NOSORH

National Organization of
State Offices of Rural Health

Report on

Lessons Learned from Rural Opioid Overdose Reversal Grant Recipients

April 2017

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INTRODUCTION

> "Every day in America, **more than 50 people die** from an overdose of prescription pain medication. Some people who start out abusing pain pills later turn to heroin, which claims another **29 lives each day**."[1]
>
> — NPR REPORT, FEBRUARY 2, 2016

Rural communities have been disproportionately affected by the opioid crisis. While urban populations have higher rates of past-year opioid abuse, more people are dying in rural as a result of opioid-induced overdose.

This contrast in death rates is a result of many urban-rural discrepancies. A lack of emergency naloxone devices exists in rural and the response times of first responders, such as law enforcement and emergency medical services, is significantly higher. Substance abuse treatment providers are also more rare in isolated communities. Of the 2.2% of US physicians who have obtained a waiver to prescribe buprenorphine, 90.4% practice in non-rural counties. In fact, 82.5% of rural counties do not have a single physician who has obtained a waiver.[2] Aside from buprenorphine, methadone treatment facilities, known as Opioid Treatment Centers, as well as behavioral health counselors are much more concentrated in urban areas, as opposed to rural. Individuals in rural populations struggling with opioid dependency are also more likely to have socio-demographic vulnerabilities that may affect their ability to seek treatment and maintain recovery. Socio-demographic vulnerabilities include: typically under 20 years of age, have fair or poor health, have not graduated high school, earn an income of less than $20K, and are uninsured.[3]

Death rates from opioid overdoses in rural areas now exceed urban areas.[4]

Nearly **8%** of **RURAL YOUTH** (AGES 12-19)
and **9.5%** of **RURAL YOUNG ADULTS** (AGES 20-29)
had used **OPIOIDS** in the past year
compared to
nearly **5%** of **RURAL ADULTS** (AGES 30-49)
and **1.5%** of **RURAL ADULTS** (AGES 50 and over)[5]

The Federal Office of Rural Health Policy (FORHP) piloted a program in 2015 called the Rural Opioid Overdose Reversal (ROOR) Program that funded 18 awardees to develop community partnerships in an effort to combat the opioid crisis at the local level. The goal of the program was to reduce the incidences of morbidity and mortality related to opioid overdoses in rural communities through the purchase and placement of naloxone, in addition to the training of licensed healthcare professionals, emergency responders, and other community members to recognize the signs and symptoms of overdose and administer naloxone. The partnerships collaborated with local stakeholders to increase the availability and utilization of naloxone in their respective communities while emphasizing the importance of referring individuals dependent on opioids to an appropriate substance abuse treatment center.

The National Organization of State Offices of Rural Health (NOSORH) worked in collaboration with FORHP to document the successes, challenges and strategies of implementation of this program. This report aims to:

- Document the lessons learned of the ROOR grant recipients in addressing the rural opioid crisis in their service areas.
- Share resources for community engagement, outreach and education, and referral and treatment options to help guide other rural organizations considering addressing opioid related issues in their state and communities.
- Document the impact of the pilot year program.

This report provides a summary of lessons learned from ROOR grant recipients on how to engage, educate and connect stakeholders to resources available to help combat the opioid overdose epidemic. An interactive focus group was conducted via webinar for all ROOR grant recipients to discuss the lessons learned in responding to the opioid epidemic within their rural communities. Information gathered from this focus group and additional information submitted by grant recipients helped shaped the material outlined in this report. All of the resources can be accessed electronically with easy links to resources, tools and grant recipient examples. Where possible, websites are indicated where users can either consult the complete text of a document referred to, or find further information on a given topic. All blue underlined text is a hyperlink to access more information. Organizations interested in addressing the opioid overdose epidemic in rural America can use this information to develop relationships with others throughout their state concerned about this issue.

ROOR GRANT PROGRAM DATA

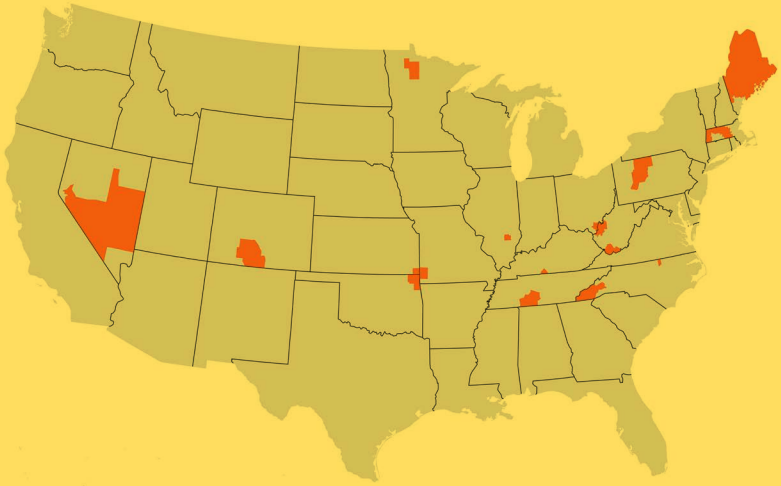
In total, over **9500** opioid overdose reversal devices were purchased to be distributed to first responders, community organizations and hospitals. Over **200** individuals were referred for treatment. Over **700** trainings were conducted for close to **3000** responders and over **1600** lay people.

731
Number of trainings

4,570
Number trained total
2,968 Law Enforcement
1,602 Lay people

9,538
Naloxone doses purchased by type
5,430 Nasal Sprays
3,998 Syringes
110 Auto-Injectors

Footprint Served by ROOR Grant Recipients



392
Total attempts to reverse an overdose

96%
SUCCESS RATE

LESSONS LEARNED FROM GRANT RECIPIENTS

All ROOR grant recipients needed to overcome obstacles while implementing new programs to help combat the mortality rate of opioid overdoses. These challenges coalesced around three common themes: building a partnership, providing effective outreach and training, and referring to treatment.

CHALLENGE #1
Building a Partnership

Building a partnership is necessary, but not as easy as it sounds. Many communities had little experience working together to address a serious health crisis. Grant recipients often had to begin the conversation with law enforcement, emergency responders, and affected community members and advocates and played a vital role in establishing coalitions in these communities. Each community had to also overcome concerns about liability and stigma.

Stigma continues to be the primary obstacle in increasing a community's capacity to address this epidemic. The stigma of addiction prevents individuals struggling with opioid dependency from seeking support from friends, family, and other community members and prevents health care providers from integrating treatment into their facilities out of fear of being labeled as a clinic for "addicts". The stigma of addiction prevents individuals struggling with opioid dependency from seeking support from friends, family, and incorporate community-wide, stigma-reducing education into their programs.

How to Build a Partnership

Community Partnerships included:

EMS

Law enforcement

Substance abuse treatment centers

Pharmacies

Primary care providers

Mental health providers

Emergency department providers

Public health professionals

Starting the Converstaion:

Become subject matter experts

Determine role

Identify community partners and resources available

Create a shared vision

Promote vision

Establish communication channels

Track and share progress

Overcoming Liability and Stigma Concerns:

Understand the laws and regulations in your state regarding liability

Promote nasal naloxone as an alternative to pre-filled syringes

Acknowledge biases exist and speak openly about reservations or concerns

Grant Recipient Spotlight: Building a Partnership

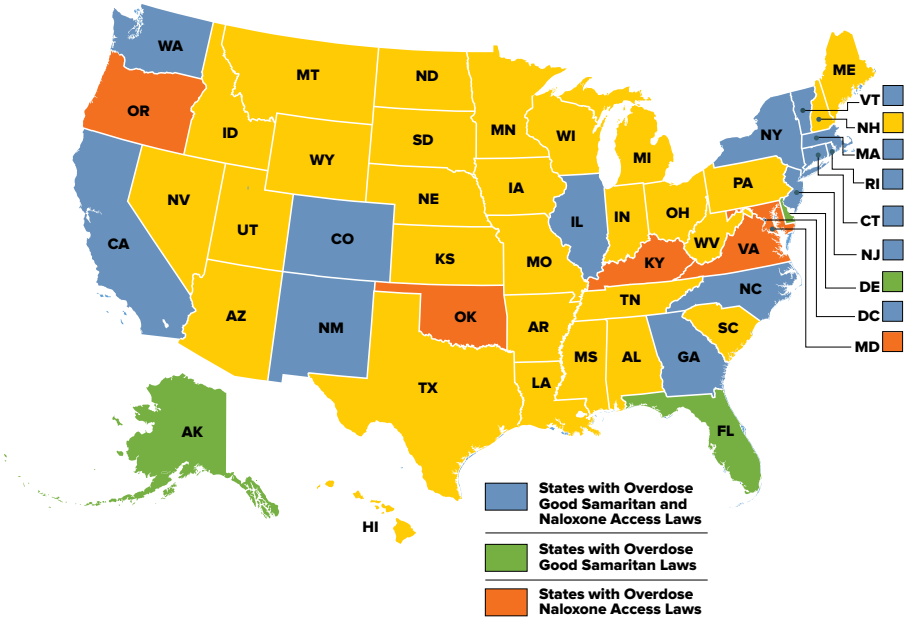
The Nevada ROOR program is an example of meaningful engagement built on an understanding of state laws and regulations and leveraging the assets and capacity of the partners.

The Nevada ROOR program includes Desert View Hospital as the lead applicant, with 4 additional participating Critical Access Hospitals and the University of Nevada, Reno. The overall goal of the Nevada ROOR program was to deliver training on the administration of naloxone to all levels of EMS providers as a result of new provisions in Nevada Senate Bill 459 (SB459), authorizing all levels of first responders to administer naloxone to potential opiate overdose patients.

The Nevada ROOR program engaged Project ECHO Nevada to use their remote video-based platform to connect rural health care providers with access to behavioral health and substance abuse specialists. They used this framework since they already had relationships with hospitals in the high need counties.

Through this partnership, Project ECHO Nevada delivered a series of trainings for first responders to be able to administer naloxone. The Pain Management ECHO clinic delivered a three part series on the CDC opiate prescribing guidelines and three separate didactic presentations focused on taking an evidence-based stepped approach to treating chronic pain, and a special clinic presentation to inform prescribers of the SB459 changes and implications, and another on opioid abuse and treatment.

States with Naloxone Access and Overdose Good Samaritan Laws as of April 2014



Many states are in the process of adopting Good Samaritan Laws or already have them in place. Good Samaritan laws offer legal protection to any person who gives reasonable assistance to those who are, or believed to be, injured, ill, in peril, or otherwise incapacitated. The map on the following page shows the following states to have Good Samaritan law along with naloxone access. Not only do these laws protect people who administer naloxone, but they also encourage people to call for help because they will not be charged. Whereas in states without these laws, people are less likely to call in an emergency because they fear the reper-cussions resulting in people not receiving the help they need.

Grant Recipient Spotlight: Building a Partnership

The San Luis Valley (SLV) N.E.E.D program overcame the barrier of fear of liability by law enforcement administering naloxone medication by informing stakeholders on new legislation that allowed for a standing order to be issued for naloxone distribution for the state.

In Colorado, Senate Bill 15-053 expanded access to naloxone by allowing the chief medical officer of the Colorado Department of Public Health and Environment to issue standing orders for naloxone to be dispensed by pharmacies and harm reduction organization employees and volunteers to help expand statewide naloxone access to those who need it most. With these standing orders, pharmacies and harm reduction organizations were able to provide naloxone to those who might benefit from it the most, including: a family member, friend or other person in a position to assist a person at risk of overdose; an employee or volunteer of a harm reduction organization; and a first responder. With this additional protection and the Good Samaritan Act of Colorado that provides liability for those who act in good faith, SLV N.E.E.D. was able to engage a wide spectrum of partners including law enforcement.

As a result, SLV N.E.E.D. decided to distribute naloxone to participating pharmacies and have them release the medication to individuals, upon the pharmacist's receipt of certification for completing a naloxone course.

CHALLENGE #2
Providing Effective Outreach and Training

ROOR grant recipients were able to build upon their assets, resources and relationships with others in the community to provide education and training for those who welcomed it. There was often a lack of necessary resources including personnel, teaching space, and equipment, which was a barrier in bringing people together. Grant recipients also needed to customize trainings for various target audiences and identify the best ways to advertise and market their trainings and program, in general.

Training Techniques

Grant recipients collectively provided outreach and education to over 4600 individuals including law enforcement officers and lay people on these **key educational themes:**

1. **General awareness of the opioid issue in the region using local, state and national data to help put the issue into perspective.**
2. **Knowledge of local substance abuse treatment services available.**
3. **Identifying the signs and symptoms of an opioid overdose and administering naloxone to reverse it.**
4. **Supporting for families affected by addiction and overdose.**
5. **Addressing the challenges and barriers in accessing treatment in a rural environment.**

Grant Recipient Spotlight: Outreach and Training

Full Circle Recovery Center, LLC in Franklin, North Carolina used several outreach and training methods to educate community members, EMS personnel, healthcare providers and staff from the local Corrections Department on the opioid epidemic and naloxone distribution and administration.

Before the ROOR grant application was submitted, Full Circle conducted an opioid overdose workshop with EMS, law enforcement, volunteer fire department, first responders, local politicians and others to help allay any concerns about the program and develop the Macon Overdose Prevention Coalition.

Full Circle tailored education depending on the audience. The first hour was on basic opioid training to ensure common understanding, the remaining 45 minutes was tailored depending on the audience — topics also included the dispelling of myths, legal responsibilities, and administrative procedures. They provided trainings at community meetings, provider/EMS trainings, 1:1 training and local opioid treatment centers.

Full Circle also used "Certified Volunteer Contractors" to extend outreach services to those with opioid dependency and their inner circles. They also partnered with Western North Carolina University to take the program back to college students. Full Circle also facilitated training about overdose prevention for the substance use support group at the local jail.

To assist with outreach to stakeholders, opioid reversal kits were given to people after they had been trained. The kits included information about accidental overdose, who is at risk, signs of overdose, what to do in the event of witnessing an overdose, and instructions on administering naloxone. Other aspects of the kits included:

- 2 doses of naloxone;
- Rubber/vinyl gloves;
- Face mask or breathing mask;
- Step-by-step and low-literacy pamphlets to help recognize signs and symptoms of overdose and administer naloxone;
- Treatment and referral guides including a listing of all substance abuse services with contacts for all treatment providers, counselors, outpatient programs, and other support programs.

International Overdose Awareness Day provides an opportunity for communities to come together to discuss practical ways to prevent overdose in their community. Overdose is preventable. Knowing the real facts about drugs and what to do when someone is experiencing an overdose does save lives. Overdose Awareness Day events aim to educate communities about drugs and how the community can come together to help.

One grant recipient had over fifty people in attendance and reached several hundred more through social media posts for a community event on Overdose Awareness Day.

Grant recipients tailored trainings to different target audiences such as law enforcement officers, health care providers, and lay people, including those with opioid dependency and their friends and family members. Most trainings were provided in a classroom, didactic style; however, many grant recipients needed to connect with individuals who are opioid dependent in a different way by using health educators, outreach at needle exchanges and through text messaging.

CHALLENGE #3

Referring to Treatment

Accessing substance abuse treatment is much more difficult in rural than urban areas. In addition to travel barriers inherent in rural communities that make accessing daily treatment difficult, there is simply a lack of treatment providers practicing in rural. The majority of methadone dispensing Opioid Treatment Centers are concentrated in non-rural areas, and the vast majority of counties that do not have a physician available to prescribe buprenorphine are rural.[6] However, now that physician assistants and nurse practitioners are eligible to apply for waivers to prescribe buprenorphine, many ROOR grant recipients are optimistic that the number of treatment providers in rural will soon increase. Even with additional treatment options, the challenge of referring individuals dependent on opioids to treatment remains.

ROOR grant recipients aimed to develop innovative methods to refer individuals who were administered naloxone to treatment, which primarily occurred in two disparate settings: at the scene of an overdose and in a clinical setting.

Barriers

While there is a nationwide treatment gap for treatment, such that only 2.2% of US physicians have obtained a waiver to prescribe buprenorphine, rural communities have been disproportionately affected and have additional barriers to treatment.[7] Additional barriers for healthcare providers that exist in rural communities are a lack of institutional support, a lack of mental health and counseling practitioners, a lack of training in dealing with substance abuse treatment and recovery, low confidence in addressing addiction and substance abuse, and payment issues. Individuals dependent on opioids also face many barriers to accessing and beginning treatment including isolation and distance from treatment providers, transportation issues, lack of adequate insurance, lack of local treatment providers who have not reached their patient limits, and lack of culturally-sensitive treatment options, which is a significant barrier in many tribal communities.

"More than 30 million people live in counties without access to buprenorphine treatment."[8]

—WWAMI Rural Research Center

Referring People

ON-SCENE

Mandatory transport:

Some states required mandatory transport to the hospital if naloxone was administered by a first responder, so that medical center staff and a mental health or substance abuse provider could be called in to provide further patient evaluation, counseling and referral.

Develop resources:

- Local substance abuse treatment providers contact information
- Wallet cards with substance abuse hotline
- Guide to various treatment options for opioid dependency

IN A CLINICAL SETTING

Develop protocol for ED nurses to order behavioral health follow-up consultation and provide take-home naloxone following a naloxone reversal incident.

SBIRT is an approach to the delivery of early intervention and treatment to people with substance abuse issues and those at risk of developing these issues.[9]

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief Intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Referral to Treatment** provides those identified as needing more extensive treatment with access to specialty care.

* Definition from by Substance Abuse and Mental Health Services Administration.

Grant Recipient Spotlight: Treatment and Referral

The MaineGeneral Harm Reduction Program team formed a workgroup comprised of pharmacists, health educators and Emergency Department medical staff to create guidelines on screening patients for opioid overdose risk to best identify those individuals that needed to be referred to treatment.

MaineGeneral set up a referral system through their Electronic Medical Record, which allowed for follow up with patients to link to treatment services. All high-risk patients/witnesses are given the opportunity to be electronically referred to Harm Reduction Program after being screened with Screening, Brief Intervention, and Referral to Treatment (SBIRT). Consent must be given. The MaineGeneral Harm Reduction Team developed the following list to consider when recommending who should receive overdose prevention education, a naloxone rescue kit or referral to treatment:

- History of emergency medical care for intoxication or overdose.
- Just released from incarceration or institutionalization with history of opioid addiction.
- Suspected or known history of substance abuse, regardless if currently abstinent.
- Known severe psychiatric illness or history of suicide attempt.
- Prescribed long-acting opioid (oxycodone ER, oxymorphone ER, morphine ER, transdermal fentanyl, methadone or buprenorphine)
- A high daily dose of opioid used (>50 mg morphine equivalent/day).
- Prescribed opiates or opioid use greater than 30 days.
- History of or current polyopioid use.
- Opioid use with certain concurrent diseases such as: renal dysfunction, liver disease, respiratory infection, sleep apnea, COPD, emphysema or other respiratory/airway disease that can lead to potential airway obstruction.
- Concurrent prescription or OTC medication that could potentiate the CNS and respiratory depressant properties of opioid medications such as benzodiazepines, antipsychotics, carisoprodol or antihistamine use.
- Patients who may have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homeless or without phone services).
- Elderly (> 65) receiving an opioid prescription.
- Youth under age 20 receiving an opioid prescription.
- Households with people at risk of overdose, such as children or someone with a substance abuse issue.
- If patient asks for a kit.

APPENDIX A: RESOURCES

Training

CDC Prescribing Guidelines
— https://www.cdc.gov/drugoverdose/prescribing/guideline.html

SAMHSA Opioid Overdose Prevention Toolkit
— http://store.samhsa.gov/shin/content/SMA16-4742/SMA16-4742.pdf

Town Hall Meeting Presentation (*courtesy of Full Circle Recovery Center, LLC*)
— Town Hall Meeting slides 7.28.16.ppt.

Naloxone Training Presentation
(*courtesy of Community Connections, Inc.*)
— Lay Community
LayCommunity Presentation.ppt
— Law Enforcement
Law Enforcement State CERT Final.ppt
— Nurses/Physicians
Nurse State Cert Final.ppt
— Administering IM naloxone
Administering Naloxone (IM).pdf

Overdose Rescue/Naloxone Training Curriculum (*courtesy of Community Connections, Inc.*)
— LayCommunity Training Curriculum.docx

Training Manual for Nurse Practitioners
(*courtesy of GIVENALOXONE.ORG*)
— Naloxone training manual.pdf

First Responder Talking Points
(*courtesy of MaineGeneral Medical Center*)
— First Responder Talking Points.pdf

Training Binder for ED Personnel
(*courtesy of MaineGeneral Medical Center*)
— ED resource binder — training slides & handouts MGMC.pdf

Training Binder for Naloxone Distribution in Primary Care (*courtesy of MaineGeneral Medical Center*)
— Primary Care resource binder — training slides & handouts MGMC.pdf

Training Binder for Sheriff's Department
(*courtesy of MaineGeneral Medical Center*)
— Sheriff training student manual (Kennebec County) MGMC.pdf

Data

National Advisory Committee on Rural Health and Human Services
Alternative Models to Preserving Access to Emergency Care
Policy Brief July 2016
https://www.hrsa.gov/advisorycommittees/rural/publications/alternatemodel.pdf

National Advisory Committee on Rural Health and Human Services
Families in Crisis: The Human Service Implications of Rural Opioid Misuse
Policy Brief July 2016
https://www.hrsa.gov/advisorycommittees/rural/publications/opioidabuse.pdf

Rural Health Research Gateway
University of North Dakota Center for Rural Health www.ruralhealthresearch.org/

Advancing Access to Addiction Medications
(*courtesy of The American Society of Addiction Medicine*)
— Access to MAT by State/pdf

Naloxone Access: Status of State Laws Map
(*courtesy of NAMSDL*)
— naloxone access map.pdf

Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws (*courtesy of The Network for Public Health Law*)
— state laws (naloxone).pdf

Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects (*courtesy of Harm Reduction Coalition*)
— Projects manual (Harm Reduction).pdf

Marketing/Outreach

"How to Use Narcan" Poster
(*courtesy of Diversion Alert*)
— DiversionAlert_NarcanInfographic_FNL.pdf

Culturally-Sensitive Recovery Poster
(*courtesy of Diversion Alert*)
— Recovery Rack_Card Final Maliseet.pdf

Opioids Fact Sheet Flyer
(*courtesy of Community Connections, Inc.*)
— FactSheet.pdf

Project Update Infographic
(*courtesy of Community Connections, Inc.*)
— Project Renew Update.pdf

Town Hall Meeting Flyer
(*courtesy of Full Circle Recovery Center, LLC*)
— Town Hall Meeting flyer 6.16.pdf

Self-Refferal/Wallet Cards
(*courtesy of Community Connections, Inc. and MaineGeneral Medical Center*)
— Risk Rack Card.pdf
— PR Rack Card.pdf
— First Responders OD Wallet Card.pdf
— Next Step wallet card MGMC.pdf

Letter to Health Care Community
(*courtesy of MaineGeneral Medical Center*)
— Dear Community Provider – Letter 8.23.pdf

Suboxone Training Flyer
(*courtesy of MaineGeneral Medical Center*)
— FINAL-flyer-12-17-1g HalfHalf Course.pdf

Accidental Overdose Brochure
(*courtesy of MaineGeneral Medical Center*)
— Accidental overdose brochure MGMC.pdf

"Save a Life" Magnet
(*courtesy of MaineGeneral Medical Center*)
— EOOK magnet MGMC.pdf

Narcan Quick Start Instructions
(*courtesy of MaineGeneral Medical Center*)
— Narcan Quick Start Instructions handout MGMC.pdf

Local Substance Abuse Services Flyer
(*courtesy of MaineGeneral Medical Center*)
— Substance abuse services flier MGMC.pdf

APPENDIX B: BACKGROUND ON GRANT RECIPIENTS

A total of 18 community-based organizations or hospitals were granted funds to address the opioid crisis within their stated service areas. A summary of each grantee and their approach to the crisis is provided below.

Grant Recipient: Baystate Franklin Medical Center — Greenfield, MA

Name of Program: Opioid Task Force of Franklin County and the North Quabbin Region

Counties Served: Franklin, Berkshire and Worcester

Program Description: The Opioid Task Force of Franklin County and the North Quabbin Region, the North Quabbin Community Coalition and the Northern Berkshire Community Coalition joined efforts to reduce deaths related to opioid overdoses in rural northwestern-central region of Massachusetts. They worked with three hospital emergency departments (ED) on developing protocols for overdose and opioid dependent patients. They also worked with primary care providers, community health centers, homeless shelters and local boards of health to provide information and training on signs of overdose and where to obtain Narcan. They promoted a public awareness campaign to increase community awareness around overdose prevention, as well as provided information about how to access naloxone in the community.

Grant Recipient: Clay County Hospital — Clay City, Illinois

Name of Program: Community Overdose Prevention Education (COPE)

Counties Served: Clay

Program Description: Clay County Hospital is a Critical Access Hospital, which has an EMS Department and a Behavioral Health Department with a substance abuse counselor. They trained hospital staff, first responders, and law enforcement in addition to conducting a drug take back initiative, facilitating patient care coordination, and promoting utilization of the Illinois Prescription Drug Monitoring Program.

Grant Recipient: Community Connections, Inc. — Princeton, West Virginia

Name of Program: Project Renew WV

Counties Served: McDowell, Mercer and Wyoming

Program Description: Community Connections has a vast history of working in community education and project development initiatives and provided education on addiction, overdose, naloxone and recovery for law enforcement, other emergency personnel and other community members in southern West Virginia to create a better understanding around the science of addiction, alleviate stigma, and promote healthy, happy lifestyles.

Grant Recipient: Desert View Hospital — Pahrump, NV

Name of Program: Nevada Rural Opioid Overdose Reversal Program (NROOR)

Counties Served: Lincoln, Lyon, Mineral, Nye, and White Pine

Program Description: The NROOR Program is comprised of a variety of stakeholder organizations from Nevada that have partnered together to help address the opioid epidemic in Nevada including 5 critical access hospitals, The University of Nevada-Reno, Nevada Rural Hospital Partners and the Nevada Department of Health and Human Services. NROOR partnered with the Nevada State EMS Program to deliver training on the administration of naloxone to all levels of EMS providers because of new legislation authorizing all levels of first responders to administer naloxone to potential opiate overdose patients. ECHO Nevada was used as the platform to connect rural health care providers with access to behavioral health and substance abuse specialists.

Grant Recipient: Down East AIDS Network (dba: Health Equity Alliance) — Ellsworth, ME

Name of Program: Overdose Reversal Program

Counties Served: Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo and Washington

Program Description: The Overdose Reversal Program through a partnership with a local Federally Qualified Health Center that has an urgent care clinic and includes a suboxone program distributed naloxone kits to people at high risk of suffering from an opioid related overdose. Distribution was done primarily through four offices throughout the state, three of which are syringe exchanges. Off-site trainings and distribution were also provided as needed to community members in partnership with community-based organizations and medical practices.

Grant Recipient: Erie County Health Department — Sandusky, OH

Name of Program: Saving Lives Erie County (SLEC)

Counties Served: Erie

Program Description: Saving Lives Erie County trained and provided naloxone to law enforcement personnel, emergency medical personnel, family members of those at risk for overdose, counseling center staff, Recovery Center employees and those attending support groups for loved one with opioid dependence, Adult Probation Employees, and participants of the Recovery Walk which was held to celebrate recovery from addition. SLEC also participated in Community Forums about the epidemic of addiction.

Grant Recipient: Full Circle Recovery Center, LLC — Franklin, NC

Name of Program: Macon Overdose Prevention Coalition (MOPC)

Counties Served: Buncombe, Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain

Program Description: Full Circle Recovery Center, LLC (FCRC) is the only substance use specific prevention and treatment provider in Macon County and formed the Macon Overdose Prevention Coalition with over fifty members including community members, NC Harm Reduction Coalition, recovery centers, the mayor and many others to focus on reducing morbidity and mortality related to overdose prevention in Macon County, NC.

Grant Recipient: Granville Vance District Health Department — Oxford, NC

Name of Program: Project VIBRANT

Counties Served: Granville

Program Description: Project VIRBRANT is managed by Granville Vance Public Health (GVPH), an agency with strong experience and proven ability to lead complex, population-level interventions to maximize collective impact and achieve health improvement goals. VIBRANT 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.

Grant Recipient: Indian Health Service — Red Lake, MN

Name of Program: Expanding Naloxone Access to First Responders Serving the Red Lake Nation Community

Counties Served: Beltrami

Program Description: The Red Lake Hospital is a small, rural facility serving the members of the Red Lake Reservation community in Northwestern MN. Red Lake is now looked

to as a leader in the state of MN for early access to naloxone for law enforcement. Tribal officials have had numerous speaking engagements with local, state, and national entities to share best-practices developed at Red Lake.

Grant Recipient: Indiana University of Pennsylvania Research Institute — Indiana, PA

Name of Program: Indiana County PA Rural Opioid Overdose Reversal Program

Counties Served: Indiana

Program Description: IUP Research Institute provided a naloxone training program for law enforcement (municipal police, university police and county sheriffs); Initial Response Personnel (IRPs) from Citizens Ambulance Service; and drug therapists from the Armstrong-Indiana-Clarion Drug & Alcohol Commission for use in Indiana County.

Grant Recipient: Maine Diversion Alert Program — Houlton, ME

Name of Program: The Wabanaki Pathway to Hope and Healing

Counties Served: Washington, Aroostook and Penobscot

Program Description: The Wabanaki Path to Hope and Healing is working to raise awareness about the risk of overdose, and increasing the Tribes' ability to respond to such a situation if it does arise. Training was provided to hospitals and health care providers in tribal health clinics to prescribe naloxone and to train staff in all three tribal police departments, as well as non-tribal police departments that serve the Wabanaki to administer naloxone. They also produced a Wabanaki-specific patient education training video for take home naloxone, now housed at the website recoveryinme.com.

Grant Recipient: MaineGeneral Medical Center — Waterville, ME

Name of Program: Prevention and Health Living Department, Harm Reduction Program

Counties Served: Aroostook, Kennebec, Sagadahoc and Waldo

Program Description: The MaineGeneral Prevention and Healthy Living's Harm Reduction Program is an integration of multiple education and direct service overdose prevention and harm reduction initiatives that exist throughout the greater MaineGeneral service area. Activities focused on the development and delivery of education for first responders, medical staff and community members.

Grant Recipient: Maury Regional Medical Center — Columbia, TN

Name of Program: Maury Regional ROOR Narcan Network

Counties Served: Giles, Lawrence, Lewis, Marshall, Maury and Wayne

Program Description: Maury Regional Medical Center formed a network of first responder agencies, fire departments, and law enforcement within their 6 county rural primary service area to carry Nasal Narcan. They created a distribution plan, utilized their ED Medical Director for standing orders and program direction, and are currently looking at a plan to sustain the program.

Grant Recipient: Penn Highlands Healthcare — DuBois, PA

Name of Program: Rural Opioid Overdose Reversal Project

Counties Served: Clearfield, Jefferson, Elk, Cameron, McKean and Potter

Program Description: Penn Highlands Healthcare (PHH) system consists of four rural hospitals that provide preventive and acute care services to the region. The ROOR project is a collaboration between the Clearfield Jefferson Drug and Alcohol Commission and the

Alcohol and Drug Addiction Services. PHH produced a manual for education and training and policies for pharmacy re-fills and emergency responders.

Grant Recipient: Pleasant Valley Hospital — Point Pleasant, WV

Name of Program: Appalachian Opioid Overdose Reversal Partnership

Counties Served: Mason, Cabell, Putnam and Jackson

Program Description: The Appalachian Opioid Overdose Reversal Partnership was created to address opioid overdoses in a rural region of West Virginia. Three non-profit organizations and one public agency — Pleasant Valley Hospital, Prestera Center for Mental Health Services, Cabell Huntington Hospital, and Mason County Emergency Ambulance Service Authority — are coordinating efforts to address opioid overdose reversal in the heart of Appalachia. They brought organizations together ranging from law enforcement to schools to help address this issue.

Grant Recipient: Quapaw Tribe of Oklahoma — Quapaw, OK

Name of Program: Quapaw Tribe Naloxone Initiative

Counties Served: Ottawa (OK), Craig (OK), Delaware (OK), Newton (MO), Jasper (MO), and Cherokee (KS)

Program Description: Trained Quapaw first responders and partnered with Quapaw Counseling Services, a Medicated Assisted Recovery Treatment Program working with opiate dependent and addicted individuals.

Grant Recipient: San Luis Valley Area Health Education Center — Alamosa, CO

Name of Program: SLV N.E.E.D. (Naloxone — Education — Empowerment – Distribution)

Counties Served: Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache

Program Description: San Luis Valley Area Health Education Center partnered with law enforcement, pharmacists, behavioral health organizations, hospitals and educators to train, certify, and provide community members with everything necessary to successfully administer naloxone throughout six counties in southwest Colorado.

Grant Recipient: Scottsville Allen County Faith Coalition, Inc. — Scottsville, KY

Name of Program: Rural Opioid Overdose Reversal Project

Counties Served: Allen

Program Description: The Scottsville Allen County Faith Coalition (SACFC) is comprised of concerned citizens and stakeholders focused on reducing the alarming rates of youth substance abuse in Allen County. As a result of this funding opportunity, SACFC presented at the National Black Lung Conference and discussed the local approach to the increasing opioid problem and what their community has been able to accomplish through this funding. This brought increased awareness to individuals and clinics from primarily Kentucky, West Virginia, and Virginia.

FOOTNOTES

[1] Horsley, Scott. "White House Proposes $1 Billion Fund To Combat Opioid Abuse." *NPR*. NPR, 02 Feb. 2016. Web. 27 Apr. 2017.

[2,6,7,8] Rosenblatt, R. A., C. H. A. Andrilla, M. Catlin, and E. H. Larson. "Geographic and Specialty Distribution of US Physicians Trained to Treat Opioid Use Disorder." *The Annals of Family Medicine* 13.1 (2015): 23-26. Web.

[3] Gale, John A., Jennifer D. Lenardson, and Erika C. Ziller,. "Rural Opioid Abuse: Prevalence and User Characteristics." *Maine Rural Health Research Center Research & Policy Brief* 63.1 (2016): University of Southern Maine, Feb. 2016. Web.

[4] ***https://data.cdc.gov/NCHS/NCHS-Drug-Poisoning-Mortality-U-S-and-State-Trends/jx6g-fdh6***

[5] Gale, John A., Jennifer D. Lenardson, and Erika C. Ziller,. "Rural Opioid Abuse: Prevalence and User Characteristics." *Maine Rural Health Research Center Research & Policy Brief* 63.1 (2016): University of Southern Maine, Feb. 2016. Web.

[9] "About Screening, Brief Intervention, and Referral to Treatment (SBIRT)." SAMHSA, 4 June 2015. Web.

"Good Samaritan Overdose Prevention Laws." *Policy Surveillance Program*. Temple University, 1 Dec. 2016. Web.