2019

Naloxone Education and Distribution Think Tank Summary

GREAT RIVERS REGIONAL SYSTEM
FOR ADDICTION CARE

BACKGROUND

The Great Rivers Regional System for Addiction Care (System) was established in 2018 to build a sustainable infrastructure and strengthen collaborations to respond to the opioid epidemic in the very communities and neighborhoods hit hardest in West Virginia (WV). The Great Rivers Region of WV consists of Cabell, Jackson, Kanawha, and Putnam counties, located in the southwestern and central parts of the state. The System is comprised of public health, health care, community and nonprofit partners across the region who are developing a model that represents a comprehensive, systems-level approach among partners around six target areas of intervention (components). The model is being developed on the premise that creating an improved 'system for care' to address the opioid epidemic would require the combined expertise of all the partners. Thus, the System essentially serves as a hub that coordinates the efforts and collaborations across the region of four counties. Important to this regional approach is that the System provides a framework for strategic implementation and evaluation of innovative approaches so that individuals can effectively enter the Great Rivers Regional System for Addiction Care through 'any door' and at 'any time' when it meets people where they are and sees the person behind the addiction. The Great Rivers Regional System for Addiction Care is comprised of six components:

1) Comprehensive public health harm reduction programs;
2) community-based Quick Response Teams to visit individuals following overdose events;
3) Project Engage as a hospital-based program to identify individuals with SUDs and link them into care:
4) PROACT as a community-based one stop shop of treatment and referral services;
5) Naloxone education and distribution, and
6) Community level prevention and education.

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Collectively, the System components will provide a continuum of care and pathways to treatment and recovery for individuals struggling with an SUD and its sequelae. When the goals of establishing the System are accomplished, the result of this integrated Regional System, will assure that individuals can access care through 'any door, at any time' and not be alone when they are ready to be treated. Based strongly on an asset-based approach, the development and implementation of all System components in the Region recognizes and builds on the human, physical and social capital contributed through System partners. As the assets contributed by System partners are mobilized, community-based activities and interventions are realized to address the opioid crisis across the Region.

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THINK TANK INTRODUCTION

The Great Rivers Regional System for Addiction Care (GRRSAC) is a four year funded project supported by the Merck Foundation and is currently in Year 1 of implementation. The purpose of this program, to be implemented over the next four years, is to develop capacity and coordination for implementation and evaluation of the System for Addiction Care components in Cabell, Jackson, Kanawha and Putnam counties. The program is working to build and strengthen infrastructure to have measurable impact in saving lives and changing the course and future of individuals, children, and families impacted by the opioid epidemic in the Great Rivers Region of WV in the first year.

Key to accomplishing the goals and objectives of the Great Rivers System for Addiction Care is the need to have a process that fosters critical thinking around challenges and/or barriers as well as innovation that are identified among System partners and must be addressed to move the System forward. To foster the collaboration needed to address such challenges, partners are brought together as small groups, including community and system partners, as well as content experts, around selected topics to use a 'Think Tank' approach. A think tank is defined as an institute, conference, or session aimed at exploring new ideas and strategies around a particular subject. The purpose of the GRRSAC Think Tanks is to convene these partners in dialogue about specific topics or issues in order to deepen their collective insight, develop recommendations, and establish collective next steps that will address, strengthen, and enhance the Great Rivers System in delivering the highest quality of care to those with substance use disorders.

Think Tanks are facilitated and structured meetings, sponsored and coordinated by Marshall Health, that bring together individuals with knowledge and expertise on a particular topic area. A group of two to four Think Tank Leaders are identified to work with the Program Director to guide the Think Tank planning process. Planning includes development of the participants, information on the issue to be explored, relevant data to be presented, the agenda. Think Tank participants (thought leaders) are invited individuals representing a diversity of perspectives with a minimum of three sectors from the regional System included.

The report that follows details the Think Tank focused on Naloxone Education and Distribution held on April 8, 2019.

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THINK TANK PARTICIPANTS

GRRSAC partners who participated in the Think Tank included:

Morgan Belcher, FamilyCare Health Center

Shana Clendenin, Division of Addiction Sciences, Marshall Health

Elizabeth Coffey, WV Department of Health and Human Services

Beth Godwin, WV Department of Health and Human Services

Deb Koester, Dept. of Family and Community Health, Marshall Health

James Matney, WV Department of Health and Human Services

Gayle Noullet, WV Department of Health and Human Services

Connie Priddy, Cabell County Emergency Medical Services/Huntington QRT

Tina Ramirez, Division of Addiction Sciences, Marshall Health

Alicia Samples, Charleston Fire Department

Stephen Samples, City of Charleston

Jana Stoner, Cabell Huntington Hospital/West Virginia Council of Churches

Christine Teague, Charleston Area Medical Center - Ryan White Program

Mary Lynn Tran, Division of Addiction Sciences, Marshall Health

Robert Wilcox, AmeriCorps VISTA

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THINK TANK AGENDA

Naloxone Education and Distribution in the Great Rivers Regional System of Addiction Care

Ap
ril 8, 2019

I. **Welcome and Introductions**
Tina Ramirez, Program Director, Great Rivers Regional System for Addiction Care

II. **Background - Setting the Stage**
Jim Matney, WVDHHR

III. **Strategic Thinking**
Deb Koester, Marshall Health
- Think Tank Process, Scope and Outcome
- Defining the Current State – Realizing Gaps

IV. **Collaborating for Recommendations**
Recommendations for the Great Rivers Advisory Group

V. **Next Steps and Adjournment**
Tina Ramirez, Program Director, Great Rivers Regional System for Addiction Care

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THINK TANK PROCESS

The Think Tank process for Naloxone Education and Distribution was designed on the premise that there is no existing standardized process or emerging practices that exist on how we understand where naloxone is available, who has it, how education and distribution are carried out, or the outcomes of all of these factors. Therefore, in order to develop recommendations around these concepts, the following was undertaken by participating Great Rivers Partners who were considered content experts on naloxone education and distribution across the System.

Step 1: Getting Started – Background and Setting the Stage

To set the stage for all Great Rivers participants to conduct strategic thinking around the topic of naloxone education and distribution – at a Systems level – presentations were provided by Tina Ramirez (Director, Great Rivers Regional System for Addiction Care) on naloxone in general; and Jim Matney (West Virginia Department of Health and Human Resources) on current State funding, goals, and efforts to support education and distribution of naloxone.. This allowed for initial discussion and a brief question and answer session. Following this the facilitator (Deb Koester, Marshall Health), facilitated the next steps of strategic thinking and development of recommendations.

Step 2: Strategic Thinking – The Current and Ideal Future State

Participants were divided into small groups and provided a worksheet (see Appendix A) to discuss and define the 'current state' of naloxone education and distribution across the Great Rivers Region. They were then asked to define what 'the future state' should look like. In addition, they were provided a worksheet which offered opportunity to also consider the following in their development of an 'ideal future state': 1) How would it work: 2) What changes would be needed and what barriers and challenges might need to be addressed?; 3) What training, education, and resources would be needed; and 4) What new partnerships would be needed?

The following represent information presented on 'the current state':

- Community resources for naloxone education and distribution are inconsistent and not apparent
- There are limited and unreliable naloxone resources
- State Emergency Medical Services limits state issued naloxone; they cannot use 4 mg
- Not all local health departments provide naloxone education and distribution; there may be barriers to overcome in some counties
- There is a lack of transparence about who has naloxone; however, there is potential for other avenues if these can be identified (i.e. local health departments, FQHCs (Health Right, Ryan White), University of Charleston School of Pharmacy, etc.
- Current State Code allows EMS and law enforcement only to administer naloxone; they cannot dispense it (i.e. QRTs may not dispense naloxone)
- Law enforcement position on administration and/or distribution of naloxone may also be a barrier
- There is no systematic way to distribute, monitor, or track naloxone at a systems level in the Great Rivers Region.

Additionally, as a result of the small group strategic thinking, the following were identified as needed for the 'ideal future state':

- Identify priority groups who need to get naloxone

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1) EMS, law enforcement, fire departments, citizens police
2) High risk populations (based on Jim Matney presentation)
3) Community members, businesses, churches, by zip code

- For training, naloxone training and CPR training would be combined
- Pharmacists would be actively recruited as volunteers to provide education and training
- Funding would be available to assure an adequate and sustained supply of naloxone
- A centralized database for identification of naloxone (location) and tracking would be developed
- Barriers such as stigma would be incorporated into naloxone education and training
- Narcan 'Life Saving Kits' would be developed with stickers on buildings to note a kit is available to 'normalize' the use of naloxone just like epi pens
- All school nurses, churches, and businesses would have individuals trained to administer naloxone and have it available
- For education in general – naloxone education should be included in ALL trainings
- DEA360 would be incorporated
- Naloxone 'Take Back Days' would be scheduled to recollect unused/unneeded naloxone from the community and re-distribute it

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THINK TANK RECOMMENDATIONS

At the conclusion of the current and ideal future state strategic thinking sessions, to better understand 'what' and 'how' naloxone education is occurring across the Great Rivers System, a total of, the group developed the following recommendations to be presented to the Great Rivers Advisory Group for next steps. It should be noted that while each county has an individual strategic plan that may identify priories to be undertaken around naloxone, these recommendations were identified at a Systems level, with cross-cutting strategies to be developed further at the regional level and for enhanced integration of care across the Great Rivers Region.

Naloxone Education and Distribution Think Tank Recommendations

1) Develop a Great Rivers Regional Naloxone Workgroup to develop the strategies needed to identify who needs to get naloxone. This should include a data driven approach and one that considers all community sectors (i.e. businesses, schools, churches).

2) Support capacity expansion of pharmacist and pharmacy residents for education and distribution.

3) Develop a standardized approach to offer a naloxone train the trainer to increase the efficiency and reach of distribution efforts.

4) Provide training to all health professions students on 'Addiction 101' and naloxone education and administration (i.e. EMT, paramedics, medical students, nursing students, physician assistants).

5) Introduce and support transition of the concept of 'life saving' to include naloxone training (not only CPR).

6) Develop targeted messages for the Great Rivers Region that are implemented across all four counties.

7) Develop a naloxone 'Tracking and Monitoring Workgroup' that will address what is needed for acquisition, inventory and use of naloxone in the Great Rivers Region.

***Of note by the Think Tank participants was the ongoing challenge of addressing stigma and the need to consider that as recommendations are carried forward.*

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APENDIX A

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Strategic Thinking Breakout

Please use this worksheet to consider the questions in each of the columns below. Please identify a recorder and someone to report out on your discussion..

Discussion Issue – ED Naloxone Distribution – How Would it Work?	What Changes Would be Needed? What Barriers and Challenges Might Need to be Addressed?	What Training, Education, and Resources Are Required?	What New Community Partnerships Would be Needed?