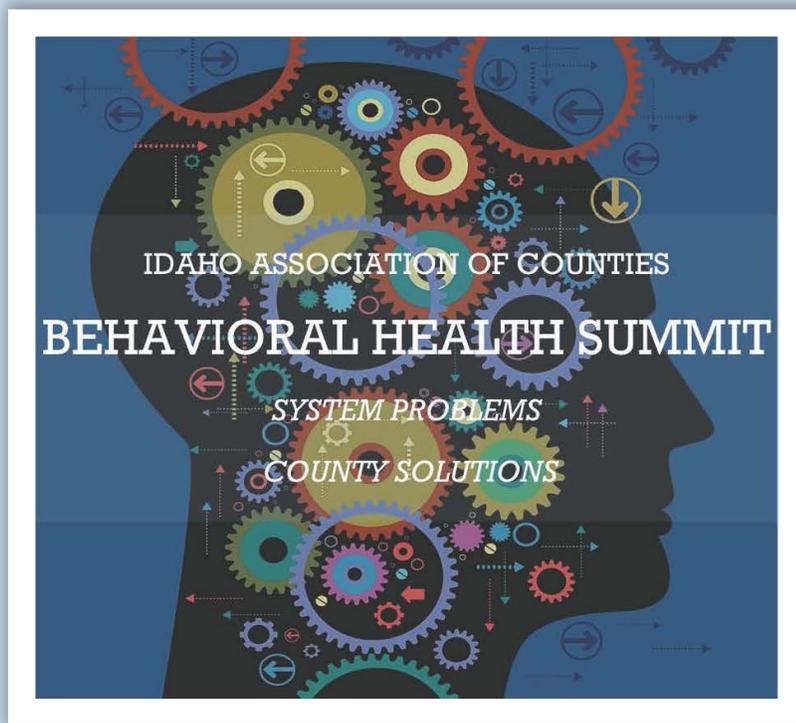


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Behavioral Health Summit

Idaho Association of Counties

September 28, 2017



Background

Without question, behavioral health is one of the most complicated issues faced by Idaho's counties. The challenges created by Idaho's "system" reach across county jurisdiction, county elected office and between state and county authority. It has become abundantly clear that the counties in Idaho are operating under varying levels of understanding of the behavioral health system. Additionally, there are dramatic differences in resources, not only in the counties but also across all jurisdictions of the state.

The state of Idaho has attempted "transformation" within the mental health/behavioral health system for a number of years. Many changes and attempts to change Idaho's system have occurred. There have been some successes but there clearly remain a number of challenges.

The Idaho Association of Counties held its first Behavioral Health Summit in 2016. At this 2016 inaugural Summit, the participants heard and talked about personal accounts of struggles with the system and how mental health crises impact our families and our friends. It wasn't about "those" people. It was about "us".

The ongoing challenges for Idaho's counties and other behavioral health stakeholders were identified. Over the last year, various stakeholders worked toward finding solutions for the challenges identified. Not all challenges were resolved; however, a few solved and added to the success list.

The 2017 Behavioral Health Summit focus was on identifying resources and look at ways to provide those resources around the state.

Participants

Approximately 100 individuals from around the state that included county commissioners, clerks, sheriffs, prosecuting attorneys, representatives from IAC board of directors, representatives from the Governor's office, members from both the Senate and House, Idaho Supreme Court, Idaho State Police, Idaho State Probation and Parole, Legislative Services Office, the Idaho Department of Health & Welfare, Public Health District Directors, Idaho Regional Behavioral Health Board members, and many others met for ongoing meaningful conversations regarding solutions to behavioral health challenges across the state. Together, participants learned, listened and began to offer more solutions to the growing list of challenges facing Idaho's counties and the state of Idaho in the delivery of behavioral health services.

Welcome and Introduction

Daniel Chadwick, IAC Executive Director, briefly discussed the roles and responsibilities of the various county offices and how they interface with the behavioral health system in Idaho. An overview of the challenges and potential solutions were highlighted from the previous year's summit. There was an open discussion regarding funding, new challenges and areas in which mental health services have gotten worse since the 2016 Summit. Discussions followed on each of the following solutions: POST certification, Transportation, MHU App, Weighted Blankets, Idaho Code, Prescription Drop Offs, Over prescribing, Recovery/Crisis Centers, Re-Boot Resort, and Dementia.

IAC had arranged for an extraordinary young man, Logan, living with severe schizophrenia, Tourette's, hallucinations, and dissociative disorder to speak to Summit participants. Unfortunately, Logan was experiencing challenges with the balance of his medications, which did not allow his attendance at the

Summit. Logan was scheduled to discuss the opportunities and challenges of living with mental illness. He attends Idaho State University and loves to play music. His story starts with him as a normal teenager prior to the onset of symptoms. Once his symptoms began to present themselves, Logan sought treatment from many physicians and many different types of physicians. Logan has been living a relatively normal life since he began receiving the proper medications to balance his illnesses. Unfortunately, as with other medical challenges, there are times when medications become out of balance.

SOLUTIONS

POST Certification

Daniel Chadwick spoke about the changes in the curriculum at the POST Academy. While POST does not have an effective date for this change, all individuals receiving certifications through POST will receive not less than eight hours of crisis intervention training. The Academy is hopeful these hours will be added during calendar year 2018.

Transportation

Transportation services for individuals in crisis within the state are extremely limited. Counties, and Sheriff's Offices in particular, are called on to provide this service. But these services can also be costly to counties, both in terms of staffing and hard costs. To deal with the loss of deputies on the road, many counties have started contracting with the private sector for non-medical transports. Over 20 counties have contracted with Peak Security (aka Peak Transport), to provide this service on behalf of the county. Additional transportation resources were provided to participants in the registration packets: https://npidb.org/organizations/transportation_services/non-emergency-medical-transport-van_343900000x/id/?page=1 Mr. Froshiesar spoke to participants about the services provided by Peak Security, how transports occur and the importance of de-escalating situations with individuals in crisis. He further discussed the importance of customer service in their business.

Mental Health and You [MHU]: Hope on Your Phone

(MHU – Mental Health and You) was presented as a possible solution at the 2016 Behavioral Health Summit and is designed to help friends, families and individuals in crisis to understand symptoms, resources and crisis assistance. The app can be installed on the smartphones of those leaving treatment facilities, high school students worried about their friends or family members unfamiliar with the system. Unfortunately, funding for the app has been a continuing struggle. Carol Moehrle applied for a grant through the Idaho Department of Health and Welfare and her application was denied. Carol plans to apply to the department again. The Idaho Association of Counties agreed to take on the annual maintenance fee for the application. The initial cost is approximately \$28,000 and the annual maintenance fee is under \$5,000.

Weighted Blankets

A weighted blanket provides pressure and sensory input for individuals with autism and other disorders. A weighted blanket can be used as a calming tool or for sleep. The pressure of the blanket provides proprioceptive input to the brain and releases a hormone called serotonin, which is a calming chemical in the body.

Michele Chadwick, State Hospital North Advisory Board Chair discussed that State Hospital North (SHN) has recently been utilizing the weighted blankets with their patients. She discussed the success of one of their patients who was having difficulty sleeping. After utilizing a weighted blanket for a brief period, he was able to sleep without the need for additional prescription aids and was discharged with his blanket. A weighted blanket from SHN was on display for participants to see and feel.

After the success of the SHN patient discussed above, Commissioner Rick Winkel, who is a SHN Advisory Board Member borrowed one from State Hospital North. He spoke to Summit participants about his personal experience with the success of weighted blankets. Commissioner Winkel has a granddaughter, who lives with he and his wife. He described how she was struggling maintaining a healthy wake/sleep balance, which made day-to-day life an even bigger struggle. The blanket made a significant improvement for his granddaughter. Subsequently, Commissioner Winkel, his wife, and his granddaughter made a weighted blanket together. Within a short period of time, Rick's granddaughter was sleeping soundly.

The North Idaho Correctional Institution (NICI) has partnered with State Hospital North to make weighted blankets for the hospital. NICI has agreed to make four blankets a month. Henry Atencio, Idaho Department of Corrections Director, spoke about his desire to have weighted blankets made in each of the correctional facilities. Following the Summit, IAC and the Idaho Department of Corrections have developed and expanded this program statewide with Sheriff's Offices and foster children to receive the new weighted blankets.

Idaho Code Clarifications

Michele Chadwick reviewed Title 39 - Regional Behavioral Health Services and Title 66 – Hospitalization of the Mentally Ill of the Idaho Code.

As a result of the transformation process state of Idaho has undergone as it relates to Behavioral Health, the Idaho Code sections in Title 39 were re-written in 2015. Michele reviewed this statute and outlined how they were being followed, and some ways they are not. There are disparities across the state with the regional behavioral health boards on the provision of services, information and even membership. There was also mention that the regional behavioral health boards do often not address the “mental health” side of behavioral health. The focus tends to rest on substance abuse services.

Discussion of regional behavioral health system illustrated confusion on the duties and differences of the Idaho Regional Behavioral Health Authority, the Behavioral Health Cooperative and the State Behavioral Health Planning Council. It was determined that there is a lack of public information on membership of these groups, if/when they are meeting and the content and outcomes of the meetings. The Idaho Department of Health and Welfare is going to look into providing more information on their website. Also imbedded in Title 39 are the Regional Behavioral Health Boards.

The Behavioral Health Cooperative advises on issues related to the coordinated delivery of community-based behavioral health services. The State Behavioral Health Planning Council serves as an advocate for children and adults with behavioral health disorders. This council advises on issue of concern on policies and on programs. The council is required to present to the Governor and Legislature on the council's activities, and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the state. It is unclear if these activities are occurring. Blaine County Commissioner Angenie McCleary presented information regarding the State Planning Council (which is no longer provided for in the statute) and indicated the Council will be meeting the week following the Summit. She will provide information from the Summit to the Council members.

Regional Behavioral Health Boards were created to provide community, family and recovery support-services. The board is supposed to advise the Behavioral Health Authority on local and regional needs, progress, problems, and improvements in the delivery of behavioral health services for each region. An area of improvement noted in the summit is in understanding and outlining gaps and needs. Each region is to provide a "gaps and needs analysis" to illustrate to the Governor and the Legislature where resources are lacking. Unfortunately, some boards have done this and some have not. There have been varying dates for the submission of the analysis and a lack of understanding as to what the gaps and needs are to be utilized for. Some boards understand they are only for their use as opposed to for the elected officials at the state level. There is a potential to create an overview of the services needed and found in each community in the state through this process. Those in attendance who sit on a Regional Behavioral Health Board were asked to begin to create this document.

Title 66 addresses hospitalization of the mentally ill. Multiple statutes specifically prohibit the use of jails for detention of the mentally ill. Several Sheriff's indicated that they are being directed by Health and Welfare staff to incarcerate individuals in crisis while they are on an involuntary commitment "hold" as beds for individuals in crisis are in short supply or not available. The review of the statute specifically forbids this practice. A specific solution was not found for this issue, but Ross Edmunds with Idaho Department of Health and Welfare indicated this should not be occurring. He will follow-up with his staff.

The responsibility of who is to provide transportation of individuals in crisis was discussed. Idaho Code does not specifically provide in all occasions it is the responsibility of the Sheriff/county to provide the transportation, rather this should be determined by the judge. Sarah Thomas with the Idaho Supreme Court indicated she would meet with Michele Chadwick to discuss the contents of Idaho Code and create uniform documents for the judiciary to utilize. Ross Edmunds, Idaho Department of Health and Welfare indicated there had been an informal agreement between the counties and H&W that the Department would pay for one of the designated examinations and the counties would provide transportation in all occasions.

Analysis of the correctional institutions shows that many inmates are mentally ill detainees. This is due to a lack of facilities and community support to help these individuals upon release from either the correctional system or county jails. Additionally, there are not enough beds in properly secure facilities. "Beds" has been added to the new needs/problem list.

Prescription Drop Locations

Nationwide, there is a growing problem with opioids and wrongful use of prescription drugs. The National Association of Counties (NACo) has been on the forefront of this discussion and has provided information on documentation on combatting this problem in our counties. Toolkits for preventing the opioid crisis were available for attendees and also available from NACo. Many members of the general public do not know what to do with leftover prescriptions. The Idaho Office of Drug Policy has an initiative to educate those taking prescription medications as to the locations to dispose of their leftover medication. Until 2014, pharmacies were unable to provide a drop box for leftover medications. Now that pharmacies are able to provide this service, there are many new locations across the state.

The Idaho Office of Drug Policy provided a flyer with 10 new pharmacy locations, which will accept outdated or leftover prescriptions. The office is also able to provide a mini-grant for others that are interested in starting this process at their facility. The Idaho Millennium Fund awarded the funds for this mini-grant. Along with this grant, the Idaho Office of Drug Policy has their Prescription Drug Take-Back Program. This program is designed to coordinate the implementation of a prevention plan to reduce prescription drug misuse and abuse for the purpose of improving Idaho's public health and safety. One-day drug drop-off days are the signature event for this program.

For a list of all the prescription drop off locations, please visit the Idaho Office of Drug Policy: <https://odp.idaho.gov/prescription-drug-take-back-program/>. This list should be provided or be accessible to the public in every county. A good place to have this within the courthouse is in the courtroom areas as well as the indigent offices.

Over Prescribing

Dotti Owens, Ada County Coroner had planned to speak to this topic as a follow-up to the general session presentation she gave. Unfortunately, she had a conflict and Michele Chadwick spoke to the topic. Michele sits on the Idaho State Board of Medicine and spoke of how the opioid crisis and overprescribing can go hand-in-hand. She discussed the ability of Sheriff and Coroner's staff advising the Idaho Board of Medicine if they are finding trends in their counties regarding individuals over-dosing or finding excess prescriptions during their investigations. Michele provided the link to the one-page complaint form (www.bom.idaho.gov) for anyone who may suspect a physician in their community is overprescribing medications or if they have other concerns regarding medical care.

Recovery/Crisis Centers

Kelli Brassfield provided a reminder of what Recovery Centers and Crisis Centers are. Crisis Centers provide the immediate help when an individual is in a mental health crisis. These individuals may utilize the facility for 23 hours and 59 minutes. There are no overnight stays. There is limited medication help. Law enforcement has been able to utilize these centers instead of taking individuals in crisis to the emergency rooms. If an individual has substance abuse challenges, they are provided information regarding Recovery Centers in the area (if applicable).

Recovery Centers are designed to help individuals with substance abuse issues remain in recovery and provide resources to help them from relapsing. These centers provide a safe place to go, classes, and referrals to other community resources. More than 33,000 individuals have used recovery centers while almost 20,000 volunteer hours have been logged throughout the state.

Kelli also talked about educating those who do not know what services are provided by the centers. Attendees were encouraged to invite legislators into the centers to give them a first hand look at what is provided. Representative Kingsley spoke that he is actively working on legislation that would fund additional recovery centers. Education for legislators will help this legislation move forward.

Reboot Program – Larry Schoen, Blaine County Commissioner

Reboot is a program designed to help participants learn about their own nervous system and help them identify sensations related to their well-being. Participants are not riding horses in this program but rather; they interact with the horses on equal footing. The Reboot program also utilizes a combination of integrated breathing and movement techniques.

Dementia

There has been much discussion regarding dementia and whether it is a medical condition or a behavioral health condition. For many, the difference is not relevant. An individual with a dementia diagnosis exhibits many of the signs and symptoms of individuals in crisis. Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. The purpose of this discussion was to provide resources to help communities become Dementia-friendly. Summit attendees viewed a video to demonstrate how a community becomes Dementia friendly. The Dementia Friendly America website, <http://www.dfamerica.org/>.

Through the work of over 35 national, leading organizations, the Dementia-Friendly America initiative is catalyzing a movement to more effectively support and serve those across America who are living with dementia and their family and friend care partners. The lead organizations represent all sectors of community and are collectively leveraging their national reach to activate their local affiliates, members and branches to convene, participate in and support dementia-friendly community efforts at a local level.

Final Comments

The Behavioral Health Summit System Problems/County Solutions was a follow-up to the 2016 Behavioral Health Summit, which identified significant problems within the behavioral health system and the ways in which counties were being impacted. IAC hopes the solutions identified and provided will address and continue to address the difficult challenges counties face when interacting with individuals in crisis. Although there were solutions and resources provided, many of the problems identified still need significant attention. Most of the problems identified will be the focus of ongoing discussions. System changes were clearly still needed and IAC staff committed to continuing to address these roadblocks.

Many in attendance offered concluding comments. Daniel Chadwick thanked all in attendance for their comments and insight and committed to continuing to gather information and communicate with attendees to keep the momentum going on this most important topic.

Appendix A

Identifying the Problems

Here is a list of obstacles recognized during the initial summit.

Identified Obstacles	Responses
Jail/Incarceration – Not the Place for Treatment	41
No Providers/Services in my Area	32
Lack of \$\$\$/Resources	24
Too few beds for commitments	22
Health & Welfare	10
Idaho Code – lack of clarity	9
Crisis Intervention – too few	8
Geography	7
Too few professionals (health care)	6
Authority v. Responsibility (not the same)	6
Veteran’s Services (too few and problems with access)	5
“Banker’s Hours” of H&W do not work	4
Law enforcement training/protocols	4
Courts	3
Evidenced based treatment isn’t always the best treatment	2
Transportation	2
Suspending Medicaid not Terminating Medicaid	2
Regional Behavioral Health Boards	1
This is not my responsibility	1
No clear, common way to measure our success/outcomes	1
211 – No behavioral health assistance – why?	1
Stigma – “those people”	1
H&W closed “my” office, information isn’t on web and I don’t know where to go for help	1

Possible Solutions—General and Specific

Started and/or Completed:

- Mental Health University (MHU) Application for smart phones. Grant application filed and denied. Another grant application will be filed.
- Participation in NACo’s Stepping Up Initiative. One county, Bonneville, has started this initiative.
- POST Training in mental health topics for all law enforcement. Some training now required. Could it be boosted?
- Crisis Intervention Training (CIT) for all county employees. Reach out to regional CIT trainers.
- Weighted blankets. Corrections to initiate “Weighted Blanket Project”
- Prescription drop off locations. More locations available. Mini grants available for more locations.
- Reboot.
- Dementia Friendly America. Tools and guides to help communities become dementia friendly.

Identified in 2017:

- Transportation
- Crisis intervention training for LE, EMS, and volunteers.
- De-Escalation training (Mental health 1st Aid)
- Hospitals allowing more local beds (critical care hospitals) to provide resource for community.
- Recruitment – Medical personnel, social workers
- Federal/State regulations on payments and salaries – unable to pay personnel properly
- Public awareness on mental health issues and resources available
- IDOC funding for probationers and parolees program
- Crisis/Recover Centers – Ongoing
- Rep. Kingsley’s funding bill for Recovery Centers
- Idaho Code revisions

Identified in 2016:

- Pharmaceutical formulary consistency considerations (between jails/prisons) to ensure individuals have consistent pharmaceutical treatment throughout the criminal justice process.
- Board of Guardian – emergent issues at the county level.
- Treat v. Transportation (Judge Murray’s recommendations) – treat an individual, don’t just transport them to jail.
- More Mental Health/Drug Courts.
- Have IAC capture Idaho’s counties’ success stories.
- Suspend Medicaid v. Termination Medicaid eligibility.
- Look at 211, Idaho’s CareLine, and how to be an effective resource for behavioral health topics.
- Update Idaho law – clarifications throughout the code in regional behavioral health board, transportation, and commitment procedures.
- Allowing all resources into state, including federal funding.
- So many regulations – which sometimes end up prohibiting services.
- In community support to help provide medicine and efforts to help those affected to continue to take meds.
- Telemedicine as a resource/need broadband throughout the state.
- Use ambulances for those who are sick/patrol vehicles for those who are criminals.
- Transportation issues – how to transport someone who is in crisis to the correct facility.
- 5211 ITD dollars for other transportation – get folks home after they have been released from commitment.
- Establishing baseline for successful outcomes (what is relevant) – benchmarking.
- Reinforce good stuff/consolidate resources/throw resources to what is working then look at gaps (BEST PRACTICES).
- Housing/support services when release and back home
- Participation in NACo’s Stepping Up Initiative and building collaborations.
- Look at 211, Idaho’s CareLine and how to improve it to be an effective e resource for behavioral health topics.
- Explore partnership with United Way, which typically manages 211 in other parts of the country.
- In community supports; navigators can help provide medicine and help those affected to continue to take their meds.
- Housing/Support services for people upon release and when they return home.

Appendix B

Overview of the Idaho Code Statutes

Title 39 – Regional Behavioral Health Services

*Idaho Behavioral Health **Authority***

(No information online as to when/if it has met, what the agendas are or minutes)

Establishes the Idaho behavioral health **cooperative** (includes one county representative) It advises on issues related to the coordinated delivery of community-based behavioral health services. The **cooperative shall** meet quarterly with additional meetings called at the request of the Idaho Behavioral Health **Authority**.

*State Behavioral Health **Planning Council** (aka planning council) (no county representative)*

(Last information on website was March 2016)

Established to serve as an advocate for children and adults with behavioral health disorders; to advise the state behavioral health **authority** on issues of concern, on policies and on programs and to provide guidance to the state behavioral health **authority** in the development and implementation of the state behavioral health **systems** plan . . . and to present to the governor, the judiciary and the legislature by June 30 of each year a report on the council's activities and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the state.

*Regional Behavioral Health **Centers***

(No information online if any have been created)

The state behavioral health **authority** shall designate regions and be responsible for establishing regional behavioral health centers for all areas of the state.

*Regional Behavioral Health **Boards***

(22 members/3 of which are county commissioners)

Currently each Regional Behavioral Health Board contracts with the Public Health Districts Meet monthly (minutes and agendas are on each public health district website; no central reporting)

Each region has regional behavioral health **boards, which** operate and are recognized not as a state agency or department, but as governmental entities whose creation has been authorized, by the state. Authorized to provide the community family support and recovery support services.

The behavioral health **boards** shall advise the state behavioral health **authority** and the state planning **council** on local needs, on progress, problems and proposed projects, promote improvements in the delivery of behavioral health services and coordinate and exchange information regarding behavioral health programs in the region, identify gaps in available services, planning for service system improvement. *The planning council shall incorporate the recommendation to the regional behavior health **boards** into the annual report provided to the governor by June 30 of each year.*

The director shall coordinate services between the regional behavioral health **centers**, regional behavioral health **boards** and the state psychiatric hospitals.

Title 66 – Hospitalization of the Mentally III (the Process)

How are Counties Involved?

County Sheriff
County Prosecutor
County Public Defender
County Clerk/Indigent staff
County Commissioners

Use of Jails Prohibited

“Shall not be detained in a nonmedical facility used for the detention of individuals charged with or convicted of penal offenses.”

66-326 (1), 66-326 (2), 66-329 (5), 66-330,
Then what?

Designated Examiners Prohibited in Jails

Discussion – anecdotal evidence this is prohibited by H&W. Is this occurring?

Lack of Appropriate Transportation

When is transportation by the Sheriff appropriate?

When is it not appropriate?

What are other options?

What does Idaho Code state?

66-329(12)

The commitment order constitutes a continuing authorization for the department of health and welfare, law enforcement, or director of a facility, upon request of the director of the outpatient facility, the physician, or the department director through his dispositioner, to transport a committed patient...

(it is not automatically the Sheriff—the commitment order designates)

66-330

The county shall deliver the patient within forty-eight (48) hours to the designated facility.

Quirk in the statute (in state custody, but county required to provide transportation)

66-334

The department director may transfer or authorize the transfer or, an involuntary patient from one inpatient treatment facility to another. (NOT county responsibility)

Lack of Available Beds

Impact on counties

Impact on the community hospitals

What is the plan?

What happens if all the beds are full?

Gaps and Needs for each Region

Is there an overview of services in each county?

Is this shared with the regional behavioral health boards?

Appendix C

Roadmap to Behavioral Health!

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) in partnership with Substance Abuse and Mental Health Services Administration (SAMHSA) released *The Roadmap to Behavioral Health*.

This guide offers important information about mental health and substance use disorder services, finding a behavioral health provider, defining behavioral health terms, receiving services, and following up on care.

The resource walks through the 8 Steps of the Roadmap to offer information specific to behavioral health, and offers a glossary and links to other HHS resources.

Click here to download a copy today! (<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Coverage-to-Care-Behavioral-Roadmap.pdf>)

A Prescription for Action: Local Leadership in Ending the Opioid Crisis

Letter from Task Force Co-Chairs

<http://opioidaction.org/report/>

The epidemic of overdoses and deaths from the abuse of prescription painkillers and heroin has devastated countless families and communities across the country. In August, 2016 alone – as this joint task force convened by the National Association of Counties and the National League of Cities carried on its work – news reports informed us of 174 overdoses in six days in an Ohio city; 8 overdoses in 70 minutes in a Pennsylvania county and 26 overdoses in 3.5 hours in a West Virginia city. Although news outlets often provide little more than a running tally of the epidemic, leaders at the local level experience the human costs of this public health crisis one life at a time. We confront the tragedies of this epidemic in rural counties and in urban cities, and no portion of society is immune from the devastation. Families are shattered without regard to income, race, ethnicity, gender, educational attainment or family structure.

As city and county leaders entrusted with preserving the health, safety, and vitality of our communities, it is our duty to act with urgency to break the cycles of addiction, overdose, and death that have taken hold in so many corners of this nation. To that end, the report that follows features recommended policies and programs that are designed to help local leaders address the opioid epidemic. These recommendations reflect several core convictions: that addiction is an illness; that although law enforcement is critical to an effective response to this epidemic, we cannot simply arrest our way out of a crisis of addiction; and that to stem the tide of this epidemic and combat the stigma that often accompanies it, we must build partnerships across our communities and with our counterparts at the local, state and federal levels.

As we embrace these convictions, we recognize that they differ from those that informed our nation's response to previous drug epidemics. During the crack cocaine epidemic of the 1980s and 1990s, addiction was criminalized – through policies like mandatory minimum sentences and three strikes laws – resulting in mass incarceration of African-Americans and Latinos. Our communities of color continue to feel the detrimental effects of these policies. It is important that we reflect upon past policies and their impact on our communities as we formulate our response to an epidemic that threatens every community across the country. Further, although it is not in our power to change the past, we can help to undo some of the damage caused by our prior responses. First, we can expand and replicate the compassion for those struggling with addiction and the public support for diversion and treatment programs to individuals throughout the criminal justice system. Second, we can support sentencing reform legislation that would retroactively apply to individuals still serving time for non-violent drug-related convictions.

It has been said that in every crisis lies the seed of opportunity, and the opioid crisis presents an invaluable opportunity for city and county officials: an opportunity to assess the way we

respond to addiction and to formulate lasting and equitable responses that promote health, safety, and opportunity for all members of our communities.

Judge Gary Moore
Boone County, Kentucky
Task Force Co-Chair

Mayor Mark Stodola
Little Rock, Arkansas
Task Force Co-Chair

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