ON THE FRONT LINES:

STRATEGIES THAT LOCAL COMMUNITIES ARE UNDERTAKING TO ADDRESS OHIO'S OPIOID EPIDEMIC

The Ohio Mayors Alliance, a bipartisan coalition of Ohio's largest cities and suburbs, reached out to its membership to better understand what is being done to combat the state's opioid epidemic. This report highlights the common—and in some cases innovative—approaches used in Ohio's cities, identifies opportunities for Mayors to provide unique leadership, and suggests funding streams available to cities seeking to expand their efforts. While certainly not exhaustive, this report aims to provide a snapshot of efforts on the ground in Ohio relating to the epidemic.
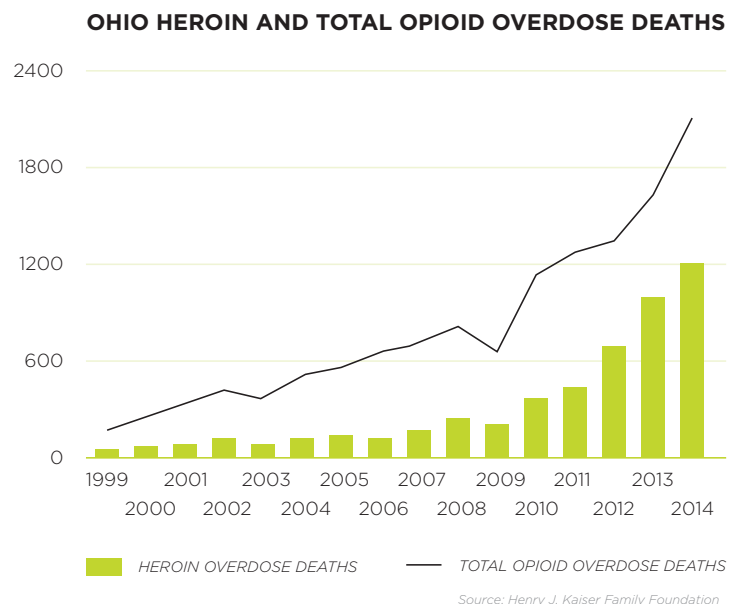
OHIO MAYORS ALLIANCE

OHIOMAYORSALLIANCE.ORG

Ohio is at the forefront of the U.S. opioid epidemic. A recent survey of county coroners by the Columbus Dispatch found that the state had over 4,149 overdose deaths in 2016 - an increase of 36 percent from the previous year. **Most of these deaths were opioid related. The state led the U.S. in opioid related deaths in 2015 with 3,368[1]. New York, a state with nearly double the population of Ohio, was second with 2,431. Of Ohio's deaths, 1,444 were caused by heroin, 1,234 by synthetic opioids like fentanyl, and 690 were from opioid pills such as Oxycontin. As these numbers illustrate, this is a crisis that is the result of not just one drug, but many.**

The opioid epidemic has been ongoing in Ohio for many years—but overdose rates have accelerated recently—with a 600% increase since 2008. In response, an array of governmental agencies, nonprofits, and community groups have stepped up to combat the issue.

This report will highlight the varying methods that Ohio's communities are utilizing to address the issue including: prevention, treatment, and the criminal justice system. While certainly not exhaustive, this report aims to provide a snapshot of efforts on the ground in Ohio relating to the epidemic.

OHIO HEROIN AND TOTAL OPIOID OVERDOSE DEATHS

HEROIN OVERDOSE DEATHS — TOTAL OPIOID OVERDOSE DEATHS

Source: Henry J. Kaiser Family Foundation

COMMUNITY RESPONSE

Multi-jurisdictional, multi-disciplinary intergovernmental cooperation is critically important for local communities in the fight against the opioid epidemic. Mayors can play an important role to ensure the effectiveness of these efforts by bringing in non-governmental partners and strengthening existing coalitions.

Many communities are responding to the crisis through a task force approach in which representatives of multiple agencies from a single jurisdiction, or across multiple jurisdictions, come together to address the community's strategy in responding to the crisis. These teams can serve to bring in new partners and find new collaborations between agencies that do not normally work together.

Montgomery County has established a 60-member steering committee which oversees the work of a multi-agency Community Overdose Action Team that works to review service offerings, identify gaps, and explore new ways to reduce drug overdoses and deaths. The team has divided into sub-teams focused on prevention, treatment, law enforcement, the court system, prescribers, education, and outreach.[2] *Hamilton County* has established a multi-agency Heroin Coalition made up of law enforcement, prevention agencies, public health officials, and treatment providers. In *Franklin County*, the Sheriff's Department has established the Heroin Overdose Prevention and Education (HOPE) task force to oversee local collaboration efforts between enforcement and treatment organizations.

MAYORS CAN PLAY AN IMPORTANT ROLE TO ENSURE THE EFFECTIVENESS OF THESE EFFORTS **BY BRINGING IN NON-GOVERNMENTAL PARTNERS** AND STRENGTHENING **EXISTING COALITIONS**

Middletown has convened a series of Heroin Summits in his community to engage partner organizations in understanding the scope of the problem and the community's response, as well as to develop new policies and educational materials.[3]

Task forces can also be a way to respond to acute, short-term needs of the community. In *Franklin County*, for example, the Opiate Rapid Response Team brings together representatives of the coroner's office, law-enforcement, fire, EMT, and public health officials when a spike in overdoses occurs to develop short-term intervention and response plans.[4]

TREATMENT

Many cities are adopting the "quick response team" model in which first responders are paired with addiction specialists or social workers to provide information and referrals to addicts immediately following an overdose, when an individual is most open to make a change.

Mayors are in a unique position to work with police departments to get Narcan into every patrol car and to serve as vocal advocates for county board (behavioral health and/or addiction services) funding and for the preservation of the Medicaid safety net.

The opioid addiction treatment piece of the puzzle is very complex. Treatment in a given instance can involve: law enforcement, firefighters, EMS workers, judges, doctors, psychiatrists, caseworkers, family members, clergy, and private citizens.

Consistently throughout Ohio, the 50 Alcohol Drug Addiction and Mental Health Services (ADAMHS) Boards serve on the frontline of addiction treatment. ADAMHS Boards are county or multicounty public entities that are charged with contracting with providers to administer treatment.

OVERDOSE REVERSAL/OUTREACH

The most common and immediate method of overdose response is via the administration of Naloxone (Narcan). This drug works to reverse the effects of opioids in the middle of an overdose. Typically, it is administered in the form of a spray that is shot up the victim's nose. Given its effectiveness and the easy manner that it is used, Naloxone has been made widely available. **It is now quite common for police, fire, and EMS workers to carry Naloxone 24/7. The drug was administered over 16,000 times in Ohio in 2015.[5] Additionally, private citizens may procure the drug in case they may come across an overdose.**

Many communities are also deploying the Quick Response Team model, in which a team comprised of police, EMS, and counseling staff provide outreach and education to users and families following an overdose. This model is in use in both **Akron**[6] and other **Summit County** communities[7] as well as in **Middletown**.[8] In **Chillicothe**, the hospital emergency room has been enlisted in the effort, offering individuals admitted for overdoses an opportunity to sign up to receive a follow-up visit from the team.[9] In **Franklin County**, a Rapid Response Emergency Addiction and Crisis Team (RREACT) has been created to dispatch a social worker and addiction specialist to meet with addicts immediately after an overdose in which medics administered Narcan. Follow-up offerings include options for detox, treatment, and other mental and physical health services.

Lucas County has a Drug Abuse Response Team (DART) that responds to hospitals after an overdose to communicate with victims, as well as to establish ongoing communications with their family and friends. The team also provides continued support to the victim throughout their recovery by transporting them to assessments, detox, disposition, and recovery housing. This allows DART to become a support structure for addicts as they navigate the road to recovery.

Columbus launched its Opiate Rapid Response Team in 2016, a high-level team comprised of the coroner's office, law-enforcement officers, fire and medic professionals, and city and county public health officials. The team comes together when a spike in overdoses is observed to develop short-term intervention and response plans.[10]

Hospitals, including Mount Carmel facilities in **Columbus** and **Marion**, are hiring peer support coaches, former addicts who work with those recovering from overdoses to locate resources and navigate the system to improve their chances of recovery.[11]

Harm Reduction
Needle exchanges are the most common method of harm reduction that is in use in Ohio. While not widely available, these exchanges serve to mitigate the harmful effects of reusing and sharing dirty needles. There are high rates of Hepatitis C infections among users resulting from the use of contaminated needles. The spread of HIV is also a concern among these populations. The exchanges help stem the tide of the spread of these diseases as well as provide a place where addicts can be approached about entering treatment.

The **Cincinnati** Exchange Project is one such example. In addition to exchanging needles, the project refers participants to treatment and counseling. The exchange is not housed in one location, but is instead a van that rotates to different neighborhoods in the community.

The city of **Canton**'s Health Department just announced plans to open a syringe exchange on June 23rd. **Stark County** saw a 56 percent increase in Hepatitis C infections from 2010 to 2015.

MEDICATION ASSISTED TREATMENT
Another integral aspect of the treatment structure in Ohio is Medication Assisted Treatment (MAT). This treatment is defined by the Substance Abuse and Mental Health Services Administration as "the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.[12]"

Multiple medications are used in MAT depending on the needs of individual patients. Here are three of the most common medications used in treatment:

Vivitrol: is an extended release drug that is injected monthly. The drug blocks neuronal receptors that provide the opioid "high." If user relapses and takes opioids, they will not experience their effects.

Suboxone: is an opioid-based medication that acts as a partial blocker, typically used as a stepping stone in allowing addicts to gradually end their addiction. If taken correctly, the drug will allow those in recovery to have no withdrawal symptoms from harder drugs such as heroin.

Methadone: functions very similarly to Suboxone - however, unlike Suboxone - it can be taken with opiates such as heroin still present in the user's system. This allows the treatment process to start faster with Methadone. This drug is somewhat controversial due to its ability to cause an overdose if abused.

Since Governor Kasich authorized Medication Assisted Treatments (MATs) into use in an emergency executive order in 2011, payments for MATs have jumped to $110 million in 2016.

TREATMENT METHODS

Opioid addiction treatment is typically divided between inpatient and outpatient services. Inpatient treatment is more comprehensive and there is a large demand for it statewide. This demand can be difficult to meet since the services require beds to be available for each patient. Often these programs are run through the local ADAMHS Board who then contract with local providers. These providers then provide a stable environment for those suffering from addiction to get the help they need such as: medication, counseling, group therapy, and life skills training.

Outpatient treatment shares many of the same characteristics of inpatient, except it does not allow for a stable 24/7 environment. This type of treatment allows individuals to still go to work or school while undergoing rehabilitation.

Recovery Housing is another type of housing being made available to those fighting addiction. These facilities create a structured environment for those who have either finished an inpatient recovery program and aren't quite ready to transition out to on their own or those just looking for a place to begin their road to recovery.

Y-Haven, a recovery housing program offered by the YMCA of Greater **Cleveland,** has been offering help for homeless men in the city for 26 years. The program serves 113 men with a staff of 9 full-time counselors and access to an onsite health center. Recently, Y-Haven announced it would add 80 beds to serve men and women, focusing on those who recently completed drug treatment, are newly released from prison, or are seeking diversion from prison—with an emphasis on the homeless population. The expansion is thanks to a grant from the private Cleveland Foundation and support from the County's Metropolitan Housing Authority and will address the current waiting list for services.

PREVENTION PROGRAMS

There are a wide range of educational and prevention programs that local communities can consider. Most of these programs require collaboration among public and private sector partners and mayors can play a key role in helping to facilitate those discussions, build a sense of urgency and enlist the entire community to play a role.

TARGETING PRESCRIPTIONS

Prescription painkillers are still, by far, the largest cause of Ohio's opioid addiction crisis, with fully 1 in 4 patients who take opioid painkillers becoming addicted, according to one recent study[13]. Nearly 75 percent of new heroin users were first addicted to pain pills, according to the CDC.[14]

75%
OF NEW HEROIN USERS
WERE FIRST ADDICTED
TO PAIN PILLS

At the state level, Ohio has deployed the Automated Rx Reporting System, or OARRS, that prescribing physicians in the state must use when writing prescriptions for more than a seven-day supply of opioid painkillers. OARRS was the most used drug prescription drug monitoring system in the U.S. last year.[15] Doctors and pharmacists can check an individual patient's prescription history before providing them with access to painkillers.

The state has bolstered the OARRS system with additional legislation and executive orders. In January, Gov. John Kasich signed HB319, banning prescriptions in excess of 90 days and invalidating prescription orders that have gone unused for 30 days.[16] In March, Gov. Kasich announced new rules to limit prescriptions to a seven-day supply for adults and five days for children—allowing for prescribers to make exceptions—and requiring entry of a diagnosis code in OARRS for prescriptions of controlled substances.[17]

DOWN FROM
793
MILLION
DOSES IN 2012

State lawmakers want to go further, introducing legislation in both chambers known as *Daniel's Law* (SB119 and HB167) to follow CDC guidelines, restricting prescriptions by law to three-day supplies without completing additional required training.[18] The state medical association opposes the bill.

Prescriptions for opioids dropped in each of the past four years, falling from 793 million doses in 2012 to 631 million in 2016, according to a January report compiled from Ohio Automated Rx Reporting System. The report also found a nearly 80 percent reduction in the number of individuals who are doctor-shopping for prescription painkillers.[19]

TO
631
MILLION
DOSES IN 2016

Continuing Medical Education

Case Western Reserve University offers a three-day course for medical professionals to learn about safe prescribing procedures. Most participants are referred there by licensing boards for violating prescribing rules, but some attend to gain a remedial understanding of the path to addiction when opioid-containing painkillers are prescribed. Program organizers are working with medical schools to offer similar training as part of the training for new doctors.[20]

Drug Drop-off Programs

Because simply having opioid-containing medication in the home can create or lead to addiction problems, many communities are attempting to make it easy for residents to dispose of unused prescription painkillers.

Cuyahoga County, as part of its "Know the Risks" campaign, has identified 48 sites countywide where residents can drop off unused or expired prescription drugs. In 2016, the program recovered over 10,000 pounds of painkillers, and the program hopes to double that number in 2017.[21] *Middletown* reports that it has operated a drug drop-off site in the lobby of the City building for years.[22]

PUBLIC INFORMATION/MEDIA CAMPAIGNS

In April of 2017, *Cleveland* Mayor Frank Jackson and *Cuyahoga County* Executive Armond Budish together announced the launch of a local "Know the Risks" public awareness campaign about the risks of prescription opioid abuse. The effort is organized by a partnership of communications experts in media, City and County government, local and federal law enforcement, hospitals, education, and religious organizations to educate the public with coordinated ads, print, and broadcast programming.[23] The Cleveland Cavaliers, the Downtown Cleveland Alliance, and the Greater Cleveland RTA are all participating in the campaign by donating advertising space,[24] and advertising agencies are donating creative and social media services. Local television news departments collaborated to produce an on-air telethon and phone bank to help viewers with questions and referrals.[25] Cleveland.com is soliciting reader-submitted PSAs which it will run throughout the campaign.[26]

IN-SCHOOL PROGRAMS

Many communities offer drug use education and prevention programs in schools. *Beavercreek* Schools, for instance, use school resource officers to facilitate discussions and provide counseling to students. In *Akron*, Mayor Horrigan has visited every high school to host town hall discussions with seniors, where responding to the opioid epidemic has been front and center.

Dublin has enlisted youth leaders to serve as a "youth council" to its standing "A.C.T." coalition focused on reducing youth drug and alcohol abuse. Council members coordinate peer-to-peer outreach in local high schools. The coalition has also developed public service announcements and in-store materials for distribution at pharmacies on the dangers of prescription drug abuse.[27]

COMMUNITY EDUCATION

The *Northeast Ohio* Regional Library system is training front-line library staff to respond to overdoses and help patrons find resources for dealing with addiction.[28] *Chillicothe* and the *Ross County* Public Library system launched a "One Community, One Book" initiative that encouraged members of the community to read the book "Dreamland" and held a series of public discussions about the book and the origins of the crisis. The *Chillicothe* Gazette has held community forums and created a Facebook group discussion to provide a forum to share news and information and a venue for discussion.[29] Several other large Facebook communities have sprung up around the state to provide support and links to resources.

The *Franklin County* Opiate Task Force, a collaboration between the County Department of Public Health and Mount Carmel Hospitals, is sponsoring a series of Community Naloxone training events in which the public can become certified in the use of Narcan and receive a kit to take home.[30] Operation Street Smart Drug Education is an adult education program offered by the *Franklin County* Sheriff's office in which community members receive training from officers about what to look for to identify potential drug misuse. Training includes information on trends in drug use, terminology, paraphernalia, and methods of concealment.[31]

In **Dayton**, community partners have joined together to offer a series of "Conversation for Change" events in which community members can receive information about treatment and recovery options for themselves and loved ones dealing with addiction.[32] In addition to referrals, attendees receive Narcan training, counseling, and peer support.

Dublin has a standing coalition focused on reducing youth drug and alcohol abuse that has developed public service announcements and in-store materials for distribution at pharmacies on the dangers of prescription drug abuse and how to safeguard medications in your home. The group has a youth council that coordinate peer-to-peer outreach in local high schools.

TELEPHONE HOTLINES

Many communities have established toll free telephone services to provide resources and referral to people dealing with substance abuse issues. Hotlines have been established in Columbus, Cleveland, Cincinnati, Wood County, as well as a statewide service run by the state Department of Mental Health and Addiction Services.

TARGETED OUTREACH

Many communities are using targeted strategies to deliver resources where they may be most needed. In **Dayton**, the Front Door Initiative is an alternative to incarceration when an addict comes into contact with police. When responding to an overdose call in the community or at a hospital, police transport addicts to an inpatient treatment facility through a partnership with Cornerstone. The organization has several facilities in the hardest-hit areas of the city.[33] **Kettering** has begun leaving pamphlets with addicts and their family members with information about addiction and treatment options.

Xenia opened a facility in the community called the Hope Spot, where individuals struggling with addiction and recovery can meet and take part in programs and services that will benefit their long-term recovery.[34]

The Attorney General has initiated Ohio START (Sobriety, Treatment, and Reducing Trauma), a pilot program in 18 Ohio counties to provide specialized services to children of addicts and treatment to parents of children referred to the program. The program is financed using funds from the Victims of Crime Act (VOCA).[35] Many counties also use youth peer mentoring programs to encourage kids to avoid drugs, and Kettering distributes discreet cards to the children of addicts with resources and information so they can seek help without their parents' knowledge.

Middletown, meanwhile, spent significant funds on out-of-school programming to encourage youth achievement, thus discouraging drug abuse. These kids otherwise frequently end up in a foster care system that is not equipped to handle them: the number of children in foster care in **Hamilton County** increased by 50% (from 2000 to almost 3,000) between 2010 and 2016. This has left social workers incapable of handling their caseloads and county budgets incapable of supporting more foster care employees.

CRIMINAL JUSTICE

Cities can help get addicts into treatment by supporting the establishment of local drug courts. Police departments and social services organizations should be encouraged to work together to break the cycle of addiction and crime. Cities should ensure that opportunities for housing and jobs are available to individuals seeking to rebuild their lives after incarceration.

POLICING STRATEGIES

In counties across the state, police departments have reorganized and changed tactics to handle the ballooning public health and safety crises caused by opiate addictions. **Kettering**, for example, has begun charging overdose victims with a crime: disorderly conduct. They intend the charges not as punishment, but incentive to complete a treatment program—if the addicts complete the program successfully, they can get the charges dismissed. Kettering has also added a fifth K9 unit and changed their officer training to increase drug arrests and keep drugs off the street, and they are angling for funds to add part-time social service professionals to their police departments. Meanwhile, in **Xenia**, police training has expanded to include asking officers to listen to former addicts in group sessions in order to enhance empathy, which often provides a crucial incentive for addicts to commit to recovery.[36]

The City of **Middletown** has also increased its numbers with more K9 units ensuring that dogs will be on duty during every shift and developed a Task-Oriented Policing Unit using predictive software to pinpoint particularly dangerous areas.[37]

Nuisance Abatement

Middletown uses a regional approach that shares information with neighboring jurisdictions and offers background checks to landlords to screen potential tenants for criminal history.[38] In 2015 Middletown passed the Chronic Nuisance Ordinance which subjects owners of properties where multiple felony drug incidents occur to civil fines and reimbursement costs for any future service calls.

SPECIALIZED COURT DOCKETS

Drug courts for low-level felons with repeat non-violent drug offenses reduce or eliminate jail time. Instead, offenders go through therapy and rehab and agree to submit to regular, random drug tests supervised by the probation department. Those who test negative for six months, get a job, and pay funds can get their records expunged and hopefully see no long-term consequences. Today, Ohio's counties and municipalities have 95 drug courts for those arrested for possession or for crimes committed to support an addiction.

Drug court has been used by the **Akron** Municipal Court to great effect, allowing drug abusers to see their cases dismissed after a yearlong treatment and rehabilitation program. In the Greater **Cleveland** Drug Court, chemically dependent users with non-violent felony convictions complete a program that costs the city an average of $3,000, compared to $14,000 for the six months they would otherwise spend in prison.[39] In **Hocking County**, a state grant has been paying for 49 year-long treatment slots at total cost of $98,000. Those in treatment form weekly discussion groups that serve as therapy and help with assimilation. The last four graduating groups had 100% employment and only three (out of 196) have committed additional crimes.[40]

Court-Ordered Treatment

While there are three different medications available to those trying to recover from addictions (Vivitrol, Buprenorphine, and Methadone), and no research to show any significant difference in their ability to treat addiction, practical factors have "handcuffed" most drug courts into using Vivitrol, the most expensive of the three. First, state grants are currently available only for Vivitrol; for example, **Cuyahoga County** has a $470,000 state grant to pay for Vivitrol, and no money for any other medications.[41] In addition, halfway houses often serve as the next step after jail for still-recovering addicts, and most of these prohibit the use of all medications except Vivitrol.

INCARCERATION

Currently, most people who are incarcerated in Ohio with an opioid addiction typically go through detox with other inmates in general population.

A shift is starting to occur in the criminal justice community towards detox pods. These pods create a specific area for addicted inmates to receive treatment during their period of incarceration.

Hamilton County is moving in this direction. It provides voluntary inmate segregation for female addicts through the "Recovery Pod" program to aid in treatment before reentry back into society. The county is also currently building a similar pod for male inmates.

RELEASE AND REENTRY

When newly-clean addicts leave the recovery system fully-detoxed, they are at high risk for drug overdose when they return to the community where they can use. Many programs give a dose of Vivitrol right before release, providing a one-month buffer period in which they cannot get high to acclimate to the outside world. Courts, jails, and prisons received more than $16 million dollars in total in 2016 to run drug court and reentry programs.

Many counties and cities use these funds to establish programs that help once recovered addicts leave treatment and reenter the general community. **Hamilton County**, for example, provides peer support, psychosocial therapies, medically assisted treatment, and links patients to peer mentors upon exit from jail. In **Dayton**, addicts can use the Secure Transitional Offender Program to get housing while recovering, and can opt into various life-skills classes through the Day Reporting Program for recovering addicts on probation.[42]

ADVOCACY OPTIONS TO CONSIDER

Universally, agencies dealing with the addiction crisis point to the central role played by expanded Medicaid in their ability to address the crisis. Treatment for many clients is now paid, freeing up much-needed local and state dollars for other aspects of the overall response.

Take an active role in advocating for the preservation of Medicaid expansion, without cuts or caps that will lead to rationing or reduced eligibility.

Pending legislation in both chambers of the state legislature (SB119 and HB167) would restrict prescriptions by law to three-day supplies without prescribers completing additional required training.[43]

Advocate for passage of Daniel's Law (SB 119 and HB167) to establish new prescribing limits.

The federal Institution for Mental Diseases (IMD) rule also currently prohibits federal money from reimbursing facilities with more than 16 beds going to Medicaid patients, and mandates that those patients can only stay 15 days. Ohio Senators Portman and Brown have introduced legislation to weaken this rule, allowing up to 40 Medicaid beds and treating patients for up to 60 days.[44] There is a companion bill in the U.S. House with all four Democratic members of the Ohio delegation signed on as cosponsors.

Advocate for passage of the Medicaid CARE Act and encourage Congressional Republicans to sign on to the House version, the Breaking Addiction Act.

Medicaid currently provides far better coverage than private insurance, which in the best cases typically only pays for initial detox and 21 days of treatment. Experts say some individuals can take as long as 35 weeks to overcome addiction.

Call for changes in the standard of care as part of any revisions to the Affordable Care Act to include coverage of lengthier treatment locations.

County Mental Health and Addiction Boards note that Medicaid provider rates have remained unchanged for years and present challenges in keeping up with personnel costs and in the recruitment of new providers to offer certain much-needed services, such as sub-acute detox.

Work with state policymakers to consider adjustment of provider rates in critically needed areas such as the response to Ohio's addiction crisis.

Data Driven Responses to Prescription Drug Misuse
Formerly offered as part of the Harold Rogers Prescription Drug Monitoring Program, the program, funded as part of the 2016 Comprehensive Addiction and Recovery Act, provides up to $400,000 to units of local governments in states with active monitoring systems to examine the effects of existing or new policy based on data. Only one local government in Ohio has successfully taken advantage of the program to date. The *Fairfield County* ADAMHS was awarded $400,000 in 2013 for data collection and analysis, prevention training to high risk youth and conduct jail assessments.

Drug Abuse Resistance Education (DARE)
Law enforcement agencies are eligible to apply for state funding, through the office of the Attorney General, to implement or carry out drug education programs in school, either through the D.A.R.E. program or delivered by school resource officers.[45]

Strategic Prevention Framework (SPF) State Incentive Grants
Ohio DMHAS is responsible for administering Strategic Prevention Framework (SPF) State Incentive Grants. To receive grant funding for prevention resources, the Strategic Prevention Framework requires states and communities to do the following: 1. Assess needs; 2. Build capacity; 3. Plan; 4. Implement; and 5. Evaluate progress. The SPF also includes two guiding principles of cultural competence and sustainability (http://www.samhsa.gov/capt/applying-strategic-prevention-framework; http://www.mha.ohio.gov/Default.aspx?tabid=761).

Drug and Alcohol Abuse Prevention Trials
NIH Program, intended to support pilots of new addiction prevention programs for adults and kids, especially those targeting healthcare. Grants up to $450,000 over three years, due May 7 2018.[46]

Overdose Outreach Projects
Funded as part of the 2016 Comprehensive Addiction and Recovery Act, this program provides local governments with up to $300,000 for overdose outreach projects up to 3 years in length. Projects must first examine existing data on current service demands and implement a multi-disciplinary, collaborative approach (must include law enforcement) to reduce overdose deaths and/or increase treatment and recovery engagement among overdose survivors.[47]

System-level Diversion and Alternatives to Incarceration Projects
Funded as part of the 2016 Comprehensive Addiction and Recovery Act, this program provides grants of up to $400,000 for counties or cities not in counties to target high-frequency users who have engaged with the justice system repeatedly. The grant asks for programs that create at least two discrete diversion points to help addicts escape the justice system and cycle of addiction.[48]

END NOTES

1   Source: CDC

2   http://www.phdmc.org/coat

3   http://www.cityofmiddletown.org/heroin/default.aspx

4   http://www.dispatch.com/content/stories/local/2016/08/03/coroner-heroin-task-force.html

5   http://www.ohioattorneygeneral.gov/Media/News-Releases/March-2016/Attorney-General-DeWine-Announces-Extension-of-Nal

6   http://wksu.org/post/akron-launches-quick-response-teams-fight-overdose-crisis#stream/0

7   http://www.admboard.org/summit-county-now-has-five-quick-response-teams.aspx

8   https://citymanagermiddletown.com/2016/10/20/managing-the-heroin-crisis/

9   http://www.chillicothegazette.com/story/news/local/2017/01/27/adena-connects-post-overdose-response/97092176/

10   http://www.dispatch.com/content/stories/local/2016/08/03/coroner-heroin-task-force.html

11   http://www.dispatch.com/news/20170601/overdoses-flood-area-emergency-rooms

12   http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview

13   https://www.ncbi.nlm.nih.gov/pubmed/20712819

14   http://www.ncsl.org/bookstore/state-legislatures-magazine/overdosed-on-opioids.aspx

15   http://www.vindy.com/news/2017/may/25/officials-tout-successes-challenges/

16   http://www.cleveland.com/politics/index.ssf/2017/01/vgov_john_kasich_signs_opioid_a.html

17   http://www.cleveland.com/metro/index.ssf/2017/03/pain_prescription_limits_set.html#incart_river_index

18   http://www.cleveland.com/metro/index.ssf/2017/03/ohio_lawmakers_push_opioid_pre.html

19   http://www.cleveland.com/metro/index.ssf/2017/01/opioid_prescriptions_in_ohio_d.html

20   http://www.cleveland.com/metro/index.ssf/2017/04/doctors_want_to_learn_best_pre.html#incart_river_index

21   http://www.cleveland.com/knowtherx/2017/04/cuyahoga_county_officials_hope.html#incart_maj-story-1

22   https://citymanagermiddletown.com/2016/10/20/managing-the-heroin-crisis/

23   http://radio.wosu.org/post/campaign-help-cuyahoga-county-know-risks-opioids

24   http://www.cleveland.com/knowtherx/2017/04/know_the_risks_campaign_is_cri.html#incart_river_index

25   http://www.cleveland.com/knowtherx/2017/04/ideastream_and_tv_stations_hos.html

26   http://www.cleveland.com/metro/index.ssf/2017/04/help_spread_the_word_about_opi.html#incart_river_index

27   http://www.dublinact.org/index.html

28   http://www.cleveland.com/metro/index.ssf/2017/05/librarians_fight_opioid_epidemic.html#incart_river_index

29   http://www.delawareonline.com/story/news/local/2016/05/14/chillicothe-heroin-epidemic-community-solutions/84228602/

30   http://nbc4i.com/2017/04/04/franklin-co-opiate-crisis-task-force-training-the-public-on-how-to-use-naloxone/

31   http://thelantern.com/2017/02/operation-street-smart-aims-to-teach-about-drug-misuse/

32   http://wyso.org/post/opiate-addiction-conversation-change-wednesday

33   http://www.daytondailynews.com/news/state--regional/heroin-addicts-could-treatment-instead-jail-under-new-program/
fh73pzcJNnplrzM5dQSwbI/

34   http://fairborndailyherald.com/top-stories/1551/hope-spot-opens-offers-care

35   http://www.ohioattorneygeneral.gov/Media/News-Releases/March-2017/Attorney-General-DeWine-Announces-Pilot-Program-fo

36   http://fox45now.com/news/local/new-addiction-training-has-xenia-officers-listening-to-recover ing-addicts

37   https://citymanagermiddletown.com/2016/10/20/managing-the-heroin-crisis/

38   https://citymanagermiddletown.com/2015/06/30/heroin/

39   https://clevelandmunicipalcourt.org/judicial-services/court-programs-services/drug-court

40   http://www.cleveland.com/metro/index.ssf/2017/04/ohios_spending_on_opioid_addiction_treatment_drugs_like_vivitrol_and_suboxone_spikes_
spurs_debate_what_treatments_work.html

41   http://www.cleveland.com/metro/index.ssf/2017/04/ohios_spending_on_opioid_addiction_treatment_drugs_like_vivitrol_and_suboxone_spikes_
spurs_debate_what_treatments_work.html

42   https://cbh-services.org/alcohol-drug/day-reporting/

43   http://www.cleveland.com/metro/index.ssf/2017/03/ohio_lawmakers_push_opioid_pre.html

44   http://www.cleveland.com/metro/index.ssf/2017/05/sen_portman_and_brown_introduc.html

45   http://www.ohioattorneygeneral.gov/Law-Enforcement/Local-Law-Enforcement/Drugs/Drug-Use-Prevention-Program-Grant

46   https://grants.nih.gov/grants/guide/pa-files/PA-15-177.html

47   https://www.ruralhealthinfo.org/funding/4082

48   https://www.ruralhealthinfo.org/funding/4082