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# Strategies for Helping Individuals Impacted by Opioid Use Disorder

A Toolkit for Ohio's Public Workforce System

**EXECUTIVE SUMMARY**

Opioid use disorder and overdose deaths have become the most pressing public health issue and workforce challenge facing Ohio.  In addition to the devastation that occurs at the personal level, it impacts businesses in the form of absenteeism, decreased productivity, and worker shortages.

Local Workforce Boards (Boards) and their OhioMeansJobs Centers are critical components in helping to solve the employment issues related to the opioid epidemic.  Using their resources, they can prepare workers for jobs that help prevent and mitigate substance dependency; provide education, training, and supportive services to individuals in treatment; and develop recovery-friendly workplaces.

The Ohio Department of Job and Family Services – Office of Workforce Development (OWD) has secured $8 million in Trade and Economic Development Transition Dislocated Worker funding from the US Department of Labor (USDOL) to address the large-scale lack of qualified labor in 16 counties.  Funds will be used by Boards to provide career services, training, and supportive services to boost the supply of qualified professional in fields that have a positive impact on the opioid epidemic and to reintegrate individuals impacted by opioid use disorder back into the workforce.

OWD has secured another $11 million from USDOL in the form of a Health Emergency Disaster Recovery Dislocated Worker grant for similar services.  These funds will be available for Boards to use in all 88 counties.  More information about the two grants, including eligibility requirements, is found in **Tool 1 – Opioid Grants by County, Tool 2 - Comparison of Features of Ohio's Opioid Grants,** and **Tool 3 –State Policies Related to the Opioid Crisis.**

In addition to the dislocated workers that have been historically served by the workforce system, eligible participants for these grants also include unemployed individuals who have been directly affected by the opioid crisis, such as persons who have a history of substance dependency themselves, as well as individuals who are impacted by a friend or family member who is substance dependent.  Because working with persons impacted by opioids, including individuals in recovery, requires a much more holistic and comprehensive approach than many Boards and their OhioMeansJobs Centers have traditionally provided, OWD has prepared *Strategies for Helping Individuals Impacted by Opioid Use Disorder:  A Toolkit for Ohio's Public Workforce System* to assist in designing processes and systems to meet these unique needs.

The Toolkit includes resources and materials to help Local Workforce Boards get started, including:

- a basic understanding of the causes and symptoms of opioid use disorder;
- a listing of local organizations to partner with and an overview of the services they provide;
- tips for creating more in-depth case management services for individuals in recovery;
- methods for tracking the progress of individuals as they secure and maintain employment;
- tools for developing recovery-friendly workplaces;
- training information and guides to build staff skills;
- new policies to consider adopting to better serve individuals with substance use disorder; and
- key action steps and example documents to kick-off local activities.

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## BACKGROUND

Opioids are highly addictive narcotics.[1] They are a class of pain-relieving drugs that includes oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and fentanyl.[2] These medications may be prescribed by a physician to help an individual cope with significant pain due to injury, surgery, or a chronic medical condition such as cancer.

In addition to legally prescribed medications, opioids also include the illegal drug heroin.

Carfentanil is a synthetic opioid that is 10,000 times more potent that morphine and 100 times more potent than fentanyl. Although it is intended for large-animal use only, some individuals may mix it with heroin. Because it is so powerful, it poses a significant health threat, including heart failure to anyone who touches it.[3]

Opioid addiction, or opioid use disorder, refers to an individual's pattern of dependency that causes significant impairment or distress. The primary symptoms include an uncontrollable craving to use opioids, an increased tolerance to opioids, trouble reducing the use of opioids, and withdrawal issues when discontinuing opioids. Other critical issues include risk of overdose, suicide, HIV/AIDs, and hepatitis C along with relationship problems, crime, and unemployment.

An individual who is dependent on opioids may be treated using Medication Assisted Treatment (MAT) which includes the use of FDA-approved medications, such as naltrexone, buprenorphine, and methadone. The person may also benefit from cognitive behavioral therapy,[4] individual or group therapy, twelve-step programs, and peer support groups.

Ohio currently has one of the highest rates of opioid-related overdose deaths in the country. From 2000 to 2017, Ohio's death rate due to unintentional drug poisonings increased 1,081 percent, due primarily to opioid-related overdoses.[5]

In 2017, Ohio had 5,111 overdose deaths ranking it #2 in the nation.[6] Approximately 71 percent of these were related to illicit fentanyl and related drugs like carfentanil. This translates into about 10 opioid-related deaths per day. Since 2010, the rate has tripled.[7]

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[1] Narcotic refers to a drug or agent that produces insensibility, or a state of drowsiness or stupor.

[2] Classically, the term "opiate" was used only to refer to natural substances that were derived from opium, such as morphine, codeine, and heroin while the term "opioid" was used to refer to synthetic substances, such as fentanyl and methadone, as well as semi-synthetic substances such as oxycodone and hydrocodone. Now, the term "opioid" is typically used to refer to all categories regardless of how they were derived or manufactured.

[3] Drug Enforcement Administration (DEA), Just Think Twice, "Five Quick Facts: Carfentanil," https://www.justthinktwice.gov/article/five-quick-facts-carfentanil.

[4] Cognitive behavioral therapy is a type of psychotherapy in which negative patterns of thought about the self and the world are challenged in an attempt to alter unwanted behavior patterns or treat mood disorders.

[5] Ohio Department of Health, "Drug Overdose," July 2, 2018, https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/Drug-overdose/.

[6] National Center for Disease Control and Prevention, "Drug Overdose Mortality by State: 2017," https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

[7] National Institute on Drug Abuse, "Ohio Opioid Summary," Revised February 2018, https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/ohio-opioid-summary.

Public Children Services Association of Ohio (PCSAO) reports that half of children taken into custody in 2015 had parental drug use identified at the time of removal, and 28 percent of children removed that year had parents who used opioids.  PCSAO states that the epidemic has been largely responsible for an 11 percent increase in children in custody in the past six years.

The rapid increase in the number of Ohioans with a substance dependency, including opioid use disorder, has created a critical need for qualified mental and behavioral health professionals.  In fact, most of the new growth in the behavioral health field has been concentrated in urban areas, which exacerbates the problem of access to treatment in rural communities. In its most recent evaluation of the state of mental health in America, the nonprofit Mental Health America ranked Ohio 34th for mental health workforce availability with a ratio of 560 individuals to 1 health care provider. [8]

The opioid epidemic is also affecting Ohio's businesses.  A recent report from the Federal Reserve Bank of Cleveland found that areas with high levels of opioid prescriptions have lower workforce participation rates -- by an average of 4.6 percent for men and 1.4 percent for women---than areas with lower levels of prescriptions. Further, when surveying Ohio businesses, they found that about half responded that the opioid crisis is negatively impacting their operations. [9]

To combat this crisis, it is extremely important that the workforce system immediately begin developing comprehensive strategies and dedicating ample resources to assist individuals and employers impacted by opioid use disorder.  These new methodologies and approaches should be embedded into the normal course of business in each of the OhioMeansJobs Centers.

This Toolkit is designed to guide and support Local Workforce Boards as they implement their specific policies, processes, and services.  It is built around the following key pillars of success that are discussed in further detail in the narrative that follows.

> **Pillar 1:  Strong Local Partnerships**
>
> **Pillar 2:  Holistic Care Management**
>
> **Pillar 3:  Steps to Success**
>
> **Pillar 4:  Recovery-Friendly Workplaces**
>
> **Pillar 5:  Knowledgeable Staff**

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[8] RecoveryOhio Advisory Council, "Initial Report,", March 2019, https://governor.ohio.gov/wps/wcm/connect/gov/243a2827-052c-40e0-8b4f-fbd638add11a/RecoveryOhio_031819.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-243a2827-052c-40e0-8b4f-fbd638add11a-mCiiQF3.

[9] Federal Reserve Bank of Cleveland, "Opioids and the Labor Market," 2018 version, https://www.clevelandfed.org/en/newsroom-and-events/publications/working-papers/2018-working-papers/wp-1807-opioids-and-the-labor-market.aspx.

## PILLAR 1:  STRONG LOCAL PARTNERSHIPS

A Workforce Board should develop a network of community partners to provide the holistic services needed by customers that have been impacted by the opioid crisis.  These partners should:



***already work directly with individuals in recovery***

or

***offer readily available services that provide support and solutions for individuals in recovery***
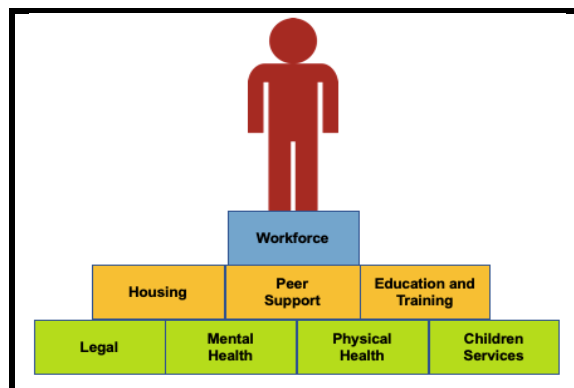
At a minimum, representatives from Legal, Mental Health, Physical Health, Children Services, Housing, Peer Support, Education and Training, and Workforce should be included.  An overview of these partners is provided below and a chart is included as **Tool 4 – Chart of Primary Partners.**

**Legal.** Most counties have a Drug Court (sometimes referred to as a Treatment Court) that will grant probation along with supervised treatment in lieu of incarceration for a person arrested for a drug violation.  Examples of treatment include medical detox, inpatient addiction treatment, outpatient rehabilitation, and more.  While in treatment, the Court supervises the individual's activities, including monitoring progress in program requirements and even administering random drug tests.  In addition to Drug and Treatment Courts, there are also Family Drug Courts that help keep families together when a parent has been affected by substance use disorder.  The overall goal of these Courts is to reduce setbacks and deter further criminal behavior.

In many instances, an individual in recovery may be allowed (or even required) to participate in job training and/or work activities as part of treatment or probationary conditions.  The legal system works with the workforce system as follows:

- Mandating individuals who are substance dependent to judicially-supervised treatment as an alternative to incarceration
- Utilizing intensive Court supervision to assist persons who are substance dependent to gain control of their lives
- Providing rigorous oversight to ensure that each person arrested for a drug violation complies with the treatment mandate
- Helping all individuals who are substance dependent learn how to overcome their addictions so that they can maintain long-term recovery
- Helping each person arrested for a drug violation take responsibility for the action
- Expunging criminal records of persons arrested for a drug violation in special circumstances

Information on potential Legal partners on a county-basis is included as **Tool 5 – Listing of Ohio Specialized Court Dockets.**

**Mental Health.**  Opioids inhibit the brain's pain receptors.  Because they serve as a painkiller, they may also induce a feeling of euphoria and relaxation.  In addition to being physically addictive, they are psychologically addictive.  In fact, it is almost impossible to quit using opioids without experiencing psychological side effects.  As a result, it is critical that an individual in recovery's mental and behavioral health be tackled as part of the journey to securing and keeping permanent employment.

In Ohio, the County Behavioral Health Authorities work in conjunction with the Ohio Department of Mental Health and Addiction Services (ODMHAS) to provide mental health and addiction prevention, treatment, and recovery services to individuals in recovery.  Primary services include:

- Assessing an individual in recovery's behavioral and mental health needs

- Providing individual counseling as well as behavioral and mental health therapies

- Offering group counseling

- Enrolling persons into Medicaid or Marketplace insurance

- Supplying an individual in recovery with MAT as needed

- Understanding trauma and how it impacts individuals in recovery and their relationships

- Monitoring an individual in recovery's progress

Information on potential Mental Health partners on a county basis is included in **Tool 6 – Listing of County Behavioral Health Authorities.**

**Physical Health**.  As discussed above, opioids are both psychologically and physically addictive. Therefore, an individual in recovery's physical health should also be addressed as part of preparation for permanent employment.

In Ohio, the public health system is comprised of more than 100 local health districts that work in cooperation with the Ohio Department of Health.  These local health districts promote healthy behaviors that support employment success.  For individuals in recovery, services may include health education, immunization clinics, pre-natal care, health screenings, dental care assistance, and disease surveillance.

Although each health district maintains independent governance, they often work in cooperation with other public health agencies, including Federally Qualified Health Centers (FQHCs) to carry out their missions.  A FQHC provides comprehensive primary and preventive care, including health, oral, mental health/substance use disorder services to persons of all ages, regardless of their ability to pay or health insurance status.  It may also support the mental health system by enrolling individuals in recovery into Medicaid or Marketplace insurance and by supplying MAT.

Information on physical health partners on a county basis is included in **Tool 7 – Listing of Local Health Districts** and **Tool 8 – Map of FQHCs in Ohio.**

**Children Services**.  In addition to the detrimental impact to the individual, opioid use disorder also adversely affects entire families. Ohio's Public Children Services Agencies (PCSAs) assess and investigate reports of abuse, neglect, or dependency.  Because parents with documented drug

addictions may have their children placed into the child protection system, or may be at risk of permanently losing custody of their children, it is critical that PCSAs be included as part of the solution for assisting individuals with opioid use disorder.

The PCSA gathers information about the family's strengths and established support systems. It develops a partnership with the family that is grounded in trust, transparency, honesty, and respect. Using an integrated team approach, goals and support systems are identified. Generally, PCSAs provide parents and families with the following resources and assistance:

- **In-home Services**. Family-focused, community-based crisis intervention services to keep and maintain children safely in their homes and to prevent the separation of families.

- **Foster Care**. Temporary care provided to children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents.

- **Kinship Care**. The full-time care, nurturing, and protection of children by relatives, godparents, step-parents, or other adults who have a family relationship with the children.

- **Reunification**. Services that help parents reunite with their children. Typically, they are time-limited and are geared towards addressing the causes for the children's removal from the home.

- **After Care**. Services that promote long-term family stability and help prevent re-placement of children into protective services.

- **Adoption**. Legal process though which children permanently join a family that is different from their birth parents.

Additionally, Children Services offers the Ohio Sobriety Treatment and Reducing Trauma (Ohio START) program that is specifically geared towards helping parents with substance use disorders. Family peer mentors are paired with a child welfare caseworker to provide intensive case management services. Ohio START emphasizes a wraparound approach for parents in treatment that includes frequent home visits and mentorship from people who have direct experience with recovery and the child protection system. More information about Ohio START is found at http://www.pcsao.org/programs/ohio-start.

Moreover, information on Children Services entities on a county basis is included in **Tool 9 – Listing of County Public Children Services Agencies.**

**Housing.** It is very important that the individual in recovery have a safe and drug-free living environment that provides support and stability. Oftentimes, this means that the individual must move from the current living situation to get away from bad influences or triggers[10] for opioid dependency. Based on needs, the person may enroll into a treatment center or a sober living home, or may move in with friends or family members who are substance-free.

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[10] Generally, triggers are things, including persons or places, that provoke a memory or impulse to resume using opioids, especially for a person who is in recovery or has completed a substance use disorder treatment program.

Overall, the living environment must be centered on remaining drug-free.  As part of a holistic philosophy, it should also promote improved physical, emotional, relational, and spiritual health, as well as positive community involvement.

Ohio Recovery Housing (ORH) is an organization dedicated to the development and operation of quality alcohol and drug-free living environments.  It has created Ohio's Recovery Housing Locator to provide information on facilities throughout the State.  In addition to physical location (i.e., city or county), it allows the user to research facilities based on the following characteristics:

- Serving men and/or women
- ORH-certified[11]
- Faith-based
- Family allowed
- Rent subsidy available

- Transportation available
- Recovery services
- MAT-supported
- Veterans

Ohio's Recovery Housing Locator website is   https://find.ohiorecoveryhousing.org/#search-id and a copy of the webpage is included as **Tool 10 – Ohio's Recovery Housing Locator.**

**Peer Support**.  An individual in recovery must also be surrounded by a positive social network, including family, friends, co-workers, mentors, and sponsors who provide ongoing support and encouragement.  They may serve as an early intervention system to help prevent a possible setback.

In addition to Ohio START that was cited in the **Children Services** section above, other examples of organized peer groups include: NarAnon, Addict's Parents United, SMART Recovery Family & Friends, and Parents of Addicted Loved Ones.  Also, as discussed in **Pillar 2:  Holistic Care Management**, an OhioMeansJobs Center may conduct or sponsor peer-to-peer support meetings and/or peer mentorships.  Information on these and other peer partners is included in **Tool 11 - ODMHAS Listing of Recovery Community Organizations and Peer Run Organizations** and **Tool 12 – Listing of Other Peer Support Groups.**

**Education and Training**.  An individual in recovery may need education and training to secure permanent employment.  Fortunately, a broad array of coursework that develops skills and leads to occupational credentials, certifications, and/or degrees is available through Ohio's numerous career and technical education centers as well as through its higher education system that includes community colleges and universities.  Moreover, an individual in recovery that is a high school dropout may receive help in preparing for and securing an equivalency diploma.

Information on Ohio's education and training partners is included in **Tool 13 – Listing of Career Technical Education and Ohio Technical Center Locations** and **Tool 14 – Listing of Higher Education Locations**.

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[11] ORH-certified means that the facility meets the quality standards established by ORH and the National Alliance for Recovery Residences (NAAR).

**Workforce**.  A primary source for connecting an individual in recovery to permanent employment is Ohio's public workforce system and its many OhioMeansJobs Centers.  These organizations work to develop a network of local businesses who are supportive of employing a person with a substance use disorder as described further in **Pillar 4:  Recovery-Friendly Workplaces.**

Within the OhioMeansJobs Center, the individual in recovery works closely with assigned personnel to research careers and develop a customized employment plan that identifies specific work goals along with any obstacles that need to be addressed or eliminated.

The individual may be required to attend job readiness courses, such as time management, work ethics, effective communication, problem solving, and basic computer usage to better prepare for employment.  The person may also be provided with financial literacy assistance along with supportive services for transportation, child care, and other needs based on specific circumstances.  The individual in recovery may be required to attend group counseling and/or peer support sessions provided at the OhioMeansJobs Center to further encourage long-term commitment to remaining drug-free and working.

Based on individual needs, the person may be enrolled into a work-based training option such as a work experience, internship, apprenticeship, or on-the-job training program.  Or, as discussed in the **Education and Training section above**, the person may be enrolled into a program to develop specific occupational skills that lead to a certification or degree.  An employed individual in recovery may be offered an incumbent worker training opportunity, depending upon specific Board policies at the local level.

When job-ready, the person is assisted with resume writing, job interviewing, and job matching to help secure a job in an occupation that meets specific interests and skills.  And, once employed, the individual continues to receive follow-up and supportive services to help remain on the job.

Information on Ohio's public workforce system is included in **Tool 15 – Listing of OhioMeansJobs Centers by County.**

Another workforce partner is the Opioid Workplace Safety Program launched by the Ohio Bureau of Workers' Compensation (BWC) in October 2018 in Montgomery, Ross, and Scioto Counties.  It strives to develop recovery-friendly employers by providing up to $5 million over two years for the following activities:

- Reimbursement for pre-employment, random and reasonable suspicion drug testing
- Supervisory training to help better manage workers in recovery
- A venue for second-chance employers to share success stories with other businesses

## PILLAR 2:  HOLISTIC CARE MANAGEMENT

Historically, the OhioMeansJobs Center approach for case management has been to help an individual find work and retain employment.  Most supportive service activities related to work-based needs, such as tools for the job, child care while at work (or in training for work), or transportation to work (or training for work). However, to be successful when working with an individual in recovery, the approach should change from "case" management to *"**care**"* management.

**Care Management** focuses on the needs of the individual as a whole, rather than concentrating
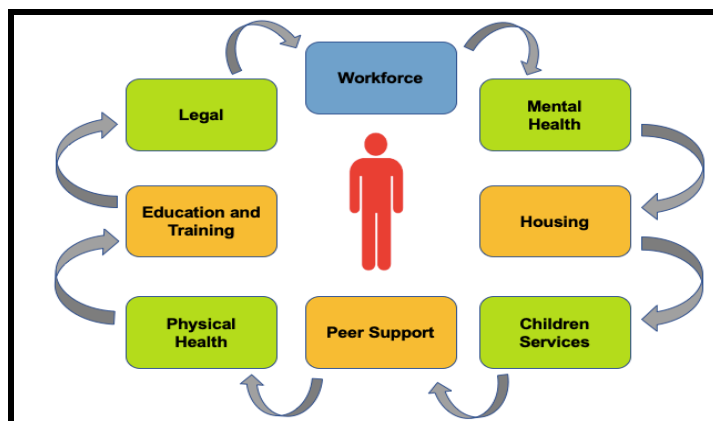


solely on employment activities. It brings together different community organizations in a structured manner so that they can collectively provide the critical support and services that are needed to promote an individual in recovery's long-term success.  Key elements include joint care management, peer-to-peer support, and peer mentorship activities.  The process for carrying out these activities is described below.

**Weekly Joint Care Management**.  Each week personnel from the OhioMeansJobs Center, Legal, Mental Health, Children Services, and other organizations, such as Healthcare or Housing come together as a Care Management Team to review the individual in recovery's status.  Using the form described in **Pillar 3:  Steps to Success**, they discuss progress in meeting individual goals and other requirements, including mandated drug testing; confer about any obstacles to overcome; and identify any needs to be addressed, including potential triggers that may cause substance use.  The Team identifies any additional resources that may be required to help the person remain on track, including MAT and other services.

**Weekly Peer-to-Peer Support.**  On a weekly basis, the workforce system conducts group sessions using a "job club" approach where persons in recovery can openly share and discuss their successes in getting (and keeping) jobs as well as any concerns or needs.  These regularly scheduled meetings provide structure for the clients and give them the opportunity to support each other as they progress towards remaining drug-free and employed.

**Ongoing Peer Mentorship.**  Calling upon the resources of ODMHAS, the Care Management Team utilizes trained and certified personnel who have overcome their addictions who can serve as mentors to individuals in recovery in the workforce system.  These role models further promote stability and success to persons who may be struggling.

## PILLAR 3: STEPS TO SUCCESS

An individual in recovery typically has numerous obstacles to overcome before he or she is truly prepared and ready for permanent employment. To help the Care Management Team (discussed in **Pillar 2: Holistic Care Management**) easily identify the individual's status at a particular point in time, a "Steps to Success" form has been developed. It includes different phases that use a color-coded system of "Black," "Red," "Yellow," and "Green" (similar to a stoplight).

### Pausing – Preparing – Practicing – Performing

**Pausing (Black)** indicates that the person is _not yet ready_ to participate due to active addiction or significant barriers. Examples include not meeting court requirements, failing confirmatory drug screening, lacking stable housing or a positive support system, or having substantial mental health barriers. These must first be addressed or eliminated before the individual is enrolled.

**Preparing (Red)** indicates that the person is ready to participate, but is not yet ready for employment. During this step, the individual is _establishing_ the desire to remain substance free and to begin working towards finding and securing employment. Activities include taking comprehensive behavioral, mental health, and work readiness assessments; identifying personal and work goals; developing individual service strategies; participating in job-readiness workshops and other required activities, including mandatory drug testing; and securing supportive services, such as assistance with housing, child care, transportation, and healthcare needs. During this step, a Care Management Team is designated with representatives from Legal, Mental Health, Children Services, Workforce, and other entities, as applicable, the individual's specific needs.

**Practicing (Yellow)** indicates that the person is ready to begin some type of work experience or job training activity. During this step, the individual is _remaining_ drug-free and further developing workplace skills and abilities. Activities include participating in care management activities, contributing to peer-to-peer (group) counseling sessions, adhering to drug testing or other court-required activities, and taking part in work experience or job training services as applicable to the specific service plan. A transitional job[12] as allowed under WIOA may also be a good starting point to prepare an individual in recovery for permanent employment. (Note - A Local Workforce Board may need to establish its specific policy for transitional jobs if does not have one.)

**Performing (Green)** indicates that the person is certified as job-ready. During this step, the individual is _reaching and achieving_ both recovery and employment goals. Activities include securing permanent employment (preferably with a recovery-friendly employer). It is important to note that the individual will continue to receive support and assistance after placement into a job. For example, the person may participate in care management activities, contribute to group counseling sessions, or receive supportive services. This long-term support system helps ensure that the person remains substance-free and working. It also serves as a pro-active safety net in the event of a setback, helping the individual get back on track as quickly as possible.

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[12] A transitional job (20 CFR 680.190) is a time limited work experience that is wage-paid and subsidized, and is in the public, private or non-profit sectors for those individuals with barriers to employment who are chronically unemployed or have inconsistent work history, as determined by the Local Workforce Board. They enable an individual to establish a work history, demonstrate work, and develop skills that lead to unsubsidized employment.

An example Steps to Success is provided below and a blank form is included as **Tool 16 – Steps to Success Form.**

**Client Name: Jane Doe** **Date: 1.31.19** **Prepared By: John Smith**

## Steps to Success

| | PAUSING | PREPARING | PRACTICING | PERFORMING |
|---|---|---|---|---|
| | Client is not enrolled due to active addiction or significant barrier(s) that must be addressed/overcome | Client is enrolled and has identified a plan to address/overcome barrier(s) --- frequent setbacks may occur | Client is actively addressing/overcoming barrier(s) --- infrequent setbacks may occur | Client has addressed/overcome all barrier(s) --- setbacks no longer occur |
| **Legal** | Failing to meet, or waiting to receive, court requirements | Receiving a customized plan from the court system | Attending court-mandated sessions, passing drug tests, meeting with parole officer, etc. | Consistently meeting court requirements, including passing drug tests and meeting with parole officer |
| **Mental Health** | Having substantial mental health obstacle(s) | Receiving a customized plan from a mental health professional, including securing medical insurance or Medicaid | Participating in required mental health activities, including therapy, group rehabilitation, family counseling, etc. | Consistently meeting mental health requirements |
| **Physical Health** | Having substantial physical health obstacle(s) | Receiving a customized plan from a medical professional, including securing medical insurance or Medicaid | Participating in physical health activities, including taking medications, exercising, etc. | Consistently meeting physical health requirements, including passing drug tests |
| **Children Services** | Having a validated report of child abuse, neglect, or court-ordered removal | Developing a Family Case Plan to address the identified safety concerns | Engaging in services to mitigate the safety concerns and meeting court-ordered mandates | Consistently completing service provisions and demonstrating a safe family environment |
| **Housing** | Lacking suitable or stable housing | Making temporary housing arrangements | Living in temporary housing and working towards permanent | Securing and maintaining permanent housing |
| **Peer Support** | Lacking a support system | Creating a network of positive influencers and identifying harmful relationships | Establishing relationships with positive influencers and avoiding destructive individuals | Continuing to expand positive relationships and discontinuing negative ones |
| **Education and Training** | Having substantial education and/or training obstacle(s) | Developing a customized plan with an education or workforce professional | Participating in education, training, or work experience activities | Completing all education, training, or work experience activities |
| **Workforce** | Having substantial employment obstacle(s) | Developing a customized plan with a workforce professional | Participating in work activities, including temporary job, on-the-job training, or internship | Securing permanent employment |

Enrolled 1.15.19. This is the first Care Management Team meeting. Jane passed her court-ordered drug test on 1.19.19 and is meeting with her parole officer as required. She is anxious to find a new place to live and indicates she wants to remain drug-free. (She is currently living with a boyfriend who is opioid dependent.) Mental Health & Addiction Services is providing therapy services and is helping her find alternative temporary housing. Children Services has helped her arrange to have her children temporarily live with her sister. Jane is interested in exploring careers and developing an Individual Employment Plan (IEP). Care Management team will meet again next week to discuss progress and next steps based on her IEP and other information.

**PILLAR 4: RECOVERY-FRIENDLY WORKPLACES**

The National Safety Council reports that 75 percent of surveyed employers say their workplace has been impacted by opioids, but only 17 percent feel well-prepared to deal with the situation. Moreover, only half are very confident that they have the appropriate Human Resources policies and resources in place to handle opioid use and misuse.[13]   To help combat these same issues in Ohio, Local Workforce Boards should help businesses develop into recovery-friendly workplaces.

Recovery-friendly employers are agreeable to hiring an individual who is currently undergoing treatment, or who may have been convicted of a drug-related offense.  They are willing to support the individual in navigating the long-term road to recovery. They commit to not immediately terminating an individual who has had a setback.  Instead, they use the resources of the community system described above to help return the individual to a substance-free lifestyle, and remain employed or return to work.

Some key elements of a recovery-friendly workplace include:

- Having written policies and procedures regarding the rights and responsibilities of employers and employees regarding drugs
- Providing workplace drug education and outreach programs that include information about available resources
- Conducting drug testing to objectively determine if an employee has been misusing a substance
- Coordinating with employee assistance, wellness, and benefits programs
- Providing 24/7 confidential access to peer recovery support for the employee or loved ones
- Hosting co-workers in peer recovery support groups
- Having Human Resources support, including supervisor training to assist with identification of substance dependency and intervention methodologies
- Offering a pathway to sustained employment in the event of a reoccurrence of use

The Ohio Chamber of Commerce in cooperation with Working Partners has created an Employer Opioid Toolkit that includes training and tools that workforce personnel can use to help cultivate recovery-friendly workplaces.  Additionally, the ODHMAS also offers a variety of valuable e-learning courses that educate employers about individuals in recovery.

These trainings and other resources are discussed further in **Pillar 5:  Knowledgeable Staff.** Additionally, as described in **Pillar 1:  Strong Local Partnerships**, BWC's Opioid Workplace Safety Program is also working to develop recovery-friendly employers.

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[13] National Safety Council, "NSC Survey:  75 Percent of Employers Report Workplace Affected by Opioids," March 20, 2019, https://ohsonline.com/articles/2019/03/20/nsc-survey-workplace-opioids.aspx.

## PILLAR 5:  KNOWLEDGEABLE STAFF

Helping individuals impacted by opioid use disorder, including those in recovery, means that OhioMeansJobs personnel should expand their expertise beyond traditional assessment and case management activities. There are a variety of specialized trainings that are especially useful in developing these skills.  An overview is provided below and additional information regarding these trainings and resources is included in **Tool 17 – Staff Training and Resources.**

### *All Personnel*

As a critical first step, all staff members should become adept at using the "language of recovery" that includes the following terms that strive to destigmatize substance use disorders.

| *Say This* | *Not This* |
|---|---|
| *Person with opioid use disorder* | Addict; user; druggie; junkie, abuser |
| *Treatment is an opportunity for recovery* | Treatment is the goal |
| *Disease* | Drug habit |
| *Person in recovery* | Ex-addict |
| *Person arrested for a drug violation* | Drug offender; offender |
| *Substance dependent* | Hooked |
| *Substance use disorder; misuse; addiction* | Substance abuse |
| *Had a setback; recurrence* | Relapsed; relapse |
| *Recovery management* | Relapse prevention |
| *Maintained recovery; substance-free* | Stayed clean |
| *Drug-free* | Clean |
| *Negative drug screen* | Clean drug screen |
| *Positive drug screen* | Dirty drug screen |
| *Ambivalence* | Denial |
| *Individual not yet in recovery* | Untreated addict |

### *Personnel Working with Job Seekers*

**The Ohio Department of Mental Health and Addiction Services** offers the following no-cost, e-learning classes that are helpful to workforce personnel working with job seekers. Course information is found at http://www.ebasedacademy.org/lms/.

- Fundamentals of Addiction

- Trauma Informed Approaches

- Basics of MAT

- An Introduction to Screening, Brief Intervention and Referral to Treatment (SBIRT)

- Foundational Skills of Motivational Interviewing

- Reinforcing Change with Motivational Interviewing

- Trauma Informed Care in Peer Recovery Support

- Health and Wellness in Peer Recovery Support

- Ethics and Boundaries for Peer Recovery Supporters

- Helpful Tips for Peer Recovery Supporters Entering the Workforce

- Supervision for Peer Recovery Supporters


**The Ohio State University School of Social Work** has created an Opioid Overdose Family Support Toolkit found at https://u.osu.edu/toolkit/ that shows how to spot the signs of an overdose and what to do in the event of an overdose along with other educational and supportive services for families, including links to NarAnon, Addict's Parents United, Fight Addiction Now, Shatter Proof, SMART Recovery Family & Friends, Parents of Addicted Loved Ones, and others.

**The Ohio Department of Health** has created Project DAWN (Deaths Avoided With Naloxone[14]), a community-based overdose education and naloxone (Narcan) distribution program. Training locations are found at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/resources/list-project-dawn-sites.

DAWN participants receive a Narcan kit along with the following training:

- Recognizing the signs and symptoms of overdose

- Distinguishing between different types of overdose

- Performing rescue breathing

- Calling emergency medical services

- Administering intranasal Naloxone

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[14] Naloxone (also known as Narcan) is a medication that can reverse an overdose caused by an opioid drug (heroin or prescription pain medications).

### *Personnel Working with Employers*

**The Ohio Chamber of Commerce** in cooperation with **Working Partners** has created an Employer Opioid Toolkit that provides an overview of the legal and operational issues that a business should consider in dealing with an employee's use of opioids and other substances. Each module is between 13-16 minutes and is provided at no cost. Offerings are found at https://ohiochamber.com/opioid-toolkit/.

- Module 1: Impact of Opioids in the Workplace
- Module 2: Legally-Sound Drug-Free Workplace Program
- Module 3: Crafting a Policy That's Right for Your Business Operation and Culture
- Module 4: The Why, When, and How of Workplace Drug Testing
- Module 5: Responding to an Employee's Harmful Use of Drugs

Under the brand name **Generation Rx, Cardinal Health Foundation and The Ohio State University College of Pharmacy** have developed a variety of free training courses that promote responsible medication practices. Courses are suitable for both employers and employees and are found at http://generationrxworkplace.com/training.html.

- A Dose of Reality
- Medicines in My Home
- Preventing Prescription Abuse in the Workplace
- Generation Rx: The Science Behind Rx Drug Abuse
- Applying the Strategic Prevention Framework to Prescription Drug Abuse

Additionally, **Generation Rx** has also created a variety of workplace materials that employers can customize and use to promote employee awareness of prescription substance dependency. These resources include fliers, wallet cards, table tents, and posters. They are found at http://generationrxworkplace.com/downloads.html. Examples that business services personnel can share with employer customers are also included under **Tool 18 – Generation Rx Workplace Materials**.

- What's Rx Abuse Got to do with You?
- Rx Drug Abuse is Preventable
- Be a Safe and Responsible Consumer of Prescription Medications
- A Dose of Reality
- 5 Point Strategy for Becoming a Safe & Critical Consumer of Rx Medications
- 1 in 5 People in the US Abuses Prescription Medications
- Encourage Safe Medication Practices

## *Personnel Working with Employers (continued)*

**The National Safety Council** has prepared, "The Proactive Role Employers Can Take: Opioids in the Workplace," a 15-page report that discusses current evidence surrounding opioid medications and their potential impact on the workplace. It also contains information about how to partner effectively with benefit providers, assess current workplace policies and scope of drug testing, prioritize essential education efforts, and improve access to confidential help for employees. A copy of the report can be accessed at the following website: https://www.nsc.org/Portals/0/Documents/RxDrugOverdoseDocuments/RxKit/The-Proactive-Role-Employers-Can-Take-Opioids-in-the-Workplace.pdf.  Additionally, it is included as **Tool 19 – The Proactive Role Employers Can Take:  Opioids in the Workplace Report.**

## GETTING STARTED

To implement the strategies needed to assist individuals impacted by opioid use disorder, a Board should concentrate on four primary areas: **Policies, Services, Staffing, and Partners**.

### Policies

A Board should carefully review its existing policies to see if any should be updated. For example, the following are areas that could be re-visited:

- **Assessment.** A Board may consider updating its initial assessment process to identify early-on if an individual has been impacted by substance dependency.

- **Recovery-Friendly Workplace.** A Board may consider becoming a recovery-friendly employer. It may also consider requiring its OhioMeansJobs Center Operator(s) and Service Provider(s) to adopt these principles, and it may consider including this type of initiative within the Memorandum of Understanding.

- **Transitional Jobs.** Because some individuals in recovery may not be initially prepared for full-time employment, a Board may consider developing a transitional jobs policy that would define allowable paid work experience opportunities.

- **Attendance**. To help prevent setbacks, it is vital that persons impacted by opioid use disorder remain actively engaged, including participation in employment and training. Therefore, a Board may consider adopting more rigorous attendance policies to help keep them on track.

- **Drug-Free Workplace**. A Board may consider adopting or updating its drug awareness policies.

- **In-Demand Occupations**. A Board should monitor the In-Demand Occupations list found on OhioMeansJobs.com to identify an array of good jobs with long-term career pathways for individuals in recovery. A link to the list is found at http://omj.ohio.gov/OMJResources/In-DemandOccupations.stm.

- **Individual Training Accounts (ITAs)**. To address the shortage of mental and behavioral health professionals and other workers needed to help with the opioid crisis, a Board may consider modifying its ITA policies. It may consider funding longer periods of training, increasing funding caps for training, and paying for higher levels of training, such as advanced degrees.

- **Supportive Services.** A Board may also consider expanding its supportive services to include assistance with dental and medical needs that help an individual secure employment. Additionally, it may consider including a provision for transitional housing for a safe and drug-free living environment. It may also consider making supportive services available to individuals with higher incomes.

**Services**

In addition to utilizing Care Management Teams and Steps to Success, a Board may also consider adding workshops on the use of drugs in the workplace, programs on drug awareness, information on crisis hotlines and support groups, and developing a job club for individuals impacted by substance dependency, including persons in recovery.

It may also consider including mechanisms and approaches to encourage, develop, and build resilience skills throughout the care management process. For the person in recovery, services may include trauma healing practices and self-care techniques, such as self-regulation (soft breathing and guided imagery); mindfulness; yoga or meditation; acupuncture; and massage therapy. For the employer, services may include helping them to create non-judgmental and supportive work environments that prioritize belonging and inclusion along with offering quiet rooms and safe spaces for trauma healing practices and self-care techniques.

**Tool 20 – Example Care Management Flowchart of Services** provides a general overview of how services may be provided to customers impacted by opioid use disorder.

**Staffing**

To ensure customers are well-served, a Board should ensure that its Operator(s) and Service Provider(s) have the "right" personnel in place for working with individuals in recovery and developing recovery-friendly workplaces.

With respect to job seekers, a Board should require that any personnel assigned to work with individuals with a substance dependency have the proper skills and background needed serve these customers' unique needs. At a minimum, it is recommended that staff members receive intensive training in the areas outlined in **Pillar 5:  Knowledgeable Staff** and detailed in **Tool 17 – Staff Training and Resources**, under ***Personnel Working with Job Seekers*** which includes training developed by the ODMHAS, The Ohio State University School of Social Work, and the Ohio Department of Health.

Additionally, as local funding allows, a Board should consider hiring a certified Peer Recovery Support Specialist and/or a Recovery Care Management Specialist to provide focused and specialized assistance to persons impacted by opioid use disorder, including those in recovery.

For employers, a Board should require that all business services personnel are trained in the key elements of a recovery-friendly workplace as outlined in **Pillar 5:  Knowledgeable Staff** and detailed in **Tool 17 – Staff Training and Resources, under *Personnel Working with Employers*** which includes training sponsored by the Ohio Chamber of Commerce, Cardinal Health Foundation, The Ohio State University College of Pharmacy, and the National Safety Council.

A Board should also ensure that business services staff are well-versed in how the Care Management Team identifies when a person is ready for employment, and how to place the individual in recovery into a work experience or transitional job, or into a permanent job.

It should require that the businesses services staff actively reach out to recovery-friendly workplaces, with an emphasis based on employers that provide job opportunities that are suitable for individuals impacted by opioid use disorder. A Board should ensure it is developing

an array of employment options that provide good wages with long-term career pathways for these customers.

It should also create a plan to educate and help employers become recovery-friendly workplaces using the tools found in **Tool 18 – Generation Rx Workplace Materials and Tool 19 - The Proactive Role Employers Can Take: Opioids in the Workplace Report.**

**Partners**

The depth of the opioid epidemic in Ohio goes well beyond the grants that OWD has currently secured. Therefore, it is crucial that a Board create partnerships with other groups in its community to develop close working relationships and implement innovative service strategies that will continue long after any grant period has ended.

To begin a local Opioid Response Workgroup,[15] a Board should identify potential partners as listed in **Tool 4 – Chart of Primary Partners.** These include groups from Legal, Mental Health, Physical Health, Children Services, Housing, Peer Support, and Education and Training.

It should first reach out to each potential partner individually to explain the Board's role in combating the opioid crisis and should request a meeting to discuss how the Board may partner with them to jointly develop an appropriate menu of services along with possible outreach strategies to recruit individuals and businesses. **Tool 21 – Initial Outreach to Potential Partners** provides a customizable email/script that a Board may be use for this initial contact.

After speaking to (or meeting with) each potential partner, the Board should convene all interested parties for a series of group strategy sessions. Collectively, the partners should:

- Determine the most urgent needs as well as any unmet needs in the community.
- Define the specific services they can provide, including job seeker, business, and supportive services.
- List all eligibility requirements for each partner or program.
- Discuss any associated costs or budgetary constraints.
- Pinpoint the typical timeline for services (i.e., do they have a scheduling system, or any type of backlog).
- Decide "who will be responsible for what"
- Identify the prime organization where services may overlap.
- Develop and execute confidentiality agreements as may be required by partners or programs. These documents should also include provisions for maintaining Personally Identifiable Information (PII).
- Identify worker shortages for occupations needed to help with the opioid crisis.

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[15] It is important to note that many communities may already have some sort of Opioid Response Workgroup in place. Therefore, a Board should first research what currently exists in its region. If one has been established, then the Board should begin actively participating on it and discussing how its workforce initiatives might be included to build and expand upon current efforts. It is not recommended that a Board attempt to create an additional or alternative group.

- Determine staff training needs for each partner and identify the organizations may be able to provide some of these sessions or workshops.

- Create the Care Management Team as described in **Pillar 2:  Holistic Care Management,** including team members and meeting schedule.

- Establish methods for outreach, referral, tracking, and reporting.

It is critical that each of the partners select an individual who will serve as the primary point of contact on the Opioid Response Workgroup.  Additionally, as a group, the partners should also collectively establish who will serve as the Workgroup Lead.  This individual will be responsible for convening the group, communicating with partners in between meetings, and keeping records and minutes of all sessions.

Once the initial planning has been completed, the Opioid Response Workgroup should create a map of services and overall eligibility requirements along with contact information for each partner.  In addition to helping document processes, it will serve as a valuable training and referral tool for staff members from all partner organizations.

## FINAL THOUGHTS

OWD hopes that this document, *Strategies for Helping Individuals Impacted by Opioid Use Disorder:  A Toolkit for Ohio's Public Workforce System,* provides Local Workforce Boards with the foundation they need to begin implementing their own customized strategies, policies, workgroups, and methodologies for addressing the opioid epidemic in their communities.

We encourage Boards to be innovative as they identify ways to prepare workers for jobs that help prevent and mitigate substance dependency; provide education, training, and supportive services to individuals in treatment; and develop recovery-friendly workplaces.

If your organization has questions, needs additional information, or has alternative suggestions or best practices to share, please contact Alice Worrell at Alice.Worrell@jfs.ohio.gov or Sonia Tillman at Sonia.Tillman@jfs.ohio.gov.

**APPENDICES**

**Ohio MEANS Jobs.com** ®

**Department of Job and Family Services**

Mike DeWine, Governor
Kimberly Hall, Director

Office of Workforce Development

**U.S. Department of Labor Opioid Grant Funds Available by County**

**DISASTER RELIEF GRANT (Grant #3) – DOL Approved**

- Available in all 88 counties
- $11 million available statewide
- See TEGL 4-18 & TEGL 2-15
- Cannot pay for in-patient drug rehab

Eligible Participants:
- Dislocated Workers*
- Long term unemployed* (defined in WIOA PL 17-06)
- Individuals laid off due to the opioid emergency
- Self-employed individuals who are unemployed or under-employed due to opioid emergency

*Do not need to be using or directly impacted by drug addiction to qualify

Allowable Services:
- All services allowed under the **Transition DW Grant →**
- Disaster Relief Employment:
  o Up to 2,040 hours
  o Alleviate issues caused by crisis
  o Provide humanitarian assistance



*WIOA Dislocated*

*Long-term unemployed*,
*Laid off as a result of opioid crisis,*
*Self-employed now unemployed/*
*underemployed due to opioids*

**16    Blue Counties**
- Participating in the **Transition DW Grant**
- May use the **Disaster Relief Grant** only for individuals not eligible for or services not allowable under Grant #2.

**TRANSITION DW GRANT (Grant #2) – DOL Approved**

- $8 million for 16 counties
- See TEGL 2-18
- Cannot pay for in-patient drug rehab

Eligible Participants:
- Dislocated Workers
- Do not need to be using or directly impacted by drugs

Allowable Services

- Career Services
  o Soft-skills and other pre-vocational svcs.
  o Career planning
  o Work experiences
  o Any other WIOA career services
- Supportive services
  o Addiction treatment
  o Other WIOA sup-portive services

- Training
  o On-the-Job Training
  o Classroom training, prioritizing in-demand jobs that could address addiction (counselor, social worker, etc.)
  o Apprenticeships
  o Customized training
  o Transitional Jobs
  o Entrepreneurial training

# COMPARISON OF FEATURES OF OHIO'S OPIOID GRANTS                    TOOL 2

ODJFS Office of Workforce Development – Opioid Grant Comparison Sheet Comparison of Department of Labor awarded grants to support Ohio's Opioid Crisis (Opioid Grant 2 and Grant 3)

| Feature | Grant 2 | Grant 3 for Counties in Grant 2 | Grant 3 for Counties Not in Grant 2 |
|---|---|---|---|
| Goals | 1) Address the large-scale lack of labor and skills resulting from the opioid national emergency by deploying innovative career and training services that move dislocated workers into in-demand careers that could improve long-term economic or workforce health of communities, including careers that impact the causes and treatment of the opioid crisis. | 1) Provide career, training, and supportive services to eligible participants aimed at boosting the number of qualified professionals in fields that can have an impact on the opioid crisis. | 1) Provide career, training, and supportive services to eligible participants aimed at boosting the number of qualified professionals in fields that can have an impact on the opioid crisis. |
| | 2) Reintegrate eligible participants who volunteer that they have been impacted by the opioid crisis, by providing career, training, and supportive services. | 2) Reintegrate eligible participants who volunteer that they have been impacted by the opioid crisis, by providing career, training, and supportive services. | 2) Reintegrate eligible participants who volunteer that they have been impacted by the opioid crisis, by providing career, training, and supportive services. |
| | 3) Increase engagement with and support for, employers to modify hiring practices and drug-free workplace policies that ensure more job opportunities and job retention. | 3) Increase engagement with and support for, employers to modify hiring practices and drug-free workplace policies that ensure more job opportunities and job retention. | 3) Increase engagement with and support for, employers to modify hiring practices and drug-free workplace policies that ensure more job opportunities and job retention. |
| | | 4) Supplement the goals of Grant 2 to serve individuals not eligible under Grant 2 and to provide services not allowable under Grant 2 | |
| Counties Participating | 16 counties | 16 counties | Remaining 72 counties |
| Funding Amount | $8 million | $11 million for state | $11 million for state |
| Grant Period | 10/1/18 - 9/30/20 | 4/1/19 - 3/31/21 | 4/1/19 - 3/31/21 |

| Feature | Grant 2 | Grant 3 for Counties in Grant 2 | Grant 3 for Counties Not in Grant 2 |
|---|---|---|---|
| Official Grant Name | Trade & Economic Transition National Dislocated Worker Grant | Disaster Recovery National Dislocated Worker Grant | Disaster Recovery National Dislocated Worker Grant |
| Guidance Governing Grant | TEGL 2-18 & TEGL 19-16 WIOA Policy Letter 15-02 and 18-02 | TEGL 2-15, TEGL 4-18, TEGL 19-16 and WIOA Policy Letter 17-06 and 18-05 | TEGL 2-15, TEGL 4-18, TEGL 19-16 and WIOA Policy Letter 17-06 and 18-05 |
| Individuals Eligible | 1) Dislocated Workers | 1) Dislocated Workers who need Temporary Jobs<br>2) Long-term unemployed individuals<br>3) Individuals temporarily or permanently laid off due to the opioid crisis<br>4) Self-employed individuals who are unemployed or significantly underemployed as a result of the opioid emergency | 1) Dislocated Workers<br>2) Long-term unemployed individuals<br>3) Individuals temporarily or permanently laid off due to the opioid crisis<br>4) Self-employed individuals who are unemployed or significantly underemployed as a result of the opioid emergency |
| Services Allowable | 1) Training & Work-Based Training Models<br>2) Career Services<br>3) Supportive Services | 1) Training & Work-Based Training Models (except to Dislocated Workers who may receive this service under Grant 2)<br>2) Career Services (except to Dislocated Workers who may receive this service under Grant 2)<br>3) Supportive Services (except to Dislocated Workers who may receive this service under Grant 2)<br>4) Temporary disaster-relief employment for any eligible participant | 1) Training & Work-Based Training Models<br>2) Career Services<br>3) Supportive Services<br>4) Temporary disaster-relief employment for any eligible participant |

| Feature | Grant 2 | Grant 3 for Counties in Grant 2 | Grant 3 for Counties Not in Grant 2 |
|---|---|---|---|
| Types of Occupations Participants Can Be Trained For | Training should be given priority over other types of services. Emerging or expanding industries should be the focus, especially those in your WIOA regional plan and those on Ohio's In-Demand Jobs list.<br><br>One grant goal is to increase the number of professionals trained to impact the causes and treatment of the opioid crisis, so areas should focus on these occupations as well. | 1) For individuals who volunteer that they, a family member or a friend have **been impacted** by the opioid crisis, training may be in any in-demand occupation.<br><br>2) For individuals who state they are **not impacted by the opioid crisis or do not respond**, priority should be given to training in the following fields: pain therapy and management, mental health care and addiction treatment services for disorders and issues that could lead to or exacerbate opioid abuse and addiction; and professions that will mitigate the underlying circumstances of the opioid crisis or other humanitarian jobs: coroner's office assistants, support staff for emergency dispatchers, first responders, EMT transporters, social worker/foster care aides, and peer recovery supporters. | 1) For individuals who volunteer that they, a family member or a friend **have been impacted** by the opioid crisis, training may be in any in-demand occupation.<br><br>2) For individuals who state they are **not impacted by the opioid crisis or do not respond**, priority should be given to training in the following fields: pain therapy and management, mental health care and addiction treatment services for disorders and issues that could lead to or exacerbate opioid abuse and addiction; and professions that will mitigate the underlying circumstances of the opioid crisis or other humanitarian jobs: coroner's office assistants, support staff for emergency dispatchers, first responders, EMT transporters, social worker/foster care aides, and peer recovery supporters. |

| Feature | Grant 2 | Grant 3 for Counties in Grant 2 | Grant 3 for Counties Not in Grant 2 |
|---|---|---|---|
| Types of Temporary Jobs Allowable | Not an allowable service for this grant | 1) Jobs that alleviate the unique impacts/issues caused by the opioid crisis in affected communities AND 2) Jobs providing humanitarian assistance for those affected by the opioid crisis which includes actions to save lives, alleviate suffering, and maintain human dignity. Humanitarian assistance must directly relate to the effects or complications of widespread opioid abuse. | 1) Jobs that alleviate the unique impacts/issues caused by the opioid crisis in affected communities AND 2) Jobs providing humanitarian assistance for those affected by the opioid crisis which includes actions to save lives, alleviate suffering, and maintain human dignity. Humanitarian assistance must directly relate to the effects or complications of widespread opioid abuse. |
| Applicable Performance Standards | Applied at state, not local area level | Applied at state, not local area level | Applied at state, not local area level |
| Participant Reporting Method | OWCMS Special Grant Office codes will be provided. | OWCMS Special Grant Office codes will be provided. | OWCMS Special Grant Office codes will be provided. |
| Fiscal Reporting Method | Codes will be provided for CFIS | Codes will be provided for CFIS | Codes will be provided for CFIS |
| Random Moment Sampling (Where applicable) | OWD will issue an RMS code to track time and effort | OWD will issue an RMS code to track time and effort | OWD will issue an RMS code to track time and effort |

## WIOAPL 18-02 (Implementation of Workforce Development Services Under the Trade and Economic Transition National Dislocated Worker Grant (Opioid Transition Grant))

### Workforce Innovation and Opportunity Act Policy Letter No. 18-02

April 1, 2019

TO:         Workforce Innovation and Opportunity Act Local Workforce Development Boards Directors, Fiscal Agents, and OhioMeansJobs Center Operators

FROM:       Kimberly Hall, Director

SUBJECT:    Implementation of Workforce Development Services Under the Trade and Economic Transition National Dislocated Worker Grant (Opioid Transition Grant)

### I.   Purpose

To define participant eligibility, allowable services, and other policy parameters to enable participating local workforce development areas (local areas) to implement and deliver opioid transition grant services.

### II.   Effective Date

Immediately

### III.   Background

Opioid use disorder and overdose deaths have become the most pressing public health issue and workforce challenge facing Ohio. According to the Ohio Chamber of Commerce, half the businesses surveyed report suffering the consequences of substance abuse in the form of absenteeism, decreased productivity, and worker shortage. The effects of the crisis in Ohio and other states prompted the President to declare an opioid epidemic national health emergency on August 10, 2017.

In response to the emergency, the Ohio Department of Job and Family Services (ODJFS) applied for and received a discretionary Trade and Economic Transition National Dislocated Worker Grant from the U.S. Department of Labor (DOL). This time-limited opioid transition grant will be used to address long-term worker absences, dislocations, and disruption in skill and labor availability in geographic areas that have suffered the most severe negative impacts of the crisis by providing innovative training and employment services to dislocated workers.

Increasing their skill levels will enable the participants to compete for growing or high-demand employment opportunities, including occupations that help to minimize the effects of the opioid crisis, and move dislocated workers toward in-demand careers. This will increase labor force participation and improve the long-term economic health of the severely impacted geographic areas, thereby reducing substance use disorder through gainful employment.

### IV.   Definitions

Authorized county: A county located in a participating local area in which eligible dislocated workers may receive opioid transition grant services, or an Ohio county suffering from the most severe impacts of the opioid crisis (see Attachment A.)

Participating local area: A local area in receipt of opioid transition grant funds.

### V.   State Requirements

As the state workforce agency and grantee, ODJFS shall:

- Submit grant applications, modifications, quarterly reports, and other communications to DOL on behalf of the participating local

areas;
- Assign a project manager to serve as the point-of-contact and coordinator of grant related resources and information;
- Review and approve operational plans submitted by the participating local areas;
- Manage grant funds including the determination of sub-award amounts and incremental funding to participating local areas and potential revisions to such awards to address underspending and to ensure maximum investment of the available resources;
- Form partnerships with other state agencies to implement a comprehensive statewide response to the opioid crisis, such as collaboration with the Ohio Bureau of Workers Compensation (BWC) to educate employers about substance use and recovery and to encourage establishment of Second Chance policies; and
- Provide technical assistance to participating local areas and other stakeholders on the terms and conditions of the opioid transition grant.

## VI. Local Workforce Development Area Requirements

The opioid transition grant is a national dislocated worker grant issued to participating local areas under the authority of the WIOA subgrant agreement between ODJFS and each local area. Therefore, participating local areas must implement the grant-funded services and activities in accordance with the terms and conditions of the WIOA subgrant agreement, along with the requirements found in this policy letter.

### A. Local Area Planning

To receive its full allocation of opioid transition grant funds (other than a nominal start-up grant), a participating local area must submit an operational plan describing the priorities, organizational capability, service design, outcomes, and other details for implementing the opioid transition grant services. The services and activities identified in the operational plan must align with the state combined plan, regional and local WIOA plan, and any economic development strategies and priorities pertaining to the local area. Following ODJFS approval of the operational plan, opioid transition grant funding will be allocated to the local area in increments. After spending or obligating at least 70 percent of the prior increment(s), the local area may email the designated ODJFS project manager to request the next increment.

As changes to the local plan occur, such as the provision of new services not identified in the plan or significant changes in the number of planned participants, local areas must submit to the designated ODJFS project manager a revised operational plan explaining the changes as soon as possible, but no later than 30 days after each change.

### B. Eligible Participants

Participating local areas shall ensure that individuals served under the opioid transition grant have met all eligibility criteria, including those in 20 C.F.R. § 687.170(a)(1)(i) – (iii), and the policy letter on adult and dislocated worker eligibility. Also, eligible participants must reside in or work in an authorized county or must have been dislocated from an employer located in an authorized county.

The focus of outreach and services should be to:

- Dislocated workers who have a history of opioid use, or have a friend or family member with a history of opioid use; and
- Dislocated workers seeking to enter or transition into professions that could impact the causes and treatment of the opioid crisis (e.g., addiction treatment, mental health, pain management.)

The eligible dislocated workers do not need to be directly impacted by the opioid crisis nor suffering from substance use disorder to qualify for opioid transition grant services and cannot be required to disclose whether they have been impacted by the opioid crisis as a condition of participation. However, to target services to individuals impacted by substance use disorder and to make appropriate referrals, local areas may ask applicants or participants the following optional question:

> Your answer to this question is voluntary. Do you, a friend, or any member of your family have a history of opioid use? Please answer "Yes," or "No."

Local areas must treat applicant and participant responses to the above question as confidential information, along with any other medical information obtained from applicants or participants or shared by partners, mental health providers, addiction recovery centers, or other organizations pertaining to the individual's health, disability, or medical conditions. If the above question is presented on a form, it must be separate from the WIOA intake or assessment forms. The confidential information must be:

- Used only for determining eligibility and appropriateness for services;
- Maintained in a separate file apart from the WIOA case file;
- Locked up or otherwise secured (such as through password protection if maintained in an electronic system); and
- Restricted from access by unauthorized individuals in accordance with 29 C.F.R. § 38.41(b)(3).

### C. Allowable Services and Activities

In planning and implementing services under the opioid transition grant, local areas should consider that the grant is meant to alleviate the devastating effects of the opioid crisis, either directly or indirectly, through:

- Economic improvement of the community through skill development, talent enhancement, and re-entry of workers into the labor force;
- Barrier removal for job seekers, including individuals impacted by the opioid crisis; and
- Business services that lead to greater opportunities for job seekers with barriers.

Eligible opioid transition grant participants may receive the full array of workforce development services available to WIOA dislocated workers (i.e., career, training, and supportive services.) Because the intent of the transition grant is to mitigate the impact of the opioid crisis by strengthening the local economy and generating employment opportunities, any participants who are eligible and in need of training may receive training services to enable them to enter career fields that provide relief to the opioid crisis (e.g., social worker, counselor, nurse, etc.) or to enter an in-demand occupation.

Career and training services provided under this grant must prepare eligible dislocated workers for employment in high-growth sectors within the local economy. The industry sectors of focus into which investments of grant funding should be prioritized include: advanced and additive manufacturing; transportation; logistics and warehousing; healthcare practitioners; technical and healthcare support (especially related to mental health and addiction services); maintenance and repair including electricity, HVAC, and plumbing; business and administrative professionals; information technology; and other sectors targeted in each participating area's regional and local four-year WIOA plan.

Grant-funded supportive services such as transportation, child care, and housing assistance; and referrals to mental health, addiction, trauma, and drug-testing specialists may be provided to grant participants in need of such services. Assessments completed by mental health service providers and other partners should be used to customize supportive services to each participant's needs. Participating local areas should review their policies to ensure that the types of supportive services needed by the population targeted for services under this grant are authorized.

Participants may receive opioid transition grant services before, during, or after receiving treatment for substance use disorder.

The services and activities may be delivered under the local area's existing policies applicable to dislocated workers, or the local workforce development board (local WDB) may opt to implement new or revised policies specific to the opioid transition grant. Examples of such policy revisions may include:

- Extending the length of training or increasing the maximum training funds available to participants who plan to enter occupations that impact the opioid crisis;
- Permitting funding for transitional jobs to help participants with barriers establish work history, develop workplace skills, and enter or re-enter the workforce; or
- Expanding the supportive services definition and benefit limits to allow for mental health and addiction treatment and related barrier removal if not covered by Medicaid, private health insurance, or other sources.

In addition to the allowable services for eligible participants, local areas may use opioid transition grant funds for activities meant to impact the crisis on a wider scale, including, but not limited to:

- Piloting innovative approaches to combating the opioid problem – for example, by supporting employers that develop second-chance policies or hire individuals in recovery;
- Using peer recovery specialists in the community to support individuals in recovery during treatment, training, and employment;
- Building the addiction and substance-abuse treatment, mental health, and pain management workforce through education and training, such as by enabling participant enrollment in the new addiction services apprenticeship being established at Ohio's two-year colleges; and
- Facilitating peer learning and sharing of best practices through cross-discipline learning collaboratives across partner agencies.

Up to ten percent of the funds awarded to the local area may be used for administrative costs as defined in 20 C.F.R. § 683.215 that are associated with operating the grant.

**D.      Unallowable Services and Activities**

Opioid transition grant funds may not be used to pay for:

- Testing of participants for the use of controlled substances;
- In-patient treatment for substance use disorder;
- Incentive payments to participants; or
- Strategic planning or related activities.

**E.      Community Partnerships**

To address the wide-ranging impacts of the opioid crisis on the labor market, participating local areas must implement an integrated, comprehensive service delivery model by establishing partnerships with other organizations in the community that have expertise in treatment and recovery or that serve individuals who require assistance with employment and training to enter or re-enter the workforce. Examples of such partnerships include, but are not limited to:

- Alcohol, Drug, and Mental Health (ADAMH) boards to coordinate treatment for individuals with substance use disorder;
- Rehabilitation facilities and other providers of evidence-based drug and alcohol addiction treatment;
- Training providers including community colleges who can offer education, credentialing, and licensure in career fields that treat substance use disorder or provide related interventions;
- Drug courts and the criminal justice system to assist restored citizens with employment solutions to aid their transition back into society;
- Local libraries that can provide outreach and referral of potentially-eligible individuals; and
- BWC staff participating in the Safety Grant pilot program which educates employers on managing employees in recovery and adopting recovery-friendly human resource policies.

**F.      Subrecipients and Contractors**

Participating local areas may enter into subrecipient agreements or contracts with public entities, not-for-profit organizations, and private-for-profit entities, including organizations that assist individuals in recovery from substance use disorder. The determination of subrecipient or contractor status must be based on the considerations in 2 C. F. R. § 200.330.

Competitive procurement of a provider that meets the definition of a subrecipient is not required but is recommended when feasible to increase the likelihood of obtaining the highest quality of services at the lowest cost.

Contractors must be competitively selected in accordance with federal, state, and local procurement rules. For-profit contractors and

subrecipients may keep the profits earned from performance of grant activities. The amount of profit must be negotiated as a separate element of the overall price of the services with consideration given to the complexity, risk, past performance, and industry profit rates in the surrounding geographical area for similar work. Profits that are excessive or that are not justified using the aforementioned criteria will be disallowed and cannot be paid from grant funds.

## VII. Reporting Requirements

Participating local areas must enroll participants served under the opioid transition grant in the special grant office established for this project in the State's designated workforce case management system. Participants and services must be entered under the special grant office within 30 days. The outcomes of participants in the opioid transition grant will not affect the local area's WIOA performance measures, unless the local area opts to co-enroll participants in local WIOA formula-funded programs.

Local areas must request cash draws and report expenditures and other financial information using the State's designated financial reporting system, including the client tracking detail for participant-level direct service costs.

## VIII. Monitoring

Participating local areas that issue subawards must assess the risk of non-compliance of each subrecipient and develop monitoring policies outlining the procedures, frequency, and methods for assuring that grant-funded services carried out by the subrecipient are compliant and for resolving any findings of non-compliance.

Through the state's monitoring system, ODJFS program and fiscal monitors will review the local area's implementation of opioid transition grants, including participant file review and verification of actual expenditures, during the onsite monitoring review of the local area for compliance with all applicable federal and state laws, regulations, and guidance letters including this guidance letter. Any findings will be addressed through the state's monitoring resolution process.

## XI. Technical Assistance

For additional information or to request technical assistance, contact the project manager designated by the ODJFS Office of Workforce Development to oversee implementation of the opioid transition grant. To receive the project manager's contact information, email WIOAQNA@JFS.OHIO.GOV.

## X. References

Workforce Innovation and Opportunity Act §§ 134 and 170, Pub. L. 113-128.

USDOL, Training and Employment Guidance Letter No. 2-18, Trade and Economic Transition National Dislocated Worker Grants, (August 8, 2018).

USDOL, Training and Employment Guidance Letter No. 4-18, National Health Emergency Phase Two: Disaster Recovery National Dislocated Worker Grants to Address the Opioid Crisis (September 14, 2018). Note: although certain provisions from TEGL 4-18 were used in this WIOAPL, the dislocated worker grants referenced in this policy are not disaster recovery grants.

2 C. F. R. § 200.330.

20 C.F.R. §§ 683.215 and 687.

29 C. F. R. § 38.41.

ODJFS, Workforce Innovation and Opportunity Act Policy Letter No. 15-02, Adult and Dislocated Worker Eligibility, (July 15, 2015).

Attachment A: Opioid Transition Grant, Participating Local Workforce Development Areas and Authorized Counties.

Ohio | **Department of Job and Family Services** *eManuals*

Ohio.gov   State Agencies | Online Services

| JFS HOME | LEGAL/POLICY CENTRAL CALENDAR | SEARCH CENTER | FORMS CENTRAL |

Child Support Program | Cash / Food Assistance | Legal Services | Child Care | Families and Children | Workforce Development | Local Administration | Unemployment Insurance Operations

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## WIOAPL 18-05 (Transitional Jobs)

### Workforce Innovation and Opportunity Act Policy Letter No. 18-05

June 10, 2019

TO:       Local Workforce Development Boards Directors
          Fiscal Agents
          OhioMeansJobs Center Operators

FROM:     Kimberly Hall, Director

SUBJECT:  Transitional Jobs

**I.    Purpose**

To provide guidance to local workforce development areas (local areas) regarding the provision of Transitional Jobs (TJ), when they are appropriate, and considerations for development of a local area policy.

**II.   Effective Date**

Immediately

**III.  Background**

Transitional jobs (TJ) are a type of work-experience that local areas may provide under WIOA and are considered an individualized career service. TJs are time-limited and wage-paid work experiences that are subsidized up to 100 percent. These jobs are in the public, private, or nonprofit sectors and are only available for individuals with barriers to employment who are chronically unemployed or have an inconsistent work history, as determined by the local area.

Because TJs are a type of work experience, the requirements delineated in the policy letter on work experience for adults and dislocated workers, including the requirement for the local WDB to establish a worksite agreement between the participant, the host employer, and the provider of career services, also apply to TJs.

However, TJs are differentiated from other types of work experiences by the following characteristics:

- TJs are a paid, subsidized work experience, unlike other types of work experience that may be unpaid;
- TJs are meant to establish work history while demonstrating success in an employer-employee relationship and developing skills, whereas the purpose of other types of work experience may be to explore various career options or to assess the participant's employability; and
- TJs must be combined with the provision of comprehensive career services and supportive services, which is not mandated for other types of work experiences.

Similar to other types of work experience, neither the employer-of-record nor the host employer where the TJ participant performs his or her work duties is required to employ the participant after the conclusion of the TJ (however, retention, where appropriate, is preferred for the benefit of the worker and employer).

Local areas may only use up to 10 percent of adult and dislocated worker formula funds for TJs. Also, national dislocated worker grant (NDWG) funding may be spent on TJs in accordance with any requirements, limitations, or maximum expenditure amounts related to TJs that apply to each such grant.

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IV. **Definitions**

Individuals with barriers – For purposes of this policy, individuals who meet one or more of the criteria listed in Attachment A to this policy letter or anyone who certifies that they have been directly impacted by the opioid crisis.

Individual with a disability: An individual who:

1. Has a physical or mental impairment that substantially limits one or more major life activities of the individual;

2. Has a record of such an impairment; or

3. Is regarded as having such an impairment.

Unemployment compensation (UC): Short-term insurance benefits paid by ODJFS to individuals who are involuntarily out of work through no fault of their own, and who meet all statutory eligibility criteria to qualify to receive benefits.

V. **Local Workforce Development Area Requirements**

A. **Local Policy**

Local areas are not mandated to provide TJs. If the local workforce development board (WDB) opts to use TJs as part of its service delivery strategy, it must implement a local policy or policies to define the following aspects of TJ services:

1. **Participant Eligibility**

To receive TJs, participants must be either chronically unemployed or have an inconsistent work history, in addition to qualifying as "individuals with barriers." The local WDB may identify additional populations beyond those in Attachment A that are considered to have barriers to employment and may therefore qualify for TJs. The definitions of chronic unemployment and inconsistent work history will be determined by the local area, which may include individuals who are long-term unemployed, ex-offenders, and individuals who are currently receiving or have exhausted Temporary Assistance to Needy Families (TANF) benefits.

In defining these factors, the local area should consider:

- Criteria that reasonably justify and relate conceptually to the status of "chronic unemployment" such as being low income (as defined in WIOA Section (3)(36)), having a work history showing primarily minimum wage employment, employment with wages below the local living wage definition, currently claiming and/or having exhausted unemployment insurance (UI) benefits, and other unemployment-related qualifying criteria; and
- Quantifiable definitions of what it means to have an "inconsistent work history" (i.e. specific lengths of time without employment, a specific number of jobs within a specified duration, etc.).

2. **Appropriate Host Employers**

The local TJ policy should identify appropriate or targeted employers (public, private, or nonprofit) that may serve as hosts for TJ placements. The local area should seek employers who are:

- Committed to helping participants;
- Able to provide work-skills development in coordination with the comprehensive career services and supportive services provided by the local area;
- Willing to retain participants when feasible; and
- Compliant on their state and federal business taxes.

In addition, local areas should focus on employers that offer occupations that are determined to be "in-demand" at the State or local level, as described in WIOA §3(23). For employers to maintain future consideration for subsidized TJ participant placement, the local policy may establish a minimum level of hiring, such as at least 10 percent of prior TJ employees who complete the full length of their agreement and are hired by the host employer.

3. **Wages and Benefits**

The local policy must affirm that TJ participants will be compensated at the same pay rates as similarly situated trainees or employees. In the local policy, the local area may opt to establish a minimum wage that an employer must pay in order to qualify as a TJ host employer. Participants must also be covered either by state workers' compensation or by relevant on-site insurance. The local TJ policy must define the amount or percentage of reimbursement for the jobs (up to 100 percent of the participant's wage) and any co-funding requirements that apply to the host employers.

4. **Length of Agreement**

The length of a TJ agreement will vary based upon the number of hours worked per week. If a position is full-time (meaning 30 or more hours per week), the maximum length of the agreement is 26 calendar weeks. Any part-time position (less than 30 hours) has a maximum of 52 weeks. A 26-week extension may be granted if the participant is an individual with a disability who requires more time to establish a sufficient work history and to develop employable skills. The local TJ policy must also define a required minimum duration that ensures participants are able to establish sufficient work history through the TJ.

B. **Complementary Services**

TJs must be combined with comprehensive career services and supportive services if needed by the participant; participants must not

be enrolled in TJ without receiving other services. The comprehensive career services provided to TJ participants may include job readiness instruction if determined appropriate by the local WDB.

**C.    UC Requirements**

For participants receiving UC benefits, TJs fulfill the definition of work relief or work training under OAC 4141-5-05, and thus are not covered employment that are required to be reported to the UC program. The local area should ensure that employers and participants follow necessary protocol to ensure cooperation with the UC program, as listed below:

- Employers-of-record must be notified that they should not report earnings/wages to the UC program for TJ participants, including for-profit employers;
- Employers must be notified that TJs are not covered employment for the purposes of UC, which can be done through the worksite agreement, an informational flyer, or other means deemed sufficient by the local area;
- For TJ participants receiving UC benefits, wages earned from TJs are considered income that must be reported to ODJFS and may therefore impact the claimant's ongoing eligibility for UC benefits; and
- Enrollment in a TJ does not waive a participant's mandatory work search requirements under the UC program.

## VI.    Reporting

All participants must be eligible and enrolled in WIOA (either the local adult or dislocated worker program or a discretionary grant), and any data about them that is required to be reported must be entered into the State's designated case management reporting system. TJ participants may also be co-enrolled in other state-funded WIOA programs.

In the State's designated financial reporting system, the local area's fiscal agent must report all TJ expenditures using the appropriate sub-project code, so that the expenses may be isolated, properly reported, and tracked against the limits on TJ spending by grant.

## VII.    Monitoring

Through the State's monitoring system and during the onsite monitoring review of the local area, ODJFS's program and fiscal monitors will review the local area's TJ implementation, including participant file review and testing of actual expenditures, for compliance with all applicable federal and state laws, regulations, and guidance letters (including this guidance letter). Any findings will be addressed through the State's monitoring resolution process.

## VIII.    Technical Assistance

For additional information, contact the Office of Workforce Development at WIOAQNA@JFS.OHIO.GOV.

## IX.    References

20 C.F.R. §§ 680.190, 680.195, and 683.275

USDOL, Training and Employment Guidance Letter No. 19-16, Operating Guidance for the Workforce Innovation and Opportunity Act, Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules, (March 1, 2017).

O.A.C. 4141-5-05.

ODJFS, Workforce Innovation and Opportunity Act Policy Letter No. 15-08.1, Career Services for Adults and Dislocated Workers (June 6, 2017).

ODJFS, Workforce Innovation and Opportunity Act Policy Letter No. 18-02, Implementation of Workforce Development Services Under the Trade and Economic Transition National Dislocated Worker Grant (Opioid Transition Grant) (April 1, 2019).

ODJFS, Workforce Innovation and Opportunity Act Policy Letter No. 15-12, Work Experience for Adults and Dislocated Workers (July 15, 2015).

ODJFS, Workforce Innovation and Opportunity Act Policy Letter No. 18-04, Employment Recovery National Dislocated Worker Grants (TBD).

Workforce Innovation and Opportunity Act, § 170, Pub. L. 113-128.

# Primary Partners

| Primary Partners | EXAMPLE PARTNERS | EXAMPLE SERVICES | RESOURCES |
|---|---|---|---|
| Legal | Drug Court, Family Court | Parole officer, scheduled drug tests, halfway housing | **Special dockets for treatment rather than prison:** http://www.supremecourt.ohio.gov/JCS/specDockets/certificatio n/statusSheetDocket.pdf |
| Mental Health | Behavioral System Facility | Mental health assessment, individual therapy, group counseling, family counseling, medication | **County Behavioral Health Authorities:** https://www.oacbha.org/mappage.php **Mental health and addiction services:** https://mha.ohio.gov/Treatment/Where-to-Get-Help |
| Physical Health | Federally Qualified HealthCare (FQHC) Facility | Physical health assessment, exercise plan, medication, access to health insurance/Medicaid | **County Health Districts:** https://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts **FQHC facilities:** https://cdn.ymaws.com/www.ohiochc.org/resource/resmgr/imp orted/OACHC_MAP_2011_11-2-11.pdf |
| Children Services | Public Children Service Agencies (PCSA) | In-home services, foster care, kinship care, reunification, after care, adoption, and Ohio Sobriety Treatment and Reducing Trauma (START) program | **PCSAs:** http://jfs.ohio.gov/County/County_Directory.pdf **Ohio START:** http://www.pcsao.org/programs/ohio-start |
| Housing | Housing and Urban Development (HUD), Rehabilitation Center | Rental subsidies, temporary housing, sober living housing | **Recovery housing:** https://find.ohiorecoveryhousing.org/#search-id |
| Peer Support | Family, Friend, Mentor | Positive influence, role model, emotional support | **Peer support:** mha.ohio.gov/peersupport **Family support:** https://u.osu.edu/toolkit/sample-page/support/caregivers/ |
| Education and Training | Adult Education, Community College, Career and Technical Center | Basic skills remediation, high school equivalency exam preparation, vocational education, occupational skills training | **Career and technical education locations:** https://www.ohiohighered.org/students/find-a-career/career-technical-professional-and-vocational-schools **Higher education locations:** https://www.ohiohighered.org/campuses/map |
| Workforce | Ohio Means Jobs Center, Bureau of Workers' Compensation | Career counseling, funding for job training, placement, work-related supportive services, employer assistance | **OMJ locations:** http://jfs.ohio.gov/wioamap/ **BWC pilot program:** https://ohsonline.com/articles/2018/09/14/ohio-bwc-to-launch-opioid-workplace-safety-program.aspx |

**Ohio Specialized Dockets Certification Status Sheet**
*as of March 27, 2019*

| Certification Status Levels | Explanation |
|---|---|
| Initial Review | The court's certification application was filed with the Supreme Court and is being reviewed; revisions may be required prior to Initial Certification. |
| Initial Certification | The court's written application materials are in compliance with the certification standards and Initial Certification has been granted; the court may now conduct its specialized docket. |
| Certified | The court has completed a certification site review and the Commission on Specialized Dockets met and granted Final Certification for this specialized docket. Topics that are not expressly set forth in this certification standards are not evaluated. |

| Summary Count of Docket Types in the Certification Process | |
|---|---|
| Child Support | 1 |
| Domestic Violence | 6 |
| Drug | 112 |
| Family Dependency | 31 |
| Human Trafficking | 4 |
| Juvenile Treatment | 7 |
| Mental Health | 42 |
| OVI - Operating a Vehicle while Intoxicated | 8 |
| Reentry | 11 |
| SAM - Substance Abuse Mental Illness | 2 |
| Sex Offender | 1 |
| Truancy | 1 |
| Veterans | 23 |

| Judge Name | County (Muni Court Name) | Jurisdiction | Docket Type | Current Status |
|---|---|---|---|---|
| Judge Jeffrey Reed | Allen | CP: General | Drug | Certified |
| Judge Jeffrey Reed | Allen | CP: General | Mental Health | Certified |
| Judge David Cheney | Allen | CP: General | Reentry | Certified |
| Judge Glenn Derryberry | Allen | CP: Juvenile | Drug | Certified |
| Judge David A Rodabaugh | Allen (Lima) | Municipal | Drug | Certified |
| Judge Tammy K. Hursh | Allen (Lima) | Municipal | Drug | Certified |
| Judge Gary L. Yost | Ashtabula | CP: General | Drug | Certified |
| Judge Marianne Sezon | Ashtabula | CP: General | Mental Health | Certified |
| Judge Albert Camplese | Ashtabula | CP: Juvenile | Family Dependency | Certified |
| Judge Laura DiGiacomo | Ashtabula | Municipal | Drug | Certified |
| Judge George P. McCarthy | Athens | CP: General | Veterans Treatment | Certified |
| Judge William Allan Grim (pending transfer to Judge Todd Grace) | Athens | Municipal | OVI | Certified |
| Judge William Allan Grim (pending transfer to Judge Todd Grace) | Athens | Municipal | SAM | Certified |
| Judge Frank Fregiato | Belmont | CP: General | Drug | Certified |
| Judge J. Mark Costine (pending transfer to Judge Albert E. Davies) | Butler | CP: Juvenile | Family Dependency | Certified |
| Judge Daniel F. Hungley | Butler | County Court | Mental Health | Certified |
| Judge Jennifer Muench-McElfresh | Butler | CP: General | Child Support Enforcement | Certified |
| Judge Keith Spaeth | Butler | CP: General | Drug | Certified |
| Judge Noah Powers | Butler | CP: General | SAM | Certified |
| Judge Michael A. Oster Jr. | Butler | CP: General | Veterans Treatment | Certified |
| Judge Kathleen Romans | Butler | CP: Juvenile | Family Dependency | Certified |
| Judge Joyce Campbell | Butler (Fairfield) | Municipal | Mental Health | Certified |
| Judge Joyce Campbell | Butler (Fairfield) | Municipal | OVI | Certified |
| Judge Mark W. Wall (pending transfer to Judge James E. Shanton) | Butler (Middletown) | Municipal | Veterans Treatment | Certified |
| Judge James Shriver | Clermont | CP: Juvenile | Family Dependency | Certified |
| Judge Kevin T. Miles | Clermont | Municipal | OVI | Certified |
| Judge John W. Rudduck | Clinton | CP: General | Drug | Certified |
| Judge Timothy J. McNicol | Columbiana | Municipal | Drug | Certified |
| Judge Melissa Byers-Emmerling | Columbiana (East Liverpool MC) | Municipal | Drug | Initial Certification |
| Judge Robert J. Batchelor | Corbacton | CP: General | Drug | Certified |
| Judge Van Blanchard, II | Corbacton | CP: Juvenile | Drug | Certified |
| Judge Van Blanchard, II | Corbacton | CP: Juvenile | Family Dependency | Certified |
| Judge Joan Synenberg | Cuyahoga | CP: General | Drug | Certified |

**Ohio Specialized Dockets Certification Status Sheet**
*as of March 27, 2019*

| Judge | County | Court | Docket | Status |
|---|---|---|---|---|
| Judge David T. Matia | Cuyahoga | CP: General | Drug | Certified |
| Judge Robert C. McClelland | Cuyahoga | CP: General | Mental Health | Initial Review |
| Judge Hollie L. Gallagher | Cuyahoga | CP: General | Mental Health | Initial Review |
| Judge Deena R. Calabrese | Cuyahoga | CP: General | Mental Health | Initial Review |
| Judge Michael Jackson | Cuyahoga | CP: General | Veterans Treatment | Certified |
| Judge Denise N. Rini (pending transfer to Judge Thomas O'Malley) | Cuyahoga | CP: Juvenile | Drug | Certified |
| Judge Kristin Sweeney | Cuyahoga | CP: Juvenile | Family Dependancy | Certified |
| Judge Kristin W. Sweeney | Cuyahoga | CP: Juvenile | Mental Health | Certified |
| Judge Lauren C. Moore | Cuyahoga (Cleveland) | Municipal | Drug | Certified |
| Judge Marilyn B. Cassidy | Cuyahoga (Cleveland) | Municipal | Human Trafficking | Certified |
| Judge Emanuella Groves | Cuyahoga (Cleveland) | Municipal | Mental Health | Certified |
| Judge Charles L. Patton | Cuyahoga (Cleveland) | Municipal | Veterans Treatment | Certified |
| Judge Gayle Williams-Byers | Cuyahoga (South Euclid) | Municipal | Mental Health | Certified |
| Judge Everett H. Krueger (pending transfer to Judge James Schuck) | Delaware | CP: General | Drug | Certified |
| Judge David M. Gormley | Delaware | CP: General | Mental Health | Certified |
| Judge David A. Hejmanowski | Delaware | CP: Juvenile | Family Dependancy | Certified |
| Judge David A. Hejmanowski | Delaware | CP: Juvenile | Juvenile Treatment | Certified |
| Judge David Sunderman | Delaware | Municipal | Mental Health | Certified |
| Judge Marianne T. Hemmeter | Delaware | Municipal | Drug | Certified |
| Judge Marianne T. Hemmeter | Delaware | Municipal | Veterans Treatment | Initial Certification |
| Judge Robert C. Delamatre | Erie | CP: Juvenile | Drug | Certified |
| Judge Richard E. Berens | Fairfield | CP: General | Drug | Certified |
| Judge Terre L. Vandervoort | Fairfield | CP: Juvenile | Drug | Certified |
| Judge Terre L. Vandervoort | Fairfield | CP: Juvenile | Family Dependancy | Certified |
| Judge James A. Fields | Fairfield | Municipal | Drug | Certified |
| Judge James A. Fields | Fairfield | Municipal | Mental Health | Certified |
| Judge Stephen F. McIntosh | Franklin | CP: General | Drug | Certified |
| Judge Dana S. Preisse | Franklin | CP: General | Family Dependancy | Initial Certification |
| Judge Dana S. Preisse | Franklin | CP: Juvenile | Family Dependancy | Certified |
| Judge David Tyack | Franklin | Municipal | Drug - HART | Certified |
| Judge Jodi L. Thomas | Franklin | Municipal | Human Trafficking | Certified |
| Judge Paul Herbert | Franklin | Municipal | Mental Health | Certified |
| Judge Cindi Morehart | Franklin | Municipal | Veterans Treatment | Certified |
| Judge Ted Barrows | Franklin | Municipal | Drug | Certified |
| Judge Jeffrey L. Robinson | Fulton | CP: General | Drug | Certified |
| Judge Margaret Evans | Gallia | CP: General | Drug | Certified |
| Judge Eric Mulford | Gallia (Gallipolis) | Municipal | Mental Health | Certified |
| Judge Eric Mulford | Gallia (Gallipolis) | Municipal | Drug | Certified |
| Judge Carolyn J. Paschke | Geauga | CP: General | Drug | Initial Review |
| Judge Stephen A. Wolaver | Greene | CP: General | Veterans Treatment | Certified |
| Judge Beth W. Cappelli | Greene (Fairborn) | Municipal | Drug | Certified |
| Judge Tom Heekin | Hamilton | CP: General | Mental Health | Certified |
| Judge Lisa Allen | Hamilton | CP: General | Mental Health | Certified |
| Judge Ethna Cooper | Hamilton | CP: General | Veterans Treatment | Certified |
| Judge John M. Williams | Hamilton | CP: Juvenile | Family Dependancy | Initial Review |
| Judge Heather S. Russell | Hamilton | Municipal | Human Trafficking | Certified |
| Judge William L. Mallory Jr. | Hamilton | Municipal | Mental Health | Certified |
| Judge Curt Kissinger | Hamilton | Municipal | Mental Health | Certified |
| Judge Ken Wilson Burke | Hamilton | CP: General | Drug | Certified |
| Judge Brad Greenberg | Hancock | CP: General | Veterans Treatment | Certified |
| Judge Jonathan P. Starn | Hancock | CP: General | Drug | Certified |
| Judge Reginald J. Routson | Hancock | CP: General | Drug | Certified |
| Judge Kristen K. Johnson | Hancock | CP: Juvenile | Family Dependancy | Certified |
| Judge Kristen K. Johnson | Hancock | CP: Juvenile | Truancy | Certified |

2

Ohio Specialized Dockets Certification Status Sheet
*as of March 27, 2019*

| Judge | County | Court | Docket Type | Status |
|---|---|---|---|---|
| Judge Scott N. Barrett | Hardin | CP: General | Drug | Certified |
| Judge Steven D. Christopher | Hardin | CP: General | Drug | Certified |
| Judge Steven D. Christopher | Hardin | CP: Juvenile | Family Dependency | Certified |
| Judge Steven D. Christopher | Hardin | CP: Juvenile | Mental Health | Certified |
| Judge Denise Herman McColley | Henry | CP: Juvenile | Family Dependency | Certified |
| Judge Denise Herman McColley | Henry | Family | Juvenile Treatment | Certified |
| Judge Rocky A. Coss | Highland | CP: General | Drug | Initial Review |
| Judge John T. Wallace | Hocking | CP: General | Drug | Certified |
| Judge Fred Moses | Hocking | Municipal | Drug | Certified |
| Judge Timothy L. Cardwell | Huron | CP: Juvenile | Family Dependency | Certified |
| Judge Timothy L. Cardwell | Huron | CP: Juvenile | Juvenile Treatment | Certified |
| Judge Eric R. Weisenburger | Huron (Norwalk) | Municipal | Drug | Certified |
| Judge Mark T. Musick | Jackson | Municipal | Drug | Certified |
| Judge Michelle G. Miller | Jefferson | CP: General | Drug | Certified |
| Judge Richard D. Wetzel | Knox | CP: General | Drug | Certified |
| Judge Jay W. Nixon | Knox | CP: Juvenile | Drug | Certified |
| Judge Jay W. Nixon | Knox | CP: Juvenile | Mental Health | Certified |
| Judge John C. Thatcher | Knox (Mount Vernon) | Municipal | Drug | Certified |
| Judge John Trebets | Lake (Mentor) | Municipal | Drug | Certified |
| Judge John Trebets | Lake (Mentor) | Municipal | Mental Health | Certified |
| Judge Andrew P. Bullard | Lawrence | CP: General | Drug | Certified |
| Judge Kevin J. Waldo | Lawrence (Ironton) | Municipal | Drug | Initial Review |
| Judge William D. Branstool | Licking | CP: General | Drug | Certified |
| Judge David Stansbury | Licking | CP: General | Drug | Certified |
| Judge Michael F. Higgins | Licking | Municipal | OVI | Certified |
| Judge William T. Goslee | Logan | CP: General | Drug | Certified |
| Judge Dan Bratka | Logan | CP: General | Family Dependency | Certified |
| Judge John R. Minald | Lorain | CP: General | Drug | Certified |
| Judge James Walther | Lorain | CP: General | Veterans Treatment | Certified |
| Judge Lisa I. Sawaski | Lorain | CP: Juvenile | Mental Health | Certified |
| Judge Frank J. Janik, III | Lorain | Domestic Relations/CP: Juvenile | Drug | Certified |
| Judge Sherry L. Glass | Lorain | Domestic Relations/CP: Juvenile | Family Dependency | Certified |
| Judge Ian B. English | Lucas | CP: Juvenile | Drug | Certified |
| Judge Denise L. Cubbon | Lucas | CP: Juvenile | Drug | Certified |
| Judge Connie F. Zemmelman | Lucas (Toledo) | Municipal | Family Dependency | Certified |
| Judge William Connelly | Mahoning | Municipal | Veterans Treatment | Certified |
| Judge John M. Durkin | Mahoning | CP: General | Drug | Certified |
| Judge Maureen Ann Sweeney | Mahoning | CP: General | Mental Health | Certified |
| Judge Anthony D'Apolito | Mahoning | CP: General | Veterans Treatment | Certified |
| Judge Theresa Dellick | Mahoning | CP: Juvenile | Drug | Certified |
| Judge Theresa Dellick | Mahoning | CP: Juvenile | Family Dependency | Certified |
| Judge Theresa Dellick | Mahoning | CP: Juvenile | Mental Health | Certified |
| Judge Theresa Dellick | Mahoning | CP: Juvenile | Reentry | Certified |
| Judge Carla Baldwin | Mahoning (Youngstown) | Municipal | Sex Offender | Certified |
| Judge Jim Slagle | Marion | CP: General | Veterans Treatment | Certified |
| Judge Jim Slagle | Marion | CP: General | Drug | Certified |
| Judge Robert D. Fragale | Marion | CP: General | Reentry | Certified |
| Judge Robert D. Fragale | Marion | Family | Reentry | Certified |
| Judge Teresa Ballinger | Marion | Municipal | Family Dependency | Certified |
| Judge Teresa Ballinger | Marion | Municipal | Drug | Certified |
| Judge Teresa Ballinger | Marion | Municipal | Mental Health | Certified |
| Judge Joyce V. Kimbler | Medina | CP: General | Veterans Treatment | Certified |
| Judge Joyce V. Kimbler | Medina | CP: General | Mental Health | Certified |
| Judge Kevin W. Dunn | Medina | CP: Juvenile | Drug | Certified |

**Ohio Specialized Dockets Certification Status Sheet**
*as of March 27, 2019*

| Judge | County (Location) | Court | Docket | Status |
|---|---|---|---|---|
| Judge Jeffrey R. Ingraham | Mercer | CP: General | Drug | Certified |
| Judge Christopher Gee | Miami | CP: General | Drug | Certified |
| Judge Gary A. Nasal | Miami | Municipal | Drug | Certified |
| Judge Barbara P. Gorman | Montgomery | CP: General | Drug | Certified |
| Judge Mary Wiseman | Montgomery | CP: General | Drug - Womens | Certified |
| Judge Gregory F. Singer | Montgomery | CP: General | Mental Health | Certified |
| Judge Timothy N. O'Connell | Montgomery | CP: General | Veterans Treatment | Certified |
| Judge Anthony Capizzi | Montgomery | CP: Juvenile | Drug | Certified |
| Judge Anthony Capizzi | Montgomery | CP: Juvenile | Family Dependancy | Certified |
| Judge Anthony Capizzi | Montgomery | CP: Juvenile | Mental Health | Certified |
| Judge Carl Henderson | Montgomery (Dayton) | Municipal | Mental Health | Certified |
| Judge Tom Elkin | Morrow | CP: General | Drug | Certified |
| Judge Robert C. Hickson (Jr.) | Morrow | CP: General | Drug | Certified |
| Judge Robert C. Hickson (Jr.) | Morrow | CP: Juvenile | Family Dependancy | Certified |
| Judge Robert C. Hickson (Jr.) | Morrow | CP: Juvenile | Family Dependancy | Certified |
| Judge D. Scott Rankin | Muskingum | County Court | Drug | Certified |
| Judge Jay F. Vinsel | Muskingum | County Court | Mental Health | Certified |
| Judge Kelly J. Cottrill | Muskingum | CP: General | Drug | Certified |
| Judge Eric D. Martin | Muskingum | CP: General | Family Dependancy | Certified |
| Judge Eric D. Martin | Muskingum | CP: General | Juvenile Treatment | Certified |
| Judge Bruce Winters | Ottawa | CP: General | Mental Health | Certified |
| Judge Kathleen L. Giesler | Ottawa | CP: Juvenile | Family Dependancy | Certified |
| Judge Kathleen L. Giesler | Ottawa | CP: Juvenile | Juvenile Treatment | Certified |
| Judge Dean L. Wilson | Perry | County Court | Drug | Certified |
| Judge Jan Michael Long | Pickaway | CP: Juvenile | Family Dependancy | Certified |
| Judge Paul F. Price | Pike | County Court | Drug | Certified |
| Judge Becky L. Doherty | Portage | CP: General | Drug | Certified |
| Judge Barbara R. Oswick | Portage | Municipal | Mental Health | Certified |
| Judge Phillip S. Naumoff | Richland | CP: General | Drug | Certified |
| Judge Brent N. Robinson | Richland | CP: General | Reentry | Certified |
| Judge Phillip S. Naumoff | Richland | CP: General | Reentry | Certified |
| Judge Brent N. Robinson | Richland | CP: General | Domestic Violence | Certified |
| Judge Frank Ardis (Jr.) | Richland (Mansfield) | Municipal | Domestic Violence | Certified |
| Judge Jerry Ault | Richland (Mansfield) | Municipal | Drug | Certified |
| Judge Frank Ardis (Jr.) | Richland (Mansfield) | Municipal | Drug | Certified |
| Judge Jerry Ault | Richland (Mansfield) | Municipal | Mental Health | Certified |
| Judge Frank Ardis (Jr.) | Richland (Mansfield) | Municipal | Mental Health | Certified |
| Judge Frank Ardis (Jr.) | Richland (Mansfield) | Municipal | Veterans Treatment | Certified |
| Judge Jerry Ault | Richland (Shelby) | Municipal | Veterans Treatment | Certified |
| Judge Steve Studer | Ross | CP: General | Drug | Certified |
| Judge Michael Ater | Ross | CP: Juvenile | Family Dependancy | Certified |
| Judge J. Jeffrey Benson | Ross (Chillicothe) | Municipal | Drug | Certified |
| Judge Tom I. Eddy | Sandusky | County Court | Drug | Certified |
| Judge John P. Kolesar | Sandusky | County Court | OVI | Certified |
| Judge William Marshall (transferring to Judge Mark E. Kuhn) | Scioto | CP: General | Drug | Certified |
| Judge Alan Lemons | Scioto | CP: Juvenile | Drug | Certified |
| Judge Russell Kegley | Scioto | CP: Juvenile | Family Dependancy | Certified |
| Judge Jay A. Meyer | Scioto (Portsmouth) | Municipal | Drug | Certified |
| Judge Michael Kelbley | Seneca | CP: Juvenile | Mental Health | Certified |
| Judge Steve Shuff | Seneca | CP: General | Drug | Certified |
| Judge Mark Repp | Seneca (Tiffin-Fostoria) | Municipal | Drug | Certified |

Ohio Specialized Dockets Certification Status Sheet
as of March 27, 2019

| Judge | County | Court | Docket Type | Status |
|---|---|---|---|---|
| Judge John G. Haas | Stark | CP: General | Domestic Violence | Certified |
| Judge Kristin G. Farmer | Stark | CP: General | Drug | Certified |
| Judge John G. Haas | Stark | CP: General | Reentry | Certified |
| Judge Taryn L. Heath | Stark | CP: General | Veterans Treatment | Certified |
| Judge Jim D. James | Stark | Family | Drug - Juvenile | Certified |
| Judge Curt Werren | Stark (Canton) | Municipal | Drug | Certified |
| Judge Mary A. Falvey | Stark (Canton) | Municipal | Mental Health | Certified |
| Judge Paul J. Gallagher | Summit | CP: General | Domestic Violence | Certified |
| Judge Christine Croce | Summit | CP: General | Drug | Certified |
| Judge Joy Malek Oldfield | Summit | CP: General | Drug | Certified |
| Judge Alison Breaux | Summit | CP: General | Mental Health | Certified |
| Judge Tammy O'Brien | Summit | CP: General | Reentry | Certified |
| Judge Alison McCarty | Summit | CP: General | Reentry | Certified |
| Judge Mary Margaret Rowlands | Summit | CP: General | Reentry | Certified |
| Judge Amy Corrigall Jones | Summit | CP: General | Veterans Treatment | Certified |
| Judge Linda Tucci Teodosio | Summit | CP: Juvenile | Family Dependency | Certified |
| Judge Linda Tucci Teodosio | Summit | CP: Juvenile | Human Trafficking | Certified |
| Judge Linda Tucci Teodosio | Summit | CP: Juvenile | Juvenile Treatment | Certified |
| Judge Annalisa Stubbs Williams | Summit (Akron) | Municipal | OVI | Certified |
| Judge Kathryn Michael | Summit (Akron) | Municipal | OVI | Certified |
| Judge Kathryn Michael | Summit (Akron) | Municipal | Domestic Violence | Certified |
| Judge Jon A. Oldham | Summit (Akron) | Municipal | Drug | Certified |
| Judge Annalisa Stubbs Williams | Summit (Akron) | Municipal | Mental Health | Certified |
| Judge Gerald K. Larson | Summit (Akron) | Municipal | Veterans Treatment | Certified |
| Judge Todd McKenney | Summit (Barberton) | Municipal | Drug | Certified |
| Judge David E. Fish | Summit (Barberton) | Municipal | Mental Health | Certified |
| Judge Lisa L. Coates | Summit (Stow) | Municipal | Mental Health | Certified |
| Judge Andrew D. Logan | Trumbull | CP: General | Drug | Certified |
| Judge Sandra Stabile Harwood (transferring to Judge Samuel F. Bluedorn) | Trumbull | CP: Juvenile | Drug | Certified |
| Judge Pamela A. Rintala | Trumbull | CP: Juvenile | Family Dependency | Certified |
| Judge Jeffrey D. Adler | Trumbull (Girard) | Municipal | Drug | Certified |
| Judge Philip M. Vigorito | Trumbull (Newton Falls) | Municipal | Drug | Certified |
| Judge Thomas P. Gysegem | Trumbull (Warren) | Municipal | Domestic Violence | Certified |
| Judge Elizabeth Thomakos | Tuscarawas | CP: General | Drug | Certified |
| Judge Nanette D. Von Allmen | Tuscarawas (New Philadelphia) | Municipal | Drug | Certified |
| Judge Don Fraser | Union | CP: General | Drug | Certified |
| Judge Charlotte Eufinger | Union | CP: Juvenile | Drug | Certified |
| Judge Charlotte Eufinger | Union | CP: Juvenile | Family Dependency | Certified |
| Judge Martin D. Burchfield | Van Wert | CP: Juvenile | Drug | Certified |
| Judge James Salver | Vinton | County Court | Drug | Initial Certification |
| Judge Jeffrey Simmons | Vinton | CP: General | Drug | Initial Certification |
| Judge N. Robert Grillo | Vinton | CP: Juvenile | Drug | Initial Certification |
| Judge Robert S. Fricker | Warren | County Court | Mental Health | Certified |
| Judge Gary A. Loxley | Warren | County Court | Veterans Treatment | Certified |
| Judge Robert W. Peeler | Warren | CP: General | Drug | Certified |
| Judge Timothy N. Tepe | Warren | CP: General | Veterans Treatment | Certified |
| Judge Corey E. Spitler | Wayne | CP: General | Drug | Certified |
| Judge Mark Wiest | Wayne | CP: General | Reentry | Certified |
| Judge Latecia Wiles | Wayne | CP: Juvenile | Family Dependency | Certified |
| Judge J. T. Stoiac | Williams | CP: Juvenile | Drug | Certified |
| Judge Steven R. Bird | Williams | CP: Juvenile | Family Dependency | Certified |
| Judge Steven R. Bird | Williams | CP: Juvenile | Juvenile Treatment | Certified |

| Board Name | Address1 | City | Zip | Phone | Web Site |
|---|---|---|---|---|---|
| ADAMHS Board for Montgomery County | 409 East Monument Avenue, Ste 102 | Dayton | 45402 | 937-443-0416 | www.mcadamhs.org |
| ADAMHS Board of Adams, Lawrence & Scioto Counties | 919 Seventh Street | Portsmouth | 45662 | 740-354-5648 | www.adamhsals.org |
| ADAMHS Board of Cuyahoga County | 2012 West 25th Street | Cleveland | 44113 | 216-241-3400 | www.adamhscc.org |
| ADAMHS Board of Mercer, Van Wert, & Paulding Counties | 1054 S Washington Street, Ste A | Van Wert | 45891 | 419-238-5464 | www.tricountyadamhs.org |
| ADAMHS Board of Tuscarawas-Carroll Counties | 119 Garland Avenue | New Philadelphia | 44663 | 330-364-6488 | www.adamhtc.org |
| Ashland County Board of ADAMHS | 1605 Cty Road 1095 | Ashland | 44805 | 419-281-3139 | www.ashlandmhrb.org |
| Ashtabula County ADAMH Board | 4817 State Road, Ste 203 | Ashtabula | 44004 | 440-992-3121 | www.ashtabulamhrsboard.org |
| Athens-Hocking-Vinton ADAMHS Board | 7990 Dairy Lane P.O. Box 130 | Athens | 45701 | 740-593-3177 | www.317board.org |
| Brown County Board of Mental Health & Addiction Services | 85 Banting Drive | Georgetown | 45121 | 937-378-3504 | www.bcmhas.org |
| Butler County Mental Health & Addiction Recovery Services Board | 5963 Boymel Drive | Fairfield | 45014 | 513-860-9240 | www.bcmhars.org |
| Clermont County Mental Health & Recovery Board | 2337 Clermont Center Drive | Batavia | 45103 | 513-732-5400 | www.ccmhrb.org |
| Columbiana County Mental Health & Recovery Services Board | 27 Vista Drive P.O. Box 500 | Lisbon | 44432 | 330-424-0195 | www.ccmhrsb.org |
| County of Summit ADAMHS Board | 1867 West Market Street, Ste B2 | Akron | 44313 | 330-762-3500 | www.admboard.org |
| Crawford-Marion Board of ADAMHS | 142 South Prospect Street | Marion | 43302 | 740-387-8531 | www.mcadamh.com |
| Delaware-Morrow Mental Health & Recovery Services Board | 40 North Sandusky Street, Ste 301 | Delaware | 43015 | 740-368-1740 | www.dmmhrsb.org |
| Fairfield County ADAMH Board | 108 West Main Street | Lancaster | 43130 | 740-654-0829 | www.fairfieldadamh.org |
| Four County Board of ADAMHS | T-761 State Route 66 | Archbold | 43502 | 419-267-3355 | www.fourcountyadamhs.com |
| Gallia, Jackson & Meigs Board of ADAMHS | 53 Shawnee Lane | Gallipolis | 45631 | 740-446-3022 | www.gjmboard.org |
| Geauga County Board of Mental Health & Recovery Services | 13244 Ravenna Road | Chardon | 44024 | 440-285-2282 | www.geauga.org |

| Board Name | Address1 | City | Zip | Phone | Web Site |
|---|---|---|---|---|---|
| Hamilton County Mental Health & Recovery Services Board | 2350 Auburn Avenue | Cincinnati | 45219 | 513-946-8600 | www.hcmhrsb.org |
| Hancock County Board of ADAMHS | 438 Carnahan Avenue | Findlay | 45840 | 419-424-1985 | www.yourpathtohealth.org |
| Huron County Board of Mental Health & Addiction Services | 12 Benedict Avenue | Norwalk | 44857 | 419-668-9858 | www.huroncountymhas.org |
| Jefferson County Prevention & Recovery Board | 524 Madison Avenue | Steubenville | 43952 | 740-282-1300 | www.jcprb.org |
| Lake County Board of ADAMHS | 1 Victoria Place, Ste 205 | Painesville | 44077 | 440-350-3117 | www.helpthatworks.us |
| Lorain County ADAS Board | 4950 Oberlin Ave, Ste 101 | Lorain | 44053 | 440-282-9920 | www.lorainadas.org |
| Mahoning County Mental Health & Recovery Board | 222 West Federal Street, Ste 201 | Youngstown | 44503 | 330-746-2959 | www.mahoningmhrb.org |
| Medina County ADAMH Board | 246 Northland Drive, Ste 100 | Medina | 44256 | 330-723-9642 | www.medinamentalhealth.com |
| Mental Health & Recovery Board of Erie & Ottawa Counties | 416 Columbus Avenue | Sandusky | 44870 | 419-627-1908 | www.mhrbeo.org |
| Mental Health & Recovery Board of Portage County | 155 East Main Street P.O. Box 743 | Kent | 44240 | 330-673-1756 | www.mental-health-recovery.org |
| Mental Health & Recovery Board of Union County | 131 North Main Street, Ste A | Marysville | 43040 | 937-642-1212 | www.mhrbuc.org |
| Mental Health & Recovery Board of Wayne & Holmes Counties | 1985 Eagle Pass | Wooster | 44691 | 330-264-2527 | www.whmhrb.org |
| Mental Health & Recovery Board serving Belmont, Harrison, & Monroe Counties | 99 North Sugar Street | St. Clairsville | 43950 | 740-695-9998 | www.bhmboard.org |
| Mental Health & Recovery for Licking & Knox Counties | 1435-B West Main Street | Newark | 43055 | 740-522-1234 | www.mhrlk.org |
| Mental Health & Recovery Services Board of Allen, Auglaize, Hardin Counties | 529 South Elizabeth Street | Lima | 45805 | 419-222-5120 | www.wecarepeople.org |
| Mental Health & Recovery Services Board of Clark, Greene, & Madison Counties | 1055 East High Street | Springfield | 45505 | 937-322-0648 | www.mhrb.org |

| Board Name | Address1 | City | Zip | Phone | Web Site |
|---|---|---|---|---|---|
| Mental Health & Recovery Services Board of Lucas County | 701 Adams Street, Ste 800 | Toledo | 43604 | 419-213-4600 | www.lcmhrsb.org |
| Mental Health & Recovery Services Board of Warren & Clinton Counties | 212 Cook Road | Lebanon | 45036 | 513-695-1695 | www.mhrsonline.org |
| MH & ADA Recovery Board of Putnam County | P.O. Box 410 | Ottawa | 45875 | 419-523-0027 | www.pcadamhsbd.org |
| MHDAS Board of Logan & Champaign Counties | 1521 North Detroit St  P.O. Box 765 | West Liberty | 43357 | 937-465-1045 | www.mhdas.org |
| MHRS Board of Seneca, Sandusky & Wyandot Counties | 1200 North State Route 53 | Tiffin | 44883 | 419-448-0640 | www.mhrsbssw.org |
| Muskingum Area Mental Health & Recovery Services Board | 1205 Newark Road | Zanesville | 43701 | 740-454-8557 | www.mhrs.org |
| Paint Valley ADAMHS Board | 394 Chestnut Street | Chillicothe | 45601 | 740-773-2283 | www.pvadamh.org |
| Preble County Mental Health & Recovery Board | 255 North Barron Street | Eaton | 45320 | 937-456-6827 | www.pcmhrb.org |
| Richland County Mental Health & Recovery Services Board | 87 East First Street, Ste L | Mansfield | 44902 | 419-774-5811 | www.richlandmentalhealth.com |
| Stark County Mental Health & Addiction Recovery | 121 Cleveland Avenue, SW | Canton | 44702 | 330-455-6644 | www.starkmhar.org |
| The ADAMH Board of Franklin County | 447 East Broad Street | Columbus | 43215 | 614-224-1057 | www.adamhfranklin.org |
| The Lorain County Board of Mental Health | 1173 North Ridge Road East | Lorain | 44055 | 440-233-2020 | www.lcbmh.org |
| Tri County Board of Recovery & Mental Health Services | 1100 Wayne Street, Ste 4000 | Troy | 45373 | 937-335-7727 | www.tcbmds.org |
| Trumbull County Mental Health & Recovery Board | 4076 Youngstown-Warren Road, Ste 201 | Warren | 44484 | 330-675-2765 | www.trumbullmhrb.org |
| Washington County Behavioral Health Board | 344 Muskingum Drive | Marietta | 45750 | 740-374-6990 | www.wcmhar.org |
| Wood County ADAMHS Board | 745 Haskins Road, Ste H | Bowling Green | 43402 | 419-352-8475 | www.wcadamh.org |

| NAME | ADDRESS | DETAILS |
|---|---|---|
| Adams County Health District | 923 Sunrise Ave<br>West Union, OH 45693-1143 | Phone: (937) 544-5547<br>Email: whablitzel@adamscountyhealth.org |
| Allen County Health Department | PO Box 1503<br>Lima, OH 45802-1503 | Phone: (419) 228-4457<br>Email: kluhn@allenhealthdept.org |
| Alliance City Health Department | 537 E Market St<br>Alliance, OH 44601-2514 | Phone: (330) 821-7373<br>Email: rflint@alliancecityhealth.org |
| Ashland County Health Department | 1763 State Route 60<br>Ashland, OH 44805-8707 | Phone: (419) 282-4226<br>Email: sarah.humphrey@odh.ohio.gov |
| Ashtabula City Health District | 4717 Main Ave<br>Ashtabula, OH 44004-6943 | Phone: (440) 992-7123<br>Email:  Not provided |
| Ashtabula County Health District | 12 W Jefferson St<br>Jefferson, OH 44047-1028 | Phone: (440) 576-6010<br>Email: rsaporit@odh.ohio.gov |
| Athens County Health Department | 278 W Union St<br>Athens, OH 45701-2310 | Phone: (740) 592-4431<br>Email: gaskell@health.athens.oh.us |
| Auglaize County Health District | 214 S Wagner Ave<br>Wapakoneta, OH 45895-1714 | Phone: (419) 738-3410 (104)<br>Email: ofisher@auglaizehealth.org |
| Belmont County Health Department | 68501 Bannock Rd<br>Saint Clairsville, OH 43950-9736 | Phone: (740) 695-1202<br>Email: gcholak@belmontcountyhealth.org |
| Belpre City Health Department | 715 Park Dr<br>Belpre, OH 45714-1022 | Phone: (740) 423-7592<br>Email: jpepper@health.athens.oh.us |
| Brown County Health Department | 826 Mount Orab Pike<br>Georgetown, OH 45121-9312 | Phone: (937) 378-6892<br>Email: hvermillion@browncountyhealth.org |
| Butler County Health Department | 301 S 3Rd St<br>Hamilton, OH 45011-2913 | Phone: (513) 863-1770<br>Email: butlcohd@odh.ohio.gov |
| Cambridge-Guernsey County Health District | 326 Highland Ave<br>Cambridge, OH 43725-2530 | Phone: (740) 439-3577<br>Email: ecolby@guernseycountyhd.org |
| Canton City Health District | 420 Market Ave N<br>Canton, OH 44702-1544 | Phone: (330) 489-3231<br>Email: jadams@cantonhealth.org |
| Carroll County Health District | PO Box 98<br>Carrollton, OH 44615-0098 | Phone: (330) 627-4866<br>Email: Leann.Cline@carroll-lhd.org |
| Champaign County Health District | 1512 S Us Highway 68 Ste Q100<br>Urbana, OH 43078-9288 | Phone: (937) 484-1605<br>Email: mcollier@champaignhd.com |
| Cincinnati Health Department | 3101 Burnet Ave<br>Cincinnati, OH 45229-3014 | Phone: (513) 357-7280<br>Email: marilyn.crumpton@cincinnati-oh.gov |
| City of Findlay Health District | 1644 Tiffin Ave Ste A<br>Findlay, OH 45840-6849 | Phone: (419) 424-7105<br>Email: smills@ci.findlay.oh.us |

| NAME | ADDRESS | DETAILS |
|---|---|---|
| City of Girard Health District | 100 W Main St<br>Girard, OH 44420-2598 | Phone: (330) 545-6048<br>Email: health@cityofgirard.com |
| City of Hamilton Health Department | 345 High St Fl 3Rd<br>Hamilton, OH 45011-6071 | Phone: (513) 785-7080<br>Email: dempseys@ci.hamilton.oh.us |
| City of Marietta Health District | 304 Putnam St<br>Marietta, OH 45750-3022 | Phone: (740) 373-0611<br>Email: michaelkbrockett@mariettaoh.net |
| Clark County Combined Health District | 529 E Home Rd<br>Springfield, OH 45503-2710 | Phone: (937) 390-5600<br>Email: cpatterson@ccchd.com |
| Clermont County General Health District | 2275 Bauer Rd Ste 300<br>Batavia, OH 45103-1914 | Phone: (513) 732-7499<br>Email: cchealth@clermontcountyohio.gov |
| Cleveland City Department of Public Health | 75 Bethel Ct<br><br>Cleveland, OH 44114 | Phone: (216) 664-2300<br><br>Email: mgordon@city.cleveland.oh.us |
| Clinton County Health District | 111 S Nelson Ave Ste 1<br>Wilmington, OH 45177-2067 | Phone: (937) 382-7221<br>Email: pbauer@clincohd.com |
| Columbiana County Health District | PO BOX 309<br>Lisbon, OH 44432-0309 | Phone: (330) 424-0272<br>Email: wvins@columbiana-health.org |
| Columbus Public Health | 240 Parsons Ave<br>Columbus, OH 43215-5331 | Phone: (614) 645-7417<br>Email: mwroberts@columbus.gov |
| Conneaut City Health District | 327 Mill St<br>Conneaut, OH 44030-2439 | Phone: (440) 593-3087<br>Email: LCleveland@ConneautHealth.org |
| Coshocton City Health Department | 400 Browns Ln<br>Coshocton, OH 43812-2044 | Phone: (740) 622-1426<br>Email: steve.lonsinger@odh.ohio.gov |
| Coshocton County Health Department | 724 S Seventh St<br>Coshocton, OH 43812-2362 | Phone: 740-622-1736 (112)<br>Email: laura.roberts@cityofcoshocton.com |
| Crawford County General Health District | 1520 Isaac Beal Road<br>Bucyrus, OH 44820-2357 | Phone: (419) 562-5871<br>Email: kate.siefert@crawfordhealth.org |
| Cuyahoga County Board of Health | 5550 Venture Dr<br>Parma, OH 44130-9315 | Phone: (216) 201-2001<br>Email: tallan@ccbh.net |
| Darke County Health District | 300 Garst Ave<br>Greenville, OH 45331-2389 | Phone: (937) 548-4196<br>Email: thomas.holman@odh.ohio.gov |
| Defiance County General Health District | 1300 E 2Nd St Ste 100<br>Defiance, OH 43512-2484 | Phone: (419) 784-3818<br>Email: healthcommish@defiance-county.com |
| Delaware General Health District | PO BOX 570<br>Delaware, OH 43015-0570 | Phone: (740) 368-1700<br>Email: shiddleson@delawarehealth.org |
| District Board of Health Mahoning County | 50 Westchester Dr<br>Youngstown, OH 44515-3991 | Phone: (330) 270-2855 (144)<br>Email: psweeney@mahoninghealth.org |

| NAME | ADDRESS | DETAILS |
|------|---------|---------|
| East Liverpool City Health District | 126 W 6Th St<br>East Liverpool, OH 43920-2960 | Phone: (330) 385-7400<br>Email: carol.cowan@odh.ohio.gov |
| Elyria City Health District | 9880 Murray Ridge RD<br>Elyria, OH 44035-6957 | Phone: (440) 323-7595<br>Email: kboylan@elyriahealth.com |
| Erie County Health District | 420 Superior St<br>Sandusky, OH 44870-1849 | Phone: (419) 626-5623<br>Email: pschade@echd.org |
| Fairfield County Health District | 1587 Granville Pike<br>Lancaster, OH 43130-1038 | Phone: (740) 653-4489<br>Email: larry.hanna@fairfieldcountyohio.gov |
| Fayette County Health Department | 317 S Fayette St<br>Washington Ct House, OH 43160 | Phone: (740) 333-3590<br>Email: megan.batson@odh.ohio.gov |
| Franklin County Health District | 280 E Broad St Rm 200<br>Columbus, OH 43215-3745 | Phone: (614) 525-4722<br>Email: jrmazzol@franklincountyohio.gov |
| Fulton County Health Department | 606 S Shoop Ave<br>Wauseon, OH 43567-1712 | Phone: (419) 337-0915<br>Email: kcupp@fultoncountyoh.com |
| Galion City Health Department | 113 Harding Way E<br>Galion, OH 44833-1902 | Phone: (419) 468-1075<br>Email: trish.factor@galionhealth.org |
| Gallia County Health District | 499 Jackson Pike Ste D<br>Gallipolis, OH 45631-1399 | Phone: (740) 441-2950<br>Email: gallcohd@odh.ohio.gov |
| Geauga County Health District | 470 Center St Bldg 8<br>Chardon, OH 44024-1071 | Phone: (440) 279-1900<br>Email: bweisdack@geaugacountyhealth.org |
| Greene County Combined Health District | 360 Wilson Dr<br>Xenia, OH 45385-1810 | Phone: (937) 374-5630<br>Email: mhowell@gcchd.org |
| Hamilton County General Health District | 250 Wm Howard Taft Rd Ste 200<br>Cincinnati, OH 45219-2630 | Phone: (513) 946-7800<br>Email: tim.ingram@hamilton-co.org |
| Hancock County Health Department | 7748 County Road 140<br>Findlay, OH 45840 | Phone: (419) 424-7869<br>Email: bdhealth@co.hancock.oh.us |
| Harrison County Health Department | 538 N Main St<br>Cadiz, OH 43907-1269 | Phone: (740) 942-2616<br>Email: harrcohd@odh.ohio.gov |
| Henry County Health Department | 1843 Oakwood Ave<br>Napoleon, OH 43545-9243 | Phone: (419) 599-5545<br>Email: madams@henrycohd.org |
| Highland County Health District | 1487 N High St Ste 400<br>Hillsboro, OH 45133-8496 | Phone: (937) 393-1941<br>Email: jwarner@highlandcountyhealth.org |
| Hocking County Health Department | 350 street Route 664 North<br>Logan, OH 43138-1001 | Phone: (740) 385-3030<br>Email: dfisherhchd@gmail.com |
| Holmes County Health District | 85 N Grant St Ste B<br>Millersburg, OH 44654-1166 | Phone: (330) 674-5035<br>Email: mderr@holmeshealth.org |

| NAME | ADDRESS | DETAILS |
|---|---|---|
| Huron County Public Health | 180 Milan Ave<br>Norwalk, OH 44857-1168 | Phone: (419) 668-1652<br>Email: kboose@huroncohealth.com |
| Jackson County Health Department | 200 E Main St<br>Jackson, OH 45640-1716 | Phone: (740) 286-5094 (224)<br>Email: kaston@jchd.us |
| Jefferson County General Health District | 500 Market St<br>Steubenville, OH 43952-2871 | Phone: (740) 283-8530<br>Email: bruce@jchealth.com |
| Kent City Health District | 325 S Depeyster St<br>Kent, OH 44240-3607 | Phone: (330) 678-8109<br>Email: neistadtj@kent-ohio.org |
| Kenton-Hardin County Health District | 175 W Franklin St Rm 120<br>Kenton, OH 43326-2904 | Phone: (419) 673-6230<br>Email: arin.tracy@odh.ohio.gov |
| Knox County Health Department | 11660 Upper Gilchrist Rd<br>Mount Vernon, OH 43050-9084 | Phone: (740) 392-2200<br>Email: jemiller@knoxhealth.com |
| Lake County General Health District | 5966 Heisley RD<br>Mentor, OH 44060-1886 | Phone: (440) 350-2543<br>Email: rgraham@lcghd.org |
| Lawrence County Health District | 2122 S 8Th St<br>Ironton, OH 45638-2502 | Phone: (740) 532-3962<br>Email: gdillon@lawcohd.org |
| Licking County Health District | 675 Price Rd Ne<br>Newark, OH 43055-9506 | Phone: (740) 349-6535<br>Email: jebel@lickingcohealth.org |
| Logan County Health District | 310 S Main St<br>Bellefontaine, OH 43311-1720 | Phone: (937) 592-9040<br>Email: lbrown@co.logan.oh.us |
| Lorain City Health District | 1144 W Erie Ave<br>Lorain, OH 44052-1445 | Phone: (440) 204-2300 (2315)<br>Email: ttomaszewski@lorainhealth.com |
| Lorain County Health District | 9880 Murray Ridge Rd<br>Elyria, OH 44035-6957 | Phone: (440) 322-6367<br>Email: dcovell@loraincountyhealth.com |
| Madison County Public Health | PO Box 467<br>London, OH 43140-0467 | Phone: (740) 852-3065<br>Email: ccook@madisonpublichealth.org |
| Marion Public Health | 181 S Main St<br>Marion, OH 43302-3964 | Phone: (740) 387-6520<br>Email: tquade@marionpublichealth.org |
| Massillon City Health District | 845 8Th St Ne<br>Massillon, OH 44646-8510 | Phone: (330) 830-1711<br>Email: targent@massillonohio.com |
| Medina County Health District | 4800 Ledgewood Dr<br>Medina, OH 44256-7666 | Phone: (330) 723-9511<br>Email: kwasowski@medinahealth.org |
| Meigs County Health Department | 112 E Memorial Dr Ste A<br>Pomeroy, OH 45769-9569 | Phone: (740) 992-6626<br>Email: courtney.midkiff@meigs-health.com |
| Mercer County Health District | 220 W Livingston St Ste B152<br>Celina, OH 45822-1698 | Phone: (419) 586-3251<br>Email: apoor@mchdohio.org |
| Miami County Public Health | 510 W Water St Ste 130<br>Troy, OH 45373-2985 | Phone: (937) 573-3521<br>Email: dpropes@miamicountyhealth.net |

| NAME | ADDRESS | DETAILS |
|---|---|---|
| Middletown City Health District | 1 Donham Plz<br>Middletown, OH 45042-1901 | Phone: (513) 425-1818<br>Email: dept_health@cityofmiddletown.org |
| Monroe County Health Department | 118 Home Ave<br>Woodsfield, OH 43793-1291 | Phone: (740) 472-1677<br>Email: monrcohd@odh.ohio.gov |
| Morgan County Health District | 4275 N State Route 376 Nw<br>Mcconnelsville, OH 43756-9145 | Phone: (740) 962-4572<br>Email: richard.clark@mchd.gmail.com |
| Morrow County Health Department | 619 W Marion Rd<br>Mount Gilead, OH 43338-1097 | Phone: (419) 947-1545<br>Email: Angela.Smith@odh.ohio.gov |
| New Philadelphia City Health Department | 150 E High Ave<br>New Philadelphia, OH 44663-4500 | Phone: (330) 364-4491<br>Email: vickie.ionno@odh.ohio.gov |
| Niles City Health District | 34 W State St<br>Niles, OH 44446-5036 | Phone: (330) 544-9000<br>Email: ksalapata@thecityofniles.com |
| Noble County Health Department | 44069 Marietta Rd<br>Caldwell, OH 43724-9124 | Phone: (740) 732-4958<br>Email: shawn.ray@noblecohd.org |
| Norwood City Health District | 2059 Sherman Ave<br>Norwood, OH 45212-2633 | Phone: (513) 458-4600<br>Email: bwilliamson@norwoodhealth.org |
| Oakwood City Health District | 30 Park Ave<br>Dayton, OH 45419-3426 | Phone: (937) 298-0402<br>Email: young@oakwood.oh.us |
| Ottawa County Health Department | 1856 E Perry St<br>Port Clinton, OH 43452-4200 | Phone: (419) 734-6800<br>Email: nosborn@cros.net |
| Paulding County Health District | 800 E Perry St<br>Paulding, OH 45879-9229 | Phone: (419) 399-3921<br>Email: pchd@pcohhd.com |
| Perry County Health Department | 409 Lincoln Park DR<br>New Lexington, OH 43764-1033 | Phone: (740) 342-5179<br>Email: aderolphpchd@gmail.com |
| Pickaway County Health District | PO BOX 613<br>Circleville, OH 43113-0613 | Phone: (740) 477-9667<br>Email: tlong@pchd.org |
| Pike County Health District | 14050 US 23, N.<br>Waverly, OH 45690 | Phone: (740) 947-7721<br>Email: mbrewster@pike-health.org |
| Piqua City Health District | 219 W Water St<br>Piqua, OH 45356 | Phone: (937) 778-2060<br>Email: awelker@piquaoh.org |
| Portage County Health District | 705 Oakwood St Ste 208<br>Ravenna, OH 44266-2194 | Phone: (330) 296-9919<br>Email: JDiorio@portageco.com |
| Portsmouth City Health District | 605 Washington St<br>Portsmouth, OH 45662-3919 | Phone: (740) 353-5153<br>Email: chrissmith@portsmithoh.org |
| Preble County Health District | 615 Hillcrest Dr<br>Eaton, OH 45320-8559 | Phone: (937) 472-0087<br>Email: erik@preblecountyhealth.org |

| NAME | ADDRESS | DETAILS |
|---|---|---|
| Public Health-Dayton and Montgomery County | 117 S Main St<br>Dayton, OH 45422-1280 | Phone: (937) 225-4397<br>Email: jacooper@phdmc.org |
| Putnam County Health Department | PO BOX 330<br>Ottawa, OH 45875-0330 | Phone: (419) 523-5608 (223)<br>Email: kim.reedman@putnamhealth.com |
| Richland Public Health | 555 Lexington Ave<br>Mansfield, OH 44907-1502 | Phone: (419) 774-4500<br>Email: mtremmel@richlandhealth.org |
| Ross County Health District | 475 Western Ave Ste 5A<br>Chillicothe, OH 45601-2286 | Phone: (740) 779-9652<br>Email: bavery@rosscountyhealth.com |
| Salem City Health District | 230 N Lincoln Ave Ste 104<br>Salem, OH 44460-2950 | Phone: (330) 332-1618<br>Email: rsetty@cityofsalemohio.org |
| Sandusky County Health District | 2000 Countryside Dr<br>Fremont, OH 43420-8560 | Phone: (419) 334-6377<br>Email: bbrown@sanduskycohd.org |
| Scioto County Health District | 602 7Th St<br>Portsmouth, OH 45662-3948 | Phone: (740) 354-3241<br>Email: sciocohd@odh.ohio.gov |
| Seneca County General Health District | 71 S Washington St Ste 1102<br>Tiffin, OH 44883-2359 | Phone: (419) 447-3691<br>Email: bschweitzer@senecahealthdept.org |
| Sharonville City Health District | 10900 Reading Rd<br>Sharonville, OH 45241-2508 | Phone: (513) 563-1722<br>Email: msheldon@cityofsharonville.com |
| Shelby City Health Department | 43 W Main ST<br>Shelby, OH 44875-1239 | Phone: (419) 342-5226<br>Email: steveschag@shelbycity.oh.gov |
| Sidney-Shelby County Health Department | 202 W Poplar St<br>Sidney, OH 45365-2773 | Phone: (937) 498-7249<br>Email:steven.tostrick@sidneyshelbyhealthdept.org |
| Southwest Ohio Public Health | 250 William Howard Taft Rd<br>Cincinnati, OH 45219-2629 | Phone: 513-515-8594<br>Email:  Not provided |
| Springdale City Health District | 11700 Springfield Pike<br>Springdale, OH 45246-2312 | Phone: (513) 346-5725<br>Email: MClayton@springdale.org |
| St. Bernard City Health District | 110 Washington Ave<br>Cincinnati, OH 45217-1318 | Phone: (513) 242-7709<br>Email: health@cityofstbernard.org |
| Stark County Combined General Health District | 3951 Convenience Cir Nw<br>Canton, OH 44718-2686 | Phone: (330) 493-9904<br>Email: lings@starkhealth.org |
| Struthers City Health Department | 6 Elm St<br>Struthers, OH 44471-1972 | Phone: (330) 755-2181<br>Email: STRUCIHD@ODH.OHIO.GOV |
| Summit County Public Health | 1867 W Market St<br>Akron, OH 44313-6901 | Phone: (330) 923-4891<br>Email: dskoda@schd.org |
| Toledo-Lucas County Health Department | 635 N Erie St<br>Toledo, OH 43604-5317 | Phone: (419) 213-4100<br>Email: zgodzinskie@co.lucas.oh.us |
| Trumbull County Health Department | 176 Chestnut Ave Ne<br>Warren, OH 44483-5803 | Phone: 330-675-7805<br>Email: health@co.trumbull.oh.us |

| NAME | ADDRESS | DETAILS |
|---|---|---|
| Tuscarawas County Health District | 897 E Iron Ave<br>Dover, OH 44622-2030 | Phone: (330) 343-4928<br>Email: sewardkatie@gmail.com |
| Union County Health Department | 940 London Ave<br>Marysville, OH 43040-8037 | Phone: (937) 645-2035 (2045)<br>Email: shawn.sech@uchd.net |
| Union County Health District | 940 London Ave Ste 1100<br>Marysville, OH 43040-8037 | Phone: (937) 642-2053<br>Email: jason.orcena@uchd.net |
| Van Wert County Health District | 140 Fox Rd Ste 402<br>Van Wert, OH 45891-3406 | Phone: (419) 238-0808<br>Email:pkalogerou@vanwertcountyhealth.org |
| Vinton County Health Department | 31927 State Route 93<br>Mc Arthur, OH 45651-8766 | Phone: (740) 596-5233<br>Email: gthompson@vintonohhealth.org |
| Warren City Health District | 418 Main Ave Sw Ste 200<br>Warren, OH 44481-1060 | Phone: (330) 841-2612<br>Email: bsidoti@warren.org |
| Warren County Combined Health District | 416 S East St<br>Lebanon, OH 45036-2378 | Phone: (513) 695-1228<br>Email: dstansbury@wcchd.com |
| Washington County Health Department | 342 Muskingum Dr<br>Marietta, OH 45750-1435 | Phone: (740) 374-2782<br>Email: rwittberg@wcgov.org |
| Wayne County Health District | 203 S Walnut St<br>Wooster, OH 44691-4753 | Phone: (216) 264-9590<br>Email: NCascarelli@wayne-health.org |
| Williams County Health District | 310 Lincoln Avenue<br>Montpelier, OH 43543-0146 | Phone: (419) 485-3141<br>Email: willcohd@odh.ohio.gov |
| Wood County Health District | 1840 E Gypsy Lane Rd<br>Bowling Green, OH 43402-9173 | Phone: (419) 352-8402 (225)<br>Email: bbatey@co.wood.oh.us |
| Wyandot County Health District | 127 S Sandusky Ave Rm A<br>Upper Sandusky, OH 43351-1451 | Phone: (419) 294-3852<br>Email: wchealthdept@co.wyandot.oh.us |
| Youngstown City Health District | 345 Oak Hill Ave Ste 200<br>Youngstown, OH 44502-1454 | Phone: (330) 743-3333<br>Email: ebishop@YoungstownOhio.gov |
| Zanesville-Muskingum County Health Department | 205 N 7Th St<br><br>Zanesville, OH 43701-3791 | Phone: (740) 454-9741<br><br>Email: coreyh@zmchd.org |

# Ohio's Federally Qualified Community Health Center Sites:

Akron Community Health Resources, Inc.
CAA of Columbiana County
CAC of Pike County—Family Health Centers
Canton Community Clinic
CAO Family Medical Centers
Care Alliance
Center Street Community Clinic
Cincinnati Health Network, Inc.
City of Cincinnati Health Department
Columbus Neighborhood Health Centers, Inc.
Community Health Centers of Greater Dayton
Community Health Services
Crossroad Health Center
Erie County Community Health Center
Fairfield Community Health Center
Family Health Care of Northwest Ohio
Family Healthcare, Inc.
Family Health Services, Inc.
Family Health Services of Erie County
Health Partners of Western Ohio
HealthSource of Ohio
Heart of Ohio Family Health Centers
Lorain County Health & Dentistry
Lower Lights Christian Health Center
Muskingum Valley Health Centers
Neighborhood Family Practice
Neighborhood Health Association, Inc.
Neighborhood Health Care, Inc.
NorthEast Ohio Neighborhood Health Services
Ohio Hills Health Services
ONE Health Ohio
Primary Health Network
Primary Health Solutions
Rocking Horse Center
Southeast, Inc.
The HealthCare Connection, Inc.
The Samaritan: Healthcare for the Homeless
Third Street Family Health Services
Winton Hills Medical & Health Center, Inc.

**OACHC**
OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS
Community Health Centers • The Healthcare Solution

**LISTING OF COUNTY PUBLIC CHILDREN SERVICES AGENCIES**          **TOOL 9**

| COUNTY | DIRECTOR NAME | ADDRESS | PHONE | AFTER HOURS |
|---|---|---|---|---|
| Adams | Jill Wright | 300 N. Wilson Dr. West Union, OH 4569 | (937) 544-2511 | (937) 544-2511 |
| Allen | Cynthia Scanland | 123 W. Spring St. Lima, OH 45801-4305 | (419) 227-8590 | (419) 221-5680 |
| Ashland | Peter Stefaniuk | 15 W. Fourth St. Ashland, OH 44805-2137 | (419) 282-5001 | (419) 282-5001 |
| Ashtabula | Tania Burnett | 3914 C Court Ashtabula, OH 44004 | (440) 998-1811 | (888) 998-1811 |
| Athens | Catherine Hill | 18 Stonybrook Dr. Athens, OH 45701-1046 | (740) 592-3061 | (888) 998-1811 |
| Auglaize | Michael Morrow | 12 N. Wood St. Wapakoneta, OH 45895 | (567) 242-2700 | (419) 738-2147 |
| Belmont | Vince Gianangeli | 310 Fox Shannon Pl. St. Clairsville, OH 43950 | (740) 695-1075 | (740) 695-3813 |
| Brown | David Sharp | 775 Mt. Orab Pike Georgetown, OH 45121 | (937) 378-6104 | (937) 378-4435 |
| Butler | Julie Gilbert | 300 N. Fair Ave. Hamilton, OH 45011-4249 | (513) 887-4055 | (513) 868-0888 |
| Carroll | Kate Offenberger | 55 E. Main St. Carrollton, OH 44615 | (330) 627-7313 | (330) 627-2141 |
| Champaign | Stacy Cox | 1512 S. US Hwy. 68, Ste. N100 Urbana, OH 43078-0353 | (937) 484-1500 | (937) 653-3409 |
| Clark | Denise Estep | 1345 Lagonda Ave., Bldg. C, Springfield, OH 45501-1037 | (937) 327-1700 | (937) 324-8687 |
| Clermont | Judy Eschmann | 2400 Clermont Center Dr. Batavia, OH 45103 | (513) 732-7173 | (513) 732-7867 |
| Clinton | Kathi Spirk | 1025 S. South St., Ste. 300 Wilmington, OH 45177 | (937) 382-5935 | (937) 382-2449 |
| Columbiana | Erin Stauffer | 7989 Dickey Dr., Ste. 2 Lisbon, OH 44432 | (330) 420-6600 | (330) 424-5715 |
| Coshocton | Daniel Brenneman | 725 Pine St. Coshocton, OH 43812 | (740) 622-1020 | (740) 622-2411 |
| Crawford | Andy Nigh | 224 Norton Way Bucyrus, OH 44820 | (419) 563-1570 | not provided |
| Cuyahoga | Cynthia Weiskittel | 3955 Euclid Ave., Rm. 320-E Cleveland, OH 44115 | (216) 432-3390 | not provided |
| Darke | Gracie G. Overholser | 631 Wagner Ave. Greenville, OH 45331 | (937) 548-4132 | (937) 548-2020 |
| Defiance | Corey Walker | A -6879 Evansport Rd,. Ste. A Defiance, OH 43512-0639 | (419) 782-3881 | (419) 784-1155 |
| Delaware | Sandy Honigford | 140 N. Sandusky St., 2nd Fl. Delaware, OH 43015-1789 | (740) 833-2300 | (740) 833-2300 |
| Erie | Andrew (AJ) Lill | 221 W. Parish St. Sandusky, OH 44870-4886 | (419) 626-6781 | (419) 626-5437 |
| Fairfield | Kristi Burre | 239 W. Main St. Lancaster, OH 43130 | (740) 652-7887 | (740) 653-5223 |

| COUNTY | DIRECTOR NAME | ADDRESS | PHONE | AFTER HOURS |
|---|---|---|---|---|
| Fayette | Faye Williamson | 133 S. Main St.<br>Wash. Ct. House, OH 43160 | (740) 335-0350 | (740) 335-6171 |
| Franklin | Chip Spinning | 855 W. Mound St.<br>Columbus, OH 43223 | (614) 275-2571 | (614) 229-7000 |
| Fulton | Amy Metz-Simon | 604 S. Shoop Ave., Ste. 200<br>Wauseon, OH 43567 | (419) 337-0010 | not provided |
| Gallia | Russ Moore | 83 Shawnee Ln.<br>Gallipolis, OH 45631-8595 | (740) 446-4963 | (740) 446-1221 |
| Geauga | Craig Swenson | 12480 Ravenwood Dr.<br>Chardon, OH 44024-9009 | (440) 285-9141 | (440) 285-5665 |
| Greene | Lana Penney | 601 Ledbetter Rd.<br>Xenia, OH 45385-5336 | (937) 562-6600 | (937) 372-4357 |
| Guernsey | Nicole Caldwell | 274 Highland Ave.<br>Cambridge, OH 43725-2528 | (740) 439-5555 | (740) 439-5555 |
| Hamilton | Moira Weir | 222 E. Central Pkwy.<br>Cincinnati, OH 45202 | (513) 946-1000 | (513) 241-5437 |
| Hancock | Randall Galbraith | 7814 Cty. Rd. 140<br>Findlay, OH 45839-0270 | (419) 424-7022 | (419) 424-7022 |
| Hardin | Laura Rogers | 175 W. Franklin St., Ste. 220<br>Kenton, OH 43326-0428 | (419) 674-2269 | not provided |
| Harrison | L. Scott Blackburn | 520 North Main Street<br>Cadiz, OH 43907-1276 | (740) 942-3015 | (740) 942-2197 |
| Henry | Shannon Jones | 104 E. Washington St.<br>Napoleon, OH 43545-0527 | (419) 592-4210 | (419) 592-8010 |
| Highland | Katie Adams | 1575 N. High St., Ste. 100<br>Hillsboro, OH 45133-1468 | (937) 393-3111 | (937) 393-1421 |
| Hocking | Melissa Flick | 93 W. Hunter St.<br>Logan, OH 43138 | (740) 772-7579 | (855) 726-5237 |
| Holmes | Dan Jackson | 85 N. Grant St.<br>Millersburg, OH 44654-0072 | (330) 674-1111 | (330) 674-5437 |
| Huron | Administrator | 185 Shady Lane Dr.<br>Norwalk, OH 44857-2373 | (419) 663-5437 | (419) 668-5281 |
| Jackson | Tammy Osborne-Smith | 25 E. South St.<br>Jackson, OH 45640-1638 | (740) 286-4181 | (800) 252-5554 |
| Jefferson | Betty Ferron | 240 J. Scott Mem. Hwy.<br>Steubenville, OH 43952-3090 | (740) 282-0961 | not provided |
| Knox | William Scott Boone | 117 E. High St., 4th Fl.,<br>Mt. Vernon, OH 43050-3400 | (740) 397-7177 | (740) 392-5437 |
| Lake | Matthew Battiato | 177 Main St.<br>Painesville, OH 44077-9967 | (440) 350-4000 | (440) 350-4000 |
| Lawrence | Terry Porter | 1100 S. Seventh St.<br>Ironton, OH 45638-0539 | (740) 532-1176 | (740) 532-1176 |
| Licking | John D. Fisher | 74 S. Second St.<br>Newark, OH 43058-5030 | (740) 670-8999 | (740) 670-5500 |
| Logan | Melanie Engle | 1855 St. Rte. 47 W<br>Bellefontaine, OH 43311-9329 | (937) 599-7290 | (937) 599-7290 |
| Lorain | Scott Ferris | 226 Middle Ave.<br>Elyria, OH 44035-5644 | (440) 329-5340 | (440) 329-2121 |

| COUNTY | DIRECTOR NAME | ADDRESS | PHONE | AFTER HOURS |
|---|---|---|---|---|
| Lucas | Robin Reese | 705 Adams St.<br>Toledo, OH 43604 | (419) 213-3200 | (419) 213-3200 |
| Madison | Lori Dodge-Dorsey | 200 Midway St.<br>London, OH 43140-1356 | (740) 852-4770 | (740) 852-1212 |
| Mahoning | Randall Muth | 222 W. Federal St., 4th Fl.<br>Youngstown, OH 44503 | (330) 941-8888 | (330) 941-8888 |
| Marion | Jacqueline Ringer | 1680 Marion-Waldo Rd.<br>Marion, OH 43302-7426 | (740) 389-2317 | (740) 382-8244 |
| Medina | Jeffery Felton | 232 Northland Dr.<br>Medina, OH 44256 | (330) 722-9300 | (330) 725-6631 |
| Meigs | Chris Shank | 175 Race St.<br>Middleport, OH 45760-0191 | (740) 992-2117 | not provided |
| Mercer | Angela Nickell | 220 W. Livingston St., Ste. 10<br>Celina, OH 45822-1671 | (419) 586-5106 | (419) 586-2345 |
| Miami | June Cannon | 510 W. Water St., Ste. 210<br>Troy, OH 45373 | (937) 335-4103 | (937) 339-6400 |
| Monroe | Jeanette L. Schwall | 100 Home Ave.<br>Woodsfield, OH 43793-1234 | (740) 472-1602 | (740) 472-1612 |
| Montgomery | Jewell Good | 3304 N. Main St.<br>Dayton, OH 4540 | (937) 224-5437 | (937) 224-5437 |
| Morgan | Vicki E. Quesinberry | 155 E. Main St., Rm. 009<br>McConnelsville, OH 43756 | (740) 962-3838 | (740) 962-4044 |
| Morrow | Sundie Brown | 619 W. Marion Rd.<br>Mt. Gilead, OH 43338-1280 | (419) 947-9111 | (419) 946-4444 |
| Muskingum | David Boyer | 205 N. Seventh St.<br>Zanesville, OH 43702-0157 | (740) 455-6710 | (740) 849-2344 |
| Noble | Mindy T. Lowe | 46049 Marietta Rd.<br>Caldwell, OH 43724-0250 | (740) 732-2392 | (740) 732-5631 |
| Ottawa | Stephanie Kowal | 8043 W. St. Rte. 163, Ste. 200<br>Oak Harbor, OH 43449 | (419) 707-8639 | (419) 734-4404 |
| Paulding | Corey Walker | 252 Dooley Dr.<br>Paulding, OH 45879 | (419) 399-3756 | (419) 399-3791 |
| Perry | Rick Glass | 526 Mill St.<br>New Lexington, OH 43764 | (740) 342-3836 | (740) 342-3836 |
| Pickaway | Nicholas Tatman | 1005 S. Pickaway Street<br>Circleville, OH 43113 | (740) 474-3105 | (740) 474-2176 |
| Pike | Phyllis Amlin | 525 Walnut St.<br>Waverly, OH 45690 | (740) 947-5080 | (740) 947-5080 |
| Portage | Darlene Baad | 449 S. Meridian St.<br>Ravenna, OH 44266-1208 | (330) 297-3724 | (330) 296-2273 |
| Preble | Rebecah Sorrell | 1500 Park Ave.<br>Eaton, OH 45320 | (937) 456-1135 | (937) 456-1135 |
| Putnam | Suzy Wischmeyer | 575 Ottawa-Glandorf Rd Ste 1<br>Ottawa, OH 45875 | (567) 376-3777 | (419) 523-3208 |
| Richland | Patricia Harrelson | 731 Scholl Rd,<br>Mansfield, OH 44907-1571 | (419) 774-4100 | (419) 774-4100 |
| Ross | Melissa Flick | 475 Western Ave., Ste. B<br>Chillicothe, OH 45601 | (740) 772-7579 | (740) 380-8239 |

| COUNTY | DIRECTOR NAME | ADDRESS | PHONE | AFTER HOURS |
|---|---|---|---|---|
| Sandusky | Melanie Allen | 2511 Countryside Dr.<br>Fremont, OH 43420-9987 | (419) 334-8708 | (419) 334-8708 |
| Scioto | Lorra Fuller | 3940 Gallia St.<br>New Boston, OH 45662 | (740) 456-4164 | (740) 456-4164 |
| Seneca | Kathy Oliver | 900 E. Cty. Rd. 20<br>Tiffin, OH 44883 | (419) 447-5011 | (419) 447-3456 |
| Shelby | Tom Bey | 227 S. Ohio Ave.<br>Sidney, OH 45365 | (937) 498-4981 | (937) 498-1111 |
| Stark | Robert Myers | 402 2nd Street SE<br>Canton, OH 44702 | (330) 451-8032 | (800) 233-5437 |
| Summit | Julie Barnes | 264 S. Arlington St<br> Akron, OH 44306-1399 | (330) 379-9094 | (330) 379-1880 |
| Trumbull | Timothy Schaffner | 2282 Reeves Rd. N.E.<br>Warren, OH 44483-4354 | (330) 372-2010 | (330) 372-2010 |
| Tuscarawas | David Haverfield | 389 16th St. S.W.<br>New Philadelphia, OH 44663 | (330) 339-7791 | (330) 339-2000 |
| Union | Megan Stevens | 940 London Ave., Ste. 1800<br>Marysville, OH 43040 | (937) 644-1010 | (937) 644-5010 |
| Van Wert | Leslie Sowers | 114 E. Main St<br>Van Wert, OH 45891-0595 | (419) 238-5430 | (419) 238-3866 |
| Vinton | Melissa Flick | 30975 Industrial Park Dr.<br>McArthur, OH 45651 | (740) 772-7579 | (855) 726-5237 |
| Warren | Susan Walther | 416 S. East St., 3rd Fl.<br>Lebanon, OH 45036-0620 | (513) 695-1546 | (513) 695-1600 |
| Washington | Jamie Vuksic | 204 Davis Ave.<br>Marietta, OH 45750 | (740) 373-3485 | (740) 373-3485 |
| Wayne | Deanna Nichols-Stitka | 2534 Burbank Rd.<br>Wooster, OH 44691-1600 | (330) 345-5340 | (330) 345-5340 |
| Williams | Fred Lord | 117 W. Butler St.<br>Bryan, OH 43506-1650 | (419) 636-6725 | (419) 636-3151 |
| Wood | David Wigent | 1928 E. Gypsy Lane Rd.<br>Bowling Green, OH 43402 | (419) 352-7566 | (419) 354-9669 |
| Wyandot | Jason A. Fagan | 120 E. Johnson St.<br>Upper Sandusky, OH 43351 | (419) 617-4230 | (419) 294-2362 |

**Ohio's Recovery Housing Locator**

*Your Source for Quality Recovery Housing in Ohio*

🏠 SEARCH NOW

**Recovery Housing** provides a living environment free from alcohol and illicit drug use, centered on peer support and connection to services that promote sustained recovery. This includes continued sobriety, improved physical, emotional, relational, spiritual and spiritual health, and positive community involvement with work, school, volunteer organizations, and recovery communities.

○ **SEARCH BY LOCATION**

I am looking for recovery housing in:

[ Aberdeen ▼ ]

Show me all houses serving:

[ men or women ▼ ] within [ 10 miles ▼ ]

or:

○ **SEARCH BY NAME**

Search for a recovery housing operator by name:

[                                        ]

☐ ORH certified          [ Any NARR level ▼ ]          ☐ Recovery Services

☐ Faith Based            ☐ Rent Subsidy Available       ☐ MAT Supported

☐ Family Allowed         ☐ Transportation               ☐ Veterans

**SEARCH NOW**

**What Now?**

📞

The above results are meant to help locate recovery housing operators who may be a good match for your current search, but these results do not represent confirmed availability or an application for residence.

If you are interested in any of the houses in this search, the next step is to make a phone call and speak directly to one of the staff at the recovery house to learn more about their program.

## Recovery Community Organizations

| County | Organization Name | Address | City | Zip | Phone |
|---|---|---|---|---|---|
| Erie | Sandusky Artisans Recovery Community Center | 138 E Market St | Sandusky | 44870 | (419) 621-9377 |
| Lorain | Let's Get Real, Inc. | 1939 Oberlin Ave | Lorain | 44052 | (440) 963-7042 |
| Montgomery | Families of Addicts | 425 N Findlay St | Dayton | 45404 | (937) 307-5479 |
| Scioto | Surviving Our Losses And Continuing Everyday AKA Ascend Counseling and Recovery Services | 729 6th St. | Portsmouth | 45662 | (740) 876-8290 |
| Stark | Phoenix Recovery Support Services & RCO | 3311 12th St. N.W | Canton | 44708 | (330) 265-7565 |
| Carroll | Holly's Song of Hope | 246 E Main St | Carrollton | 44615 | (330) 575-5674 |
| Franklin | The Addict's Parents United | 1065 Bluff Vista Dr. | Columbus | 43235 | (614)206-8129 |
| Hancock | FOCUS: Recovery and Wellness Community | 509 Trenton Avenue | Findlay | 45840 | (419) 423-5071 |
| Summit | FI Community Housing | 1445 Frederick Blvd. | Akron | 44320 | (888)422-2759 |
| Summit | XIX Recovery Support Services | P.O. Box 3083 | Akron | 44309 | (330)871-9702 |
| Lorain | Solice | 4950 Oberlin Ave | Lorain | 44053 | (440) 282-9920 |

## Peer Run Organizations

| County | Organization Name | Address | City | Zip | Phone |
|---|---|---|---|---|---|
| Allen | Changing Seasons | 136 S West St (YMCA Annex) | Lima | 45801 | (419) 221-1988 |
| Ashland | PATHWAYS | 34 W 2nd St Ste 18 | Ashland | 44805 | (419) 496 0140 |
| Champaign | Recovery Zone | 827 Scioto St | Urbana | 43078 | (937) 508-5099 |
| Clark | NAMI Clark Greene Madison/The Vernon Center | 222 East St | Springfield | 45505 | (937) 322-5600 |
| Clermont | Hope Community Center | 4 Cecelia Dr | Amelia | 45102 | (513) 752-6170 |
| Columbiana | Help Network of NE Ohio | Northeast Ohio | Northeast Ohio | | (330) 393-1565 |
| Crawford | Odyssey Recovery Group of Crawford County | 113 W. Rensselaer St. | Bucyrus | 44820 | (419) 562-7288 |
| Cuyahoga | Connections/Signature Health | 1400 W. 25th Street | Cleveland | 44113 | (216) 831-6466 Ext. 256 |
| Cuyahoga | Far West Center - Compeer Program | 29133 Health Campus Dr. | Westlake | 44145 | (440) 835-6212 Ext. 242 |
| Cuyahoga | Future Directions COS | 2070 W 117 (1st floor) | Cleveland | 44111 | (216) 251-8265 |
| Cuyahoga | Life Exchange Center | 13407 Kinsman Rd | Cleveland | 44120 | (216) 752-1269 |
| Cuyahoga | Links Cleveland | 2486 W 14th St | Cleveland | 44113 | (216)781-5530 |
| Cuyahoga | Links Cleveland | 2500 Noble Rd | Cleveland Heights | 44121 | (216) 381-4851 |
| Cuyahoga | Living Miracles Peer Empowerment Center | 2070 W 117 (2nd floor) | Lakewood | 44111 | (216) 727-0220 |
| Cuyahoga | Magnolia Clubhouse Inc. | 11101 Magnolia Dr | Cleveland | 44106 | (216) 721-3030 |
| Cuyahoga | NAMI Greater Cleveland | 2012 W. 25th Street, 6th floor | Cleveland | 44113 | (216) 875-7776 |
| Cuyahoga | Recovery Resources | 3950 Chester Ave | Cleveland | 44114 | (216) 431-4131 |
| Delaware | Annie's Outreach / Safe Harbor Peer Support | 325 S Sandusky St Ste 100 | Delaware | 43015 | (740) 363-1619 |
| Drake | Safe Haven, Inc. | 322 Fair St | Greenville | 45331 | (937) 548-7233 |
| Erie | Erie Shore Network, Inc | 326 E Market St | Sandusky | 44870 | (419) 626-2006 |
| Fairfield | Place) | 1663 E Main St | Lancaster | 43130 | (740) 654-0477 |
| Fairfield | Pathways Clubhouse | 197 E. Gay St. | Columbus | 43215 | (614) 221-5891 |
| Fanklin | The P.E.E.R. Center East | 205 N Hamilton Rd | (Columbus) | 43213 | (614) 453-4830 |
| Franklin | The P.E.E.R. Center West | 860/866 West Broad St | (Franklinton) | 43222 | (614) 453-4840 |
| Franklin | STAR House | 1220 Corrugated Way | Columbus | 43201 | (614) 826-5868 |
| Greene | Lighthouse Drop In Center, The | 600 E Dayton Yellow Springs Rd | Fairborn | 45324 | (937) 322-5600 |
| Guernsey | In Place, The | 917 Beatty Ave | Cambridge | 43725 | (740) 432-7155 |
| Hamilton | Cincinnati Warmline, The | 2430 47 Vine St | Cincinnati | 45219 | (513) 931-9276 |
| Hamilton | IKRON Coporation | 2347 Vine St | Cincinnati | 45219 | (513) 621-1117 |
| Hamilton | Mighty Vines Wellness Club | 2347 Vine St | Cincinnati | 45219 | (513) 241-9355 |
| Hamilton | Recovery Center of Hamilton County | 2340 Auburn Ave | Cincinnati | 45219 | (513) 241-1411 |

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## Peer Run Organizations

| County | Organization Name | Address | City | Zip | Phone |
|---|---|---|---|---|---|
| Hocking | Home Away From Home (Hocking County) | 56 N Walnut St | Logan | 43138 | (740) 980-2052 |
| Knox | Main Place, The (Mt. Vernon) | 117 W High St/ 112 S. 3rd St. | Mt Vernon/ Newark | 43050 | (740) 392-9491 (740) 345-6246 |
| Lake | Bridges Mental Health Consumer Empowerment | 270 E Main St Ste 100 | Painesville | 44077 | (440) 350-9922 |
| Licking | Main Place, The (Newark) | 112 S 3rd St | Newark | 43055 | (740) 345-6874 |
| Logan | Recovery Zone | 440 S. Saint Paris St | Bellefontaine | 43311 | (937) 441-6371 (931) 407-4547 |
| Lorain | Gathering Hope House | 1173 N Ridge Rd E Ste 102 | Lorain | 44055 | (440) 233-7400 |
| Lucas | Thomas M. Wernert Center | 208 W Woodruff Ave | Toledo | 43604 | (419) 242-3000 |
| Miami | Safe Haven, Inc. | 633 N Wayne St | Piqua | 45356 | (937) 615-0126 |
| Montgomery | Friends of the Castle | 133 N Main St | Centerville | 45459 | (937)433-3931 |
| Morrow | No Limits Outreach / Safe Harbor Peer Support | 4046 Township Rd PO Box 123 | Edison | 43320 | (419) 946-5900 |
| Muskingum | Beacon Place | 1515 Maple Ave | Zainesville | 43701 | (740)455-5324 |
| Ottawa | Oak House | 1819 E State Rd | Port Clinton | 43452 | (419) 734-4417 |
| Pike | NAMI Southern Ohio | 181 North Bridge St. | Chilicothe | 45601 | (740) 851-4242 |
| Preble | Cherry St. Club House | 120 N Cherry St | Eaton | 45320 | (937) 456-7338 |
| Richland | Oasis Club | 87 E. First St. | Mansfield | 44906 | (419) 522-6443 |
| Shelby | Safe Haven, Inc. | 1101 N Vandermark Rd | Sidney | 45356 | (937) 658-6930 |
| Stark | Foundations A Place For Education & Recovery | 800 Market Ave N Ste 1500A | Canton | 44702 | (330) 454-2888 |
| Stark | Make-A-Way Drop In Center | 227 3rd St SE | Massillon | 44646 | (330) 837-0650 |
| Summit | Choices, A Community Social Center, Inc. | 320 E South St | Akron | 44311 | (330) 762-8151 |
| Summit | Consumer Educational Outreach Center | 150 Cross St Ste 316 | Akron | 44311 | (330) 253-9487 |
| Warren | Salvation Army | 270 Franklin St SE | Warren | 44483 | (330) 392-1573 |
| Tuscarawas | A.C.E. Inc. (Advocacy, Choices, & | 115 3rd St SW PO Box 621 | New Philadelphia | 44663 | (330) 308-8604 |
| Union | Wings Enrichment Center/ Wings Support and Recovery | 729 S Walnut St | Marysville | 43040 | (937) 642-9555 |
| Van Wert | Challenged Higher Peer Support | 407 N Franklin St | Van Wert | 45891 | (419) 232-4584 |
| Vinton | New Beginnings | 402 North Market St. | McArthur | 45651 | (740) 380-2052 |
| Washington | House of Hope | 750 County House Ln | Marietta | 45750 | (740) 374-0420 |
| Wayne/Holmes | MOCA House / NAMI Wayne Holmes | 2525 Back Orrville Rd | Wooster | 44691 | (330) 264-1590 |

| Name | Acronym | Phone | Website |
| --- | --- | --- | --- |
| Nar-Anon | | (800) 477-6291 | https://www.nar-anon.org |
| Self-Management and Recovery Training | SMART | (866) 951-5357 | https://www.smartrecovery.org/family/ |
| Parents of Addicted Loved Ones | PAL | (480) 300-4712 | https://palgroup.org |
| The Addict's Parents United | TAP | (614) 206-8129 | https://www.tapunited.org/contact-us.html |
| Fight Addiction Now! | | (833) 799-3880 | https://fightaddictionnow.org |
| Shatter Proof | | (800) 597-2557 | https://www.shatterproof.org |
| Addiction Resources Center | ARC | (833) 301-4357 | arc@addictionpolicy.org |

| Facebook Groups | | Website |
| --- | --- | --- |
| Addiction Recovery Support Group | | https://www.facebook.com/groups/720717014714213/ |
| Drug Overdose Prevention and Education Project | DOPE | https://www.facebook.com/DOPEProject |
| Hope Over Heroin - Lake County | | https://www.facebook.com/hopeoverheroin.lakecounty/ |
| the Addict's Parents (TAP) United | | https://www.facebook.com/TheAddictsParentsUnited/ |
| TAP Unisted Survivors of Loss | | https://www.facebook.com/groups/TAPUnited.Survivors.of.Loss/ |

Home / Students / Find a Career / Career Technical Education & Ohio Technical Centers

# Career Technical Education & Ohio Technical Centers

Ohio offers many career technical options that prepare students for the world of work. Examples of these careers include nursing, information technology, automotive services, welding and cosmetology. There are a variety of choices in training programs, and many of them not only prepare students to enter into a career but also prepare them to transition to college degree programs.

## High School Students

Career-Technical Education (CTE) is available at every public high school in the state of Ohio. If you're a current high school student, **find out more about the CTE your school district offers**.

## High School Graduates & Adult Learners

It usually takes between 3 months to 18 months to complete a career technical education program. Since this education is shorter than most traditional college and university degree programs, you can use these options to start on your career path sooner. If you would like to receive credit for your career technical training when you transfer to a college or university degree program, make sure you meet with an admissions officer or academic advisor. Different colleges and universities have varying policies on awarding credit for career-technical training and workforce certificates. Below are links to programs at Ohio Technical Centers from around the state, grouped by region, to help you start your search for a program that will suit you. These programs are suited for students who already have a high school diploma or a GED®.

### Central Ohio

- C-TEC of Licking County
- Columbus City Schools
- Delaware Area Career Center
- Eastland Fairfield CTC
- Knox County Career Center
- Mid East Career and Technology Center
- Tolles CTC
- Tri Rivers JVSD

## Northeast Ohio

- Ashland County - West Holmes JVS
- Ashtabula County Technical and Career Center
- Auburn JVSD
- Buckeye Career Center
- Central School of Practical Nursing
- Choffin Career and Technical Center
- Columbiana Co. Vocational School
- Cuyahoga Valley Career Center
- Ehove Career Center
- Lorain County JVS
- Madison Adult Career Center
- Mahoning County CTC
- Maplewood Career Center
- Medina County CTC
- Pioneer Career and Technology Center
- Polaris JVSD
- Portage Lake JVSD
- RG Drage (Stark County)
- Sandusky Career Center
- Trumbull CTC
- Wayne County JVSD

## Northwest Ohio

- Apollo Career Center
- Four County Career Center
- Lima City Schools
- Millstream Career Center
- Penta Career Center
- Vanguard-Sentinel JVSD
- Vantage Career Center

## Southeast Ohio

- Gallia-Jackson-Vinton JVSD
- Jefferson County Vocational School
- Lawrence County JVSD
- Pickaway-Ross County JVSD
- Pike County JVS
- Scioto County Career Technical Center
- Tri County JVSD
- Washington County JVSD

## West Ohio

- Greene County Career Center
- Miami Valley CTC
- Upper Valley JVSD

## OTC Locations by County

| COUNTY | NAME | ADDRESS |
|---|---|---|
| Allen | Apollo Career Center | 3325 Shawnee Rd. Lima, OH 45806 |
| Ashland | Ashland County-West Holmes Career Center | 1783 St. Rte. 60 Ashland, OH 44805 |
| Ashtabula | Ashtabula County Technical and Career Center | 1565 State Rte. 167 Jefferson, OH 44047 |
| Athens | Tri-County Career Center | 15676 SR 691 Nelsonville, OH 45764 |
| Brown | Southern Hills Career & Technical Center | 9193 Hamer Rd. Georgetown, OH 45121 |
| Butler | Butler Technology & Career Development Schools | 3603 Hamilton Middletown Rd Hamilton, OH 45011 |
| Clermont | Grant Career Center | 718 W. Plane St. Bethel, OH 45106 |
| Columbiana | Columbiana County Career & Technical Center | 9364 State Route 45 Lisbon, OH 44432 |
| | Hannah E. Mullins School of Practical Nursing | 230 N. Lincoln Avenue, Suite 3 Salem OH 44460 |
| Cuyahoga | Cuyahoga Valley Career Center | 8001 Brecksville Rd. Brecksville, OH 44141 |
| | Polaris Career Center | 7285 Old Oak Blvd. Middleburg Hts., OH 44130 |
| Delaware | Delaware Area Career Center | 4565 Columbus Pike Delaware, OH 43015 |
| Erie | EHOVE Career Center | 316 W. Mason Rd. Milan, OH 44846 |
| | Sandusky City Schools | 2130 Hayes Ave. Sandusky, OH 44870 |
| Franklin | Columbus City Schools | 270 East State St. Columbus, OH 43215 |
| | Eastland-Fairfield Career Center | 4300 Amalgamated Place Groveport, OH 43125 |
| Fulton | Four County Career Center | 22-900 SR 34 Archbold, OH 43502 |

| | | |
|---|---|---|
| **Gallia** | Buckeye Hills Career Center/Gallia-Jackson-Vinton JVSD | 351 Buckeye Hills Rd. Rio Grande, Ohio 45674 |
| **Greene** | Greene County Career Center | 2960 West Enon Road Xenia, OH 45385 |
| **Hancock** | Millstream Career Center (Findlay City Schools) | 1219 W. Main Cross Findlay, OH 45840 |
| **Hamilton** | Great Oaks Career Campuses | 303 Scarlet Oaks Drive Cincinnati, OH 45241 |
| **Knox** | Knox County Career Center | 306 Martinsburg Rd. Mt. Vernon, OH 43050 |
| **Lake** | Auburn Career Center | 8140 Auburn Rd. Concord Twp., OH 44077 |
| | Willoughby-Eastlake City Schools | 37047 Ridge Rd. Willoughby, OH 44094 |
| **Lawrence** | Collins Career Technical Center | 11627 St. Rte. 243 Cheasapeake, OH 45619 |
| **Licking** | C-TEC | 150 Price Rd. Newark, OH 43055 |
| **Lorain** | Lorain County JVS | 15181 St. Rt. 58 Oberlin, OH 44074 |
| **Lucas** | Toledo Public Schools | 1530 Superior St. Toledo, OH 43604 |
| **Madison** | Tolles Career & Technical Center | 7877 U.S. Highway 42 South Plain City, OH 43064 |
| **Mahoning** | Choffin Career & Technical Center | 20 W. Wood St. Youngstown, OH 44503 |
| | Mahoning County Career & Technical Center | 7300 Palmyra Rd. Canfield, OH 44406 |
| **Marion** | Tri-Rivers Career Center | 2222 Marion - Mt. Gilead Rd. Marion, OH 43344 |
| **Medina** | Medina County Career Center | 1101 W. Liberty St. Medina, OH 44256 |
| **Miami** | Upper Valley Career Center | 8901 Looney Rd. Piqua, OH 45356 |
| **Montgomery** | Miami Valley Career Technology Center | 6800 Hoke Rd. Clayton, OH 43215 |

| | | |
|---|---|---|
| **Muskingum** | Mid-East Career & Technology Centers | 400 Richards Rd.<br>Zanesville, OH 43701 |
| **Pike** | Pike County Career Technology Center | 175 Beaver Creek Rd.<br>Piketon, OH 45661 |
| **Portage** | Maplewood Career Center | 7075 SR 88<br>Ravenna, OH 44266 |
| **Richland** | Madison Adult Career Center | 1379 Grace St.<br>Mansfield, OH 44905 |
| | Pioneer Career & Technology Center | 27 Ryan Rd.<br>Shelby, OH 44875 |
| **Ross** | Pickaway-Ross Adult Center | 1410 Industrial Drive<br>Chillicothe, OH 45601 |
| **Sandusky** | Vanguard-Sentinel Career & Technology Centers | 1306 Cedar St.<br>Fremont, OH 43420 |
| **Scioto** | Scioto County Career Technical Center | 951 Vern Riffe Dr.<br>Lucasville, OH 45648 |
| **Stark** | Alliance City Schools | 500 Glamorgan<br>Alliance, OH 44601 |
| | Canton City Schools | 305 McKinley Ave. NW<br>Canton, OH 44702 |
| **Summit** | Portage Lakes Career Center | 4401 Shriver Road-P.O. Box 248<br>Green, OH 44232 |
| **Trumbull** | Trumbull Career & Technical Center | 528 Educational Highway<br>Warren, OH 44483 |
| **Tuscarawas** | Buckeye Career Center | 545 University Dr. NE<br>New Philadelphia, OH 44663 |
| **Van Wert** | Ohio Technical Center at Vantage Career Center | 818 N. Franklin St.<br>Van Wert, OH 45891 |
| **Warren** | Warren County Career Center | 3529 N. St. Rt.48<br>Lebanon, OH 45036 |
| **Washington** | Washington County Career Center | 27140 St. Rt. 676<br>Marietta, OH 45750 |
| **Wayne** | Wayne County Schools Career Center | 518 W. Prospect St<br>Smithville, OH 44677 . |
| **Wood** | Penta Career Center | 9301 Buck Rd.<br>Perrysburg, OH 43551 |

## Universities
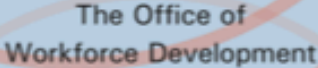
- Bowling Green State University
- Central State University
- Cleveland State University
- Kent State University
- Miami University
- Northeast Ohio Medical University (NEOMED)
- Ohio University

- The Ohio State University
- Shawnee State University
- The University of Akron
- University of Cincinnati
- The University of Toledo
- Wright State University
- Youngstown State University

## Regional Campuses

- Bowling Green State University-Firelands
- Kent State University-Ashtabula
- Kent State University-East Liverpool
- Kent State University-Geauga
- Kent State University-Salem
- Kent State University-Stark
- Kent State University-Trumbull
- Kent State University-Tuscarawas
- Miami University-Hamilton
- Miami University-Middletown
- The Ohio State University Agricultural Technical Institute
- The Ohio State University at Lima

- The Ohio State University at Mansfield
- The Ohio State University at Marion
- The Ohio State University at Newark
- Ohio University-Chillicothe
- Ohio University-Eastern
- Ohio University-Lancaster
- Ohio University-Southern
- Ohio University-Zanesville
- The University of Akron-Wayne College
- University of Cincinnati-Blue Ash College
- University of Cincinnati-Clermont College
- Wright State University-Lake Campus

## Community Colleges

- Belmont College
- Central Ohio Technical College
- Cincinnati State Technical & Community College
- Clark State Community College
- Columbus State Community College
- Cuyahoga Community College
- Eastern Gateway Community College
- Edison State Community College
- Hocking College
- Lakeland Community College
- Lorain County Community College
- Marion Technical College

- North Central State College
- Northwest State Community College
- Owens Community College
- Rhodes State College
- Rio Grande Community College
- Sinclair Community College
- Southern State Community College
- Stark State College
- Terra State Community College
- Washington State Community College
- Zane State College

**Workforce Innovation and Opportunity Act (WIOA) - OhioMeansJobs centers by County**

| | |
|---|---|
| *Adams* | **OhioMeansJobs - Adams County**<br>19221 State Route 136, Winchester, OH 45697<br>(937) 695-0316 |
| *Allen* | **OhioMeansJobs - Allen County**<br>1501 S. Dixie Highway, P.O. Box 4506, Lima, OH 45802-4506<br>(419) 999-0360 |
| *Ashland* | **OhioMeansJobs - Ashland County**<br>15 W. Fourth St., Ashland, OH 44805<br>(419) 282-5052 |
| *Ashtabula* | **OhioMeansJobs - Ashtabula County**<br>2247 Lake Ave., Ashtabula, OH 44004<br>(440) 994-1234 |
| *Athens* | **OhioMeansJobs - Athens County**<br>70 N. Plains Rd., Suite C, The Plains, OH 45780<br>(740) 797-1405 |
| *Auglaize* | **OhioMeansJobs - Auglaize County**<br>12 N. Wood St., Wapakoneta, OH 45895<br>(419) 739-6505 |
| *Belmont* | **OhioMeansJobs - Belmont County**<br>302 Walnut St., Martins Ferry, OH 43935<br>(740) 633-5627 |
| *Brown* | **OhioMeansJobs - Brown County**<br>406 W. Plum St., Georgetown, OH 45121<br>(937) 378-6041 |
| *Butler* | **OhioMeansJobs - Butler County**<br>4631 Dixie Highway, Fairfield, OH 45014<br>(513) 785-6500 |
| *Carroll* | **OhioMeansJobs - Carroll County**<br>55 E. Main St., Carrollton, OH 44615<br>(330) 627-3804 |
| *Champaign* | **OhioMeansJobs - Champaign County**<br>1512 South U.S. Hwy. 68, Bay 14, Urbana, OH 43078<br>(937) 484-1581 |
| *Clark* | **OhioMeansJobs - Clark County**<br>1345 Lagonda Ave., Springfield, OH 45503<br>(937) 327-1961 |
| *Clermont* | **OhioMeansJobs - Clermont County**<br>2400 Clermont Center Dr. 2nd Floor, Batavia, OH 45103<br>(513) 943-3000 |

**Workforce Innovation and Opportunity Act (WIOA) - OhioMeansJobs Centers by County**

| | |
|---|---|
| *Clinton* | **OhioMeansJobs - Clinton County**<br>1025 S. South St., Suite 500, Wilmington, OH 45177<br>(937) 382-7762 |
| *Columbiana* | **OhioMeansJobs - Columbiana County**<br>7989 Dickey Dr. Ste. 4, Lisbon, OH 44432<br>(330) 420-9675 |
| *Coshocton* | **OhioMeansJobs - Coshocton County**<br>725 Pine St., Coshocton, OH 43812<br>(740) 622-1020 |
| *Crawford* | **OhioMeansJobs - Crawford County**<br>225 E. Mary St., Bucyrus, OH 44820<br>(419) 562-8066 |
| *Cuyahoga/ Cleveland* | **OhioMeansJobs - Cleveland-Cuyahoga County**<br>1910 Carnegie Avenue, Cleveland, OH 44115<br>(216) 777-8200 |
| *Darke* | **OhioMeansJobs - Darke County**<br>601 Wagner Ave., Greenville, OH 45331<br>(937) 548-4132 |
| *Defiance* | **OhioMeansJobs - Defiance County**<br>1300 E. Second St., Suite 202, Defiance, OH 43512<br>(419) 784-3777 |
| *Delaware* | **OhioMeansJobs - Delaware County**<br>Hayes Administration Building, 140 N. Sandusky St., Delaware, OH 43015<br>(740) 833-2338 |
| *Erie* | **OhioMeansJobs - Erie County**<br>221 W. Parish St., Sandusky, OH 44870<br>(419) 624-6451 |
| *Fairfield* | **OhioMeansJobs - Fairfield County**<br>239 W. Main St., Lancaster, OH 43130<br>(740) 689-2494 |
| *Fayette* | **OhioMeansJobs - Fayette County**<br>1270 U.S. Route 62, S.W., Washington CH, OH 43160<br>(740) 333-5115 Ext. 5720 |
| *Franklin* | **OhioMeansJobs Columbus-Franklin County**<br>1111 E. Broad St., Columbus, OH 43205<br>(614) 559-5052 |
| *Fulton* | **OhioMeansJobs - Fulton County**<br>604 S. Shoop Ave., Suite 110, Wauseon, OH 43567<br>(419) 337-9215 |
| *Gallia* | **OhioMeansJobs - Gallia County**<br>848 Third Avenue, Gallipolis, OH 45631<br>(740) 446-3222 |
| *Geauga* | **OhioMeansJobs - Geauga County**<br>12480 Ravenwood Dr., Chardon, OH 44024<br>(440) 285-1223 |

## Workforce Innovation and Opportunity Act (WIOA) - OhioMeansJobs Centers by County

| County | Center |
|---|---|
| Greene | **OhioMeansJobs - Greene County**<br>581 Ledbetter Rd., Xenia, OH 45385<br>(937) 562-6565 |
| Guernsey | **OhioMeansJobs - Guernsey County**<br>324 Highland Ave., Cambridge, OH 43725<br>(740) 432-2381, Ext. 2255 |
| Hamilton | **OhioMeansJobs Cincinnati-Hamilton County**<br>1916 Central Parkway, Cincinnati, OH 45214<br>(513) 946-7200 |
| Hancock | **OhioMeansJobs - Hancock County**<br>7746 Hancock County Road 140, Suite B, Findlay, OH 45840<br>(419) 429-8083 |
| Hardin | **OhioMeansJobs - Hardin County**<br>175 W. Franklin St. Ste. 150, Kenton, OH 43326<br>(419) 674-2312 |
| Harrison | **OhioMeansJobs - Harrison County**<br>520 N. Main St., Cadiz, OH 43907<br>(740) 942-2171 |
| Henry | **OhioMeansJobs - Henry County**<br>104 E. Washington St., Room 201, 203-215, P.O. Box 527, Napoleon, OH 43545<br>(419) 592-3862 |
| Highland | **OhioMeansJobs - Highland County**<br>1575 N. High St., Hillsboro, OH 45133<br>(937) 393-1933 |
| Hocking | **OhioMeansJobs - Hocking County**<br>389 W. Front St., Logan, OH 43138<br>(740) 380-1545 |
| Holmes | **OhioMeansJobs - Holmes County**<br>85 N. Grant St., Millersburg, OH 44654<br>(330) 674-1111 |
| Huron | **OhioMeansJobs - Huron County**<br>185 Shady Lane Dr., Norwalk, OH 44857<br>(419) 668-8126, Ext. 3335 |
| Jackson | **OhioMeansJobs - Jackson County**<br>25 E. South St., Jackson, OH 45640<br>(740) 286-4181 |
| Jefferson | **OhioMeansJobs - Jefferson County**<br>114 N. Fourth St., Steubenville, OH 43952<br>(740) 282-0971 |
| Knox | **OhioMeansJobs - Knox County**<br>17604 Coshocton Rd., Mount Vernon, OH 43050<br>(740) 392-9675 |
| Lake | **OhioMeansJobs - Lake County**<br>177 Main Street, Painesville, OH 44077<br>(440) 350-4000 |

**Workforce Innovation and Opportunity Act (WIOA) - OhioMeansJobs Centers by County**

| | |
|---|---|
| *Lawrence* | **OhioMeansJobs - Lawrence County**<br>120 N. 3rd St., Ironton, OH 45638<br>(740) 532-3140 |
| *Licking* | **OhioMeansJobs - Licking County**<br>998 E. Main St., Newark, OH 43055<br>(740) 670-8700 |
| *Logan* | **OhioMeansJobs - Logan County**<br>211 E. Columbus Ave., Bellefontaine, OH 43311<br>(937) 599-5165 |
| *Lorain* | **OhioMeansJobs - Lorain County**<br>42495 North Ridge Rd., Elyria, OH 44035<br>(440) 324-5244 |
| *Lucas* | **OhioMeansJobs - Lucas County**<br>1301 Monroe St., Toledo, OH 43604<br>(419) 213-5627 |
| *Madison* | **OhioMeansJobs - Madison County**<br>200 Midway St., London, OH 43140<br>(740) 852-8801 |
| *Mahoning* | **OhioMeansJobs - Mahoning County**<br>149 Boardman-Canfield Rd., Boardman, OH 44512<br>(330) 965-1787 |
| *Marion* | **OhioMeansJobs - Marion County**<br>622 Leader St., Marion, OH 43302<br>(740) 382-0076 |
| *Medina* | **OhioMeansJobs - Medina County**<br>60 Public Square 3rd Floor, Medina, OH 44256<br>(330) 723-9675 |
| *Meigs* | **OhioMeansJobs - Meigs County**<br>150 Mill St., P.O. Box 191, Middleport, OH 45760<br>(740) 992-2117 |
| *Mercer* | **OhioMeansJobs - Mercer County**<br>220 Livingston St. B-272, Celina, OH 45822<br>(419) 586-6409 |
| *Miami* | **OhioMeansJobs - Miami County**<br>2040 N. County Road 25A, Troy, OH 45373<br>(937) 440-3465 |
| *Monroe* | **OhioMeansJobs - Monroe County**<br>100 Home Ave., Woodsfield, OH 43793<br>(740) 472-1602 |
| *Montgomery* | **OhioMeansJobs - Montgomery County**<br>1111 S. Edwin C. Moses Blvd., Dayton, OH 45422<br>(937) 225-5627 |
| *Morgan* | **OhioMeansJobs - Morgan County**<br>155 E. Main St., McConnelsville, OH 43756<br>(740) 962-2519 |

### Workforce Innovation and Opportunity Act (WIOA) - OhioMeansJobs Centers by County

| | |
|---|---|
| Morrow | **OhioMeansJobs - Morrow County**<br>619 W. Marion Rd., Mt. Gilead, OH 43338<br>(419) 946-8480 |
| Muskingum | **OhioMeansJobs - Muskingum County**<br>445 Woodlawn Avenue, Zanesville, OH 43701<br>(740) 454-6211 |
| Noble | **OhioMeansJobs - Noble County**<br>46049 Marietta Rd. P O Box 250, Caldwell, OH 43724<br>(740) 732-2392 |
| Ottawa | **OhioMeansJobs - Ottawa County**<br>8043 W. State Route 163, Suite 200, Oak Harbor, OH 43449<br>(419) 707-8605 |
| Paulding | **OhioMeansJobs - Paulding County**<br>250 Dooley Dr., Suite B, Paulding, OH 45879<br>(419) 399-3345 |
| Perry | **OhioMeansJobs - Perry County**<br>212 S. Main St., P.O. Box 311, New Lexington, OH 43764<br>(740) 342-3551 |
| Pickaway | **OhioMeansJobs - Pickaway County**<br>1005 S. Pickaway St. Circleville, OH 43113<br>(740) 420-7339 |
| Pike | **OhioMeansJobs - Pike County**<br>941 Market St., P.O. Box 799, Piketon, OH 45661<br>(740) 289-2371 |
| Portage | **OhioMeansJobs - Portage County**<br>253 South Chestnut Street, Ravenna, OH 44266<br>(330) 296-2841 |
| Preble | **OhioMeansJobs - Preble County**<br>1500 Park Ave., Eaton, OH 45320<br>(937) 456-6224 |
| Putnam | **OhioMeansJobs - Putnam County**<br>575 Ottawa-Glendorf Rd. Ste. 1, Ottawa, OH 45875<br>(419) 538-4580 |
| Richland | **OhioMeansJobs - Richland County**<br>183 Park Ave. East, Mansfield, OH 44902<br>(419) 774-5300 |
| Ross | **OhioMeansJobs - Ross County**<br>475 Western Avenue, P.O. Box 469, Chillicothe, OH 45601<br>(740) 772-7600 |
| Sandusky | **OhioMeansJobs - Sandusky County**<br>2511 Countryside Dr., Fremont, OH 43420<br>(419) 332-2169 |
| Scioto | **OhioMeansJobs - Scioto County**<br>433 Third St., P.O. Box 1525, Portsmouth, OH 45662<br>(740) 354-7545 |

**Workforce Innovation and Opportunity Act (WIOA) - OhioMeansJobs Centers by County**

| County | Center |
|---|---|
| Seneca | **OhioMeansJobs - Seneca County**<br>3362 S. Twp. Road 151, Tiffin, OH 44883<br>(419) 447-5011 Ext. 443 |
| Shelby | **OhioMeansJobs - Shelby County**<br>227 S. Ohio Avenue, Sidney, OH 45365<br>(937) 498-4981, Ext. 2816 |
| Stark | **OhioMeansJobs - Stark County**<br>822 30th St., N.W., Canton, OH 44709<br>(330) 433-9675 |
| Summit | **OhioMeansJobs - Summit County**<br>1040 E. Tallmadge Avenue, Akron, OH 44310<br>(330) 633-1050 |
| Trumbull | **OhioMeansJobs - Trumbull County**<br>280 N. Park Ave., Suite 1, Warren, OH 44481<br>(330) 675-2179 |
| Tuscarawas | **OhioMeansJobs - Tuscarawas County**<br>1260 Monroe St., Suite 35, New Philadelphia, OH 44663<br>(330) 364-9777 |
| Union | **OhioMeansJobs - Union County**<br>940 London Avenue, Suite 1500, Marysville, OH 43040<br>(937) 645-2018 |
| Van Wert | **OhioMeansJobs - Van Wert County**<br>114 E. Main St., P.O. Box 595, Van Wert, OH 45891<br>(419) 238-4931 |
| Vinton | **OhioMeansJobs - Vinton County**<br>30975 Industrial Park Drive, McArthur, OH 45651<br>(740) 596-2584 |
| Warren | **OhioMeansJobs - Warren County**<br>300 E. Silver St., Lebanon, OH 45036<br>(513) 695-1130 |
| Washington | **OhioMeansJobs - Washington County**<br>1115 Gilman Avenue Ste. B, Marietta, OH 45750<br>(740) 434-0758 |
| Wayne | **OhioMeansJobs - Wayne County**<br>356 W. North St., Wooster, OH 44691<br>(330) 264-5060 |
| Williams | **OhioMeansJobs - Williams County**<br>1425 E. High St., Bryan, OH 43506<br>(419) 636-0338 |
| Wood | **OhioMeansJobs - Wood County**<br>1928 E. Gypsy Lane Road, P.O. Box 679, Bowling Green, OH 43402<br>(419) 352-7566 |
| Wyandot | **OhioMeansJobs - Wyandot County**<br>120 E. Johnson St., Upper Sandusky, OH 43351<br>(419) 294-4977 |

Client Name: _____　　Date: _____　　Prepared By: _____

| Steps to Success | PAUSING — Client is not enrolled due to active addiction or significant barrier(s) that must be addressed/overcome | PREPARING — Client is enrolled and has identified a plan to address/overcome barrier(s) --- frequent setbacks may occur | PRACTICING — Client is actively addressing/overcoming barrier(s) --- infrequent setbacks may occur | PERFORMING — Client has addressed/overcome all barrier(s) --- setbacks no longer occur |
|---|---|---|---|---|
| Legal | Failing to meet, or waiting to receive, court requirements | Receiving a customized plan from the court system | Attending court-mandated sessions, passing drug tests, meeting with parole officer, etc. | Consistently meeting court requirements, including passing drug tests and meeting with parole officer |
| Mental Health | Having substantial mental health obstacle(s) | Receiving a customized plan from a mental health professional, including securing medical insurance or Medicaid | Participating in required mental health activities, including therapy, group rehabilitation, family counseling, etc. | Consistently meeting mental health requirements |
| Physical Health | Having substantial physical health obstacle(s) | Receiving a customized plan from a medical professional, including securing medical insurance or Medicaid | Participating in physical health activities, including taking medications, exercising, etc. | Consistently meeting physical health requirements, including passing drug tests |
| Children Services | Having a validated report of child abuse, neglect, or court-ordered removal | Developing a Family Case Plan to address the identified safety concerns | Engaging in services to mitigate the safety concerns and meeting court-ordered mandates | Consistently completing service provisions and demonstrating a safe family environment |
| Housing | Lacking suitable or stable housing | Making temporary housing arrangements | Living in temporary housing and working towards permanent | Securing and maintaining permanent housing |
| Peer Support | Lacking a support system | Creating a network of positive influencers and identifying harmful relationships | Establishing relationships with positive influencers and avoiding destructive individuals | Continuing to expand positive relationships and discontinuing negative ones |
| Education and Training | Having substantial education and/or training obstacle(s) | Developing a customized plan with an education or workforce professional | Participating in education, training, or work experience activities | Completing all education, training, or work experience activities |
| Workforce | Having substantial employment obstacle(s) | Developing a customized plan with a workforce professional | Participating in work activities, including temporary job, on-the-job training, or internship | Securing and maintaining permanent employment |

### <u>*ALL PERSONNEL*</u>

As a critical first step, all staff members should become adept at using the "language of recovery" that includes the following terms that strive to destigmatize substance use disorders.

| *Say This* | Not This |
|---|---|
| *Person with opioid use disorder* | Addict; user; druggie; junkie, abuser |
| *Treatment is an opportunity for recovery* | Treatment is the goal |
| *Disease* | Drug habit |
| *Person in recovery* | Ex-addict |
| *Person arrested for a drug violation* | Drug offender; offender |
| *Substance dependent* | Hooked |
| *Substance use disorder; misuse; addiction* | Substance abuse |
| *Had a setback; recurrence* | Relapsed; relapse |
| *Recovery management* | Relapse prevention |
| *Maintained recovery; substance-free* | Stayed clean |
| *Drug-free* | Clean |
| *Negative drug screen* | Clean drug screen |
| *Positive drug screen* | Dirty drug screen |
| *Ambivalence* | Denial |
| *Individual not yet in recovery* | Untreated addict |

## *PERSONNEL WORKING WITH JOB SEEKERS*

**Ohio Department of Mental Health and Addiction Services** offers numerous free, e-learning classes at http://www.ebasedacademy.org/lms/. Courses helpful to workforce personnel working with job seekers include:

**Ohio's Opioid Curricula**
- **Fundamentals of Addiction**

This course focuses on understanding addiction, the impact of addiction, signs and symptoms of addiction. It also identifies myths and facts about addiction.

- **Trauma Informed Approaches**

This session focuses on Substance Abuse and Mental Health Services Administration's (SAMHSA's) four R's concept of trauma informed care: Realize, Recognize, Respond, and Resist.

- **Basics of MAT**

This module focuses of what MAT is, the different types of MAT, and how MAT works to treat opioid use disorders. It also provides an overview of how to assess, screen, and refer a person for MAT.

**Screening, Brief Intervention and Referral to Treatment (SBIRT) Activities**
- **Ohio SBIRT: An Introduction to SBIRT & Motivational Interviewing**

    This session provides and overview of SBIRT goals and approaches to substance use services. Course identifies the procedure for screening patients including who should be screened, where screenings should take place and who should conduct screenings. The course defines the different services levels and outlines the plan providers should follow to proceed with providing SBIRT services. The course introduces Motivational Interviewing, the evidence based practice used within the SBIRT process that has proven efficient in helping people change behaviors.

- **Ohio SBIRT 102: Foundational Skills of Motivational Interviewing (MI)**

    This course focuses on the foundational skills of the evidence-based practice of Motivational Interviewing through the scope of SBIRT. The course focuses on the skills proven efficient in helping people change health behaviors including open-ended questions, affirmations, reflections, and summaries. The course will illustrate examples of MI adherent patient interactions to demonstrate the various ways the skills can be utilized.

- **Ohio SBIRT 103: Reinforcing Change with Motivational Interviewing**

    Building upon foundational Motivational Interviewing spirit and skills, this course focuses on enhancing behavior change by reinforcing Change Talk and navigating Discord. Participants are provided opportunities to observe Change Talk and Sustain Talk as well as practice responding to common discord statements.

## *PERSONNEL WORKING WITH JOB SEEKERS (continued)*

**Ohio Department of Mental Health and Addiction Services (continued)**
**Peer Recovery Activities**
- **Introduction to Peer Recovery Support**
  This module will discuss the role that peer support plays within the behavioral health structure, who can provide peer support, describe the benefits of peer support are, and identify the types of recovery support services delivered by peer support professionals as defined by the SAMHSA.

- **Trauma Informed Care in Peer Recovery Support**
  According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed: 1. Realizes the widespread impact of trauma and understands potential paths for recovery; 2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; 3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and 4. Seeks to actively resist re-traumatization." A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

- **Health and Wellness in Peer Recovery Support**
  Focusing on health and wellness is particularly important for people with, or at risk for, behavioral health conditions. Behavioral health is a critical aspect of maintaining physical health and wellness. People with mental and/or substance use disorders typically die years earlier than the general population. A 2006 nationally representative survey reported that individuals with mental disorders died an average of 8.2 years younger than the rest of the population. Individuals with substance use conditions are often at higher risk for HIV and AIDS as well as Hepatitis C due to intravenous drug use. This module will discuss the important of maintaining health and wellness.

- **Ethics and Boundaries for Peer Recovery Supporters**
  Ethics are a critical component to any profession, but are especially important to professions rooted in health and human services. Peer support programs pose several key ethical challenges. Although peer support specialists typically receive extensive agency-based training about their unique roles, most haven't received formal social work education or comprehensive ethics education. These specialists often provide various forms of social service that require skilled judgments related to client privacy and confidentiality, boundaries and dual relationships, informed consent, competence and expertise, documentation, and client abandonment. This module will provide a foundation for understanding ethics and boundaries for peer support as well as the Code of Ethics for Ohio Certified Peer Recovery Supporters.

## *PERSONNEL WORKING WITH JOB SEEKERS (continued)*

**Ohio Department of Mental Health and Addiction Services (continued)**
**Peer Recovery Activities (continued)**
- **Helpful Tips for Peer Recovery Supporters Entering the Workforce**
  Participants will identify types of support that is offered through peer service and will learn how to recognize and address ethical dilemmas. They will also learn why and how boundaries protect both service providers as well as those they serve.
- **Supervision for Peer Recovery Supporters**
  This session provides an overview of "Supervising Peer Recovery Supporters." The functions and role of Peer Recovery Supporters are explained in detail. The training will address organizational readiness for agency supervisor's while incorporating Peer Support staff and understand the culture change that needs to occur in agencies. Training needs related to documentation, professional development and policy and procedures are addressed.

**The Ohio State University School of Social Work** has created an **Opioid Overdose Family Support Toolkit** found at https://u.osu.edu/toolkit/ that shows how to spot the signs of an overdose and what to do in the event of an overdose along with other educational and supportive services for families, including links to NarAnon, Addict's Parents United, SMART Recovery Family & Friends, and Parents of Addicted Loved Ones.

**The Ohio Department of Health** has created **Project DAWN** (Deaths Avoided With Naloxone[1]), a community-based overdose education and naloxone (Narcan) distribution program. Training locations are found at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/resources/list-project-dawn-sites.

DAWN participants receive a Narcan kit along with the following training:

- Recognizing the signs and symptoms of overdose

- Distinguishing between different types of overdose

- Performing rescue breathing

- Calling emergency medical services

- Administering intranasal Naloxone

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[1] Naloxone (also known as Narcan) is a medication that can reverse an overdose caused by an opioid drug (heroin or prescription pain medications).

## *PERSONNEL WORKING WITH EMPLOYERS*

**The Ohio Chamber of Commerce** in cooperation with **Working Partners** has created an **Employer Opioid Toolkit** that provides an overview of the legal and operational issues that an employer should consider in dealing with an employee's use of opioids and other substances. These courses are also helpful to workforce personnel working with businesses. Each module is between 13-16 minutes and is provided at no cost. Offerings are found at https://ohiochamber.com/opioid-toolkit/.

- **Module 1: Impact of Opioids in the Workplace**

- **Module 2: Legally-Sound Drug-Free Workplace Program**

- **Module 3: Crafting a Policy That's Right for Your Business Operation and Culture**

- **Module 4: The Why, When, and How of Workplace Drug Testing**

- **Module 5: Responding to an Employee's Harmful Use of Drugs**

**Cardinal Health Foundation and The Ohio State University College of Pharmacy have formed Generation Rx**. They have identified a variety of free training courses suitable for both employers and employees that promote responsible medication practices. Classes are found at http://generationrxworkplace.com/training.html.

- **A Dose of Reality**
  This course reviews why the rate of prescription abuse is so high in America and educates the learner on a 5-point strategy to help all consumers be safer, healthier and become part of the solve of this problem.

- **Medicines in My Home**
  Created by the U.S. Food and Drug Administration, this multimedia, educational program teaches consumers how to choose over-the-counter medicines and use them safely.

- **Preventing Prescription Abuse in the Workplace**
  This webinar serves as a primer for military and civilian workplaces to reduce prescription drug abuse.

- **Generation Rx: The Science Behind Rx Drug Abuse**
  This course applies science to investigate the prevalence, dangers, and misconceptions regarding this growing health problem; the biologic dangers of abuse, societal influences, and best safety practices

- **Applying the Strategic Prevention Framework to Prescription Drug Abuse**
  Created by the Community Anti-Drug Coalitions of America (CADCA) this course guides community representatives and coalition members in strategies to prevent Rx drug abuse. To access the course you will have to log-in/register, but you do not need to become a member. If you are not already registered with CADCA follow the prompts on the screen to do so.

### *PERSONNEL WORKING WITH EMPLOYERS (continued)*

Additionally, **Generation Rx** has also created a variety of workplace tools that employers can customize and use to promote employee awareness of prescription substance abuse. These resources are found at http://generationrxworkplace.com/downloads.html and include the following materials:

- **A Dose of Reality**

- **Rx Drug Abuse is Preventable**

- **Be a Safe and Responsible Consumer of Prescription Medications**

- **1 in 5 People in the US Abuses Prescription Medications**

- **Encourage Safe Medication Practices**

- **What's Rx Abuse Got to do with You**

- **5 Point Strategy for Becoming a Safe & Critical Consumer of Rx Medications**


**The National Safety Council** has prepared, "**The Proactive Role Employers Can Take: Opioids in the Workplace**," a 15-page report that discusses current evidence surrounding opioid medications and their potential impact on the workplace. It also contains information about how partner effectively with benefit providers, assess current workplace policies and scope of drug testing, prioritize essential education efforts, and improve access to confidential help for employees. A copy of the report can be accessed at the following website: https://www.nsc.org/Portals/0/Documents/RxDrugOverdoseDocuments/RxKit/The-Proactive-Role-Employers-Can-Take-Opioids-in-the-Workplace.pdf.

**fact sheet**

# What's Rx abuse got to do with you?

1) Over half of people who abuse prescription (Rx) medications get them from friends and family members for free.

(Could your cupboard be a source?)

2) Only about 1 in 25 of us asks questions about how to use our medications.

(Which is probably why half of use them incorrectly.)

3) Pharmaceutical companies spend nearly $5 billion per year to get you to ask for their products by name.

(Coca-cola spent $2.9 billion in 2010.)

4) There are resources all over the country that offer help to people with Rx drug abuse problems.

(Know anyone who could use them?)

5) There are 5 simple things YOU can do to prevent Rx drug abuse.

(Point & shoot to get them here.)

# Get free resources & learn about Rx drug prevention at GenerationRxWorkplace.com

Presented by:
**Generation Rx**
Preventing the Misuse and Abuse
of Prescription Medications

A DOSE OF REALITY
Prescribing positive impact
for your workplace.

## BE A SAFE AND RESPONSIBLE CONSUMER OF PRESCRIPTION MEDICATIONS:

1. Talk to your doctor
2. Talk to your pharmacist
3. Use medications as directed
4. Avoid sharing medications
5. Dispose of medications properly

A DOSE OF REALITY

Presented by:
GenerationRx

GenerationRxWorkplace.com

# 5 Point Strategy for Becoming a Safe & Critical Consumer of Rx Medications

## Prescription Drug Abuse: Be a Part of the Solution

Prescription medications are being abused at a rate second only to marijuana. In fact, excluding marijuana, the rate of prescription drug abuse is higher than all other drugs of abuse *combined* including cocaine, heroin and methamphetamine. It is because of this high rate of abuse that the Center for Disease Control and Prevention (CDC) has classified prescription drug abuse as an epidemic.

Almost 70% of Americans take at least one prescription medication; 20% take five or more. When drugs such as Percocet, OxyContin and Adderall are used as directed, people can enjoy a better quality of life due to the positive effects these and other prescribed medications have on their overall health. But when used incorrectly, these same drugs can cause a multitude of health and social problems – including addiction and accidental overdose death.

Unfortunately, the incorrect use of a prescription medication is more common than you might think:

- 50% of prescription drugs are misused
- 33% of U.S. citizens have used prescription drugs non-medically at least once in their life

Problems associated with the misuse and abuse of prescription medications can happen to *anyone* and impact all layers of our country – from individuals, to their friends and family members, and even their workplaces. The abuse of prescription painkillers alone costs employers $42 billion annually in lost productivity. And that's not even counting its impact on insurance and workers' compensation claims. These costs are generally passed to you – the employee and taxpayer – through higher insurance premiums and tax rates.

The good news is that prescription drug misuse and abuse is preventable. There are five steps everyone can take to become safer consumers of prescription drugs:

1. **Talk to your doctor:** You have a right and a responsibility to ask questions about your health care, especially as it relates to prescription medications. While the doctor is the medical expert, you are the expert on your body and overall health.

2. **Talk to your pharmacist:** Pharmacists are highly trained and the most qualified professionals to answer questions about medications and their interactions – including over-the-counter drugs and supplements. They are trained to educate you about your medications and help monitor how they are working.

3. **Use medications as directed:** Approximately 125,000 people in the U.S. die each year because they don't take their mediation as directed. This number doesn't include those who suffer from other consequences of misusing or abusing a medication such as addiction and death caused by accidental overdose.

4. **Avoid sharing medications:** There are both health and legal consequences to sharing medication. Not being a doctor, you don't know *exactly* how that medication will impact others. Also, sharing any type of prescription medication with another person is a class E federal offense, punishable by prison time and/or substantial fines. Carefully store your medication to avoid accidentally "sharing."

5. **Dispose of medication properly:** Over 50% of people who abuse drugs get them from a friend or family member *for free*. It is good practice to dispose of any expired and/or unused prescription medications at a pharmaceutical take-back location. Visit www.fda.gov for information on how to dispose of unused medications.

Just as anyone can become addicted to prescription drugs, anyone can also take positive steps to prevent prescription drug abuse. Visit the GenerationRxWorkplace.com to learn more about your relationship with Rx drugs and take advantage of free resources including an online course, fact sheets, lists of helping resources and other downloadable materials.

GenerationRxWorkplace.com                                                                                   1

**1 in 5** people in the U.S. abuses prescription medications.

# ENCOURAGE
# SAFE MEDICATION
# PRACTICIES

1. **Talk to your doctor** about your Rx needs
2. **Talk to your pharmacist** about your medication interactions
3. **Use medications as directed**
4. **Avoid sharing medications** intentionally or accidentally due to unsafe storage
5. **Dispose of medications properly**
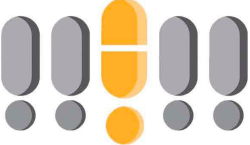
Get free resources & learn about Rx drug abuse at
**GenerationRxWorkplace.com**

Presented by: **Generation Rx** Preventing the Misuse and Abuse of Prescription Medications

**A DOSE OF REALITY** Protecting positive impact for your workplace

# The proactive role employers can take:
## OPIOIDS IN THE WORKPLACE

SAVING JOBS, SAVING LIVES AND REDUCING HUMAN COSTS

making our world safer®

# Overview

Companies and organizations of all sizes have an important role promoting the health and safety of employees and managing risks in the workplace. Employers who have strong workplace policies, education, health benefit programs and well-trained managers create safe and healthy environments in which both employees and business thrive.

The coverage of prescription medication in healthcare benefit packages, continues to be an essential part of employee healthcare. When used wisely and correctly, prescription medications can contribute to favorable treatment outcomes and quality of life. However, a disturbing trend has been emerging in the workplace, and it is driven by the use and abuse of opioid painkillers – now the most widely prescribed pain relievers and most highly abused prescription drug.

Drug distribution through the pharmaceutical supply chain was the equivalent of 96 mg of morphine per person in 1997 and approximately 700 mg per person in 2007, an increase of more than 600 percent[1] and the incidences of opioid use disorders and abuse have proliferated. Per capita, the United States has one of the highest rates of opioid use in the world.[2]

# The Opioid Epidemic

In 2010, more than 38,000 people died of drug overdoses, of which16,651 were tied to prescription opioids alone or in combination with other prescription medications or alcohol. Overdose deaths from prescription opioids now exceed deaths from both heroin and cocaine combined. Drug overdoses, predominately from opioids, now exceed car crashes as the leading cause of unintentional death.[3]  More than twice as many Americans have died from this prescription opioid overdose epidemic than during the Vietnam War.[4]

Opioid abuse reaches beyond stereotypes of "addicts and drug seekers". A recent study in JAMA Internal Medicine showed that more than half of chronic abusers - those who took pills for at least 200 days during the past year - received those pills from prescriptions written for them (27.3 percent) or friends and family (26 percent). This underscores the need for prescribing guidelines and safe, locked storage for these prescriptions in homes. In addition, 23.2 percent of high-risk users bought prescription drugs from friends and relatives and 15.2 percent purchased them from dealers.[5]

Opiods
Cocaine
Heroin

13%
20%
41%
17%
39%
70%

2010
23,870

1999
9,812
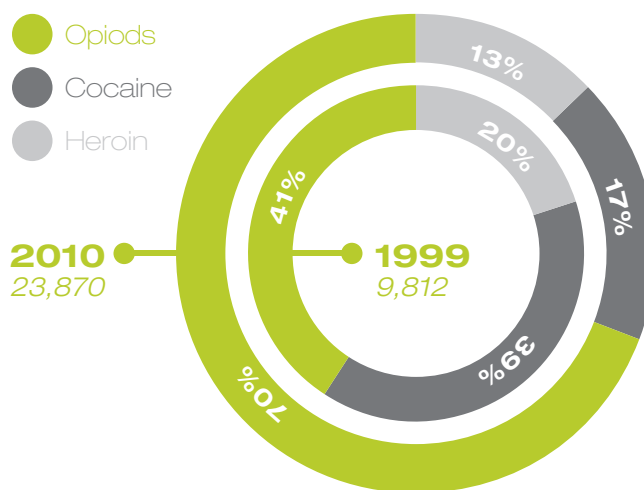
In 2010, more people **died from overdose of opioid painkillers** than died from heroin and cocaine combined.

Opioid prescription medications are both a health and a safety issue in your workplace. These medications are powerful, highly addictive drugs that have the potential to cause impairment, increase the risk of workplace incidents, errors and injury even when taken as prescribed. Prescription painkillers also profoundly increase workers' compensation costs, increase the length of worker disability and increase work time lost.[6, 7] Opioid prescription abuse also significantly increases the use of emergency room services, hospitalizations and other medical costs.[8]

Sales of prescription painkillers and the number of fatal poisonings quadrupled from 1999 to 2010.[9] Drug treatment admissions for prescription opioids showed a seven-fold increase between 1998 and 2010, from 19,870 to 157, 171.[10]

This prescription painkiller epidemic poses a unique challenge for employers. These are legal drugs prescribed by licensed providers for pain that sometimes is caused by workplace-related injuries. Drug-Free Workplace Programs, including the scope of drug testing, the handling of positive results and policies about prescription drug use in the workplace, need to be revisited.

Employers have legitimate legal concerns about privacy, protection of personal medical information and possible violation of the confidential provider-patient relationship. An employee who tests positive for these legal drugs may present a legitimate prescription, and he or she may or may not have a dependency or an addiction problem. However, this employee may still be impaired and putting him or herself and the workplace at risk for injuries, incidents, errors, and more.

Broad legal assurance exists for employers to provide a drug-free workplace, including drug testing in order to establish that job tasks are performed in a safe and effective manner. Challenges emerge when what constitutes "impairment" needs to be determined, particularly in safety-sensitive positions and when the employee is taking a legitimately prescribed drug.

Your employees could be struggling with an emerging dependence, or addiction, to these medications— **a problem they never intended to have.**

## THIS WORKPLACE-FOCUSED REPORT WILL:

✓ **Inform** you about the current evidence surrounding opioid medications and their potential impact on your workplace

✓ **Create** a "call to action" that, regardless of the size of your organization, will enable you to:
- Partner effectively with your benefit providers
- Assess current workplace policies and scope of drug testing
- Prioritize essential education efforts
- Improve access to confidential help for your employees

What can be done to address safety and health risks related to employee opioid use?

How does this epidemic translate to our workplace?

It's not our business what medications an employee is taking—or is it?

What are the human and financial costs to our organization?

No one is overdosing here at work. Do we really have a problem?

Are employees aware of the risks associated with these medications?

# Opioids are not more effective for most pain

Pain management is responsible for millions of office visits every year. The painkiller market is enormous and exceeded $9 billion in 2012. Despite the significant increase in the use of opioid medications during the last decade, a recent Institute of Medicine report showed that little progress has been made in the treatment of pain.

Research also shows that for types of pain related to common workplace-related injuries, including soft-tissue injuries and musculoskeletal problems, opioids are not any more effective than non-opioid alternatives such as Tylenol, Advil or generic ibuprofen.[11] Although opioids are widely prescribed for back injuries and chronic back pain, they should not be the first line of treatment. In fact, long-term use of opioids actually may increase an individual's sensitivity to pain – a phenomenon called hyperalgesia.[12] Non-steroidal anti-inflammatory drugs (NSAIDS) offer a more affordable and safer alternative to opioids. NSAIDs include ibuprofen (generic for Advil or Motrin), naproxen (generic for Aleve or Naprosyn), prescription Celebrex, and similar medicines.

Medical providers treating workplace injuries have a choice and should be focused on the use of non-opioid pain medications whenever possible. Non-opioids have been shown to be as effective as opioid medications for most pain. Employers should understand and insist upon conservative prescribing guidelines for pain treatment for all participating providers in their medical, workers' comp and occupational health programs.

## Opioids in the workplace: A call to action

**Partner** with Insurance, Medical/PBM, and EAP Providers

**Re-Evaluate** Policy and Testing for Prescription Drugs

**Invest** in Management and Employee Education

**Increase** and Ensure Confidential Access to Help and Treatment

# I. Re-Evaluating Drug-Free Workplace Policy and drug testing

Drug-Free workplace programs are cost-effective programs that will help employers save money and keep their employees safe. Effective programs should consist of these five components:[13]

**1** A clear, written policy

**2** Employee education

**3** Supervisor training

**4** An employee assistance program

**5** Drug testing

**❶ A clear, written policy** Good policy has never been more important. Unlike blood alcohol levels, proving an objective measure of unsafe impairment is difficult. The involvement of legal counsel in tandem with human resources and employee relations is critical to ensure the policy includes protections for risk management, injury prevention and liability.

**Prescription Drug Workplace Policy** Consult with your company's legal team to ensure that all federal and state-specific guidelines are reflected in your policy.

### SAMPLE POLICY
### Prohibited Behavior

It is a violation of our Drug-Free Workplace Policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with the safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees, or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe workplace practices. The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deteriorates and/or incidents occur.[14]

**❷ Employee education** Employers should address several areas when sharing information with employees about opioid medications.

**Be informed at the point of prescribing** The prescriber-patient relationship is a confidential one. However, employees should know to discuss their concerns about taking an opioid painkiller as soon as a prescriber recommends it. Employees then should work with their prescriber to determine if a non-opioid prescription can be used.

> Research has confirmed that opioids **are not more effective** than non-opioid painkillers for most pain.
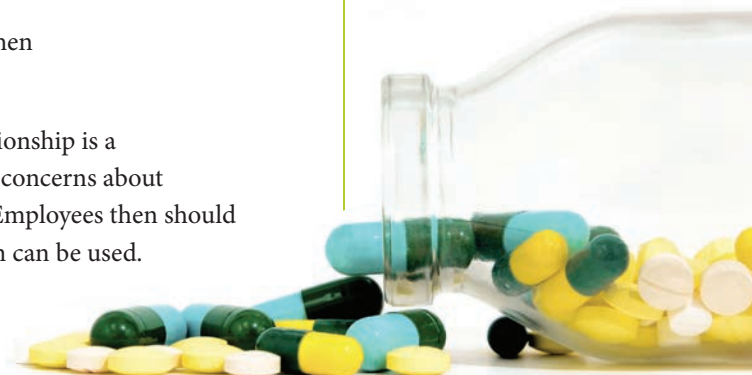
**What about driving?** Opioid prescription information provides a warning of the potential impact on driving or using heavy equipment while taking these medicines. These drugs can alter a person's judgment, create tremors, reduce muscle strength, impair coordination and even create confusion. These effects are enhanced when used in conjunction with alcohol and/or certain other psychotherapeutic medications. State laws vary widely in their handling of "driving while impaired from prescription drugs." In the majority of states, an individual can receive a driving under the influence (DUI) citation, even if he or she is driving under the influence of a legitimately prescribed medication.

**How will an opioid medication affect my work?** The effects of opioid medications can create serious risks at work. Employees need to be clear about the policy on potential impairment from prescription medications. Making job descriptions available to employees to share with medical providers is helpful. While illegal drugs used to be the focus, it is now important to offer frequent reminders of the prescription drug policy for your workplace.

**Practice safety at home** Employee home safety education includes four key messages:

✓ **Safe Storage** Opioid medications need to be stored securely, preferably locked up just the way you would if you keep a firearm in your home. A desk drawer at work is not a safe choice.

✓ **Safe Disposal** Once an individual is finished taking an opioid painkiller, he or she should seek a safe disposal opportunity in his or her community and not keep these medications for later.

✓ **Don't Mix** Opioid medications should not be mixed with alcohol, sedatives, or other psychotherapeutic medications. Individuals should talk to their prescriber and/or pharmacist to ensure they are not at risk for any other drug interactions.

✓ **Don't Share** Opioid medications should not be given to or borrowed by friends or relatives. The majority of people who abuse these drugs obtain them from friends or relatives.

**Encourage employees to seek help for dependency and addiction** Employees who are taking opioids may become dependent more quickly than they realize. They may experience certain negative effects when they stop taking the drugs, which is a strong motivation to continue the medication. This is the point at which employees need to work with their physician about their dosage and continued use. There needs to be education around the difference between dependency and addiction and to the importance of intervening before employees develop a serious addiction. The employee's medical provider or company Employee Assistance Program (EAP) are critical resources in getting help.

❸ **Supervisor training** With the changes in drug use over the past several years, it is important for managers to be current on their workplace policy for prescription drug use, understanding potential signs of impairment and the updated process and scope of drug testing. Managers should communicate this information regularly with employees during individual and team meetings.

**Review of Drug-Free Workplace Policy for prescription drugs**  Many organizations are updating the language in Drug-Free Workplace Policies to reflect employees' responsibility related to potential impairment from a prescription drug. The non-medical use of prescription drugs, is not acceptable and may be treated the same as illegal drug abuse would be. Understanding these nuances is critical for managers.

**Understand the law for prescription drug use at work**  Managers need to know that the Americans with Disabilities Act (ADA) may protect an employee's use of over-the-counter or prescription drugs to treat a disability. Such use should not be prohibited by a drug testing policy. If an employee notifies a manager that his or her medication may impair job performance, managers should be coached on how to engage and offer reasonable accommodations, up to or including modifying job responsibilities.

However, prescription drug abuse is considered illegal drug use. Employers may test employees for such abuse based on a reasonable suspicion.

**Signs of impairment and your organization's definition of reasonable cause for drug testing**  Manager training should include examples of typical behavioral- and performance-related signs of impairment. The organization should also determine the threshold for reasonable cause to test employees for drug use, and those parameters must be consistent with legal and policy requirements. Again, safety is key. Employee communication needs to focus on the shared goal - ensuring that work can be done safely and effectively at all times.

**Review of updated scope of drug testing**  Both management and employees need to be informed of any screening that's done as part of the organization's Drug-Free Workplace Policy. These policies include prescription drugs that may cause impairment.

❹ **An Employee Assistance Program**  It is in an employer's best interest to identify opioid abuse and to support confidential access to treatment. Employer-sponsored treatment is a cost effective solution.  Replacing an employee costs an employer between 25 percent to 200 percent of its annual compensation. These costs do not include the loss of company knowledge, continuity and productivity.[15]

Seventy percent of all U.S. companies and 90 percent of Fortune 500 companies purchase Employee Assistance Programs (EAP) because these employers understand that EAPs improve the company's bottom line. Findings from 21 studies assessing the efficacy of corporate health and productivity programs found that EAPs have positive returns on investment. All programs reported favorable returns ranging from $1.49 to $13.00 per dollar spent on the program. It is noteworthy that the mental health program showed one of the highest ROIs.[16]

While many companies have EAPs, few employees use them. Many employees don't understand the value or may fear negative ramifications if they seek help. Companies of any size can purchase EAP services, which are an effective "triage" for an employee in need and often effective in connecting an employee to the most appropriate intervention and treatment.

Employee education on the company's EAP services needs to clearly state who an employee may talk to, how they can communicate with that resource and where. Employees also need to have details about their benefit plan coverage and aftercare.

Managers and supervisors are key to the promotion of EAP services both initially and ongoing. Promoting Drug-Free Workplace initiatives increases employee use of these resources. Through ongoing training efforts, managers should be comfortable advocating for EAPs.

## Saving jobs, saving  lives

When an employee has an opportunity to seek help and, in turn, keep his or her job, both the employee and employer are grateful and loyal. Employees understand the need for workplace safety and full productivity. The employer's message needs to combine firm enforcement of prescription drug use policies with "there are programs available here to help you."
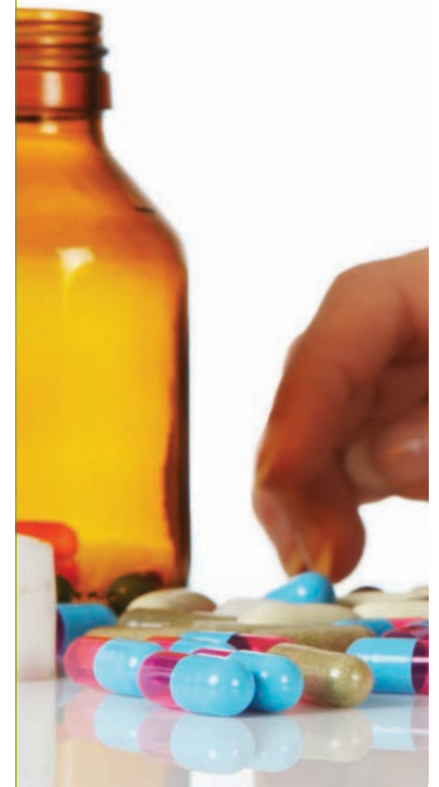
**Treatment options**  Opioid use results in profound biochemical changes in the brain, making this addiction challenging to overcome. Recovery often requires long-term treatment with medications. Medication-assisted treatment and ongoing aftercare can help people enter into and maintain recovery. However, employer support often helps.

Research indicates that employer supported and monitored treatment yields better sustained recovery rates than treatment initiated at the request of friends and family members.[17]

There are generally three approaches, and some are more effective than others:

• **Detoxification from opioid addiction** is accomplished in an inpatient setting or in a highly supervised outpatient setting. Detoxification alone is the least effective means of treatment. Most patients resume opioid use within six months of the detoxification process. A single detoxification episode should not be promoted as effective treatment.[18]

• **Detoxification followed by intensive counseling** and a long-acting injectable, naltrexone, is somewhat more effective than detoxification alone. Naltrexone is an opioid blocker that will negate the effects of opioids for four weeks; however, an individual may still have cravings for the opioids due to biochemical changes in the brain.

• **Medication replacement therapies** with either methadone or buprenorphine are very effective treatments for those who are motivated. Buprenorphine may cause less drowsiness or job impairment than methadone. Medication replacement therapy is the most effective treatment for opioid dependence and can be offered on an outpatient basis. Because of serious biochemical changes that have occurred as a result of the abuse of opioids, many will often have to remain on medication for several months or a year and some for the remainder of their life.

❺ **Drug testing**  Employer drug testing programs must address nonmedical drug use and prescription drug abuse in the workplace. Written policies need to reflect the specific actions both employees and employers must take.

A number of workplace studies measuring the incident rates of companies before and after implementing drug testing indicate that drug testing is an important safety factor. One of the most prominent of these studies involved the Southern Pacific Railroad. Following the implementation of drug testing, incidents resulting in injuries dropped from 2,234 incidents in the year before drug testing was introduced to just 322 after drug-testing. This represents a 71.2 percent decrease in incidents.[19]

Many employees legitimately and properly use prescribed or over-the-counter drugs, such as sleeping aids, cold medicine or painkillers. Most employers sensibly believe employee medication use is none of their business, as long as the drugs don't impair the employee's job performance. A Drug-Free Workplace Policy was more easily enforced when illegal drugs were the only drugs banned under the policy. Now, the increased use of prescription medicines, especially opioid painkillers has created an important need to revisit these policies.

If an employee's performance is affected by the proper use of prescription or over-the-counter drugs, state and federal disability laws or labor/union contracts may impact an employer's options. An organization may have many different testing policies in order to meet union guidelines, safety-sensitive position requirements, laws for operations in multiple states and office staff. Depending on how the drug affects the employee's job performance, and whether the employee suffers from a disability within the meaning of these laws, a company may wish to accommodate the employee by making changes to his or her responsibilities.

Drug tests can be perceived as being highly intrusive, but they can be invaluable tools for preventing drug-related incidents and reducing risk. A drug-testing program curbs drug abuse because it instills a fear of getting caught, the possibility of consequences and the severity of those consequences. The structure of the drug-testing program largely determines its effectiveness. For example, in some programs, drug tests are mandatory only after an incident, limiting their deterrence value.[20] Additionally, pre-employment testing will not detect drug use that starts during employment. Before performing any drug test or adopting a drug-testing policy, employers must obtain expert legal advice that is current with both state laws and federal guidelines.

To be safe, employers should consider:

✓ Using a lab that is certified by the U.S. Department of Health and Human Services or an equivalent state agency

✓ Consulting with a lawyer to develop testing policies and procedures

✓ Using a testing format that respects the privacy and dignity of each employee

✓ Having a well-written policy about drug use in the workplace. The policy should include discussing the disciplinary actions and the circumstances leading up to them and the testing procedures. Employees should understand how the test will be given, when it will be given and what drugs the test will detect.

✓ Requiring employees to read the policy and sign an acknowledgment that they have done so

✓ For every drug test administered, documenting why the test was necessary and how it was performed

✓ Ensuring test results are absolutely confidential medical information

✓ How to be consistent with response to workers who test positive

**Oxycodone remains the most detected prescription opiate in the U.S. workforce.** Since 2006, drug testing for oxycodone has increased from 3 percent to 14 percent. Positive tests for oxycodone are 96 percent higher than they were in 2005.

**Testing with reasonable suspicion or cause**  A drug test does not prove impairment. It may show that an individual is using a particular prescription drug such as an opioid painkiller, but it does not necessarily confirm that they are actually abusing the drug, impaired by it or addicted to it.  Determining the risks and level of impairment from a particular prescription drug for each individual is almost impossible. Currently there are no validated instruments, expert opinions, or guidelines determining context-specific impairment due to prescription medication.[21]

What an employer can do is define the employee's responsibility when taking legal substances, such as opioid painkillers, as:

**a)** Talk with the provider about how a medication may affect an individual's ability to perform his or her job safely and effectively

**b)** Make supervisors aware if  accommodations are required while using this medication

**c)** Provide proof of a valid prescription

Hiring or contracting with a Medical Review Officer (MRO) – a licensed physician responsible for receiving and viewing drug test results – strengthens drug-testing programs. Providing additional medical expertise helps because interpreting the results can be complicated.

**Standard drug testing needs updating**  Quest Diagnostics, a leading provider of workplace drug testing, analyzed data for its Drug Testing Index (DTI).  The positive test rates for prescription opioids, which include hydrocodone, hydromorphone, oxycodone and oxymorphone, have increased steadily over the last decade. Positive tests for hydrocodone and oxycodone have risen 172 percent and 71 percent, respectively, since 2005.[22]

**What drugs are essential to test for?**  Many companies still use a standard five-panel test that will miss oxycodone (a semi-synthetic opioid) and most other abused drugs. A typical test covers five drugs – opiates/heroin, cocaine, marijuana, PCP, and amphetamines. Many of the most commonly abused prescription drugs are not included in federally mandated tests or many other drug testing panels.

Employers in regulated industries can opt to test for more drugs than the regulations require. The panel should include at least the following seven compounds: benzodiazepines, opiates, oxycodone, methadone, cocaine, amphetamines and THC, the active ingredient in marijuana. Oxycodone and methadone will not show up on drug screens for opiates, because these drugs are synthetic opioids. If Dilaudid or fentanyl is commonly used in your area, additional tests need to be added.[23]

It is important to know the drugs that are commonly abused in your area. Your drug testing organization or MRO may know this or it may be helpful to call a local substance abuse treatment center.

## II. Valuable partners: healthcare benefit plan providers

Company healthcare benefits providers and workers' compensation carriers are critical to employee safety and prevention programs for prescription opioid use. Working closely with these important partners helps employers understand the extent of opioid use and the need for programs to prevent and manage opioid abuse.

**Opioid use impact on workers' compensation**  Research on the impact of opioid medications in workers' compensation is nothing short of staggering. National Council on Compensation Insurance's study of prescription drugs in workers' compensation confirms that prescription painkillers' cost per claim continues to grow. The number of painkillers per claim is also increasing.[24]

Part of the key findings from the Workers' Compensation Research Institute's 2012 study of longer-term use of opioids found that narcotic painkillers were frequently used by injured workers for pain relief. More than three of four injured workers who had more than seven days of lost time and no surgery took prescription pain medications for pain relief.[25]

The Hopkins-Accident Research Fund Study in 2012 found that workers prescribed even one opioid had average total claim costs more than three times greater than claimants with similar claims who didn't get opioids.[26]

**Physician dispensing: high cost, higher volume of prescriptions**  Employers often don't have adequate data on pharmaceutical utilization. Forty to 50 percent of these claims are not processed through the prescription drug benefit manager (PBM). Therefore, they lack proper oversight.  This is a significant issue. Drugs that are dispensed by a physician rather than a pharmacy can cost up to 300 percent more and can be prescribed more frequently.[27] The Workers' Compensation Research Institute's study noted a substantial increase in physician-dispensed medications between 2007 and 2011.[28]

When the injured worker fills a prescription at a pharmacy, the pharmacist can use an electronic database to find the other medications and dosages that patient previously has taken.  This database serves as a checks and balances system that's not available when a prescriber also is the dispenser.

Florida banned physicians from dispensing stronger opioids.  After the ban, it found that the average Florida physician-dispenser increased the use of less addictive pain medications such as ibuprofen and tramadol.[29]

**The dangers of using opioids for prolonged periods**  Individuals using opioids on a long-term basis can develop a number of debilitating side effects and medical conditions that increase total medical treatment costs and delay recovery.

The Washington State Department of Labor and Industries found that receiving more than a one-week supply of opioids soon after an injury doubles a worker's risk of disability one year later. [30]

A Workers' Compensation Research Institute study found that when opioids are used in workers' compensation beyond the acute phase, **they can impair function, be a barrier to recovery and increase an individual's experience of pain.**

The negative effects of prescription opioids can linger even after an employee has returned to work. Someone on painkillers for three months may already be dependent and developing a severe tolerance to the drugs, especially if the dose is escalating. Increased workers' compensation costs are not the only costs employers face. Appellate courts in four states have held that employers and insurers are financially accountable for overdose deaths tied to injured workers.[31]

Employers should insist on specialized programs coordinated through their occupational medical and health plan providers to manage the conservative use and risk of opioid medications for treatable pain. These programs should include cautious utilization and prescribing guidelines for injured workers and strategies for monitoring the use of opioids. This monitoring can be done through urine drug testing (UDT) and provider checking of the state Prescription Drug Monitoring Program. Clinical oversight of UDT can determine if opioid levels in the urine are consistent with prescribed amounts. This oversight also can determine whether the individual is compliant or possibly stockpiling medications for diversion or resale.

The Workers' Compensation Research Institute study of 17 states found that fewer than 7 percent of treating doctors were conducting baseline and periodic urine drug screens for individuals taking opioids on a longer-term basis.[32]

Further, employers can consider closed formularies where opioid prescriptions require prior authorization and approval. This tact would increase oversight on who is receiving an opioid medication, the stated diagnosis, dose level, and duration of therapy.

**What is your provider's program for opioid management?** Optimal Care Plan: prevention of dependency and addiction to opioids and avoiding chronic use[34]

✓ Primary goal is to ensure that the use of opioids results in a meaningful improvement of function and reduction of pain. Education is critical in order to avoid dependency and addiction.

✓ Employee and case manager need to stay in communication

✓ Clarify expectations of anticipated pain

✓ Case manager should interface with prescriber about medical standard for using opioids and revise according to a patient's history

✓ Encourage use of prescriber-patient agreements

✓ Program includes ongoing compliance monitoring, including routine UDT

✓ Avoid transition from acute to chronic use of opioid medications

**Opportunity for intervention through Prescription Benefit Managers (PBMs)** There is an opportunity within the Prescription Benefit Manager's technology to deploy a variety of "flags" when prescription medicine abuse or misuse is occurring. The following list can help employers evaluate where their PBM ranks in terms of potential versus actual management of opioid prescriptions and potential abuse:[35]

- Does the PBM provide information about total opioid drug spending and trends? Employers should have current and retrospective utilization data to evaluate how much the prescribers are using opioids, dose levels, and duration of therapy.

- Does your vendor have a flag for repeated attempts for "too early refills" that would potentially show non-compliance to the prescriber's recommendation? How early can opioid prescriptions be refilled?

- Are dose levels flagged, including morphine equivalents exceeding 120 mg per day? A high daily dose is associated with a greater risk of a fatal overdose.

- If "duration of therapy" limit is flagged, what is the process when an opioid prescription has changed during the course of treatment? Does the duration of therapy limit start over again?

- Is there a system flag when opioids are combined with other drugs, especially in combination with benzodiazepines (sedatives)?

- What is your PBM's process following historical review of opioid prescribing? How are high prescribers/outliers targeted and contacted?

- What occurs if the system shows an individual is seeing multiple physicians who are prescribing the same drug?

- How much power do the retail pharmacists have in choosing to override these system flags at the point of dispensing? Are these instances documented, and how are they handled?

- Who is monitoring whether retail pharmacists can, and are, accessing Prescription Drug Monitoring Databases (PDMPs) and how often are they being accessed?

- How cancer patients or other individual cases are handled if they fall outside system flags, and how is legitimate clinical use justified

Health and benefits providers are well aware of the opioid epidemic of abuse, dependency, addiction, and overdose. New and more aggressive strategies to intervene on opioid prescribing, dispensing, and utilization management will undoubtedly progress quickly. Employers are beginning to understand the limited use for opioid medications as a part of their benefit plans for injured workers, and the need to manage opioid use and claims more aggressively.[36]

# What's ahead?

**Fitness for duty and return to work**  In workers' compensation case management and return to work from medical leave, an organization is charged with determining whether an employee has the capacity to perform his or her job while taking a medication known to cause impairment. "Fitness for duty" and "'return to work" criteria vary, and there currently are no validated instruments, regulations, or guidelines for determining context-specific impairment due to prescription medications.[37] Further research is indicated here. Employers are advised to work closely with legal counsel and human resources to develop workplace policies around these issues.

**Conclusion**  The prescription opioid epidemic - overprescribing, misuse, abuse and overdose – is impacting the workplace. Evidence demonstrates serious risk to employees and substantial costs for employers.

Drug-testing policy and scope of testing are essential for employers to revisit. Drug abuse has changed. Employee prescription drug use needs to be addressed as part of Drug-Free Workplace Program. Education of employees, managers and supervisors will help build awareness around the nature of these powerful medications. Education also will help set expectations for employee responsibility should an employee be prescribed one of these drugs. Employers must clarify the terms and conditions for drug testing.

The medical research regarding the impact of these medications on injured workers is clear: long recovery times and more costly claims. Using benefit programs and prescriber intervention to track opioid use and prescribing patterns for workers' compensation claimants and other employees is critical. Drug utilization data continues to be an effective means for employers to evaluate employee health issues. Prescription drugs will continue to be a growing component of the healthcare benefit dollar.
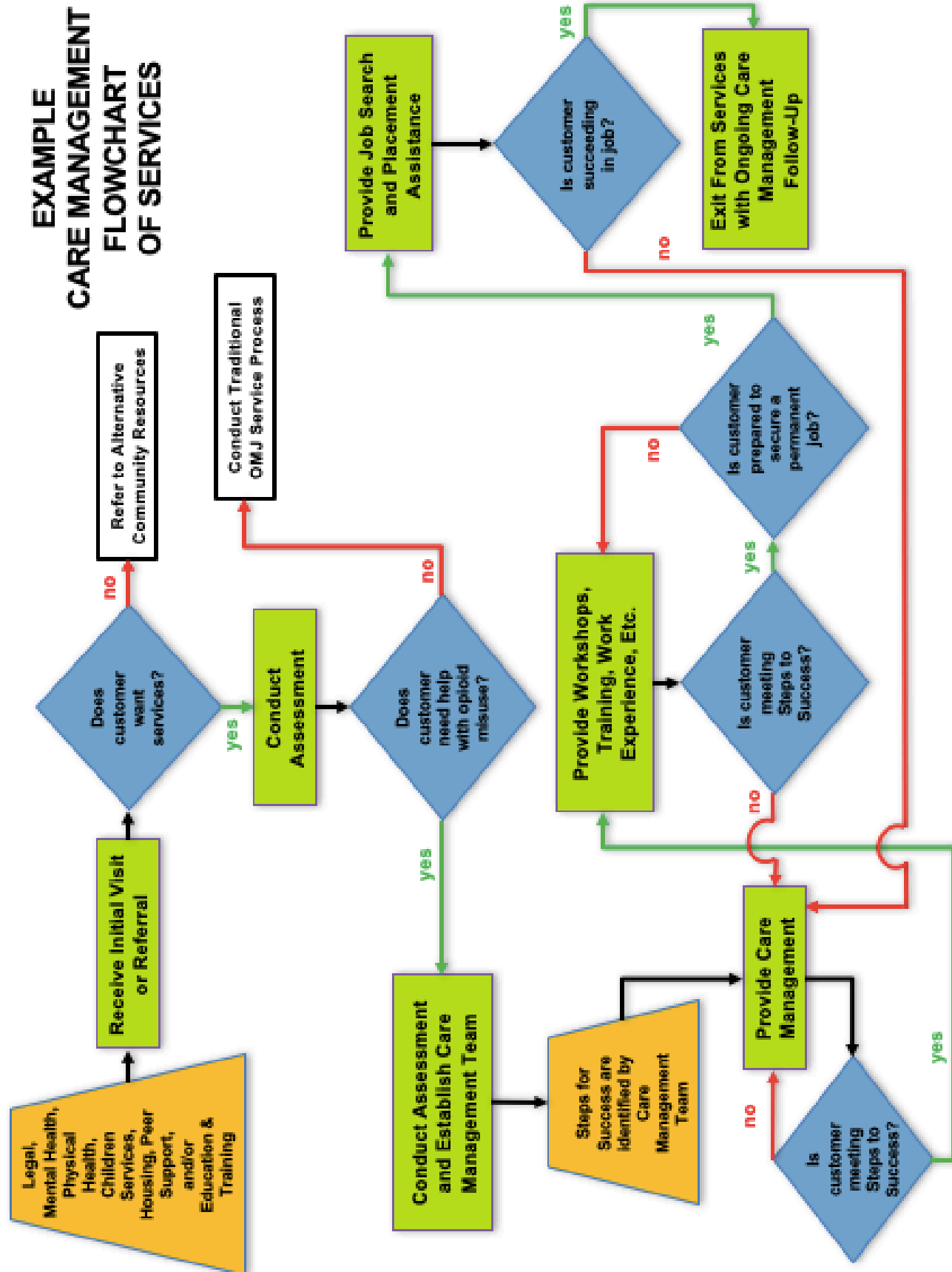
In the unfortunate circumstance where an employee finds that he or she is dependent upon or addicted to opioid painkillers, help needs to be clear and accessible. Employee-sponsored treatment is more effective than treatment encouraged by family or friends. Retaining an employee following successful treatment is good for morale and the company's bottom line.

Employers committed to safe and healthy workplaces have a responsibility to address the opioid epidemic. These employers can do so with strong employee policies, alliances with health benefits and workers' compensation plan providers, education, expanded drug-free workplace testing and access to treatment programs.

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# EXAMPLE CARE MANAGEMENT FLOWCHART OF SERVICES

Legal, Mental Health, Physical Health, Children Services, Housing, Peer Support, and/or Education & Training

Receive Initial Visit or Referral

Does customer want services?

Refer to Alternative Community Resources — no

Conduct Assessment — yes

Conduct Traditional OMJ Service Process

Does customer need help with opioid misuse? — no

Conduct Assessment and Establish Care Management Team — yes

Steps for Success are identified by Care Management Team

Provide Care Management

Is customer meeting Steps to Success? — no / yes

Provide Workshops, Training, Work Experience, Etc.

Is customer meeting Steps to Success? — no / yes

Is customer prepared to secure a permanent job? — no / yes

Provide Job Search and Placement Assistance

Is customer succeeding in job? — yes / no

Exit From Services with Ongoing Care Management Follow-Up

Dear <mark>NAME</mark>,

My name is <mark>YOUR NAME</mark> and I work for <mark>NAME OF YOUR ORGANIZATION</mark> that oversees the local OhioMeansJobs (OMJ) Workforce Centers.

**Each year we receive federal dollars to invest in workforce activities in our community. Our primary services include education, training, and job placement services. Currently, one of the biggest challenges we are facing is the opioid crisis and the negative impact that it is having on workers and businesses alike.**

We are interested in undertaking a variety of initiatives to help combat the situation, including preparing workers for jobs that help prevent and mitigate drug misuse; providing education, job training, and supportive services to individuals in treatment; and developing recovery-friendly workplaces that employ persons with substance use disorders.

We are reaching out to groups from the Legal, Mental Health, Healthcare, Children Services, Housing, Peer Support, and Education and Training systems to find out about what services may be readily available in our community as well as any critical needs that may be unmet.

We believe that your organization would be a valuable partner to us as we identify and develop our local plan of action and determine how to best invest our federal workforce funding to help combat the opioid crisis.

Therefore, on behalf of <mark>NAME OF YOUR ORGANIZATION</mark>, I would like to invite you to join our Opioid Response Workgroup. I will be contacting you in the next week to discuss our activities in more detail and to determine possible meeting dates that might work with your schedule.

In the meantime, please feel free to contact me at <mark>EMAIL ADDRESS</mark> or <mark>PHONE NUMBER</mark>.

Sincerely,


<mark>YOUR NAME</mark>