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
Rural Prevention and Treatment of Substance Abuse Toolkit

May 17, 2017

Tricia Stauffer, MPH
NORC Walsh Center for Rural Health Analysis
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

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
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

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
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

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
Rural Prevention and Treatment of Substance Abuse Toolkit

Organization of the Toolkit

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

2: Program Models

- Medication Assisted Treatment
- Behavioral Therapy
- Harm Reduction
- Care Delivery
- Peer-based Recovery Support
- Prevention
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

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
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

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
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

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
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

Project VIBRANT+

Vance Initiating Bringing Resources and Naloxone Training
What is **VIBRANT+**?

**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.

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Local Community Health Priorities

- **Mental Health and Substance Use Disorder**
- **Nutrition and Physical Activity**
- **Education and Success in School**
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 COCC, Chronic Pain Coordinator

- **Leilani Attilio**
  NCHRC, Grant Manager and National Affairs Liaison

- **Nidhi Sachdeva**
  DPH Injury and Prevention Branch

- **Jacalyn Thomas**
  Vance Recovery

- **Javier Plummer**
  Vance County EMS Director

- **Jeanne Harrison**
  Alliance Rehabilitative Care, Executive Director

- **Karen Terry**
  R.J. Blazekoy ADATC

- **Sheriff Peter White**
  Vance County Sheriff's Department

- **Alvio Coley**
  Pat Ford
  Oxford Police Department

- **Joey Ferguson**
  Vance County Police Department

- **Mr. Chocky White**
  Medical Arts, Pharmacist

- **Dr. Bowman**
  Professional Pharmacy, Pharmacist

- **John Matsock**
  Vance Recovery Center, Program Director

- **Gina Dement**
  Cardinal Innovations

- **Patricia Gillard**
  Back on Track, Director of Outpatient Substance Abuse Services

- **Brindell Wilkins**
  Oxford Sheriff's Department
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
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
Benjamin Disraeli

“The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.”
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
Stations of the Cross – San Luis, CO

Sand Dunes National Monument
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 AEHC?” 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 prescription drug community issue.

July, 2014 — COPE 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.

How Did We Get Here?

Drug Overdose Death Rate By County, 2002

1 Source: National Nosocomial Infections Surveillance System for Health Professionals.
2 Information from the Colorado Department of Public Health and Environment.
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)

- 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
San Luis Valley N.E.E.D.
Naloxone - Education - Empowerment - Distribution

San Luis Valley AHEC Board of Directors

Freddie Jaquez
Executive Director

Charlotte Ledonne
Nurse Educator

Shane Benns
Health Educator

Consultants
Josh Blum, MD
Lisa Raville
ION Business Strategies

Participating Agencies
- Alamosa County Department of Human Services
- Alamosa County Public Health Department
- Alamosa County Sheriff’s Office
- Alamosa Pharmacy
- Alamosa Police Department
- Costilla County Public Health Agency
- District Court, 12th Judicial District
- Conejos County Public Health and Nursing
- District Court, 13th Judicial District
- District Court, 14th Judicial District
- Mineral County Public Health
- La Jara Health Mart Pharmacy
- Rio Grande Hospital
- Rio Grande County Public Health
- Saguache County Public Health
- Saguache County Public Health Center
- San Luis Valley Behavioral Health Group
- San Luis Valley Health
- Trinidad State Junior College Valley Campus
- ValleyWide Health Systems

• 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

Narcan Nasal Kits Distributed
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, Ascension 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

Opiate Overdose Prevention & Survival

If you are an expectant mother who uses or abuses drugs, here are some things to consider...

GET NARCAN NASAL AND SAVE A LIFE!

HEROIN OVERDOSE PREVENTION GUIDE

How may you have heard of drugs for actual dosing or when to get them in? (analytical)

Do you know that some relatives have been caught, and then doing or forcing the nurse’s name on a needle or drug? (analytical)

Do you think and own other drugs when you are using heroin, and how is it handled or prevented and stored?

There are still leading causes and factors of addiction.

For more information on:

Reference only

27
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.

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
• Contact us at ruralhealthinfo.org with any questions

• Please complete webinar survey

• Recording and transcript will be available on RHIIhub website
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