Rice County Opioid Response Project

Lessons Learned

Ashley Anderson
Director of Collaborative Health Projects
Healthy Community Initiative

Jessica Bakken
MSW, LICSW, LADC, Mobile Opioid Support Team Coordinator
Allina Health

Emily Carroll
DNP, RN, CNP, Lead Family NP
HealthFinders Collaborative

Ashley Gardner
Peer Recovery Navigator
Community Action Center
Minnesota Opioid-Involved Overdose Data

Opioid Overdose Deaths

Opioid-involved overdose deaths have increased in Minnesota since 2000.

Download data
Drug Overdose Data Sources
Source: Minnesota death certificates
Rice County Overdose Data

Rice County Opioid-Involved Overdose Deaths since 2000.
(2020 data still preliminary)

Source: MN Death Certificates

Begining of Rice County Opioid Response Council

ODMAP - total overdoses reported by LE

Source: ODMAP, as entered by Rice County Law Enforcement & First Responder agencies
Opioid Response Council
Rice County, Minnesota
Rural Opioid Epidemic Response Model
Rice County, Minnesota

Rapid Response Team: A community-based team with bilingual members that responds to and supports those who are using or in recovery from opioid drugs.

Syringe Service Program (SSP): (New Initiative) Availability of a local SSP, which reduces the harms associated with drug use; provides a connection to health and behavioral health resources; and prevents HIV and viral hepatitis infections.

MAT/MOUD Accessibility: Varying schedules, providers, and locations for the community to access medications for opioid use disorder.

Emergency Department-Based MAT/ MOUD: (New Initiative) MAT/MOUD is offered as the first-line treatment for patients with opioid withdrawal syndrome in the ER to quickly and effectively manage symptoms, along with a referral to continued treatment.

Suboxone Affordability: Program that helps people who are un- or under-insured pay for opioid use disorder medications.

Jail-Based MOUD: Screening and connection to a MOUD provider while incarcerated, paired with continued treatment and recovery resources upon release.

ODMAP: Utilization of a national overdose mapping tool by public safety and emergency services. Used to deploy response plans and address increases in overdose incidents.

Workforce Development: Fellowship program to support those pursuing a career in behavioral health, with a focus on increasing the number of local diverse providers.

Overdose Fatality Reviews: Individual death reviews by a multidisciplinary team to identify system gaps and innovative community-specific overdose prevention and intervention strategies.

Prevention and Education: Community- and school-based prevention and education campaigns, executed in multiple languages, designed to prevent opioid misuse and promote the availability of local resources.

Peer Recovery Navigators: Navigators, with lived experience, are placed in the community to provide support to people in recovery.

Naloxone Availability: Free pick-up, drop-off, mail-home, and targeted training and distribution. First responders and community organizations carry naloxone to respond immediately to overdose emergencies.

Fentanyl Test Strips Distribution: Free fentanyl test strip pick-up, drop-off, mail-home, and targeted distribution.

Take It To The Box: Various collection locations for community members to safely dispose of unneeded prescription and over-the-counter medications to prevent medication misuse.
Rice County Overdose Fatality Review Team

- Completed 7 case reviews
- Themes
  - We know our decedents (on average 5.8 organizations have contact with the decedent)
  - History of trauma
  - Recent trigger events
  - History of SUD
  - History of depression and/or other mental health
  - History of law enforcement encounters
  - History of probation
- Power of the multidisciplinary review team
  - Sense of urgency
- HARD – challenging
Rice County
RECOVERY SUPPORT

Come As You Are...
No matter where someone is on their journey with recovery, there's help and hope.

Rice County Recovery Support Programs help individuals using or in recovery from substance use by providing FREE support and connections to community resources, such as:

Who We Serve
Rice County Recovery Support Programs serve residents of Rice County; individuals using or in recovery from substances; and family members of individuals using or in recovery from substances.

HELP IS HERE!
Call 507-299-0204 or email MOSTlead@ricecountycmhc.org

Local MAT
Availability Now!
Number of MOST patients who accessed care

Most contacts and referrals TO MOST

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of contacts with participants</td>
<td>1769</td>
<td>1576</td>
</tr>
<tr>
<td>Number of contacts on BEHALF of participants</td>
<td>1573</td>
<td>1663</td>
</tr>
</tbody>
</table>

Top referrals sources to MOST: Peer/Family/Self, Rice County Social Services, MAT providers, Peer Recovery Navigators, Rice County Jail
Meet the Rice County Recovery Support Team

Ashley Gardner
Peer Recovery Navigator
Community Action Center

Nyahon Chut, PA-C
Family Recovery Support Coordinator
Community Action Center

Sheila Lockler
Peer Recovery Navigator
Community Action Center

Jessica Bakken, LICSW, LADC
Mobile Opioid Support Team
Allina Health

Litzy Conde Acosta
Community Health Worker
HealthFinders Collaborative

Laura San Miguel
Community Health Worker
HealthFinders Collaborative
Ashley Gardner, Peer Recovery Navigator
Office-based Buprenorphine Patients in Rice Co.

Prior to 2020:
1 MD in Lonsdale, MN

Currently:
8 X-Waivered Providers
1 MD (Charlie Reznikoff)
3 Family Nurse Practitioners
4 Mental Health Nurse Practitioners

Three Towns:
Faribault: 2
Northfield: 4
Lonsdale: 1
+ Virtual options
Implementation of office-based buprenorphine treatment for opioid use disorder

Emily Carroll, DNP, RN, CNP (Director of Clinical Care)

ABSTRACT

**Background:** Buprenorphine-based medication-assisted treatment (B-MAT) is a powerful, concrete intervention that can be provided by nurse practitioners (NPs) to reduce opioid-related overdoses in patients with opioid use disorder (OUD). However, multiple barriers exist to provide and access this therapy.

**Local problem:** A rural Midwestern county struggled with increasing OUD and scant access to B-MAT. A nurse-led, community clinic had the potential to expand access to treatment but no support structure to provide it.

**Methods:** In this quality improvement project, a one-group posttest-only design was used to assess treatment access, care quality, and patient characteristics.

**Interventions:** An evidence-based, nurse led weekly B-MAT clinic using a low-threshold, chronic-care model for treatment of OUD.

**Results:** The B-MAT clinic expanded county-wide access by 34% over seven months. A total of 23 patients were seen with 21 eligible for treatment with B-MAT. All nine patients with at least 90-day continuous treatment were retained in the program. Three quarters of patients had at least 30 days of active buprenorphine-naloxone coverage and 17% of patients were retained in treatment for at least nine months.

The agreement was translated into Spanish and reviewed by two native speakers.

The NP shadowed two different addiction medicine clinics. Before implementation, the NP also benefited from one-on-one mentoring from an addiction psychiatrist and a NP with B-MAT. The NP also attended weekly live webinars offered by "**Project ECHO**" hosted by Hennepin Health care which featured continuing education, case studies, and peer support for clinicians providing addiction treatment.

**Staff training and stigma reduction.** Stigma and fear surrounding patients with OUD is a frequently cited barrier to implementing MAT (DeFlavio et al., 2015). To maxi-
HealthFinders MAT Patients: 2020
HealthFinders MAT Patients: 2021 - Present
HFC/Jail MAT

Rice Co. Jail
Reducing Harms Associated with Substance Abuse Disorder Through Syringe Service Programs and Syringe Access

What are the benefits of an SSP?
- HIV and hepatitis C prevention, testing, and linkage to care
- Education about overdose prevention, including safer injection practices
- Sterile syringes at no cost
- Sharps containers and safe disposal of used syringes
- Referrals to medical, mental health and sexual health services
- Naloxone kit distribution, training, and education

What is an SSP?
A Syringe Service Program (SSP) provides services to reduce the harms associated with drug use, prevent HIV and viral hepatitis, and provide education and referrals to resources and treatment.

- When people participate in an SSP, they are five times more likely to enter treatment for substance use disorder and more likely to reduce or stop injecting (CDC, 2018). SSPs meet people where they are, providing a safe place to connect with services. RAAN-Mankato’s client encounters have increased from 589 in 2019 to 937 thus far in 2021.
HFC-MOST Syringe Services Program “Menu”

Safe injection/inhalation supplies*
HIV/HCV POCT Testing*
Naloxone Distribution*
Fentanyl Testing Strips*
Rule #25 Evaluation
LADC
Mental Health Services
Primary Care (+ contraception)
STI Testing
Dental
MNSure
Community resources (e.g. food shelf)
w/wo Spanish and Somali Interpreters
*always available
Final Thoughts

● **GROWTH!**
  ○ Expanded harm reduction efforts
  ○ Launched Fatality Reviews
  ○ Grew MAT providers (1 in 2019, 8 in 2022).
  ○ Significantly expanded outreach/support team
  ○ SSP to launch June 2022

● **Challenges…**
  ○ Individual-dependent
  ○ Largely operating outside current healthcare systems
  ○ Lack of emergency options
  ○ Sustainability