Rural Prevention and Treatment of Substance Abuse Toolkit

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Rural Health Outreach Tracking and Evaluation Program

• Funded by the Federal Office of Rural Health Policy (FORHP)
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  – Amanda Corbett, MPH
  – Carrie Henning-Smith, PhD, MSW, MPH
• National Organization of State Offices of Rural Health
• National Rural Health Association
Rural Health Outreach Tracking and Evaluation Program

• Rural Health Outreach and Tracking Evaluation is designed to monitor and evaluate the effectiveness of federal grant programs under the Outreach Authority of Section 330A of the Public Health Service Act

• Outreach Authority grantees have sought to expand rural health care access, coordinate resources, and improve quality
Overview of 330A Outreach Authority Grant Programs

- Grant programs operate under the authority of Section 330A

  - Delta State Rural Development Network Grant Program
  - Rural Opioid Overdose Reversal Grant Program
  - Rural Benefits Counseling Program
  - Rural Health Care Coordination Network Partnership
  - Rural Health Care Services Outreach Grant Program
  - Rural Health Network Development Planning Grant Program
  - Rural Health Network Development Program
  - Rural Health Information Technology Workforce Program
  - Rural Network Allied Health Training Program
Evidence-Based Toolkits for Rural Community Health

- Access to Care for Rural People with Disabilities
- Care Coordination Toolkit
- Community Health Workers Toolkit
- Diabetes Prevention and Management Toolkit
- Health Networks and Coalitions Toolkit
- Health Promotion and Disease Prevention Toolkit
- HIV/AIDS Prevention and Treatment Toolkit
- Obesity Prevention Toolkit
- Oral Health Toolkit
- Services Integration Toolkit
- Tobacco Control and Prevention Toolkit
Evidence-Based Toolkits for Rural Community Health

Step-by-step guides to help you build effective community health. Resources and examples are drawn from evidence-based and promising programs. By learning from programs that are known to be effective, you can make the best use of limited funding and resources.

Rural Community Health Toolkit
Start here for a guide to building rural community health programs to address any type of health issue. Learn how to identify community needs, find evidence-based models, plan and implement your program, evaluate results, and much more.

Access to Care for Rural People with Disabilities
Learn about approaches rural communities can use to improve access to care for people with disabilities.

Community Health Workers Toolkit
Learn about roles community health workers (CHWs) fill, as well as CHW training approaches.

Care Coordination Toolkit
Find models and program examples for delivering high-quality care across different rural healthcare settings.

Diabetes Prevention and Management Toolkit
Find resources and best practices to develop diabetes prevention and management programs in rural areas.

ABOUT THE EVIDENCE-BASED TOOLKITS
The Rural Community Health Gateway’s evidence-based toolkits showcase program approaches that you can adapt to fit your community and the people you serve, allowing you to:

- Research approaches to community health programs
- Discover what works and why
- Learn about common obstacles
- Connect with program experts
- Evaluate your program to show impact

These toolkits are made available through the NDRP Walsh Center for Rural Health Analysis and the University of Minnesota Rural Health Research Center in collaboration with the Rural Health Information Hub. Funding is provided by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration.

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Evidence-Based Toolkit on Substance Abuse

• Rural communities are implementing programs to prevent and treat substance abuse

• These programs aim to:
  – Prevent substance abuse
  – Increase access to treatment and support services
  – Increase collaboration among organizations in the community
  – Provide education and training
  – Increase coordination of care
  – Reduce stigma

• Toolkit is designed to disseminate promising and evidence-based practices and resources
Goals of the Substance Abuse Toolkit

• Project Team
  – Deborah Backman, Alycia Bayne, Alana Knudson, Molly Powers, Tricia Stauffer

• Project Goals
  – Identify evidence-based and promising models that may benefit grantees, future applicants, and rural communities
  – Document the scope of their use
  – Build the toolkit
Project Activities

• Reviewed FORHP grantees’ applications and literature to identify evidence-based and promising models

• Conducted telephone interviews with five FORHP grantees funded in FY2012, 2014, and 2015; four other rural communities; and 11 experts in the field

• Developed a toolkit with resources about how to plan, implement, and sustain programs

• Toolkit is available on the Rural Health Information Hub Community Health Gateway: https://www.ruralhealthinfo.org/community-health/substance-abuse
Rural Prevention and Treatment of Substance Abuse Toolkit

Welcome to the Rural Prevention and Treatment of Substance Abuse Toolkit. This toolkit provides evidence-based examples, promising models, program best practices, and resources that can be used by your organization to implement substance abuse prevention and treatment programs.

There are seven modules in this toolkit. Each module contains resources and information that your organization can use to develop, implement, evaluate, and sustain rural programs to prevent and treat substance abuse. There are more resources on general community health strategies available in the Rural Community Health Toolkit.
Organization of the Toolkit

**IN THIS TOOLKIT**

1: Introduction
2: Program Models
3: Program Clearinghouse
4: Implementation Considerations
5: Evaluation Considerations
6: Sustainability Considerations
7: Dissemination
About this Toolkit

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**2: Program Models**

- Medication Assisted Treatment
- Behavioral Therapy
- Harm Reduction
- Care Delivery
- Peer-based Recovery Support
- Prevention
Medication Assisted Treatment

- MAT is the use of pharmacological medications, combined with counseling and/or behavioral therapies, to treat substance abuse
Behavioral Therapy

• Change behaviors related to substance abuse
• Teach life skills that help people to better cope with situations that may lead to substance abuse and relapse
Harm Reduction

Strategies to reduce the harmful consequences associated with substance abuse:

• Screening, Brief Intervention, and Referral to Treatment
• Naloxone expansion
• Prescription drug monitoring programs
• Proper drug disposal programs
• Drug courts
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

• Evidence-based approach to screening patients for substance abuse, providing intervention and referral if necessary, and providing follow-up.
Harm Reduction Models

Naloxone Expansion in Rural Communities

• Increase the availability and use of naloxone
  – Health care providers, emergency department staff, pharmacies, care managers, law enforcement, first responders, community members

• Community-wide trainings on recognizing an overdose

• Coalition building and community engagement

• Federal Office of Rural Health Policy’s Rural Opioid Overdose Reversal Program
Prescription Drug Monitoring Programs

• Electronic databases that keep track of prescribing and dispensing of controlled prescription drugs.

• Varies by state
Harm Reduction Models

Syringe Services Programs

• Increased rates of drug injection in suburban and rural areas

• Effective in reducing transmission rates of HIV and Hepatitis C
Proper Drug Disposal Programs

• Prescription opioids can be beneficial for pain management – not everyone will develop harmful behaviors
• Unused portions of these medications should be disposed of safely
• Recommended by experts to reduce illicit drug use and unintentional poisoning
• Benefits the environment
Harm Reduction Models

Drug Courts

• Alternatives to jail for people with substance abuse issues

• Offenders are closely supervised: drug testing and treatment are required

• Strong evidence that drug courts reduce drug use and reduce drug-related recidivism in adults
Substance Abuse Program Models in Rural Communities

Care Delivery Models

• Integration of mental health services in primary care settings
• Telehealth
• Continuing care
• Case management
Peer-based Recovery Support Model

• Non-clinical support services provided by peers who have training and personal experience with substance abuse

• Two promising models:
  – Peer Specialist Programs
  – Mutual Support Groups/Self-Help Programs
Prevention Model

Helping individuals to develop knowledge and skills, or changing environmental and community factors that affect a large population

• Universal, selective, indicated preventive interventions

• Programs in schools, workplaces, and communities
Substance Abuse Program Models in Rural Communities

Prevention Model

• Prevention Programs
• Community Coalition Prevention Models
• Prevention Policies
Other Modules in the Toolkit

IN THIS TOOLKIT

Modules

1: Introduction
2: Program Models
3: Program Clearinghouse
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6: Sustainability Considerations
7: Dissemination
About this Toolkit

2: Program Models

- Medication Assisted Treatment
- Behavioral Therapy
- Harm Reduction
- Care Delivery
- Peer-based Recovery Support
- Prevention
Program Clearinghouse: Examples

Naloxone Expansion in Rural Communities

- San Luis Valley Area Health Education Center’s Naloxone – Education – Empowerment – Distribution Program (SLV NEED)
- Project VIBRANT (Vance Initiating Bringing Resources and Naloxone Training)
Drug Poisoning Deaths in the San Luis Valley

(Region 8 Colorado Department of Public Health and Environment - 2014)
Program Clearinghouse: SLV NEED

• Narcan Nasal Kits Distributed
  – Law enforcement and first responders
  – Participating Pharmacies
    • Independent pharmacies on board
    • Chain pharmacies – no
    • Standing orders and Clinic Pharmacy

– Community Education
  • Media and marketing – posters, brochures, articles
  • Radio interviews
  • Newspaper press releases
Program Clearinghouse: SLV NEED

Challenges

• Identifying key partners

• Injectable vs nasal

• Encouraging independent pharmacies to participate
  – Standing orders available from Medical Director at CO Department of Public Health and Environment
  – No loss of income because kits are provided for free

• Community stigma
Program Clearinghouse: SLV NEED

• 24 signed Memorandum of Understanding
  – Police and county sheriff departments
  – Hospitals, health clinics, independent pharmacies
  – Local institutions of higher learning
  – Local homeless shelter

• Trainings
  – 52 trainings completed
  – 560 individuals trained (133 law enforcement, 427 community members)

• 15 lives saved due to SLV NEED
• **Purpose**: Project V.I.B.R.A.N.T is a collaborative partnership across many different local agencies in Vance County to prevent overdose and save lives through the distribution of overdose rescue kits containing naloxone, a medicine that reverses opiate/opioid overdoses.
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<tr>
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<th>2015-2016</th>
<th>2016-2017</th>
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<tbody>
<tr>
<td>Over 1,300 naloxone reversal kits</td>
<td>Over 1,300 naloxone reversal kits distributed in Vance County</td>
<td>To date - 272 kits distributed to 175 people in Vance and Granville Counties</td>
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<tr>
<td>110 reported reversals in Vance</td>
<td>110 reported reversals in Vance County</td>
<td>34 successful overdose reversals in both counties</td>
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- Statewide standing order for Naloxone
- Identification of Referral Pathways to Treatment and Counseling
- Treatment Center Guide
Lessons Learned

• Rural communities have fewer treatment facilities, mental health providers, and other services
• People who live in rural communities may experience longer travel distances to treatment
• Stigma is a barrier to recovery
• Community partnerships are critical to success
• The Surgeon General’s 2016 *Report on Alcohol, Drugs, and Health* is an important resource and calls for a public health-based approach
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