

OFR and COVID-19 Response Webinar

May 7, 2020

**Facilitator: Melissa Heinen, R.N., M.P.H.
Institute for Intergovernmental Research**

Funding Opportunity!

FY 2020 Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP)

Category 1: Local or Tribal Applications

- Subcategory 1a – An urban area or a large county with a population greater than 500,000: up to \$1,200,000
- Subcategory 1b – A suburban area or medium-sized county with a population between 100,000 and 500,000: up to \$900,000
- Subcategory 1c – A rural area or small county (as defined in the eligibility section) with a population of fewer than 100,000 or a federally recognized Indian tribe: up to \$600,000

Category 2: State Applications

- Applications from states on behalf of county, local, municipal, or tribal communities: up to \$6,000,000

Closing date: 11:59 p.m., ET, on **May 21, 2020**

Solicitation and details: <https://bja.ojp.gov/funding/opportunities/bja-2020-17023>

Webinar recording, FAQs, and sample narratives: http://s.iir.com/COSSAP_FY2020_Funding

Webinar Purpose

- Opioid overdose implications
- Share examples of remote OFR activities
- Provide guidance for virtual OFR meetings
- Promote TTA

Erin Russell, M.P.H.

Subject-Matter Expert, Institute for Intergovernmental Research

Brenna Greenfield, Ph.D., L.P.

Assistant Professor, University of Minnesota Medical School, Duluth Campus



April 28, 2020

Coroners across the U.S. tell Newsy they are seeing a rise in overdose deaths.

By Amber Strong

Dr. Pam Gay has been the coroner in York County, Pennsylvania, for 6 years. Over the past 2 months, she's noticed a trend: an uptick in fentanyl-related overdose deaths.

"At the end of March, it was 20-24 that were directly related. In April we have had, as of this morning, yeah, 18."

One state over, in Franklin County, Ohio, coroner Dr. Anahi Ortiz tells Newsy. "We have had surges every Friday in April. This past Thursday night ... we had 10 die of overdoses. The first weekend we had 17 in 42 hours."

Franklin County was already hard-hit. But both coroners say the surges started shortly after social distancing began.



VIDEO

LIVE

SHOWS

2020 ELECTIONS

CORONAVIRUS



Officials worry of potential spike in overdose deaths amid COVID-19 pandemic

Health officials worry extended isolation could exacerbate the problem.

By Alexander Mallin

April 15, 2020, 4:17 AM • 8 min read



How people dealing with addiction are coping amid coronavirus

The National Institutes of Health says that people in recovery are facing new challenges while in isolation.



Opioid Overdose Implications

- Travel bans and shelter-in-place regulations may affect drug trafficking routes
 - When there are fluctuations in the drug market, supply becomes even less reliable and overdose risk increases
- Traditional harm-reduction messaging is contradicted by COVID-19 prevention
- Higher risk of negative COVID-19 outcomes among people with respiratory conditions, who smoke or vape
- Policy changes allowing for methadone take-home doses increase availability

Other prevention implications

- Increase in alcohol consumption during shelter in place
 - Increased overdose risk when combining substances
 - Identified in toxicology screens of many overdose deaths, even if not the cause of death
- COVID-19 stress: feelings of loneliness, helplessness, disillusion and frustration; concern for the safety of loved ones; economic stress
- Changes in availability of nonessential healthcare and social services
- Social determinants may contribute to COVID-19 and substance use
 - Running water need to wash hands among homeless populations in Baltimore City and in rural Navajo Nation
 - Healthcare capacity in rural communities
 - Shelter in place is not safe for everyone, social distancing is not feasible for everyone (especially multigenerational households)



The Impact of COVID-19 on Syringe Services Programs in the United States

Sara N. Glick¹ · Stephanie M. Prohaska² · Paul A. LaKosky² · Alexa M. Juarez¹ · Maria A. Corcoran¹ · Don C. Des Jarlais³

- Programs have adapted to maximize the safety of staff and participants
 - Doorstep delivery services, mail-based services, pre-packing supplies
- SSP demand remains high
- SSPs remain essential services for people who use drugs, but this is not always recognized
- Syringe and naloxone distribution have been prioritized, while HIV and HCV testing have declined
- SSPs can provide COVID-19 related services to a vulnerable population
 - Provide education, screen participants for symptoms, connect with treatment

Can't access naloxone in
your community?

GET NALOXONE

REPORT NALOXONE USE

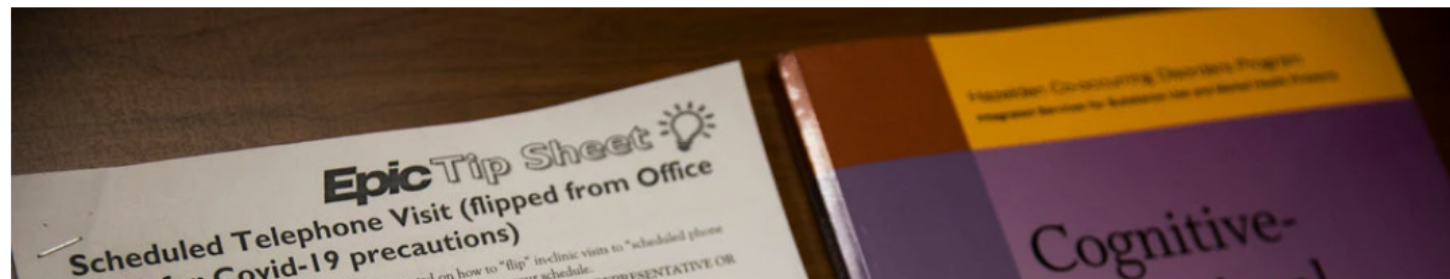
WHY IS THE

**NEXT
ONLINE
PLATFORM**

IMPORTANT?

Online Help to Stay Sober During a Pandemic

Though face-to-face counseling and in-person group meetings have been suspended to curb the spread of the coronavirus, there are many virtual options newly available for support.



Resources

- Johns Hopkins University, *COVID-19 Materials Developed for Tribal Use*

<http://caih.jhu.edu/news/covid19/>

- American Society of Addiction Medicine, *COVID-19 Resources*

<https://www.asam.org/Quality-Science/covid-19-coronavirus>

Suggested Non-Case Review OFR Virtual Meetings/Activities

- Reflect on the OFR case review process
- Revise the case selection criteria and update the case review schedule
- Recruit additional OFR team members identified in prior case reviews

Panel: Non-Case Review OFR Virtual Meetings/Activities

- Establish a new OFR team – Mallory O’Brien
- Prioritize recommendations – Amy Parry
- Present aggregate data – Stephanie Rubel

Mallory O'Brien, M.S., Ph.D.

Establish a New OFR Team

First steps:

- Governance structure
- Lead agency
- Core roles
 1. Coordinator
 2. Facilitator
 3. Data manager

Establish a New OFR Team

Next up

- Recruit case review team members
- Develop interagency data sharing and confidentiality agreement
- Member agencies and members sign developed agreements
- Develop protocols for secure data access

Establish a New OFR Team

- Convene
- Set OFR ground rules and expectations
- Review data and determine case selection criteria
- Provide team member training

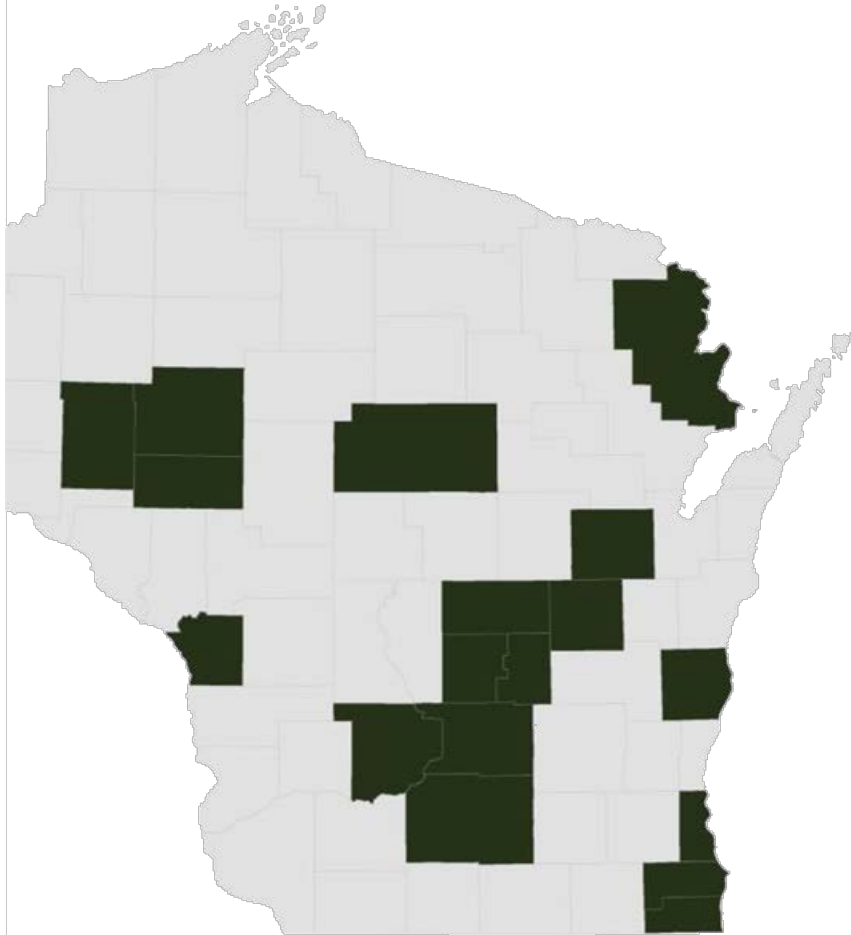
Establish a New OFR Team

- Review data and determine case selection criteria
- Develop protocols for secure data access
- Provide team member training

Amy Parry, M.P.H.

Program Manager, Medical College of Wisconsin

Prioritize Recommendations



- Wisconsin OFR Program
 - 11 teams covering 12 of the 72 counties
 - 4 new teams covering 6 additional counties added in April 2020
 - Teams review overdose fatalities and develop recommendations to prevent deaths
 - Reviews reveal many opportunities to improve interagency collaboration, close gaps in service, and reduce barriers to care at the local and state levels
 - Teams feel challenged moving recommendations from creation to implementation

Milwaukee County OFR team piloted a two-part process to move recommendations from creation toward implementation

Part 1 – Electronic Survey

- Conducted a survey that utilized five-category Likert scales for two criteria per recommendation
 1. How likely is the recommendation to impact multiple individuals with substance use disorder or their support networks?
 2. How feasible is this recommendation with current community and state resources?
- Calculated a prioritization score for each recommendation by summing the average scores of the two criteria

Part 2 – Implementation Planning

- Regularly scheduled OFR meeting devoted to implementation planning
- Lead agencies for the top ten recommendations were alerted prior to the meeting
- Four questions guided the discussion for each recommendation
 1. *What is the current status of the recommendation, and are there any updates?*
 2. *What is the estimated time frame for this recommendation, and is it realistic?*
 3. *Have a lead agency and a contact been identified, and is this the agency best situated to lead this recommendation?*
 4. *What is needed from the OFR team to advance this recommendation? What are the barriers to implementation?*

Evaluation of Prioritization Process

Outcome – 10 recommendations were discussed with development of next steps and identification of the individuals/agencies to lead

Survey sent to all individuals on meeting invitation list (N=72)

- 33 individuals completed the survey (40% response rate)
- Average meeting attendance = 27 individuals

Evaluation of Prioritization Process

Follow-up survey sent to all attendees (N=20)

- 50% response rate
- Were the pre-meeting survey questions useful in prioritizing the recommendations?
 - Likelihood to impact multiple individuals: 60% useful/40% somewhat useful
 - Feasibility given current resources: 70% useful/30% somewhat useful
- What is the ideal time frame to notify lead agencies of recommendations to be discussed (1–2 days, 1 week, 2 weeks)?
 - 80% of respondents indicated 1 week
- Utility of the questions asked during implementation planning
 - 90% useful
 - 10% somewhat useful

Stephanie K. Rubel, M.P.H.

CDC Foundation Fellow assigned to the Public Health and Public Safety Team,
Division of Overdose Prevention, Centers for Disease Control and Prevention

Aggregate Data

What do we know/what are we seeing?

What else do we need to know?

What can we do?

Multisector Partners

(public health, behavioral health, medical community, first responders, coroner/ME, criminal justice, law enforcement, harm-reduction orgs, etc.)

What is happening in the context of COVID-19?

Overdose deaths?	Drug supply/trafficking changes?	Treatment capacity?	Harm-reduction service utilization?
9-1-1 calls for overdoses?	Substance or polysubstance use patterns	Telehealth/teleprescribing?	Transport acceptances/refusals
Naloxone administrations?	Treatment compliance?	Naloxone availability	Drug-related arrests?
Hospital/ED visits for SUD/MH?	Intervention continuity (e.g., drug courts, WHO programs)		

Example of PHAST meeting “round robin”: What do we know?

- **Drug-related deaths** tripled in March compared with January (January 2020–8 vs. March 2020–24) (Source: coroner unconfirmed overdose deaths) and had increased compared with the same period last year (March 2019–9)
 - Coroner is seeing some longer lag times between deaths and reporting, possibly due to social isolation/distancing?
 - May be seeing more meth along with other substances
- **Naloxone administrations** from EMS are up, but not significantly more compared with last year; FDs are up as well, police numbers are low, but data inconsistencies raise doubts about quality
- Fewer people are coming to the **ED for SUD/overdose**, often refusing co-prescribed naloxone with MAT
- **Treatment availability/bed capacity** is up: “We have the capacity, the PPE and safety protocols, and the staff, so send them our way!”
- **Increased outpatient appointments and compliance** via telemedicine platforms
- State prison is about to release prisoners early because of COVID-19. Many of these individuals were **arrested on drug-related charges**

Group Brainstorming/Hypothesis Generating

- Telemedicine/therapy allowing easier access to outpatient services and MAT for rural populations or others for whom transportation is a challenge?
- Is there an increased fear of calling 9-1-1? Fewer people on street → fewer OD calls?
- More individuals are using alone because of social distancing?
- Individuals being reprieved from state and county prisons—what is the protocol for these individuals who have SUD/mental illness?
- Increase in mental health concerns, which contribute to substance use
- Potential increase in treatment demand once quarantine restrictions are lifted

What can we do now?

Fill Information Gaps

1. Track regional telemedicine/therapy compliance rates
2. Potential OFR questions
 - Was naloxone available in the home in fatal OD cases?
 - Was person using alone? Was this common?
3. Are there overdose-related data entry/reporting delays due to COVID-19?
4. Compare current 9-1-1 response times with those of previous months/years
5. Compare post-overdose transport acceptance rates with those of previous months/year
6. Are there any changes in first-responder protocols (official or unofficial) related to OD calls?

Prevention Interventions

1. Investigate process for individuals reprieved to determine possible warm handoff and bridge MAT opportunities for those at risk; naloxone kit distribution upon release
2. Reach out to harm-reduction partners to share information and hear what they are seeing
3. Ensure that EMS are leaving behind naloxone kits?
4. Educate general public about inpatient services and safety protocols amid COVID-19
5. Educate all hospitals about warm-handoff program status, treatment availability, precautions providers are utilizing to mitigate spread of COVID-19
6. Develop a one-pager outlining current overdose trends and service availability to disseminate broadly

Aggregate Data Use

Step 1. Round-robin data and intelligence sharing

Step 2. Group brainstorming, hypothesis generating

Step 3. List action items

Repeat process monthly

Melissa Heinen, M.P.H.

Senior Research Associate, Institute for Intergovernmental Research

Guidance: Virtual OFR Case Review Meetings

- OFR Team Readiness and Capacity
 - Interest
 - Availability
 - Experience
 - Trust
 - Comfort
- OFR Team Technical Capabilities
 - Reliable internet
 - Private space to participate
 - Secure, HIPAA-compliant, teleconferencing/Web conference/virtual meeting platform

Hosting Successful Virtual OFR Case Review Meetings

- Host a practice call
- Review confidentiality expectations and update to reflect new virtual hosting
- Review interagency agreements
- Determine how to collect confidentiality agreements
- Limit number of team members on the call
- Update data sharing procedure

Mallory O'Brien, M.S., Ph.D.

Hosting a Virtual Case Review Example

- Recent Sexual Assault Review
 - Longstanding review
 - Consistent participation
 - “Successful” review process
 - Case review
 - Stepwise discussion of case
 - Recommendations

How to Access and Request All COSSAP TTA

<https://www.cossapresources.org/Program/TTA>

BJA's
Comprehensive
Opioid Abuse
Program

COAP GRANT PROGRAM

LEARNING OPPORTUNITIES

AREAS OF FOCUS

PUBLICATIONS & DIGITAL MEDIA

SEARCH

PDMP TTAC

TRAINING AND TECHNICAL ASSISTANCE

The COAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to the opioid epidemic.

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources.

REQUEST TTA

The COAP TTA Program supports communities by:

- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying materials such as policies and procedures, guidelines, and data sharing agreements that support program activities.