The Heroin HopeLine
How Unique Partnerships Enhance Access to Care
Introduction

• Terry L. Smith, Executive Director, OneCity Against Heroin

• Lindsey Ervin, LPN, CDCA, Team Lead, Heroin HopeLine

• Darcy Lichnerowicz, LPCC-S, Director of Operations, Beckett Springs

• Tiffany Lombardo, LISW-S, LICDC-CS, Associate Executive Director of Addiction Services, Butler County Mental Health & Addiction Recovery Services Board
Our Collective Goal

- Goal of Today’s Presentation
- Goals for the Partnership
- Goals for our clients – connection with the right resource, regardless of politics, community demands, barriers in access, stigma, or financial implications.
OneCity Against Heroin was started by a passionate and concerned group of citizens attending Crossroads Church in Mason. It is a unique partnership of business executives, community leaders, church leaders and municipalities dedicated to bringing business discipline to best practices in recovery. Its primary focus is to provide hope and a path to long-term care and recovery for people suffering from substance use disorder and their families in the Greater Cincinnati area.

2014

Selected Heroin epidemic as focus for OCAH’s efforts and fundraising. Hired Dr. Jill Gomez to help better understand the landscape and potential solutions; lack of Care Navigation & Recovery Housing rose to the top.

2015

Held 1st Fundraiser bringing in $265,000 to support our mission. Hired first Care Coordinator and launched Heroin HopeLine to drive awareness about accessing care across Warren, Clinton and Butler Counties. Leveraged partnership with Judge Peeler & Talbert House to bring Drug Court to Warren Co.

2016

Moved Care Coordinator partnership to Beckett Springs Hospital. In partnership with the City of Middletown established the 2nd Quick Response Team in the State of Ohio.
OneCity Against Heroin

2017

Held 2nd fundraiser totaling $300,000
In partnership with Butler, Warren and Clinton County Boards added 2 Care Coordinators
Purchased and began renovations on home in Warren Co., and identified Sober Living as our Operating Partner

2018

Held 3rd fundraiser totaling $335,000
Added four more community QRT’s
King Home opens July 1

2019

Added 4th Care Coordinator
Planning expansion into surrounding counties
Heroin HopeLine Care Coordination

Lindsey Ervin, LPN, CDCA

Heroin HopeLine Team Leader

- First Care Coordinator with a phone and a job description
- Took it to the streets with little direction or support
- Connection with Middletown Fire Department, Captain Dave VonBargen...and that’s where it all started!
- Connected with police department and court system
  - Made sense from a safety and volume perspective
- Needed more boots on the ground and hired more people for cross-county coverage
- Additional support for the growing team
Beckett Springs
Darcy Lichnerowicz, LPCC-S
Director of Operations

- Hospital model
- Rationale for involvement
- Staffing implications
- Ongoing support and structure of team and investment
- Hotline operation
- Benefits of involvement in partnership
- Challenges of involvement in partnership
MHARS Boards
Tiffany Lombardo, LISW-S, LICDC-CS
Associate Executive Director of Addiction Services

• How the BC board played a role in the formation and growth
• Why the BC board chose to help the CC program expand
• Impact on the community
What Does a Care Coordinator Do?

1. Guide those suffering from substance use disorder and their families through the confusing network of treatment and recovery
2. Work within the court systems, jails, law enforcement & ED’s to meet clients where they are
3. Continue to stay in touch until they are ready for treatment, building relationships and trust
4. Participate with 6 Quick Response Teams in Butler & Warren County
5. Follow clients through treatment to plan for safe housing and continued treatment after release
6. Provide wrap-around services
   - Transportation, identification, health insurance, clothing, etc.
7. Collaborate with existing professional and grassroots organizations whose primary goal is to assist individuals in overcoming substance use disorders.
   - Coalitions, task forces, staff meetings at treatment centers, court hearings/meetings, roll call at police stations, etc.
8. Collect data using the Cordata system to track progress of client engagement and their journey through the continuum of care and recovery.
A Day in the Life of a Care Coordinator
Outcomes

2017

- 1,475 individual clients and families served by care coordinators
  - 722 referred from hotline and other network referral points
  - 724 referred from QRTs
- 498 individual clients and families connected to treatment (34%)
  - 320 were referrals from Heroin HopeLine network of connections
  - 178 were QRT referrals

2018

- 1,784 individual clients and families served by care coordinators
  - 1,074 referred from hotline and other network referral points
  - 710 referred from QRTs
- 639 individuals connected to a treatment program (36%)
  - 352 were referrals from Heroin HopeLine network
  - 287 were QRT referrals
Financial Support & Management

- Funding models

- Started as a split model with each organization contributing specific amounts to fund portions of FTE’s and Beckett Springs in-kind contribution

- Shifting to a pooled funding model, which will allow for greater fluidity across county lines and easier dispatch of staff, based on need

- Considerations for organizations who support the care coordinators
Community Impact and Opportunities

The Heroin HopeLine Model allows for...

• Enhanced partnership with atypical bedfellows (churches, court systems, law enforcement, treatment centers, grassroots organizations, for-profit businesses, governmental funders, etc.)

• Addition of care coordinators for broader reach

• Focus on underserved areas, as the ‘hotbeds’ have stabilized (to a degree)

• Deepening relationships with ED’s, faith communities, and newer treatment centers

• Additional financial partners for sustainability outside of major/small donor networks and board funding
Points to Consider for Replication

- Ownership of program – behavioral healthcare providers versus other industries

- Implications of having team embedded in a treatment center with service provision versus an organization that does not benefit from referrals

- Funding by FTE versus pooled funding, when multiple funding sources are contributing
Questions???

Feelin cute, might talk you into rehab idk