



**PHILANTHROPIC AND  
COMMUNITY COALITION**

— TO END THE OPIOID EPIDEMIC —

# Progress Report

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September 2018

Prepared by Strategy Design Partners



**The human and economic devastation caused by opioid abuse and misuse has been catastrophic in Lorain County. In just the last two years, 264 people have died.**

## Introduction

The human and economic devastation caused by opioid abuse and misuse has been catastrophic in Lorain County. In just the last two years, 264 people have died. Hospitals report tens of millions of dollars in uncompensated care. And in the absence of a coordinated, accessible system, jail cells have become both psychiatric and detox dumping grounds. More than \$50 million was spent in 2016 to save lives, incarcerate people, and more. Organizations fighting on the front lines continue to see their wait lists balloon with the growing need for additional services for people experiencing substance use disorders. A fragmented system of providers is scrambling to respond with the best continuum of care possible. But transforming this broken system, which is not suited to meet the needs of this epidemic, is complex and arduous.

This progress report highlights the early results of an ambitious effort from partners across the community to transform the system to respond to the crisis and ultimately end the opioid epidemic and related addictions in Lorain County. The Philanthropic and Community Coalition efforts to date have focused on developing a best practice continuum of care model, curbing the harm it causes with innovative and proactive programming, creating a community data center that informs strategies, and educating the community about the deadly disease of addiction and its harmful human and economic impact.

The Coalition has seen in Ohio and elsewhere that the most successful models of addressing this epidemic involve a close collaboration between all partners, and particularly the county government and philanthropic community. The Coalition has been convening partners in the community, including providers, county agencies, commissioners, and educators, to address this devastating epidemic that continues to destroy lives and cripple the economic vitality of this county.

# 2018

## JANUARY

- Community Assessment Released
- Coalition and Work Teams form
- Website launched

## MARCH

- Work Teams kickoff meetings
- Treatment & Recovery Team focuses on system transformation and integration

## MAY

- Addiction and behavioral health best practice models and community needs explored
- National Safety Council Presentation to community
- Final vision and service model presented to the County
- Potential community data center explored with LCCC
- Target site for syringe exchange program explored

## JULY

- Preliminary financial model presented to Coalition
- Meetings with providers and Commissioners to discuss financial model

## FEBRUARY

- Coalition Work Teams populated
- Coalition visit to Phoenix and Tuscan, AZ to review successful models

## APRIL

- Treatment & Recovery Work Team establishes vision for high quality, comprehensive continuum of care
- Golden Acres emerges as potential site to bring the system together as "Recovery One"
- Coalition visits Golden Acres site
- Preliminary vision presented to County Commissioners
- Coalition visit to Richard Fairbanks Foundation to explore best practices in education and prevention

## JUNE

- Mercy Hospital and Work Team discussions about merging Behavioral Access Center with new model at Golden Acres
- Vorys engaged to develop financial model
- Vision for community agenda developed
- Vision for data center developed

## AUGUST

- Coalition visit to crisis care centers in VA and DE
- Meeting with LCCC on data center vision



## Community Assessment & Coalition

The *Community Assessment of the Opioid Crisis in Lorain County, Ohio* (Community Assessment) was commissioned by The Nord Family Foundation to determine if the County was prepared to address the epidemic and maximize the resources available to understand the magnitude of both morbidity and mortality rates and also the economic burden. The *Community Assessment* was publicly released in January 2018, and can be viewed and downloaded at [endtheepidemiclc.org](http://endtheepidemiclc.org).

The Coalition consists of philanthropic, nonprofit, business, healthcare, government, and citizen leaders whose mission is to protect the community from further human devastation and the significant economic burden of the opioid epidemic. The Coalition has three goals:

- 1. To establish a coordinated, accessible system that educates people about the disease, prevents it, and treats it effectively when it happens**
- 2. To reduce deaths and overdoses in Lorain County; and**
- 3. To reduce the annual economic burden impacting Lorain County businesses and citizens.**

**Among many findings, three alarming statistics about the impact of the epidemic in Lorain County stand out:**

Prescription opioid misuse and abuse in Lorain County is

**2.5 times**

the national average.

There were

**132 deaths**

in Lorain County in 2016.  
(Of note, this devastating number was exactly the same in 2017)

The total economic burden on Lorain County in 2016 was nearly

**\$200 million**

# Recommendations of the Community Assessment

In addition to setting the stage and helping the Coalition fully understand the epidemic in Lorain County, the Community Assessment also recommended the following strategies to combat it:

1. Further develop efforts to encourage multiple stakeholders' involvement and collaborative decision-making
2. Develop a full continuum of culturally appropriate and accessible care and related services
  - Prevention
  - Detox
  - Treatment
  - Recovery
  - Harm reduction
3. Institute an education component
4. Review current national and state policies
5. Develop a system of data collection and coordination
  - Collect, track, and report individual and systems-level outcome data to improve the system of care
  - Ensure data are collected regarding specific strategies
  - Establish real-time data alert procedures to identify potential spikes in OD cases
6. Develop a plan to disseminate information related to addressing the opioid crisis



# A High Quality, Comprehensive Service Model

The Treatment and Recovery Work Team (“T&R Work Team”) was created to respond to these recommendations and drive the work of the Coalition. The T&R Work Team has been the most active, focusing on establishing a high quality, coordinated, and accessible system to meet the crisis head on and ultimately reduce deaths, overdoses, and the economic burden plaguing the County.

## Members from the following organizations have been participating in these meetings:

- Alcohol & Drug Addiction Services (ADAS) Board of Lorain County
- Lorain County Board of Mental Health
- The LCADA Way
- Firelands Counseling and Recovery Services
- The Nord Center
- The Road to Hope House, Inc.

## The T&R Work Team reviewed the current service system and developed ways to fill gaps highlighted in the *Community Assessment*, including:

- Making sub-acute detox beds available in Lorain County – none exist today
- Expanding ambulatory detox and medication assisted treatment
- Emphasizing recovery through treatment and discharge
- Increasing the number of residential beds, including those for men
- Improving accessibility of services for residents in the southern part of the county

From extensive research on best practice service delivery models to discussions with national foundations, the T&R Work Team concentrated on developing a high quality, comprehensive system of care. Team members joined local judges, police, and others on a visit to Phoenix and Tuscan to see examples of successful models. This knowledge helped develop a collective vision and service plan for a more advanced system of care, responsive to the current crisis, but also adaptable to potential future issues that arise.



**Opioids have been a destructive force in Lorain County. Addiction is a disease that overwhelms people and takes control of their brains, destroying countless lives in our community. Our Coalition is developing a unified system that comprehensively treats people afflicted by this disease and working together to end this epidemic**

**Don Sheldon, Community member and former regional president for University Hospital and UH Elyria Medical Center**

# A High Quality, Comprehensive Service Model

The T&R Work Team’s vision is to create a central hub that could provide 24-hour intake and triage, assessing clients for their addiction, behavioral health, and social and emotional needs while seamlessly connecting them to necessary services. The hub would connect to other programs and services in the community (“spokes”), improving access and coordination of services along a client’s pathway from treatment through recovery.

While the hub and spokes model does not require a centralized physical location for the intersection of these services, it can make the service continuum operate more efficiently and effectively. A former nursing home called Golden Acres in Amherst was identified as an option for locating the central hub. The County owns the property and received \$500,000 from the state capital budget to renovate the building toward the \$850,000 required to simply stabilize the structure, which has become known as “Recovery One.” To be thorough in its evaluation, the Coalition has also been evaluating alternative sites for the service model.

**The T&R Team presented its vision and service model to members of the County Administration in April and May, recommending Recovery One as the possible central hub and primary entry point along the continuum with the following mix of services:**

- Coordinated 24-hour intake, assessment, and triage (addiction, mental health, and social)
- Shared information database that tracks client intakes, patient information, and progress while improving system-wide coordination
- Sub-acute detox beds
- Residential beds
- Recovery beds

The T&R Team solicited professional advice from Ron Cocco from Clark and Post Architects to review floor plans for adaptive reuse of Golden Acres on each level of the building and the adjacent building commonly known as the “Old School Building.” A preliminary opinion of probable costs for construction was estimated at nearly \$3.5 million.

All roads to recovery were leading to Recovery One as the possible central hub for the system. Whether the service hub lands at Golden Acres or not, the Coalition’s convening of key partners and development of a transformational service model – combining addiction, mental health, medical, social, and community services across a high-quality, comprehensive continuum of care – has real opportunity to reduce deaths, overdoses, and the economic burden in Lorain County.

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# Behavioral Health

**“To provide better crisis care to our community, we must develop a space, independent of a traditional emergency room, where someone in psychiatric distress can have a timely and thorough assessment followed by a direct connection to the service that is most likely to be helpful.”**

**Kathleen Kern, Executive Director, Lorain County Board of Mental Health**

Studies have shown a high correlation between mental illness and addiction. According to the Journal of the American Medical Association, 50% of individuals who have severe mental illness struggle with substance abuse. Another study by the Substance Abuse and Mental Health Services Administration discovered nearly 40% of adults reporting a substance abuse disorder also suffered from a mental illness. Finally, further research has shown that people with mental health disorders have increased likelihood of developing long-term opioid use problems.

A high-quality, comprehensive service model with a central hub and 24-hour triage will see many clients with co-occurring mental health disorders and substance abuse issues. These co-occurring issues require concurrent treatment. Connecting behavior health crisis care (“crisis care”) into the new continuum of care model would provide the best level of service for clients in Lorain County facing opioid or other addictions.

Sponsored by The Nord Family Foundation and Pegs Foundation, Coalition members joined representatives from Mercy Hospital to visit best practice models for crisis care centers in Arizona, Virginia, and Delaware.

RI International, an experienced nonprofit operating crisis care centers in five states, guided the group on a tour of its Recovery Response Center (RRC) in Newark, Delaware. Funded exclusively by Delaware Health and Social Services, the RRC offers clients immediate psychiatric evaluations as part of a 23-hour review and, when necessary, further sub-acute treatment over ensuing days to stabilize their mental conditions.

Bringing crisis care to Lorain County would cut down on the need for inpatient beds at hospitals and provide safety services an alternative to jailing people with severe behavioral problems. This would not only save lives but substantially reduce unnecessary hospital and law enforcement costs. Reallocating dollars to crisis care connected to a high-quality, comprehensive service model is the best practice for clients, providers, public agencies, and taxpayers in the community.

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# Financial Modeling

**"The investment to develop a financial model has proved an invaluable contribution to the effort. Its flexibility gives the Coalition the data needed to determine the best mix of services between addiction and mental health at a cost that is responsible to the client, insurance providers, and ultimately the taxpayer."**

**John Mullaney, Executive Director, The Nord Family Foundation**

Once the vision and service portfolio for Recovery One became an option, the Coalition pivoted to developing a financial model to support the operations of the facility. The Coalition contracted with Vorys Healthcare Advisors ("Vorys"), a well-respected health care consulting group with expertise in Medicaid policy, healthcare service delivery, and payment systems, to help identify the potential revenues and expenses at Recovery One.

Vorys reviewed the Community Assessment and the T&R Work Team's proposed service model. They also met with service providers and conducted additional research on state and national best practice models. Vorys relied on the T&R Work Team's analysis of community need and continuum of care service model for Recovery One. But the adaptable financial model they developed can be used to analyze the projected service mix, revenues, and expenses at Recovery One, another location, and the entire system.

The financial model for Recovery One revealed some services were billable through Medicaid but highlighted significant gaps in fully funding the service model. One model showed a revenue gap of more than \$2-3 million annually over five years. Vorys did make several assumptions about staffing, administrative costs, and utilization. The T&R Work Team and Vorys did not evaluate whether a single provider or multiple providers should run Recovery One operations. It was noted, however, a single provider could create efficiencies through, for example, shared staffing and also narrow the financial gaps in the current model.

## Vorys also recommended further analysis of the following areas:

1

### **Recovery Housing:**

More discussion is needed regarding the level of recovery housing at Recovery One and whether it should exist there at all.

2

### **Multiple vs. Single provider:**

Vorys examined the building separated into different services delivered by multiple providers. As previously mentioned, more providers increase costs and also create additional challenges with health records, information exchange, and privacy laws. Vorys suggested a single provider could help alleviate these issues.

3

### **Mental Health vs. Substance Use Disorder (SUD) Triage:**

Vorys contends Recovery One should be a “no wrong door” place of entry for SUD and mental health services. Because a significant proportion of the addiction community also have behavioral health needs, if these services are not provided at Recovery One, these services must be leveraged elsewhere in the community.

**Vorys financial modeling helped the Coalition understand the opportunities and challenges in creating a high-quality, comprehensive continuum of care service model in Lorain County that could begin at the Recovery One site. The Coalition is considering engaging Vorys for a second phase of work to dig deeper into the service and financial models, with emphasis on recovery housing, staffing assumptions, administrative costs, system integration, and connection to behavioral health. While this model is expensive, the costs are merely one percent of the \$200 million annual economic burden to the community. Thus, an investment by the community in a high-quality, comprehensive service model will eventually reduce this burden and save lives.**

# Harm Reduction

While much of work to date has been focused on establishing a coordinated system, the Coalition is following through on other recommendations from the Community Assessment, including executing strategies for harm reduction.

Harm reduction strategies have become prevalent in many communities across the United States and Ohio. One strategy receiving broad-based support by experts is a syringe exchange program.

Syringe exchange programs vary program to program, but in their simplest form they provide new, sterile needles in exchange for used ones. And while there is no evidence to support that these types of programs support or promote drug use, there can be resistance to having such a program in a community.

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These cost-effective programs have proven to reduce HIV and Hepatitis C rates in communities and provide clients with access to services such as healthcare and treatment in a safe space. Additionally, when used syringes are exchanged for clean ones, it is less likely they will be left as hazards on playgrounds and other public spaces. When considering the health care, treatment, and criminal justice costs associated with the opioid epidemic are \$50 million in Lorain County alone, harm reduction programs like syringe exchange make good human and economic sense for everyone in the community.

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The benefits of syringe exchange programs can outweigh the risks. Following the lead of 16 counties in Ohio, the Coalition is working on introducing the first syringe exchange program in Lorain County as early as fall of 2018.



**In Lorain County between 2012 and 2016, the number of people infected with Hepatitis C increased by 522% from 99 people to 616 people. To protect the public's health, we are developing solutions to curb this dramatic increase of Hepatitis C in our community**

**Dave Covell, Health Commissioner**

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# Data Analytics

**“We have the opportunity to improve how we collect and analyze data to make better and faster decisions across all sectors in Lorain County. Together, we will build an innovative system that improves services, reduces costs, and saves lives.”**

**Cynthia H. Andrews, President and CEO, Community Foundation of Lorain County**

Lorain County lacks a coordinated system for data collection, monitoring, and dissemination. While many agencies collect data for their organizations, no entity is collecting and analyzing system-level data to inform strategies that combat the opioid epidemic and other challenges in the County.

To increase the community’s understanding of data and direct future efforts, the Coalition pursued and was awarded a grant from IBM to provide analytic services from IBM’s senior consultants over a multi-week period. IBM’s Impact Grants provide several unique offerings tailored to specific organizational needs. The IBM Corporate Citizenship Analytics grant will help combine countywide datasets to inform and improve decision making.

Along with IBM’s support, the Coalition is working with Lorain County Community College (LCCC) to develop a data analytics center that informs strategies for ending the opioid epidemic and evolves to meet diverse social, economic, and other issues in the community.

LCCC would serve as the fiscal agent and provide in-kind and leadership support for the Center. Students would also have the opportunity to staff the Center, serving as research assistants and gaining practical experiences collecting, analyzing, and disseminating data involving important community issues.

The vision for the Center is to become a legacy resource for the community, where data analytics helps address critical community issues beyond the opioid epidemic. The Coalition and LCCC plan to launch this initiative early next year.

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## Education & Awareness

**“It's important that our community understands the impact of opioids – misuse, addiction and overdose, not only on the individual and their families but also in our communities. A coordinated education approach can help address the stigma of addiction and illuminate the solutions that we are collectively moving forward on to end the epidemic.”**

**Elaine Georgas, Executive Director, ADAS Board of Lorain County**

While the Coalition and many people understand the devastating impacts of the opioid epidemic, there remains a stigma attached to the addictive disease. Many Coalition partners, including the ADAS Board, have been individually doing their part to educate the community about the impact of the epidemic and ways to address it.

The Coalition is engaging the broader Lorain community to raise awareness, beginning with the public launch and several community-wide speaking engagements. In May 2018, the Coalition held a forum on the impact of the epidemic on business with a speaker from the National Safety Council. The business community remains a vital partner for the Coalition to engage, from educating their workplaces, to investing in the Coalition's system reform, harm reduction efforts, and data center creation. As other communities have found, engaging the business community to assist in addressing the opioid crisis has been a challenge. Nonetheless, we will continue to work hard to enlist this important segment of our community in our fight against addiction.

While these unique efforts are making an impact, more must be done to eliminate the stigma of addiction. The Coalition is working on a community-wide education and awareness campaign that unites the individual efforts underway into a collective agenda that not only raises awareness about the disease and epidemic but also educates and engages the community in helping to end it. The coordinated planning and promotion will begin this fall.

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## Conclusion

The Coalition will continue working to improve the system, develop a complete continuum of care, pursue a central hub for services, establish a community data center, implement harm reduction strategies, and educate all of Lorain County about ending the epidemic.

We are thankful to all members of the Coalition for their individual and collective efforts to combat the epidemic, reduce the economic burden, and save lives. It will take months, even years, to achieve success, but real progress is underway by the community to end the devastation this epidemic is causing in Lorain County.



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