# Roundtable Reports

Opioid Epidemic and Planning APA Pennsylvania Chapter Conference October 15, 2018 Photos of the report out sheets are at the end of the typed copy.

Handouts and presentation available at <a href="https://drive.google.com/open?id=1Yw5Zi">https://drive.google.com/open?id=1Yw5Zi</a> Al0f-JWvOE5S24M8EfzzCkhibK

# Rural

- Partner Training
  - Awareness
  - Education
- How to respond and help
- Public education to Build support for treatment
- Publicize "Clean Events" for the recovery community to attend and volunteer at
- Make Nalaxone readily available
- Ensure ordinances are supportive of group/treatment housing
- Vacant housing registry
- Forensic case management in prisons before release
  - Substance abuse treatment in-house provider
- Social services subleases with conditions and oversight
  - Transitional housing that can become permanent
  - o PHFA Fair Housing Grant
  - Oil and Gas
  - County Sponsor
- Better job placement
  - o TREE-HAB
- Drug Court
- Transportation
- Facilitate Visits to successful counties and municipalities
- Opioid task force with broad representation
- Youth Development Task Force
- Partnerships with degree certificate programs
  - Certified Addiction Drug and Alcohol
  - Certified Recovery Specialists
  - Scholarships (40 hr & exam)
- DDAP on site
- Warm hand off
- Check Ordinances for spacing of supportive/transitional housing
- Education other aspects
  - o Reform skills
  - Self-esteem training
- Less Isolation > Sense or purpose
- Work with broken families

# Suburban

- Drug Task Force with support group for allies
- Amend the zoning ordinance to allow recovery houses as a conditional use
  - o 1000 feet from a school or daycare
  - Near transit access ideally
- Task Force/ Police Department/ EMS Communication with schools and use "handle with care" language with students affected by the crisis
- Task Force Members

# Urban

- Working with police to interview
  - ask about trends, hot spots, etc.
- Non-overdose situation: police response
- Connecting with community groups to provide tools
- Clean and green vacant lots
- Doctor: preventing overprescribing
- Social Worker/ intervention to education about opportunities to break the cycle.

#### **Prevention Programs**

Evidence based programs that provide youth with a strong foundation in the areas of decision-making and refusal skills when presented with opportunities to engage in risky behaviors. These programs are proven effective and encompass youth, their families, and their communities.

## Support Groups for Persons in Recovery and their families

Includes such groups as Narcotics Anonymous (NA), Alcoholics Anonymous (AA), Al-Anon (families) and Nar-Anon (families). Grass roots groups can be formed locally to increase awareness and reduce the stigma of addiction. Faith-based programs such as Celebrate Recovery are offered through some churches.

#### School Social Workers

Often a luxury in many districts, Social Workers are key players in helping educators support positive youth development, address mental health issues, focus on crisis prevention in youth who have experienced trauma or are living in "toxic" environments.

#### **Forensic Case Management**

Trained professional who meets with inmates scheduled to be released from prison to assess his or her service needs and eligibility. The goal is to connect the individual with services that will lead to successful reintegration. The Forensic Case Manager makes referrals, files necessary paperwork, assists with discharge planning and works with the Probation Department on behalf of the individual.

#### **Drug Task Force/Coalitions**

Membership includes stakeholders from all parts of the community, i.e., healthcare, law enforcement, faith-based organizations, court system, human services, prevention specialists, persons in recovery, educators, elected officials, treatment providers, etc. Purpose of the collaborative is to maintain active communication, avoid duplication, increase awareness, and identify needs and determine how/who best to address them.

### Naloxone (Narcan) Training

Hands-on training to correctly administer Naloxone to someone who has overdosed on opioids. Reverses the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness.

Narcan is available without a prescription in 46 states. Federal and State funding has also been made available to fund Narcan for Emergency Responders.

#### Safe Medication Disposal/Medication Disposal Units

DEA offers 2x yearly an Rx Take Back Day where residents can drop off unused prescription medications for proper disposal. Diverts potential abuse of medications and keeps medications from entering drinking water sources. Medication Disposal units are installed in local Police Departments or Sheriff's Offices for year-round access by residents.

### Access to Affordable, Safe Housing

A stable living environment with basic human needs allows a person with an addiction to focus on recovery. A permanent address is often required for employment, a driver's license, or needed services. Demonstrating a safe and stable living environment is needed for children placed in foster care as a result of a parent/parents addiction to be allowed to return home.

### Youth Mentoring Programs (Big Brothers Big Sisters/Big Buddies/Bigs in Blue)

Evidence based youth mentoring programs where at-risk youth are paired up with an adult, a high school student (in school only), or a law enforcement officer. Interactions result in improved grades, family interactions, and less participation in risky behaviors.

# **Job Training/Employment Opportunities**

Access to jobs that pay a living wage and/or job training programs that prepare residents to gain employment in entry-level positions. Earning money (as opposed to receiving support) reduces stressors, improves personal outlook, both of which increase the odds that his/her recovery will be successful.

### **Reliable/Affordable Public Transportation**

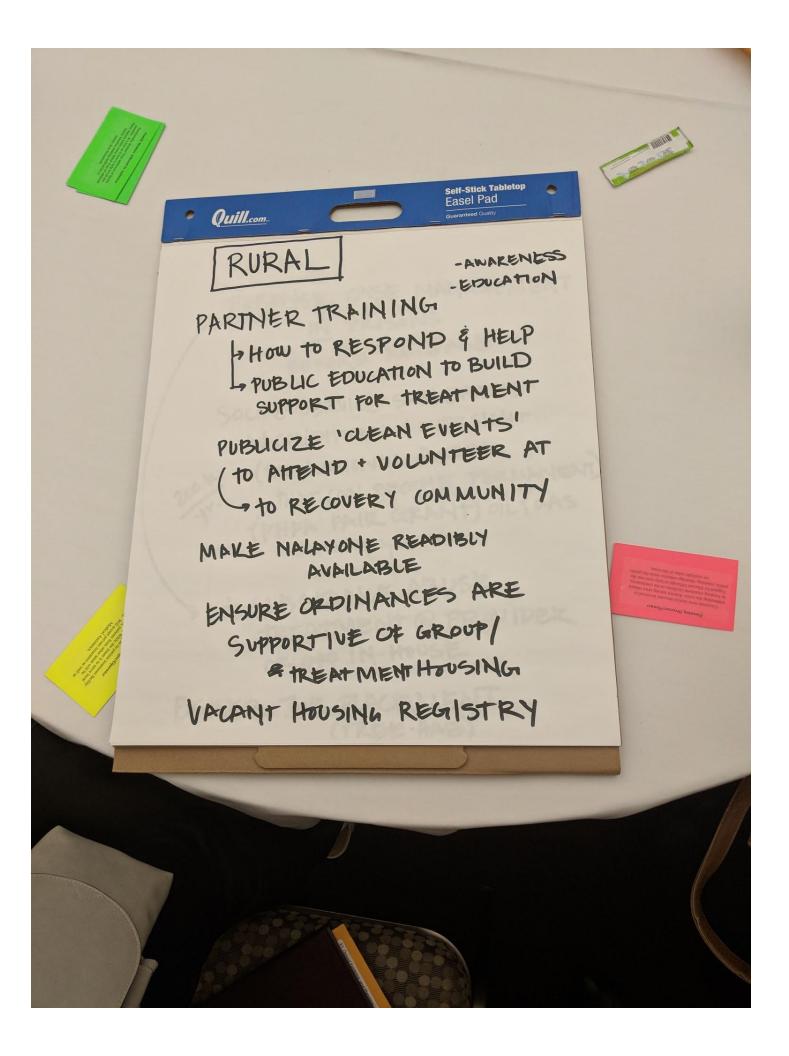
Critical for those having suspended licenses, can't afford a car, don't have family or friends that can provide rides, but need to attend support group meetings, counseling sessions, Drug Court, child visitation, work, medical appointments, etc. Rural areas experience great difficulty in providing adequate, affordable transportation options.

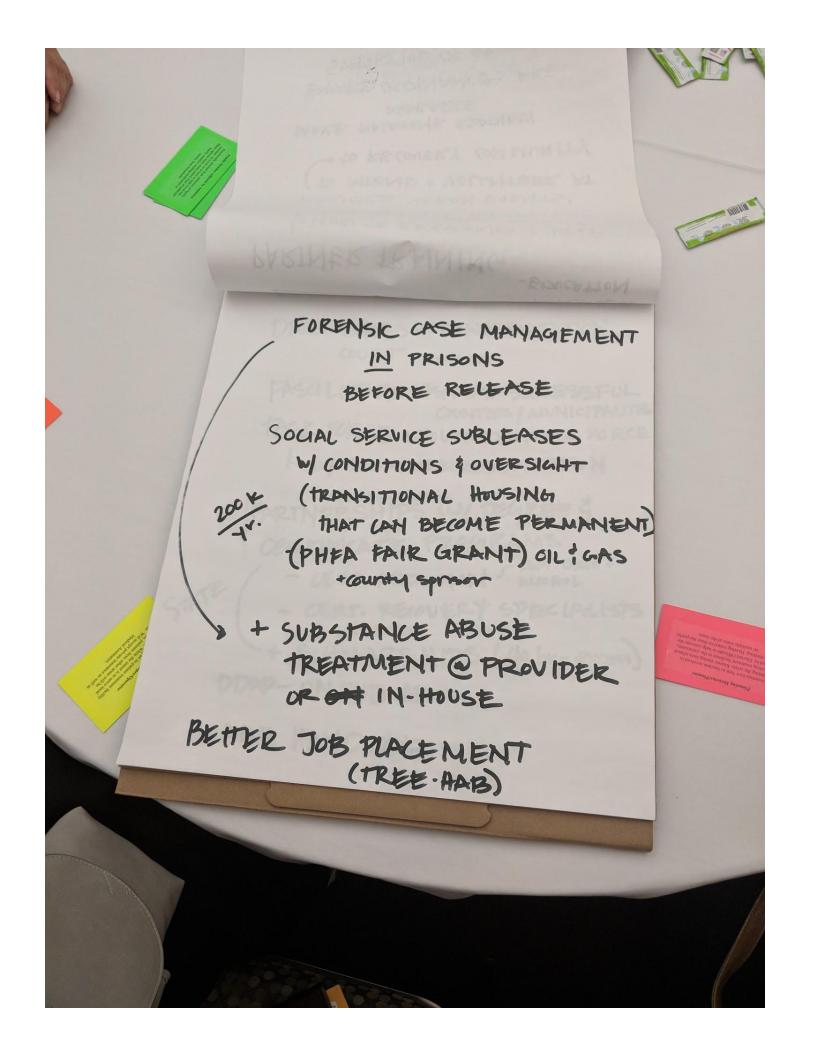
#### **Warm Hand-Off Process**

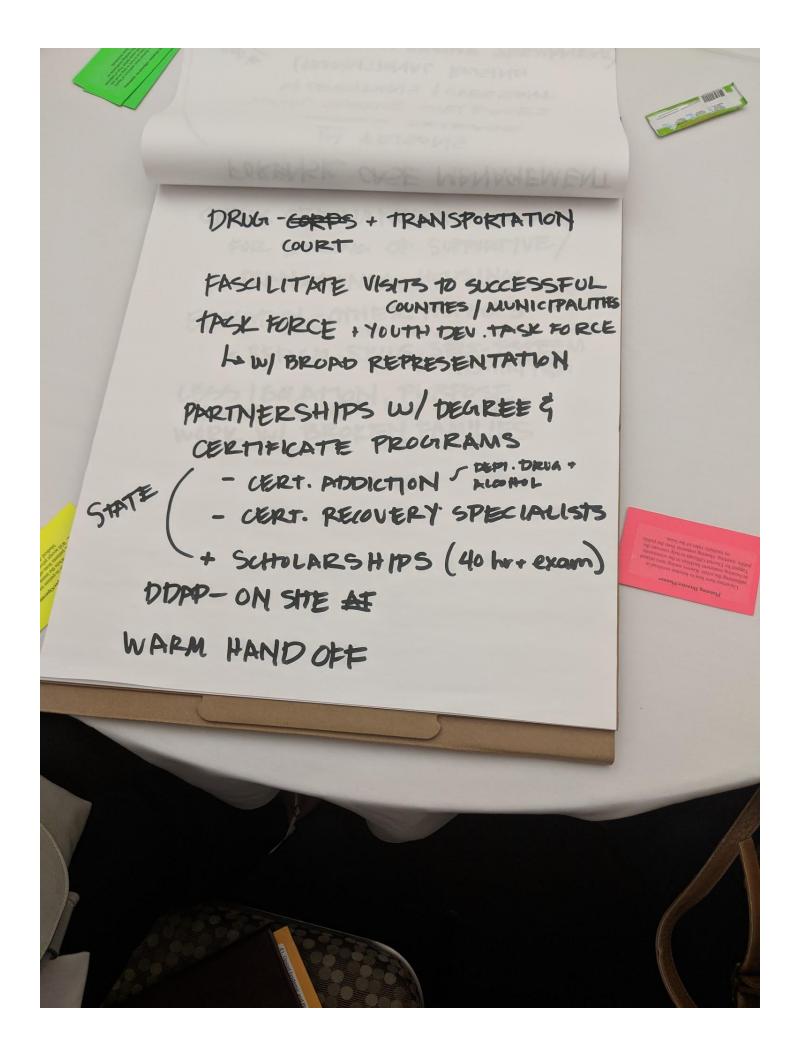
Patient who was successfully revived from an overdose in the Emergency Department enters treatment immediately. ED personnel work closely with providers to secure a treatment bed and/or immediate outpatient counseling until in-patient treatment can be secured.

#### **In-Patient Treatment**

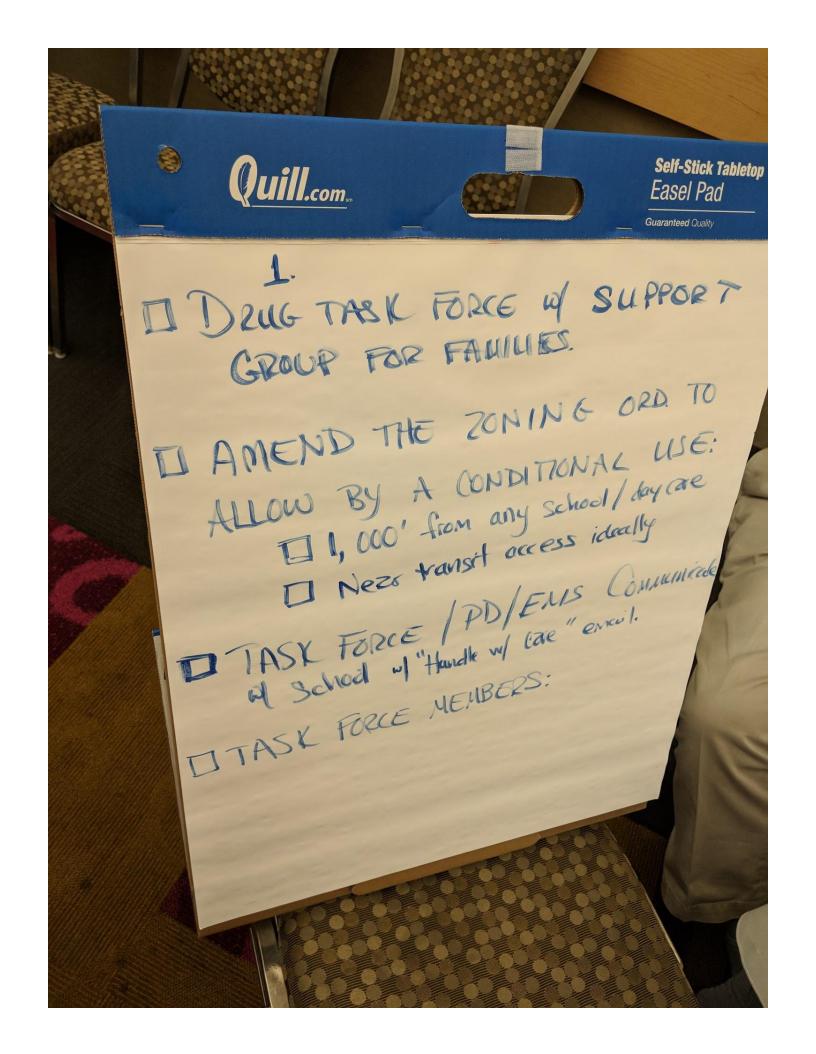
Inpatient rehab is a residential treatment center where patients reside for various lengths depending on their program. The average stay is 30 days. Having 24-hour supervision, intensive care, and access to treatment are some of the major benefits of inpatient rehab, as they increase the chance of recovery. Another benefit of inpatient rehab is the change in scenery for the person in recovery. Treatment is paid by private insurance, private pay, or Medicaid.







CHECK ORDINANCES FOR SPACING OF SUPPORTIVE/ TRANSITIONAL HOUSINGS EDUCATION - OTHER ASPECTS - REFOSM SKUS, SELF-ESTEEM LESS I BOLATION, PURPOSE WORK WI BROKEN FAMILIES



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- working with volice - intervene bout trents, hat spots, etc. - Won- Werdise Situation: police response - Comecting with community groups -> tooks · clean green vacant lots · doctor: preventing werprescribing - social worker/intervention to educate about tooks opportunities to break cycle