

Consortium Chronicle NEWSLETTER

Registration is now open for our May 8 webinar! Click [HERE](#) to register and see flyer below for details.



Northeast Ohio Opioid Consortium
**EDUCATION
SERIES**

Harnessing Health IT to Strengthen Opioid Stewardship: Insights from the CHIME Playbook

Join the Northeast Ohio Opioid Consortium for an engaging session focused on the critical role of health information technology (IT) in combating the opioid crisis. We are pleased to welcome Dr. Sean Kelly, who will provide an overview of the CHIME Opioid Stewardship Playbook 2.0 — a national guide for healthcare leaders to leverage data and technology in addressing opioid use disorder (OUD). Drawing from his clinical experience and expertise in health IT strategy, Dr. Kelly will share practical insights on how hospitals, health systems, and provider networks can apply the playbook's recommendations to enhance patient safety, support clinical decision-making, and improve outcomes for individuals affected by OUD.

Participants will gain:

- ✓ An understanding of the CHIME Playbook framework and key strategies.
- ✓ Perspectives on integrating technology and clinical workflows to advance opioid stewardship.
- ✓ Practical examples and lessons learned from across the country.

This event is open to healthcare professionals, IT leaders, clinical teams, and community partners interested in using technology as a tool for prevention, treatment, and recovery in opioid use disorder.



About the
Speaker

Dr. Sean Kelly, MD

**Assistant Professor of Emergency Medicine, Harvard Medical School
Attending Physician, Beth Israel Lahey Health
Co-Chair, Clinical Advisory Subcommittee, CHIME Opioid Task Force**

Dr. Sean Kelly is the Chief Medical Officer (CMO) and Sr. VP of Customer Strategy for Healthcare at Imprivata, where he leads the company's Clinical Workflow team and advises on the clinical practice of healthcare IT security. In addition, Dr. Kelly practices emergency medicine at Beth Israel Lahey Health and is an Assistant Professor of Emergency Medicine, part time, at Harvard Medical School. Trained at Harvard College, University of Massachusetts Medical School, and Vanderbilt University, Dr. Kelly is board certified in Emergency Medicine and is a Fellow in the American College of Emergency Physicians.

Join us
May 8
Noon - 1:30 p.m.



Registration is required. Please scan the QR code or [click HERE](#) to register.

If you need further assistance, please email rachael.sommer@chanet.org or call 330.635.8047.



Local Data, Local Partners, Local Solutions

This event is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of the Overdose Data to Action: LOCAL (CDC-RFA-CE-23-0003) award. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.



neohospitals.org



ICYMI: Access the recording of our March 20 Webinar!

NEO Opioid Education Series:
Demystifying Buprenorphine Treatment in the Outpatient Clinic Setting

Click the video to the left to watch or access link [here](#).

State / Local Updates

OSAM Ohio Substance Abuse Monitoring Network

Surveillance of Drug Use Trends
in the State of Ohio
June 2024



June 2024 OSAM Drug Trend Report Available

[https://med.ohio.gov/apply-and-renew/licenses-and-certifications/03-respiratory-care-\(rc\)](https://med.ohio.gov/apply-and-renew/licenses-and-certifications/03-respiratory-care-(rc))

The aim of the Ohio Substance Abuse Monitoring (OSAM) Network is to conduct drug use surveillance throughout Ohio and report on new and emerging substance use patterns every six months. Data for this current Drug Trend Report were collected from January through June 2024.

Access report [HERE](#).

Join us for **Ohio's 2025 Mental Health & Addiction Conference: Advancing Care in Communities** on June 9-10 at the Hyatt Regency in downtown Columbus, OH. With an anticipated attendance of approximately 1,200, OACBHA is pleased to continue to expand on the successes of our prior conferences and continues to have a broader focus on addressing mental health and addiction topics. This 15th annual, two-day conference will

focus on efforts related to mental health and addiction prevention, education, intervention, treatment, recovery, family supports, community engagement, and more. The conference will help advance the resources and knowledge essential for communities to provide support to those in need. *Igniting Compassion* will be a session with a screening and reactive panel. Register [HERE](#).

CCBH Releases Latest Overdose Surveillance Bulletin

The newest overdose surveillance bulletin is available under the Data Reports section on the dashboard page here: <https://ccbh.net/overdose-data-dashboard/>. Cuyahoga County Board of Health (CCBH) is open to feedback on the bulletin, site, or other surveillance products too. Contact: Samantha Smith, MA, MS, Data Analytics Supervisor at CCBH, ssmith@ccbh.net

New Opioid Treatment Program Rules in Effect

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) submitted changes and added new rules to [Ohio Administrative Code \(O.A.C.\) 5122-40](#), which governs Opioid Treatment Programs (OTP) in Ohio. These new and modified rules went into effect on January 31, 2025. These updated rules will allow for OTPs to better serve their cliental through a person-centered, supportive treatment environment that promotes recovery, engagement, and trust. See CCS summary - [New opioid treatment program rules in effect in Ohio](#)

Governor DeWine Announces Leadership Transition at RecoveryOhio

Ohio Governor Mike DeWine announced on April 7 that Aimee Shadwick, director of [RecoveryOhio](#), has taken a new role in the private sector. Shadwick, who has led the initiative since January 2022, will step down on April 9, 2025. Governor DeWine has appointed Erin Reed, current assistant policy director of the Governor's public safety policy team, to serve as the next director of RecoveryOhio. Reed's start date is April 10, 2025. Reed has served in the Governor's Office since 2023, focusing on public safety initiatives including efforts to reduce overdose deaths, expand reentry programs, and support first responders. She previously worked on criminal justice and behavioral health policy in state government.

About RecoveryOhio

Created as one of his first official actions upon taking office, Governor DeWine's RecoveryOhio initiative is dedicated to unifying state and local efforts to address substance use disorders and mental health challenges. RecoveryOhio works to expand prevention efforts, increase access to treatment, provide support for families and communities, and strengthen law enforcement partnerships to address illicit drug activity. Visit RecoveryOhio.gov to learn more.



LOCAL SPOTLIGHT: The Centers WinMAT Clinic

5209 Detroit Avenue, Cleveland, OH 44102

[216-325-WELL](tel:216-325-WELL)

WinMAT redefines the approach to addiction treatment by offering same-day evaluation and personalized treatment plans, ensuring that help is available when it's needed most—without the barriers of wait times or pre-treatment requirements.

We understand the urgent need for accessible and effective treatment options, and WinMAT provides a comprehensive range of medication-assisted treatments (MAT), including Suboxone, Sublocade, and Vivitrol.

Policy & News Updates

HHS extends opioid public health emergency

HHS Secretary Robert F. Kennedy Jr. Tuesday renewed the public health emergency on America's opioid crisis on March 18, days before it was set to expire on March 21. The 90-day renewal gives the secretary expanded authority to respond, including making grants, entering into contracts, and conducting and supporting investigations into the cause, treatment, and prevention of opioid use disorder.

HHS has relied on the declaration to collect information, expedite pilot projects on treating addiction, and support research on treatments, the department said in a statement. HHS declared a public health emergency on opioids in October 2017 during President Donald Trump's first administration. The CDC estimates more than 72,000 people died of a drug overdose the year preceding that date.

Fatal drug overdoses continued to rise, hitting a record of more than 114,000 in the year preceding August 2023 as another public health emergency, the Covid-19 pandemic, swept the nation. Illicit forms of fentanyl, a synthetic opioid used in hospitals for anesthesia, caused the spike. But the number of deadly overdoses has decreased recently — down by a quarter in the year ending in October 2024, when an estimated 84,000 people died.

Pending Cuts to Federal Agencies Concerns Behavioral Health Advocates

Public health advocates are concerned that potential staff cuts at HHS' Substance Abuse and Mental Health Services Administration (SAMHSA), which manages billions of dollars in grants for opioid prevention and treatment, could harm progress against fatal overdoses. SAMHSA, which has a \$7.2 billion budget, oversees vital services such as the 988 National Suicide and Crisis Lifeline, opioid addiction treatment programs and mental health grant funding. It also provides training for nonprofits and state agencies and monitors federal grant spending. The agency's work has been credited with helping slow the rise in overdose deaths.

At the Centers for Disease Control and Prevention (CDC), some managers have been told to expect cuts handed down from the department that could result in up to 30% of the Atlanta-based agency's staff being let go. From the end of January to mid-February, the Administration took offline some CDC webpages and froze external communications, including its widely read Morbidity and Mortality Weekly Report epidemiological digest. The webpages that were removed included CDC public health reports and datasets. After a court order, some agency information was restored, at least for now. But even temporary disruptions to CDC communications could have big ripple effects as this information is relied upon by state and local health departments, hospitals, university researchers, and others. Panels of experts that advise the CDC on key health threats could also be in jeopardy. Also known as advisory committees, the panels provide the CDC with outside-expert guidance for its diverse array of public health recommendations. Pending cuts to Medicaid, the program that helps cover medical costs for people with low incomes, could also harm progress, as 4.6 million Americans rely on it to pay for substance use disorder treatment.

Carter Tapped to Lead Office of National Drug Control Policy director

Trump announced the nomination of Sara Carter, a Fox News contributor, to be the next Office of National Drug Control Policy director. "Sara is an Award Winning Journalist, who has been on the front lines of this International Fight for decades," Trump said in a Truth Social post. "From Afghanistan to our Border, Sarah's relentless pursuit of Justice, especially in tackling the Fentanyl and Opioid Crisis, has exposed terrorists, drug lords, and sex traffickers. As our next Drug Czar, Sara will lead the charge to protect our Nation, and save our children from the scourge of drugs."

DEA, HHS delay implementation of buprenorphine final rule until Dec. 31

The Drug Enforcement Administration (DEA) and Department of Health and Human Services (HHS) announced that the effective date for the final rule regarding telemedicine prescribing of buprenorphine will be further delayed until Dec. 31. The original effective date was Feb. 18 before the first delay to March 21. The agencies decided to delay the implementation of rules to review any questions of fact, law and policy. The waiver provisions outlined in the third extension of telemedicine flexibilities for prescribing controlled substances will remain in effect to waive in-person visit requirements through Dec. 31. Once implemented, the final rule for the telemedicine prescribing of buprenorphine will enable practitioners to prescribe a six-month initial supply of Schedule III-V medications to treat opioid use disorder via audio-only telemedicine interaction without a prior in-person evaluation.

AHA comments on DEA proposed rule on special registrations for telemedicine prescribing

The American Hospital Association (AHA) [commented](#) on the Drug Enforcement Administration's [proposed rule](#) for special registrations for telemedicine prescribing of controlled substances on March 18. The proposal outlines three types of registration for providers to replace in-person visit requirements prior to virtual prescribing of controlled substances, as well as a state registration for every state in which a patient is treated by the special registrant. The DEA also proposed that providers be required to review prescription drug monitoring programs in all 50 states and territories after three years.

The AHA expressed support for the concept of a special registration process replacing in-person requirements before the prescribing of controlled substances, but it also noted concerns that the current proposal would be inefficient and unnecessarily burdensome.

The AHA recommended a streamlined process enabling prescribers to register as part of the existing licensure framework, among other recommendations.

The AHA also urged the DEA to provide at least a one-year pre-implementation period after the rule is finalized to ensure practitioners can appropriately prepare for changes.

HALT Fentanyl Act Sails to Passage in the Senate and on to President for Signature

In March, The Senate passed the [HALT Fentanyl Act](#), 84-16, which would permanently classify street versions of fentanyl, the killer synthetic opioid, as Schedule I substances. The deadly and addictive drug has been temporarily classified as such since 2018.

The House passed its version of the legislation in February, 312-108. The two chambers now have to resolve minor differences before the legislation goes to Trump's desk. Passage of the legislation early on in the GOP's new governing trifecta signaled how the majority party sees cracking down on the opioid and fentanyl epidemics as a political winner and top policy priority. Republicans have often framed the issue in the context of needing to beef up border security to stem the flow of illegal drugs into the United States.

The legislation is also bipartisan. Thirty Senate Democrats voted for the HALT Fentanyl Act, while in the House back in February, 98 Democrats voted in favor. But many other Democrats had complaints that the proposal would lean too heavily on law enforcement and exacerbate what they see as a mass incarceration crisis.

FORE Awards \$2.1 Million to Four Organizations Pursuing Innovative Approaches to Prevention, Treatment, and Workforce Development

FORE announced four new awards on March 27, 2025, totaling \$2.1 million, to organizations that are addressing systemic barriers to effective treatment and recovery — including workforce shortages and a dearth of programs tailored to the distinct needs of people at highest risk of overdose. The grants support efforts to expand and sustain peer support networks and culturally grounded treatment models. They also advance novel approaches to workforce development and training.

FORE launched its Innovation Challenge program in 2022 to support new solutions to some of the most difficult issues related to the opioid and overdose crisis.“ FORE funded projects included:

- **HELP USA, Inc.**, a national homeless services provider, is developing a counselor and peer support program that serves unhoused individuals with opioid use disorder (OUD) living in HELP-operated transitional housing. The initiative will train staff as counselors and residents as peers in New York City's Wards Island shelters to facilitate access to treatment, harm reduction, and recovery supports. Credentialed staff will run support groups, while shelter residents trained as recovery peers will provide one-on-one support. The peer mentors will receive stipends for their contributions, helping to create a sustainable support system driven by people with lived experience.
- The Bowen Center for Health Workforce Research at **Indiana University School of Medicine** is developing a national framework for training, credentialing, and sustaining the behavioral health and substance use paraprofessional workforce. Through a 50-state survey, key informant interviews, and labor market analysis, the initiative will provide actionable recommendations for standardizing education, regulations, and reimbursement models across states.
- The Center for Indigenous Health at **Johns Hopkins University** will work with the Lakota Equine-Assisted Therapy program to tailor its program to the needs of Indigenous adolescents and young adults at risk for or in recovery from OUD. Up to 30 youth from the Crow Creek Sioux Tribe in South Dakota will participate in weeklong camps that integrate equine therapy with traditional healing practices, such as drumming and storytelling. Johns Hopkins will evaluate the model's impact on mental health, resilience, and cultural engagement and explore ways of scaling the program.

- **The Agency for Substance Abuse Prevention (ASAP)** will expand its Faith-Based Support Specialist (FBSS) training in partnership with state health departments and faith-based organizations. The two-day training program equips faith leaders with the knowledge and tools to better support individuals with substance use disorders and connect them to local resources. ASAP will continue offering the training in Alabama while initiating expansion into new states.

[Read Full FORE Press Release](#)

What's New in Opioid Settlement Spending? (From NASHP)

Now over two years into the process of spending the millions of dollars awarded from various opioid-related lawsuits, several themes have emerged as priorities for state opioid settlement spending, including an increase in transparency across spending decisions and support for community-led strategies to fight the overdose crisis. NASHP's tracker, [State Opioid Settlement Spending Decisions](#), keeps a pulse on state-level settlement funding and priorities, as well as additional details on each state's unique decision-making and spending processes.

Check out the recent updates to the tracker, which reflect new state opioid settlement decisions, as well as the [blog post](#), which further highlights key priorities and state innovations in settlement spending for 2024 and early 2025.

HRSA Rural Communities Opioid Response Program Grantee Recognized as "Innovation Tank" Winner

HRSA Rural Communities Opioid Response Program (RCORP) Grantee, Summit Healthcare Association, was the "Innovation Tank" winner at a competition of peers held during a 650+ participant gathering of HRSA's RCORP in Washington, DC earlier this month. The grantee was selected by fellow RCORP grantees for their creative and replicable strategies to address substance use disorder in their rural communities. Learn more about the RCORP program and current funding opportunities.

Training Opportunities

Free Four-Session Course Helps with MOUD Implementation in Your Practice

[Register now](#)

The PCSS-MOUD Exchange (PCSSMOUD-X) is a four-session course focused on the implementation of prescribing medications for treating opioid use disorder (MOUD) in a variety of healthcare settings. PCSSMOUD-X is intended for an interprofessional audience. Prescribers with frontline experience prescribing MOUD and developing clinic workflows will be available during all four sessions to answer participants' questions and discuss real-world cases. Sessions are *not* recorded. Sessions are weekly, Wednesdays, 3 pm: two remaining on April 16 and April 23.

Go [here](#) to learn more about the upcoming sessions.

Buprenorphine Implementation: Addressing Common Challenges in Hospital and Clinic Settings

This 1-hour online course is designed for clinicians involved in the treatment of opioid use disorder (OUD). Using case-based learning, participants will explore real-world scenarios where common clinical, patient-related, legal/regulatory, cost/insurance, and organizational barriers arise. Register [HERE](#).

Topics addressed include:

- Differences in managing buprenorphine treatment for opioid use disorder in hospital and clinic settings.

- Recognizing common challenges related to clinical care, patient management, regulatory compliance, and organizational barriers in buprenorphine treatment for OUD in hospital and clinic settings.
- Applying practical strategies to overcome these challenges in both hospital and clinic settings.

[Additional Education Resources](#)

This comprehensive collection of educational materials on buprenorphine treatment provides key insights and practical strategies for navigating challenges, enhancing treatment approaches, and supporting informed clinical decision-making.

- **Microlearning Videos**
 - [ASAM Clinical Tips: Best Practices in Prescribing Buprenorphine](#)
- **Downloadable Guides**
 - [Extended-Release \(XR\) Buprenorphine Formulations and Shared Medical Appointments: Enhancing OUD Treatment Success](#)
- **Podcast Series**
 - [ASAM Practice Pearls: Advanced Buprenorphine](#)

Pain Management & Opioids: A Patient-Centered Approach

On-Demand Course

This 1.5 hour on-demand course provides evidence-based education on pain management and opioid use disorder (OUD). This course covers the pathophysiology of pain, patient assessment, creating patient-centered pain treatment plans, nonpharmacologic pain management options, and strategies for managing patients on opioid analgesics.

This course meets many states' opioid education requirements and complies with the FDA's Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS) education requirements as outlined in the October 2023 "Blueprint". The **target audience** includes a broad range of primary care providers, physicians, nurse practitioners, social workers, nurses, pharmacists, and PAs. Learners should have some clinical experience in treating patients with new or existing pain and in utilizing basic communication skills.

Learning Objectives:

Upon completion, learners will be able to:

- Recognize the origin(s) and types of pain as they relate to pain management and opioid use disorder (OUD).
- Fully assess persons experiencing pain, including risk for OUD.
- Develop safe and effective pain management plans using nonpharmacologic and pharmacologic (non-opioid or opioid) options.
- Partner with patients to reduce risks when taking opioid therapy.

REGISTER [HERE](#)

SUD COE Adds New Tools for Practitioners

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 has added five new tools for practitioners to its website. Each resource is available for free download:

- Basic facts of Contingency Management – This informative sheet outlines what Contingency Management is and what it is not.
- Implementation readiness checklist booklet – This booklet provides an essential checklist of factors for agency consideration when implementing evidence-informed practices.

- Motivational Interviewing reminder card – This tool provides a useful check to ensure providers are practicing Motivational Interviewing effectively.
- Readiness for change ruler – The Readiness Ruler is a helpful tool to support the use of Motivational Interviewing (MI).
- Stage-based decision guidelines for integrated treatment – This booklet provides guidance for clinical care based on an individual's stage of change.

Be sure to also check out the SUD COE's training calendar for a full schedule of upcoming trainings and events. Click [HERE](#) for these important resources.

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. See www.OpioidResponseNetwork.org for more information and learn how you and your organization can make a request for free training and education.

ADAMHS Board Spring Training Institute

The following trainings are offered as part of the ADAMHS Board Spring Training Institute.

- **Leading with Emotional Intelligence:** April 9 from 1 p.m.-4:15 p.m.
- **The Adverse Childhood Experiences and Its Application to Traumatic Grief:** May 13 from 1 p.m.-4:15 p.m.
- **Responding to Addiction 101: Training for Communities:** May 20 from 10 a.m.-12:30 p.m.

View our [full calendar of meetings and trainings](#).

CWRU Opioid Response Network (ORN) Trainings

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



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 from The Center

- [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](#)

[Previous Issues of The Consortium Chronicle Newsletter](#)

This newsletter is supported by the CDC OD2A LOCAL Grant to the Cuyahoga County Board of Health.



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