HPIO Addiction **Evidence** Project

Opportunities for improvement

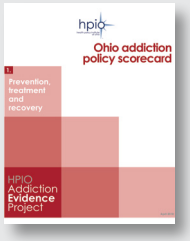
Health Policy Institute of Ohio
Addiction Evidence Project (2018-2020)

HPIO launched the Addiction Evidence Project to provide policymakers and other stakeholders with information needed to assess and improve Ohio's policy response to the addiction crisis.

From 2017 to 2020, HPIO worked with a multi-sector Advisory Group to:
- Review research evidence on what works to prevent, treat and recover from addiction
- Inventory addiction-related policy changes in Ohio
- Identify Ohio's strengths and gaps

This document compiles the opportunities for improvement identified in all four phases of the project:

1



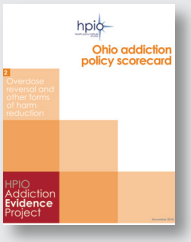
April 2018

Prevention

Treatment

Recovery

2

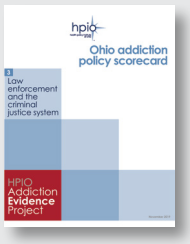


November 2018

Overdose reversal

Harm reduction

3

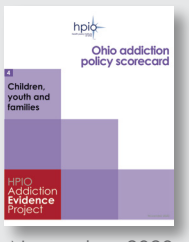


November 2019

Law enforcement

Criminal justice

4



November 2020

Children, youth and families

1 Prevention, treatment and recovery

1. **Build upon the strong framework for appropriate opioid prescribing to continue to drive down opioid use rates:**
   a) Sustain and continually improve OARRS, including increased provider integration with electronic health records and ongoing enforcement of OARRS requirements.
   b) Enforce, monitor and evaluate the impact of recently implemented prescribing limits and, based on evaluation results, consider tightening limits to three to five days as some other states have done.
   c) Offer education, technical assistance and other support to providers to operationalize and implement prescribing limits and guidelines.

2. **Increase use of non-opioid pain management therapies, such as acupuncture, physical therapy and chiropractic care, through:**
   a) Patient and provider education.
   b) Improve insurance coverage for these services.
   c) Partnerships across sectors (healthy aging, chronic disease prevention, behavioral health, etc.) to promote widespread availability of non-pharmacologic approaches, such as tai chi, yoga and stress reduction.

3. **Strengthen the effectiveness and reach of addiction prevention activities:**
   a) Increase sustained sources of funding for evidence-based prevention strategies for children, families and communities.
   b) Explore development of an addiction prevention wellness trust funded by future potential legal settlement proceeds.
   c) Support a comprehensive approach to prevention of all forms of substance use disorder (including opioids, methamphetamines, alcohol, tobacco, etc.) across the life span, including adults over age 18.
   d) Improve coordination, monitoring and evaluation of school-based prevention activities.
   e) Increase coordination between state agencies so that local communities receive consistent and coordinated support from the state regarding community and school-based prevention.

4. **Ensure that evidence-based addiction treatment and recovery services are available for all Ohioans in need:**
   a) Actively promote awareness of state and federal parity laws and strengthen monitoring and enforcement.
   b) Evaluate the impact of Behavioral Health Redesign on addiction treatment system capacity and treatment outcomes and make continuous improvements based on the results.
   c) Collect quantitative data regarding treatment gaps and publicly report the number of patients receiving evidence-based treatment (including MAT) in state-certified facilities and through county ADAMH board funding.
   c) Strengthen the behavioral health workforce through increased reimbursement rates, enhancing the Behavioral Health Workforce Initiative and continuing to build integration with physical health care.

5. **Reduce health disparities and address the social determinants of health:**
   a) Ensure that resources and strategies are more aggressively directed toward populations at greatest risk of overdose deaths and incarceration.
   b) Improve social and economic conditions in struggling Ohio communities.

6. **Increase use of data and evaluation to drive improvement:**
   a) Include measurable policy goals in legislation and integrate tools to track implementation and outcomes into the policymaking process.
   b) Increase the transparency and usefulness of evaluation findings, such as posting all evaluation results on state agency websites.

In addition, the following steps would boost the effectiveness of Ohio's response to current and future addiction challenges:

7. **Strengthen clinical-community linkages and connections between sectors.** For example, ensure that hospital emergency departments, law enforcement and community behavioral health providers work together to make sure that people in need of treatment do not fall through the cracks.

8. **Develop a coordinated, long-term approach to serve the needs of children exposed to Adverse Childhood Experiences (ACEs) as a result of the addiction crisis,** including sustained investments in early childhood home visiting and education, parenting education, trauma-informed care and education, the child welfare system and other evidence-based interventions.

9. **Develop a comprehensive plan for addressing potential positive and negative consequences of medical marijuana legalization,** including impact on pain management, employers, adolescents and motor vehicle safety.

Download the complete "Ohio Addiction Policy Scorecard: Prevention, treatment and recovery" at

http://bit.ly/2qFhZA2

2 Overdose reversal and other forms of harm reduction

1. **Continue to increase naloxone distribution across the state to ensure that all Ohioans have access to overdose reversal medication, including improved access for community organizations and lay people.**
   a. Increase the number of community sites that can distribute naloxone, including Project DAWN sites and other community-based organizations, so that there is better coverage across Ohio, particularly in counties with the highest overdose rates.
   b. Expand the types of entities that are eligible to become Project DAWN sites, including non-profit organizations that serve people who inject drugs.
   c. Allow community organizations to distribute naloxone without a Terminal Distributor of Dangerous Drugs (TDDD) license and/or provide assistance to entities so that they can obtain a TDDD license.
   d. Increase naloxone distribution by continuing to integrate Project DAWN and other distribution models with addiction treatment settings, re-entry from prison and jail and syringe services programs (SSPs).
   e. Establish additional methods for distributing naloxone in the community, such as by storing and maintaining naloxone in automated external defibrillator (AED) cabinets.
   f. Simplify Ohio's Good Samaritan law and reduce the restrictions on Good Samaritan immunity so that bystanders are encouraged to call for help during an overdose.
   g. Create civil liability protections for lay persons who administer naloxone to a person experiencing an overdose.
   h. Expand the current media campaign to inform the public, including drug users, family members and friends of drug users and community groups, of the availability of naloxone, Ohio's Good Samaritan law and other legal immunities related to naloxone distribution and administration.
   i. Increase the sustainability of the Project DAWN program by establishing a pathway for Project DAWN sites to bill insurance providers for the naloxone they distribute.

2. **Launch an intensive initiative to reduce the spread of infections associated with injection drug use, including increased awareness of the importance of prevention, treatment and harm reduction.**
   a. Create an integrated state plan to reduce hepatitis C transmission and reinfection, similar to the Ohio HIV Prevention and Care Integrated Plan.
   b. Increase the number of syringe services programs in Ohio, particularly in counties with the highest rates of hepatitis C and HIV.
   c. Identify sustained funding sources to support syringe services programs and explore ways to capture downstream savings to Medicaid and the Ohio Department of Rehabilitation and Correction to reinvest in infection prevention.
   d. Establish a statewide coordination hub for syringe services programs that can assist local programs with information sharing, technical assistance, evaluation and quality improvement.
   e. Develop a campaign to reduce stigma for harm reduction approaches.

3. **Continue to improve access to hepatitis C treatment for Medicaid enrollees, while exploring strategies to control treatment costs.**
   a. Remove or reduce restrictions related to sobriety timeframes and specialist providers.
   b. Engage primary care providers, including Federally Qualified Health Centers (FQHCs), in providing direct-acting antiviral treatment for patients with hepatitis C.
   c. Increase screening efforts for hepatitis C and HIV across the state, particularly for priority populations, including people who inject drugs.
   d. Implement strategies identified by the National Governor's Association to ensure fiscal sustainability of hepatitis C treatment in the Medicaid program, such as by incorporating value assessments into policies and purchasing approaches.

In addition, state policymakers can do more to:

4. **Reduce the number of alcohol/drug-impaired motor vehicle crashes.**
5. **Improve surveillance and evaluation to ensure that the state is investing in effective strategies.**

Download the complete "Ohio Addiction Policy Scorecard: Overdose reversal and other forms of harm reduction" at

http://bit.ly/2RWMHjo

3 Law enforcement and the criminal justice system

1. **Improve data collection and reporting across the law enforcement and criminal justice systems** and identify state-level entities to coordinate data sharing and evaluation:
   a. Require and provide funding for local law enforcement agencies to report crime data to the Ohio Incident-Based Reporting System (OIBRS).
   b. Collect additional data from specialized dockets and leverage existing data by linking it to the Ohio Automated Rx Reporting System (OARRS) to detect patterns of at-risk behavior among specialized docket participants.
   c. Institute a standard data collection system across Ohio jails to determine the extent to which substance use disorder screening, treatment and naloxone are available in jails.
   d. Collect additional data from state prisons to measure the extent to which effective substance use disorder screening and treatment are available during incarceration.

2. **Include race, ethnicity, income and education information in law enforcement and criminal justice data collection systems.** Assess the impact of law enforcement and criminal justice policies on different groups of Ohioans in order to identify opportunities to reduce disparities and inequities in the criminal justice system.

3. **Expand existing evidence-informed models and programs that address addiction in law enforcement and criminal justice settings to all Ohio counties:**
   a. Encourage all first responders and public health agencies to fully utilize ODMAP to mobilize more effective responses to overdose spikes and hot spots. Facilitate partnerships between local health departments and first responders to enhance collaborative utilization of the data.
   b. Assess the extent to which QRTs/DARTs are being implemented across the state and identify a common set of process and outcome evaluation metrics that can be used to evaluate and improve these programs.
   c. Encourage counties to participate in the Targeted Community Alternatives to Prison (T-CAP) program and reduce the number of conditions that make offenders ineligible for T-CAP so that more offenders with addiction issues are diverted from prisons.
   d. Expand the Addiction Treatment Program and/or the Specialized Docket Subsidy Program so that all specialty dockets receive General Revenue Fund (GRF) funding.
   e. Look to the Crisis Intervention Team leadership provided by the Ohio Criminal Justice Coordinating Center of Excellence as a model for training, technical assistance, evaluation and data collection for other statewide criminal justice programs.
4. **Reform the money bail system** and implement a risk assessment tool for pretrial release and detainment decisions. Risk assessment tools should be accessible and culturally competent so that unintended consequences related to racial and other inequities are minimized.
5. **Reduce the prevalence of mandatory sentencing requirements** in the Ohio Revised Code, which prevent the possibility of alternative sentencing programs and/or diversion to community corrections.
6. **Update the minimum standards for jails** to specifically require appropriate use of naloxone, medically managed withdrawal and evidence-based SUD screening and treatment. Rigorous monitoring of local jails is also needed to ensure that inmates with SUD are provided with opportunities to address their addiction while in jail and upon release.
7. **Provide technical assistance to local communities on the Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42**, so that law enforcement agencies and others can appropriately share information through QRTs/DARTs and other community service programs.
8. **Simplify Ohio's Good Samaritan law** and reduce the restrictions on Good Samaritan immunity so that bystanders are encouraged to call for help during an overdose.
9. **Increase training requirements for corrections professionals** on the nature of addiction, evidence-based addiction treatment, stigma and implicit bias.
10. **Update the Ohio Parole Board Handbook** to require the use of evidence-based risk assessment.

Download the complete "Ohio Addiction Policy Scorecard: Law enforcement and the criminal justice system" at

http://bit.ly/2OcZoGp

4 Children, youth and families

1. **Build upon current momentum to transform and strengthen Ohio's children services system:**
   a. Implement recommendations from the **Governor's Children Services Transformation Advisory Council**. Monitor progress on action steps and publicly report performance on intended outcomes.
   b. Ensure success of Ohio's **Family First Implementation Roadmap** through ongoing stakeholder engagement, relevant workforce development and rigorous quality assurance.
   c. Implement the **Child in Need of Protective Services (CHIPS)** framework as recommended by the Supreme Court of Ohio Advisory Committee on Children and Families.
   d. Prioritize assistance for kinship caregivers and foster families, including improved financial support and training.
   e. Continue to pursue structural reforms to address the needs of multi-system youth through state agency collaboration and data sharing, long-term resource allocation and effective quality incentives within Medicaid managed care.

2. **Extend evidence-based prevention to reach more families,** including primary prevention of child maltreatment, secondary prevention for families at elevated risk for poor outcomes due to parental substance use disorder and programs that support parenting skills and healthy child development for all families:
   a. Leverage collaboration among the Governor's Children's Initiative, Ohio Department of Health (ODH), Ohio Department of Job and Family Services (ODJFS) and Ohio Department of Medicaid (ODM) to achieve the goal of tripling the number of Ohio families served by evidence-based home visiting models. Report progress toward this goal on an annual basis.
   b. Monitor implementation of recommendations from the Governor's Advisory Committee on Home Visitation and the Maternal, Infant, Early Childhood Home Visiting Needs Assessment update.
   c. Expand evidence-based parenting education programs, such as Triple P, to all Ohio counties.
   d. Increase the percent of children who participate in high-quality early care and education, including Head Start and other preschool programs.

3. **Ensure that pregnant women and parents have access to effective addiction treatment and recovery services:**
   a. ODM should move forward with plans to apply for a Centers for Medicare and Medicaid Services Section 1115 waiver to allow continuous Medicaid coverage for 12 months postpartum for women with substance use disorder.
   b. Increase the number of treatment providers for women with substance use disorder that offer childcare, and family-friendly residential treatment and recovery housing.
   c. Increase the number of treatment providers that offer methadone and buprenorphine to pregnant women.
   d. Allocate resources to address unmet behavioral health needs in communities of color and rural and Appalachian counties.
   e. Increase the number of addiction treatment providers that report data into the new Ohio Behavioral Health Information System (OBHIS). Use OBHIS and Medicaid data to track changes in unmet need for addiction treatment over time.

4. **Improve screening, data surveillance and early intervention for prenatal drug exposure:**
   a. Develop or adopt standardized protocols for universal screening, brief intervention and referral to treatment for alcohol and substance use in pregnant and postpartum women.
   b. Encourage widespread implementation of the Ohio Perinatal Quality Collaborative **NAS protocol**.
   c. Standardize plans of safe care policies, processes and procedures, such as monitoring, across the state.
   d. Increase collaboration between ODM, ODH, Ohio Department of Mental Health and Addiction Services and the Ohio Hospital Association to improve data collection, information sharing and efforts to improve surveillance of NAS, fetal alcohol spectrum disorders, prevalence of pregnant women with substance use disorders and scope of unmet need.

5. **Assess and dismantle inequities resulting from racism and other forms of discrimination in the children services and court systems:**
   a. Allocate resources to address unmet needs for families of color and Appalachian families within the children services and court systems.

b. Add race and ethnicity as filter categories on the ODJFS Families and Children Data Dashboard. Ensure this disaggregated data is available at the state and county levels, when applicable.
c. Increase the number of drug courts and family dependency treatment courts that use the Racial and Ethnic Disparities Tool to reduce disparities in practices and outcomes. Require these specialized dockets to assess and report graduation rates by race and ethnicity.
d. Require child welfare program evaluations to disaggregate data by race and ethnicity.
e. Assess and improve cultural competence of service delivery staff, including public children services agency (PCSA) caseworkers, court staff and judges, early childhood home visitors and others who work directly with families.
f. Identify additional opportunities to dismantle systemic racism and reduce inequities in child maltreatment. See **Connections between Racism and Health** for potential action steps.

6. **Increase use of evaluation to drive improvement and resource allocation** by prioritizing evaluation and fidelity monitoring for Family First programs and requiring that future projects include rigorous evaluation and transparent reporting of results.

Download the complete "Ohio Addiction Policy Scorecard: Children, youth and families" at

https://bit.ly/2JZvfvM

All HPIO Addiction Evidence Project material is available at
www.hpio.net/addiction

HPIO Addiction **Evidence** Project

HPIO has created tools to enable policymakers to take stock of what's been done to address the addiction crisis in Ohio, compare it to what the evidence says works best and determine where there are still gaps in the state's response.

Over four phases of the Addiction Evidence Project, HPIO has identified:

30

Opportunities for improvement

Opportunities for Ohio to address gaps in the policy response to addiction in both the public and private sector

463

Policies listed in the inventories

Inventories of policy changes enacted in Ohio from 2013 to 2019, including legislation, rules/regulations and state agency initiatives, programs, system changes and guidelines

255

Evidence-Informed resources

Online hubs for credible evidence on what works to address addiction

hpio health policy institute of ohio

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- Interact for Health
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- Peg's Foundation
- Premier Health
- Ohio State Bar Foundation
- SC Ministry Foundation