

ouncil for Mental Wellbeing

Linkage to Care to Prevent Overdose: Strategies from the Field

Tuesday, November 16 from 2:00 – 3:30pm ET

Housekeeping

- You will be muted automatically upon entry and for the duration of the webinar.
- This webinar is being recorded and will be archived for future viewing on the National Council's website.
- Please submit your questions using the Q&A box at the bottom of the screen.

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Today's Presenters



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Agenda

- Welcoming Remarks from the CDC
- Introduction to Overdose Response and Linkage to Care: A Roadmap for Health Departments
- Strategies from the Field
 - Hennepin County, MN
 - Wellness Winnie, Denver Department of Public Health & Environment
 - New Britain Recovers, CT
- Q&A



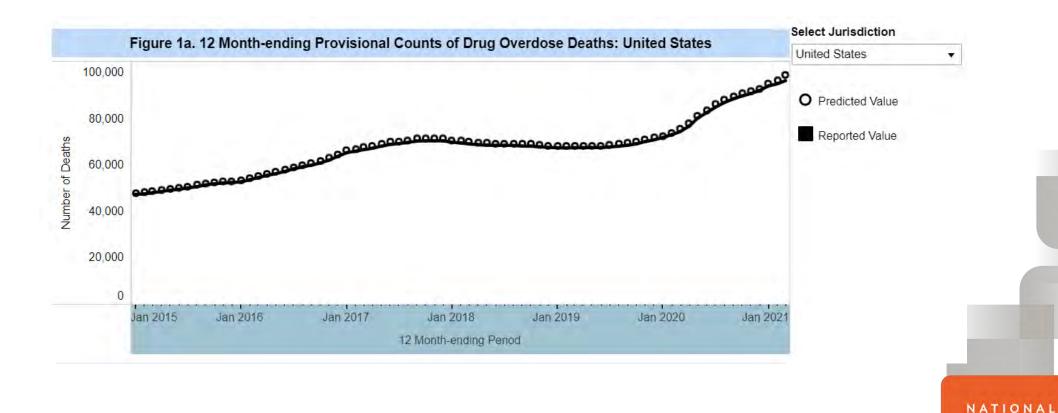
Welcoming Remarks from the CDC



Cherie Rooks-Peck, PhD, MS
Lead Health Scientist, Applied Prevention Science Team
Division of Overdose Prevention
National Center for Injury Prevention and Control



Overdose in the U.S.



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Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.



Care for People at Risk of Overdose

- Overdose is preventable and evidence-based services and care exist across a continuum of risk.
- Barriers to accessing evidence-based services and supports exist at the individual, organizational, and system levels, leading to unjust disparities.
- Health departments and their partners are uniquely well-suited to address challenges related to linkage to care for people at risk of overdose.



Overdose Response and Linkage to Care: A Roadmap for Health Departments



- Informed by real-world experiences of 29 experts from the field from 11 states, representing:
 - State and local health departments
 - Certified community behavioral health clinics (CCBHCs)
 - Emergency medical services (EMS)
 - Community coalitions
 - Peer support specialists and supervisors
 - National technical assistance providers

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Defining Linkage to Care

Connecting people at risk of overdose to evidence-based treatment, services and supports using a non-coercive warm hand-off that helps people navigate care systems and ensures people have an opportunity to participate in care when they are ready.

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Key Strategies

Aligned with the 10 essential public health services, this roadmap identifies seven strategies health departments can implement to improve linkage to care services:

- 1. Collect data and conduct surveillance.
- 2. Develop a public health workforce that supports linkage to care.
- 3. Increase overdose awareness among providers and community members.
- 4. Support cross-sector collaboration and partnerships.
- 5. Provide linkage to care services directly or by funding community partnerships.
- 6. Promote policy that enhances linkage to care.
- 7. Evaluate linkage to care initiatives.



Organizational Checklist

STRATEGY 1. COLLECT DATA AND CONDUCT SURVEILLANCE.

Question		In progress	Yes
 Does the health department regularly collect data to identify neighborhoods and/or populations at high risk for opioid overdose? 			
2. Are any of the following sources of data being collected?			
Opioid-involved overdose death certificates and/or medical examiner records			
EMS activations related to opioids			
Syndromic surveillance data specific to overdose			
Emergency department admissions related to opioids			
SUD treatment utilization (e.g., outpatient, inpatient, MOUD)			
Harm reduction services utilization (e.g., syringe services, naloxone distribution)			
3. Are data stratified by the following?		1447	
Race/ethnicity			
Age group			
Gender			
Zip code, neighborhood, census tract or another geographic identifier			
4. Is this data shared regularly with provider organizations who can prioritize services accordingly?			
Aggregate de-identified data			
Individual identified data			



State and Local Examples

Table 2. Examples of State and Local Health Department Linkage to Care Activities 12,13,14

Strategy	State Health Department Activities	Local Health Department Activities
Collect data and conduct surveillance	Establish and enhance statewide data collection and surveillance systems. Develop data sharing agreements and templates. Review new Office of the National Coordinator for Health Information Technology (ONC)/Centers for Medicare and Medicaid Services (CMS) interoperability rules ¹⁵ and plan how to utilize the new rules to enhance information exchange in surveillance and harm reduction efforts. Support local health departments and response efforts by disseminating data in a timely manner. Support local health departments by increasing their capacity to collect and analyze data and offering guidance.	Establish and enhance local data collection and surveillance systems. Support community-based response efforts by disseminating relevant data in a timely manner. Establish and lead local overdose fatality review teams.
Develop a public health workforce	Ensure the state public health workforce receives training and education to competently respond to overdose. Promote the adoption of evidence-based practices among local health departments, community-based organizations and provider organizations through training and education. Develop resource guides and technical assistance tools to support local health departments and community-based providers implement programs and policies. Encourage the use of non-stigmatizing, personfirst language among state health department staff.	Ensure the local public health workforce receives training and education to competently respond to overdose. Host training and education opportunities for staff at community-based and provider organizations. Encourage the use of nonstigmatizing, person-first language among local health department staff.

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Elements of the Roadmap

Strategy Areas	Critical strategies to consider when exploring opportunities to improve linkage to care.
Action Steps	Planning and implementation steps that appear at the beginning of each strategy area.
Tools and Resources	Tools and resources to guide implementation efforts.
Checklists	Checklists of items that facilitate implementation for each strategy area.
Quick Tips	Information and quick insights into approaches and ideas for planning and implementation.
Examples from the Field	Real-world examples of how strategies are being implemented in the field.



HENNEPIN COUNTY

MINNESOTA



National Council – November 16, 2021

Hennepin County Opioid Initiative – Julie Bauch, Opioid Response Coordinator

Hennepin County



Pillar 1: Prevent

- 1) Medicine drop boxes
 - 55 drop boxes in Hennepin County

- 2) Health Advisory Network Alert
 - Prescription practices

3) Naloxone distribution and syringe exchange





Pillar 2: Respond

1) First responders carrying naloxone

2) Safety and security staff carrying naloxone

3) Naloxone distribution and syringe exchange

4) Street Outreach





Pillar 3: Treat

1) Adult Detention Center and Adult Corrections Facility

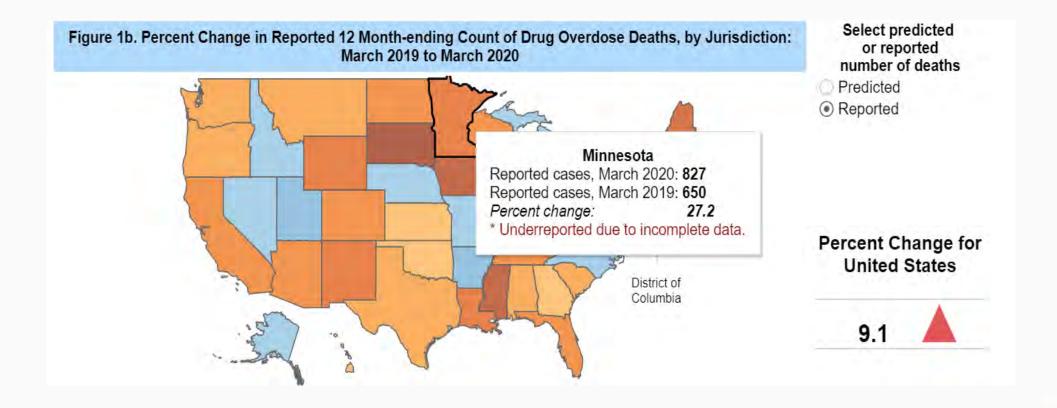
2) Health Care for the Homeless and Mental Health Center

3) Integrated Police Department response teams

4) Withdrawal Management

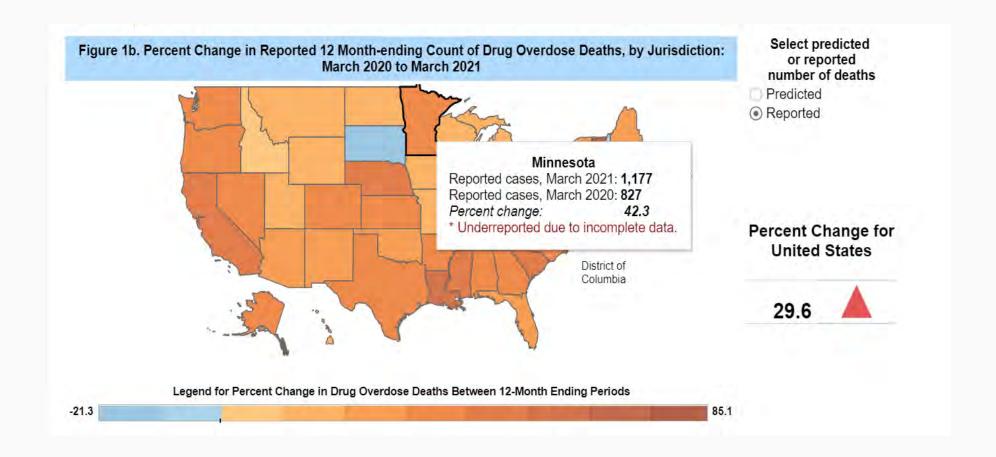


<u>CDC – Provisional Drug Overdose Death Counts</u>





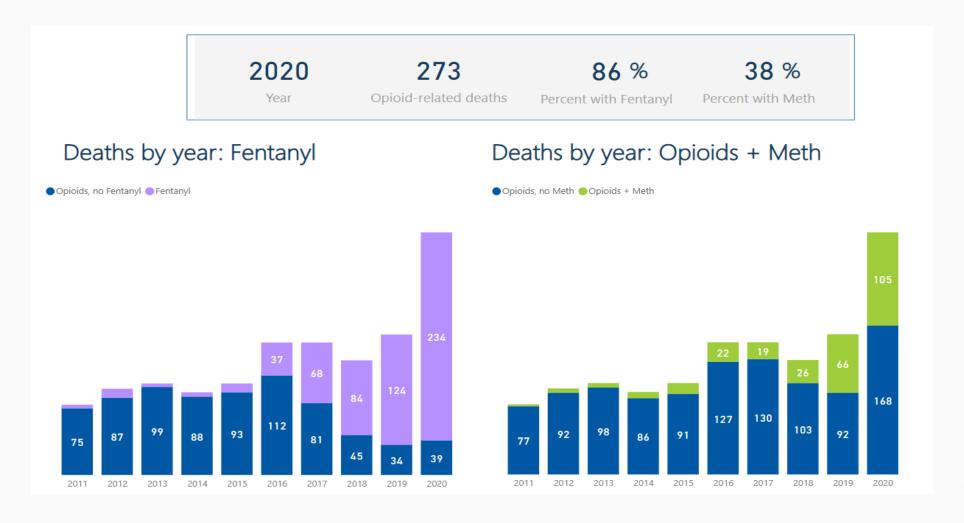
<u>CDC – Provisional Drug Overdose Death Counts</u>





Opioid-related Deaths among Residents in

HENNEPIN COUNTY



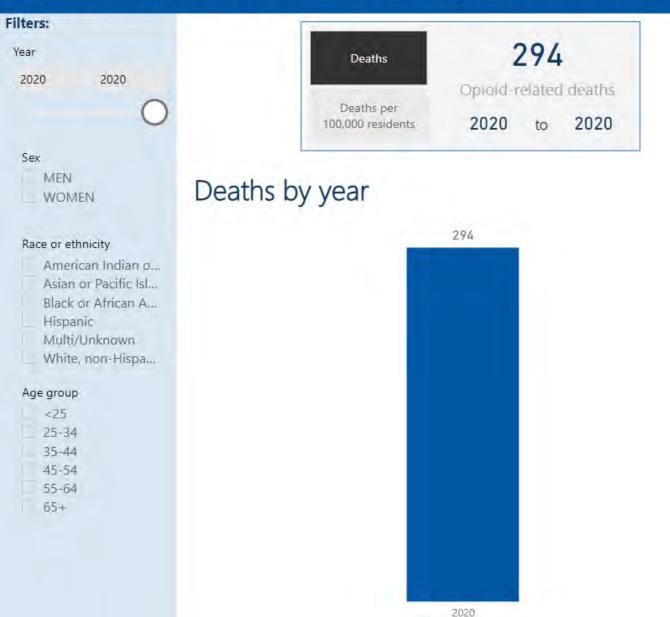


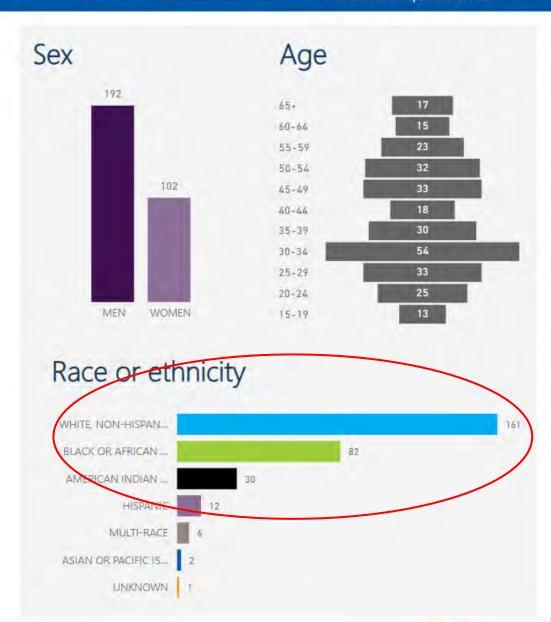
(1) Opioid-related Deaths among Residents in

HENNEPIN COUNTY



*Only Hennepin County values are official. For official totals elsewhere in Minnesota, contact the Minnesota Department of Health.





Opioid-related Deaths among Residents in

HENNEPIN COUNTY

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Sex MEN

WOMEN

Race or ethnicity

- American Indian o...
- Asian or Pacific Isl...
- Black or African A...
- Hispanic
- Multi/Unknown
- White, non-Hispa...

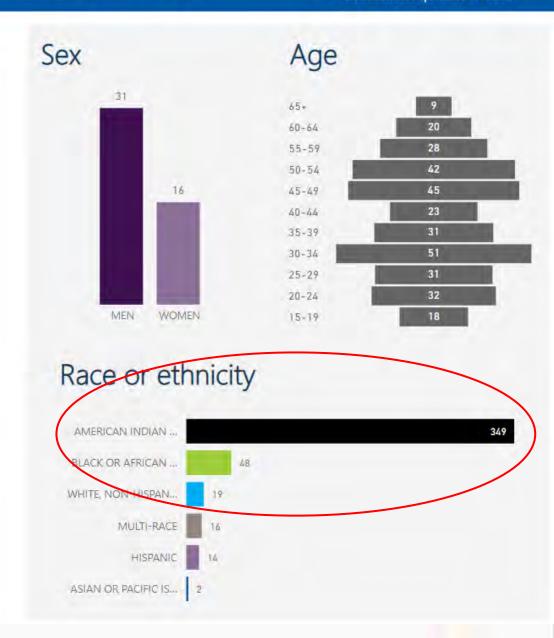
Age group

- <25 25-34
- 35-44
- 45-54
- 55-64
- 65+



Deaths by year







Linkage to care can be difficult within the Native American community

- Few culturally specific providers
- Hennepin County's relationship with the NA community



Outreach to Native American Community

Syringe exchange and Narcan distribution

Specific work
with NA
housing
complex and
population
(taskforce
created)

Work with ICWA (Indian Child Welfare Act) within CPS





Linkage to care can be difficult within the Somali community

- Limited culturally specific Somali/East African MOUD providers
- Relationship with emergency services (911 and EMS)



Outreach to Somali/East African Community

Narcan distribution and education

Roundtable
with Ilhan Omar
(MN House of
Rep.) – building
trust between
community and
county

Stakeholder meetings to talk about data, resources, and needs



RFPs to the community

Total

19 RFPs to NA, AA, Somali/East African, and unsheltered homeless

Native American

6 RFPs – street outreach, syringe exchange and Narcan distribution, MOUD

Somali/East African

7 RFPs – media, education, outreach, community resources, providers



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https://www.hennepin.us/your-government/projects-initiatives/opioid-response https://www.hennepin.us/addictionhelp



Denver's Substance Misuse Program

November 16, 2021

Empowering Denver's communities to live better, longer





Overview

- Began in 2017 with one staff member
- Conducted needs assessment with people who use opioids
- Utilized collective impact model to develop Opioid Response Strategic Plan
- Currently a team of five
- Key projects include stigma reduction, overdose education and naloxone distribution, and direct service





Wellness Winnie

Wellness Winnie exists to increase equitable access to resources, by way of a mobile service unit, helping the Denver community to thrive



Menu of Services

- Peer support and navigation
- Informal classes and presentations
- Behavioral health screening and assessment
- Active referral to medical, legal, social services, etc.

- Distribution of items such as socks, gloves, toiletries, etc.
- Sharps disposal
- Rehydration and cooling from the heat
- Warming from the cold
- Naloxone/Narcan distribution



Metrics

January 1, 2021 - October 31, 2021

- 3,100 individual visits
- 233 peer navigation and support sessions
- 32 behavioral health sessions
- 24 naloxone kits distributed



Obstacles and Progress

- Challenges accessing key services
- Building relationships to remove barriers
- Adapting to needs of community partners



Upcoming Efforts

- Expansion of team
- Addition of another (larger) vehicle
- Addition of medical care (including medication for opioid use disorder)



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WellnessWinnie.com





Community Mental Health Affiliates Connecticut

Services Mental Health and Substance Use Treatment Integration with First Responders

Community Mental Health Affiliates

- CMHA, founded in 1975, is a private non-profit behavioral health and substance use treatment organization. Headquartered in New Britain, with 11 locations in 3 cities and towns throughout northwest and central Connecticut, we provide treatment for more than 7,000 children, adolescents and adults each year.
- CMHA's goal is to develop and maintain an accessible mental health and addictions treatment delivery system that meets the essential needs of people consistent with their goals for change and recovery.
- CMHA provides a variety of treatment options from community supports, home-based programming, assertive community treatment (ACT), residential, adult/child outpatient programming, MAT services, homeless outreach, crisis services, and forensic programming.

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New Britain Recovers

- In 2018, New Britain had a challenge with overdose deaths.
- Local leaders developed a diversified group of stakeholders as part of a mayor's opioid task
 force that included the local hospital, a wide variety of social service agencies, behavioral
 health agencies, fire, police, and EMS.
- Core components:
 - 1. Education: training first responders and having a designated peer coach on staff.
 - 2. Multiple opioid response team: follow up with overdose patient/families within 48 hours of an active overdose.
 - 3. Data wraparound system: allows us to exchange information seamlessly between EMS and key recovery partners.
 - **4. Safe station model:** a person can present to EMS in need of help, be cleared and diverted to treatment instead of ED.



New Britain Recovers

Process:

- A person overdoses, EMS arrives on scene, may provide Narcan, and then transports person to ED.
- This person is now entered into database immediately. EMS Peer Recovery Coach is deployed and offers person treatment options.
- If person agrees, then Recovery Coach will add to data system for CMHA to then provide intake date for services and MAT appointment.
- CMHA enters data into the system after client shows for appointments for tracking purposes.
- CMHA has designated clinical staff and appointment times for these referrals so services can be provided immediately when client is ready.
- If client does not show, the Recovery Coach can be deployed to assist with engagement.



CIT Crisis Clinician

- Licensed Clinical Social Worker embedded in the police department.
- Dispatched out to calls with police officers when MH and/or domestic violence is indicated.
- Effort is to divert individuals with mental health disorders to treatment rather than being charged with a crime.
- Provides MH training to police officers.
- Provides community outreach; connecting to community member to the PD fostering a better relationship.
- Improved officer knowledge and attitudes pertaining to safe and effective response to MH crisis calls.
- Has resulted in fewer repeat calls for police services from those with MH disorders.
- Enhanced relationship between law enforcement and behavioral health providers.
- Increased linkage to MH treatment services for individuals with MH disorders.
- Began to improve the community's attitude towards law enforcement.



IMPACT

CMHA's IMPACT program is designed to improve individuals' overall quality of life, while helping them move forward in their recovery from opioid use disorder (OUD) and homelessness. IMPACT is founded on evidence-based and informed models designed to enhance overall wellness and treatment outcomes, with recovery plans that are individualized, dynamic, and tailored to each client's goals and priorities.

Goals:

- Increase the number of individuals with OUD who are homeless/at risk receiving medication assisted treatment (MAT) through outreach and embedded community services.
- Reduce the likelihood of chronic disease and premature death among individuals with OUD who are homeless/at risk by connecting them to integrated primary care.
- Increase access to safe, stable, sober housing for individuals with OUD who are homeless/at risk to prevent further relapse.



Impact

What makes IMPACT unique?

- IMPACT's partnerships with three local shelters will be invaluable and essential to client engagement, retention, and recovery.
- Services provided directly to clients in shelter, including individual and group therapy.
- Customized trainings provided to shelter staff to assist with recognizing signs of opioid use and encouraging residents to seek treatment and prevent overdose.
- Narcan distribution.



Questions?





Resources

- Tools for Overdose Prevention (National Council for Mental Wellbeing)
- Overdose Response and Linkage to Care: A Roadmap for Health Departments (National Council for Mental Wellbeing)
- <u>Deflection and Pre-arrest Diversion to Prevent Opioid Overdose</u> (National Council for Mental Wellbeing)
- <u>COVID-19 Impact on Harm Reduction Services: An Environmental Scan</u> (National Council for Mental Wellbeing)
- <u>Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide</u> (National Council for Mental Wellbeing)
- Overdose Data to Action (CDC)
- <u>Public Health and Safety Team (PHAST) Toolkit</u> (CDC Foundation)
- Opioid Epidemic Toolkit 2021 (National Association of County and City Health Officials)
- Implementing Peer Support Services for Overdose Response: A Toolkit for Health Departments –
 coming soon!



Thank You!

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