

Description of the Issue

Hamilton County is situated at the southernmost tip of the state of Ohio, bordering Kentucky and Indiana. The United States Census Bureau estimates that as of July 1, 2021, 826,139 residents lived in the county with the following demographic data: 67.6% White/Caucasian, 26.6% Black/African American, 3.6% Hispanic/Latino, 2.9% Asian with the remainder identifying as two or more races; 51.7% female and 48.3% male; and a median household income of \$59,190.

- Beginning in 2012, overdose deaths began to skyrocket in Hamilton County. In 2017, the numbers reached all-time highs with Hamilton County seeing the accidental drug overdose death count rise to 570.
- Of the 2021 overdose death decedents in Hamilton County, 76% had a history of incarceration at the Hamilton County Justice Center.
- The number of new Hepatitis-C cases rose from 705 in 2009 to 1685 in 2019, the 2nd highest in Ohio.
- In 2021, the Hamilton County Coroner's Office reported that Hamilton County suffered 454 overdose deaths and continues to witness 50-70 non-fatal overdoses per week across the County.

As the opioid epidemic worsens, the Hamilton County Justice Center (HCJC) has unintentionally become the largest detox facility in Hamilton County, with 6,000 individuals detoxing in the Hamilton County Justice Center annually. For that reason, the County of Hamilton on behalf of the Hamilton County Sheriff's Office (HCSO) is seeking priority consideration 1(A) for the Bureau of Justice Assistance's FY 22 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Grant Program for a program

titled the Education Medication Support Initiative (EMS). The plan to respond to the priority consideration can be found on page 11 of the proposal narrative. Several of our partner agencies have demonstrated a commitment to this effort by providing letters of support from the following sectors of our community as included in **Attachment 1**, Letters of Support:

- Congressional Representatives and Senators
- Hamilton County and City of Cincinnati Leaders
- Law Enforcement
- Treatment Providers
- Private Foundations

The HCJC has created a medication assisted treatment pilot program for incarcerated individuals suffering from substance use disorder (SUD). The pilot program was launched November 1, 2021 and is known as the “EMS” (Education Medication Support) program. Currently, the HCJC’s medical staff, provided by NaphCare, performs urine drug screens to persons admitted to the jail to identify those with substance use disorder (SUD). The pilot program received start-up funds from the National Institutes for Health (NIH) HEALing Communities Study. Individuals that were prescribed buprenorphine for SUD prior to incarceration are continued on the medication during incarceration. Individuals experiencing withdrawal symptoms are monitored at least every twelve hours by medical staff. Ibuprofen, Zofran, bentyl, Keppra, valium (ETOH protocol), buprenorphine (opiate protocol), clonidine, Mylanta, Imodium, folic acid, thiamine, multivitamins, IV fluids (as needed and ordered), and Tylenol may be prescribed for withdrawal symptoms. Individuals that are interested in participating in the pilot program submit a self-referral request to NaphCare. The referrals are then submitted to the Addiction Services Council (ASC)’s treatment staff for screening.

Since 1949, the Addiction Services Council (ASC), formerly known as the Alcoholism Council of the Cincinnati Area, has focused on a wide range of programs that serve adults, children, adolescents, families, women, older adults, and persons with co-occurring substance abuse and mental health disorders. ASC has continued to expand its ability to provide information, referral, assessment, and linkage for appropriate care to clients over the last seven decades. In July 2003, the Recovery Health Access Center (RHAC), a 24/7 phone helpline 513.281.RHAC (7422) was established at the ASC staffed by trained professionals to help navigate the path to lifelong recovery for thousands of individuals. As such, the ASC has extensive experience providing linkage services in the community. ASC aims to help free our community from the disease of addiction, alcohol or drug abuse and dependence.

The ASC currently provides outpatient SUD and prevention services, including group and individual counseling, family counseling, 24-hour telephone response, peer support, and mobile engagement. The ASC has been a CARF-accredited outpatient substance use disorder treatment facility since 2015 and is a registered 501c3 organization.

Self-referral requests are forwarded to treatment staff within ten days of the initial request. Within three business days of receiving the referral, ASC treatment staff complete a screening to determine eligibility for participation in the program. The ASC's treatment staff uses an adapted version of the Tobacco, Alcohol, Prescription medication, and other Substance use tool as its primary diagnostic assessment instrument. The TAPS Tool consists of a 4-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs, followed by a substance-specific assessment of risk level for individuals who screen positive. First, an individual is screened by either the ASC's peer navigator or its licensed chemical dependency counselor. The primary screening tools used by ASC staff are the Drug Abuse Screening Test

(DAST-10) and the Alcohol Screening Questionnaire (AUDIT). After eligibility is determined, the individual is assessed utilizing the full TAPS tool. The assessment is then forwarded to NaphCare's medical team. NaphCare's medical team utilizes the following screening and assessment tools: COWS: Clinical Opiate Withdrawal Scale, CIWA: Clinical Institute Withdrawal Assessment (for alcohol), and CIWA-B: Clinical Institute Withdrawal Assessment for Benzos. Please refer to **Attachment 2** for the ASC Screening and Assessment Tools. The individual is visited by the physician or nurse practitioner within 3-5 business days and, if appropriate, is inducted on medication. The ASC provides ongoing counseling, peer support, and linkage services to the individual while incarcerated and arranges community treatment services upon release. For individuals that are not appropriate for program participation based on the results of the screening/assessment, peer navigators visit these individuals, provide peer support services during incarceration, and provide information and referrals to community-based treatment centers upon release.

Approximately 6,000 individuals experience detoxification symptoms related to substance use within the HCJC annually. An estimated 5% of these individuals currently receive treatment outside of withdrawal management treatment while incarcerated. The low service number is large part because prior to the launch of the EMS pilot, HCJC did not do MAT induction. HCJC would only prescribe buprenorphine for inmates that were receiving the medication prior to incarceration. Since the launch of the EMS pilot in late 2021 through May 17, 2022, 174 individuals have been screened for SUD and 75 individuals have been assessed. The NIH HEALing Communities Study funds expire on June 30, 2022. If HCSO does not receive the Bureau of Justice Assistance's FY 22 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Grant Program award, inductions at the HCJC

will cease. The disruption in services would halt the great progress HCSO had made to improve treatment and recovery support services for people with substance use disorders during their incarceration and upon reentry into the community.

Currently, the only on-site SUD treatment and recovery support services available within the HCJC are the services provided through the EMS program. As a result of being a pilot, this program has a maximum capacity of thirty-two participants at any given time. An off-site jail-based treatment program through the Talbert House is available to inmates that qualify. The Talbert House program treats approximately 325 inmates annually. Services are prioritized for individuals suffering from SUD, pregnant females, and individuals that have not been connected to other jail-based or community treatment providers.

NaphCare is the HCJC's medical provider. NaphCare partners with local, state, and federal government agencies to provide healthcare, technology, and administrative solutions for complex problems within the correctional and justice systems. NaphCare's medical staff is currently only able to provide buprenorphine to individuals entering the HCJC that were prescribed buprenorphine *prior* to entering the facility **and** for the up to thirty-two individuals participating in the current EMS program. Vivitrol injections are available upon release for inmates that are placed on probation and are eligible for the Vivitrol program; however, Vivitrol is only available post-release and is administered at an off-site medical facility. Additionally, methadone treatment can be continued for pregnant female inmates already established on methadone treatment; however, these individuals are transported to an off-site medical facility for methadone administration. HCSO is seeking funding to increase screenings by 50% to serve 600 inmates annually, or 1,800 inmates over the course of the three-year project. Additionally,

the EMS program will increase medication assisted treatment (MAT) inductions by 15% to 138 inmates annually, or 414 inmates over the course of the three-year project.

Inmates that are parents with minor children and pregnant/postpartum women are identified during the medical and substance use assessment processes. When these individuals are identified, the ASC's peer navigator educates these individuals about the available community treatment providers that target parents and pregnant/postpartum women. The First Step Home, a treatment center for pregnant women and women with minor children, is able to screen individuals during incarceration and plan for admission to the facility immediately upon release. The "Off the Streets" program also provides parenting and case management services to at-risk women, is able to screen individuals during incarceration, and helps plan for admission to the facility immediately upon release. The ASC peer navigator is able to transport individuals directly to these facilities upon release. Outpatient treatment services are also available. Individuals are provided with resources for treatment agencies that offer parenting classes, resources for parents, recovery housing, and women's groups. The peer navigator assists individuals to access these treatment services and can provide transportation to initial appointments with outpatient treatment agencies upon release.

For individuals that have been assessed and have received SUD treatment while incarcerated, a release plan is created by the individual and the peer navigator prior to release. The appropriate community treatment provider for the individual is determined based on the individual's needs and preferences. Case management services are also provided by the peer navigator prior to release to remove any potential barriers to treatment such as lack of transportation, lack of supportive recovery housing, or lack of medical insurance. The peer navigator currently works with more than forty area treatment providers to ensure that every

individual receives the most appropriate community-based treatment to meet his or her individualized needs. An appointment with the community treatment provider is scheduled by the peer navigator in advance of release and the individual is given prescriptions for any medication needed prior to the scheduled appointment. Typically, a treatment appointment is scheduled on the day of release or within 24 hours of release and the peer navigator is able to transport individuals to initial treatment appointments upon release.

Unfortunately, because the inmate population at the HCJC is large, there is a lack of county funding for in-jail SUD treatment staff, and individuals are frequently admitted to and released from the facility within a matter of hours. For that reason, screening and assessment of individuals in need of treatment is limited. The current EMS pilot program has been successful in that many individuals are screened and assessed for SUD, are inducted on MAT, receive in-jail counseling and peer support, and are provided with linkage to community treatment providers upon release; however, expansion of the program is not possible without funding for additional treatment and medical staff. The proposed program would allow for a dedicated full-time registered nurse to oversee medication administration for SUDs in the facility, a full-time chemical dependency counselor to complete assessments and individual counseling, and two full-time peer navigators to assist with screenings, re-entry, and access to community-based treatment.

Program Design

In 2021, the Hamilton County Coroner's office reported 454 total overdoses deaths that occurred within the Hamilton County catchment area. Of those, 407 were Hamilton County *residents* that died of an unintentional drug overdose. Of the 407 decedents, 74% had a history at

the HCJC at some point in their lifetime. 52% had a history in the last five years and 18% in the calendar year 2021. Of the 302 decedents that did have a record at the HCJC, 35% of the individuals passed away within 365 days of being at the HCJC. These statistics highlight the need for intentional intervention and treatment services to ensure that inmates are offered quality MAT and community-based wrap around services upon re-entry.

The EMS program will address the “description of the issue” through a multi-faceted clinical approach that incorporates a screening and diagnostic assessment followed by both individualized counseling and recovery support services. Services will be provided on-site at the HCJC to incarcerated individuals. The primary diagnosis that will be considered for receiving of services is SUD, any modifier. There will be no demographic distinctions other than those without the previously identified SUD and those defined by the limitations of the incarcerated population within the HCJC. Partner agencies will provide the program’s treatment services. Behavioral health clinical services will be provided by the ASC and medical services will be provided by NaphCare. Treatment services will be facilitated by a licensed counselor (LCDC II, LPC, MSW or above) while recovery support services will be provided by a peer with lived experience who holds a CDCA or above license.

Participants will be identified, recruited, and thereby matched with appropriate services through a screening process conducted by the treatment and recovery services providers; substance use history, treatment history, legal charges, self-report, and coordinated information exchanges with designated partners will all be utilized as determinants of the participant’s eligibility for the program. Based on the participant’s identified level of care, assigned to them upon completion of the diagnostic assessment, the participant will be matched with services of either counseling, recovery support, or both.

As previously mentioned, the assessment tool that is used is an adapted version of the Tobacco, Alcohol, Prescription medication, and other Substance use tool. The TAPS tool consists of a 4-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs, followed by a substance-specific assessment of risk level for individuals who screen positive. This assessment will occur once the participant has been flagged as an eligible participant and the eligible participant has expressed an interest in the program. This assessment will be completed by the appointed licensed counselor from the ASC. Additionally, Hamilton County's Pretrial Services Department will complete an Ohio Risk Assessment System (ORAS) assessment to determine criminogenic needs for program participants.

The licensed counselor will work with the participant to develop a case plan based on their assessment results and the goals as determined by the treatment provider and by NaphCare's medical provider. The case plan will define both the goals and the milestone objectives needed to accomplish those goals. This case plan will be revisited with regularity to assess the efficacy of the participant's treatment regimen. The services rendered to participants of this program will occur inside the HCJC. Designated clinical space will be provided to the clinical staff and program participants and will be done so in a manner that maintains staff safety whilst also being as conducive a therapeutic environment as can be created and maintained within a criminal justice setting.

This program utilizes MAT for program participants. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose. This

program will utilize a cognitive behavioral therapy (CBT) approach to address ineffective thinking styles and cognitive errors whilst also providing individuals with the coping strategies needed to successfully manage their maladaptive thoughts and associated feelings that come along with those thoughts and the symptoms of SUDs. All of this will be delivered through individual counseling sessions where our licensed counselor will work to build rapport using Rogerian methods of establishing therapeutic alliances as well as supply participants with the space needed for skills acquisition, new-knowledge assimilation, and the processing and practicing of implemented cognitive skills.

Case plans will be written in a way that assumes participant transition to the community and will specify steps needed to be taken in order to ensure continuity of care is achieved. This will be accomplished through the coordination of multiple treatment and housing providers as well as family supports. Ongoing care will be coordinated by ASC staff before release. Recovery support staff will perform duties in a way that assists program participants logistically with their transition, including transportation to the initial community treatment provider appointment (residential or otherwise) upon release. Regular check-ins will be facilitated by ASC staff post-release. Corrections staff and service provider staff share relevant information through weekly program meetings and through routine email and telephone communications.

The baseline recidivism rate for the HCJC is 81% with an 82% recidivism rate for females and an 80% recidivism rate for males. This rate was calculated using the number of individuals that were assessed during the HCJC's EMS pilot program period between November 1, 2021-May 17, 2022 that were arrested and admitted to the HCJC in the three-year period prior to the pilot program's launch. Since the pilot program's launch November 1, 2021, only 5% of program

participants have been re-arrested and admitted to the HCJC (4 of 75 individuals). Although this is early data, the results are promising.

HCSO is seeking priority 1(A) Consideration for the Bureau of Justice Assistance's FY 22 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Grant Program. Hamilton County, Ohio, particularly in the City of Cincinnati, is a hotspot for opioid overdoses and intravenous drug use in the State of Ohio and the large numbers of people living with disabilities and people that are without health insurance in the area is high. Access to services for those without health insurance and those living with disabilities is limited and this harm reduction program involves meeting individuals where they are and assisting them to access resources, particularly for the uninsured and for racial/ethnic minorities and the LGBTQ community.

In Hamilton County, 7.7% of residents under age 65 are without health insurance (U.S. Census Hamilton County, 2021). In the City of Cincinnati, 8.2% of residents under age 65 are without health insurance (U.S. Census Cincinnati, 2021). This data indicates a need, particularly in the City of Cincinnati, to provide treatment services to increase access to care for the uninsured. According to the Ohio Department of Health's 2021 Overdose Report (**Attachment 3**), in 2020, there were 3,993 deaths among white non-Hispanic Ohioans, which was a 23% increase over 2019. White non-Hispanic individuals made up 80% of Ohio drug overdose deaths in 2020, compared with 79% of the total Ohio population. Unintentional drug overdose deaths among the Black non-Hispanic population were highest in 2020. Black non-Hispanic individuals made up 17% of Ohio drug overdose deaths in 2020, compared with 14% of the total Ohio population. From 2019 to 2020, unintentional drug overdose deaths among Black non-Hispanic Ohioans increased 29%. Unintentional drug overdose deaths among the Hispanic population

were highest in 2020. Hispanic individuals made up 3% of Ohio drug overdose deaths in 2020, compared with 4% of the total Ohio population. The number of unintentional drug overdose deaths among Hispanic Ohioans remained relatively stable from 2017 to 2019; however, from 2019 to 2020, deaths increased 41%. The sharp increase in overdose deaths, particularly in the African American and Hispanic communities indicates a strong need for the provision of treatment services within these communities.

This project addresses potential inequities and barriers to equal opportunity and contributes to greater access to services for underserved and historically marginalized populations because, between 2020-2021, 57% of inmates were African American and 2% were of non-Caucasian descent. Many inmates enter the HCJC without insurance and many inmates lose Medicaid coverage while incarcerated. Because of the racial and ethnic makeup of the inmates housed in the HCJC, this project inherently targets these populations. Additionally, the case management provided to program participants by the peer navigator allows for expedited Medicaid enrollment/re-enrollment and for warm hand-offs to community treatment providers to ensure access to appropriate care. NaphCare and ASC are committed to providing comprehensive, culturally competent, evidence-based treatment and recovery services.

Capabilities and Competencies

The EMS project will be supported by HCSO and its subaward partners, ASC, Services Council and NaphCare. The core project team, or advisory committee, consists of the HCSO, ASC, NaphCare, Hamilton County Pre-Trial Services, Hamilton County Adult Probation, the Hamilton County Public Defender's Office, and the Hamilton County Addiction Response Coalition. The advisory committee will meet on a weekly basis in the first six months of the

grant to ensure the project goals, scope, and implementation are met. After six months the advisory committee will transition to monthly meetings and, in the final year of the project, the advisory committee will transition to quarterly meetings. Meetings will focus on strategies to decrease the recidivism rate for program participants, increase the capacity for screening inmates by using standardized processes with validated tools and assessments, improve the provision of evidence-based treatment and recovery services to individuals in the HCJC by inducting MAT for eligible inmates, provide evidence-based pre- and post-release substance use and cognitive behavioral interventions to address criminogenic risk factors, and, finally, collect and use data to determine the effectiveness of the BJA-funded activities.

In order to successfully improve the provision of evidence-based treatment and recovery services to individuals in the HCJC by inducting MAT for eligible inmates, HCSO will need to enter into a subaward agreement with NaphCare to provide the medication induction to inmates. All MAT providers are X-Licensed and the Medical Director for the HCJC is a Board-Certified Addiction Medicine physician. MAT providers also complete continuing education related to addiction medicine to maintain licensure. The NaphCare RN will spend 100% level of effort related to BJA-funded EMS project activities. The grant budget includes 100% of the costs for this position for three years. The NaphCare RN job description is included in **Attachment 4 – Grant Funded Job Descriptions**.

In order to increase the capacity for screening inmates with SUD by using standardized processes with validated tools and assessments, the HCSO will need to enter into a subaward agreement with ASC to provide a Licensed Chemical Dependency Counselor (LCDC-III) and two Peer Navigators (certified Peer Recovery Supporters and CDCA licensed). Although the HCSO is the fiscal agent for the project, The LCDC-III will serve as the project director for this

project as part of the subaward agreement. The LCDC-III will be responsible for grant management, collecting and submitting the quarterly performance measures, facilitating advisory committee meetings, providing updates to the HCSO, and assisting the NaphCare RN as appropriate. The LCDC-III will work closely with the DOJ BJA TTA, as well as any evaluator that may conduct a site visit. The LCDC-III will spend 100% level of effort related to BJA-funded EMS project activities. The grant budget includes 100% of the position's cost for three years. The two Peer Navigators will each spend 100% level of effort related to BJA-funded EMS project activities. ASC staff work closely with HCJC corrections personnel and NaphCare medical personnel to ensure appropriate coordination of care. ASC staff receive additional training through the RELIAS platform annually related to substance use disorders (SUD), medication assisted treatment (MAT), de-escalation, safety, and culturally competent care. All providers also complete continuing education hours to maintain licensure. The grant budget includes 100% of the navigators' costs for three years. ASC's staff are supervised by a Clinical Director (LPCC-S). The ASC Licensed Chemical Dependency Counselor and Peer Navigator job descriptions are included in **Attachment 4** – Grant Funded Job Descriptions.

Hamilton County has a strong history with recent DOJ grants as listed below:

- BJA FY 17 Comprehensive Opioid Abuse Site-based Program (CARA)
- OJJDP FY 18 State System Enhancements for Youth Offenders
- BJA FY 18 Comprehensive Opioid Abuse Site-based Program (COAP)
- OJJDP FY 20 Juvenile Justice System Enhancements
- OJP FY 2020 Enhanced Collaborative Model Task Force to Combat Human Trafficking

- BJA FY 20 Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP)
- BJA FY 20 Paul Coverdell Forensic Science Improvement Grants Program
- BJA FY 21 Paul Coverdell Forensic Science Improvement Grants Program-Competitive

Hamilton County has a history of implementing BJA grants and working with training and technical assistance advisors and site evaluators as outlined in the list above. HCSO will do the same with this grant funding, if selected. Please refer to the JustGrants Goals, Objectives, Deliverables, and Timeline web-based form for more information related to BJA-funded objectives, activities, expected completion dates and person responsible.

Plan for Collecting the Data

HCSO will be responsible for the research, data collection, required performance measurement, and performance assessment. HCSO will be the primary collector for this data and will share appropriately with the advisory committee for the purposes of this initiative; ultimately, Hamilton County will own all data related to this project. Hamilton County is well versed in the methodological and statistical skills needed for projects of this nature, as well as the policies and procedures concerning evaluation and report writing for federally-funded projects. To successfully complete this evaluation, HCSO will have full access to resources (e.g., personnel, administrative support) afforded through its association with Hamilton County Board of County Commissioners and County Administration, as well as its program partners ASC and NaphCare.

During the planning phase of this project, the first six months, HCSO will develop a programmatic model for implementation of the BJA project throughout the HCJC. The planning phase of the project will allow the advisory committee to finalize data collection, performance measures, and evaluation standard processes and protocols. To do so, the HCSO will work collaboratively with ASC and NaphCare so that the model can be readily adapted and responsive to the unique needs and issues facing the inmates in the HCJC.

ASC maintains demographic and treatment information for individuals served in our software system, Carelogic. ASC and Naphcare staff will document all practical outcome achievements including the number of screenings and assessments completed, the number and types of linkages to community treatment services, re-arrest data, whether individuals are engaged in treatment at the 30-60-90 day milestones post-release, and whether program participants report abstinence from illicit drugs and alcohol at 30-60-90 days/6 months/1 year post-release through our software system, Carelogic. Informed Consent documents are also tracked in Carelogic. All staff computer equipment, cellular telephones, and medical records are password protected. All client information is stored in locked filing cabinets. Program information is available in any language and translators are available for those whose primary language is not English or who have hearing or vision deficits. The Clinical Supervisor will review at least 10% of the files for the program collected in Carelogic weekly to ensure the accurate and timely collection and input of data. Administrative compliance staff are able to extract reports reflecting this data through our software system, Pentaho, to monitor ongoing progress toward stated goals for each reporting period. Participant demographics such as age, race, and gender are tracked to improve data collection and analysis of progress toward stated

goals. These data points are sorted and reported monthly by the Director of Training and Compliance.

Unfortunately, the opioid epidemic is going to be a long-term challenge in all communities. As a result of the Bureau of Justice Assistance's FY 22 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Grant Program, Hamilton County plans for decreases in opioid overdoses and related deaths and will continue to seek additional funding opportunities after the grant has ended and continue to leverage existing resources. Hamilton County has a history of reporting performances of grants that meets and exceeds funder standards. HCSO, ASC, and NaphCare have the skills to ensure that this practice continues. Efforts to increase cross-sector alignment are well underway but our collaborative efforts are temporary due to funding constraints. The Bureau of Justice Assistance's FY 22 Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Grant Program will inform efforts on what will be the most sustainable model to improve health and health equity among the criminal justice system, healthcare, public health, and community-based social services that are built to last in Hamilton County.

Attachments to EMS Project – BJA Grant Application

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| Attachment 1 | Letters of Support |
| Attachment 2 | ASC Screening and Assessment Tools: Tobacco, Alcohol, Prescription medication, and other Substance use tool, the Drug Abuse Screening Test (DAST-10), and the Alcohol Screening Questionnaire (AUDIT). |
| Attachment 3 | Ohio Department of Health’s 2021 Overdose Report |
| Attachment 4 | Grant Funded Job Descriptions |