

Your *First* **STOP** for
Rural Health
INFORMATION



Prevention and Treatment of Substance Abuse in Rural Communities



- Q & A to follow – Submit questions using Q&A area
- Slides are available at <https://www.ruralhealthinfo.org/webinars/mental-behavioral-health-rural-children>
- Technical difficulties please call 866-229-3239



Tricia Stauffer, MPH, Principal Research Analyst at the NORC Walsh Center for Rural Health Analysis



Lisa Macon Harrison, MPH, Health Director at Granville Vance Public Health



Freddie Jaquez, MA, Executive Director of San Luis Valley Area Health Education Center

ruralhealthinfo.org



Rural Prevention and Treatment of Substance Abuse Toolkit

May 17, 2017

Tricia Stauffer, MPH
NORC Walsh Center for Rural Health Analysis

The Walsh Center for Rural Health Analysis

NORC AT THE UNIVERSITY OF CHICAGO



Rural Health Outreach Tracking and Evaluation Program

- Funded by the Federal Office of Rural Health Policy (FORHP)
- NORC Walsh Center for Rural Health Analysis
 - Michael Meit, MA, MPH
 - Alana Knudson, PhD
 - Alycia Bayne, MPA
- University of Minnesota Rural Health Research Center
 - Ira Moscovice, PhD
 - Amanda Corbett, MPH
 - Carrie Henning-Smith, PhD, MSW, MPH
- National Organization of State Offices of Rural Health
- National Rural Health Association

5

Rural Health Outreach Tracking and Evaluation Program

- Rural Health Outreach and Tracking Evaluation is designed to monitor and evaluate the effectiveness of federal grant programs under the Outreach Authority of Section 330A of the Public Health Service Act
- Outreach Authority grantees have sought to expand rural health care access, coordinate resources, and improve quality

6

Overview of 330A Outreach Authority Grant Programs

- Grant programs operate under the authority of Section 330A
 - Delta State Rural Development Network Grant Program
 - Rural Opioid Overdose Reversal Grant Program
 - Rural Benefits Counseling Program
 - Rural Health Care Coordination Network Partnership
 - Rural Health Care Services Outreach Grant Program
 - Rural Health Network Development Planning Grant Program
 - Rural Health Network Development Program
 - Rural Health Information Technology Workforce Program
 - Rural Network Allied Health Training Program

7

Evidence-Based Toolkit on Substance Abuse

- Rural communities are implementing programs to prevent and treat substance abuse
- These programs aim to:
 - Prevent substance abuse
 - Increase access to treatment and support services
 - Increase collaboration among organizations in the community
 - Provide education and training
 - Increase coordination of care
 - Reduce stigma
- Toolkit is designed to disseminate promising and evidence-based practices and resources

8

Goals of the Substance Abuse Toolkit

- Project Team
 - Deborah Backman, Alycia Bayne, Alana Knudson, Molly Powers, Tricia Stauffer
- Project Goals
 - Identify evidence-based and promising models that may benefit grantees, future applicants, and rural communities
 - Document the scope of their use
 - Build the toolkit

9

Project Activities

- Reviewed FORHP grantees' applications and literature to identify evidence-based and promising models
- Conducted telephone interviews with five FORHP grantees funded in FY2012, 2014, and 2015; four other rural communities; and 11 experts in the field
- Developed a toolkit with resources about how to plan, implement, and sustain programs
- Toolkit is available on the Rural Health Information Hub Community Health Gateway:
<https://www.ruralhealthinfo.org/community-health/substance-abuse>



10

Rural Prevention and Treatment of Substance Abuse Toolkit

RHIhub
Rural Health Information Hub
Formerly the Rural Assistance Center

About RHIhub | Contact Us

Search

Online Library - Topics & States - Community Health Gateway - Tools for Success - RHIhub Publications & Updates -

IN THIS TOOLKIT

Modules

- 1: Introduction
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation Considerations
- 5: Evaluation Considerations
- 6: Sustainability Considerations
- 7: Dissemination

About this Toolkit

Rural Health > Community Health Gateway > Evidence-Based Toolkits > Rural Prevention and Treatment of Substance Abuse Toolkit

Rural Prevention and Treatment of Substance Abuse Toolkit

Rural Prevention and Treatment of Substance Abuse Toolkit

Welcome to the Rural Prevention and Treatment of Substance Abuse Toolkit. This toolkit provides evidence-based examples, promising models, program best practices, and resources that can be used by your organization to implement substance abuse prevention and treatment programs.

There are seven modules in this toolkit. Each module contains resources and information that your organization can use to develop, implement, evaluate, and sustain rural programs to prevent and treat substance abuse. There are more resources on general community health strategies available in the [Rural Community Health Toolkit](#).

RHIhub This Week

Sign-up to receive our weekly newsletter:

email

Subscribe

RELATED RHIhub CONTENT

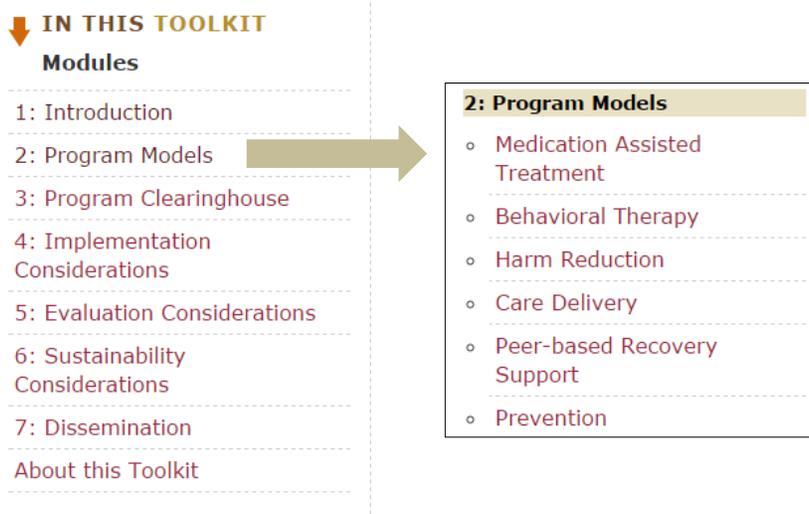
- [Substance Abuse in Rural Areas Topic Guide](#)

SHARE THIS PAGE

Facebook
Twitter
LinkedIn
Google+
Email

11

Organization of the Toolkit



12

Substance Abuse Program Models in Rural Communities

Medication Assisted Treatment

- MAT is the use of pharmacological medications, combined with counseling and/or behavioral therapies, to treat substance abuse

Behavioral Therapy

- Change behaviors related to substance abuse
- Teach life skills that help people to better cope with situations that may lead to substance abuse and relapse

13

Substance Abuse Program Models in Rural Communities

Harm Reduction

Strategies to reduce the harmful consequences associated with substance abuse:

- Screening, Brief Intervention, and Referral to Treatment
- Naloxone expansion
- Prescription drug monitoring programs
- Proper drug disposal programs
- Drug courts



14

Substance Abuse Program Models in Rural Communities

Naloxone Expansion in Rural Communities

- Increase the availability and use of naloxone
- Technical assistance and education for stakeholders
 - Health care providers, emergency department staff, pharmacies, care managers, law enforcement, first responders, community members
- Community-wide trainings on recognizing an overdose
- Coalition building and community engagement
- Federal Office of Rural Health Policy's Rural Opioid Overdose Reversal Program

15

Substance Abuse Program Models in Rural Communities

Care Delivery Models

- Integration of mental health services in primary care settings
- Telehealth
- Continuing care
- Case management



Peer-based Recovery Support Model

- Non-clinical support services provided by peers who have training and personal experience with substance abuse

16

Substance Abuse Program Models in Rural Communities

Prevention Model

Helping individuals to develop knowledge and skills, or changing environmental and community factors that affect a large population

- Universal, selective, indicated preventive interventions
- Programs in schools, workplaces, and communities



17

Lessons Learned

- Rural communities have fewer treatment facilities, mental health providers, and other services
- People who live in rural communities may experience longer travel distances to treatment
- Stigma is a barrier to recovery
- Community partnerships are critical to success
- The Surgeon General's 2016 *Report on Alcohol, Drugs, and Health* is an important resource and calls for a public health-based approach

18

Contact Information

Alana Knudson, PhD

Co-Director

Walsh Center for Rural Health Analysis

(301) 634-9326 | knudson-alana@norc.org

Michael Meit, MA, MPH

Co-Director

Walsh Center for Rural Health Analysis

(301) 634-9324 | meit-michael@norc.org

19

The Walsh Center for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO



GVDHD

Project **VIBRANT+**

Vance Initiating Bringing Resources
and Naloxone Training



Educating. Innovating. Caring.

What is **VIBRANT+**?

GVDHD

Purpose: Project V.I.B.R.A.N.T is a collaborative partnership across many different local agencies in Vance County to prevent overdose and save lives through the distribution of overdose rescue kits containing naloxone, a medicine that reverses opiate/opioid overdoses.



Educating. Innovating. Caring.

Local Community Health Priorities

GVDHD

- **Mental Health and Substance Use Disorder**
- **Nutrition and Physical Activity**
- **Education and Success in School**



Educating. Innovating. Caring.



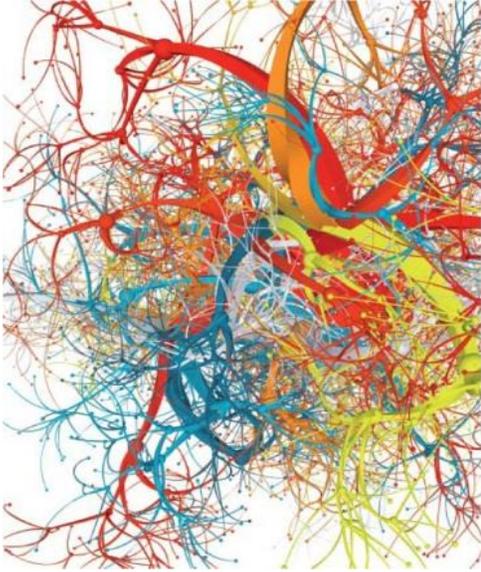
NCHRC is a comprehensive harm reduction program. NCHRC engages in grassroots advocacy, resource development, coalition building and direct services for people impacted by drug use, sex work, overdose, gender, STIs, HIV and hepatitis. NCHRC also provides resources and support to the law enforcement, public health and provider communities.

Coalition Members

- **Lisa Harrison**
GVPH, Project Director
- **Tyisha Terry**
GVPH, Project Manager
- **Bailey Goldman**
GVPH, Health Education Lead
- **Loftin Wilson**
NCHRC, Outreach Worker
- **Brandi Tanner**
NCHRC Outreach Worker, Community Member
- **Dr. Shauna Guthrie**
GVPH, Medical Director
- **Cindy Haynes**
Duke CCNC, Chronic Pain Coordinator
- **Leilani Attilio**
NCHRC, Grant Manager and National Affairs Liaison
- **Nidhi Sachdeva**
DPH Injury and Prevention Branch
- **Jacalyn Thomas**
Vance Recovery
- **Javiar Plummer**
Vance County EMS Director
- **Jeanne Harrison**
Alliance Rehabilitative Care, Executive Director
- **Karen Terry**
R.J. Blackley ADATC
- **Sheriff Peter White**
Deputy Cowan
Vance Sheriffs Department
- **Alvin Coley**
Pat Ford
Oxford Police Department
- **Joey Ferguson**
Vance County Police Department
- **Mr. Chocky White**
Medical Arts, Pharmacist
- **Dr. Bowman**
Professional Pharmacy, Pharmacist
- **John Mattock**
Vance Recovery Center, Program Director
- **Gina Dement**
Cardinal Innovations
- **Patricia Dillard**
Back on Track, Director of Outpatient Substance Abuse Services
- **Brindell Wilkins**
Oxford Sheriff's Department



Complexity



Visual Complexity
Mapping Patterns of Information

Manuel Lima

Princeton Architectural Press
New York

Critical Issue – Prescription Drug Abuse



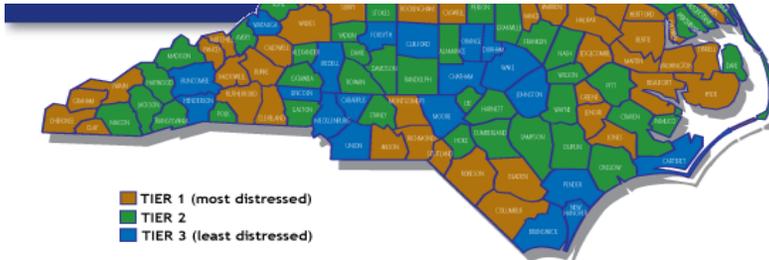
- Drug overdoses are the leading cause of unintentional injury death in America
- 16,651 overdoses from Opioid painkillers
- There is a relationship of sales of opioid painkillers and overdose death rates



Educating. Innovating. Caring.

Rural – Urban Continuum

3 Economic Tier Designations



Source: NC Department of Commerce

Tier 1 Most Economically Distressed: 40 Counties

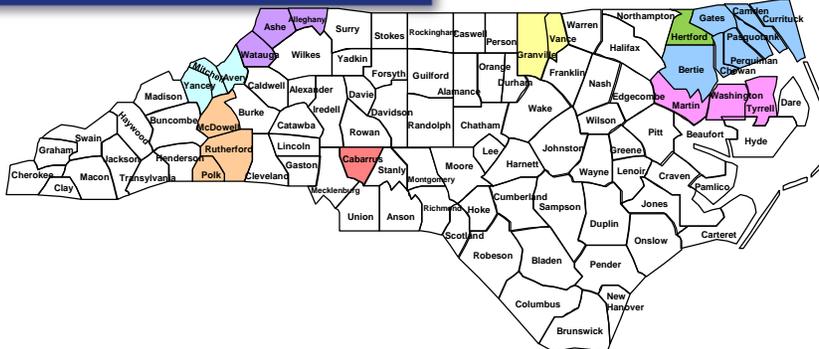
Tier 2 Distressed: 40 Counties

Tier 3 Urban or Least Economically Distressed: 20 Counties

Source: N.C. Department of Commerce



North Carolina has 100 Independent Geo-Political Counties
 North Carolinians have access to 100+ physical locations for local public health
There are 85 Local Health Department Administrative Units (85 local health directors)
Including 1 Local Hospital Authority (pink), 1 Local Public Health Authority (green)
and 6 Local Public Health Districts



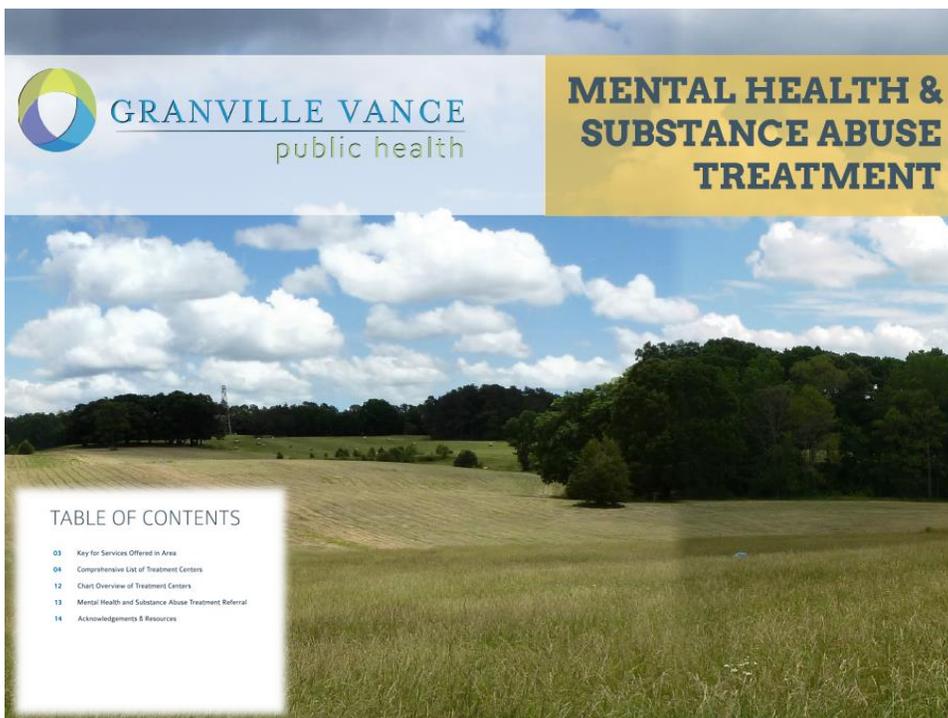
VIBRANT Progress

2015-2016

- Over 1300 naloxone reversal kits distributed in Vance County
- 110 reported reversals in Vance County

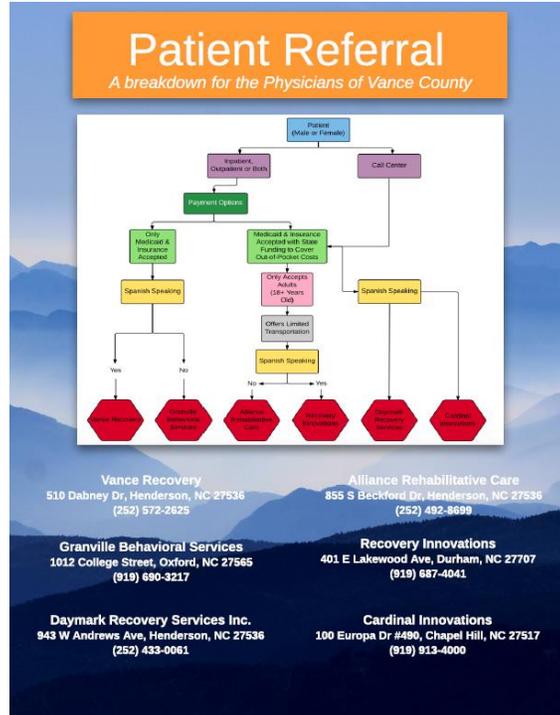
2016-2017

- To date - 272 kits distributed to 175 people in Vance and Granville Counties
- 34 successful overdose reversals in both counties
- Statewide standing order for Naloxone
- Identification of Referral Pathways to Treatment and Counseling
- Treatment Center Guide



Patient Referral Tool for Providers

- Collaboration is crucial for preventing clients from "falling through the cracks."
- This one pager is provided for an agency to make effective referrals.



Next Steps

- Continued Education and Naloxone Distribution
- Additional Evidence-based policy, programs and interventions focused on prevention
- Statewide health objectives to inform policy
- Continued Core Group and Stakeholder Engagement
- Expand Coalition
- More Referrals to Treatment



Educating. Innovating. Caring.

Complexity



Benjamin Disraeli

“The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.”





Established 1978

SLV N.E.E.D.

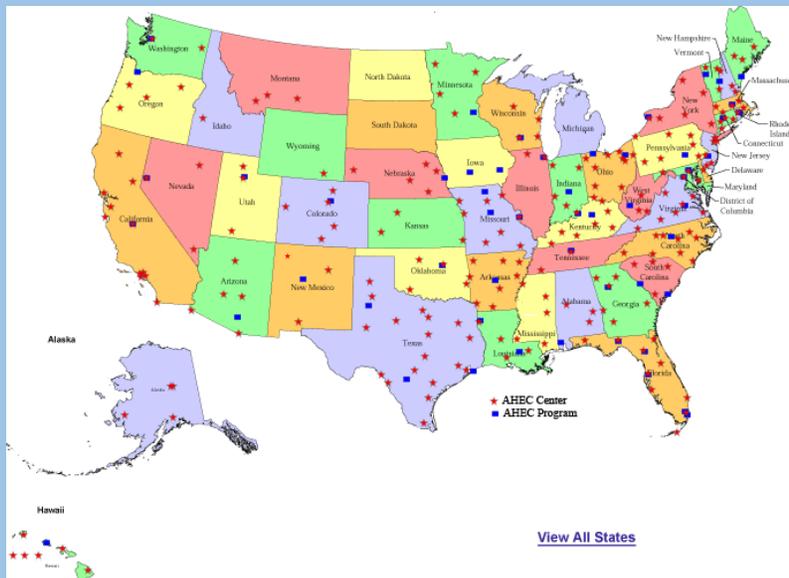
(Naloxone – Education – Empowerment – Distribution)

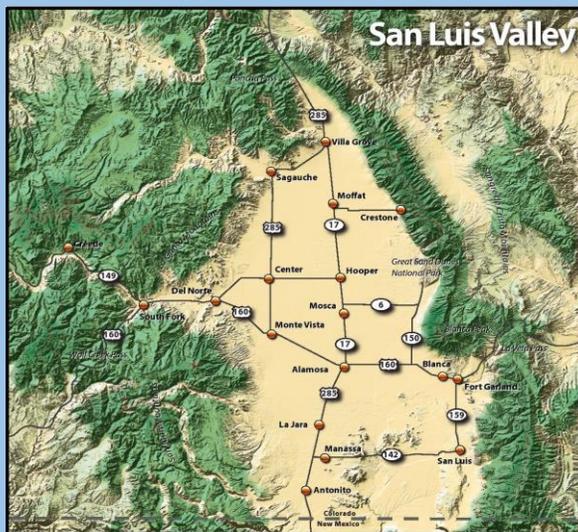
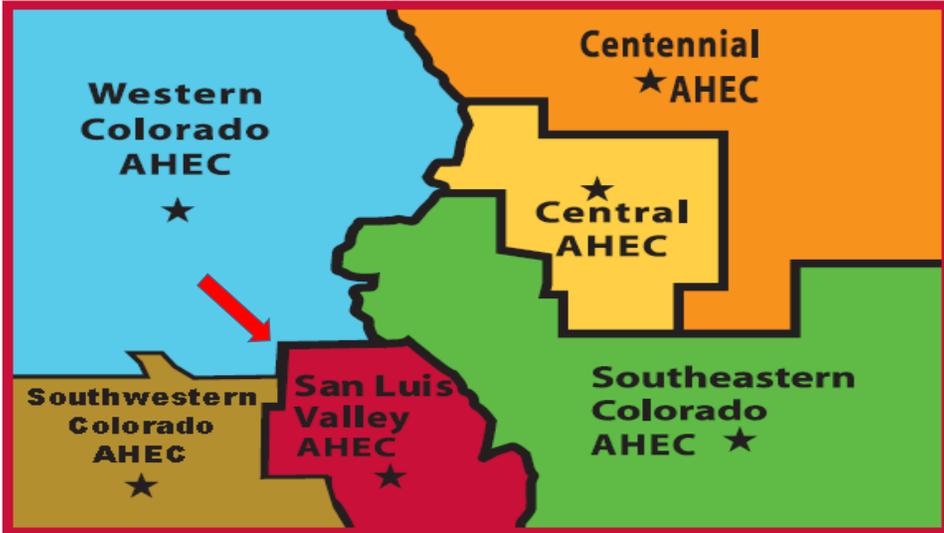
Substance Abuse Toolkit Webinar

Freddie L. Jaquez
San Luis Valley Area Health Education Center
Executive Director

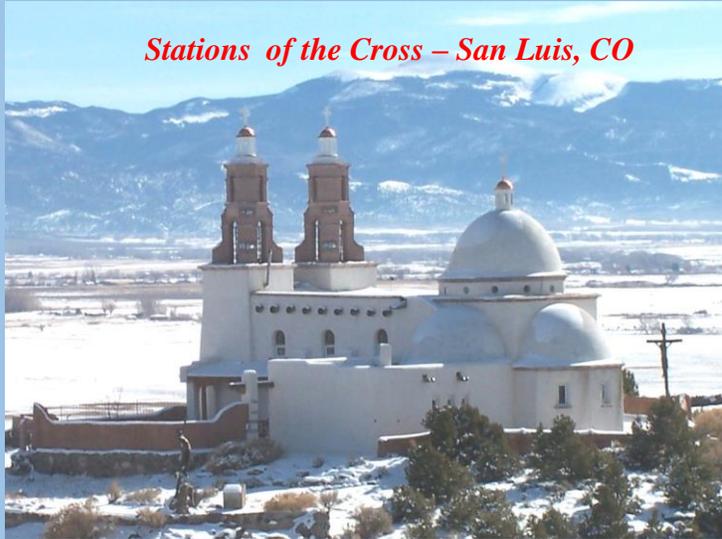
May 17, 2017

54 AHEC PROGRAMS WITH MORE THAN 200 CENTERS OPERATE IN ALMOST EVERY STATE AND THE DISTRICT OF COLUMBIA





Stations of the Cross – San Luis, CO



Sand Dunes National Monument





How Did We Get Here?

October 2012
Narcotics Committee

March 2013—August 2013
Colorado Trust Grant

Sept. 2013—June 2014
Prescription Drug Task Force

July 2014—April 2015
COPIC Grant

July 2015—July, 2018
CHAF Grant proposal -NF

Sept. 2015—August 2016
HRSA "ROOR" Grant

SAN LUIS VALLEY CAMPAIGN ON PRESCRIPTION DRUG ABUSE/MISUSE/DIVERSION

Activity Summary

October, 2012—SLVAHEC invited to the SLV Providers' "Narcotics Committee" meeting. "What do you bring to the table AHEC?" Providers need help with Chronic Pain Management.

March, 2013—SLVAHEC received grant from The Colorado Trust—"Convening for Colorado" - 6 convenings on Pain Management and Identification and Treatment of Substance Abuse—Dr. Joshua Blum.

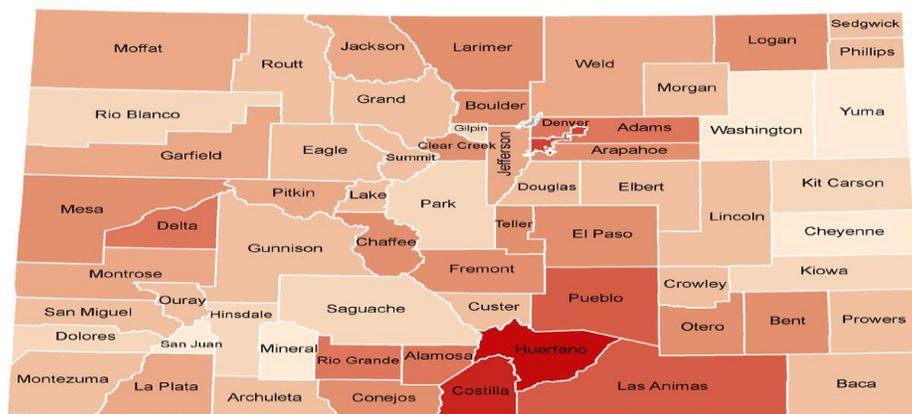
September, 2013— During interim of not project funds, local health care professionals and community stakeholders decided to continue meeting because of severity of prescriptions drug community issue.

July, 2014—COPIC grant received—Continued work on prescription drug addiction and abuse coupled with "Neighborhood Meetings" in Conejos, Alamosa and Rio Grande Counties. Great work performed with effective action groups engaged.

May, 2015— Proposal to Colorado Health Access Fund—Project "RISE" - Not Funded

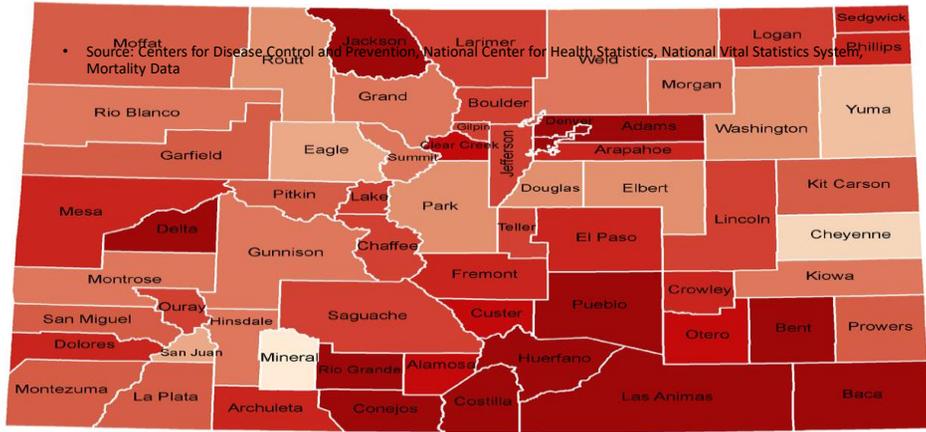
September 1, 2015— HRSA "ROOR" (Rural Opioid Overdose Reversal) - SLV N.E.E.D. (Naloxone-Education-Empowerment-Distribution) - Grant received to train on correct administration of naloxone in San Luis Valley.

Drug Overdose Death Rate By County, 2002



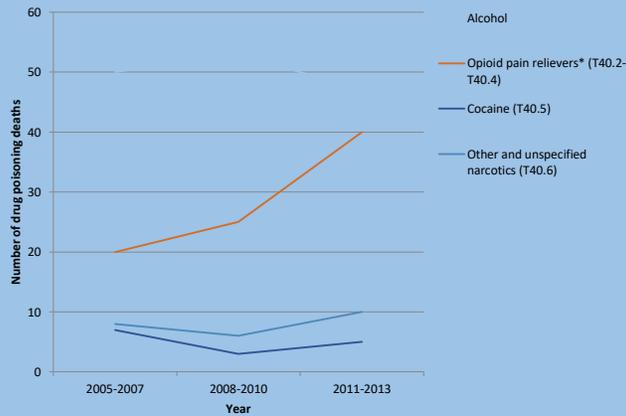
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality Data

Drug Overdose Death Rate By County, 2014



Drug Poisoning Deaths in the San Luis Valley

(Region 8 Colorado Department of Public Health and Environment - 2014)





SLV N.E.E.D. (Naloxone – Education – Empowerment – Distribution)

- HRSA ROOR grant – 15 Competitive Grants Nationwide
- Applied in June, 2015
- Awarded September, 2015
- Hired Health Educator – October, 2015
- Press release to announce to community
- Began developing MOUs with participating pharmacies and first responders
- Ordered first round of Narcan Nasal (naloxone)
- Delivered naloxone to partners
- Began naloxone administration trainings

Thursday, October 22, 2015 Valley Courier Page 8

Valley News

SLVAHEC receives grant to administer N.E.E.D.

VALLEY The San Luis Valley Area Health Education Center has been funded by the Health Resources and Services Administration (HRSA) for a \$100,000 grant to administer the San Luis Valley N.E.E.D. (Naloxone – Education – Empowerment – Distribution) project.

The San Luis Valley Area Health Education Center (SLVAHEC) is the lead organization for the San Luis Valley N.E.E.D. grant. SLVAHEC is committed to maximizing opportunities to reach, through treatment and education of health professionals, first responders, law enforcement and community members. With the passage of Colorado Senate Bill 15-308, friends and family of drug users will also have the opportunity to be trained and supplied with a naloxone kit to use in case of an overdose.

Drug overdose deaths have increased in the United States since 1979. In 2008, a total of 16,000 drug overdose deaths were reported with prescription opioid analgesics, cocaine, and heroin being drugs most commonly involved. The rising and unrelenting rate of drug-induced deaths in the United States is approximately 5 per 100,000 population. The rate of drug-induced deaths in Colorado is higher than the national average, approximately 16 per 100,000 population. As a direct consequence of drug use, 883 died in Colorado in 2013. In the San Luis Valley, from 2005-2013, the total opioid pain reliever related deaths increased by 29 percent.

Priscilla Jaques, executive director of the San Luis Valley Area Health Education Center, stated, "Our rates of drug-associated deaths in the San Luis Valley are unacceptable. This problem is unique to the San Luis Valley but we can make a difference in our beautiful valley by joining in the 'village' commitment to work together to address the problem. We have taken an active role for three years now, and we will continue to do so in order to make ourselves a healthier place to live."

Shane Bennis, CAC II, a local co-ordinator working with drug addicted individuals in the San Luis Valley and under the supervision of SLVAHEC Nurse Coordinator Charlotte Ludonja, has been hired to lead Health Educator conduct training workshops and other educational programming for the benefit of all participants involved in addressing drug addiction through the administration of naloxone. Jaques states, "We are fortunate to have Shane working with us on Project N.E.E.D. He is quite passionate about this work and certainly aware of the differences in response of the rates of drug poisoning deaths in the San Luis Valley."

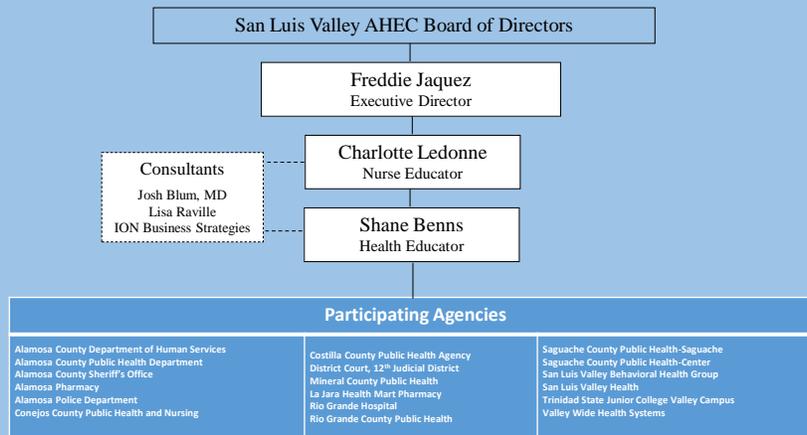
The SLVAHEC expresses thanks to all San Luis Valley organizations who support San Luis Valley N.E.E.D. For more information on this project, contact Shane Bennis at (719) 689-4677.



Shane Bennis - Health Educator, CAC II

San Luis Valley N.E.E.D.

Naloxone - Education - Empowerment - Distribution



Narcan Nasal Kits Distributed

- **Law enforcement and first responders**
 - County sheriffs
 - Police departments
- **Participating Pharmacies**
 - Independent pharmacies on board
 - Chain pharmacies - no
 - Standing orders and Clinic Pharmacy
- **Community Education**
 - Media and marketing- posters, trifold brochures and news articles
 - Radio interviews
 - Newspaper Press Releases



Communicate, Communicate and then... Communicate

COLLABORATION

The key to success the SLVAHEC has experienced throughout its prescription drug education campaign for the last two and one half years is its ability to mobilize professional and lay community members. The SLVAHEC is a “grass roots” non-profit organization with numerous working relationships established in its thirty seven (37) year history. Just in the last three years working on its prescription drug education campaign, the **SLVAHEC worked with forty three (43) San Luis Valley organizations**: 12th Judicial District, Adams State University, Alamosa County Coroner’s Office, Alamosa County Department of Human Services, Alamosa Public Health Agency, Alamosa School District, Alamosa Sheriff’s Office, Ascention Counseling, Center for Restorative Programs, Colorado Choice Health Plans, Colorado Department of Transportation, Colorado State Patrol, Conejos County Commissioners, Conejos County Department of Human Services, Conejos County Hospital, Conejos County Public Health Agency, Dr. Schiffer’s Dental Office, La Jara Clinic, La Jara Pharmacy, La Jara Police Department, Manassa Police Department, Monte Vista Chamber of Commerce, Monte Vista Neighborhood Watch, Monte Vista Police Department, North Conejos School District, Rio Grande County Commissioners, Rio Grande County Sheriff’s Office, Rio Grande Department of Human Services, Rio Grande Health Center, Rio Grande Hospital, Rio Grande Prevention Partners, Rio Grande Public Health Agency, Rocky Mountain Prevention Research Center, Saguache County Sheriff’s Office, Saguache Prevention Partners, Saguache Public Health Agency, Sanford Police Department, Senator Bennett’s Field Office, SLV Behavioral Health Group, SLV Boys and Girls Club, SLV Health, SLV Probation Department, Trinidad State Junior College and Valley Wide Health Systems.

Overcoming Challenges

Identifying key partners to ensure success of program

- Understanding the scope of the program, Selecting interested partners and educating them on the need and Corporate pharmacy chains

Injectable/nasal adapt Narcan nasal

- No additional needles in circulation and Ease of Use

Encouraging independent pharmacies to participate

- Standing order available from Medical Director at Colorado Department of Public Health and Environment, Larry Wolk, and Loss of income- free kits versus billing insurance companies

Community Stigma

- Discussion and education, Cultural concerns Family involvement and Media and marketing



NALOXONE TRAININGS

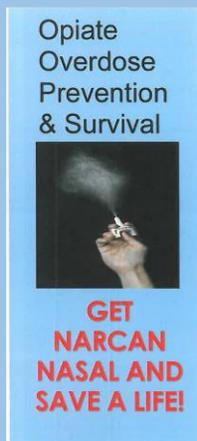


Human Services Agencies



Warehouses

Media Material Developed



Do you or someone you know
Have a problem with opiates?



**Talk to your Doctor or Pharmacist
 About free Nasal Narcan!**

Nasal Narcan is an Opiate overdose reversal drug. If you or someone that you know has a problem with opiates, they run the risk of an opiate overdose. With free Nasal Narcan, you can be prepared if an overdose occurs, and prevent the death of someone you may know and love!

For more information call:
 Shane Burns SLWAHEC
 At 719-589-4977




Follow the SAVE ME Steps to respond to drug overdose

Stimulate Airway Ventilate Evaluate Medicate Evaluate



Rub Hard **Call 911**



Place in recovery position if person is left unattended

Stimulation - Administer vigorous sternum rub
Call 911 - If you are unwilling or unable to stay with that person you **MUST** call 911. Place person in rescue position after giving nasal spray if you are unable to stay.

Airway - Open Airway - Pull chin upwards
Rescue Breathing - Pinch nose and give 1 breath every 5 seconds
Evaluate - Is the person breathing on their own? If not, give nasal spray
Nasal Application - Spray once into either nostril and then continue breathing.

Evaluate Again - Naloxone takes 3-5 mins to work if the person doesn't come around keep breathing and wait for ambulance.

Naloxone Kits

- Kits developed by Nurse Coordinator (Supervisor) And Health Educator
- Ordered needed supplies
- Began developing kits with simple but clear instructions
- Kits included a small plastic zip lock bag, one Narcan inhaler and one set of instructions
- Instructions were placed on a "SAVE ME" card with visual instructions on front and text instructions on back.

SLV N.E.E.D. (Naloxone – Education – Empowerment – Distribution) TO DATE

- 24 Signed Memorandum of Understanding
 - 9 out of 9 police departments
 - 6 out of 6 County Sheriff Departments
 - All three hospitals
 - All 4 independent pharmacies with standing orders
 - 1 Clinic pharmacy
 - All Health Clinics covered through respective hospitals and VWHS
 - Both local institutions of higher learning
 - San Luis Valley Behavioral Health Group
 - Local Homeless Shelter
- Trainings
 - 52 Trainings Completed
 - 560 Individuals trained (133 law enforcement & 427 community members)
- **15 lives saved due to SLV N.E.E.D.**
- Completed “Community Training” Phase

Lessons Learned

- Outreach to participating partners with clear understanding of scope of project, roles, responsibilities and expectations for reporting
- Interagency collaboration is key
- Ongoing communication with community
- Frequent, consistent follow up with partners for support and reporting
- Regular, monthly media and marketing to the communities

RECOMMENDATIONS

- Timeliness of Award Notice
- More communication between HRSA and Grantee
- Longer grant period (If Pilot Project, should still be at least 2 years)

APPRECIATION

- Recognition of need in the San Luis Valley
- Ability to allow SLV to further state its case (prescription drug addiction and street drug addiction)
- Ability to allow San Luis Valley Area Health Education Center to assist other Colorado regions

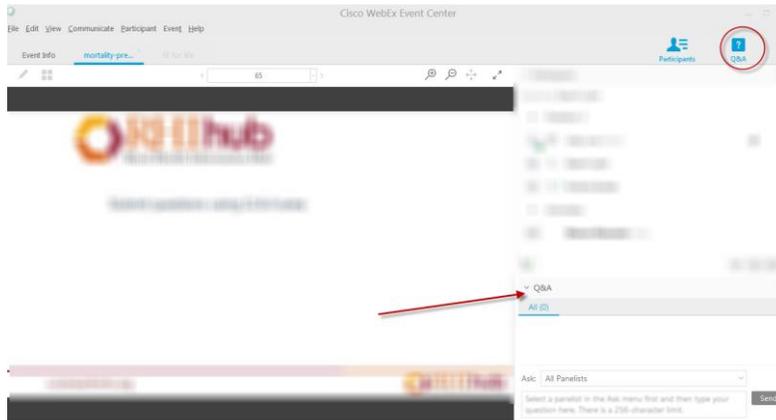
THANK YOU

QUESTIONS?

Freddie L. Jaquez
SLVAHEC – Executive Director
freddie@slvahec.org
(719) 589-4977



Questions?



ruralhealthinfo.org



- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website

ruralhealthinfo.org





ruralhealthinfo.org

Your *First* **STOP** for
Rural Health
INFORMATION



**Prevention and Treatment of Substance Abuse
in Rural Communities**