

ADDRESSING THE HEROIN/OPIATE EPIDEMIC

FY 2014 - FY 2016

The Mental Health and Recovery Services Board of Lucas County (MHRSB) is committed to addressing the use of heroin and other opiates which has risen to a public health crisis in Ohio. This report outlines the multi-faceted approach that the MHRSB has taken from fiscal years 2014-2016 through collaborative efforts to address the heroin/opiate epidemic in Lucas County.

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INTRODUCTION

The Mental Health and Recovery Services Board of Lucas County (MHRSB) is committed to addressing the use of heroin and other opiates which has risen to a public health crisis in Ohio. This report outlines the multi-faceted approach the MHRSB has taken from fiscal years 2014-2016 through collaborative efforts to address the heroin/opiate epidemic in Lucas County. It summarizes the strategies that are in place to assess the current state of affairs pertaining to heroin and opioid abuse, addiction, overdoses, deaths, and impact on families. It also highlights resources and services designed to support the MHRSB mission to reduce the impact of addiction. These efforts address the heroin/opiate problem as a public health issue and support the MHRSB vision to build “a comprehensive prevention, treatment, and recovery system.”

The MHRSB collaborates with numerous local, regional and state agencies and organizations to reduce the impact of the opiate epidemic on the community, individuals and families suffering from addiction. The MHRSB has mobilized efforts in the community utilizing a collective impact model. Efforts of the various community partners are highlighted throughout this report.

THE SCOPE OF THE PROBLEM

Drug overdose deaths in Ohio increased 366% from 2000 to 2012. (“Increasing Heroin Overdoses in Ohio: Understanding the Issue,” Ohio Department of Mental Health and Addiction Services, April 2014). Fatal drug overdoses remain the leading cause of accidental or unintentional deaths in Ohio, above car crashes; a trend that began in 2007.

There was a tremendous increase locally in fatal overdoses from 2000-2014. Lucas County had a total of 8 opioid deaths (includes heroin and prescription pain relievers) in 2010, 15 in 2011, 31 in 2012, 80 in 2013, 124 in 2014 and 127 in 2015. There were 55 fatal overdoses from January 1, 2016 – July 1, 2016. (Coroner’s report). In the past two years there appears to be a “decrease in the increase” of fatal overdoses. (*Dr. Robert Forney, Lucas County toxicologist*).

Furthermore, according to Dr. Forney, we are seeing a leveling out in the number of fatal overdoses from prescription opioids. This is supported by the Ohio Department of Health. “As the state has worked with physicians to curb prescription opiate abuse, the number of prescription opiate overdose deaths has begun to level off.” (*ODH Office of Communications, News Release, 8/25/2016*). At the same time that deaths from prescription opiates have leveled, there has been a large increase in heroin-related deaths as heroin has become a cheaper alternative for prescription opiate users.

Several factors have led to the increase in heroin use in Ohio. These include:



(OMHAS, "Increasing Heroin Overdoses in Ohio: Understanding the Issue." April 2014, p.3)

Heroin can now be injected, smoked, or snorted, and it comes in pill form. The powdered form is being cut with fentanyl, a pain medication which is 80-100 times more powerful than morphine, as well as the synthetic opioid Carfentanyl, a large-animal tranquilizer which is 100 times stronger than fentanyl and 10,000 times more potent than morphine. (The PubChem Project, <http://pubchem.ncbi.nlm.nih.gov>). This has caused a recent spike in heroin fatal overdoses elsewhere in Ohio, however, to date has had limited impact on local fatalities.

LEGISLATION AND POLICY

Over the past five years, 2011-2016, Ohio and Lucas County policymakers have developed plans aimed at mitigating the growing opiate epidemic. Specifically in the last three years, the State of Ohio and the Governor's Cabinet Opiate Action Team (GCOAT) have made progress in expanding treatment access and prevention efforts. Whenever possible, the MHR SB has capitalized on state policy, such as the expansion of Medicaid which allowed the MHR SB to reinvest savings into the system to meet the needs of Lucas County residents.

Ohio Medicaid Expansion (January 2014)

Medicaid in Ohio was expanded to individuals earning between 101-138% of the federal poverty guidelines.

- ***MHR SB response:*** In FY 2014, the MHR SB leveraged the anticipated savings by expanding its benefit package. This allowed more medication-assisted treatments to be administered by MHR SB's dually certified contract treatment providers. Additionally, the MHR SB expanded its number of contracted addiction treatment providers from four to seven via the AOD Rapid Response Project (Access to Treatment Workgroup Report, 2016, p. 3). In fiscal years 2014-2017, the MHR SB has also increased the total AOD treatment allocation amount to ensure treatment capacity continues to expand. Additional services now include: funding for methadone administration; Vivitrol medication and services in the Lucas County Corrections Center for individuals appropriate for treatment and recommended for release; and an increased number of laboratory urinalyses per individuals receiving Suboxone.

Ohio HB170 Naloxone expansion bill signed into law (April 2014)

Access to Naloxone, the antidote to an opioid overdose, was expanded. Prescribers may now issue Naloxone prescriptions to an opiate user, as well as a friend or family member of an opiate user.

- ***MHR SB response:*** In FY 2015, the MHR SB and the Toledo Lucas County Health Department collaborated to administer a community survey regarding the perceptions of substance use and appropriate public policy response. Based on the community feedback, the MHR SB invested in Naloxone kits to be distributed by the Toledo Lucas County Health Department, and funded its promotional advertising in FY 2016. The MHR SB continues to advocate for the purchase and distribution of Naloxone kits for law enforcement, the emergency medical system, hospitals, and families of individuals who have either overdosed or are at high risk of overdosing.

Ohio Targeted Funding for Recovery Housing (July 2014)

In FY 2015, OMHAS awarded grants to treatment providers in Lucas County that were opening Recovery Housing, a voluntary sober housing setting that is resident-driven (OMHAS, 2014).

- ***MHR SB response:*** In FY 2015, the MHR SB administered a Recovery Housing grant from the Ohio Attorney General's office on behalf of the Lucas County Commissioners. The funds provided partial funding to the Zepf Center to refurbish an existing facility for the provision of recovery housing.

Lucas County MHR SB: Access to Treatment Workgroup (February 2015 – February 2016)

Chartered in FY 2015 by the MHR SB, the Access to Treatment Workgroup was established to review and make recommendations for improving access to community-based mental health and addiction assessment and treatment services in Lucas County (Access to Treatment Workgroup Report, 2016, p. 1).

- **MHR SB response:** As a result of the Access to Treatment Work Group’s recommendation, “No Wrong Door,” the FY 2016 provider agreement was revised to include funding for diagnostic assessments. This change allowed diagnostic assessments to be completed at any OMHAS-certified treatment agency within the MHR SB’s provider network rather than at Central Access exclusively. Under “No Wrong Door” a client can enter at any facility or agency, and referrals will be made as deemed appropriate if the agency does not provide the needed service.
- In the FY 2017 Provider Agreement, treatment providers are also required to accept, without duplication of, diagnostic assessments completed within the last 90-days by providers who are certified by OMHAS to perform said assessments.
- It was also recommended that the MHR SB establish a new access point where individuals can seek information and/or an appointment for treatment services. The MHR SB leveraged the existing 2-1-1 phone line through the United Way, and in collaboration with the Hancock and Wood County ADAMHS Boards, developed the regional Recovery Helpline that connects 2-1-1 directly to Rescue for Lucas County residents. This allows Rescue to book appointments directly at participating providers.

HEALTH RESOURCE TOOLKIT FOR ADDRESSING OPIOID ABUSE

The Ohio Governor’s Cabinet Opiate Action Team (GCOAT), under Governor John Kasich, was formed in 2011 to “lead and coordinate the cross-systems effort necessary to address opioid addiction and the rising numbers of overdose deaths.” (*Health Resource Toolkit for Addressing Opioid Abuse*, July 2015). The GCOAT produced a toolkit which encouraged communities to develop local partnerships and collaborative efforts to implement effective responses to opioid abuse and addiction. The “MHR SB Update: Addressing the Heroin/Opiate Epidemic,” is aligned with some of the strategies outlined in the GCOAT Health Resource Toolkit for Addressing Opioid Abuse.

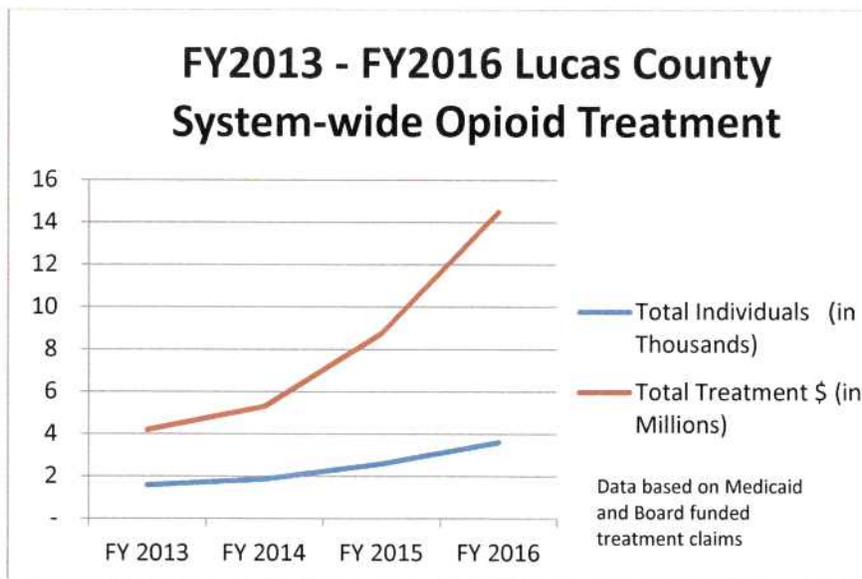
Lucas County is featured in both the 2015 and 2016 editions of the toolkit as a Community Case Study. Three counties from the entire State of Ohio were selected to be featured in the toolkit. The case study highlights how numerous Lucas County partners, including the MHR SB, have collaborated for several years to address the opioid epidemic.

FINANCIAL INVESTMENTS

The number of individuals addicted to opioids receiving treatment, as well as the associated treatment costs, has increased dramatically in recent years. The combined investments for Medicaid and non-Medicaid treatment in Lucas County are detailed below:

| Lucas Co. System Wide Opioid Treatment - FY 2013 - FY 2016 | | | | |
|------------------------------------------------------------|--------------|--------------|--------------|---------------|
| | FY 2013 | FY 2014 | FY 2015 | FY 2016 |
| Total Treatment Cost | \$ 4,187,943 | \$ 5,296,227 | \$ 8,747,634 | \$ 14,499,670 |
| Total No. of Individuals | 1,575 | 1,862 | 2,588 | 3,610 |

From FY 2013 to FY 2016, the total number of individuals has more than doubled, and the associated cost of the treatment has more than tripled in a four-year period. The cost per individual has risen 51% over a four-year period. (\$2,659 cost per individual to \$4,017 cost per individual). The increase of both the number of individuals and cost of treatment is shown below:



A large percentage of the cost of opioid treatment has shifted to Medicaid as a result of the expansion of Medicaid eligibility. The MHR SB of Lucas County has reallocated and expanded investments in non-treatment related programming. The chart below demonstrates the increased investment within the framework of the *Ohio Governor's Cabinet Opiate Action Team (GCOAT) Health Resource Toolkit for Addressing Opioid Abuse*, based on MHR SB approved allocations from FY 2014-FY 2017:

| MHR SB of Lucas County - Opioid Targeted Funded Programs | | | | |
|-----------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Efforts/Programs: | FY 2014 Allocations | FY 2015 Allocations | FY 2016 Allocations | FY 2017 Allocations |
| <u>Preventing Overdose Deaths:</u> | | | | |
| Community Drug Drop Off | \$ 18,000 | \$ 18,000 | \$ 18,000 | \$ 18,000 |
| Naloxone Distribution & Promotion | | | \$ 120,000 | \$ 105,000 |
| Syringe Access | | | | \$ 19,987 |
| Total Allocations | \$ 18,000 | \$ 18,000 | \$ 138,000 | \$ 142,987 |
| <u>Prevention Programs and Services:</u> | | | | |
| Heroin & Other Drug Prevention | \$ 155,013 | \$ 482,026 | \$ 576,560 | \$ 654,291 |
| Parent Involvement Coalition | \$ 13,321 | \$ 109,524 | \$ 137,151 | \$ 139,361 |
| Total Allocations | \$ 168,334 | \$ 591,550 | \$ 713,711 | \$ 793,652 |
| <u>Expanding Awareness of Treatment/Recovery:</u> | | | | |
| Addiction Treatment Program | | | | \$ 408,240 |
| Drug Court Assessments | | | | \$ 20,000 |
| Family Drug Court | | \$ 70,110 | \$ 70,110 | \$ 86,745 |
| Mother/Child Dependency | \$ 59,819 | \$ 143,565 | \$ 71,829 | \$ 73,266 |
| Recovery Helpline & Promotion | | | \$ 322,663 | \$ 474,134 |
| Recovery Housing | | | \$ 237,360 | \$ 389,820 |
| Vivitrol In-Jail Medication and Treatment | | \$ 100,000 | \$ 100,000 | \$ 100,000 |
| Total Allocations | \$ 59,819 | \$ 313,675 | \$ 801,962 | \$ 1,552,205 |
| Grand Total Allocations | \$ 246,153 | \$ 923,225 | \$ 1,653,673 | \$ 2,488,844 |

The following section of this update highlights objectives and strategies implemented by the MHRSB for dealing with the opioid epidemic in Lucas County.

PREVENTING OVERDOSE DEATHS

Encourage providers, persons at high risk, family members and others to learn how to prevent and manage opioid overdose; and provide opportunities for the disposal of unwanted or expired medication:

MHRSB funded alcohol and other drug (AOD) prevention programs and services are designed to prevent or delay the onset of AOD use, and to increase the perception of harm of AOD. This is accomplished by prioritizing education and environmental change strategies. Until September of 2013, there were no permanent drug drop boxes in Lucas County. Today, thanks to heightened awareness and education, there are 16 drug drop boxes located throughout the county.

SCAT (Sylvania Community Action Team) Community Drug Take-Back

SCAT collaborates with three adjacent community coalitions to educate the community about the risk/harm of prescription and over-the-counter drug misuse and abuse. SCAT promotes the DEA (Drug Enforcement Agency) Drug Take Back Days held in April and October, and promotes the use of permanent drug drop boxes in Lucas County. SCAT reaches Lucas County residents through social media, flyers, posters, yard signs, radio and television commercials, ads on pharmacy bags, local newspapers, church bulletins, and websites. 2,025.3 pounds of unused medications were collected at the Drug Take Back Day event on April 30, 2016, staffed at 21 locations between 10 A.M. – 2 P.M. in Lucas County. A Drug Take Back Day was held on October 22, 2016, at 22 locations in Lucas County. A total of approximately 1,238.46 pounds of unused medications collected was reported for this event. (The Toledo/Lucas County Health Department did not weigh the amount collected location.) The total collected at the April and October DEA Drug Take Back Day events is expected to decline as the public becomes more aware of the permanent drug drop boxes and utilizes them more frequently. This is a desired outcome of the Community Drug Take Back environmental prevention strategy.

Ensure ready access to Naloxone:

The MHRSB partnered with the Toledo-Lucas County Health Department to make Naloxone (also known as Narcan) available to the public on November 3, 2015. Naloxone has been used by emergency medical professionals for more than 40 years. It has one critical function: to reverse the effects of opioids in order to prevent overdose death. Naloxone blocks the opioids for 30-90 minutes to reverse the respiratory depression that would otherwise lead to death from overdose. (Naloxoneinfo.org) Naloxone is not a narcotic, has no potential for abuse, and it is not addictive. (*David Grossman, M.D., Health Commissioner, Toledo-Lucas County Health Department.*) As of September 2016, the Health Department's Naloxone clinic for the public has trained and equipped 196 people to reverse an opioid overdose with funds made available by the MHRSB of Lucas County.

Naloxone is made available to those in need, regardless of ability to pay, through the Health Department's Pharmacy. Pharmacy staff provide an orientation/education session in which friends and family of the opiate user learn about:

- Recognizing the signs and symptoms of overdose
- Performing rescue breathing
- Calling emergency medical services
- Administering intranasal Naloxone

PROMOTING RESPONSIBLE PRESCRIBING

Promote the use of the Ohio Automated Rx Reporting System (OARRS) among prescribers and pharmacies in your community:

OARRS, regulated by the State of Ohio Board of Pharmacy, is a web-based system for collecting and storing patient prescription information for controlled substances in the state. The 2015 video "A Story of Numbers," produced by the Lucas County Heroin/Opiate Initiative, funded by the MHRSB, features Dr. Rochelle Rollins, a local pharmacist, who emphasizes the importance of the OARRS in helping pharmacists, physicians and hospitals to monitor patient use of prescription painkillers, and reduce the occurrence of misuse and abuse of opioids. In Lucas County, opioid doses dispensed to Ohio patients per capita by county by quarter have dropped from 18.91 doses the third quarter of 2010 to 15.22 doses the third quarter of 2016. While the doses dispensed have decreased, there is still work to be done.

PREVENTION PROGRAMS AND SERVICES ACROSS THE LIFESPAN

The Lucas County Heroin/Opiate Initiative

The MHRSB funds this collaboration between Harbor Behavioral Health and the Urban Minority Alcoholism & Drug Abuse Outreach Program (UMADAOP) to address the growing heroin and opiate epidemic in Lucas County through information dissemination, education, and environmental prevention strategies. The initiative targets those at risk of overdose, 30-50 year olds, and/or individuals in 43605 and 43612, as well as the universal population in Lucas County. There is a focus on population-based changes related to reducing the illicit use of opiates. Harbor facilitates educational presentations at local social service agencies, including those funded through the United Way, churches, local businesses, civic organizations and other community groups. UMADAOP facilitates town hall meetings and delivers social media and promotional campaigns. Both agencies collaborate for health fair participation, media appearances, including television and radio, and drug take-back events. Harbor has produced 3 videos focusing on the heroin/opiate crisis in Lucas County, impact on families, safe disposal of medications, and where to get help for opiate substance use disorder.

Unison, "The Risk is Real" and "The Hope is Real," Unison Behavioral Health Group

These campaigns use social media to reach a universal population to promote abstinence from AOD use, including social media, television, cinema and commuter advertising, as well as primary care physician

and emergency room physician outreach. Unison Behavioral Health Group works with BCSN (Buckeye Cable Sports Network) to develop and implement a social media messaging strategy, conducts youth focus groups, and will secure a student of the month sponsorship. The MHR SB increased funding to Unison Behavioral Health Group to target adolescents specifically in FY 2017 with the “Hope is Real” campaign to increase the perception of harm regarding heroin and opioids.

Senior Prevention: WISE, Harbor Behavioral Health

The Wellness Initiative for Senior Education (WISE) curriculum educates Lucas County senior citizens on reducing risk factors, such as isolation and loss, as well as increasing positive behaviors and attitudes. The six-lesson curriculum also addresses mental health issues and substance abuse. It is delivered through 2-3 hour small group sessions held weekly over a six-week period.

Related Initiatives:

MHR SB Community Engagement and Outreach

The purpose of the Community Engagement and Outreach Plan is to provide community outreach, education and awareness campaigns to establish the MHR SB as a vital partner in the Lucas County healthcare network. The overall goal of the plan is three-fold:

- To educate and increase public awareness and knowledge about mental illness, alcohol, drug and other addiction issues;
- To increase the community’s understanding of the MHR SB mission and responsibilities; and
- To decrease stigma of mental illness and alcohol and other drug addiction issues.

The number of community engagement efforts related to these objectives is listed below:

- FY 2014 (July 1, 2013 – June 30, 2014) – 9
- FY 2015 (July 1, 2014 – June 30, 2015) – 24
- FY 2016 (July 1, 2015 – June 30, 2016) – 40

Community engagement efforts in June 2016, were focused on promoting the following: 1) Recovery Helpline which facilitates access into treatment, and 2) the Naloxone distribution initiative for the prevention of overdose deaths for individuals with a heroin/opiate addiction.

Understanding Addiction: Squirrel Logic (April 2015)

In April 2015, MHR SB sponsored a training that focused on understanding the impact of alcohol and drug use on the brain and behavior. The presenter was Dr. Brad Lander, a Clinical Psychologist and Licensed Independent Chemical Dependency Counselor, as well as the Clinical Director of the Addiction Medicine Department at The Ohio State University Wexner Medical Center. Dr. Lander’s presentation was attended by over 100 participants at the Toledo Lucas County Main Library’s McMaster Center. The presentation highlighted the role of genetics in addiction and mental illness, how environmental triggers affect recovery, the role emotions play in controlling behavior and cognitive processing, and effective interventions on substance dependency based on neurological findings.

The Lucas County Pain Medication/Heroin Survey (Spring 2015)

In early 2015, the MHR SB and the Toledo-Lucas County Health Department promulgated a survey designed to identify community attitudes toward opiate/heroin usage in the county. It was administered on paper and electronically; there were 4,032 respondents. Fifty percent (50%) said that they had been negatively affected in some way by heroin/opiates; forty-seven percent (47%) said they had family members or friends who were affected. Most respondents indicated awareness of the problem in the community with opiate/heroin use/abuse. A significant majority expressed support for spending money on solving drug-related problems as follows:

- Prevention – 89%
- Treatment – 76%
- MAT (medicine assisted treatment) – 65%
- Law enforcement – 64%
- Syringe exchange programs – 54%

Ninety percent (90%) of respondents indicated that they knew that pain medications can lead to heroin use and addiction, and fifty-seven percent (57%) said they did not know where to call for resources. This data sparked discussions leading to the establishment of the Recovery Helpline.

The Heroin/Opiate Summit (July 2015)

The MHR SB convened a heroin/opiate summit on July 24, 2015, to examine the heroin/opiate epidemic in Lucas County. The summit served as an excellent format for 208 key stakeholders to give input on identifying strategies for addressing the heroin/opiate epidemic. It included keynote presentations, panel discussions, and four break-out groups that were charged with looking at the issues from the perspectives of medical staff, prevention, treatment, and law enforcement/first responders.

Community Mini-Grants

In an effort to foster broader community involvement, and to incorporate ideas from grass-roots community agencies, the MHR SB funded 17 projects of which the Walker Funeral Homes Heroin Abuse Project was one of the recipients. Awarded in December 2015, this project plans to introduce a year-long campaign with television, radio, billboards and print messages. The Board funds were used to purchase advertising beyond the in-kind donations, and to develop and maintain a project website.

UMADAOP, Healthy Workplace

This early intervention initiative is for at-risk male and female transitional age youth (18-25). It provides a set of substance abuse interventions for workplace training, and includes AOD abuse awareness education and training to help participants learn how one's ability to maintain employment may be affected by adverse workplace behaviors. The program promotes abstinence from AOD use. Many participants have a history of problems with heroin and opioids. Individuals are referred by the Lucas County Work Release program and Ohio Means Jobs.

PERFORMANCE MEASURES:

The following chart shows the number of individuals served by MHRSB funded programs and services from FY 2014 – FY 2016.

| PROGRAMS | FY14 | FY15 | FY16 | TOTAL |
|----------------------------------------------------------------------------------------|-------------|-------------|-------------|--------------|
| A Renewed Mind Vivitrol (Jail Project) | - | 13 | 77 | 90 |
| Harbor Heroin-Opiate Initiative | - | 1339 | 2085 | 3424 |
| Harbor WISE | 50 | 245 | 287 | 582 |
| Mercy Mother and Child [duplicated totals] | 9 | 42 | 72 | 123 |
| Rescue/2-1-1 Recovery Helpline Interactions [since Jan 2016, duplicated totals] | - | - | 2175 | 2175 |
| UMADAOP Healthy Workplace | 84 | 107 | 116 | 307 |
| UMADAOP Heroin-Opiate Initiative | - | 713 | 1080 | 1793 |
| Zepf Center Recovery Housing | - | - | 305 | 305 |
| TOTALS | 143 | 2459 | 6197 | 8799 |

ADOPTING PROMISING PREVENTION PRACTICES/MHRSB PREVENTION PROGRAMS

Start Talking!

“Start Talking,” an initiative of Governor John Kasich and First Lady Karen Kasich, is an online resource that offers tools for parents, guardians, educators, businesses and community leaders to start conversations about drugs. www.starttalking.oh.gov. The Sylvania Community Action Team (SCAT), funded by the MHRSB, shares information on “Start Talking” in their Facebook messages and the SCAT program brochure, and disseminates the “Know! Parent Tips” as part of their parent training and education programs and services.

Community Coalitions

The Lucas County Coalition

The MHR SB is a member of the Lucas County Coalition, a diverse group with representation from local law enforcement, the judicial system, education, chemical dependency, mental health, medicine, the faith community and others coordinated through the Lucas County Sheriff's office to address the heroin/opiate epidemic.

The Education Committee

The MHR SB Manager of Prevention and Mental Health Promotion, and several prevention agency providers, participate in the Education Coalition which meets monthly to network, discuss AOD concerns, and collaborate on prevention and education events and strategies for Lucas County.

The HOPE Team

MHR SB funded prevention agencies that address the heroin/opiate issue meet monthly to streamline services, review prevention strategies, and provide updates on programs and services. This group has representation from Adelante, Harbor Behavioral Health, the Sylvania Community Action Team (SCAT), the Swanton Area Community Coalition (SACC), the Urban Minority Alcoholism & Drug Abuse Outreach Program (UMADAOP), and Unison Behavioral Health Group.

Developing culturally relevant health communications

The MHR SB created a new staff position of Manager of Inclusion and Health Equity in 2016 to help ensure that policies, programs and services are meeting the needs of the diverse Lucas County community. The enhanced National Culturally and Linguistically Appropriate Services in Health and Health Care Standards (The National CLAS Standards) developed and published by the U.S. Department of HHS Office of Minority Health, provide the framework to initiate this effort. The National CLAS Standards include a collective set of mandates and guidelines that inform, guide, and facilitate both required and recommended practices related to the continuum of appropriate healthcare services. Included in this effort is the goal of ensuring that language interpretation and translation services are available throughout the system of care.

A conscious effort is made by the MHR SB to produce culturally sensitive and appropriate promotional and educational materials for distribution in the community to further increase the reach of the efforts to "reduce the impact of mental illness and addiction," as cited in the MHR SB Mission Statement. Marketing and educational materials produced by the MHR SB and its funded prevention, treatment, and recovery programs and services incorporate language and images that reflect the culture of the target populations served in Lucas County. The MHR SB Diversity and Inclusion Plan, developed April 2016, also supports these strategies aimed at reducing health disparities.

EXPANDING AWARENESS OF TREATMENT/RECOVERY RESOURCES

Treatment:

In February 2015, The MHR SB received money from OMHAS for the AOD Rapid Response Project in November 2014. The MHR SB expanded the number of AOD providers with which it contracts to include: A Renewed Mind, Lutheran Social Services and UMADAOP.

Medication Assisted Treatment:

At the January 2015 MHR SB Board meeting, AOD Outpatient treatment services definition was modified to include the following medication assisted treatment (MAT) therapies: Buprenorphine by itself or with Naloxone, Naltrexone and all equivalent brand names.

Maternal Opiate Medical Support

The Mercy St. Vincent Mother and Child Dependency Program utilizes case management to engage pregnant women who test positive for opiates at several local outpatient clinics, including those operated by the Toledo-Lucas County Health Department and Neighborhood Health Association. Women who present at Mercy St. Vincent Family Care Center OB Clinic are also included in this program. Case managers link clients to drug and alcohol treatment, particularly SASI, where they can receive Methadone, Suboxone, or outpatient counseling as appropriate. Case managers follow clients through delivery, endeavoring to encourage the mothers to remain in treatment for their addiction.

Recovery Housing

In addition to funding from OMHAS, the Ohio Attorney General's office granted the Lucas County Commissioners funding in 2014 for the purpose of developing and providing recovery housing to Lucas County residents, with priority for survivors of a heroin/opiate overdose who are referred via the Lucas County Sheriff's Department Drug Abuse Response Team (DART). After the implementation year, the MHR SB began investing in two established Recovery Housing projects. The MHR SB has invested nearly \$600,000 to fund recovery housing, which includes funding for 100 recovery beds. Zepf Center, UMADAOP and A Renewed Mind have recovery housing. (Ohio Mental Health & Addiction Services, 2014. Housing categories and definitions crosswalk). Retrieved from:

<http://mha.ohio.gov/Portals/0/assets/Supports/Housing/201407-Housing-Crosswalk.pdf>

Recovery Helpline

The Recovery Helpline implemented in January 2016 is a collaborative project of the public agencies responsible for mental health and addiction services in Lucas, Wood, and Hancock counties. The goal of the Recovery Helpline is to provide clinically-based triage services that will result in people getting access to mental health and addiction treatment services within 48-hours. The Recovery Helpline is built on the foundation of existing resources, including the United Way of Greater Toledo 211, Rescue Mental Health and Addiction Services and The Link Hotline in Wood and Hancock Counties.

Family Drug Court

In 2014, the MHR SB funded TASC to provide a second case manager for the Lucas County Family Drug Court. This increased capacity from 20 to 40 cases and the opportunity to hold an additional docket. The Family Drug Court hears cases referred by Lucas County Children Services and involves parents who are at risk of losing permanent custody of their children. In 2009 the drug of choice for parents involved in the program shifted from crack cocaine and marijuana to opiates. Since that time parental use of heroin/opiates increased from 18% in 2008 to 95% thus far in 2016.

Vivitrol Project

In January 2015, the MHR SB approved a \$100,000 allocation to A Renewed Mind for the Vivitrol Project to be housed in the Lucas County Jail. It provides a medication assisted treatment (MAT) program which begins within the Lucas County Corrections Center (LCCC) prior to the inmate's release back into the community, and continues into outpatient treatment.

Addiction Treatment Program (ATP)

The Addiction Treatment Program (ATP) funded by OMHAS will provide funding for addiction treatment services, and recovery supports, for clients who are enrolled in a certified drug court and have an opioid and/or alcohol use disorder. The client must also be deemed eligible for medication assisted treatment (MAT). Recovery supports are assistance intended to help an individual or a member of the family of such an individual, to initiate and sustain the individual's recovery from opioid addiction and/or alcoholism. Common recovery supports might include, but are not limited to, housing, transportation, childcare, and co-pays for private insurance. Three MHR SB certified provider agencies will work with both the Common Pleas Drug Courts, as well as the Family Drug Court, to facilitate accessing necessary treatment and recovery support services.

Related Initiative:

Collaboration with the Drug Abuse Response Team (DART)

The Lucas County Sheriff initiated the D.A.R.T. unit in July, 2014. The creation of this innovative unit was in response to the public health crisis and epidemic of opioid overdoses, deaths and addiction throughout Lucas County. The primary objective of the D.A.R.T. unit is to provide victims of opioid overdoses and those with the disease of addiction with assistance in accessing a variety of therapeutic treatment programs and recovery services within the local area, without compromising the trust and identity of those they assist. The unit also recognizes the importance of the community's safety and provides valuable investigative intelligence to many jurisdictions.

Since the inception of D.A.R.T., the MHR SB has facilitated a bi-monthly collaborative meeting bringing together MHR SB providers and other stakeholders such as the prosecutor's office, the Attorney General's office and Zepf Center Recovery Housing staff. The purpose of the meeting is to update participants regarding the heroin/opiate epidemic as it relates to clients involved with the D.A.R.T. unit, identify issues to be addressed and strategies for problem solving.

WHERE DO WE GO FROM HERE?

The following checklist includes proven tools that assist in combating the opioid crisis.

(Source: Governor's Cabinet Opiate Action Team, GCOAT, 2016)

MHR SB, Completed or In-Progress:

- Worked with the county coroner to evaluate number of deaths due to drug overdose and develop a system to communicate the latest data to partners;
- Established a local coalition and joined the Opioid Regional Alliance to work across systems to combat the opioid crisis;
- Ensured ready access to the life-saving drug naloxone through a Project DAWN program and first responders;
- Made the local community aware of opportunities for the proper disposal of unused or expired prescription medication;
- Working to develop a full continuum of treatment that is available to those seeking treatment for opioid and other addiction that include availability for all levels of detoxification (Minimum treatment and support services, ORC 340.033 101.01, 2016);
- Embraced locally the use of medication assisted treatment (MAT);
- Invested in recovery housing to promote sustained recovery;
- Continue to support the Family Drug Court and the implementation of the specialty-docket drug court program;
- Developed culturally relevant information and materials about drug abuse;
- Coordinated with local school districts to ensure the use of evidence-based prevention programming, including the dissemination of the "Know! Tips for Parents" that are available free-of-charge through the state's "Start Talking!" program; and
- Supported a local drug prevention coalition.

Additional Strategies to be Considered:

- Establish on-going mechanisms for information sharing across systems to evaluate the progress in fighting the opioid crisis;
- Discuss the aggregate opioid prescribing data for the county that is available through the OARRS website; and
- Disseminate information to local prescribers and pharmacies about the state's prescribing guidelines.

Potential Impact of Federal and State Policy Changes:

Over the next several months, the MHR SB will continue to evaluate its system and the potential impact of recent federal and state policy changes including: Ohio's move to Managed Care, with a January 1, 2018, scheduled implementation date; the Behavioral Health Redesign (Ohio Revised Code 5167.04), with a July 1, 2017, scheduled implementation date; and the recent passage of the federal Comprehensive Addiction and Recovery Act (CARA).

Additionally, the MHR SB Quality Council submitted a set of recommendations to research and redevelop outcome and performance measures that better align with statutory and other funding requirements, such as the American Society of Addiction Medicine (ASAM) continuum, the Healthcare Effectiveness Data and Information Set (HEDIS), Behavioral Health (BH) redesign, and the Substance Abuse and Mental Health Services Administration National Outcome Measures (SAMHSA NOM's). Finally, MHR SB staff will continue to execute the recommendations of the Access to Treatment Workgroup.

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