

CONSORTIUM CHRONICLE

NEWSLETTER



On July 17, WellLink Health Alliance and the Northeast Ohio Opioid Consortium hosted a Roundtable Forum on the Future of Pain Management. This forum included an educational seminar on the latest information regarding non-opioid treatment for acute pain as well as a panel discussion regarding chronic pain management and the clinician/patient relationship featuring findings from the recent WellLink report, “[Understanding Experiences of People with Lived Experience Who Use Opioids to Manage Chronic Pain](#).” The recordings from the session are now available on the Opioid Consortium’s [Opioid Education Series](#) site.

State / Local Updates

Cuyahoga County will provide funding to expand and strengthen behavioral health services

Cuyahoga County will allocate \$7 million from the Opioid Settlement Fund to support the construction of a new behavioral health crisis center. A first-of-its-kind facility in Cuyahoga County, the facility will provide urgent mental health and addiction care in Cleveland’s Central neighborhood. The investment, pending Cuyahoga County approval, represents a key milestone in a partnership between Cuyahoga County, the Alcohol, Drug Addiction & Mental Health Services (ADAMHS) Board of Cuyahoga County, and The Centers.

The facility will serve as a critical entry point for individuals in crisis to receive immediate, compassionate, and coordinated care. It will provide crisis stabilization services, detox services, and connections to long-term treatment, helping reduce reliance on emergency rooms and the criminal justice system for behavioral health needs.

The new crisis center will be open 24/7 year-round to adults, 18 years and older. An onsite behavioral health urgent care will support youth and adults. The new facility is designed to serve thousands of individuals, providing a full continuum of behavioral and physical health services in one location.

The \$7 million investment comes from the County's share of national opioid settlements, ensuring that funds from the epidemic are reinvested directly into treatment, recovery, and prevention strategies.

Cuyahoga County Announces Expansion of Mental Health Crisis Response Program

On July 9, Cuyahoga County Executive Chris Ronayne joined City officials, public safety professionals and first responders announced the expansion of the County's Mental Health and Substance Abuse Crisis Response Program into the communities of Parma and Parma Heights. The program will embed full-time social workers with police and fire departments to improve the response to those suffering from a mental health or substance abuse crisis.

If approved by Cuyahoga County Council, the County will commit \$3.5 million from the Opioid Mitigation Fund to continuing to develop the Mental Health and Substance Abuse Crisis Response Program county-wide.

The Cuyahoga County Mental Health and Substance Abuse Crisis Response Program is based on the model initiated by Shaker Heights in 2022, and expanded to serve Cleveland Heights, University Heights, Richmond Heights, and South Euclid in 2024. Since expanding, this First CALL (Crisis Assistance and Local Linkage) program has been used in response to over 2,000 calls for service, for situations involving mood disorders, substance use, trauma, suicide in progress, physical health, and psychosis.

Cuyahoga County's Department of Public Safety & Justice Services aims to expand the Mental Health and Substance Abuse Crisis Response Program countywide over the next five years, creating locally led programs that respond to the unique needs of each community and maximize local resources.

New Regional Behavioral Health Workforce Coalition Toolkit and Interactive Tool Launches

The Mental Health & Addiction Advocacy Coalition (MHAC) announced the launch of two groundbreaking resources designed to strengthen Ohio's behavioral health workforce: an interactive career pathways tool called BHEACON and a comprehensive Regional Behavioral Health Workforce Coalition (RBHWC) toolkit. This toolkit will empower regions across Ohio to establish and maintain effective workforce coalitions, providing structured guidance, best practices, and practical resources for building sustainable cross-sector partnerships that address local behavioral health workforce challenges. Click [here](#) to access the toolkit

Save the Date: "The Right Dose" to help prevent accidental drug overdose – 9/23/25 10:00-3:00 PM

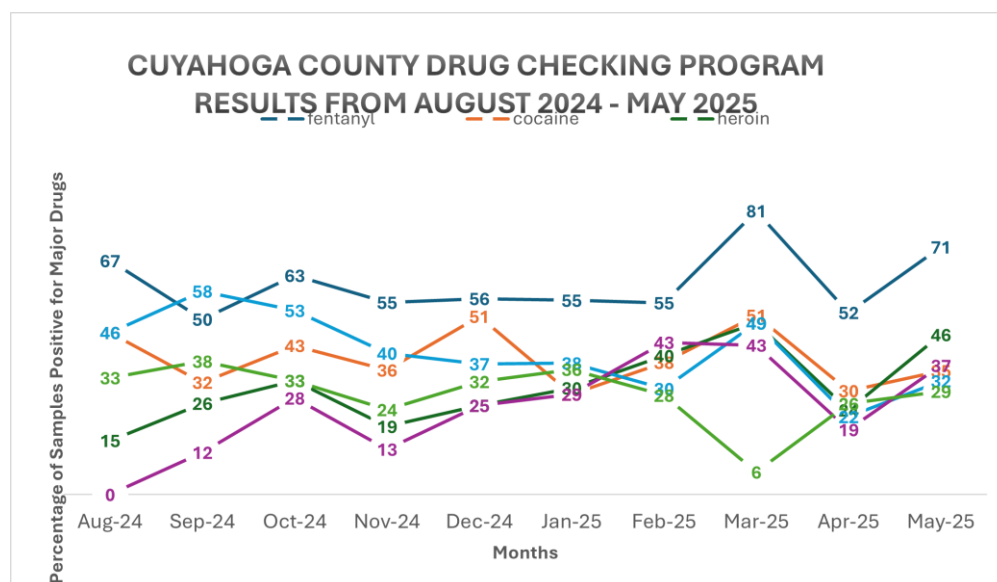
"The Right Dose" is a community-based accidental drug overdose awareness program developed by MACC (Multi-Ethnic Advocates for Cultural Competence), which is headquartered in Columbus, Ohio. This program is specifically focused on the fastest growing segment of our population who is most at risk of accidental drug overdose - Adults over the age of 65. This FREE event will take place on Tuesday, September 23, at Case Western Reserve University's Tinkham Veale University Center Ballroom from 10 a.m. - 3 p.m. It will feature a fireside chat, medical safety workshops, community roundtables, naloxone training, and of course - plenty of food, refreshments and networking opportunities.

LOCAL SPOTLIGHT: The Cuyahoga County Pilot Drug Checking Program

The Cuyahoga County Pilot Drug Checking Program began testing used syringes from local Syringe Service Programs (SSP) in August of 2024 through funding from The Centers of Disease Control and Prevention (CDC). The Cuyahoga County Board of Health and Cuyahoga County Medical Examiner's Office run this program in collaboration with MetroHealth System, The Centers, and Case Western Reserve University. *The image below* depicts the results of 568 syringes tested in the first 10 months of the program.

Over the 10 month period, Fentanyl and/or fentanyl analogs (i.e. flouro-fentanyl, carfentanil etc) were present in over 55% of the samples in the testing period. Xylazine, a non-opioid veterinary sedative was found in about 50% of the samples at the beginning of this program, and has now decreased to about 30% of samples. There has been an steady increase in samples testing positive for Medetomidine from 0% to 37%. Medetomidine, also veterinary sedative similar to Xylazine, which causes long-lasting sedation, low heart rate and prolonged withdrawal symptoms. Cocaine holds steady in testing positive in 31% of samples. On average, one syringe contains 5 different drugs that include major drugs and adulterants.

As only <5% of all syringes submitted to SSPs are tested under this program, the results of the program are not representative of the drug supply or drug use in Cuyahoga County. However, the Pilot Drug Checking Program serves as a tool to identify emerging drugs and the changing trends in the local drug supply. The program also plans to start testing used pipes to expand the types of samples tested by the program beginning September of this year.



Policy & News Updates

HALT Fentanyl Act on President's Desk for Signature

The HALT Fentanyl Act, recently passed in the House and Senate heads to the President for Signature, which would permanently classify street versions of fentanyl as Schedule I substances. The drug has been temporarily classified as such since 2028.

Senate Companion to House Passed SUPPORT Act Introduced

Congress is moving to increase the number of opioid-overdose reversal drugs available to save lives. The House included a provision in the renewal of the SUPPORT Act that was passed in the House last month, a landmark law Congress first passed in 2018 to fight opioid use. On Thursday, Sens. John Cornyn (R-TX) and Maggie Hassan (D-NH) introduced companion legislation to update HHS regulation and opioid grant guidance to be “molecule-agnostic.”

The House bill and its Senate companion would both require that any regulation or guidance for opioid grants makes reference to all FDA-approved drugs to reverse opioid overdoses.

Besides naloxone, which is available over the counter as a nasal spray, the FDA has approved nalmefene to reverse opioid overdoses. Indivior makes the nalmefene nasal spray Opvee, which is available with a prescription. The company published a study last year showing intranasal nalmefene [substantially reduced the incidence of cardiac arrest](#) in a person experiencing overdose compared to intranasal naloxone.

Sen. Cornyn indicated that the ability to use other molecular agents will help first responders save more lives by expanding access to new, life-saving overdose reversal medications.



July is National Minority Mental Health Awareness Month

Founded in honor of author and advocate Bebe Moore Campbell, this month raises awareness of the unique mental health challenges faced by racial and ethnic minority communities. It's a time to uplift voices, break stigma, and promote access to culturally competent care. Explore Mental Health America's [BIPOC Mental Health Toolkit](#) to learn more about mental health in BIPOC communities.

ASAM Provides Recommendations to Make SUD Treatment Accessible as Part of National Drug Control Strategy

As the Office of National Drug Control Policy (ONDCP) finalizes its 2026 National Drug Control Strategy, ASAM offered several recommendations to remove barriers to SUD treatment, including:

- Promote the financial sustainability of addiction treatment services
- Work with the US Department of Justice to increase access to buprenorphine for opioid use disorder (OUD) by establishing a non-punitive approach for related suspicious order reporting requirements

[Read the letter and full recommendations.](#)

[Who's Policing Opioid Settlement Spending? A Crowdsourced Database Might Help - KFF Health News](#)

Billions in opioid settlement money was meant to be spent on treating and preventing addiction — but what happens if it's misspent? Some advocates say attorneys general need to pay closer attention. If they don't, a new tool might empower the public. (Aneri Pattani, 7/11)

Pain in the Nation 2025: The Epidemics of Alcohol, Drug, and Suicide Deaths

Join Trust for America's Health (TFAH) for a national webinar and congressional briefing on our recently released report, [*Pain in the Nation 2025: The Epidemics of Alcohol, Drug, and Suicide Deaths.*](#)

TFAH's *Pain in the Nation 2025* report found that over 200,000 Americans died from alcohol, drugs, and suicide in 2023. While this marks a decline from 2022, deaths remain more than double what they were two decades ago. The report highlights improvements in alcohol and drug-related mortality, but disparities persist. Only white Americans saw a drop in overdose deaths, and rates of such deaths remained highest in communities of color. Furthermore, while the reported data represents real progress, current and potential federal funding cuts, public health workforce reductions, and proposed federal agency reorganizations could undermine it.

Please join us as we discuss steps policymakers should take to sustain the progress in reducing drug, alcohol, and suicide deaths and to ensure the

improvements are experienced in all communities. The briefing will include time for Q&A from the audience. Register [HERE](#)

[The New York Times: China Tightens Controls On Fentanyl But Calls It A U.S. Problem](#) China has strengthened controls on two chemicals that can be used to make fentanyl, its latest step in addressing an issue that has become tangled in its broader trade dispute with the United States. The Trump administration has accused Beijing of not doing enough to stem the flow of fentanyl, a powerful synthetic opioid, into the United States, where it kills tens of thousands of Americans each year. Earlier this year, the administration cited the issue as it imposed tariffs totaling 20 percent on Chinese goods. (Pierson and Bradsher, 6/25)

New Buprenorphine for OUD Labels Clarify Higher Doses Appropriate for Some Patients

Suboxone and Zubsolv have modified their labels to clarify that there is no maximum daily dosage. This follows the FDA's December recommendation that transmucosal buprenorphine product labels be updated to address misperceptions of a daily maximum dose of 16 or 24 milligrams. Learn more [HERE](#).

[“The Joint Clinical Practice Guideline On Benzodiazepine Tapering.”](#)

This FDA commissioned guideline represents a diverse collaboration of ten medical and professional societies, including ASAM, and aims to help clinicians help patients safely taper their benzodiazepine medication ([Journal of General Internal Medicine](#)).

One of the most notable aspects about this guideline is how centered it is to the patient experience. Individuals with lived experience were closely involved in the Guideline's development and an emphasis on heterogenous presentations is evident throughout ([Journal of General Internal Medicine](#))

The Guideline is also thoroughly detailed. It starts with careful consideration of the risks and benefits, provides strategies for the tapering process, and troubleshoots some of the most challenging scenarios. There's even a bit of refreshing self-awareness as the authors acknowledge the consequences if clinicians misinterpret the spirit of this scientific document ([JAMA Network](#)).

And even though the Guideline is comprehensive, the work doesn't end here. ASAM has developed a number of resources, from webinars to pocket guides, with more content expected soon ([Medscape](#)). In fact, the only thing missing would be another joint clinical practice guideline but this time on initiating and continuing benzodiazepines.

Access to Treatment for Opioid Use Disorder: Highlights from Recent FORE Grantee Publications

Over the last five years, FORE-funded researchers have published nearly 60 journal articles that advance our understanding of how policy and practice shape access to prevention, treatment, and recovery supports for people with opioid use disorder (OUD).

To bring more attention to their work, FORE has launched a new series of data briefs. The first, released on July 22, captures key findings from five studies that examined opportunities and efforts to broaden access to medications for opioid use disorder (MOUD) such as buprenorphine via mental health clinics, primary care offices, pharmacies, and emergency departments.

The studies shed light on why — despite evidence of MOUD's effectiveness and an expansion of insurance coverage enabled by the Affordable Care Act — [fewer than one in five people](#) diagnosed with OUD received some form of MOUD in 2023.

Building on surveys, focus groups, and analyses of data from electronic medical records and medical claims, the authors identify key provider-, facility-, and system-level factors that enhance or inhibit patients' access to MOUD in these settings. Among other important findings, they were able to capture:

- The extent to which publicly funded mental health clinics in states with high overdose rates offer MOUD to patients;
- The benefits of removing prior authorization requirements and enhancing payment to primary care clinicians as a means of increasing MOUD prescribing;
- How prescribing or treating patients with buprenorphine in the emergency department increases treatment engagement; and
- How staff perceptions of prescribers, patients, and MOUD effectiveness shape decisions to dispense MOUD in rural pharmacies.

Taken together, their work suggests new pathways for supporting health care systems in establishing or expanding their capacity to deliver MOUD. The studies also point to the need for new strategies to communicate the effectiveness of medications like buprenorphine and methadone in reducing overdose deaths. [Read Full Data Brief](#)

Training Opportunities

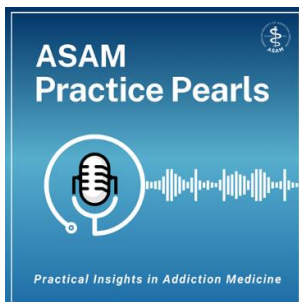
Treatment of Alcohol Use Disorder Course

This introductory course provides an overview of the diagnosis and management of alcohol use disorder, with a focus on treatment in both inpatient and outpatient settings. ***This course fulfills the DEA-required SUD education. 4 CE | Self-Paced***

Register [HERE](#)

Treatment of Opioid Use Disorder Course

This course covers treating opioid use disorder by using interactive, case-based learning to teach evidence-based practices and also provides the required education needed to prescribe buprenorphine. ***This course fulfills the DEA-required SUD education. 8 CE | Self-Paced*** Register [HERE](#)



ASAM Practice Pearls: June Episodes

Tune into ASAM Practice Pearls for engaging conversations on addiction prevention, treatment, and recovery.

Hear from leading experts as they dive into timely topics and share actionable tools to support patient care and improve public health.

- **June 12, 2025:** [Engaging and Retaining Young People in OUD Treatment: Making the Wish Come True](#)

- **June 19, 2025:** [Sickle Cell Disease: Intersection of Pain and Addiction](#)

Free ASAM Education on Pain Management & Opioids

Learn evidence-based strategies for managing pain and opioid use disorder with a [1.5-hour course](#) and [video series](#) covering [communication](#), [patient education](#), [pain types](#), and [patient-centered treatment planning](#).

PCSS-MOUD Podcast: Why Language Matters in Documentation

[Listen Now!](#)

In this episode, we dive into why language in client and patient records matters—and how it can shape care experiences. We explore practical ways to use non-stigmatizing language in health records and discuss the role of electronic health record (EHR) in shaping documentation. Who designs these systems, and how can they be improved? We also examine real-world case scenarios where stigmatizing notes have had lasting impacts on individuals. Whether you're a provider, policymaker, or advocate, this episode offers insight into making health records more respectful, equitable, and aligned with patient-centered care.

Sponsoring organization: [Association for Multidisciplinary Education and Research in Substance use and Addiction \(AMERSA\)](#)

The Ohio Substance Use Disorders Center of Excellence (SUD COE) at Case Western Reserve University's Jack, Joseph, and Morton Mandel School of Applied Social Sciences invites practitioners to deepen their understanding of substance use disorder (SUD) treatment. We are pleased to offer a series of training programs designed to equip professionals with the latest and most effective strategies in SUD treatment.

Family Grief and Loss Experiences Following Unintentional Lethal Overdose

The stigma of unintentional overdose death may cause intense shame and secrecy along with a multitude of various emotions that may slow the process of healing and acceptance of loss. According to recent literature extended family and friends often offer less support than to those who die from natural causes and therefore may project onto the family members that they are somehow less deserving of sympathy and tend to blame the deceased for the family's distress. Critical comments and social avoidance can increase the burden and isolation on families and illuminate the secrecy and shame experienced. This [new training on](#)

July 25 will use the literature to discuss grief complexities and the negative impact of stigma.

"A new Clinical QuickNote was just released: [Treating Opioid Use Disorder During Pregnancy and the Post-Partum Period](#)

This newest addition to our Clinical QuickNote series is designed to provide clinicians with a concise, evidence-based approach to Opioid Use Disorder (OUD) during pregnancy and the postpartum period. Opioid use and OUD continue to be public health issues that negatively impact individuals, families, and communities. Women of reproductive age are not exempt from experiencing OUD, and when it occurs, the results can be devastating for both mother and baby. Pregnancy may serve as a unique opportunity that motivates women with OUD to engage in treatment they previously had not considered. This QuickNote emphasizes the need for identification and treatment of OUD in pregnant and postpartum women and provides resources and principles to help providers provide evidence-based, collaborative treatment for the benefit of both mother and child.

Also, check out the SUD COE website for [free trainings](#) (with CEUs!) in August, as well as a wealth of [other resources](#)."

CWRU Opioid Response Network (ORN) Trainings

[Opioid Response Network \(ORN\) Trainings | Center for Evidence-Based Practices | Case Western Reserve University](#)

The ***Opioid Response Network's (ORN)*** mission is to reduce overdoses and address opioid and stimulant use disorders, and play a key role in tackling the current epidemic. For more information, go to www.OpioidResponseNetwork.org and learn how you and your organization can make a request for free training and education.



California Bridge has an online academy with many valuable resources. Their Navigator Training resources are foundational and provide entry level education to explain many different topics.

[Learn more here.](#)

Other Resources

Educational Resources Available WellLink

- [Igniting Compassion Documentary](#)
- [Igniting Compassion Shorts](#)
- [Opioid Consortium Education](#)
- [Naloxone Toolkit](#)
- [A Clinician's Guide: Dental Consequences of MOUD + Solutions](#)
- [Clinicians Guide: on Xylazine Wound Management](#)
- [A Clinician's Guide: The Intersection of Human Trafficking and Substance Use Disorders](#)
- [NEO Opioid Consortium - Beyond Narcan: Treating Opioid Use Disorder in the Field](#)
- [Opioid Roundtable: Using Collaboration to Address the Opioid Crisis in Northeast Ohio](#)
- [NEO Opioid Consortium Education Series: Effective Communication with Individuals with SUD](#)
- [NEO Opioid Consortium Education Series: Appreciative Approach: From Medical Dominancy to Relational Recovery](#)
- [NEO Opioid Education Series: Demystifying Buprenorphine Treatment in the Outpatient Clinic Setting](#)
- [NEO Opioid Education Series: Harnessing Health IT to Strengthen Opioid Stewardship](#)
- [Previous Issues of The Consortium Chronicle Newsletter](#)

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