

Collaborating Across the Continuum of Care to Address the Opioid Crisis

Moderator: Doug Thomas (Utah)

**Speakers: Anne Herron (CSAT) Rebecca
Boss (Rhode Island), Danielle Kirby
(Illinois), and Jennifer Smith
(Pennsylvania)**

Wednesday, June 5, 2019

9:00 – 10:00AM EST

2019 CSAT/CSAP Annual Meeting

Collaborating Across the Continuum

Anne M. Herron

Acting Director, CSAT

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

NASADAD Annual Meeting
June 5, 2019



SAMHSA
Substance Abuse and Mental Health
Services Administration

STR/SOR Innovations

- STR/SOR influx of dollars have created pockets of innovation across the country in the prevention, treatment and recovery systems of care.
- Driven by the Opioid Crisis, the innovations have a broader impact and influence
 - New relationships with existing partners
 - New partnerships
 - Supporting community integration of M/SUD considerations

Trending Collaborations

- Criminal justice – pre-release and reentry
- Hospital ERs – Px, MAT induction and linkage to Tx, peer supports
- Homeless/ Domestic Violence Shelters – MHFA
- Peer outreach after 911 OD call (knock and talk)-
- Street Outreach –
- Media Campaigns – Drug take-back programs
- School-based and family education/ prev. programming –

Trending Collaborations

- Academic institutions (using Project Echo)
 - hub and spoke training and mentoring
- Child Welfare systems – Px, Tx, recovery supports
- Hub and spoke treatment and continuing care (25 states)
- Recovery Community Centers – certification for peer specialists/coaches/mentors
- Recovery Housing
- Partnering with Advocacy Organizations to impact state laws/scope of practice
- Telehealth

- 24/7 Opioid treatment/peer intervention programs
- Medication First approach
- Community Pharmacists dispense naloxone under statewide standing order
- Targeting outreach using HIDTA and medical examiner data
- Integration of Faith Communities as prevention and supports for recovery (Behavioral Health Friendly Churches)

- Development/use of mobile apps (various)
 - Amazon alexa as virtual coach for stress reduction
- Medical-legal partnerships (philanthropy involved) <https://medical-legalpartnership.org/>
- Siting prevention activities/naloxone in:
 - Boys and Girls clubs
 - Senior living facilities
 - Gas stations
 - Fast food restaurants
 - Barbershops/hair salons

- Center of Excellence on SUD and Pain Management (Pain Echo, alternative therapies)
- Perinatal quality collaborative w/ pregnancy recovery centers to implement EBPs
- Specialized services for veterans, service members and families

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)



Collaborating Across the Continuum of Care to Address the Opioid Crisis

Overview of State Activities

CSAT/CSAP Annual Meeting

June 5, 2019

Rebecca Boss, Director

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and
Hospitals



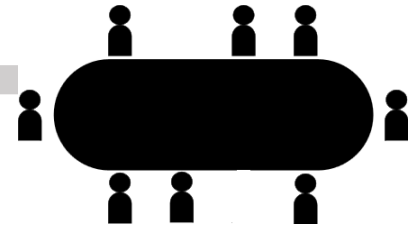
Interagency collaboration is an unnatural act performed by non-consenting adults





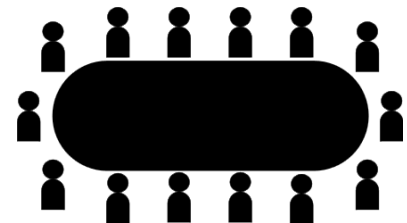
Overdose Task Force

Co-Chairs: SSA, DOH Director, Governor's Office



Sample of representation:

- OHIC
- The RI General Assembly
- Insurers
- Health Equity Zones
- Pharmacists
- Law enforcement
- Prevention community
- Treatment Providers
- Healthcare providers
- Recovery community
- Educators
- Academics and researchers
- EMS personnel
- Healthcare facility administrators
- Family members





Four Strategies

► Prevention



Help doctors protect their patients by using safe prescribing practices.

Fact

It's time to change how we treat pain — opioids don't need to be the first line of defense.

► Treatment



Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

Fact

MAT lowers the risk of both relapse and death.

► Rescue



Make sure everyone has access to naloxone.

Fact

Nearly every opioid overdose death is preventable with naloxone.

► Recovery



Expand peer recovery services and treatment options that help people start recovery.

Fact

We're making sure that all patients treated for addiction have a long-term recovery plan.

2019 strategic plan update includes expanded initiatives within all 4 pillars – especially “upstream and downstream” Includes cross-cutting strategies: **Meeting, Engaging and Serving Diverse Communities; Changing Negative Public Attitudes on Addiction and Recovery; Universal Incorporation of Harm-Reduction; Confronting the Social Determinants of Health; Integrating Data to Inform Crisis Response**



State Partners

Governor's Office and General Assembly

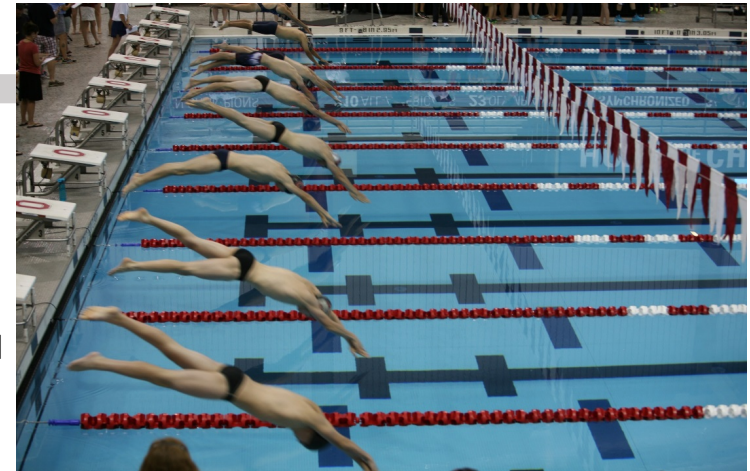
Executive Office of Health and Human Service

Departments:

- Behavioral Healthcare, Developmental Disabilities and Hospital
- Health
- Labor and Training
- Children, Youth and Families
- Corrections
- Public Safety

Offices:

- Health Insurance Commissioner
- Medicaid
- Postsecondary Education Commissioner
- Veterans Affairs





Federal Partners

- SAMHSA
- CMS
- CDC
- USDOL
- NIDA
- DOJ



Private Partners:

CVS

Delprete Foundation

RI Foundation

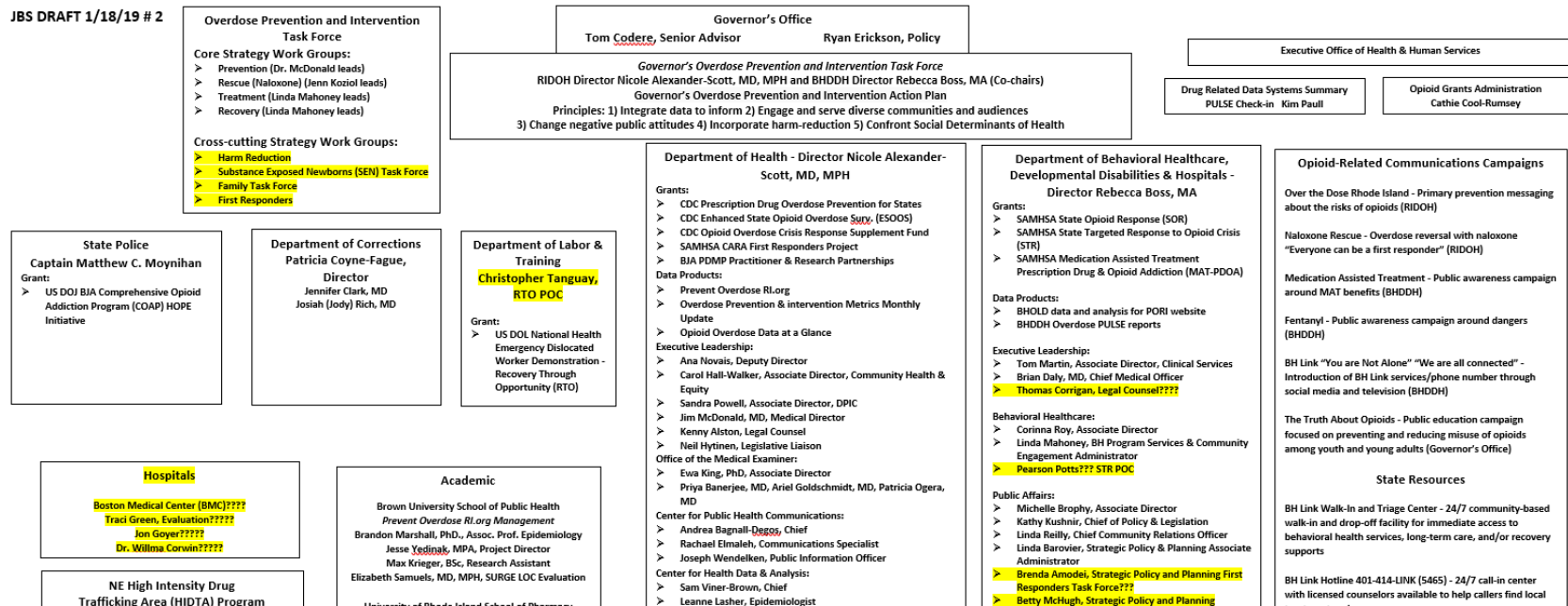
United Way



Governance: Org Structure

Goal: Map the “Big Picture;” then deliberately detail how projects align and coordinate.

JBS DRAFT 1/18/19 # 2





Cross-Cutting Strategies



- Levels of Care for RI Emergency Departments and Hospitals
- 48-Hour Overdose Reporting – weekly calls – targeted outreach
- Municipal Overdose Response Plans



Surveillance Response Intervention (SRI) Team





Municipal Overdose Response Plans

To date, all Rhode Island municipalities have submitted a Letter of Intent to develop a localized overdose response plan.

- Upon completion of an approved overdose response plan, municipalities will receive a \$5,000 award to implement initiatives within the plan. 28 have already received awards
- Strategies focus on the four strategies: rescue, treatment, and recovery.
- Innovations included Faith & Fire, Naloxboxes, law enforcement/peer partnering, anti-stigma campaigns
- 2x year CODE meetings – 39 Champions





The Task Force's 2018 Theme

“Communities Coming Together”

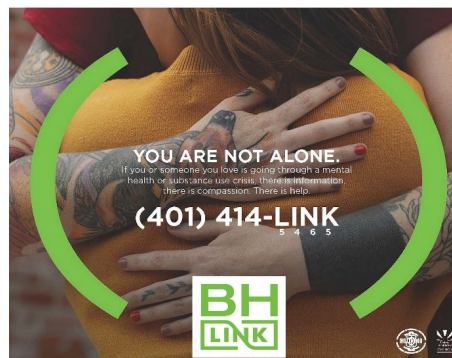
This theme helped us:

- **Equip Rhode Island's diverse communities** draw upon their resources to enhance prevention efforts;
- **Challenge community members to reach out** to families and neighbors affected by the opioid crisis helping them save lives;
- **Engage first responders and providers to screen for substance use disorder** and connect patients to treatment; and
- **Support recovery and build individual capital** through a trauma-informed, strength-based approach.



Looking ahead...

- BH Link / crisis services
- Governor's Parity legislation (co-pays)
- Mobile Induction – 24/7 OTP
- TRUTH: Public outreach/prevention campaign
- Recovery housing grants / coaching waiver
- Recovery Friendly Workplaces, job training
- HOPE Initiative / engaging Law Enforcement
- Opioid manufacturer / distributor lawsuits
- NGA-NAS learning lab (paired with Ohio)
- Consumer educational video on all recovery paths including each FDA approved medication.
- SIM Triad workforce program to build quality via improved "on-Boarding" for new staff and mentoring/coaching for BH supervisors.





THANK YOU

Questions?????

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401-462-0917

Preventoverdoseri.org



Collaboration Across The Continuum Of Care To Address The Opioid Epidemic

Dani Kirby, Director

Division of Substance Use Prevention and Recovery

Illinois Department of Human
Services



State of Illinois

Highlighted Areas of Collaboration

- Recovery Oriented System of Care – Illinois State Networks (ROSC-ISN)
- Illinois Opioid Crisis Response Advisory Council (OCRAC)
- Access to Medication Assisted Treatment Networks (AMAT Networks)
- Drug Overdose Prevention Project (DOPP)



Recovery Oriented Systems of Care

A ROSC is a coordinated network of community based services and supports that is person-centered and builds on the strength and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk of alcohol and drug problems.*

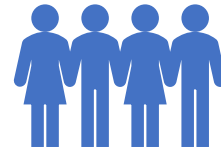
https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf



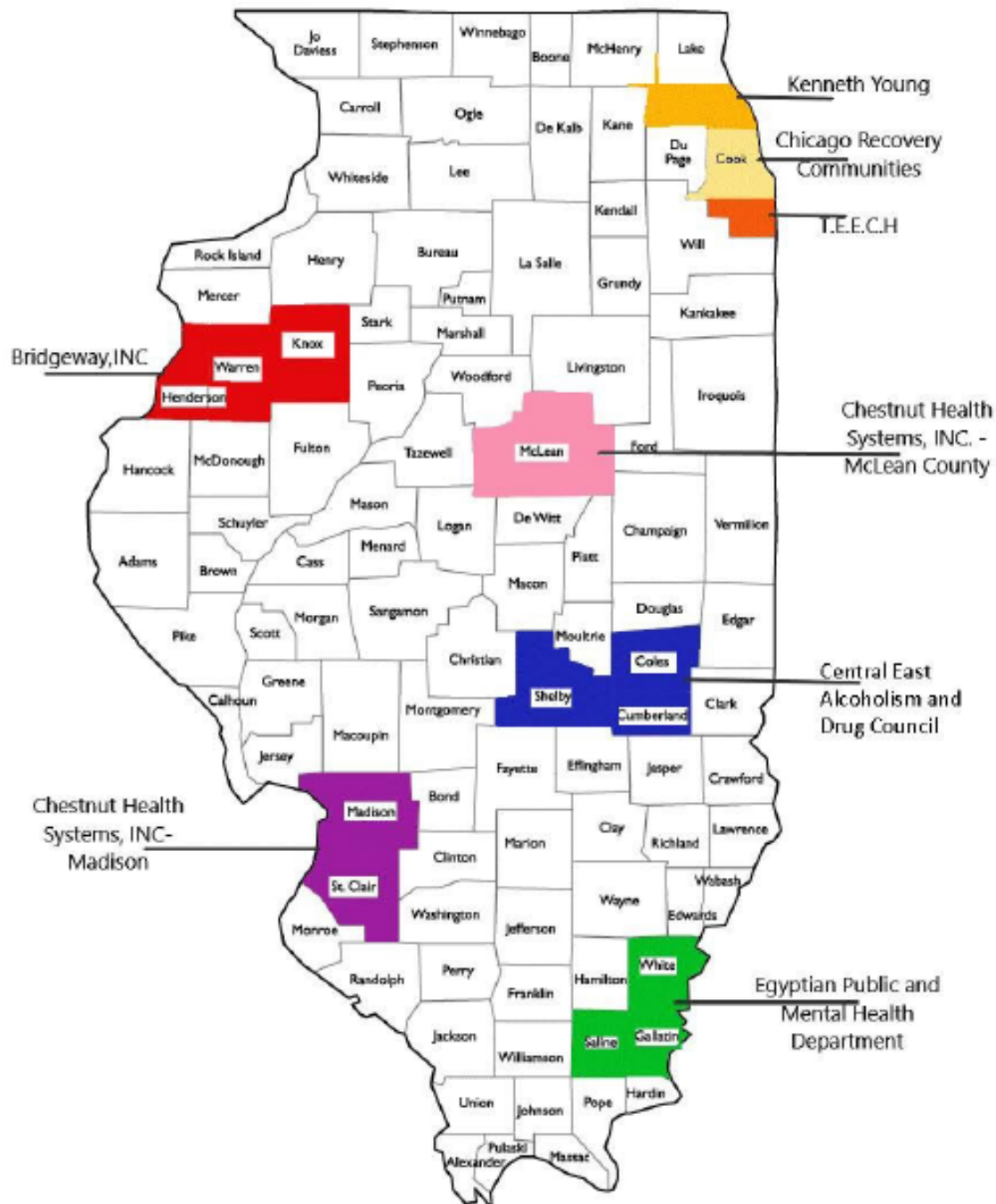
*Note that abstinence is in the SAMHSA ROSC definition, but others have replaced “abstinence” with “recovery”.

Recovery Oriented System of Care (ROSC) Goals:

- Building a **culture** that builds and nurtures recovery
- Building **capacity** and infrastructure to support a recovery-oriented system of care
- Developing **commitment** to implement and sustain a recovery-oriented system of care



Illinois ROSC-ISN Map



ILLINOIS OPIOID CRISIS RESPONSE ADVISORY COUNCIL

230 members representing 85 organizations

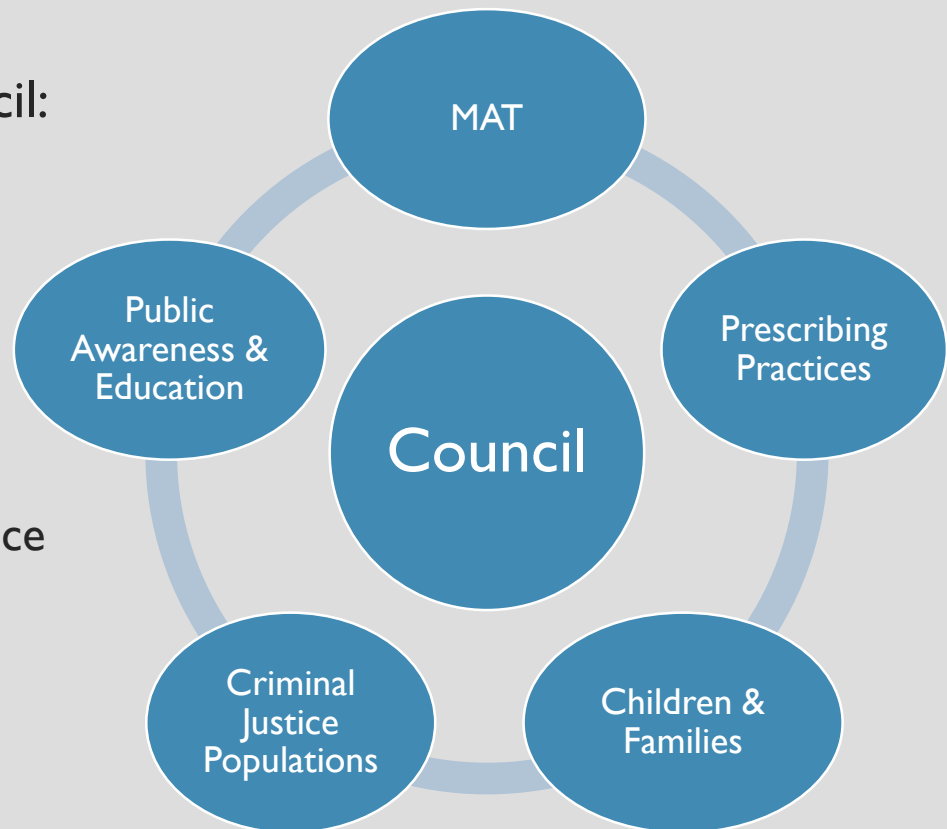
- Council members include people with lived experience of opioid use disorder (OUD) and family members.

Monthly meetings led by IDHS/SUPR and
Illinois Department of Public Health (IDPH)

- Committee reports
- Presentations on state and local initiatives

COUNCIL COMMITTEES

- Committees address five key priorities identified by the Council:
 - Increase access to MAT statewide
 - Improve safer prescribing and dispensing practices
 - Increase public awareness and education opioid use disorder
 - Support the needs of criminal justice populations
 - Support the needs of children and families



COUNCIL PARTICIPATION ACROSS THE CONTINUUM

Prevention

- Prevention First
- IDPH and county health departments
- IDHS/Prescription Monitoring Program
- Illinois Collaboration on Youth
- National Safety Council

Treatment and Recovery

- Cook County Health & Hospital Systems
- Family Guidance Center
- Chestnut Health Systems
- Illinois Academy of Family Physicians
- Illinois Health and Hospital Association
- Southern Illinois Healthcare

Response

- Chicago Recovery Alliance
- Illinois State Police
- Perfectly Flawed Foundation
- Office of the State Fire Marshal
- Dixon Police Department
- Live4Lali, Inc.

COUNCIL PRESENTATIONS ACROSS THE CONTINUUM

Prevention

- National Opioid Awareness Education Campaign
- Illinois Prescription Monitoring Program Overview
- Omni Youth Services Prevention Program
- Illinois Helpline for Opioids and Other Substances Demo

Treatment and Recovery

- Rush Hospital System Substance Use Treatment Team
- Access to MAT Networks
- Illinois Perinatal Quality Collaborative
- Opioid Alternative Pilot Program
- Hospital Warm Handoff Program

Response

- Safe Passages Program
- Standing Order for Naloxone
- Opioid Crisis and Response in Rural and Urban Settings
- Cook County Opioid Initiatives for Justice-Involved Individuals

COUNCIL ACCOMPLISHMENTS

Increased awareness of state, regional and local opioid initiatives

Identification of prevention, treatment and recovery, and response resource gaps

Input and feedback on the State Opioid Action Plan

Continued review and roll-out of State Action Plan recommendations and initiatives

Outreach to ethnic minority communities

Identification of special populations impacted by the opioid crisis

2018

2017

2019

Developed recommendations for State Opioid Action Plan strategies

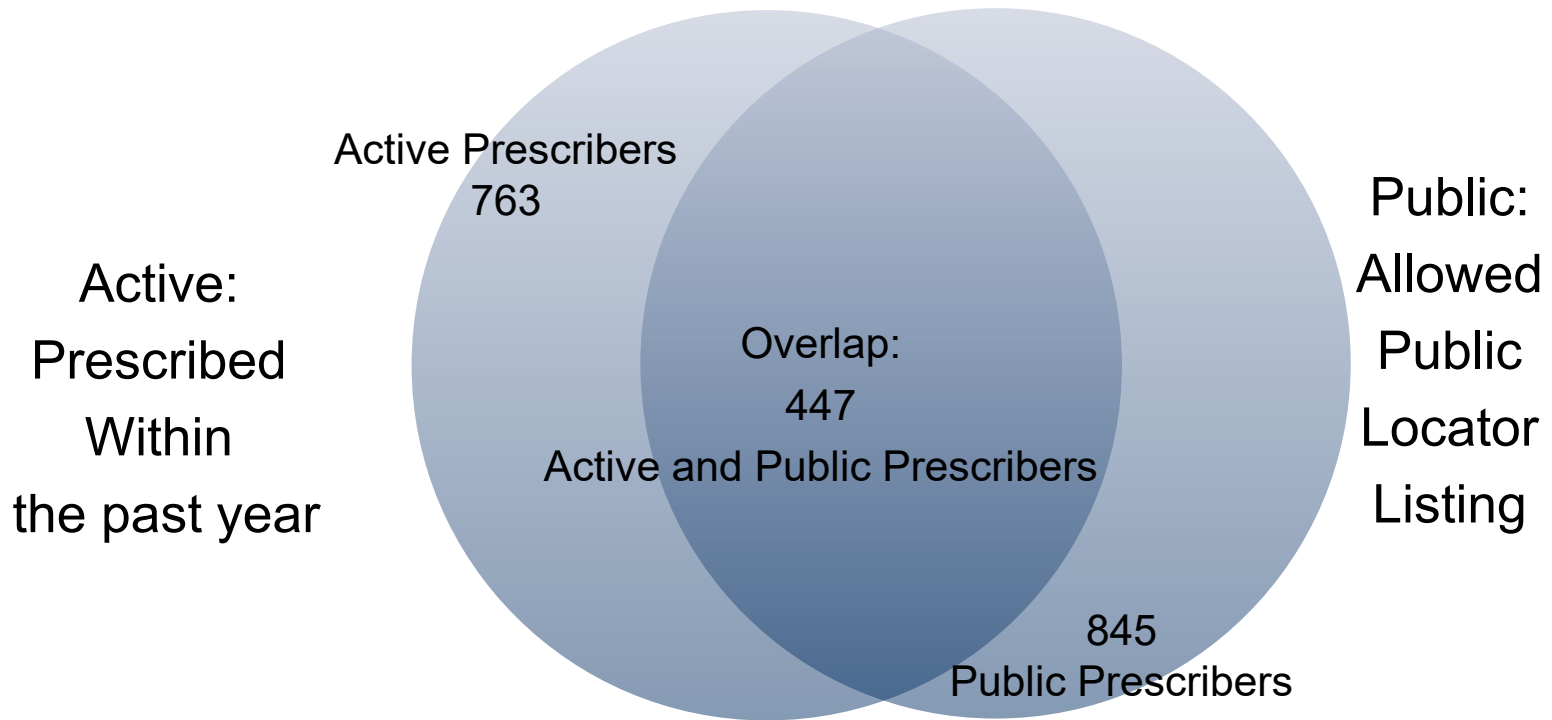
Incorporated Committee recommendations in Implementation Report

Disseminated materials promoting the Helpline and statewide prevention campaigns

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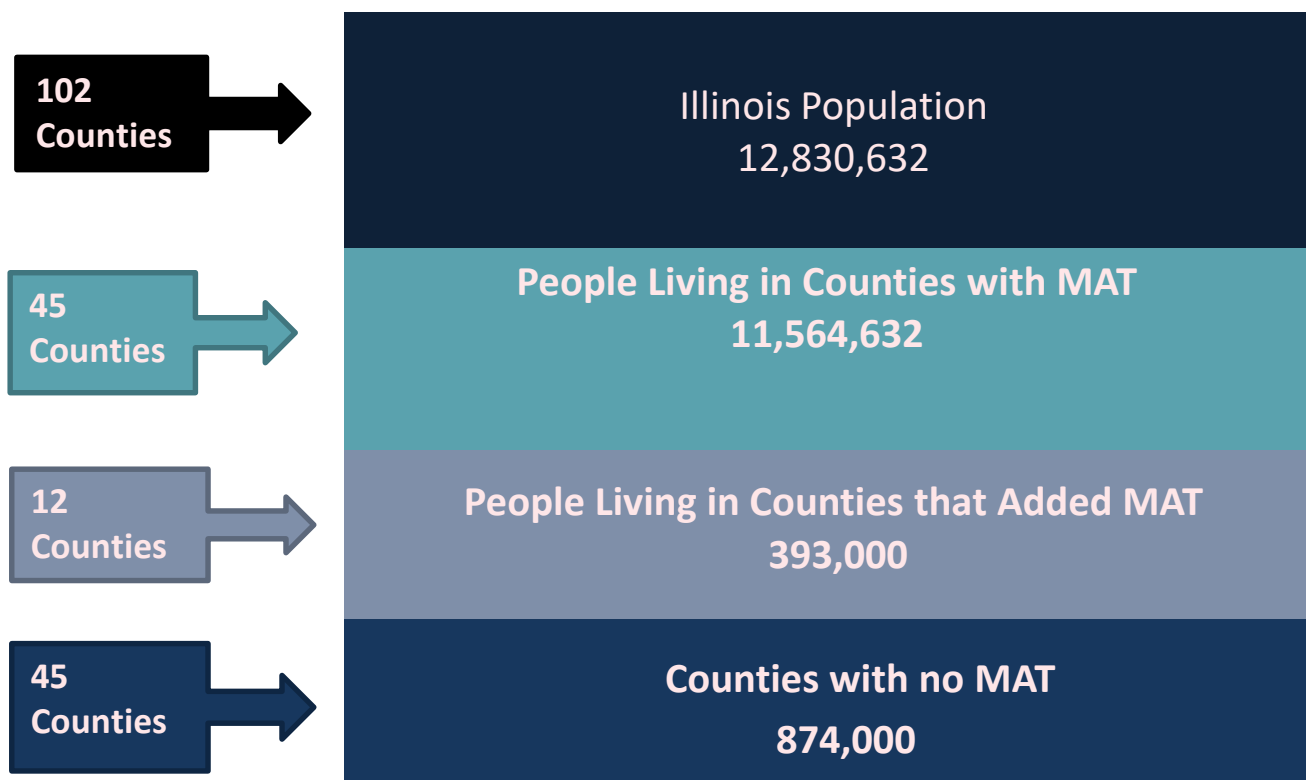
DATA Waivered Prescribers - Illinois



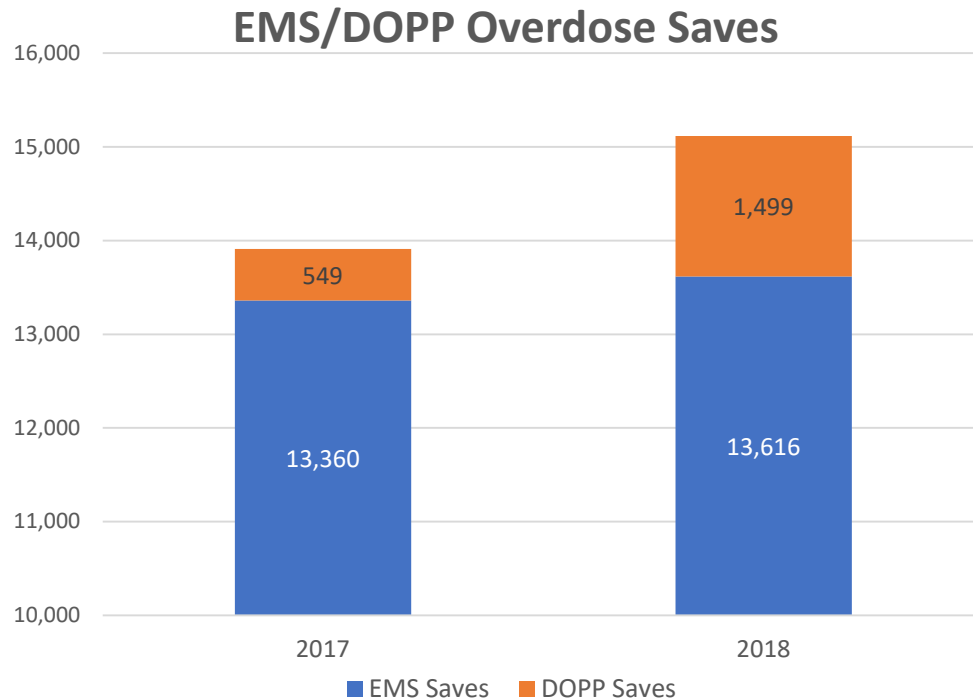
Total Prescribers= 1161
March 2019



FY 19 Progress- Reducing the Number of MAT Deserts



FY 20 Goal: Reduce the number of people living in counties with no Medication-Assisted Treatment (MAT) from 874,000 (45 counties) to less than 250,000 (25 counties). Baseline: 3/2019 35



EMS/ DOPP
OVERDOSE
SAVES

IDHS/SUPR Drug Overdose Prevention Program

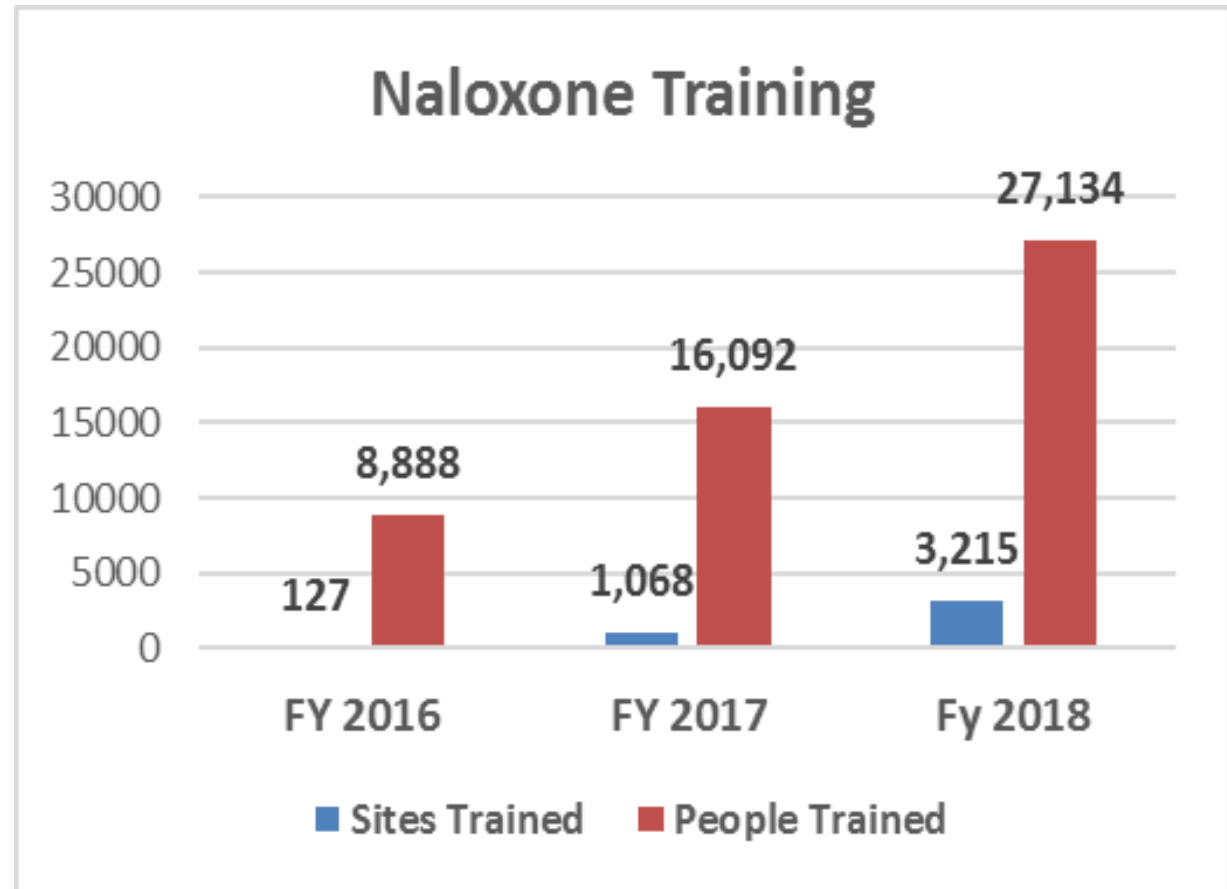
- Voluntary Program
- The training, saving and reporting is not mandated and is also voluntary.
- Saves made by DOPP Programs are in addition to saves made by Emergency Medical Service (EMS) saves which is published by Illinois Department of Public Health (IDPH) and located on their Opioid Data Dashboard.

<https://idph.illinois.gov/OpioidDataDashboard/>

Expanded Naloxone Purchase/Training/ Distribution Services

IDHS/SUPR Drug Overdose Prevention Program (DOPP)

Federal funds are used for naloxone purchase, training, and distribution to traditional first responders like law enforcement officers and fire departments as well as non-traditional first responders like bystanders, friends, family members of heroin or other opioid dependent persons, and others.



Promoting Collaboration

- IDHS/SUPR partners offer Overdose Education and Naloxone Distribution (OEND) services in all 102 counties in Illinois – some are funded by OCR Grants
- Shared funding resources provide an opportunity to link programs doing similar work across the state
- Participation in statewide Opioid Crisis Response Advisory Council
- Partners established local coalitions that address drug overdose
- DOPP learning collaboratives and summits





Pennsylvania's Response to the Opioid Epidemic: A Command Center Approach

June 2019

Jennifer Smith, Secretary
Department of Drug and Alcohol Programs





Prevention

Intervention

Treatment

Recovery
Support

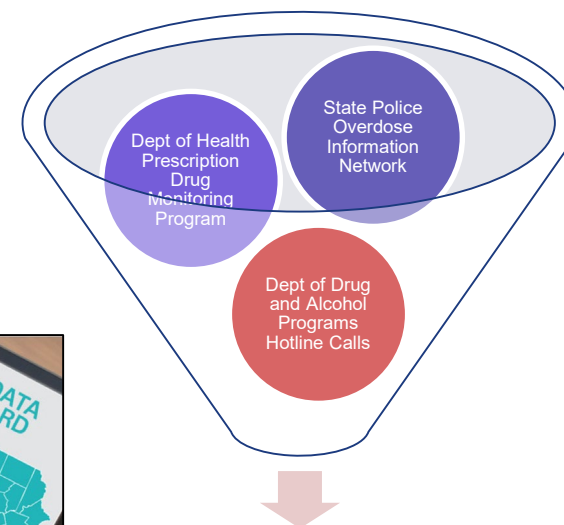
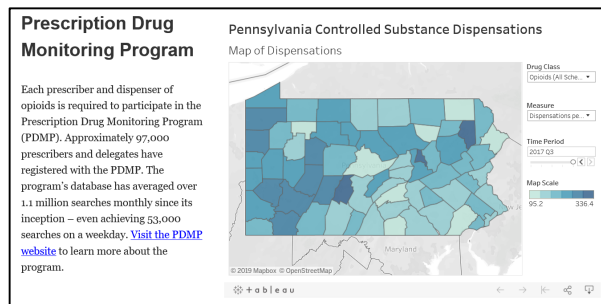
Prescribing Guidelines
Prescription Drug Take Back Program
Prescription Drug Monitoring Program
Naloxone Standing Order and Distribution
Warm Handoff Protocols
PA Get Help Now Hotline
Centers of Excellence for Medicaid Patients
PACMAT Centers (hub and spoke)
Recovery House regulation
OUD Housing

**Disaster
Declaration**

- Department of Drug and Alcohol Programs
- Department of Human Services
- Department of Military and Veterans Affairs
- Department of Corrections
- PA Commission of Crime and Delinquency
- PA Emergency Management Agency
- Office of the State Fire Commissioner
- Governor's Office
- Department of Community and Economic Development
- Department of Health
- Department of State
- Department of Aging
- Department of Education
- Department of Labor and Industry
- PA State Police
- Insurance Department
- Board of Probation and Parole
- PA Office of the Attorney General

PA Opioid Command Center

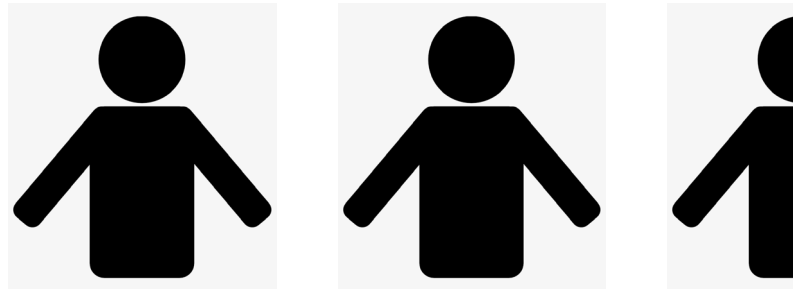
- 3 Main Functions
 - Ensuring interagency coordination
 - Project facilitation and tracking
 - Data collection and dissemination



Opioid Data Dashboard

PA Opioid Command Center

- Staffing
 - Approximately 2.5 FTE
 - 1.25 FTE from Dept. of Health
 - .25 FTE from PA Emergency Management Agency
 - 1 FTE intern from Dept. of Health



PA Opioid Command Center

- Interagency Coordination
 - Unified Coordination Group weekly in person meeting
 - Weekly touchpoint conference calls
 - Information sharing and external partner presentations
 - Stakeholder and public meetings
 - “Command Center in the Community” concept
 - Individual stakeholder meetings
 - Presentations at various summits and conferences

PA Opioid Command Center

- Project Management
 - Facilitation of meetings
 - Tracking of initial disaster declaration initiatives and subsequent projects as identified by the command center
 - Integration with federally funded initiatives through the STR, SOR, MAT PDOA and other related grants
 - Data collection and information dissemination

- Data Collection and Dissemination - weekly reports provided to the Governor's Office and each respective department or agency head, as well as the members of the Unified Coordination Group
 - EMS Leave Behind
 - EMS Naloxone Administrations
 - Neonatal Abstinence Syndrome (NAS) cases
 - OUD Birth Certificate Fees Waived
 - ED visits for suspected Opioid and Heroin Overdoses
 - Hotline Calls Received

Challenges

- Unified Coordination Group members often coordinate, but rarely collaborate
Example: Agencies rarely plan new initiatives together, but they do coordinate efforts on projects that have already been started.
- Difficult to foster collaboration in government when typically agencies and departments are competing for budget and complement
- Difficult to translate collected data into actionable policy items or meaningful analytics
- Disaster fatigue

Lessons Learned

- More visibility and a common operating picture, as opposed to each agency acting independently
- Importance of keeping counties and local government informed of state-level initiatives
- Collecting data is good, doing something with it is even better
- Sustained efforts lead to burn out/compassion fatigue
- Communicate, communicate, communicate! (specifically with stakeholders)



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