



Opioid Overdose Community Preparedness Planning

INFORMATIONAL WEBINAR AUGUST 14, 2018 @ 1 PM

Important Dates

- ▶ November 15, 2018: Template packet due
- ▶ February 2019: Deadline for Completed Opioid Overdose Preparedness Plans
- ▶ Upon Receipt of Plans: Notification to Organizations with Discrepancies
- ▶ Upon Receipt of Plans: Evaluation Period
- ▶ February/March 2019: Release of second half of funds based on content review

Submission

The template packet must be emailed to Dennis Humphrey in original files (Word) and must be received **on or before the deadline of November 15, 2018 by 4:00 p.m.**

Dennis Humphrey, Program Manager

Must be submitted to: opioidstrgrant@health.nv.gov and dhumphrey@health.nv.gov
with **RFA Opioid State Targeted Response: Service Expansion Community Preparedness Plan – Opioid Overdose** in the subject line of the email.

Attachments are required to be in Microsoft Word or Excel format.

Template packet identifies what organization will be taking the lead in implementing the Community Preparedness Plan.

Leadership Organization

- ▶ Funding for the Opioid Overdose Community Preparedness Plans for each county in Nevada, **will be administered by the community coalitions, the Health District, and/or EMS within the counties. In the case that the community coalition takes leadership, it is asked that the local EMS and health authority endorses the coalition to provide support and participate.**
- ▶ Half of the funds will be distributed upfront and the remainder upon completion of the plan.

What is Due and When?

- ▶ November 15, 2018:
 - ▶ All appendices completed and submitted by the identified lead organization
 - ▶ If a coalition is identified as lead organization, they will also need to submit a letter of endorsement from the local EMS and health authority
- ▶ February 2019:
 - ▶ The completed/populated plan

Responsibilities

- ▶ Implement system design models that will most rapidly address the gaps in their systems of care to deliver evidence-based treatment interventions, including induction and maintenance of medication assisted treatment services (MAT) and psychosocial interventions;
- ▶ Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT), i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions. (For more relevant resources: <https://www.samhsa.gov/medication-assisted-treatment>.)
- ▶ Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- ▶ Report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based on measures developed in collaboration with the Department of Health and Human Services (DHHS); and
- ▶ Ensure individuals have opportunities for engagement in treatment and recovery supports throughout the continuum of care and increase retention in care.
- ▶ Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.

Required Partners

- ▶ Opioid Use Disorder (OUD) treatment centers
- ▶ Health care centers
- ▶ Community centers
- ▶ Social service programs
- ▶ Law enforcement

Recommended Steps

- ▶ Each community will need to identify and implement a real time overdose mapping system. This system will be utilized to track information that guides activities pre-overdose spikes, during an overdose spikes, and post overdose spikes.
- ▶ Identify the stakeholders (e.g. EMS, Law Enforcement, Health Department, Coroners, treatment centers, etc.) that will be integral to your plan. Each stakeholder will need clear definitions of their role and responsibility.
- ▶ Select leaders that will assist with coordinating the action plan with the stakeholders. This group of leaders will assign responsibilities among the stakeholders based upon the community's resources and needs. **This may include the coalitions, Health Department, and/or local EMS**
- ▶ Create a clear definition as to what a spike of opioid overdoses will be in your community. A spike is the number of suspected overdoses in a certain timeframe that will trigger the response plan. To best develop this definition, historical data in your community will be needed to understand what constitutes a spike.
- ▶ Establish and determine pre-opioid spike, during opioid crisis spike and post-opioid spike activities.
- ▶ Communicate with the community to best identify local contributors to overdose risk. Factors may include local drug trends and use, availability and access to treatment, evaluation of current outreach strategies or materials.
- ▶ Establish line of communication with the press in the event of a spike in OD deaths, especially if due to fentanyl and/or carfentanyl in an area.
- ▶ Identify local resources and what assistance may be needed.
- ▶ Implement a system of evaluation to assess the effectiveness of the current plan and adjust as needed to remain operative.

Community Engagement Information Delivery System

Communities will need access to information regarding services beyond treatment including:

- ▶ Establishment of naloxone distribution centers that are accessible to community members.
- ▶ Provide drug disposal and unused prescription medication drop off sites.
- ▶ Support meetings available for those who are at risk (i.e. NA, AA, SMART Recovery, etc) as well those who support those individuals (i.e. Al-Anon, Nar-Anon, etc).
- ▶ Provide continued education on Good Samaritan Law protections and provisions.
- ▶ Deliver education on harm reduction strategies that can help prevent overdoses.
- ▶ Provide school and community education programs to raise awareness and educate about the risk of opioid misuse, opioid overdose, and opioid overdose rescue training

Stakeholders (ideal)

- ▶ Local Health Departments
- ▶ State Health Departments
- ▶ First Responders
- ▶ Coroner or Medical Examiner's Offices
- ▶ Hospital Emergency Departments
- ▶ Community Coalitions
- ▶ Treatment Facilities
- ▶ Parole & Probation
- ▶ Correctional Facilities
- ▶ Social Services
- ▶ Schools
- ▶ Media

Health Departments

Pre-Overdose Spike:

- ▶ Work with the Response Plan Team and stakeholders to develop a local Overdose Spike Response Plan. It will likely be beneficial to coordinate with the State Health Department or your local health department to reduce duplicate efforts.
- ▶ Develop a public service announcement (PSA) template that can be easily implemented if an overdose spike occurs.
- ▶ Analyze historic data to define an overdose spike at the local level
- ▶ Establish an information delivery system coordinating with media groups and develop a plan to distribute PSAs in the event of a spike
- ▶ Provide training on criminal investigations (criminal/epidemiologic investigations course)
- ▶ Provide Crisis Intervention Team (CIT) Training

During a Spike:

- ▶ During a spike, Health Departments will be responsible to implement local response plans, issue PSA if appropriate, and coordinate with local stakeholders
- ▶ Confirm ODMAP spike with syndromic surveillance
- ▶ Conduct epidemiologic investigation

Post-Spike:

- ▶ Evaluate data and distribute findings to stake holders to improve response strategies
- ▶ Debrief for lessons learned

First Responders (Fire Departments, EMS, and Law Enforcement)

Pre-Overdose Spike:

- ▶ Identify necessary information to be disseminated during an overdose spike.
- ▶ Supervisors will be responsible for developing a plan to reduce first responder burnout (e.g. access to employee assistance programs or critical incident stress management).
- ▶ Provide continuing education for first responders in overdose reversals and safe handling guidelines and epidemiologic investigations (criminal/epidemiologic investigations course)
- ▶ Plan engagement activities to improve community view of law enforcement.
- ▶ Provide CIT Training

During a Spike:

- ▶ Contact Overdose Spike Response Plan Team.
- ▶ Coordinate with local emergency departments to ensure appropriate treatment for overdose reversal and concerns of unusual symptoms.
- ▶ Increase law enforcement presence in known hotspots to increase naloxone availability.
- ▶ Deploy investigative plan.
- ▶ Promote information sharing across jurisdictions.
- ▶ Maintain an appropriate supply of naloxone to account for spikes.
- ▶ Establish field narcotic detection testing of product.

Post-Spike:

- ▶ Coordinate with coroner/medical examiners to expedite analysis in the event of a spike.
- ▶ Implement employee assistance/critical incident stress management plan, as needed.
- ▶ Debrief for lessons learned.

Coroner or Medical Examiner's Offices

Pre-Overdose Spike:

- ▶ Develop coordinated plans for expediting evidence during spikes.
- ▶ Develop a communication plan with law enforcement.
- ▶ Collect necessary evidence to better understand and address possible public health threats. (Should this be under the next tab during a spike?)
- ▶ Provide training for epidemiologic investigations (criminal/epidemiologic investigations)

During a Spike:

- ▶ Prioritize evidence analysis based upon plan.
- ▶ Implement communication plan with law enforcement.

Post-spike:

- ▶ Debrief for lessons learned.

Hospital Emergency Departments

Pre-Overdose Spike:

- ▶ Establish discharge protocols to expedite connection to treatment services.
- ▶ Establish a follow up process and a point of contact.
- ▶ Develop a resource contact list and contact plan in the event of a spike. (Contact mobile response team, if a team exists within your local jurisdiction. If no mobile response team create a plan to coordinate with community paramedicine providers).
- ▶ Identify detox resources.
- ▶ Identify staff that are responsible for educating patients at discharge and provide take home education and naloxone.
- ▶ Prepare HIPPA complaint release of information paperwork for any 3rd party follow-up or referrals.
- ▶ Provide CIT Training.

During a Spike:

- ▶ Implement Overdose Spike Response Plan.
- ▶ Maintain an appropriate supply of naloxone to account for spikes.
- ▶ Report increased trend to local health department (as appropriate).
- ▶ Follow discharge protocols based upon plan.

Post-spike:

- ▶ Debrief for lessons learned.

Parole and Probation

Pre-Overdose Spikes:

- ▶ Provide access to and promotion of educational materials (e.g. Naloxone training and distribution, Good Samaritan Law awareness, treatment resources, etc.).
- ▶ Coordinate with Response Plan Team.
- ▶ Identify information to be shared during a spike to those on probation/parole and their families.

During a Spike:

- ▶ Implement Overdose Spike Response Plan
- ▶ Reinforce best practices for reducing overdoses.
- ▶ Inform friends and families of those on probation/parole of spikes and promote evidence-based practices.

Post-spike:

- ▶ Debrief for lessons learned.

Correctional Facilities

Pre-Overdose Spike:

- ▶ Identify information to be shared with inmates upon release (e.g. overdose education, and reduced tolerance after periods of abstinence).
- ▶ Investigate opportunities to provide naloxone kits upon release.
- ▶ Identify a list of resources for OUD treatment.
- ▶ Identify support group resources.
- ▶ Provide CIT Training.

During a Spike:

- ▶ Implement Overdose Spike Response Plan.

Post-spike:

- ▶ Debrief for lessons learned.

OUD Treatment Facilities

Pre-Overdose Spike:

- ▶ Establish protocol for communicating resource availability to referral sources and appropriate members of the Response Plan Team.
- ▶ Identify information to be shared with existing clients during a spike (e.g. increased risk for overdose, resource cards, self-help meeting schedules, etc.).
- ▶ Provide info to LE/PH as appropriate of any awareness of increased OD activity or bad batch info.
- ▶ Provide CIT Training.

During a Spike:

- ▶ Implement Overdose Spike Response Plan.

Post-spike:

- ▶ Debrief for lessons learned.

Community Coalitions

Pre-Overdose Spikes:

- ▶ Assist with overdose prevention measures (e.g. naloxone trainings, Good Samaritan Law promotions, Public Service Announcements, etc.).
- ▶ Identify information sharing channels that can be utilized during spikes.
- ▶ Share information about the community and needs with the Response Plan Team.
- ▶ Provide info to LE/PH as appropriate of any awareness of increased OD activity or bad batch info.

During a Spike:

- ▶ Implement Overdose Spike Response Plan.

Post-spike

- ▶ Debrief for lessons learned.

Social Services and Schools

Pre-Overdose Spikes:

- ▶ Ensure first responders are trained and aware of protocols for overdose incidents that involve a child.
- ▶ Identify information to be shared from first responders to Child Protective Services.
- ▶ Identify process for notifying a school resource officer, counselors, or appropriate staff during an overdose spike.
- ▶ Provide CIT Training.

During a Spike:

- ▶ Implement Overdose Spike Response Plan.
- ▶ Notify appropriate staff of overdose spike

Post-spike:

- ▶ Debrief for lessons learned.

Media Outlets

Pre-Overdose Spike:

- ▶ Designate a Public Information Officer within the Response Plan Team to coordinate with media.
- ▶ Develop a protocol of how and when to use the media to disseminate messages to the public regarding overdose spikes.
- ▶ Prepare templates or scripts that can be swiftly tailored in the event of an overdose spike warranting messaging to the public.

During a Spike:

- ▶ Release prepared messages outlined in plan.

Post-spike

- ▶ Debrief for lessons learned.

Evaluation Criteria

- ▶ Applicants must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet the objectives outlined within the template.

Questions and Answers

- ▶ Q. Can you please clarify the funding for the project? On page 5 of the funding announcement, it states that the first half of funds are released October 2018 and the second half of funds are released February/March 2019. Then on page 41, it states that RFRs are due the 15th of the month.
 - ▶ A. We are working on a process to provide advanced funding for the project.
- ▶ Q. Please clarify - On the original funding announcement, a budget plan was not required, then on the 2nd proposal a budget plan is required.
 - ▶ A. The second proposal included an expansion on the organizations that could oversee the funding allocation. Due to this change, a budget plan is required due to entry into more subawards and those sub awardees will need to be aware of how to draw down funds.