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
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
innovations

• 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/](https://medical-legalpartnership.org/)
• Siting prevention activities/naloxone in:
  – Boys and Girls clubs
  – Senior living facilities
  – Gas stations
  – Fast food restaurants
  – Barbershops/hair salons
innovations

• 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.

Anne.Herron@samhsa.hhs.gov

www.samhsa.gov

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

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


*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
• 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 on 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

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<thead>
<tr>
<th>Prevention</th>
<th>Treatment and Recovery</th>
<th>Response</th>
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<tbody>
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<td>• National Opioid Awareness Education Campaign</td>
<td>• Rush Hospital System Substance Use Treatment Team</td>
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<td>• Opioid Crisis and Response in Rural and Urban Settings</td>
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<td>• Illinois Helpline for Opioids and Other Substances Demo</td>
<td>• Opioid Alternative Pilot Program</td>
<td>• Cook County Opioid Initiatives for Justice-Involved Individuals</td>
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**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

2017

- 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

2018

- Developed recommendations for State Opioid Action Plan strategies
- Incorporated Committee recommendations in Implementation Report
- Disseminated materials promoting the Helpline and statewide prevention campaigns

2019

- Continued review and roll-out of State Opioid Action Plan recommendations and initiatives
- Outreach to ethnic minority communities
- Identification of special populations impacted by the opioid crisis
Access to MAT – Illinois MAT Map
DATA Waivered Prescribers - Illinois

Active: Prescribed Within the past year

Active Prescribers 763

Overlap: 447 Active and Public Prescribers

Public Prescribers 845

Public: Allowed Public Locator Listing

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
EMS/DOPP OVERDOSE SAVES

EMS/DOPP Overdose Saves

<table>
<thead>
<tr>
<th>Year</th>
<th>EMS Saves</th>
<th>DOPP Saves</th>
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<tr>
<td>2017</td>
<td>13,360</td>
<td>549</td>
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<tr>
<td>2018</td>
<td>13,616</td>
<td>1,499</td>
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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

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.
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
• 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
• 3 Main Functions
  – Ensuring interagency coordination
  – Project facilitation and tracking
  – Data collection and dissemination
• 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
• 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
• 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
• 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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