RESEARCH REPORT

Supporting Children and Families Impacted by Substance Use Disorder

Findings from an Assessment of the Child Assessment and Response Evaluation Project in Warren County, Ohio

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Executive Summary

The Child Assessment and Response Evaluation (CARE) project is a 24/7 rapid-response intervention for children at the scene of a drug overdose in Warren County, Ohio. The project represents a cross-agency collaboration between law enforcement, fire and emergency medical services (EMS), emergency dispatch, and children services and is designed to quickly identify children at overdose scenes, assess them for exposure to trauma, and refer them to appropriate services. Its goal is to identify children who need assistance coping with trauma, determine their vulnerability to abuse and neglect, and develop a comprehensive family-centered plan to address their needs, build resiliency, and decrease the likelihood of intergenerational substance use. This initiative was developed out of recommendations from Addiction Policy Forum's blueprint and was funded by the Bureau of Justice Assistance from October 1, 2018 through September 30, 2021. The county plans to continue this initiative past the grant period.

CARE requires law enforcement officers and fire/EMS personnel (i.e., first responders) who find one or more children younger than 18 at the scene of an overdose to call children services for immediate assistance. Emergency dispatchers can also call children services during 911 calls and ask them to report to the scene of an overdose. Once called, a children services' case worker will respond to the overdose within an hour to assess the child and refer them to appropriate services.

Overview of Urban's Assessment

The Urban Institute received funding from the Warren County Board of Commissioners to assess the CARE project. Our data collection activities included the following:

- observations of CARE activities such as project kickoff meetings and trainings
- monthly teleconferences with the key CARE stakeholders
- stakeholder interviews with representatives from law enforcement, fire/EMS, children services, and board of commissioners
- training surveys with first responders, emergency dispatch, and children services
- a follow-up survey with first responders, emergency dispatch, and children services
- a family survey of Warren County families impacted by substance use disorder

- collection of law enforcement administrative data on overdose calls
- collection of children services administrative data on referrals to CARE
- collection of data on services for families

Key Findings

Drawing on the information gathered from stakeholder interviews as well as the other data described above, we identified the following:

- **CARE strengthened partnerships in the county.** CARE was implemented on a foundation of interagency collaboration that was only strengthened through the initiative. Cross-agency meetings, trainings, and roll calls were all likely contributors.
- **CARE improved stakeholders' perceptions, awareness, and use of Warren County Children Services.** Several stakeholders reported that after the county began implementing CARE, first responders were more likely to engage children services in general, not only to refer people to CARE. They also felt CARE helped first responders become more familiar with children services' mission and aim to keep families together.
- **Warren County agencies are generally aware of and using CARE protocols.** According to the follow-up survey conducted, the majority (56.0 percent) of appropriate respondents (i.e., law enforcement, fire/EMS) had called children services to report children or evidence of a child at a scene of an overdose.
- **Most first responders feel there are no barriers to calling children services while on an overdose scene.** However, a small percentage (13.5 percent) felt the scene was too busy or there was not enough time to call the agency.
- **Some agencies found it difficult to consistently implement the CARE model.** Stakeholders felt the nature of first responders' jobs made reinforcing the model difficult (i.e., different responders respond to different overdose scenes). Additionally, the number of jurisdictions and agencies in the county made it difficult to consistently implement the protocols.
- **Greater buy-in from local law enforcement agencies, fire and EMS agencies, and emergency dispatch would have strengthened implementation efforts.** Some stakeholders indicated that children were sometimes missed because of challenges consistently implementing the CARE model across all first responder agencies. Some also reported that emergency dispatch should

have asked first responders whether children were present at overdose scenes, allowing children services to arrive to the scenes faster.

- **CARE would have benefited from stronger county leadership engagement.** Having an additional leader (with a working knowledge of agency policies, relationships with key stakeholders in the county, and an employment background in substance use disorders) support the project coordinator may have strengthened compliance and buy-in across multiple agencies.
- **The project would have benefited from a more hands-on approach from the funder (the Bureau of Justice Assistance).** Increased involvement from the funder may have helped solve some early implementation challenges and helped guide the project regarding the additional services provided to families.
- **The COVID-19 pandemic had a minimal impact on implementing the CARE protocols.** First responders and children services continued to respond to overdose scenes throughout the pandemic, adapting protocols in line with local health guidelines.
- **Warren County Children Services anecdotally reported that referrals increased after CARE was implemented.** Children services received 40 referrals to CARE from June 2019 through June 2021.
- **The number of calls received through CARE was smaller than anticipated.** Some stakeholders attributed this to generally low and decreasing numbers of overdoses in the county, while others attributed it to a failure to comply with CARE protocols at every overdose scene.
- **Some stakeholders questioned the extent to which response procedures changed with CARE.** Several reported that CARE reinforced existing protocols more than changing or adding protocols. Instead, many viewed CARE as a starting point to increase cross-agency collaboration and expand the county's substance use services for families.
- **The use of grant funds helped families in the community.** While the funds did not support CARE families exclusively and some stakeholders felt the funds could have been used more strategically, many agreed that the funding provided critical support to families in the county.

Recommendations

Given the findings described throughout this report, we recommend that Warren County stakeholders do the following to strengthen the CARE project and the county's substance use services more broadly:

- **Acknowledge and define the challenges associated with substance use disorder in the county.** It is critical to routinely review and assess local data to ensure stakeholders are clear on the extent of the problem and fully understand its ramifications; this will help them make informed decisions about potential solutions.
- **Continue roll call trainings and incorporate training video into training curricula.** Stakeholders noted the importance of reinforcing the CARE processes with first responders and felt roll call trainings were a great solution.
- **Incorporate questions about children into emergency dispatch procedures.** Adding a step or reminder to dispatchers' existing processes would allow them to be able to flag for first responders when there are children present at a scene, and more quickly notify the CARE case worker at children services.
- **Engage in continuous performance monitoring and evaluation.** This can be accomplished by continuing to collect data through children services and through the overdose form – and requiring all first responder agencies to use it.
- **Use CARE as a catalyst to expand services for families struggling with substance use disorders.** This project intersected the early phases of the legal system; we recommend building on this project to offer services at additional system touch points that would holistically serve families and further reduce the impacts of substance use in the county.
- **Solicit input from families struggling with addiction and from first responders when developing responses to substance use disorders.** When designing and creating new programs, it is crucial to collect the perspectives of people most involved with implementing and receiving services.
- **Coordinate substance use efforts with related work being done in the county.** As the services expand, it will be critical to ensure they are coordinated across agencies and stakeholders.
- **Identify a champion for substance use services.** Ideally, this champion would be a person who brings a working knowledge of agency policies, strong relationships with key stakeholders, and has an employment background in substance use disorders.

- **Improve the public's awareness of efforts to address substance use disorders.** This will help increase community members' buy in and ensure the county develops services most needed by the larger community.

Supporting Children and Families Impacted by Substance Use Disorder

Ohio continues to battle opioid and other substance use disorders that devastate families and communities. In 2018, it had the fourth-highest rate of opioid-related deaths (more than 3,000) in the United States.[1] The hardest-hit communities are in the state's southwestern region, where the unintentional drug overdose mortality rate peaked at 64 per 100,000 people between 2014 and 2019 (ODH 2020). One of these communities is Warren County. Although unintentional drug overdose deaths there have declined since 2017, the county coroner reported that 68 residents died from overdoses in 2020 (out of a population of 234,602),[2] and the five-year unintentional drug overdose mortality rate from 2014 to 2019 was 24.1 percent (ODH 2020). Statistics also indicate that from September 2017 through August 2021, 615 overdoses were reported in the county and naloxone (a medication designed to quickly reverse opioid overdose) was administered 865 times.[3] Moreover, opioid and other substance use disorders have increased first responder costs, emergency room and hospital visits, incarceration costs, and the number of children under Warren County Children Services care (Warren County Opioid Reduction Task Force 2016).

Children with parents suffering from substance use disorder are among those most affected by this epidemic. Research indicates these children are at increased risk of poverty, homelessness, parental abuse and neglect, and substance use (Lipari and Van Horn 2017). Many children who have a family member struggling with substance use disorder also live in kinship care arrangements (i.e., with other family members or guardians) or foster homes.[4] Further, witnessing a drug overdose can be particularly harmful for children, who may experience trauma after the event (Winstanley and Stover 2019).

In response to these challenges, the Warren County Board of Commissioners—in partnership with Addiction Policy Forum, the Urban Institute, Warren County Children Services, and the Warren County Sheriff's Office—developed the Child Assessment and Response Evaluation (CARE) project in 2018, with funding from the Bureau of Justice Assistance under its Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). A 24/7 rapid-response intervention for children at the scene of an overdose of a parent or loved one, CARE is a cross-agency collaboration between law enforcement, fire and emergency medical services (EMS), emergency dispatch, and children services. It is designed to quickly identify children at overdose scenes, assess them for exposure to trauma, and refer them to appropriate services. Its goal is to identify children who need assistance coping with trauma, determine

their vulnerability to abuse and neglect, and develop a comprehensive family-centered plan to address their needs, build resilience, and decrease the likelihood of intergenerational substance use.

In partnership with the Warren County Board of Commissioners, Urban documented and assessed the CARE project from October 1, 2018, through June 30, 2021 (CARE formally launched on June 6, 2019). This report presents findings from our implementation assessment. It is organized into the following five sections:

- a summary of the project's background and a description of the CARE model
- an explanation of our assessment methods, including our research questions, data collection activities, and analytic approach
- a summary of findings, including a summary of our observations and stakeholder interviews, training and family survey results, and findings from our analyses of overdose calls received by law enforcement, a description of the referrals to CARE received by children services, and additional services for families
- a set of recommendations for strengthening the implementation of CARE and expanding efforts to support families impacted by substance use disorders
- a summary of the assessment and its key findings

CARE Project Description

Located between Cincinnati and Dayton, Warren County has a population of 234,602 people that is increasing per the last census update. It is 85.3 percent (non-Hispanic or Latino) white, 93.8 percent of its residents have a high school degree or higher, and the median household income is $87,125.[5] The county has 16 municipalities and 11 townships. As granted by Ohio's state constitution, each jurisdiction has power of "home rule," one consequence of which is that each can have its own law enforcement agency. In Warren County, there are 11 law enforcement agencies, 12 fire and EMS agencies, and three emergency dispatch agencies. Warren County Children Services, the Warren County Sheriff's Office, and the Warren County Child Support Enforcement Agency have jurisdiction and serve people in the entire county.

Project Background

In 2018, before developing CARE, Warren County partnered with Addiction Policy Forum—a nonprofit dedicated to eliminating addiction as a major health problem—to develop a blueprint describing the county's problem with opioid and other substance use disorders and recommend strategies for addressing it (Addiction Policy Forum 2018). In the blueprint, Addiction Policy Forum made several recommendations and identified three key focus areas: implementing programs to divert people from the criminal legal system, assessing the needs of children impacted by parents with substance use disorders, and increasing capacity for medication-assisted treatment of opioid use disorder (Addiction Policy Forum 2018).

After the blueprint was released, Addiction Policy Forum and county leaders presented the findings to residents at a town hall meeting. Attendees were asked to identify which one of the blueprint's three focus areas to prioritize. The majority identified the need to protect children impacted by parents with substance use disorders as the key priority, prompting one commissioner, Shannon Jones, to seek resources for developing and providing relevant services. Under her leadership, Warren County applied for and received a COSSAP grant from the Bureau of Justice Assistance in 2018.[6] The purpose of COSSAP is to support state and local governments in developing and implementing strategies to address the opioid epidemic and other substance use disorders. Specifically, COSSAP provides funding and technical assistance to jurisdictions to develop and implement solutions for identifying and treating people impacted by the use of opioids, stimulants, and other drugs.

The CARE Model

With the COSSAP funding, Warren County stakeholders (box 1 provides an overview of the core partners) began developing CARE in October 2018 (it launched in June 2019) with three key goals: (1) improve collaboration and coordination between emergency dispatchers, fire/EMS personnel, law enforcement officers, children services case workers, and other relevant system actors to prevent and address overdoses; (2) quickly assess children impacted by parents with substance use disorders and identify their need for treatment, services, and out-of-home placements; and (3) improve outcomes for children and families (including by reducing overdoses, reducing child trauma, and making children's homes safer). The CARE logic model (figure 1) presents the program's inputs, activities, intended outcomes, and intended longer-term impacts.

BOX 1

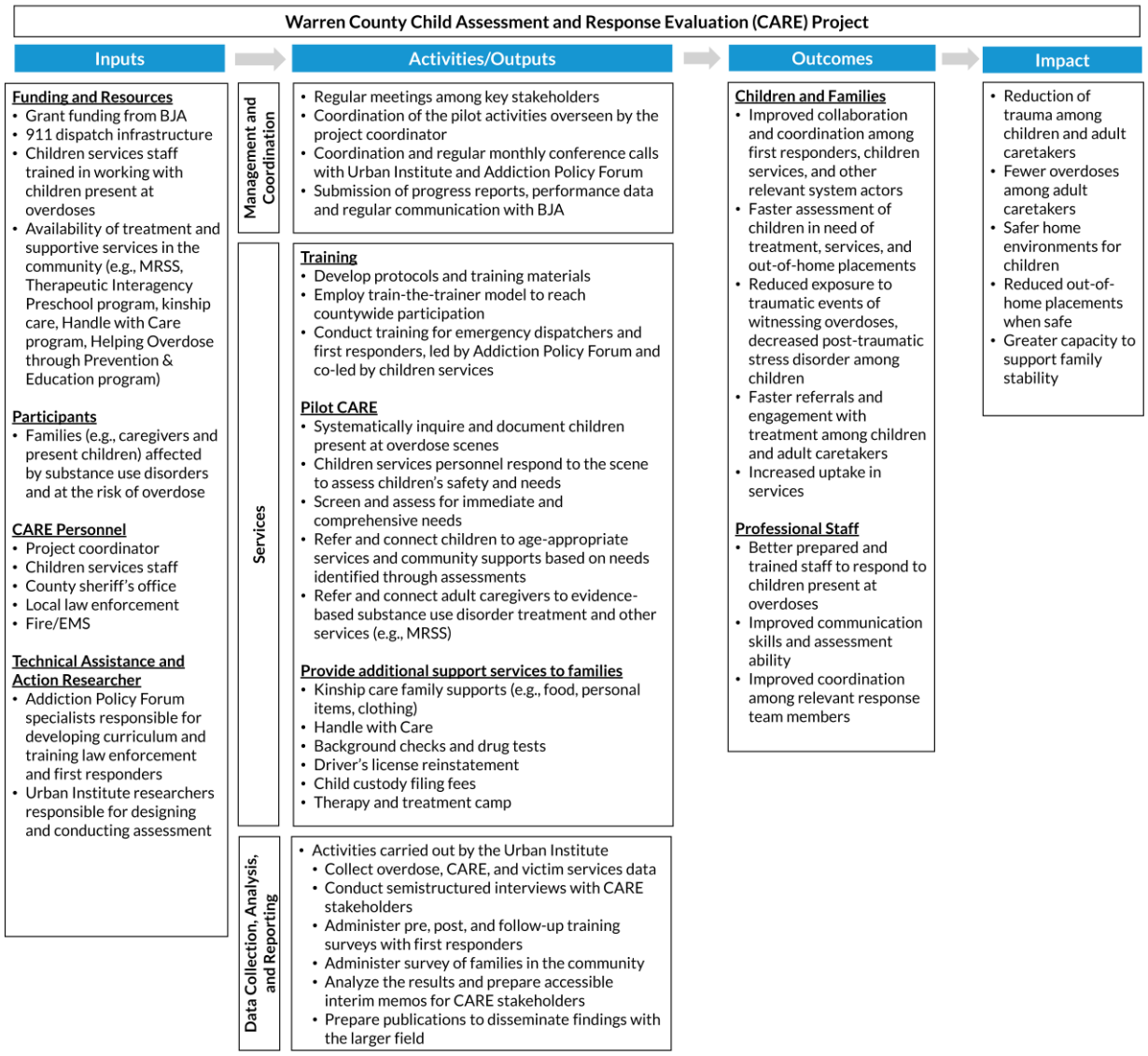
Child Assessment and Response Evaluation Project Partners

The CARE project brought a number of agencies and service providers in Warren County together. The following agencies played key roles:

- The **Warren County Board of Commissioners** was the prime grant recipient and lead agency for the project. The board provided a staff member to serve as the project coordinator and was responsible for overseeing the project's implementation and communicating across partner agencies. The project coordinator also facilitated monthly check-in calls with the key CARE partners (Addiction Policy Forum, the Urban Institute, and Warren County Children Services) to discuss implementation progress and troubleshoot challenges. Lastly, the project coordinator developed and circulated quarterly newsletters to a wide range of local stakeholders that provided updates about and success stories from the CARE project.
- **Warren County Children Services** codeveloped the CARE model and was responsible for responding to overdose scenes where children were present. The agency identified one investigative case worker to serve as the CARE case worker and respond to overdose scenes. In addition, an investigative supervisor from the agency helped facilitate roll call trainings with first responders and collected data on the cases referred to children services through CARE. The investigative supervisor and the agency's director participated in the monthly calls with the project coordinator to monitor the project's implementation.
- The **Warren County Sheriff's Office** directed officers to call children services when a child was present at an overdose scene. The sheriff's office was also responsible for collecting data about overdose scenes on an overdose form and securely sharing the data with Urban for analysis. This overdose form was originally developed by the sheriff's office and later modified in collaboration with Urban to include fields relevant to CARE.
- Additional **law enforcement and fire/EMS agencies** in Warren County were responsible for responding to overdose scenes, notifying children services when children were present, and making referrals to CARE.

FIGURE 1

The Warren County, Ohio, Child Assessment and Response Evaluation Logic Model



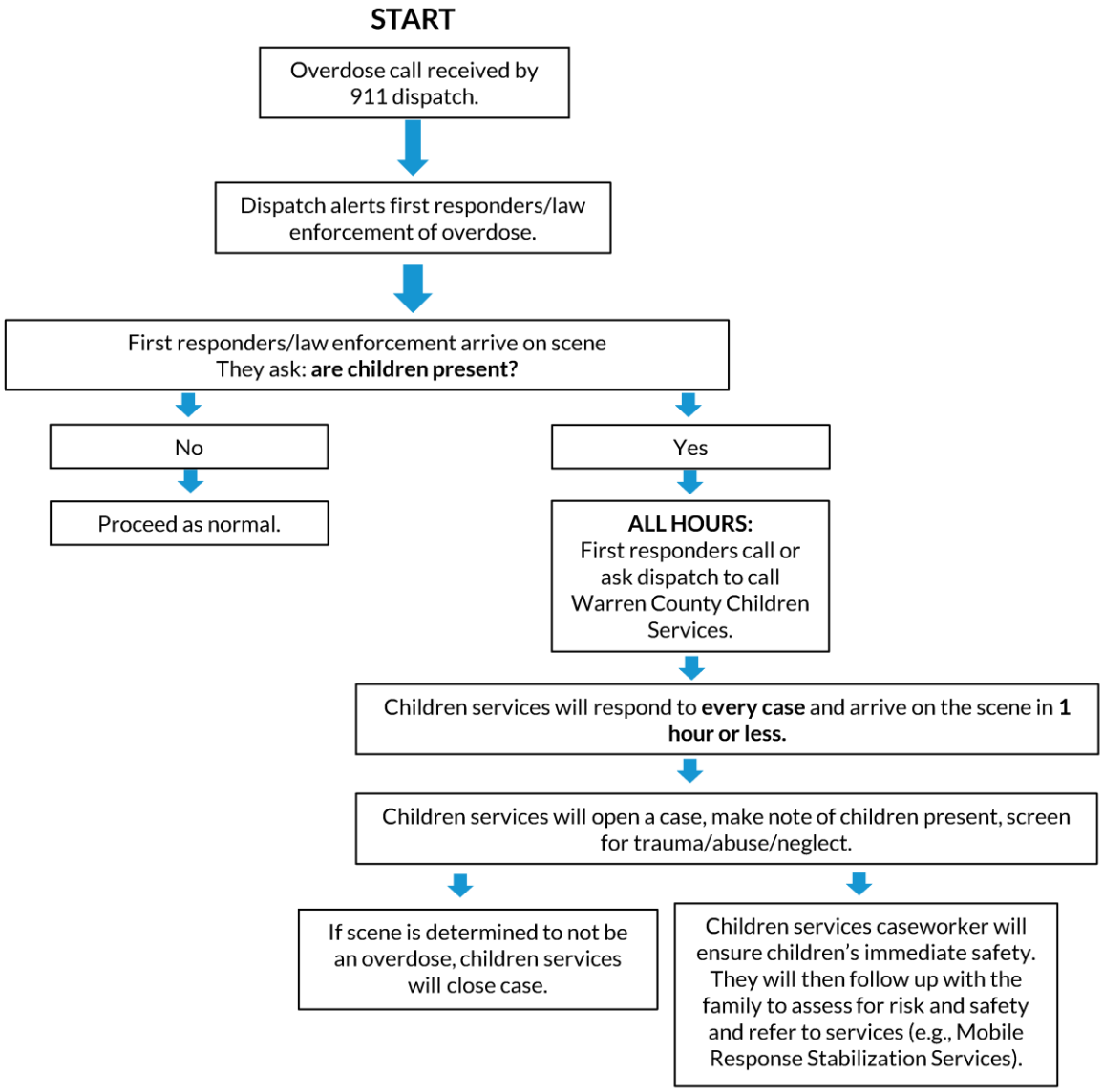
Source: This logic model was developed by Urban, in partnership with Warren County stakeholders.
Notes: BJA = Bureau of Justice Assistance. CARE = Warren County Child Assessment and Response Evaluation. MRSS = Mobile Response and Stabilization Services.

Built on cross-agency partnerships, CARE requires law enforcement officers and fire/EMS personnel (i.e., first responders) who find one or more children younger than 18 at the scene of an overdose to call children services for immediate assistance. Emergency dispatchers can also call children services during 911 calls and ask them to report to the scene of an overdose. When an

overdose occurs between normal business hours (8:00 a.m. to 4:30 p.m.), children services' CARE case worker responds to the overdose within an hour of receiving the call. When an overdose occurs outside these hours, first responders request that emergency dispatchers contact children services, and the on-call case worker will respond within an hour of being notified. Figure 2 illustrates the CARE referral process, starting with emergency dispatchers receiving a call reporting an overdose.

FIGURE 2

The Warren County, Ohio, Child Assessment and Response Evaluation Referral Process



Source: This flow chart was developed by Urban, in partnership with Warren County stakeholders.

ON THE SCENE

Once on the scene, the CARE case worker locates and removes the child(ren) from the immediate scene (e.g., the room the overdose occurred in) and conducts a state-mandated 15-question safety assessment checking each child for exposure to serious injury, abuse, and trauma. In addition to these state-mandated questions, the assessment includes questions about the family's previous involvement with children services and the parents' criminal histories, if they have any. If the assessment finds the home is unsafe for the child, the case worker will make alternative arrangements with local kin (extended family) or temporary foster care placement. If the case worker notes significant abuse or harm of the child, they can refer them to the Child Advocacy Center of Warren County for a more thorough forensic interview. In addition, within 24 to 48 hours, the case worker refers the family to the county's Mobile Response and Stabilization Services (MRSS), which assesses the family for trauma and determines appropriate services, which range from in-home supports to short-term residential treatment (Shannahan and Fields 2016).

While on the scene, one of the first responders is encouraged to fill out an overdose form developed by the sheriff's office to track county overdoses. The person completing this form answers questions about whether children were at the scene or whether evidence suggests children live there. Importantly, Ohio Revised Code Section 2151.421, which took effect as CARE launched, mandates that first responders report child abuse and neglect.

FOLLOW-UP SERVICES

Following the overdose, children services checks on the family's children once a week if they have an in-home safety plan (based on the results of the assessment described above), biweekly if they have an out-of-home safety plan (with a phone call on the off week), and at least once a month if they are placed out of home. During follow-up visits, the CARE case worker assesses children's safety and can refer them to additional services, such as the Therapeutic Interagency Preschool program for young children impacted by trauma. In addition, children services can refer parents and family members to substance use treatment and services, such as Talbert House (a nonprofit service provider for people experiencing addiction and mental health issues); the Sobriety, Treatment, and Reducing Trauma programs in Butler and Warren Counties (evidence-based programs for families with parental substance use and cases of child neglect or abuse); Solutions Community Counseling and Recovery Centers (a mental health and alcohol/drug use service provider); and Recovery Defined (a local treatment facility).

CARE PROJECT TRAINING

After developing CARE, Addiction Policy Forum, Urban, and Warren County Children Services trained representatives from Warren County's law enforcement agencies, fire and EMS, emergency dispatch, and children services on the CARE model. The initial training, which Addiction Policy Forum developed, was approximately 60 minutes and included content on addiction, trauma and vicarious trauma, substance use disorder, and trauma-informed approaches to engaging with children. The training also described the purpose of the CARE project, the rapid-response and referral processes, and services available to families identified through the project.

Each first responder agency then implemented the training with its own staff, and each did so differently. For example, children services facilitated an in-person training with all of its staff using Addiction Policy Forum's training materials. The sheriff's office issued a directive to all its officers explaining the CARE project and instructing them to follow the referral process described above. Other first responder agencies informed their staff about CARE and provided them the training materials. Following the initial trainings, the project coordinator and the children services investigative supervisor facilitated 20-minute trainings at all local first responder agencies during their roll calls (i.e., shift changes) to remind staff of the CARE project and its protocols. In addition, in April 2021 the county developed a training video that depicts an overdose scene and narrates the CARE referral process. The video was provided to law enforcement and fire/EMS agencies across the county. The county encouraged agencies to incorporate the video in their staff trainings. As of this writing, Warren County plans to sustain CARE beyond the grant period.

EXPANSION OF SERVICES

In December 2019, the Warren County Board of Commissioners began using its COSSAP grant to fund an expansion of services available to CARE families and to other families in the county impacted by substance use disorder. The board began partnering with children services, the Helping Overdose through Prevention and Education (or HOPE) program, Mental Health Recovery Services, Warren County Community Services, the Warren County Recovery Court, and the Warren County Juvenile Court to cover the cost of substance use treatment for uninsured people and provide services, such as reinstating driver's licenses and drug screenings. In partnership with children services' kinship care program, the county provided resources to cover caregivers' custody filing fees, background checks, utilities, groceries, and other personal needs, as well as therapy and treatment for children. It also partnered with Franklin City Schools, Kings Local School District, Lebanon City Schools, and Little Miami School District to provide kinship family supports and books for school counselors' Care Corners. The county is also supporting a portion of a Therapeutic Interagency Preschool coordinator's salary. In

addition, the board of commissioners worked with Addiction Policy Forum to develop a toolkit, "Helping Children Impacted by Parental Substance Use Disorder." The board printed and circulated 450 versions of the toolkit to practitioners, teachers, coaches, and YMCA workers.

Assessment Methods

In partnership with the Warren County Board of Commissioners and the CARE partners, Urban assessed the implementation of the CARE grant from October 1, 2018 through June 30, 2021 to document program operations, the nature of overdose scenes, and the characteristics of families referred to children services, as well as barriers to and facilitators of the program perceived by stakeholders. The assessment was designed to answer the following research questions:

- What are the key features of CARE, including referral mechanisms, partnerships, and family services?
- To what extent does CARE lead to greater coordination, cohesion, and partnership among the various public and private agencies serving Warren County families?
- To what extent does CARE lead to greater coordination among first responders, emergency dispatch, and children services during responses to overdose scenes where children are present?
- To what extent does CARE lead to improved outcomes for children and families (e.g., faster assessment of children's needs, reduced exposure to traumatic events, faster referral to treatment and services)?

Data Collection Activities

To answer our research questions, we used multiple sources and data collection activities. Those activities included the following.

OBSERVATIONS OF CARE ACTIVITIES

Researchers co-led and observed **project kickoff meetings** in December 2018 and March 2019 and the **first responder training** in June 2019. Observing CARE from its inception enabled Urban to see the project in action and document its successes and challenges.

MONTHLY TELECONFERENCES

Urban participated in the **monthly teleconferences** with the project coordinator, key children services staff, and Addiction Policy Forum to monitor the progress of implementation.

STAKEHOLDER INTERVIEWS

The research team conducted three waves of **semistructured interviews** (25 total) with CARE stakeholders to learn about the project's operations and implementation and their recommendations for strengthening it. Interviewees represented the Franklin Fire Department, the Warren County Board of Commissioners, Warren County Children Services, the Warren County Child Support Enforcement Agency, Warren County Emergency Dispatch, and the Warren County Sheriff's Office.

TRAINING SURVEYS

Urban developed and collected **pre- and posttraining surveys** from stakeholders (67 respondents) including first responders and staff from emergency dispatch, children services, and the coroner's office who attended CARE trainings in June 2019 (the surveys are available in appendixes A and B). The surveys were designed to capture respondents' perceptions of addiction, their knowledge of CARE, their understanding of their roles and responsibilities on the CARE project, and their satisfaction with the training. Stakeholders took the pretraining survey immediately before the 60-minute training started and the posttraining survey immediately after it ended. The surveys included 18 and 33 statements, respectively, and stakeholders were asked to indicate their level of agreement on a scale ranging from 1 ("strongly disagree") to 4 ("strongly agree").[7] Hard copies of the surveys were administered and provided back to the researchers, who transferred the survey responses to Excel for analysis.

A FOLLOW-UP SURVEY

The research team developed and administered a **follow-up survey** from December 2020 to February 2021 to the staff at various local law enforcement agencies, fire/EMS departments, emergency dispatch, children services, and representatives from the board of commissioners via Qualtrics, a secure online survey platform (see appendix C for a full copy of this survey). Seventy-six people interacted with the survey, but the responses for 13 were removed from the data because of incomplete surveys. The survey included 32 questions and was designed to learn about stakeholders' awareness and knowledge of CARE and their involvement in it, as well as their perceptions toward addiction and substance use services in Warren County.

A SURVEY OF LOCAL FAMILIES

The research team worked with the Warren County Child Support Enforcement Agency and Warren County Children Services to develop and conduct a 12-question **survey of families in the community** who may be affected by substance use disorder; survey data collection spanned July 2021 to September 2021 (see appendix D for the survey). The aim was to reach individuals and families who had been served by CARE or similar substance use treatment or services in the county (e.g., mental health services or substance use/addiction support). The purpose of the survey was to collect data on any types of services families received and their satisfaction with those services, as well as how the county could better serve families struggling with addiction and whether they would share ideas for improving services. The survey was administered online using Qualtrics. Urban researchers partnered with the Warren County Child Support Enforcement Agency to mail postcards to families on its caregiver caseload to recruit them to take the survey.

COLLECTION OF ADMINISTRATIVE DATA ON OVERDOSE CALLS

The research team collected **monthly administrative data from the sheriff's office** on all overdoses occurring in the county. Through its overdose form, the office collects information on the time an overdose occurred, the city and zip code where it occurred, the suspected drug, the price of the drug, whether the overdose was fatal, and whether naloxone was administered. Because of the CARE project, the sheriff's office modified the form to include questions about children present at overdose scenes. The form's new data fields capture whether children are on the scene of an overdose; whether, if children are not present, any evidence (e.g., toys, children's furniture, car seats, children's books) suggests children reside at the scene; and any notes relevant to the scene and/or children present. The research team received 24 datasets from the sheriff's office.

COLLECTION OF DATA ON REFERRALS TO CARE

In addition to the data from the sheriff's office, Urban periodically received **data from children services on the families referred to CARE**. Children services, in collaboration with Urban, developed a spreadsheet to capture critical data on referrals to CARE and track the need for follow-up assessments and services. The research team received eight reports of this nature from children services, which for each case tracked data on

- **the overdose scene** (e.g., time and date of the overdose call, number of children at the scene, children's ages, responding agency);
- **household composition** (e.g., number of children living in the home);

- **drug screenings** (i.e., whether the caregiver (who did not experience a drug overdose) was screened for drug use and the screening results); and
- **referrals to services** for the children and caregivers (e.g., the Child Advocacy Center of Warren County, MRSS).

COLLECTION OF DATA ON SERVICES FOR FAMILIES

Urban collected **data from the project coordinator on the services provided to families** through the grant. Urban received six datasets that identified the types of services provided, the agencies that provided them, the dollar amount of the services, and the dates the providing agencies were reimbursed.

Data Analysis

The Urban research team began the data analysis by synthesizing and analyzing notes taken from observations and semistructured interviews for common themes and takeaways, including stakeholders' thoughts about the project's successes, challenges, and sustainability. Next, we used descriptive statistical methods to analyze the administrative data from the sheriff's office, children services, and the project coordinator. We analyzed these data to summarize the incidences and characteristics of overdose calls and families referred to CARE, and the expansion of services provided through CARE. Then, we analyzed the responses to the three waves of training surveys (i.e., the pretraining, posttraining, and follow-up surveys) provided to first responders and CARE stakeholders to assess their perceptions of addiction, their knowledge and use of CARE, their understanding of their roles and responsibilities on the CARE project, their satisfaction with the training, and their perceptions of substance use services in Warren County. We examined respondents' levels of agreement with the survey questions; we did not test for change in individual respondents' perceptions, as we could not link the surveys owing to their design. Lastly, using responses to the family survey, we analyzed families' perceptions of the availability and quality of substance use services in the county.

Findings

Drawing on the data collected through the above activities, we present a summary of our observations and stakeholder interviews, results from the training and family surveys, findings from our analyses of overdose calls received by law enforcement, a description of the referrals to CARE received by children services, and details related to the additional services provided for families.

Summary of Observations and Stakeholder Interviews

CARE seems to have improved stakeholders' perceptions, awareness, and use of Warren County Children Services. For example, several stakeholders reported that after the county began implementing CARE, first responders were more likely to engage children services in general, not only to refer people to CARE. Some also said they became more familiar with children services' mission by engaging in CARE, being present at overdose scenes, and participating in roll call trainings. Moreover, first responders said they better understood that children services staff strive and actively work to keep families together. This has made stakeholders less hesitant about calling children services to overdose scenes and about directing general inquiries and questions to the agency. In addition, children services leadership has reestablished a level of trust with other agencies by ensuring case workers respond to overdose calls within an hour.

Many stakeholders, however, indicated that greater buy-in from local law enforcement agencies, fire and EMS agencies, and emergency dispatch would have strengthened implementation efforts. For example, some felt emergency dispatch should have asked first responders whether children were present at overdose scenes, allowing children services to arrive to the scenes faster. In addition, although children services staff anecdotally reported they had received more calls after implementation began (June 2019), some stakeholders felt some children were missed because of challenges consistently implementing the CARE model across all first responder agencies.

Similarly, many stakeholders said that CARE would have benefited from stronger county leadership engagement. Several stakeholders expressed that other than the project coordinator, no one in county leadership was actively involved with the project's operations. Some felt this negatively impacted compliance and buy-in across multiple agencies. Others felt it led to confusion about who championed the initiative. Having an additional leader support the project coordinator —especially one with a working knowledge of law enforcement or fire/EMS, children services, and/or substance use disorders—and be actively engaged in CARE may have benefited the initiative. Relatedly, some stakeholders said the initiative may have benefited from being led by first responders or children services, instead of the county.

CARE was implemented on a foundation of interagency collaboration, and stakeholders felt the project strengthened partnerships. Most of the key agencies responsible for implementing CARE had worked together before, though not on an initiative such as CARE. Stakeholders felt that collaborating on CARE strengthened cross-agency collaboration.

Despite the multiple trainings provided during the implementation period, some stakeholders reported that agencies were inconsistently executing the CARE model. Based on our stakeholder interviews, this appeared to be the case for two reasons. First, several stakeholders reported that the nature of first responders' jobs makes reinforcing the model difficult. For example, different first responders respond to different overdose scenes, which stakeholders said made it difficult to reinforce new processes and procedures. Second, the number of jurisdictions in Warren County made it difficult to consistently implement the CARE protocols across agencies.

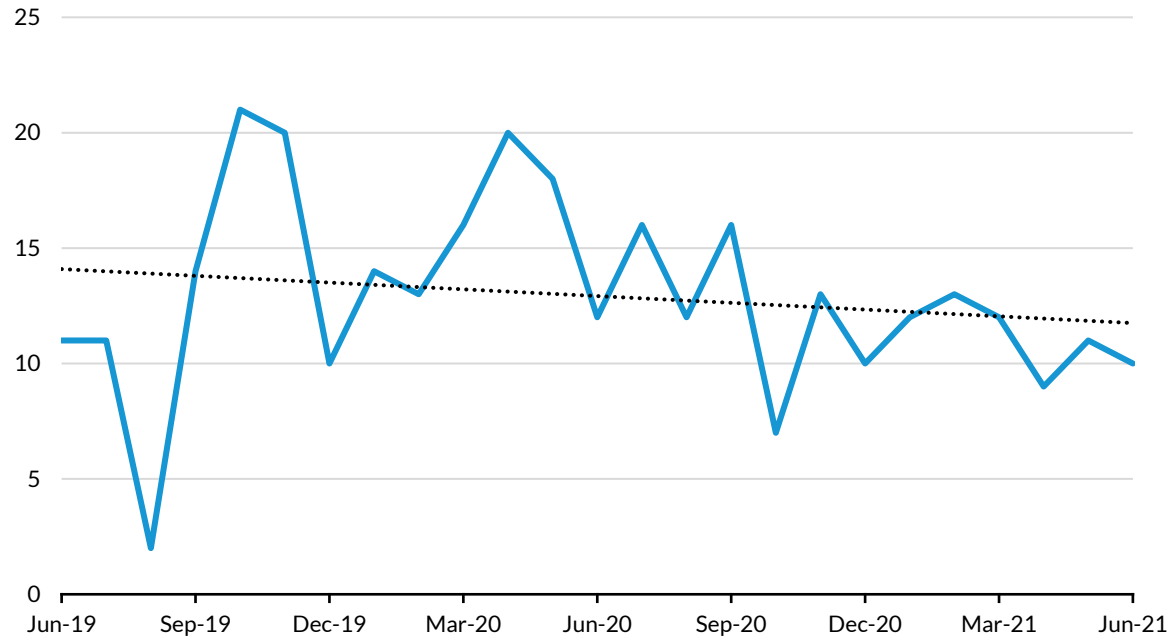
Lastly, some stakeholders said they would have benefited from a more hands-on approach from the funder (the Bureau of Justice Assistance). They felt that with greater communication and clarity from the bureau, the additional grant resources could have been spent more productively and some of the implementation challenges could have been resolved more effectively. Some did note, however, that the training and technical assistance from JBS International (a training and technical assistance provider for the Bureau of Justice Assistance's COSSAP grantees) benefited the project significantly.

IMPACTS OF THE COVID-19 PANDEMIC

According to stakeholders, the COVID-19 pandemic had a minimal effect on implementing the CARE protocols, as first responders and children services staff have continued to respond to overdose scenes during the pandemic. To adapt, some agencies advised and/or required their staff to wear personal protective equipment, practice social distancing where possible, meet with families outside of the house (e.g., in front yards), and keep interactions to a minimum. Stakeholders also reported there were fewer CARE calls during the height of the pandemic, despite the fact that early data from the sheriff's office (figure 3) and anecdotal evidence from stakeholders suggested the rates of overdoses and relapses increased at times during this period. In addition, stakeholders reported that services for families and children, including treatment and parental reunification, had been put on hold because of the pandemic. Furthermore, teachers and school officials are often the people who report signs of abuse and mistreatment, and children services saw an overall decrease in referrals of all types when schools were closed or operating remotely, until they reopened in fall 2020.

FIGURE 3

Number of Overdose Calls Received by the Warren County Sheriff's Office by Month, June 2019 through June 2021



Source: Warren County, Ohio, Sheriff's Office.
Note: The dotted line shows the trend of monthly overdose calls documented through the Warren County Sheriff's Office's overdose form.

Training Survey Results

Stakeholders who participated in CARE training took pre- and posttraining surveys on which they conveyed their perceptions of addiction, trauma, and substance use disorders; their knowledge and understanding of CARE; and their satisfaction with the training content and delivery. On both of these surveys, respondents mostly agreed (i.e., somewhat agreed or strongly agreed) with statements about the harms of addiction and trauma. On the posttraining survey, respondents agreed more than on the pretraining survey that the amount of time children are exposed to trauma is connected with the severity of the trauma's impact on them. They also agreed more on the posttraining survey that they are affected by difficult overdose scenes. Moreover, respondents indicated a greater degree of understanding of CARE's origins and mission on the posttraining survey. Stakeholders agreed at high levels on both surveys with statements about their knowledge of CARE and the importance of their roles in the project; they also agreed that they understood what was expected of them for the success of the project.[8]

After the initial trainings, the children services investigative supervisor and the CARE project coordinator delivered follow-up roll call trainings at Warren County first responder agencies. Stakeholders we interviewed overwhelmingly indicated that the roll call trainings helped first responders keep CARE at the front of their minds. In addition, some stakeholders felt the trainings allowed children services and the county to effectively connect with first responders, improving collaboration and partnerships. Many stakeholders said that although the roll call trainings were not comprehensive training, they were a good solution to the initial trainings, which they said were inconsistent.

After the roll call trainings, Urban administered the follow-up survey to stakeholders. Of the 63 respondents, 23.8 percent said their work is based in Lebanon, followed by Springboro (15.9 percent) and Hamilton Township (14.3 percent). Looking at agency type, 41.3 percent of respondents work at city or township law enforcement, followed by 25.4 percent at the sheriff's office, 11.1 percent at children services, 9.5 percent at emergency dispatch, and 4.8 percent at fire/EMS agencies.

The next section of the survey (tables 1 through 4, figure 4) was designed only for stakeholders who respond to overdose scenes (i.e., sheriff's office, city/township law enforcement, fire/EMS, or "other"). This group of 50 respondents was asked how often they had been on the scene of an overdose where children (or evidence of children) were present. Of those 50 respondents, 34.0 percent indicated they had rarely responded to an overdose scene with children (or evidence of children) present, 26.0 percent they had sometimes responded to such a scene, and 26.0 percent had never (table 1). Table 2 presents a detailed breakdown of how often staff from different agencies had responded to overdose scenes with children present.

TABLE 1

Most Survey Respondents Have Only Rarely Been on an Overdose Scene Where Children or Evidence of Children Were Present

Survey question: Since June 2019, how often have you been on an overdose scene where a child(ren) (or evidence of children) has been present?

	n	%
Answer		
Never	13	26
Rarely	17	34
Sometimes	13	26
Often	2	4
Always	0	0
Not applicable	5	10

Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.
Note: *N* = 50.

TABLE 2

The Warren County Sheriff's Office Is the Only Agency Where Any Staff Indicated They *Often* Respond to Overdose Scenes with Children Present

Survey question: Since June 2019, how often have you been on an overdose scene where a child(ren) (or evidence of children) has been present?

	Always (*n*)	Often (*n*)	Sometimes (*n*)	Rarely (*n*)	Never (*n*)	N/A (*n*)
Respondent's agency						
City/township law enforcement (not sheriff's office)	0% (0)	0% (0)	26.9% (7)	46.2% (12)	23.1% (6)	3.8% (1)
Fire/EMS	0% (0)	0% (0)	66.6% (2)	33.3% (1)	0% (0)	0% (0)
Sherriff's office	0% (0)	12.5% (2)	25% (4)	25% (4)	31.3% (5)	6.2% (1)
Other	0% (0)	0% (0)	0% (0)	0% (0)	25% (1)	75% (3)
Prefer not to answer	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)
Total	0	4% (2)	26% (13)	34% (17)	26% (13)	10% (5)

Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.

Notes: N/A = not applicable. *N* = 50. "Other" consists of "commissioners," "office worker," "Warren County office," and "drug task force." The "total" row shows responses as percentages of our total sample of *N* = 50.

Of this same sample of 50 respondents, 36.0 percent reported that they had never called children services (directly or via emergency dispatch) to report children or evidence of a child at the scene of an overdose; 24.0 percent reported they had rarely done so, and 22.0 percent had sometimes done so. Though more than a third of respondents reported never having called children services, the majority (56.0 percent) had called, suggesting agencies are aware of and using the protocols as intended (table 3 provides a detailed breakdown by agency type). Of those who had called children services, the majority (52.4 percent) reported that children services had often or always arrived on the overdose scene within an hour.

TABLE 3

Warren County Agencies Are Generally Aware of and Using the CARE protocols

Survey question: Since June 2019, how often have you called children services to report a child(ren) or evidence of a child at the scene of an overdose?

	Always (*n*)	Often (*n*)	Sometimes (*n*)	Rarely (*n*)	Never (*n*)	N/A (*n*)
Respondent's agency						
City/township law enforcement (not sheriff's office)	11.5% (3)	3.8% (1)	19.3% (5)	26.9% (7)	38.5% (10)	0% (0)
Fire/EMS	0% (0)	33.3% (1)	33.3% (1)	0% (0)	33.3% (1)	0% (0)
Sheriff's office	0% (0)	0% (0)	25% (4)	31.2% (5)	37.5% (6)	6.3% (1)
Other	0% (0)	0% (0)	25% (1)	0% (0)	0% (0)	75% (3)
Prefer not to answer	0% (0)	0% (0)	0% (0)	0% (0)	100% (1)	0% (0)
Total	6% (3)	4% (2)	22% (11)	24% (12)	36% (18)	8% (4)

Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.

Notes: N/A = not applicable. *N* = 50. "Other" consists of "commissioners," "office worker," "Warren County office," and "drug task force." The "total" row shows responses as percentages of our total sample of *N* = 50.

These 50 respondents were then asked how often they were completing the overdose form. Nearly one-third (32.7 percent) reported they had never completed the overdose form, while another near one-third (28.6 percent) selected "not applicable," indicating the overdose form was not relevant to them. Just 22.5 percent reported always filling out the overdose form (table 4). Again, law enforcement agencies are not required to use or complete the overdose form; this may contribute to the variability in responses to this question.

TABLE 4

Nearly One-Third of Survey Respondents Reported Never Completing the Overdose Form

Survey question: How often did you fill out the overdose form about the overdose scene?

	n	%
Answer		
Never	16	32.7
Rarely	5	10.2
Sometimes	2	4.1
Often	1	2.0
Always	11	22.5
Not applicable	14	28.6

Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.

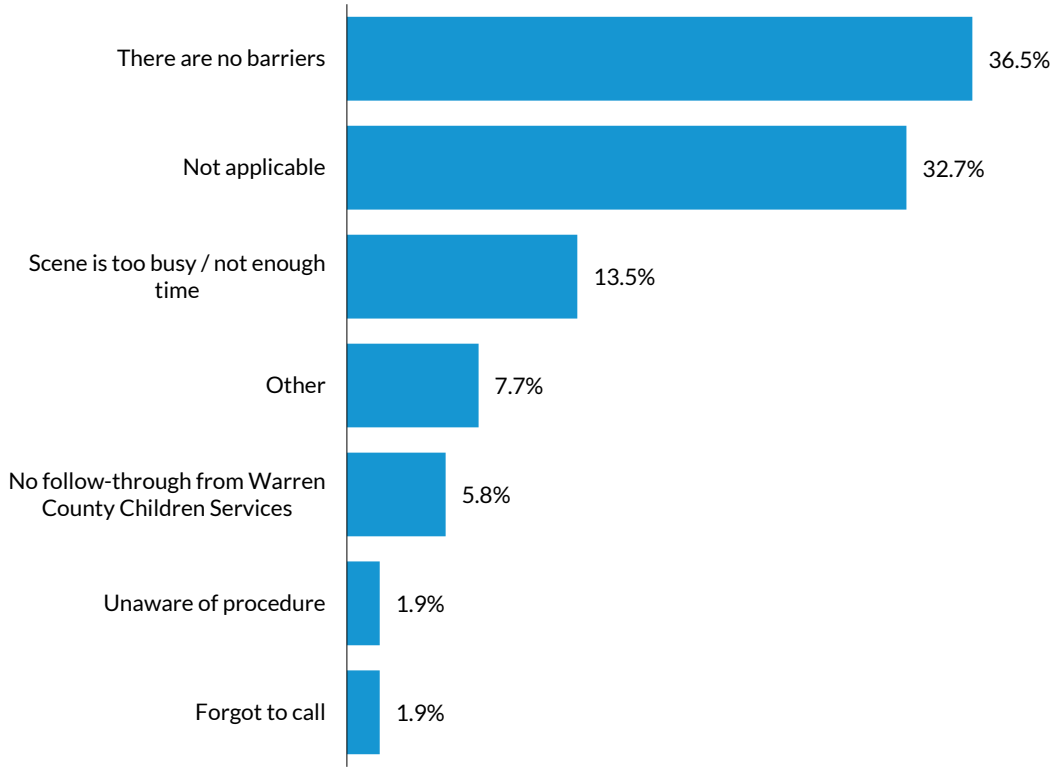
Note: *N* = 49.

The follow-up survey also asked stakeholders about their perceptions of barriers to calling children services while at an overdose scene; 36.5 percent felt there were no barriers, and 13.5 percent felt the scene was too busy or there was not enough time to call (figure 4). One respondent noted that having to contact emergency dispatch took more time than simply contacting children services directly and that they preferred to have a direct line to children services. Another respondent felt that contact with children services had improved significantly over the course of the project.

FIGURE 4

Most Respondents Reported That There Are No Barriers to Calling Warren County Children Services While at an Overdose Scene

Survey question: What barriers have you faced in calling or connecting with children services at an overdose scene? Check all that apply.



Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.

On the follow-up survey, all respondents were asked to indicate how strongly they agreed or disagreed with statements about addiction. Like on the pre- and posttraining surveys, respondents agreed at high levels that witnessing an overdose can be highly traumatic for a child.[9] Agreement with some responses to the follow-up survey, however, appear to have weakened since the posttraining

survey. For example, 79.0 percent of follow-up survey respondents somewhat or strongly agreed that many people who suffer from addiction as adults experienced trauma as children, whereas 97.0 percent of posttraining survey respondents said the same (see table 5). Results on the follow-up survey also demonstrated that perceptions and/or understanding of the training curriculum taught by Addiction Policy Forum (in June 2019) somewhat declined over the one-year follow-up period. For example, a larger majority of respondents (71.4 percent) on the follow-up survey agreed that addiction is a choice and not a disease than on the posttraining survey (50.8 percent).

TABLE 5

Follow-up and Posttraining Survey Respondents Agree that Witnessing an Overdose Can Be Highly Traumatic for a Child

Survey question: The following statements are about addiction. Please reach each statement and indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strongly agree (*n*)	Somewhat agree (*n*)	Somewhat disagree (*n*)	Strongly disagree (*n*)
Statement				
Witnessing an overdose can be highly traumatic for a child.	90.5% (57)	6.4% (4)	3.8% (2)	0% (0)
First responders can lessen the impact of trauma by making children exposed to overdoses feel safe.	73% (46)	23.8% (15)	3.8% (2)	0% (0)
Addiction is a choice, not a disease.	34.9% (22)	36.5% (23)	20.6% (13)	7.9% (5)
I am not affected by overdose scenes.	30.7% (19)	38.7% (24)	22.6% (14)	8% (5)
People who begin using substances at a young age are especially vulnerable to addiction.	76.2% (48)	20.6% (13)	1.6% (1)	1.6% (1)
How severely trauma will impact a person depends on how long he or she is exposed to the trauma.	25.4% (16)	38.1% (24)	27% (17)	9.5% (6)
Many people who suffer from addiction as adults experienced trauma as children.	24.2% (15)	54.8% (34)	19.4% (12)	1.6% (1)

Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.

Note: *N* = 63. These questions were designed for all respondents to answer, regardless of whether they respond to scenes.

The next set of questions asked respondents about their knowledge of the CARE project (table 6). Overall, follow-up survey respondents indicated lower levels of understanding and buy-in than posttraining survey respondents. For example, 77.6 percent indicated they somewhat or strongly understood the origins of the project, whereas 92.5 percent indicated as such on the posttraining survey. This suggests the training immediately increased respondents' knowledge and awareness of CARE and that this may have weakened over time.

TABLE 6

Follow-Up Survey Respondents Indicated Lower Levels of Understanding of the Project's Origins Than Posttraining Survey Respondents

Survey question: The following statements are about the CARE project. Please read each statement and indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strongly agree (*n*)	Somewhat agree (*n*)	Somewhat disagree (*n*)	Strongly disagree (*n*)
Statement				
I understand the mission and goals of the CARE project	59.7% (34)	24.6% (14)	14% (8)	1.8% (1)
Each agency plays a crucial role in the success of the CARE project.	71.4% (40)	17.9% (10)	10.7% (6)	0% (0)
Collaboration among agencies is important.	83% (49)	15.3% (9)	1.7% (1)	0% (0)
I understand the origins of this project.	50% (29)	27.6% (16)	12.1% (7)	10.3% (6)
I do not understand what is expected of me for the success of this project.	8.6% (5)	8.6% (5)	31% (18)	51.7% (30)
I think this project is burdensome for my agency.	3.5% (2)	8.6% (5)	29.3% (17)	58.6% (34)
I do not understand the objectives of the CARE project.	5.2% (3)	12.1% (7)	20.7% (12)	62.1% (36)

Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.

Notes: CARE = Child Assessment and Response Evaluation. *N* = 59.

The next set of questions asked respondents to indicate the perceived benefit and usefulness of the CARE project. Generally, respondents felt CARE was beneficial and positively impacted the community (table 7). For example, 87.7 percent either somewhat agreed or strongly agreed that CARE had helped children in Warren County by connecting them to appropriate services. This was consistent with findings from interviews with local partners, who felt the project had positively impacted the community and worked as intended.

TABLE 7

Follow-Up Survey Respondents Reported That the CARE Project Had Positively Impacted the Community

Survey question: The following statements are about the CARE project. Please read each statement and indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strongly agree (*n*)	Somewhat agree (*n*)	Somewhat disagree (*n*)	Strongly disagree (*n*)
Statement				
The CARE project is beneficial for my agency.	55.2% (32)	32.8% (19)	8.6% (5)	3.5% (2)
Implementing CARE was not easy for my agency.	1.8% (1)	1.8% (1)	58.2% (32)	38.2% (21)
The CARE project has helped the children and families in my community by connecting them to appropriate services.	33.3% (19)	54.4% (31)	12.3% (7)	0% (0)
CARE did not help to improve collaboration between my agency and others.	1.8% (1)	21.1% (12)	40.4% (23)	36.8% (21)
CARE has helped improve communication between my agency and others.	25.9% (15)	39.7% (23)	34.5% (20)	0% (0)
As a result of the CARE project, I have more empathy for those who struggle with addiction, as well as their families.	10.2% (6)	39% (23)	30.5% (18)	20.3% (12)
I do not think CARE should be standard practice.	3.5% (2)	19.3% (11)	31.6% (18)	45.6% (26)
Overall, I think the CARE project has had a positive impact on my community.	42.1% (24)	36.8% (21)	17.5% (10)	3.5% (2)

Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.

Notes: CARE = Child Assessment and Response Evaluation. *N* = 59.

Responses about how CARE could be strengthened varied (figure 5). The most common response was that cross-agency communication and collaboration could be increased (16.3 percent), followed by increased training for key agency staff (15.5 percent), increased public education about the project (13.8 percent), and more information on family-related outcomes (13.1 percent).

FIGURE 5

Responses on the Follow-Up Survey about How CARE Can be Strengthened Varied

Survey question: From your perspective, how can the operations of CARE be strengthened? Check all that apply.

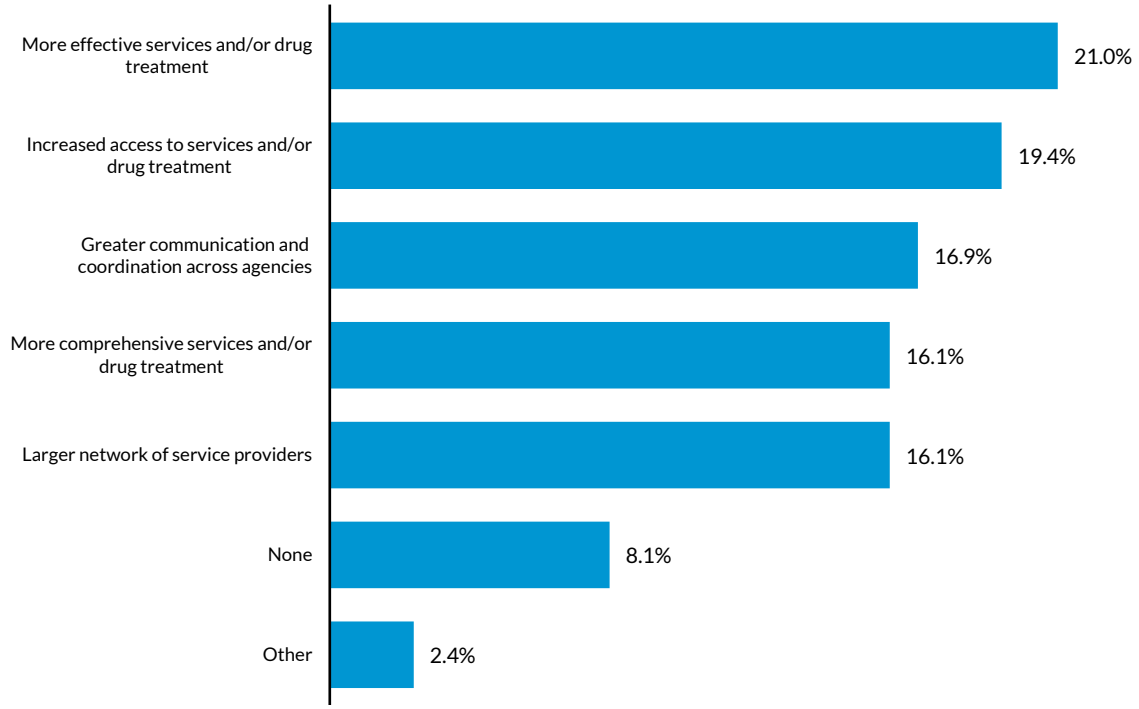
Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.
Note: CARE = Child Assessment and Response Evaluation.

The next question asked how CARE could better serve those in the county struggling with addiction and their families, and responses similarly varied (figure 6). The most common answer was more effective services and/or drug treatment (21.0 percent), followed by increased access to services and/or drug treatment (19.4 percent) and greater communication and coordination across agencies (16.9 percent).

FIGURE 6

Responses on the Follow-Up Survey about How CARE Could Better Serve Those in Warren County Struggling with Addiction and Their Families Varied

Survey question: How can CARE better serve those in the county struggling with addiction and their families? Check all that apply.



Source: Urban Institute follow-up survey of Child Assessment and Response Evaluation project stakeholders in Warren County, Ohio, administered December 2020 through February 2021.
Note: CARE = Child Assessment and Response Evaluation.

Family Survey Results

We also surveyed families in Warren County who may be affected by substance use disorder. Sixteen people interacted with the survey, and 14 chose to take it. Of those 14, 12 (85.7 percent) reported that someone in their family struggles with substance use or addiction. The most popular services these families reported using were substance use/addiction treatment (17.4 percent) and kinship care (17.4 percent), followed by medication-assisted treatment (13.0 percent) and Narcotics Anonymous (13.0 percent). Most reported that the services they received were either very helpful or helpful.

Respondents were also asked what additional services would support families in the county. Mentoring programs were the most commonly reported (40.0 percent of respondents), followed by afterschool programs (26.7 percent). They were also asked what families in the county dealing with substance use disorder need. Responses varied: the most common responses were more access to

services and/or drug treatment, better services and/or drug treatment, and better communication across agencies (all were selected by 20.8 percent of respondents). The majority of respondents (55.6 percent) said they would be willing to be a part of the planning of any additional services offered by the county. Asked how they would be willing to help, the most common response was by taking a survey (30.4 percent), followed by participating in interviews (26.1 percent) and attending community meetings (21.7 percent).

Analysis of Overdose Call Data

After launching CARE in June 2019, Urban tracked implementation and overdose calls through June 2021. During this implementation period, Warren County law enforcement agencies received 323 calls for overdoses, according to the data from the Warren County Sheriff's Office. Table 8 presents the characteristics of these calls. Overdose calls most commonly occurred in the city of Lebanon (27 percent), on Sundays (18 percent), and between the hours of 4:00 p.m. and midnight (45 percent). A large majority of calls were for heroin/opioid use (81 percent), and few resulted in a fatal overdose (7 percent). Most overdose victims were white (98 percent), most were male (62 percent), and 39 percent were ages 25 to 34. **Of the calls documented via the overdose form, children were at the scene of 11 percent (35 calls). In 66 percent of overdose calls, officers noted no evidence of children in the home.** Stakeholders considered these numbers small (generally smaller than they anticipated), though stakeholders interviewed universally indicated the importance of the CARE protocol, regardless of the number of children identified and referred to children services.

TABLE 8

Characteristics of Overdose Calls Received by the Warren County Sheriff's Office, June 2019 through June 2021

	N	Percentage
Characteristic		
City		
Lebanon	86	27%
Mason	68	21%
South Lebanon	35	11%
Franklin	38	12%
Morrow	21	7%
Other	75	23%
Day of week		
Sunday	59	18%
Monday	42	13%
Tuesday	49	15%
Wednesday	40	12%
Thursday	44	14%

	N	Percentage
Friday	39	12%
Saturday	50	15%
Time of day		
Midnight – 8:00 a.m.	87	27%
8:00 a.m. – 4:00 p.m.	92	28%
4:00 p.m. – midnight	144	45%
Drug type		
Heroin/opioid	262	81%
Other prescription	48	15%
Meth	3	1%
Over the counter	4	1%
Other	2	1%
Unknown	4	1%
Victim age		
Younger than 18	7	2%
18–24	39	12%
25–34	125	39%
35–44	81	25%
45–54	45	14%
55–64	22	7%
65+	3	1%
Unknown	1	0%
Male	201	62%
Race/ethnicity		
White	315	98%
Black or African American	5	2%
Unknown	3	1%
Fatal overdose	24	7%
Victim transported to hospital	246	76%
Charged	202	63%
Any naloxone administered	233	72%
Any naloxone administered - law enforcement	153	47%
Any naloxone administered - EMS	122	38%
Child present	35	11%
Child evident		
Yes	19	6%
No	212	66%
Missing	92	28%

Source: Overdose form collected by the Warren County Sheriff's Office.
Note: N = 323

Data on CARE Referrals and Services

According to Warren County Children Services data, the agency received 40 referrals to CARE from June 2019 through June 2021. The number of CARE cases referred to the agency, however, does not match the number of overdose calls (35) where law enforcement reported children were present (see table 8). This discrepancy likely owes to one (or both) of the following two reasons. First, not all Warren

County law enforcement agencies were required to use the overdose form. Second, children services received referrals to CARE through other means, such as the Helping Overdose through Prevention and Education (HOPE) program in Franklin, Ohio, which follows up with families after overdoses to connect them to the appropriate drug treatment and support services.

Table 9 presents the number of CARE cases referred to children services by referring agency. Most referrals (43 percent) originated from the sheriff's office, followed by the Franklin Police Department (25 percent), the HOPE program (10 percent), the Springboro Police Department (8 percent), and the Lebanon Police Department (5 percent). The Hamilton Township, South Lebanon, and Waynesville police departments each referred one person to children services.

TABLE 9

Most CARE Cases Referred to Warren County Children Services Originated from the Sheriff's Office

	n	Percentage
Referring agency		
Warren County Sheriff's Office	17	43%
Franklin Police Department	10	25%
Helping Overdose through Prevention and Education program	4	10%
Springboro Police Department	3	8%
Lebanon Police Department	2	5%
Hamilton Township Police Department	1	3%
South Lebanon Police Department	1	3%
Waynesville Police Department	1	3%
Not reported	1	3%

Source: Warren County Children Services administrative data on referrals received through CARE.
Notes: CARE = Child Assessment and Response Evaluation. *N* = 40.

After being referred to children services, 14 families (35 percent) accepted the referral to Mobile Response Stabilization Services, which assessed each family for trauma and determined what services could be appropriate (table 10). Twelve caregivers were referred to additional services, such as Recovery Defined (13 percent), Solutions Community Counseling and Recovery Center (5 percent), Talbert House (5 percent), Beckett Springs behavioral health hospital (3 percent), Brightview Warren Addiction Treatment Center (3 percent), and the Butler County Sobriety, Treatment, and Reducing Trauma program (3 percent; table 11). Fifteen cases (38 percent) were ultimately transferred to an ongoing investigative caseload at children services.

TABLE 10

Outcomes of CARE Referrals to Mobile Response Stabilization Services

	n	Percentage
Outcome of referral to MRSS		
Parent accepted referral	14	35%
Parent refused referral	10	25%
Ongoing case	1	3%
Out of county	1	3%
Not applicable[a]	10	25%
Not reported	4	10%

Source: Warren County Children Services administrative data on referrals received through CARE.
Notes: CARE = Child Assessment and Response Evaluation. MRSS = Mobile Response Stabilization Services. *N* = 40; [a] Not applicable indicates that the child was too young to meet the age requirement for a referral to MRSS.

TABLE 11

CARE Referrals to Treatment Services by Service Provider

	n	Percentage
Service provider		
Recovery Defined	5	13%
Solutions Community Counseling and Recovery Centers	2	5%
Talbert House	2	5%
Beckett Springs	1	3%
BrightView Warren Addiction Treatment Center	1	3%
Butler County Sobriety, Treatment, and Reducing Trauma	1	3%
Not applicable[a]	16	40%
None	3	8%
Not reported	9	23%

Source: Warren County Children Services administrative data on referrals received through CARE.
Notes: CARE = Child Assessment and Response Evaluation. *N* = 40; [a] Not applicable indicates that the custodian/caregiver to the child was not the one with the substance use disorder and therefore a referral for the custodian was not needed.

The number of children present at overdose scenes or evidently living at the scenes ranged from zero to three. Of the households where children were present or it could be determined children lived there,[10] the average number of children living in the home was 1.4 and the average number of children present at an overdose scene was 1.0. In some cases, children were not reported as being present because children services received referrals at a later time (e.g., through the Helping Overdose through Prevention and Education program) or because the overdose occurred at a home where children might have been impacted but where they did not live or were not present when first responders arrived on the scene. The ages of children ranged from 2 months to 17 years.

In addition to these findings, children services anecdotally reported that referrals increased after CARE was implemented. The number of calls it received, however, was smaller than anticipated. Some stakeholders attributed this to the generally low and decreasing number of overdoses in the

county (see figure 3 for a trend of overdose calls received by the sheriff's office during the implementation period). That is, there were fewer scenes occurring than before CARE was implemented, and this may also have led to fewer scenes with children present (although children services anecdotally reported that the number of calls it received to overdose scenes where children were present increased after CARE was implemented). Other stakeholders thought there was failure to comply with the CARE model at every overdose scene. To mitigate this, children services routinely compared the overdose data collected by the sheriff's office with its roster of CARE clients and contacted the appropriate agency when a discrepancy was found.

Although children services anecdotally reported that the number of calls it received to overdose scenes where children were present increased after CARE was implemented, some stakeholders questioned the extent to which response procedures actually changed with the CARE project. They felt CARE did not go far enough and could be paired with holistic services to improve the continuum of care for families. They viewed CARE as a starting point to grow and expand the county's substance use services for families. But others still felt CARE helped children services connect children and families with appropriate services and better ensured their overall safety and well-being.

Summary of Additional Services for Families

During the implementation period, the county leveraged its COSSAP resources to provide services to families affected by substance use disorder, including those who were referred to CARE. Table 12 shows the types of services provided to families. Of note, grant funds supported a portion of a Therapeutic Interagency Preschool program coordinator's salary. The program is a preschool program for young children exposed to trauma at home, including trauma caused by substance use disorder. As reported by local stakeholders, approximately 94 percent of children enrolled in the preschool program were exposed to drug use in the home. Through the grant, the county also covered costs related to treatment camp and therapy camp for children impacted by a parent's substance use disorder. The county also provided supports such as groceries, utilities, child care, clothing, and other personal items to the families who cared for children through the kinship care program. Additional supports included background checks and court filing fees for the caregivers, guardians, or family members housing a child whose parent had an active substance use court case. Lastly, the county covered parents' costs related to driver's license reinstatement and drug testing for those participating in Warren County Recovery Court.

TABLE 12

Summary of Additional Services Provided through CARE

Service	Relevant quantity	Cost of services provided
Background checks	13 parents	$614.25
Books for Counselors' Care Corners	Not reported	$537.96
Child custody filing fees	16 parents	$1,975.00
CIT training	4 curricula	$700.00
Clothing for child	1 child	$99.86
Court costs	Not reported	$770.00
Drug tests	300 parents	$7,800.00
Handle with Care registration	13 children	$130.00
Kinship family supports	50 children	$10,810.74
License reinstatement	5 parents	$7,519.00
Medical screening for child	1 child	$59.00
Portion of TIP coordinator's salary	N/A	$82,805.00
Treatment camp	1 child	$1,170.00
Therapy camp and related expenses (e.g., travel)	4 children	$1,581.46
Total	409	$116,572.27

Source: Invoices received by the CARE project coordinator provided by the Warren County Board of Commissioners.
Notes: CARE = Child Assessment and Response Evaluation. CIT = Crisis Intervention Team, TIP = Therapeutic Interagency Preschool. The Counselors' Care Corners and Handle with Care are two school-based initiatives at Kings Local School District that support students who have been exposed to trauma and substance use disorder. Handle with Care informs teachers and staff when a student has experienced a traumatic event so they are informed and can engage with those students appropriately. The portion of the TIP coordinator's salary was divided across two years.

Stakeholders we interviewed reported that grant funds were used in ways that positively impacted the community. For example, funds used to pay custody court filing fees have prevented children from being placed in foster homes. Although the funds did not support CARE families exclusively, stakeholders felt they provided critical support to families in the community. That said, some stakeholders felt the funds should have been directed to one comprehensive program to allow for more substantial, wraparound support of families.

Recommendations

Drawing on the above findings, we propose the following recommendations to strengthen the implementation of CARE beyond the end of the grant period and other services for families in Warren County.

Understanding the Scope of the Issue

Acknowledge and define the challenges associated with substance use disorder in Warren County. Local stakeholders are well positioned to continue measuring the prevalence of substance use disorder in the county, drawing on the data collected through the overdose form and circulated by the sheriff's office through its monthly Overdose Bulletin. Given the changing trends in substance use disorder and the effects of the COVID-19 pandemic, it is important to routinely review and assess local data to ensure people understand the extent of the problem and its ramifications; this will help stakeholders make informed decisions about potential solutions.

Sustaining CARE

Continue roll call trainings and incorporate the training video into training curricula. Stakeholders noted the importance of reinforcing the CARE processes with first responders and the usefulness of roll call trainings. Further, the roll call trainings are opportunities to share and disseminate the training video created in April 2021. We recommend routinely circulating the CARE training materials and video to first responder agencies via email and other means to keep CARE at the forefront of responders' minds.

Incorporate questions about children into emergency dispatch procedures. Multiple stakeholders emphasized the importance of emergency dispatch personnel asking whether children are present at overdose scenes when they receive 911 calls. As we understand it, emergency dispatchers must follow a clear line of questions during an emergency call and document the answers appropriately in the dispatch data system. We encourage local stakeholders to identify and implement an alternative solution for dispatchers to inquire about children at overdose scenes during a call. This could include adding a step or reminder to dispatchers' processes and documenting the responses in a second database. Dispatchers would then be able to flag for first responders when there are children present at a scene and more quickly notify the CARE case worker at Warren County Children Services.

Engage in continuous performance monitoring and evaluation. We recommend local stakeholders continue to monitor the implementation of the CARE project. They can do this by continuing to collect data through children services and through the overdose form, and by requiring all first responder agencies to use it. It is critical to regularly convene stakeholders to use these data to review performance metrics and outcomes. This allows stakeholders to identify and troubleshoot implementation challenges early and make course corrections in a timely manner. Stakeholders expressed interest in convening on a quarterly basis to address implementation barriers. In addition, it is

important to regularly share success stories and positive findings with local partners to sustain support and buy-in.

Expanding Services for Families

Use CARE as a catalyst to expand services for families struggling with substance use. Drawing on Addiction Policy Forum's blueprint and the CARE project as a foundation, we recommend that the county leverage the experiences of families struggling with substance use to expand and coordinate substance use services for them. It may be helpful to revisit the blueprint and explore ways to meet additional objectives. This could include offering additional services such as residential treatment, mentoring programs, transportation, child care, access to technology and the internet, and housing. The CARE project intersects the early phases of the legal system; we recommend building on the project to offer services at additional system touchpoints that would holistically serve families and further reduce the impacts of substance use in the county.

Solicit input from families struggling with addiction and from first responders when developing responses to substance use disorders. When designing and creating new programs, it is crucial to collect the perspectives of people who receive services and those most involved in implementing them. We recommend gathering and incorporating input from families with lived experience into the design and implementation of services to ensure they are accessible and meet families' needs. In addition, we suggest working closely with first responders and other on-the-ground stakeholders to solicit their input and secure their buy-in.

Coordinate substance use efforts with related work being done in the county. As substance use services expand, it will be critical to ensure they are coordinated across agencies and stakeholders. Several things can help with this. First, think critically about where the substance use efforts are best situated in the county (i.e., what agency or agencies lead this portfolio of work), and what stakeholders need to be involved. Second, communicate across stakeholders; the county is doing this with its Criminal Justice Board, which should be built on to include coordination around substance use services to ensure stakeholders are well informed, understand objectives and goals, and are routinely monitoring progress and outcomes.

Identify a champion for substance use services. It will be helpful to identify and support someone to lead the substance use efforts in the county; this should happen in conjunction with coordination across agencies and stakeholders (for instance, the champion could lead the aforementioned coordinating body). Ideally, this champion would be someone who brings a working knowledge of

agency policies, strong relationships with key stakeholders in the county, and has an employment background in substance use disorders.

Improve the public's awareness of efforts to address substance use. As the county sustains CARE and potentially expands substance use treatment and recovery services (as well as services for affected children) it will be helpful to keep the community informed and updated on the county's efforts. This will help community members buy in and ensure the county develops services that the community needs most.

Limitations

The research team experienced some limitations throughout this assessment. First, owing to travel restrictions implemented because of the COVID-19 pandemic, all data collection beginning in March 2020 had to be conducted virtually. This meant the researchers could not conduct interviews or observe CARE activities in person. The value added of speaking with stakeholders and seeing the project in action are reduced when data are collected virtually. In addition, the pandemic temporarily shifted local priorities, as stakeholders had to focus on adapting to the pandemic; although this had a minimal impact on the project's implementation, it understandably diverted stakeholders' attention from the initiative. Second, there was a lack of quantifiable data on the presence of children at overdose scenes in the county before CARE was implemented; therefore, there were no baseline data (beyond anecdotal information). Third, not all law enforcement agencies were required to have their staff complete the overdose form after reporting to an overdose scene. This means the data collected from the overdose form (see table 8) were limited to overdose scenes where officers voluntarily completed it. Fourth, while implementing CARE, Ohio Revised Code Section 2151.421 went into effect, mandating law enforcement officers report child abuse and neglect; while this compliments the CARE project, it made it difficult to determine whether first responders were reporting children at overdose scenes because of CARE or the mandate. Fifth, there was low uptake on the family survey, making it difficult to draw many definitive conclusions. Lastly, the data collected via interviews and surveys were self-reported and based on the reported perceptions of stakeholders and families. Although we used administrative data to quantify output measures, it is difficult to corroborate the qualitative data as they reflect stakeholders' and families' perceptions and attitudes.

Conclusion

For two years, stakeholders in Warren County have implemented the CARE rapid-response model at drug overdose scenes where children (or evidence of children) have been present to quickly assess their safety and trauma and connect them to essential services. Building on a foundation of collaboration, the CARE project has strengthened communication and coordination across the core agencies responsible for implementing the project and referred families to Warren County Children Services for safety planning, therapeutic intervention, and additional supports through children services, school districts, court systems, and preschools. Although people involved with CARE have worked to increase stakeholders' awareness and understanding of the impacts of substance use disorders on children and families, stakeholders expressed a desire to do more for families and expand and better coordinate substance use services across the county. We hope stakeholders can use the lessons described in this report to refine the CARE model to continue supporting families struggling with substance use.

Appendix A. Pretraining Survey

DATE:

CARE Project Training
Pre- Training Survey

Please complete this brief survey. Your input will help us understand whether the training is achieving its objectives and will also assist us in developing future iterations of the training.

1. **How much do you agree or disagree with each of the following statements: (CIRCLE YOUR ANSWER)**

	Strongly Disagree			**Strongly Agree**
Witnessing an overdose can be highly traumatic for a child.	1	2	3	4
First responders can lessen the impact of trauma by making those exposed feel safe.	1	2	3	4
Addiction is a choice, not a disease.	1	2	3	4
I am aware of adverse childhood experiences and how they impact children.	1	2	3	4
I am not affected by a difficult overdose scene.	1	2	3	4
People who begin using substances at a young age are especially vulnerable to addiction later in life.	1	2	3	4
How severely trauma will impact a person depends on how long one is exposed.	1	2	3	4
Many people who suffer from addiction as adults experienced trauma as children.	1	2	3	4
Children growing up in homes with substance misuse are not at risk for substance misuse themselves.	1	2	3	4

2. **How much do you agree or disagree with each of the following statements about the CARE project: (CIRCLE YOUR ANSWER)**

	Strongly Disagree			**Strongly Agree**
I understand the mission and goals of the CARE project.	1	2	3	4
Each agency plays a crucial role in the success of this project.	1	2	3	4
I think collaboration among agencies is important.	1	2	3	4
The project will still succeed, even if I don't play my part.	1	2	3	4
I understand the origins of this project.	1	2	3	4
I do not understand what is expected of me for the success of this project.	1	2	3	4
I play an important role the success of this project.	1	2	3	4
I think this project will be burdensome for my agency.	1	2	3	4
I do not understand the objectives of this project.	1	2	3	4

Appendix B. Posttraining Survey

Date:

CARE Project Training
Post-Training Survey

Please complete this brief survey. Your input will help us understand whether the training is achieving its objectives and will also assist us in developing future iterations of the training.

3. **How much do you agree or disagree with each of the following statements: (CIRCLE YOUR ANSWER)**

	Strongly Disagree			**Strongly Agree**
Witnessing an overdose can be highly traumatic for a child.	1	2	3	4
First responders can lessen the impact of trauma by making those exposed feel safe.	1	2	3	4
Addiction is a choice, not a disease.	1	2	3	4
I am aware of adverse childhood experiences and how they impact children.	1	2	3	4
I am not affected by a difficult overdose scene.	1	2	3	4
People who begin using substances at a young age are especially vulnerable to addiction later in life.	1	2	3	4
How severely trauma will impact a person depends on how long one is exposed.	1	2	3	4
Many people who suffer from addiction as adults experienced trauma as children.	1	2	3	4
Children growing up in homes with substance misuse are not at risk for substance misuse themselves.	1	2	3	4

4. **How much do you agree or disagree with each of the following statements about the CARE project: (CIRCLE YOUR ANSWER)**

	Strongly Disagree			Strongly Agree
I understand the mission and goals of the CARE project.	1	2	3	4
Each agency plays a crucial role in the success of this project.	1	2	3	4
I think collaboration among agencies is important.	1	2	3	4
The project will still succeed, even if I don't play my part.	1	2	3	4
I understand the origins of this project.	1	2	3	4
I do not understand what is expected of me for the success of this project.	1	2	3	4
I play an important role the success of this project.	1	2	3	4
I think this project will be burdensome for my agency.	1	2	3	4
I do not understand the objectives of this project.	1	2	3	4

FEEDBACK ON TRAINING

3. **How much do you agree or disagree with each of the following statements about the training?**

	Strongly Disagree			Strongly Agree
The training met my expectations for learning.	1	2	3	4
I learned new information from the training that will help me in my job.	1	2	3	4
I learned new strategies and skills from the training that will help me in my job.	1	2	3	4
The training will help me perform my job more effectively.	1	2	3	4

I expect to apply much of what I learned from this training to my work.	1	2	3	4
I would recommend this training for other first responders.	1	2	3	4
My organization will benefit from first responders having completed this training.	1	2	3	4
The training was relevant to my job duties.	1	2	3	4

4. **How would you rate the instructor(s) on how he/she/they did the following:**

	Strongly Disagree			**Strongly Agree**
Used relevant examples.	1	2	3	4
Responded to questions.	1	2	3	4
Knew the subject matter.	1	2	3	4
Used language and examples that were easy to understand.	1	2	3	4

5. **How would you rate the training overall:**

Unsatisfactory				**Excellent**
1	2	3	4	5

6. **What was the most valuable part of the training?**

7. **Please add comments, questions or suggestions to improve the training. Thank you!**

Appendix C. Follow-Up Survey

Section 1: Background and Usage of CARE

1. Where do you work?
    a. Children Services
    b. Warren County Sheriff's Office
    c. City/Township Law Enforcement (not Warren County Sheriff's Office)
    d. Emergency Dispatch
    e. Fire/EMS Agency
    f. Other
    g. *prefer not to answer*

2. Where are you based?
    a. Clearcreek Township
    b. Deerfield Township
    c. Franklin
    d. Hamilton Township
    e. Lebanon
    f. Mason
    g. South Lebanon
    h. Springboro
    i. Other
    j. *prefer not to answer*

3. *If you are a law enforcement officer or fire/EMS responder:* Since June 2019 (roughly the past 18 months), how often have you been on an overdose scene where a child(ren) (or evidence of children) has been present?
    a. never
    b. rarely
    c. sometimes
    d. often
    e. always
    f. *not applicable*

4. *If you are a law enforcement officer or fire/EMS responder:* Since June 2019, how often have you called Children Services to report a child(ren) or evidence of a child at the scene of an overdose?
    a. never
    b. rarely
    c. sometimes
    d. often
    e. always
    f. *not applicable*
        i. If a response other than "never" or "n/a":
            1. How quickly has a Children Services case worker arrived on the scene?
                a. never arrive in an hour or less
                b. rarely arrive in an hour or less
                c. sometimes arrive in an hour or less
                d. often arrive in an hour or less
                e. always arrive in an hour or less

2. How often do you fill out the Overdose Form about the overdose scene?
    a. never
    b. rarely
    c. sometimes
    d. often
    e. always
    f. not applicable

5. *If you are a law enforcement officer or fire/EMS responder:* What barriers have you faced in calling or connecting with Children Services at an overdose scene? Check all that apply.
    a. Not enough time.
    b. Scene is too busy.
    c. Unaware of procedure.
    d. No follow-through from Children Services.
    e. Forgot to call.
    f. None of the above.
    g. Other
    h. *not applicable*

6. *If you are with Children Services:* Since June 2019, how often have you received a call from a first responder about a child(ren) or evidence of children on the scene of an overdose?
    a. never
    b. rarely
    c. sometimes
    d. often
    e. always
    f. *not applicable*

Section 2: Perspectives on Addiction

7. The following statements are about addiction. Please read each statement and indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.
    a. Witnessing an overdose can be highly traumatic for a child.
    b. First responders can lessen the impact of trauma by making people exposed to overdoses feel safe.
    c. Addiction is a choice, not a disease.
    d. I am not affected by a difficult overdose scene.
    e. People who begin using substances at a young age are especially vulnerable to addiction.
    f. How severely trauma will impact a person depends on how long he or she is exposed to the trauma.
    g. Many people who suffer from addiction as adults experienced trauma as children.

Section 3: Perspectives on the Implementation of CARE

8. The following statements are about the CARE project. Please read each statement and indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement. (*CARE is a 24/7 rapid response intervention for children who are present on the scene of a substance overdose. Law enforcement officers or first responders called to an overdose scene where children are present are instructed to call Children Services who sends a case worker to the scene.)*
    a. I understand the mission and goals of the CARE project.
    b. Each agency plays a crucial role in the success of the CARE project.

c. Collaboration among agencies (e.g., law enforcement, emergency dispatch, children services, fire/EMS, etc.) is important.
d. I understand the origins of this project.
e. I do not understand what is expected of me for the success of this project.
f. I think this project will be burdensome for my agency.
g. I do not understand the objectives of the CARE project.

9. The following statements are about the CARE project. Please read each statement and indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.
    a. The CARE project is beneficial for my agency.
    b. Implementing CARE was easy for my agency.
    c. The CARE project has helped the children and families in my community connecting them to appropriate services.
    d. CARE has helped improve collaboration between my agency and others.
    e. CARE has helped improve communication between my agency and others.
    f. As a result of the CARE project, I have more empathy for those who struggle with addiction, as well as their families.
    g. I think CARE should be standard practice.
    h. Overall, I think the CARE project has had a positive impact on my community.

10. From your perspective, how can the operations of CARE be strengthened? Check all that apply.
    a. More clearly defined project goals
    b. More information on family-related outcomes.
    c. Increased communication and collaboration between agencies.
    d. Increased public education about the project.
    e. Increased training for key agency staff (i.e., children services, police, emergency response).
    f. Increased funding or resources.
    g. Improved coordination between agencies at a scene.
    h. Clear leader or champion.
    i. Nothing, the project is great as is!
    j. Other

11. How can CARE better serve those in the county struggling with addiction and their families? Check all that apply.
    a. Increased access to services and/or drug treatment.
    b. More comprehensive services and/or drug treatment.
    c. More effective services and/or drug treatment (e.g., more services that "work").
    d. Larger network of service providers (e.g., increase in referrals across agencies or increase in safety net).
    e. Greater communication and coordination across agencies.
    f. None.
    g. Other

We thank you for participating in the survey.

Appendix D. Family Survey

1. Does someone in your household struggle with substance use or addiction?
    a. Yes
    b. No

2. There are many services offered in Warren County to families struggling with addiction. Which of these services or programs (if any) have you or a loved one used in the **last three months**, to help with substance use?
    a. Substance use/addiction treatment
    b. Medication-assisted treatment
    c. Detox
    d. Behavioral/mental health support
    e. Individual therapy
    f. Group therapy
    g. Peer support
    h. START
    i. Alcoholics Anonymous
    j. Narcotics Anonymous)
    k. Child-centered support
    l. Case management
    m. Assistance with background checks
    n. Assistance with license reinstatements
    o. Assistance with drug tests
    p. Assistance with child custody filings
    q. H.O.P.E. Project
    r. Kinship care
    s. If you've gotten services not on this list, please add them here:
    t. None

3. How often have you used these services in the **last three months**? For each service you used, please mark if you used it *daily*, *weekly*, *monthly*, *less than monthly*, *n/a:*
    a. Substance use/addiction treatment
    b. Medication-assisted treatment
    c. Detox
    d. Behavioral/mental health support
    e. Individual therapy
    f. Group therapy
    g. Peer support
    h. START
    i. Alcoholics Anonymous
    j. Narcotics Anonymous)
    k. Child-centered support
    l. Case management
    m. Assistance with background checks
    n. Assistance with license reinstatements

o. Assistance with drug tests
p. Assistance with child custody filings
q. H.O.P.E. Project
r. Kinship care
s. If you've gotten services not on this list, please add them here:
t. None

4. How helpful were these services? For each service you used in the **last three months**, please mark if they were *very helpful*, *helpful*, *neutral*, *unhelpful*, *very unhelpful*, *n/a:*
    a. Substance use/addiction treatment
    b. Medication-assisted treatment
    c. Detox
    d. Behavioral/mental health support
    e. Individual therapy
    f. Group therapy
    g. Peer support
    h. START
    i. Alcoholics Anonymous
    j. Narcotics Anonymous)
    k. Child-centered support
    l. Case management
    m. Assistance with background checks
    n. Assistance with license reinstatements
    o. Assistance with drug tests
    p. Assistance with child custody filings
    q. H.O.P.E. Project
    r. Kinship care
    s. If you've gotten services not on this list, please add them here:
    t. None

5. Which of these agencies or programs have you had contact with in the past three months?
    a. Children Services
    b. Child support
    c. Drug court
    d. Family court
    e. Hospital, urgent care, emergency room services, EMT/ambulatory services

6. What services does Warren County need to support families? Please check all that apply.
    a. Afterschool programs
    b. Mentoring programs
    c. Peer support programs
    d. More of the same services
    e. Other, please specify:

7. Have you heard about the CARE project?
    a. Yes
        i. If yes, how did you hear about CARE?
            1. I was present at an overdose scene

2. Children Services
3. H.O.P.E. project.
4. Friends or family members.
5. Other, please specify:

ii. Have you received services through the CARE project or through referral from Children Services?
1. If yes, which services?
a. START
b. Mobile Response and Stabilization Services (MRSS)
c. Child Advocacy Center (CAC)
d. Therapeutic Interagency Preschool (TIP)
e. Substance use treatment
f. Assistance with children services case
g. Other, please specify:

b. No

8. What do families in Warren County dealing with addiction need? Check all that apply.
a. More access to services and/or drug treatment.
b. Better services and/or drug treatment.
c. More service providers to pick from.
d. Different service providers to pick from.
e. Better communication across agencies.
f. More programs that can quickly connect children to services after being on the scene of an overdose.
g. None.
h. Other, please specify:

9. If Warren County did projects to improve services, would you be willing to be part of the planning of those projects?
a. Yes
i. If yes, how would you be willing to help?
1. Go to community meetings
2. Do interviews
3. Take surveys
4. Go to focus groups with other families
5. Other, please specify:

b. No

Notes

[1] "Ohio: Opioid-Involved Deaths and Related Harms," National Institute on Drug Abuse, April 3, 2020, https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/ohio-opioid-involved-deaths-related-harms.

[2] Data were received from the Warren County coroner via the Child Assessment and Response Evaluation project coordinator.

[3] "Warren County Overdose Bulletin," Warren County Sheriff's Office, August 2021; not publicly available.

[4] More information about kinship care in Warren County can be found here: https://www.co.warren.oh.us/childrenservices/Care/Default.aspx.

[5] "QuickFacts: Warren County, Ohio," US Census Bureau, accessed September 24, 2021, https://www.census.gov/quickfacts/fact/table/warrencountyohio,OH/INC110219.

[6] COSSAP was formerly called the Comprehensive Opioid Abuse Program (or COAP). A description of COSSAP can be found here: https://bja.ojp.gov/program/cossap/overview.

[7] Results for the pre- and posttraining surveys were collapsed from the four possible responses (i.e., "strongly disagree," "somewhat disagree," "somewhat agree," and "strongly disagree") to two responses (i.e., "disagree" and "agree.") The results for the follow-up survey were not collapsed.

[8] For more detailed findings from the pre- and posttraining surveys, please see Urban's interim assessment of the CARE project at https://www.urban.org/research/publication/assessment-warren-countys-care-project.

[9] Any direct comparison between the posttraining and follow-up surveys should be carefully interpreted because the respondents who took the posttraining survey do not exactly match those who took the follow-up survey.

[10] The average number of children in the home or present at an overdose scene was calculated based on the number of households where it could be determined a child lived or was present (n = 38).

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About the Authors

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