- Prevention education series;
- Individual and group counseling sessions;
- Referral and case management;
- School wide awareness activities.



The innovative program Project SUCCESS can offer a model for the development of a SAP. Project SUCCESS is an evidenced-based approach to addressing youth substance misuse that works closely with school systems where the program is implemented, the parents of students participating in the program, and organizations that are active in the community. Project SUCCESS has been implemented in 28 states.

**Recommendation 10: Encourage Safe Prescription Drug Disposal.**

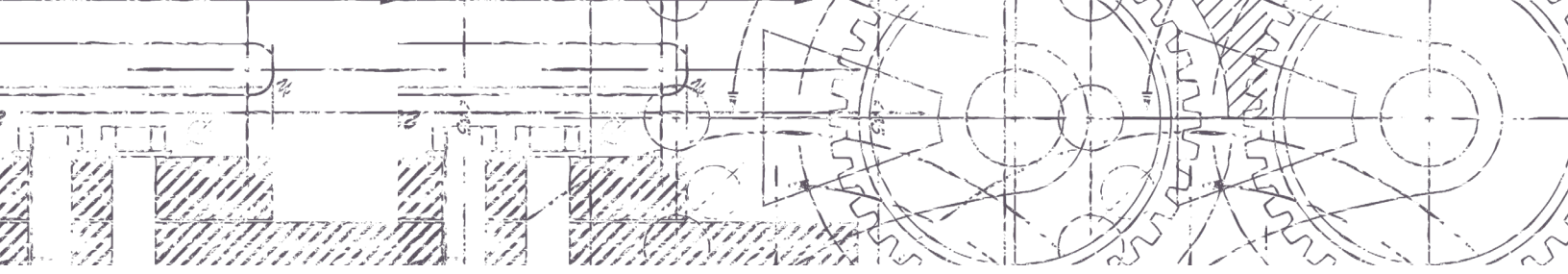
Warren County should increase patient and family education about prescription drug misuse. Residents should be encouraged to safely dispose of unused medication at least twice per year when they change their clocks for Daylight Savings Time or during National Prescription Drug Take Back Days hosted by the DEA in April and October. Information about safe disposal opportunities should be publicized and shared throughout the community.

**Recommendation 11: Incentivize and Assist Providers to Implement Screening, Brief Intervention, and Referral to Treatment.**

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice for identifying, reducing, and preventing risky substance use as well as dependence on alcohol and drugs.<sup>12</sup> Screening uses a standardized tool and can be implemented in any healthcare setting, including primary care, emergency departments, and OB/Gyn practices. If a patient screens positive for risky use or a potential SUD, “a healthcare professional engages [the] patient . . . in a short conversation, providing feedback and advice.” For patients at higher risk who express interest in receiving specialty SUD services,

<sup>12</sup> Center for Integrated Health Solutions. (2018). SBIRT: Screening, Brief Intervention, and Referral to Treatment Opportunities for Implementation and Points for Consideration. Retrieved from [https://www.integration.samhsa.gov/SBIRT\\_Issue\\_Brief.pdf](https://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf)





the healthcare professional may make a referral to SUD treatment.

**SBIRT enables healthcare professionals to systematically screen and assist people who may not be seeking help for substance use but whose drinking or drug use may cause or complicate health conditions and other issues.**

“SBIRT aims to prevent the unhealthy consequences of alcohol and drug use among those whose use may not have reached the diagnostic level of a substance use disorder, and to help those with the disease of addiction enter and stay with treatment” (Center for Integrated Health Solutions, 2018). It also helps those with SUD to identify the risk and engage in treatment.

Warren County should promote the implementation of SBIRT by providing incentives for healthcare providers and health systems to offer SBIRT to all patients. Incentives should be paired with technical assistance with billing, workflow, confidentiality requirements, and other issues that arise during SBIRT implementation.

### Treatment System Capacity and Access

As with other chronic diseases such as diabetes and heart disease, there are evidence-based treatments that have been proven to be effective for the treatment of SUD. Because factors like the substance of addiction and life circumstances of the patient effect which treatments work best for which patients, treatment planning should be individualized. It is crucial for individuals and families struggling with addiction to have access to a system of care that has adequate capacity to provide all levels of treatment and can address all stages of severity.

In addition, there must be robust coordination among treatment systems to ensure continuity of care, as well as multiple access points so that people can enter treatment when they are ready. Addiction is a disease of the brain that can make it difficult to become and stay motivated to enter treatment, and delays in treatment access can lead to missed opportunities for recovery with potentially fatal

### OneCity Against Heroin

OneCity Against Heroin was started by a passionate and concerned group of citizens attending Crossroads Church in Mason. Its primary focus is to provide hope and a path to long-term care and recovery for people with addictions. OneCity Against Heroin has:

**Established The Heroin Hopeline for Warren, Clinton & Butler Counties** providing a one-stop resource for affected families to get connected to the help they need.

**Funded three Care Coordinators** to help addicted individuals and their families navigate services. Care Coordinators follow up with those who call into the Hopeline and work with multiple cities on their Quick Response Teams. They visit those who have survived an overdose, achieving a 54% rate of getting overdose survivors into treatment. In 2017, they guided 514 overdose survivors to treatment.

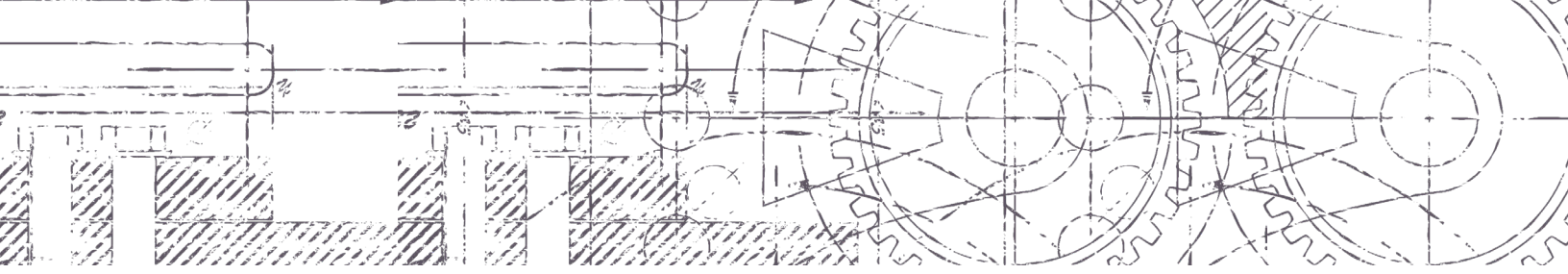
**Supported participants in Judge Robert Peeler’s Warren County Drug Court Program.** OneCity Against Heroin pays for driver’s licenses, Uber rides, driving school, school clothes for children, and other basic needs people have.

**Opened a men’s recovery home on July 1, 2018** addressing an acute lack of recovery housing in the northern suburbs of Cincinnati and absence of recovery housing in Warren County.

**Piloted Education and Prevention program** for High School athletes and their parents during the Ohio High School Athletic Association Fall meeting.

**Implemented a Wrap-Around Services Program** with a large group of volunteers to provide mentoring, transportation, tutoring, financial planning, job readiness, and other services.





consequences.

**Recommendation 12: Increase Treatment Capacity.**

Warren County has five treatment providers: Access Counseling Services, Solutions Community Counseling and Recovery Centers, Lindner Center of HOPE, Talbert House, and Dayton Opiate Recovery Clinic. All of these providers offer outpatient treatment, and four of them provide counseling that includes individual, group, and family therapy.

One significant gap in Warren County’s capacity to treat opioid use disorder is a lack of medication-assisted treatment (MAT). MAT, the use of medications in combination with counseling, is the most effective treatment for opioid use disorder. There are currently three FDA-approved medications: methadone, buprenorphine, and naltrexone. Each has a different role in treating opioid addiction, and all three medications must be available to create comprehensive, individualized treatment plans.

**Individuals who lose tolerance for opioids due to a period of abstinence—medical detoxification, inpatient treatment, or incarceration without maintenance medications like methadone— are at a significantly increased risks for opioid overdose death.**

**Treatment with medications can cut death rates by 70% or more.**

Patients in Warren County have some access to methadone and buprenorphine, but these services currently require out-of-pocket payments, which poses a significant barrier to accessing treatment for people in crisis. Warren County should work with treatment providers to expand insurance coverage of all three medications, to facilitate expanded access to treatment for OUD.

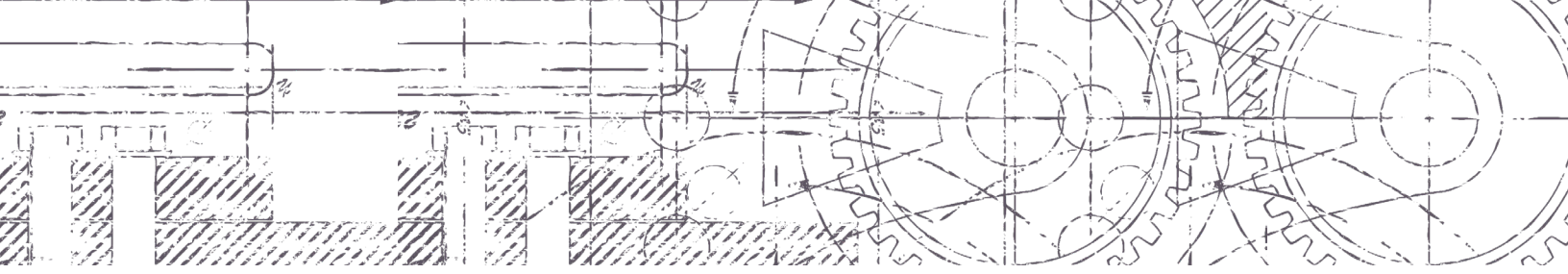
**Recommendation 13: Expand Transportation Access to Connect Individuals to SUD Treatment.**

A lack of public transportation is a significant barrier to patients in Warren County accessing SUD treatment. Stakeholders report that adherence to treatment programs is difficult for patients to maintain when they do not have access to reliable transportation options. County officials are working to address the challenge of transportation and are aware of the barriers this creates. Warren County should focus efforts on developing a system that enables patients to attend appointments for all health conditions, including SUD.

**Recommendation 14: Offer Transitional Support Services after Inpatient Treatment.**

Stakeholder interviews and surveys of County residents report a gap in resources available for patients transitioning from inpatient treatment services to transitional housing. Transitional Support Services (TSS) promote treatment adherence and stability during this critical time. TSS are short-term residential supports for clients who need a safe and structured environment to support their recovery process. These programs are designed to help those who need services between acute treatment and residential rehabilitation, outpatient or other





aftercare.

Warren County should offer TSS to patients entering transitional housing. Services should include case management for a variety of service needs, psycho-educational groups, and connections with self-help groups. Referrals to placements that support ongoing recovery should also be provided.

**Recommendation 15: Offer Overdose Survivors Linkages to Peer Recovery Support Services.**

Law enforcement officers in parts of Warren County conduct outreach to survivors of nonfatal overdose, with a goal of promoting engagement in SUD treatment. These efforts should be expanded to all jurisdictions in the county. They should pair law enforcement with peer recovery support specialists and include information about local evidence-based treatment services, recovery supports, and naloxone training. Regularly scheduled contact in the field or via phone can be offered to provide a consistent point of contact and pathway to treatment when an overdose survivor is ready to accept. Treatment engagement can take time. Patients should not be threatened with incarceration if they are not ready for treatment.

Peer recovery support can also be offered at the time of treatment in the emergency department.

**Recommendation 16: Implement Protocols to Connect Pregnant Women with SUD to Treatment.**

Alcohol and drug use poses particular risks to pregnant women and their babies. Warren County OB/Gyns should develop assessment protocols and continuums of care pathways to ensure that these patients can access appropriate care. OB/Gyn and other medical providers should screen all women of childbearing age for substance use, misuse, and addiction, with an emphasis on intervening early before risky use progresses. For pregnant and postpartum women who screen positive, it is essential to provide rapid referrals to evidence-based treatments, as well as comprehensive support

**Maryland Overdose Resonse Program-  
Success in Saving Lives**

The purpose of the Overdose Resonse Program is to provide education and training for individuals on overdose response – including the administration of naloxone, also known as Narcan®, which quickly reverses opioid- related overdoses.

**How it Works:**

In 2013, the Maryland State Legislature passed the law authorizing the development of the Overdose Resonse Program to address rising overdose deaths and a lack of access to naloxone in communities throughout the state. Officially launched in 2014 by the Maryland Department of Health, the Overdose Resonse Program is part of a statewide strategy to reduce the number of deaths related to drug overdose.

To date, more than 60 programs throughout the state of Maryland are authorized to provide overdose response training. Training includes information on recognizing the signs of an opioid overdose, the significance of contacting emergency medical services, how to both assemble and administer naloxone, and how to care for the person afterward. Many Overdose Resonse Program trainings also include information on local resources, such as substance use disorder treatment options.

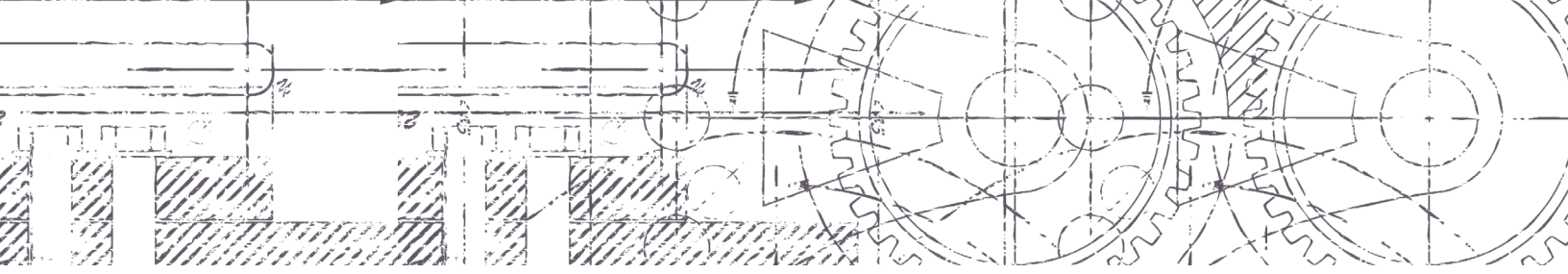
**Demonstrating Success**

92% of individuals to whom naloxone was administered survived, and 83% were transported to an emergency department. 65% of naloxone administrations occurred in a private residence with 24% occurring in an outdoor public space. The Maryland Department of Health collects demographic information about each participant so the program can continually improve targeting of at-risk individuals and provide more effective training. This centralized data collection is unique and allows for statewide program evaluation.

*“This is about taking an all-hands-on-deck approach so that together we can save the lives of thousands of Marylanders.”*

*– Larry Hogan, Maryland Governor*





services, to offer children the healthiest possible foundations and to prevent children from being in danger due to parental SUD.

**Public Health**

Substance misuse directly affects the health of millions of Americans each year, contributing to the spread of infectious diseases, drug overdoses and alcohol poisonings, increases in neonatal abstinence syndrome and fetal alcohol spectrum disorders, liver disease, heart disease, and other serious health conditions. Given the breadth and scope of impacts of SUD, a public health approach is needed to effectively address this issue.



**Recommendation 17: Ensure All First Responders Carry Naloxone.**

First responders, including paramedics and law enforcement, are likely to respond to opioid overdose scenes. Naloxone is a medication that

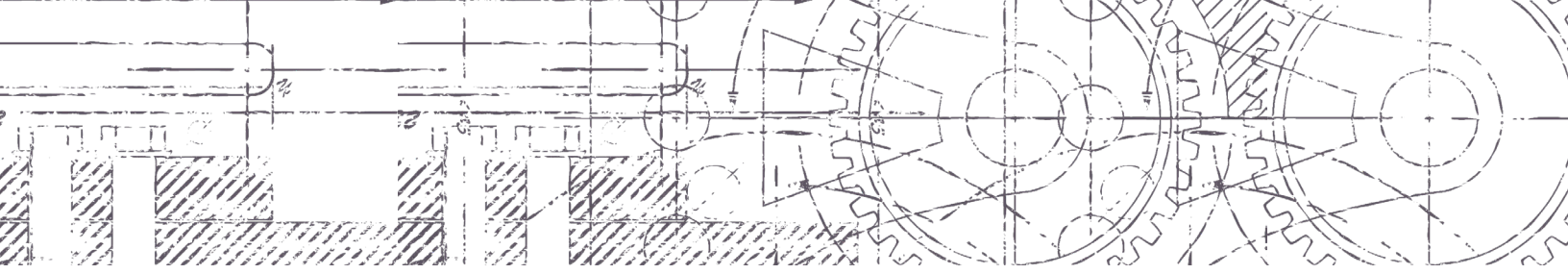
rapidly reverses the effects of heroin and other opioids, and can restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing. Warren County should train all first responders to recognize and reverse an opioid overdose with naloxone. Warren County should also equip all first responders with naloxone and informational materials about treatment options for patients who refuse transport to the Emergency Department after being revived from an overdose.

**Recommendation 18: Encourage the Use of Naloxone Through Project DAWN.**

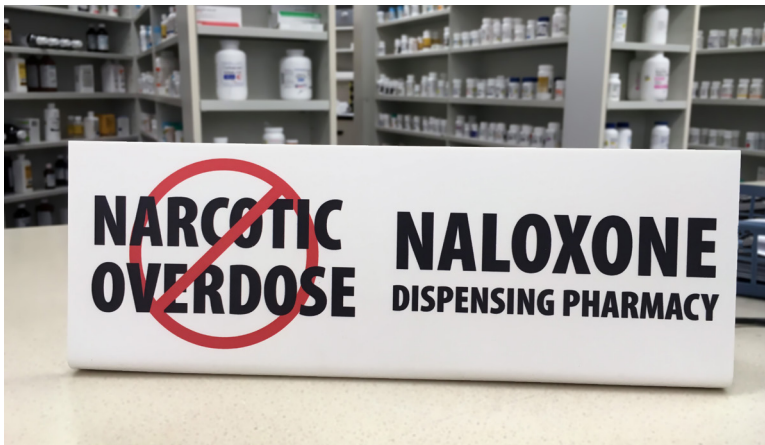
Many counties in Ohio, including Warren County, have implemented Project DAWN (Deaths Avoided with Naloxone), a no-cost naloxone distribution program that teaches participants to recognize symptoms of overdose, perform rescue breathing, and administer intranasal naloxone. In Warren County, the services are provided by Atrium Medical Center, Solutions Community Counseling and Recovery Centers, and Talbert House. Thirty-two pharmacies in Warren County dispense naloxone without a prescription.

One of the strongest indicators of a future fatal overdose is a prior nonfatal overdose. Because naloxone is safe and easy to administer, people who are at-risk of experiencing or witnessing an opioid overdose should have naloxone available and be prepared to use it. Warren County should continue its efforts with project DAWN and provide virtual and in-person overdose reversal trainings for people who use illicit or prescription opioids, their families, and friends to learn how to recognize and respond in an overdose emergency, and facilitate take-home naloxone kits for vulnerable populations.





To distribute this life-saving medication to at-risk community members who cannot afford to purchase naloxone, Warren County can obtain naloxone from the Ohio Department of Health at the discounted public health price. Warren County should also work with pharmacies to ensure they carry naloxone and encourage residents who are at-risk of overdosing or witnessing an overdose to obtain naloxone.



Health professionals in Warren County should co-prescribe naloxone for patients receiving high dose opioid prescriptions or whose history indicates a risk of substance misuse. Individuals with a history of opioid use disorder who are leaving incarceration, as well as patients in SUD treatment, should also be equipped with naloxone, due to the high risk of fatal overdose during relapse following a period of abstinence.

**Recommendation 19: Implement a County Bloodborne Infectious Disease Prevention Program.**

Injection drug use dramatically increases the risk of contracting HIV, hepatitis C, and other infectious diseases. Syringe service programs (SSPs) are cost-effective, evidence-based programs that reduce the public health harms associated with injection drug use. SSPs provide sterile syringes and facilitate safe disposal of used syringes, as well as other health services such as wound care, overdose prevention, infectious disease screening, and referrals to SUD treatment.

**Montgomery County STEER  
(Stop, Triage, Engage,  
Educate and Rehabilitate)**

Stop, Triage, Engage, Educate and Rehabilitate (STEER) is a pre-booking law enforcement and drug treatment linkage program operating in Montgomery County, Maryland. Like many police deflection programs, STEER developed in response to the prevalence of individuals with substance use disorders cycling through the criminal justice system. Rather than arrest certain individuals for behaviors linked to their drug use, criminal justice and behavioral health stakeholders from Montgomery County—including the State’s Attorney, Public Defender, Corrections, Human Services, Police Department and local treatment providers—decided a partnership between police and community treatment could lead to better outcomes.

**How It Works**

The STEER program provides rapid identification, deflection, and access to treatment for drug-involved individuals encountered by law enforcement as an alternative to conventional arrest and booking. And, the partners identified a different way to provide treatment linkage options to individuals who are drug-involved, but who did not necessarily present a chargeable offense when encountered by law enforcement. A comprehensive continuum of treatment options is made available to participants, and the responsibility for outreach and treatment linkage rests on dedicated staff of a local treatment provider.

**Demonstrating Success**

STEER launched in early 2016, and had its first referral in mid-April. As of November 2016, STEER had deflected 133 individuals and has now become part of police options on how to respond to people with substance use disorders. STEER has created a broad, collaborative entry portal for treatment delivery.







Numerous studies have found that SSPs decrease the prevalence of HIV and HCV. There is an estimated savings to the government of \$1,300-\$3,000 per patient.

Research on a SSP in Washington, DC found a 70% decrease in new HIV cases among people who injected drugs and estimated that 120 HIV cases were averted in two years. When SSPs were implemented in southern Indiana in 2015, it was a significant factor in bringing the HIV outbreak in Scott County under control.

The FY 2016 - 2017 Ohio state budget bill, Amended Substitute House Bill 64, allows local boards of health to establish a bloodborne infectious disease prevention program (and SSP) to reduce the transmission of infectious diseases. Implementation of such a program in Warren County would decrease the spread of infectious diseases and improve public health.

### Recovery Support



A community that is recovery ready provides the entire continuum of support for people in or seeking recovery. A community focused on recovery also promotes prevention by having a variety of substance-free community events and activities to promote

health and wellbeing for all ages.

### Recommendation 20: Assess Recovery Supports and Opportunities for Expansion.

Faces and Voices of Recovery, in partnership with Addiction Policy Forum, conducted a scan of available recovery support services in Warren County. Through this scan, only two recovery programs were identified in the county. Both of these are twelve-steps programs.

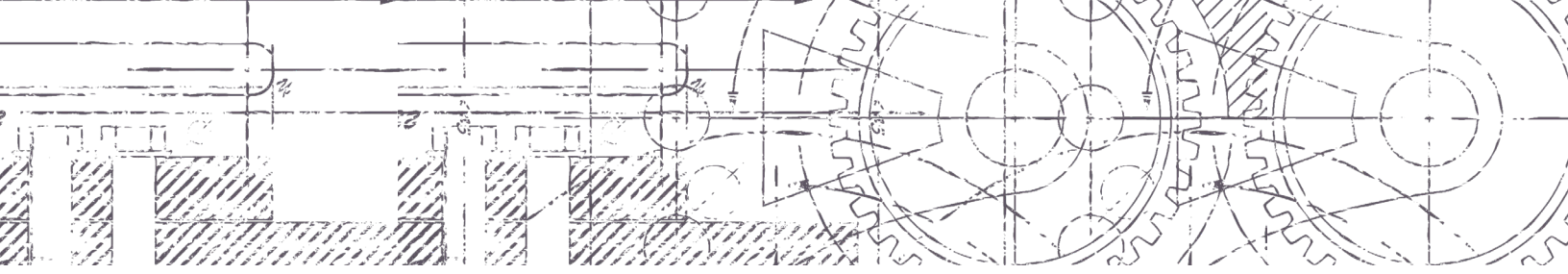
Warren County should build on this assessment of its recovery supports and services to determine the gaps in resources, with a focus on the usefulness and accessibility of programs and opportunities to expand effective programs. Warren County should pilot and expand programs to address identified gaps in recovery services. Key components of a recovery community include:

- Alternative Peer Groups;
- Collegiate Recovery Community;
- Jail and Prison Based Recovery Support;
- Peer Recovery Coaching;
- Medication Assisted Recovery Support;
- Recovery Community Center;
- Recovery High School;
- Recovery Community Organization;
- Recovery Residence;
- Telephone Recovery Support.

### Law Enforcement and Criminal Justice

In addition to disrupting the supply of illegal drugs, criminal justice motivators and deterrents can play an integral role in facilitating access to SUD treatment





and other support services that can improve health, reduce criminal justice system costs, and prevent recidivism.

**Recommendation 21: Assess Opportunities for Implementing a Sequential Intercept Diversion Model.**

Warren County is constructing a new jail to meet the increased capacity needs driven by substance use issues in the county. In addition to making addiction treatment and rehabilitation services an integral aspect of this new facility, Warren County should aim to divert individuals to treatment instead of incarceration when possible.

The Sequential Intercept Model from the mental health field provides a “conceptual framework for

substance use disorders to treatment, preventing them from entering or penetrating deeper into the criminal justice system. “Ideally, most people will be intercepted at early points, with decreasing numbers at each subsequent point.”<sup>13</sup> The interception points are:

1. Law enforcement and emergency services;
2. Initial detention and initial hearings;
3. Jail, courts, forensic evaluations, and forensic commitments;
4. Reentry from jails, state prisons, and forensic hospitalization; and
5. Community corrections and community support.

Warren County should assess intervention points and opportunities for implementing a Sequential Intercept Model to divert people arrested for addiction-related crimes away from incarceration and into treatment. For those individuals who are intercepted at the point of reentry, it is critical to prioritize linkage to ongoing substance use disorder treatment and wraparound recovery services throughout the transitional release planning process from jail.



communities to use when considering the interface between the criminal justice” and addiction systems. The model identifies a series of points at which an intervention can be made to divert individuals with

<sup>13</sup> Munetz, M., & Griffin, P. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness. *Psychiatric Services*, 57(4), 544-549. Retrieved from <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2006.57.4.544>.





## Conclusion


The twenty recommendations in this blueprint are a comprehensive roadmap for Warren County to address SUD, opioid addiction, and overdose death, utilizing evidence-based practices and inter-agency stakeholder partnerships. While all areas are critical, prevention, protecting children impacted by parental SUD, and increasing capacity for medication-assisted treatment utilizing all three FDA-approved medications to treat opioid use disorder are essential pieces of the larger framework.

People can and do recover from the disease of addiction, and in the process rebuild families that have been fractured, and strengthen communities that have been suffering. The willingness of Warren County to address this epidemic provides great hope for the future.

Addiction Policy Forum (APF) is a 501(c)3 nonprofit organization based in Washington, DC. APF is a diverse partnership of organizations, policymakers, families and stakeholders committed to working together to elevate awareness about addiction and improve national policy through a comprehensive response that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

APF's staff includes experts in addiction policy and practice. APF's President Jessica Nickel has 25 years of experience in the addiction and criminal justice field, and APF's National Advisory Board is led by General Barry McCaffrey, former Director of the Office of National Drug Control Policy.





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