### Mission

Reduce overdoses and overdose deaths and increase access to treatment and recovery supports in Lorain County.

#### **Value Statement**

Lorain County's Opioid Action Team (LCOAT) commits to work together through a comprehensive, data-driven plan that effectively blends, braids, and if necessary, acquires resources that address the priorities of prevention and reduction of factors contributing to the devastating human, economic and societal impacts of opioid abuse, overdose and death in Lorain County.

#### Vision

To empower every individual and community partner to strengthen our community's wellness.

#### **Purpose**

The purpose of the LCOAT is to engage collaboration among key stakeholders within the community to take a multidisciplinary approach using data to design intentional evidence based strategies that address the factors underlying accidental deaths due to drug overdoses in Lorain County.

### Description

The LCOAT was formed in response to the 2011 Lorain County Community Health Assessment and the capacity for Project DAWN (Deaths Avoided with Naloxone) in Lorain County. The Mental Health, Addiction, and Recovery Services (MHARS) of Lorain County currently serves as the coordinating entity (i.e. Backbone) in partnership with Lorain County Public Health to address the reduction of accidental overdose deaths and increasing access to treatment and recovery supports. As the coordinating entity, LCOAT has developed a structure that connects key stakeholders with private and public entities that focus on five strategies: Reduce the Demand for Opiates, Reduce the Supply of Opiates, Overdose Prevention, Increase Access to Treatment, Increase Access to Recovery Supports; Additionally, LCOAT focuses on a key social determinant of building sustainable economic opportunities for persons in recovery from Opioid Use Disorder.

The LCOAT will consist of an Advisory Committee, Joint Information Center, Planning Section, and Operations section. The planning section will have a branch that will focus on data. The **Advisory Committee** will include the Co-lead entities (MHARS and LCPH) and will also

- Include a diverse spectrum of community stakeholders
- Define the Overall Vision
- Support Aligned Activities
- Establish Shared Measurement Practices
- Mobilize Resources
- Advance Policy
- Connections to Social Determinants of Health

The **Joint Information Center** will include Public Information officers (or the like) from the partners of LCOAT to ensure common messaging, coordination of media releases and consistent public awareness.

The **Planning Section** will: Develop Action Plans based on the Strategies (Reduce the Demand for Opiates, Reduce the Supply of Opiates, Overdose Prevention, Increase Access to Treatment, Increase Access to Recovery Supports); Situation Status; Data Reports, Evaluation. The Planning Section will be responsible for designing Strategic Plan Maps for the key strategies of LCOAT at templates for each Operations Section Branch to use. These maps are in a logic model format inclusive of problem statement, action and outcome sections.

• **Data Unit** will report to the Planning Section. The work of the Data Unit will be to define and track relevant data that will enhance efforts to monitor opioid use and opioid related morbidity and mortality, interventions and outcomes.

The **Operations Section** will consist of seven branches and focus on the following areas related to drug overdose prevention: response, prevention/education and information, treatment/recovery, prescription opioids, family support, harm reduction, and illegal supply control. The Branches will utilize the Strategic Plan Maps (created by the Planning Section) to design comprehensive evidence based (or evidence-informed) strategies that are designed to impact the identified problem(s); Lead Partners for the strategies will be defined as well as budget and resources, and timelines. Short-term measurable outcomes will be defined by each Branch for the Strategies. Definitions of each branch follow:

- **Response Branch:** Emergency and Crisis Plan to respond to individuals in crisis or a large casualty event of mass overdoses at one time;
- Treatment and Recovery Branch: Expand access to treatment and community support programs, including access and utilization of treatment options in the criminal justice system; Faith based organizations.
- **Family Support Branch**: Promote best practices to engage children, parents, grandparents and other family members impacted by opioid misuse and abuse; Faith based organizations.
- **Illegal Supply Control Branch:** Decrease supply of illegal opioids and other illicit substances.

- Prevention, Education and Information Branch: Raise awareness and knowledge of the dangers of opioids and illicit drug misuse by implementing public awareness activities; youth group education; prevent opioid and illicit drug misuse; address stigma to opioid use disorder;
- **Prescription Opioids Branch:** Promote use of best practices among healthcare providers for prescribing opioids for acute and chronic pain and medical/dental procedures
- Harm Reduction Branch: Increase capacity of harm reduction programming (including syringe exchange, naloxone distribution) to effectively provide overdose prevention and engage clients in support services.

#### **Member Term and Responsibilities**

All community partners who are interested in participating in one or more of the LCOAT branch(es) will be included based on their area of interest or expertise.

Co-leads of each branch will be responsible for scheduling meetings, creating and agenda, and ensure that meeting minutes are recorded

Each Branch will consist of a support member from either MHARS or LCPH and will support the administrative work of the Co-Leads.

### **Meeting Schedule**

The Advisory committee will meet on a regular basis, but at least semi-annually, to review the operations of the program and make recommendations.

The LCOAT meeting with all branches will meet on a quarterly basis.

The Joint Information Center, and Planning Sections and each branch of the Operations Sections will meet at least every 60 days

### **Participation Expectations**

Members of the LCOAT are expected to attend and participate in meetings that they have indicated their area(s) of interest/expertise. Additionally, members are expected to:

- Identifying goals relevant to branch description
- Create and prioritize action steps based on data driven decisions

### Order of Business Including Decision Making, Leadership, Officers and Responsibilities

The backbone support partners (MHARS and LCPH) will serve as the coordinative, support team for LCOAT and will also work to attain and provide technical assistance to any Section of LCOAT. The Advisory Committee will convene organizations in a systematic manner to obtain support, identify available resources, and appoint experts to serve as the lead for each branch.

Decision Making – Guided by information from the Planning Section (and the Data Unit), the Advisory Committee will approve all action plans inclusive of strategies (activities) and outcomes as drafted through the Branches. This will be in a consensus-based approval format by representatives in attendance during the Advisory Committee meeting(s).

Leadership – for representatives from entities, we prefer they designate person(s) who have best expertise knowledge to serve on LCOAT (including the branches) who will have access to decision makers from the entity they represent. Members serving in capacity on the Advisory Committee are preferred to be in upper administrative capacity of the entity they represent.

Officers and Responsibilities-as this is an action team, there will not be officers formally designated for LCOAT.

Community Organizations with Designated Representatives

Cleveland Clinic - Avon

Jenny Evans, Program Manager

Scott Peterson, PA-C Pain Management

Rebecca Starck, President

**Communities That Care of Lorain County** 

Elaine Georgas, *Interim Executive Director MHARS* 

**Community Foundation** 

Cynthia Andrews, President and CEO

Linda Styer, Senior Program Officer

**Concerned Citizen** 

Kathy Boylan

**Drug Enforcement Agency** 

Lorna McClain, Community Outreach Specialist

Erik Kochanowski, Supervisor

**Emergency Management Agency** 

Tom Kelly, Director

<u>Firelands Counseling and Recovery</u> Services

Dawn Kroh, Site Director

Darci Tellep, Integrated Care Coordinator

**EMS Representative** 

Skip Gentry, Director South Lorain

Ambulance

Lisa Harington, ED/EMS Manager Mercy

Health

Joe Spriestersbach, Communications

Specialist LifeCare Ambulance

El Centro

Thelma Cruz, Community and Health

Coordinator/Mental Health Navigator

Victor Leandry, Executive Director

**Fire Department Representative** 

Mike Wetherbee, Wellington Fire Chief

**Governor Mike DeWine's office** 

Michelle Gilchrist, Chief of Staff

The LCADA Way

Jose Flores, Associate director of community education and prevention

services

Dan Haight, Chief Operating Officer

Tom Stuber, President and CEO

### **Lorain County Court of Common Pleas/**

Let's Get Real, Inc.

Kim Eberle, Executive Director & Certified Peer Recovery Supporter

Melanie Williamson, Executive Assistant

**Recovery Court** 

Sherry Clouser, Court Administrator

John Miraldi, Judge

Shanna Rose, Probation Officer/ Specialty

**Docket Coordinator** 

**Lorain County 9-1-1** 

Tracy Slagle, Communications Supervisor

**Lorain County Drug Task Force** 

Don Barker, Commander

Lonnie Dillon, Detective

**Lorain County Children Services** 

Anna Cacchione- Supervisor

Kristen Fox Berki, Executive Director

Deanna Wise, Casework Supervisor

**Lorain County Free Clinic** 

Kathy Janda, Program Director

**Lorain County Commissioners** 

Lori Kokoski, President

Sharon Sweda, Vice President

**Lorain County Health and Dentistry** 

Stephanie Wiersma, President and CEO

**Lorain County Community College** 

Jenn Judkins, Strategic and Institutional Development

Pat Schrull, Health and Wellness Sciences Division

**Lorain County Jail** 

Melissa Fischer, Assistant Jail Administrator

Helene Stone, *Kinship Navigator* 

Lorain County Coroner's Office

Dawn Quarick, Administrative Assistant

**Lorain County Public Health (LCPH)** 

Mitch Dandurand, Informatics Coordinator

Natalie Karn, Public Health Nurse

**Lorain County Office on Aging** 

Sarah Lehane, Drug Overdose Prevention

Coordinator

Pam Weiland, Nursing Supervisor Project

DAWN coordinator

Medworks Nord Center

Chitra Walker, Outreach Coordinator Rebecca Jones, Director of Adult Services

Don Schiffbauer, CEO

Mental Health, Addiction and Advocacy Coalition

Karen Kearney, Northeast Hub Director

**Nord Family Foundation** 

Fallon Peterson, Program Officer

Anthony Richardson, Executive Director

Nick Turner, Program Officer

Mental Health, Addiction and Recovery Services Board of Lorain County (MHARS)

Elaine Georgas, Interim Executive Director

Jinx Mastney, *Opioid Response Outreach Coordinator* 

Shakeer Mokerrom, *Americorps Vista Worker* 

Sarah Reinhold, First Response Project Manager

Christine Robinson, *Director of Program* Services

Pam Waite, Board of Directors, Vice Chair

Ohio Means Jobs

Mike Longo, Workforce Development Director

Police Chief Representative

Deana Baker, *Lieutenant, Elyria Police Dept.* 

Tim Barfield, Wellington Chief of Police

Phil Stammitti, Lorain County Sheriff

Duane Whitley, Elyria Chief of Police

Mercy Health

Donna Sims, Parish Nursing

Catherine Woskobnick, Director of Community Health

Road to Hope House

Jeff Kamms, Executive Director and cofounder

**Municipal Court** 

Thomas Elwell, *Judge, Lorain Municipal Court, Recovery Court* 

Robert White, Judge, Elyria Municipal Court, Recovery Court

**Silver Maple** 

Nicole Martin, Executive Director

**United Way of Greater Lorain County** 

Christine Matusik-Plas, *Community Impact Director* 

### <u>University Hospitals Elyria Medical</u> <u>Center</u>

Paul Forthofer, Community Outreach Coordinator

Don Halliday, Director of Pharmacy

### **Veteran's Service Board**

Joe Gee, Commissioner