REPORT OF THE Warren County, Ohio Opioid Reduction Task Force APRIL 2016





Protecting and Building Healthier Communities and Healthier Families

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Attachments:

A.	Solutions Community Counseling and Recovery Centers, Warren County:
	Prevention and Education Resources

- B. Estimated Costs of Implementing Top Five Priorities
- C. Estimated Cost for a Community-Based Coordinator



Acknowledgements

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Dreamland: The True Tale of America's Opiate Epidemic by Sam Quinones



Warren County, as many other counties in Ohio and across the nation, has seen double and triple-digit increases in opioid overdose, heroin overdose and in the numbers of deaths related to these substances. It has experienced increased expenses related to this epidemic as well, with costs to its healthcare system, justice system, social service agencies and child-serving agencies climbing. Although these systems and agencies have worked diligently to keep pace, they have become overburdened and understaffed as they attempt to meet the needs of children, adults and families who have been affected by opioid abuse, addiction, overdose and too frequently, death.

To address these problems, Atrium Medical Foundation applied for and was awarded an Interact for Health Planning Grant to mobilize community resources and to develop a plan that addresses the community and the healthcare challenges presented by opioid and heroin addiction and overdose. The group met monthly from May until December 2015. As a result of these meetings, it identified five priority areas for a first-step implementation. These five priorities are:

- 1. Increase access to treatment services, including transportation to providers, a rapid response team and additional funding for treatment services.
- 2. Raise community awareness of opioid and heroin addiction.
- 3. Prosecute drug dealers at the highest supply levels.
- 4. Develop treatment resource information, including cruiser cards for law enforcement, and websites.
- 5. Enhance naloxone distribution and education.

First step implementation was the goal of this planning process, but sustaining this effort is vital to long-term community health and wellness. Warren County and its adjacent counties are all affected by the illicit use of prescription pain medications, other drugs and by the use of heroin. With its mission of building healthier communities, Atrium Medical Center is working to unite and sustain these various efforts. One idea is to build on this early work in prevention, harm reduction, supply reduction and treatment by forming a private nonprofit organization [501(c)(3)] and by supporting a community-based coordinator as a primary point of contact for all drug reduction efforts. A second idea is to study the feasibility of a one-stop treatment center that could be developed to meet community needs, such as inpatient detoxification, counseling and addiction treatment, and rehabilitation using a collaborative model that brings county-based social service agencies and treatment providers to a central location.

Background

-Warren County Demographics

Warren County is located in southwestern Ohio. The nearly 400-square-mile-county is home to 221,659 people. Despite being adjacent to one of the fastest growing counties in Ohio (Butler), Warren County maintains its rural ambiance with most of its land in cropland and forest (85%). Residential taxes generate the largest portion of its tax base, \$4,311,822,250 (81%) versus a total tax base of \$5,315,884,220. Deerfield Township, the city of Mason and Hamilton Township are the most populated areas, with 38,228 people, 31,613 people and 22,134 people, respectively. Lebanon is the county seat with a population of 20,434 (Office of Research, 2015).

The Warren County population is generally white, older than 25 years old, well-educated and has a median household income that exceeds the State of Ohio's; only a small portion of its population lives in poverty, 6.3%. People in Warren County are members of three main racial groups: white (91%), African-American (3%) and Asian (4%). Sixty-six percent (66%) of residents are older than 25. The next largest age group is children 5 years through 17 years. Only 8% of the population over 25 has not attained its high school diploma. Fifty-four percent (54%) have graduated high school, have some college or have been awarded an Associate degree. The remaining 38% have attained a Bachelor's or higher degree. Based on the educational levels in the county, it is not surprising that fewer than 7% of its people live in poverty (\leq 100% of the federal poverty level) and that the median household income of the county is \$72,487 (Office of Research, 2015).

- How Opioids Cause Dependence

Opioids are a class of drugs that includes heroin and painkillers, such as hydrocodone, codeine, morphine and fentanyl. These drugs interact with opioid receptors in the body and brain. Used appropriately, they alleviate pain; however, they also cause euphoria which can lead to dependence and addiction.

Regular and prolonged use of these drugs leads to changes in the brain. These changes result in tolerance to the drug, dependence on it and finally, with chronic use, addiction. In the cases of dependence and addiction, when people stop using the drugs, they experience withdrawal syndrome. The brain abnormalities that occur with chronic use can produce cravings that lead to relapse months or years after people are no longer dependent on the drug. (Abuse, 2015)

Withdrawal symptoms are both physical and psychological. In people who are addicted, the symptoms may begin with but are not limited to agitation, anxiety, altered perceptions, fatigue, muscle aches and sweating. As the syndrome progresses, people experience abdominal cramps, sneezing, diarrhea, dilated pupils, nausea and vomiting. This physical discomfort reinforces the addiction, forcing people to feed the craving for the drug with persistent drug-seeking behaviors.

-Why There Is an Opioid Epidemic in Ohio

Over prescription of pain medications and easy access to heroin are the primary reasons for the opioid epidemic in Ohio. From 1991 to 2011, prescriptions for opioids in the U.S. rose from 76 million to 219 million. In Ohio, annualized numbers for total opioid prescriptions in 2015 are 700,744,296. While this is lower than the highest rate in 2012 of 792,585,802, it still means that there were 60 doses per capita in Ohio. In Warren County, total prescriptions (annualized) in 2015 were 10,656,960. As in Ohio, the highest numbers of prescriptions were in 2012, 12,041,361. Using the annualized numbers, yields 48 doses per capita. To see a table that illustrates prescribing practices from 2010 through 2015, please see page 21, Ohio Automated Rx Reporting System (OARRS).

Despite the decreasing numbers of doses prescribed since 2012, it is clear that pharmaceutical companies and healthcare professionals are feeding the opioid epidemic. Pain management obviously has its place in helping people maintain their health and their quality of life and there are many healthcare providers who are conscientious prescribers. In Warren County, primary healthcare providers did not participate in this community-based prevention/awareness effort.

Pharmaceutical pain relievers are also diverted from the medical system by healthcare professionals. In Ohio during the year 2014, there were 1261 investigations into pharmaceutical diversion and 716 individual indictments; 55 cases involved healthcare fraud with 51 indictments. Prescription medications are diverted by physicians, physician assistants, pharmacists, pharmacy technicians, nurses and dentists. In 2014, there were 135 healthcare professionals investigated and 90 indicted for pharmaceutical crimes; most of those investigated and indicted were physicians (42 investigated, 19 indicted) and nurses (68 investigated and 58 indicted). More than 40% of indictments were related to trafficking or sale of prescription drugs. (Services, 2014)

Heroin is cheaper and frequently more accessible than prescription medications, requiring no appointment and no prescription. Mexican heroin production rose from 8 metric tons in 2005 to 50 metric tons in 2009. As heroin became more accessible and cheaper, people began using it instead of prescription opioids. (National Institute on Drug Abuse, 2015) As people turn from prescription pain medications to heroin, they place themselves in great danger. Heroin is a street drug. Its effectiveness and purity can vary, leading to an increased risk of overdose and death. Recently heroin has been combined with fentanyl to increase its effect, which is contributing to additional overdose deaths.

Death Rate from Opioids

According to the Ohio Department of Health, in 2014, unintentional drug overdose continued to be the leading cause of injury-related death in Ohio. Throughout the state, 2,482 residents died of drug overdose, a 17.6% increase from 2013. Since 2003, 11,245 deaths have been attributed to unintentional drug poisoning.

In 2014, Warren County reported 40 deaths of residents who died as a result of unintentional drug poisoning; since 2003, the number of deaths attributed to drug overdose has risen. As seen in the chart below, the largest increase was between 2007 and 2008, when overdose deaths increased from 17 to 33, 94%. The numbers have hovered around 30 annually until 2014 when they jumped again from 27 in 2013 to 40 in 2014, a 48% increase. Throughout the state, the rate has risen steadily over the 10 years, from 904 deaths in 2004 to 2,482 deaths in 2014, a 175% rise. However, in Warren County, the increase over the same 10-year period has been 264%.

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Warren	11	21	17	17	33	34	25	27	32	27	40
Ohio	904	1020	1261	1351	1475	1423	1544	1765	1914	2110	2482

With fentanyl becoming more prescribed and with it being mixed with heroin and with other opioids, overdoses are increasingly linked to this combination. Fentanyl is a Schedule II synthetic narcotic that is 30 to 50 times more potent than heroin and 50 to 100 times more potent than morphine. (2014 Ohio Drug Overdose Preliminary Data: General Findings, 2016) Doctors prescribe it for intense pain from disease or from surgery, in addition to prescribing it to patients with chronic pain who have developed physical tolerance or dependence to opioids.

The increased availability and use of naloxone to reverse the effects of opioid overdose saves many lives. From January 1, 2015, through September 30, 2015, emergency responders administered 82 doses of naloxone in Warren County. Based on the county's population, that was a rate of 3.70 per 10,000 people, which is down from the rate in 2012 of 6.6/10,000.

Chronic Conditions in Warren County Related to Opioid Addiction

– Hepatitis C

The Warren County Health Department does not track Hepatitis C specifically. It maintains data on all Hepatitis cases, A, B and C.

HIV

As of December 2014, there were 21,612 people in Ohio living with HIV (Human Immunodeficiency Virus). If this virus is untreated, it can develop into AIDS (Acquired Immunodeficiency Syndrome). While both homosexual contact in men and heterosexual contact in both women and men resulted in the highest percentages of transmission, injection drug use (IDU) also contributes to the spread of this disease. As seen in the chart below, 5% of men and 12% of women identified injection drug use as the source of their virus. Other and unknown transmission also accounted for significant infections. Perhaps the most disturbing is the number and percentage of children who have been infected perinatal, more than 80%.

Ohio)	2010		2011		2012	2	2013	20	014
	Number	Percent								
Males	13,805		14,613		15,444		16,294		17,090	
IDU	709	5	722	5	740	5	757	5	770	5
Females	3,568		3,776		3,955		4,137		4,270	
IDU	440	12	453	12	464	12	483	12	498	12
Children	220		224		237		248		252	
Perinatal	183	83	187	83	196	83	200	81	202	80

The data above also reveal the numbers of infections are increasing but that the percentages of infection cause is remaining steady. This indicates the increases are related to injection drug use.

In the chart below which illustrates data of Warren County, one can see that the numbers of both males and females with HIV are increasing steadily. Cases in females increased, from 19 in 2010 to 24 in 2014 (26%) and in males, cases increased from 91 to 115 (26%).

Warre	en	2010		2011		2012	2	2013	20	014
	Number	Percent								
Males	91		100		102		109		115	
IDU	6	7	6	6	6	6	6	6	6	5
Females	19		21		22		23		24	
IDU	1	5	1	5	2	9	3	13	3	13
Children	1		1		1		1		2	
Perinatal	1	1	1	1	1	1	1	1	2	1

Neonatal Abstinence Syndrome

Atrium Medical Center's Family Birth Center participates in the Ohio Perinatal Quality Collaborative (OPQC), Neonatal Abstinence Syndrome (NAS) Project. Newborns with NAS spent nearly 25,000 days in Ohio hospitals and cost nearly \$100 million in healthcare expenses in 2013. Prior to 2011, OPQC estimates that 50% of neonates with NAS were not receiving optimal care, despite evidence-informed data for identification and treatment of these infants. The OPQC NAS initiative was begun to reduce variation in identification and treatment and to optimize the care of infants with NAS. This project's goals are to improve recognition and support for narcotic-addicted women and infants; standardize the treatment protocol for these babies; connect mothers and children with outpatient support and treatment programs prior to discharge; partner with families to establish safety plans for the infants and collaborate with stakeholders to influence policy and prevention. (Neonatal Abstinence Syndrome Project, 2015)

Although the Family Birth Center participates in this effort, it performs drug screening only on babies that meet specific criteria. In 2015, the Center treated 29 babies with NAS, versus 11 in 2014. These babies had an average hospital stay of more than 13 days. The normal stay for a newborn is two to three days.

Economic Impact of the Opioid Epidemic

In addition to the toll the opioid epidemic takes on people who are drug-involved and on their families, there is an economic impact on the county. However, no Warren County agency or organization has compiled these data. Leaders know anecdotally that the costs related to this problem have stretched their budgets, but efforts to quantify and compile the economic effects of the opioid problem on a countywide level have not resulted in reliable data. The scope of the problem reveals that many agencies and service providers in the county are affected. Following is a list that is not likely to be comprehensive.

- Increased first responder costs, in both more frequent incidents and in additional naloxone administrations.
- Increased emergency room and other hospital costs related to opioid overdose and misuse.
- Increased costs associated with parental incarceration, such as mental health services for children, custody cases and increased numbers of divorce.
- Increased costs to the Department of Job and Family Services and Children's Protective Services for foster care, kinship care, and abuse and neglect cases.
- Increased costs related to law enforcement and justice systems due to higher incarceration rates, the costs of providing medical services, additional court cases, higher caseloads for probation employees.

Warren County Resources

Prevention and Education Programs

Child and adolescent mental health, alcohol and other drug problems are directly related to academic problems and juvenile justice involvement. Research reveals that successful prevention programs incorporate holistic approaches, addressing both mental health and drugs in the context of community institutions, families, children, teens and adults. Effective programs are also research-based multi-component efforts that meet the needs of the targeted population by providing structure, content and delivery that coincides with a population's characteristics. Coordinating prevention efforts across settings – such as school, community and families – by presenting consistent messages using varied media also increases their effectiveness. (Elizabeth B. Robertson, 2003)

In Warren County, Solutions Community Counseling and Recovery Centers offer communitybased and school-based prevention programs. Below is brief information on these programs and community efforts. Included in this plan as **Attachment A** is a list of both Prevention Programs and Prevention Resources offered and coordinated by Solutions.

Community-Based Prevention Efforts

Solutions participates in many community-based prevention efforts that support mental health, advocate refraining from substance use and support healthy children and families, including:

- Opioid Task Forces in Warren County and in Clinton County
- Warren County Kinship Conference
- Medication Take-Back Events as associated with the Federal Drug Enforcement Agency
- Suicide Prevention Coalition of Warren County
- Violence Free Coalition
- The Family and Children First Council

The organization participates in community events, providing information about its services and mental health and substance abuse topics at events such as the YMCA Health Fair, Lebfest, Warren County Fair, Lebanon Blues Festival, Lebanon Carriage Parade and Christmas in Mason.

As a community-based mental health agency, Solutions develops training and prevention programs on request to meet the needs of selected audiences. For example, it provides training for law enforcement officers about responding to incidents that involve people with mental illness. These training sessions teach officers to calm the situations while maintaining safety and helping distressed individuals access appropriate care. Other examples of programming include education and presentations for probation officers, teachers, parents and other professionals that address depression, anger management, trauma informed care, how to know if your child is using drugs, and developmental assets. Finally, Solutions provides early childhood mental health consultation and programming to Head Start and other community daycare facilities. These services identify children's, adults' or families' problems early, then connect them to services and supports that improve mental health and developmental outcomes. Staff also consults with teachers to develop age- and developmentally-appropriate classroom environments that support and nurture children.

School-Based Prevention Efforts

Solutions develops and delivers both universal and select population school-based programs as requested at Carlisle High School, Lebanon High School and Warren County Career Center. Staff also supports activities such as Teen Institute, PRIDE groups, Club Hero and other groups that promote positive, healthy choices and develop students' leadership skills.

Universal programs address entire classrooms or grade levels. These programs are evidencebased or research-based, and they are approved by Mental Health Recovery Services of Warren and Clinton counties, the local mental health and recovery services board. The programs include:

- The Incredible Years, Dina Classroom Program for ages 3 through kindergarten
- Botvin Life Skills Program for grades three through high school (decision-making skills, communications, social and conflict management skills, drug prevention)
- SS Grin, Social Skills/Bullying Prevention for grades kindergarten through middle school
- Voices, a girls-only program for ages middle through high school
- SOS and Red Flags, two programs that identify and address depression in middle school and high school-aged students. This program also has a parent component.

Most programs are 30-60 minutes, once each week for eight to 10 weeks, depending on the age group or developmental level. Many are offered both throughout the school year and during the summer.

Another universal prevention project is ReDo Days at Warren County Schools (ReDo-Respect Everyone Despite the Odds). This is a one-day program that uses age-appropriate character education curricula and activities that focus on creating a safe, fun and positive school environment for students. ReDo Day occurs during the school day for the entire school: students, administration, teachers and other staff. Topics include attitude, respect, anger management, stereotypes, authenticity and affirmation.

Solutions also provides small-group prevention programming for selected students who have multiple risk factors and are referred by teachers or guidance counselors for services. These programs include Life Skills Program, Social Skills/Bullying Prevention, Learning to Beat Anxiety, Teen Conflict Management, The Ophelia Project and Voices.

Other school-based services of the organization include providing information about the agency and its services, mental health and substance abuse during school open house events, parentteacher conference days, and on career days. Solutions and other mental health service providers also maintain a Crisis Response Team to assist students and school staff after traumatic events.

Harm Reduction Programs

Project DAWN (Deaths Avoided with Naloxone) is a community-based education and naloxone distribution program that is generally administered by communities' health departments, mental health programs or substance abuse programs. In Warren County, the distribution sites are:

Atrium Health Center/Mason - Emergency Department

(emergency department patients only) 7450 Mason - Montgomery Road Mason, Ohio 45040

Atrium Medical Center - Emergency Trauma Center

(emergency department patients only) 1 Medical Center Drive Middletown, Ohio 45005

Solutions Community Counseling and Recovery Services

(services provided to clients only) 204 Cook Road Lebanon, OH 45036 Phone: 513-934-7119

Talbert House

(services provided to clients only) 759 Columbus Ave. Lebanon, OH 45036 Phone: 513-932-4337

People who participate in Project DAWN receive training that teaches them to recognize the symptoms of overdose; distinguish between types of overdose; perform rescue breathing; call emergency services and administer intranasal naloxone. Naloxone is a medication that can reverse opioid overdose by blocking the effects of opioids on the brain and restoring breathing. The drug safely induces withdrawal symptoms in people under the influence of opioids. It has been used by emergency services personnel for more than 40 years to prevent overdose death. It is harmless for people who are not experiencing an overdose and it is not abused. (Project DAWN, 2016)

Naloxone is distributed through Atrium Medical Center, Solutions and Talbert House. These organizations are able to provide distribution and education through Mental Health and Recovery Services Board grants.

Treatment Facilities & Recovery Housing

There are two addiction and mental health treatment organizations operating in Warren County that are funded by the Mental Health Recovery Services of Warren and Clinton Counties, the local board of alcohol, drug addiction and mental health services: **Solutions Community Counseling and Recovery Centers** and **Talbert House**. Both offer an array of mental health services, addiction services and related services for all ages.

Solutions has four Ohio locations that provide alcohol and other drug services: Kingsview in Lebanon, Greenwood in Springboro, as well as offices in Mason and Wilmington. Staff at all locations provide comprehensive assessment, individual alcohol and drug counseling, outpatient services and aftercare services. In addition, Solutions can assist people with crisis services, outpatient mental health counseling, outpatient drug and alcohol counseling, psychiatric services, case management, child and adolescent mental health services, vocational services, kinship care, prevention services and other specialized services for people with persistent mental disabilities. The organization also offers medication-assisted treatment using injectable naltrexone (Vivitrol[®]). An alcohol and drug addiction treatment group is facilitated by Solutions at the Warren County jail, including complete assessments on location for the purpose of the jail-based program.

Solutions' crisis hotline is available 24 hours a day, seven days a week at 877.695.6333. For more information, its website is www.solutionsccrc.org or the organization can be contacted at 513.228.7800.

Talbert House works throughout the Greater Cincinnati area, including Warren County. The organization supports positive growth and change of children, adults and families coping with substance use, mental health problems and involvement in the legal system. Its mission is to improve social behavior and enhance personal recovery and growth. The organization's services include prevention, assessment, treatment and reintegration through its five service areas: adult behavioral health, community care, court and corrections, housing and youth behavioral health. In Warren County, Talbert House offers assessment, individual counseling, group therapies, intensive outpatient treatment services and aftercare. The Warren County location also provides comprehensive assessment at the Warren County Jail.

Talbert House operates a crisis hotline for people needing immediate assistance 24 hours a day, seven days a week at 513.281.2273. People can also access crisis assistance by texting "Talbert" to 839863. Its website is www.talberthouse.org, or the organization can be contacted at 513.221.4357 for information and appointments.

Both board-funded providers can refer clients they assess as needing high levels of care for detoxification to Cincinnati Center for Addiction Treatment (located in Cincinnati). This program is a residential, short-term rehabilitation program of 30 days or less. Clients with severe problems may also be referred to Nova Behavioral Health (located in Dayton). This organization offers residential treatment to people who have serious substance use disorders or mental health disorders. It also offers a continuum of alcohol and drug services, including medication-assisted treatment, to assist individuals in making the changes necessary to achieve and sustain recovery. In addition, Women's Recovery Center (located in Xenia) provides gender-specific residential treatment services. Finally, the board-funded providers may also refer clients to Sojourner Recovery Services (located in Hamilton). This organization provides comprehensive alcohol and drug addiction and mental health treatment using a holistic approach. Its continuum of care includes pre-contemplation services, intensive and non-intensive outpatient services, residential services, a perinatal program and recovery housing.

Other providers in Warren County that offer addiction treatment and counseling services – but are not funded by the Mental Health and Recovery Services board – include The Lindner Center, Mason Counseling Center in Mason and Deerfield Family Counseling also in Mason. Mohamed Abdel Aziz, MD, has a medication-assisted treatment (MAT) program in Warren County.

Atrium Medical Center in Middletown provides mental health services through its inpatient Behavioral Health Pavilion. These services include inpatient hospitalization for adults. Care is provided in a secure, supervised, healing environment that is staffed 24 hours a day. Patients develop a customized holistic treatment plan to manage their recovery. This plan may include psychotherapy; group, individual and family therapies; recommendations for discharge and a post-treatment plan so patients can confidently return home.

Atrium's Behavioral Health Pavilion also serves older adults who are facing life changes, such as grief, loss or major life changes. The Older Adult Program provides behavioral healthcare customized for adults age 65 and older who may require hospitalization. Highly trained staff members are equipped to help aging patients through difficult times in a secure, caring environment. To enhance recovery, patients participate in problem-solving group activities and life skills classes led by professional staff members.

A psychiatrist meets with participants and significant others of the Older Adult Program to address treatments that incorporate medication. Each patient has a recovery plan that may include:

- Psychiatric and medical evaluation
- Memory impairment assessment
- Medication management
- Psychological testing
- Individual, group or family therapies
- Physical, occupational, speech or recreational therapies
- Discharge plan

The Mental Health and Recovery Services Board supports New Housing Ohio, its recovery housing provider. In April 2015, this organization opened two recovery homes: one 10-bed facility for men at Clean Acres Farm and a six-bed facility in Blanchester. The men's facility is a collaboration between the Mental Health and Recovery Services Board and New Housing Ohio to house men in recovery who are residents of Warren and Clinton counties. The women's program is also a collaboration; shared with the Brown County and Clermont County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards to make those beds available to people in those counties. The women's facility is currently operating near capacity; the men's program is not at capacity but is providing services for residents. People who are receiving treatment at Solutions or at Talbert House are referred to these services during assessment or while in treatment. Both treatment providers work with the counties' probation departments to refer people.

Law Enforcement & Court-Based Programs

In response to both the opioid problem in Warren County and to House Bill 86, the Warren County Common Pleas Court developed a medication-assisted treatment (MAT) program to work with people who have a documented diagnosis of opioid dependence. This program uses naltrexone (brand name Vivitrol[®]) to block the euphoric and sedative effects of heroin and other opioids, and the cravings associated with withdrawal. People who are using this medication-assisted treatment have reduced tolerance to opioids; therefore, if they relapse, they may experience overdose or death.

The MAT program's goals are to reduce offender recidivism and to assist offenders in successfully completing their time in Community Control and reintegrating into the community. As of 7/31/15, no offenders who completed the program had relapsed.

Based on research and best practices, Warren County designed a wraparound program that includes enhanced services for this population of offenders and established a base for offender success. Many studies suggest that employment, education and vocational rehabilitation services complement substance abuse treatment by addressing physical and psychological components of addiction.

Offenders apply to enter the program as the result of a violation of either their bond during the pretrial phase of their case, or during community control (probation). Violations include a positive drug screen, self-reported use or reuse of opiates or any other violation that is drug-related or caused by new or continuing drug use.

Admissions criteria:

- Male or female, 18 years or older
- Nonviolent fourth or fifth degree felony offenses, such as possession of drugs, deception to obtain dangerous drugs, illegal processing of drug documents and drug-related theft
- Rating of moderate to high risk of reoffending on the Ohio Risk Assessment System (ORAS)
- Clients must have stable mental health.
- Clients possess the ability to understand the importance of abstinence, of participating in medically-assisted treatment and of complying with the medical protocol.
- Clients must be free of opiates for seven to 10 days.
- Females must agree to birth control while participating in the Vivitrol[®] program.

Ineligible people:

- Women who are pregnant
- Individuals taking opiate-based medications, either legal or illicit
- People with severe liver disease

This court-based program lasts 18 months and is staffed with a court administrator. Within the first seven to 10 days, the offender works with a case manager to complete all eligibilities, screenings and assessments. During the next 21 to 30 days, the offender completes consent forms, is placed on electronic monitoring and is released from jail to a designated MAT probation officer 24-48 hours after injection. Vivitrol[®] injections continue for six months with an additional three months, if needed. As treatment progresses, the offender develops safety and treatment plans and begins intensive outpatient treatment (IOP).

Ohio Automated Rx Reporting System (OARRS)

OARRS was developed by the State of Ohio's Board of Pharmacy. It is a web-based electronic database that contains information about controlled substance dispensing. This prescription drug monitoring system was implemented in response to the misuse and diversion of prescription drugs. Its primary purpose is to identify people who fraudulently obtain controlled substances from multiple healthcare providers (doctor shopping) indicating drug diversion and insurance fraud. It is also used by licensing boards to identify or investigate clinicians who have patterns of inappropriately prescribing and dispensing medications. Now OARRS is also a patient care tool that helps prescribers and pharmacists avoid prescribing medications that may have life-threatening interactions with other prescriptions the patient is taking. (About, 2015)

As seen in the chart below (Reports & Statistics, 2015), the numbers of opioid doses dispensed appears to have spiked in Ohio at more than 792 million in 2012; the same seems true of Warren County, with more than 12 million opioid doses in 2012. If the 2015 cumulative third quarter numbers for the state and the county are annualized, both will show fewer doses dispensed for 2015 than 2014. While this is a positive trend, fewer prescriptions dispensed does not mean the opioid problem has abated. Healthcare providers may be dispensing and writing fewer opioid prescriptions, but people are turning to heroin and other illicit drugs because they are cheaper and more available.

	2010	2011	2012	2013	2014	2015, 3Q
			Ohio			
Doses Dispensed	778,184,618	782,229,359	792,585,802	778,062,661	750,630,661	525,558,222
Doses/Patient	275	273	250.4	279.5	273.7	
Doses/Capita	67.5	67.8	68.7	67.4	65.1	

	warren County							
Doses Dispensed	11,512,300	11,726,507	12,041,361	11,892,142	11,270,596	7,992,720		
Doses/Patient	244.5	244.2	224.2	250.4	244.7			
Doses/Capita	54.1	55.1	56.6	55.9	53	36.1e		

Warren County

Warren County Opioid Reduction Task Force

In spring of 2015, the Warren County Opioid Reduction Task Force was formed and began using planning grant funding from Interact for Health. Over a seven-month period from May to November 2015, Atrium Medical Center Foundation, the grantee, spearheaded an effort to reverse the growing problem of opioid abuse and addiction in the county. Community leaders, representatives from the healthcare, law enforcement, justice, treatment, recovery and faith communities, and community members met to identify community needs, brainstorm solutions, identify action items and prioritize goals that would become the first steps toward implementation.

Mission The mission of the Warren County Opioid Reduction Task Force is to decrease opioid abuse and addiction in Warren County.



Focus Areas

- Prevention and education
- Harm reduction
- Supply reduction
- Treatment & recovery support

The task force focused on developing an action plan that would decrease opioid abuse and addiction in Warren County. Participants identified four focus areas/subgroups to address aspects of the opioid problem (as shown above). Each subgroup had between five and 10 participants. Throughout the seven months, additional people would join the Task Force meetings. These participants would be asked to join a subgroup. At each meeting, people were asked to sign in and to add contact information for people who would be interested in becoming involved.



The task force met monthly from May 2015 until November 2015, six times (the July meeting was cancelled). Each meeting opened with either an introduction of the work for the meeting or a speaker who would present information about an aspect of the opioid problem in the county.

During the first meeting, task force participants self-identified into subgroups that selected a leader and a scribe to present information, as needed, to the larger group. The subgroups then identified three to five goals and prioritized them, determining next steps that would be accomplished by the next meeting. The subgroups were asked to answer the following questions that were designed to help them select three to five goals that will reduce opioid abuse and addiction. The subgroups summarized and recorded the highlights of their discussions. For each goal, they identified their rationales and why they chose their goals using the information below.

The Facts

- What do we know about the background of opioid abuse and addiction? Recent events?
- What did we learn today about this problem, any new information?
- As you think about this problem, what images come to mind?
- What unique aspects of this problem can this subgroup address?

Reactions and Responses

- What are some of your past experiences related to opioid abuse and addiction and this subgroup topic?
- How does this problem affect our community?
- What is the most challenging and/or frustrating part of this as it relates to this subgroup topic?
- What do others need to know about this subgroup topic

Significance and Implications

- What are the implications for our communities if more is not done to address this?
- What are your major questions?
- What are the most urgent needs in this area that this subgroup can address?

Subgroup Goals

- What goals can this subgroup set that will intensify our efforts to address this problem?
- What can each goal do to reduce opioid abuse and addiction?

In the next meeting, the subgroups identified outcomes, objectives and measures of success for each of the goals they had identified at the previous meeting. A subsequent meeting resulted in a worksheet for each subgroup that added action items. In the task force's penultimate meeting, participants shared their subgroups' information with all task force participants to identify areas of commonality, discuss possible resources, ask questions and comment on each other's output. At the end of this meeting, all participants were asked to look through all the goals and select the five they felt were the highest priorities for the task force's implementation work. Following is a summary of each group's work.

Prevention and Education Subgroup

Goal 1: Identify key people in Warren County who are participating in similar initiatives and invite them to this group. Efforts are very fragmented.

Outcomes

- 1. Key people understand what initiatives are operating in the county and who is convening each initiative.
- 2. All participants in the initiatives know how to connect with other programs.

Objectives

1. Each person in this group, Warren County Opiate Reduction Task Force, lists who they know and known programs, initiatives and efforts in their communities and the county.

Measures of Success

1. A comprehensive list of all programs, initiatives, task forces and efforts that are making an effort to impact opiate problems in the county.

Action Items

- 1. Email group participants to obtain contact information about group progress.
- 2. Faith-based, Ministerial Association-who is doing what.
- 3. Medical community-Dr. Swope
- 4. Law Enforcement
- 5. Education
- 6. Involve Solutions and Talbert House

Goal 2: Raise community awareness of the opiate problem and its impact on the community.

Outcomes

- 1. The community is aware of the opiate problem.
- 2. People and organizations are engaged and working toward appropriate solutions.
- 3. The community is aware of resources.

Objectives

- 1. Identify communities' readiness to address prevention needs and services gaps, using surveys and focus groups.
- 2. Develop media message and strategy to conduct a campaign.
- 3. Develop or update the county resource directory.

Measures of Success

- 1. Surveys have been developed, administered and results collected. The results have been analyzed and shared with community stakeholders.
- 2. Number of people reached through various media.

Action Items

None noted

Goal 3: Research and identify best practices in prevention/education based on success in other states and regions.

Outcomes

1. Communities share and use best practices in prevention/education programs.

Objectives

- 1. Use state and national resources to make a list of programs that have worked elsewhere.
- 2. Review Washington State's community prevention and wellness initiative.

Measures of Success

1. The list of strategies is developed.

Action Items

- 1. Promote "take back days."
- 2. Map hot spots in the community, lighting and patrols.
- 3. Patient education.



Goal 1: Enhance naloxone distribution throughout the community.

Outcomes

- 1. A reduction in the number of deaths from opiate overdoses in Warren County.
- 2. Increased # of naloxone kits available to those in the Warren County community.

Objectives

- 1. Compile baseline data on opiate overdose deaths from Warren County; include demo graphics and hotspots.
- 2. Determine number of sites in Warren County that distribute naloxone kits.
- 3. Hold community forums that target family, friends and support people to distribute naloxone kits.

Measures of Success

- 1. Percentage reduction in the number of opiate overdose deaths from 2014/15 to 2016.
- 2. Percentage increase in the number of naloxone distribution sites in Warren County.

Action Items

- 1. Compile list of current distribution sites.
- 2. Create a list of potential sites for distribution, i.e. Warren County Court.
- 3. Obtain contact information and make contact at potential distributions sites.
- 4. Develop a curriculum and presentation for potential distribution sites.
- 5. Make appointments at potential distribution sites for presentation.
- 6. Do presentations and ask for commitment to become a distribution site.
- 7. Provide assistance and guidance on implementation.
- 8. Follow-up and check-in on implementation progress.

Goal 2: Create rapid response teams in the hospital that intervene and provide resources such as medication assisted treatment programs, naloxone distribution sites, needle exchange programs and other recovery and treatment options.

Outcomes

- 1. Increase the number of individuals addicted to opiates who seek treatment and utilize these resources.
- 2. A reduction in the number of deaths from opiate overdoses in Warren County.
- 3. A rapid response team is in place at Atrium Medical Center.

Objectives

- 1. Compile a comprehensive list of resources and treatment options (crosses over with Prevention/Education subgroup).
- 2. Create a program to fill the gap between hospitalization and release to the community.
- 3. Reach the addict at his/her moment of opportunity to utilize resources, enter treatment and begin recovery.
- 4. Get family, recovering addicts and pastoral forces involved.

Measures of Success

- 1. Percentage reduction in the number of opiate overdose deaths from 2014/15 to 2016.
- 2. Percentage increase in the number of individuals addicted to opiates who seek treatment.

Action Items

- 1. Identify framework of the team.
- 2. Investigate Atrium's Emergency Trauma Center and clinical nurse specialist involvement and oversight.
- 3. Research and work with Crossroads as a resource.
- 4. Discuss funding from the hospital.
- 5. Develop criteria/protocols for the response.
- 6. Identify framework for follow-up process.
- 7. Investigate Fidelity involvement.
- 8. Identify team members.
- 9. Education for the response team.
- 10. Compile a comprehensive list of resources and treatment options.
- 11. Follow-up and track people that we respond to and see if they seek treatment.
- 12. Organize community forums:
 - a. Research legal implications to distribution of naloxone from hospital meetings.
 - b. Develop curriculum/program/agenda education tools.
 - c. Identify other stakeholders who may be part of the presentation.
 - d. Information for referrals/resources available (collaborate with prevention/ education and recovery)
 - e. Get success story and have recovering addicts participate.
 - f. Investigate refill option in naloxone kits distributed.

- g. Develop target population list.
- h. Compile kits, track costs, order naloxone, get flyers, handouts and atomizers.
- i. Secure logistics of meetings (dates, times, locations).
- j. Advertise meetings to target population areas.
- k. Secure presenters and hold meetings.
- l. Make sign-in sheet, asking for contact information (phone/e-mail, etc.).
- m. Follow-up attendees.

Supply Reduction Subgroup

Goal 1: Continue investigating drug traffickers at the highest levels of supply.

Outcomes

- 1. High-level drug traffickers are arrested.
- 2. Drug traffickers are charged with manslaughter as suppliers.

Objectives

- 1. Increase and improve collaboration among law enforcement agencies at all levels.
- 2. Change thinking and techniques.
- 3. Use law enforcement training teams.

Measures of Success

- 1. Increases in successful prosecution.
- 2. Reduction of overdose deaths.

Action Items

- 1. Drug Task Force (DTF) to attend all agencies' staff meetings.
- 2. DTF to develop hot sheets for local law enforcement with tips and areas to target.
- 3. Develop information/education pamphlet with Solutions and Talbert House steps to treatment.
- 4. Design criminal investigation development training and search/seizure.

Goal 2: Improve relationships with treatment and recovery support providers to cross train all personnel and to identify possible options for low level offenders.

Outcomes

1. Officers are educated about options.

Objectives

- 1. Develop a brochure with resources for law enforcement to hand out.
- 2. Improve drug task force web site by adding education and prevention information.

Measures of Success

- 1. More people seek help.
- 2. Number of brochures handed out.

Action Items

- 1. Get with Solutions, Talbert House to develop education and training.
- 2. Complete DTF web page with updated education information and links for assistance.

Goal 3: Support prevention and education efforts throughout Warren County.

Outcomes

1. Parents and families are better educated.

Objectives

- 1. Continued presence in schools throughout Warren County.
- 2. Support prevention and education efforts with funds from forfeitures.

Measures of Success

1. Better dialogue between law enforcement and prevention/education.

Action Items

1. Coordinate with Warren County Educational Service Center to continue education to parents and families.

Treatment & Recovery Support Subgroup

Goal 1: Expand hours of services and treatment to increase availability of treatment and support services.

Outcomes

- 1. People know about expanded services.
- 2. Organizations have increased accessibility, for example facilities and services are available on weekends.

Objectives

- 1. Research the need for expanded services.
- 2. Provide services for specific populations, such as gender specific services.

Measures of Success

- 1. Increase in successful program completion.
- 2. Decrease in barriers to services.
- 3. Increase in weekend services.

Action Items

- 1. Meet with local treatment services: Solutions, Talbert House, Access, Community Behavioral Health, Modern Psychiatry, Deerfield Family Counseling.
- 2. Determine the number of people who would use weekend services and expanded hours.

Goal 2: Reach out to the faith communities for assistance with transportation. Get communities working together.

Outcomes

1. People in treatment and recovery attend appointments and meetings.

Objectives

- 1. Research current resources.
- 2. Convene and participate in a community transportation meeting, after initial contact.

Measures of Success

- 1. Number of people who attend appointments using these transportation resources increases.
- 2. Number of faith communities that participate and collaborate.
- 3. Number of volunteer drivers.

Action Items

- 1. Crossroads Mason Meeting
- 2. Impact Church meeting/Doug Sibcy
- 3. Solid Rock Church meeting

Goal 3: Additional funding sources for treatment and recovery support.

Outcomes

1. Treatment and recovery service providers are adequately funded and their programs are sustained.

Objectives

- 1. Apply for one grant
- 2. Invite the county's grant writer to this meeting.
- 3. Inform county staff about this meeting and include one commissioner.
- 4. Collect local data.
- 5. Research grant opportunities.

Measures of Success

1. Increased funding.

Action Items

1. Research what funds or monies are available for the community.

Goal 4: Develop a website that includes resources and a database for Warren County.

Outcomes

- 1. Resources are available online.
- 2. People know about the website.

Objectives

- 1. Links to resources and agency websites.
- 2. Investigate development or partnerships with state website.

Measures of Success

- 1. Increased community awareness of the website.
- 2. Number of websites linked.
- 3. Number of website visitors.

Action Items

- 1. Call about universal access to online database.
- 2. Check with Atrium Medical Center IT department and reach out to Ohio Attorney General's Office about statewide website.
- 3. Participate in community provider fair in Warren County.

Priority Areas of First-Step Implementation

To capture the group's highest priority goals for implementation, participants were asked to look at all the goals across the subgroups and select the five most important for implementation. Following are those five goals ranked by the number of votes each received.

- 1. Increase access to treatment services, including transportation to providers, a rapid response team and additional funding for treatment services (Treatment and Recovery Support).
- 2. Raise community awareness (Prevention and Education, Treatment and Recovery Support, Harm Reduction overlap).
- 3. Prosecute dealers at the highest supply levels (Supply Reduction).
- 4. Develop treatment resource information, including cruiser cards for law enforcement, and websites (Supply Reduction, Prevention and Education overlap).
- 5. Enhance naloxone distribution and education (Harm Reduction).

Cost Estimates of First-Step Implementation

With the top five priorities for implementation identified, the group began building a budget to support the implementation effort. The total identified cost of the first phase of implementation is \$124,600. A detailed spreadsheet is included as Attachment B. It illustrates estimated costs associated with implementation of the five priorities.

Attachment C presents the estimated future cost – \$53,900 – of converting the task force to a private nonprofit organization with a community-based coordinator.

The total cost for both initiatives is \$178,500.

Future Steps & Sustainability

First-step implementation was the goal of this planning effort. Throughout the county, there already are many efforts to thwart the illicit use of prescription pain medications and to decrease the use of heroin. Atrium Medical Center, with its emphasis on community health and wellness, is working to become the catalyst that unites the various efforts, as it has the mission and the resources to develop a community-based treatment facility. Atrium Medical Center has a donated building located in Butler County but near the border of Warren County. The facility would need to be remodeled at a cost of between \$250,000 and \$500,000 to house a one-stop treatment center. Goals associated with developing such a facility include:

- Meeting community needs, such as inpatient detoxification, counseling and addiction treatment, and rehabilitation through collaboration with county-based social service agencies and treatment providers;
- Uniting groups that are working to decrease the misuse and addiction to opioids, other drugs and heroin by founding a 501(c)(3) organization and building on early work in prevention, harm reduction, supply reduction and treatment
- Supporting a community-based coordinator as a primary point of contact for all opiate reduction efforts



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Attachment A



Solutions Community Counseling and Recovery Centers, Warren County

Prevention and Education Resources

Program	Description	Target Audience	Schedule/Location	Contact
Incredible Years Family Life Program	9-week program, 2-hour sessions, increases families' understanding of social-emotional development, positive discipline, learning through play, commu- nication and problem solving skills.	Parents of children ages 3-8	Various locations in Warren County, 3 each year.	Amy Ledyard, Solutions CCRC 513-228-7800 x229 aledyard@ solutionsccrc.org
Early Childhood Mental Health Consultation	Consultation with Head Start centers and community daycare facilities to identify problems and to con- nect families to needed services and support. Consultation that helps teachers manage classrooms.	Head Start/Early Head Start programs, families, community daycare or preschools.	By appointment	Amy Ledyard, Solutions CCRC 513-228-7800 x229 aledyard@ solutionsccrc.org
Botvin Life Skills Training Program	Evidence-based program offered in grades 3-12. Increases self-esteem, develops decision making, com- munication, conflict resolution and refusal skills. Teaches the effects of alcohol, to- bacco and other drugs and discusses social influences on decision making (advertising, media, peers).	Available to all Warren County districts. Targets universal consumers (whole class groups) or selected consumers (small groups).	Scheduled to meet each school's needs. Program is 30-60 minutes one time each week for 8-10 weeks as appropriate for age or developmental level.	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC bmarin@ solutionsccrc.org 937-383-4441 x116

Attachment A



Program	Description	Target Audience	Schedule/Location	Contact
Voices Program	Evidence-based program for middle and high school girls that promotes posi- tive self-image and strengthens decision making skills.	Available to all Warren County districts, middle and high school girls. Offered for universal consumers (whole class groups) or selected consumers (small groups).	Scheduled to meet each school's needs. Program is 60 minutes one time each week for 10-12 weeks as appropriate for age or developmental level.	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC bmarin@ solutionsccrc.org 937-383-4441 x116
Various Evidence- Based Programs provided in school settings/summer programs	SS Grin, Learning to Beat Anxiety, Teen Conflict Management and Signs of Sui- cide. These develop social-emotional skills, strengthen decision making and communi- cation skills, and build resiliency to reduce the likelihood of substance use.	Available to all Warren County districts for students in grades K-12.	By request	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC bmarin@ solutionsccrc.org 937-383-4441 x116
Early Intervention Program	A targeted education and intervention pro- gram for adolescents referred by schools or courts, who have experienced negative consequences relat- ed to substance use but who do not meet diagnostic criteria for treatment.	Adolescents under age 18 or still in high school who are referred to an educational intervention program after assessment.	An 8-hour program of four weekly 2-hour sessions. Offered in Warren County 3-4 times throughout the year at the Kingsview and Clinton County locations.	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC bmarin@ solutionsccrc.org 937-383-4441 x116

Attachment A



Program	Description	Target Audience	Schedule/Location	Contact
Chemical Awareness Program	A targeted educa- tion and intervention program for adults who have experienced neg- ative consequences related to substance use but who do not meet diagnostic criteria for treatment.	Adults referred by employers or the courts.	12-hour program of four weekly 3-hour sessions. Offered in Warren County 3-4 times annually at the Kingsview and Clinton County locations	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC bmarin@ solutionsccrc.org 937-383-4441 x116
Substance Abuse Education at the WC Juvenile Detention Center	Targeted education and intervention for youth that focuses on decreasing substance abuse and improving decision making skills.	Youth at Warren County Juvenile Detention Center.	Weekly one-hour sessions.	Jill Mysonhimer, Outpatient Supervisor, Solutions CCRC 513-228-7800
Corrective Thinking	Program offered during substance abuse treatment that uses Cognitive Behavioral Therapy to change negative thoughts and behaviors.	Clients of Substance Use Disorder (SUD) programs.	Weekly sessions as part of SUD treatment programs.	Michelle Box, Outpatient Director Solutions CCRC 513-228-7800 mbox@ solutionsccrc.org
Narcan [®] Education	Education about the use of Narcan® to reverse overdose of opioid drugs.	Clients and family members of people with opioid dependence.	To be determined.	Michelle Box, Outpatient Director Solutions CCRC 513-228-7800 mbox@ solutionsccrc.org
Youth Leadership Development	Staff work with students to develop positive peer leaders and student mentors through activities, such as Teen Institute, PRIDE groups and Club Hero.	Middle school and high school students.	By request, program- ming varies depending on school and special event schedules.	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC bmarin@ solutionsccrc.org 937-383-4441 x116
	Teen Alliance Council promotes pro-social healthy choices and help teens develop leadership skills.	High school students.	Teen Alliance Council meets monthly.	Casey Hippenhammer, Solutions CCRC 513-228-7800 x224 chippenhammer@ solutionsccrc.org

Attachment B



Warren County Opioid Reduction Task Force

Estimated Costs of Implementing Top Five Priorities

Priority	Item	Projected Cost	Totals	Narrative
1a. Hospital Response Team	Team manpower - Clin Nurse Specialist Team manpower - ED Social Worker Education for Response Team Website (Also applies to 4) Manpower - Tracking and Follow Up	18,000 10,000 7,500 10,000 7,500		.2FTE @ \$90,000/yr .2FTE @ \$50,000/yr Estimated Estimated .1FTE @ \$75,000/yr
			53,000	
1b. Community Forums	Agenda Narcan kits	100 10,000		100 agendas @ \$1 each 100 kits with fluctuation allowance in price (\$100/kit)
	Advertisement	1,500	11,600	Estimated
1c. Program Funding by Grants	Grant Writing	5,500		Estimated
			5,500	
2. Raise Community Awareness	Media message/campaign	12,000		Estimated
			12,000	
3. Supply Reduction	Law Enforcement			No costs were provided
4. Website and Cruiser Cards	Cruiser Cards	20,000		\$1/card and based on estimated police contacts
			20,000	
5. Enhance Naloxone Distribution	Manpower Physician Education	15,000 7,500		Estimated 10hrs/wk (0.25 FTE) @ 50,000/yr. Curriculum, materials
		.,	21,500	and food.
TOTAL ESTIMATED COST			124,600	

Attachment C

Warren County Opioid Reduction Task Force

Estimated Cost for a Community-Based Coordinator

Sustainability	Item	Projected Cost	Totals	Narrative
Community Coordinator	Resource development, collaboration	45,000		.5 fte @ \$90,000/year
Office Equipment	Computer, printer, cell phone	2,000		Estimated
Office Space	Internet, furniture	2,000		\$100/month internet, \$800 furniture
Travel	Mileage	500		1000 miles/year @ \$.50/mile
Materials and Supplies	Brochures, Cards, Postage, Copies	2,400		\$200/month
501c3 Costs	Incorporation, Filing, Fees	2,000		Applications, Fees
Total Estimated Costs				

